"VALUES", "MOTIVATIONS" AND "FIT" IN AGED CARE NURSING

--

UNDERSTANDING THE CORE POSITIVE WORK VALUES OF

REGISTERED NURSES WORKING IN RESIDENTIAL AGED CARE

FACILITIES IN REGIONAL QUEENSLAND

A Thesis submitted by

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ABSTRACT

Aged care Registered Nurses (RNs) are an important and valuable workforce for Australian Residential Aged Care Facilities (RACFs). They are the frontline workforce for older Australians living in these facilities. Instead of the common focus on aged care RN turnover factors, this research approaches the RN aged care workforce from a different perspective; aiming to understand more about the positive work motivations experienced by aged care RNs in Australian regional areas.

By conducting one-on-one qualitative interviews with 11 participants, this research established an early understanding of the aged care RNs' core work values and motivations, and how these values affected their work choices. Although the research sample was small, the researcher tried to present each aged care RN's true views and opinions by encouraging them to draw back on their own work and life experiences.

After carefully coding and analysing the qualitative data with the Thematic Analysis method, this research demonstrates that an individual RN's work values and work motivations help them "fit" into the aged care sector, as well as "fit" into the specified aged care nursing career pathway. The research outcomes demonstrate that aged care RNs' "sector fit" values and motivations include respecting and valuing older people, supporting holistic nursing care at work, desiring the maintenance of patient interaction and enjoying relationship building with the elders, providing comfort care, and feeling privileged for being involved in end-of-life care. Aged care RNs' "career fit" values and motivations were found to include

receiving self-validation through meaningful nursing work, positive feedback at work leading to personal gain and self-acknowledgement of the nurses as an individual, having clear long-term career goals and plans, and desiring a healthy work-life balance.

With regards to work values and motivations, these research findings can assist future nursing researchers in establishing a better connection between aged care RNs' work values and staff retention in the Australian aged care industry. The new understandings gained from this research provide basic knowledge related to aged care RNs' views about their profession. This knowledge can be used by Australian aged care organisations to improve RN recruiting processes, thus attracting and retaining more RNs to the aged care sector. This study suggests that additional training for RNs with leadership goals can be beneficial for the individual aged care RN as well as organisations providing aged care services. Aged care RNs with positive intrinsic work values and motivations will lead to positive changes for the Australian aged care sector in the near future.

CERTIFICATION OF THESIS

I, Meng Yang, declare that the Master Thesis entitled "Values", "motivations" and "fits" in aged care nursing - understanding the core positive work values of registered nurses working in residential aged care facilities in regional Queensland, is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. The thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.
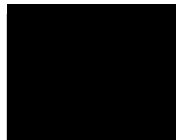
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ABBREVIATIONS

Registered Nurses	RNs
Enrolled Nurses	ENs
Residential Aged Care Facilities	RACFs
Australian Institute of Health and Welfare	AIHW
Health Workforce Australia	HWA
The Australian Health Practitioner Regulation Agency	APHRA
Nursing and Midwifery Board of Australia	NMBA
Primary Health Care	PHC
Queensland Nurses and Midwives' Union	QNMU
Intensive Care Unit	ICU
General Practice Clinic	GP Clinic
Self-Determination Theory	SDT
Graduate Nurse Program Nurse	GNP nurse
Clinical Nurse	CN
Clinical Nurse Consultant	CNC
Clinical Manager	CM
Facility Manager	FM
Aged Care Funding Instrument	ACFI
Australian Bureau of Statistics	ABS
Human Resources	HR
End of life care	EoLC

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CHAPTER 1. INTRODUCTION

Nurses play a pivotal role in delivering medical, surgical and general health-related care to many Australians. Several published government reports have identified that the increasing aged population in Australia requires an adequate supply of highly trained health professionals to deliver general health services, emergency and acute care, and community and social welfare support (Australian Institute of Health and Welfare (AIHW), 2018; Health Workforce Australia (HWA), 2013, p. 2; Linacre, 2005). According to Health Workforce Australia (2013), aged care nurses include Registered Nurses (RNs) and Enrolled Nurses (ENs), and both deliver care to older people living in the local community, residential aged care facilities (RACFs), retirement villages and healthcare facilities.

This study focuses on the aged care RNs workforce because their professional qualifications reflect a wider scope of practice when caring for older Australians living in residential facilities. The Australian Health Practitioner Regulation Agency (APHRA) requires that all nurses be registered with the Nursing and Midwifery Board of Australia (NMBA), and meet the NMBA's professional standards to practise in Australia (2016). The professional standards for RNs and ENs define the practice and behaviour of nurses in three aspects: the codes of conduct, the codes of ethics, and the standards for practice. The professional standards for RNs and ENs are slightly different. RNs' occupational liabilities and responsibilities cover an extended level of requirements compared to ENs'. Therefore, in Australian RACFs, RNs take the leadership role during

each shift, supervise EN's clinical practice, manage staffing levels, and attend to other required responsibilities that affect overall resident care outcomes.

The most obvious trend in the Australian aged care workforce in recent years is the substantial decline in the number of RNs working in the aged care sector, especially when compared with RNs working in other areas such as acute care, primary health care (PHC) and community healthcare (Figure 1.1).

Figure 1.1

Employed and clinical registered nurses, by principal area of main job, 2003 and 2009 (Health Workforce Australia, 2013, p. 13)
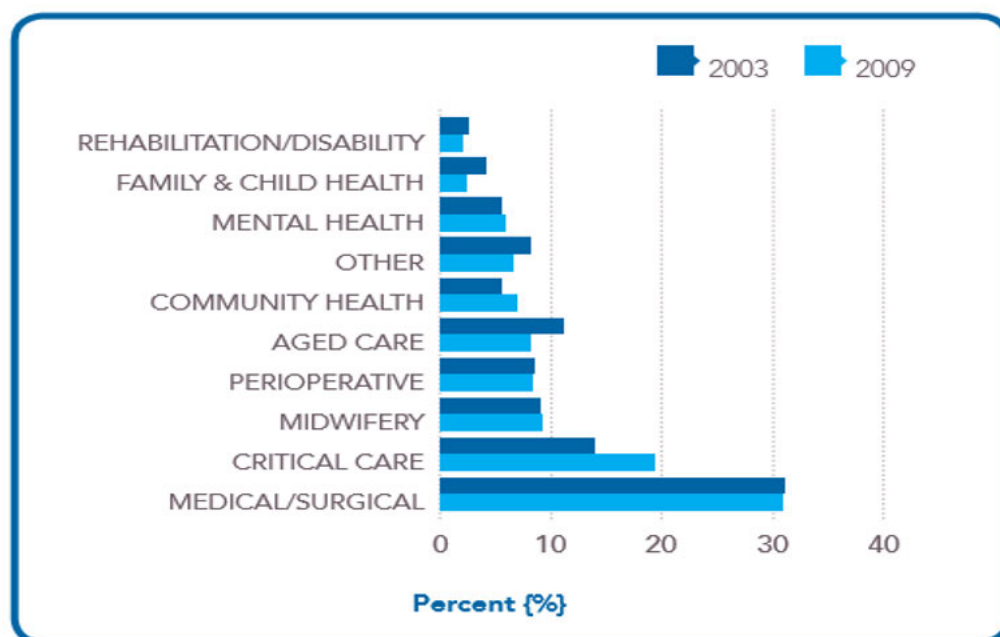
According to Australian healthcare workforce data (Health Workforce Australia, 2013), the residential aged care sector experiences significant

difficulties in RN recruitment and retention. Based on the evidence in Figure 1.1 (Health Workforce Australia, 2013, pp. 12-13), Davis et al. (2016) suggested that the number of RNs working in Australian aged care has been steadily declining. In contrast, the number of RNs working in Australian general practices increased from approximately 8000 to 12000, which is a 150% increase from 2009 to 2012 (Ashley et al., 2016, p. 2115).

Australian Institute of Health and Welfare (2019) listed several challenges experienced by the aged care workforce. In 2016, 41% of RACFs reported an RN shortage and 21% of RACFs experienced difficulties in RN recruiting. Figure 1.2: Average time taken to fill vacancies in residential and community aged care facilities in Australia, 2016 (Mavromaras et al, 2017, p.57) shows that the more geographically remote an aged care facility, the longer it took to fill a RN vacancy. This demonstrates the critical nursing shortage in Australian rural and remote RACFs, as rural communities continually deal with challenges in aged care service delivery.

Figure 1.2

Average time taken to fill vacancies in residential and community aged care facilities, 2016 (Mavromaras et al, 2017,p.57)

Average time taken to fill vacancies in residential and community aged care facilities, by occupation and remoteness area, 2016
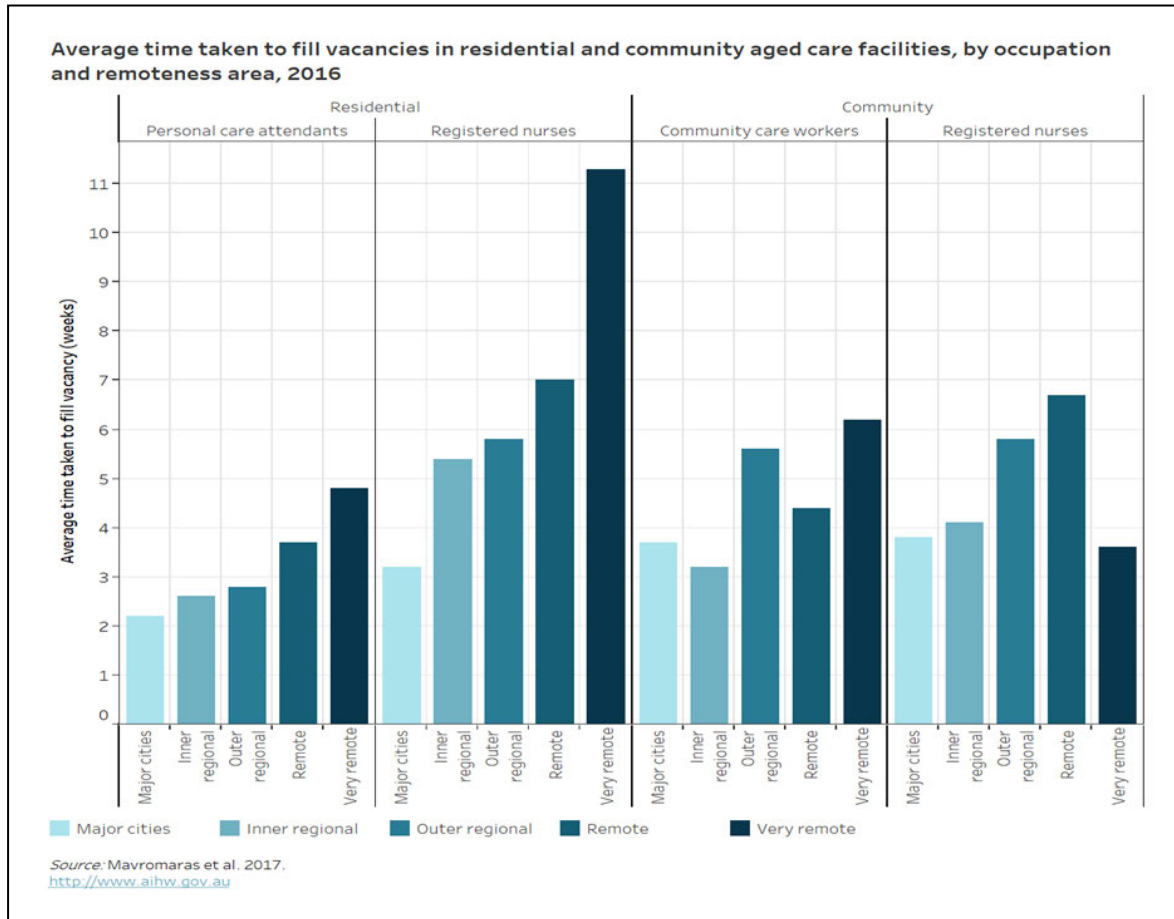
The report 'Caring for Older Australians' by the Productivity Commission of the Health Workforce Australia (2013) suggested that aged care RNs have lower remuneration compared with RNs working in other principal areas of care; one of the major causes for the decline in RN numbers in aged care. Despite increasing awareness of the aged care RN shortage, no significant improvements have been made in the sector. The Australian Nursing and Midwifery Federation (ANMF) published a study by Willis et al. (2016) that focused on the current and likely future

aged care nursing shortage. It reported that many RACFs experienced low RN staffing levels, less licenced nursing staff, and conflicts between increased resident care needs and RN shortages per shift. In 2018, Australian nursing unions (including the Queensland Nurses and Midwives' Union (QNMU)) initiated a professional campaign called *Ratios for Aged Care - Make Them Law Now* that aimed to advocate for adequate RN staffing levels across Australian RACFs. When the COVID pandemic struck Australia RACFs with outbreaks in March 2020, it triggered waves of negative public attention and increased concerns about these long-standing workforce issues in the aged care sector.

This research approached the aged care workforce from a different perspective as it aims to study and understand more about the positive work motivations among aged care RNs in Australian regional areas. By conducting one-on-one interviews, this research was able to better understand the relationships between aged care RNs' work choices and their core work values/motivations. The aged care RNs' views and opinions provide in-depth knowledge of RNs' feelings towards their job and profession.

As a consequence, this research presents the outcomes of individual RN's work values and work motivations which help them fit into the aged care sector and the aged care nursing career pathway. These work values and motivations can easily be integrated into the effectiveness of workforce strategies in Australian aged care services. The research findings can assist Australian aged care organisations to improve their RN

recruiting processes, and attract and retain more RNs in the aged care sector. The research may also inspire additional training in work values/motivations for RNs with a career plan to achieve leadership goals in the aged care sector.

CHAPTER 2. LITERATURE REVIEW

2.1 Search processes

A number of steps were undertaken to investigate the causes and difficulties in attracting and retaining Australian aged care RNs in the literature.

First, searching the existing literature provided valuable evidence to determine the research gap and assisted with the definition of the research question. An initial search of the literature database was conducted in late 2019. Keywords such as "nurs* (nurse, nurses, nursing), aged care, nursing workforce, motivation" were used to direct the online database searches. Electronic databases such as CINAHL, Informit, Ovid Nursing, PubMed, Wiley Online, and the Cochrane Library through the USQ Library portal. Combining the above keywords with "AND" led to approximal 90 research studies, journals, book chapters and reviews related to the subjects of interest.

The outcomes of the initial search indicated that, when combining the keywords "nursing workforce" and "aged care" in electronic databases, the majority of published studies shown in the results list often contained "nursing turnover intention" and "turnover factor" as keywords (Hayes et al., 2006; McGilton et al., 2013; Staden, 2017). By carefully reviewing the abstracts and keywords of the articles from the initial search results, only half of the articles contained supportive evidence in topics that involved the aged care nursing workforce. Of the filtered articles, 15 studies focused on understanding positive perspectives associated with

aged care nursing work. In comparison, more than 30 research articles focused on investigating nursing turnover and turnover factors. From the researcher's perspective, the limited number of existing studies with a similar focus indicated potential research gaps in the researcher's area of interest.

To ensure the presentation of a comprehensive collation of the evidence in the research study's final report, a supplementary literature database search was conducted in late 2021. This process utilised electronic databases via the USQ portal, such as the Web of Science, Dissertations & Theses and Google Scholar. This additional literature searching was important because, after the interviews were analysed and grouped into themes, keywords not previously identified were added to the research study keywords list. The additional keywords used in the supplementary search were "holistic nursing care", "comfortable and nursing care", also "leadership and management and nursing care". The electronic databases such as CINAHL, Informit and Ovid Nursing provided additional 12 related articles that were published between the years 2013 and 2022 to complement the previously identified literature.

In addition, an exploration of the recommendations, published research studies and background information from The Australian Royal Commission into Aged Care Quality and Safety, Publications & Research (2019-2021) was also undertaken in the supplementary search. Of the 20 research papers published on the site, most articles discussed topics about "quality indicators", "cost", "funding" and "models of care". Little

evidence was presented regarding Australian aged care workforce issues, investigations or solutions. This again verified the lack of information in understanding the primary Australian aged care workforce issues, especially focusing on registered nurses (RNs) working in the aged care sector. Therefore, this research study was well set to target one of the Australian Nursing research gaps.

2.2 Early findings

Among the publications that studied nurses' intentions to leave the nursing profession, Hayes et al. (2006) presented a high-quality empirical review of 61 studies with regards to nursing turnover. McGilton et al. (2013) and Rahnfeld et al. (2016) suggested that nursing "turnover factors" often related to stressful events in the workplace and ongoing workplace problems. The negative effects of these events could result in workers "leaving the workplace" or "quitting the profession". Hayes et al. (2006) found that "turnover factors affect an individual worker from both intrinsic and extrinsic perspectives". They suggested some turnover factors could depress an individual's intrinsic motivation (i.e. emotional burnout, value conflicts and unfairness, inadequate reward systems), and other turnover factors could increase extrinsic stressors surrounding the individual (i.e. pay, workload, stress, organisational climate, lack of support, poor management style). These factors have negative impacts on nurses' job satisfaction and increase turnover intention in nurses. Some professional practice factors (such as quality of care, autonomous

decision making, skill utilization, policy influence, workload and unpaid overtime) and individual factors (such as nurse's age, generational value/attitudes, care aspirations and work ethic) were also listed as causes of nursing turnover in recently published nursing journals and articles. Many of the turnover factors identified in Hayes et al. (2006) focused on nursing professionals generally rather than the aged care RN group only, which could limit the relevance of these findings to the study.

Five articles published after 2010, Davis et al. (2016), Elliott et al. (2017), Rahnfeld et al. (2016), Saito et al. (2018) and Tuckett et al. (2011), shifted the focus to aged care RNs, and these studies identified turnover factors that specifically related to the aged care nursing workforce.

Low recognition of aged care nurses compared to nurses working in other areas of care (Davis et al., 2016; Venturato et al., 2006) was one of the most commonly raised intrinsic turnover factors. Traditionally, registered nursing has been a profession defined by clinical skills (Davis et al., 2016), however the RN's scope of practice has now broadened compared to the traditional scope of practice, and depends on the RN's areas of care. For example, an RN working in an Intensive Care Unit (ICU) will have different roles and duties compared with an RN working in a general practice (GP) clinic. Aged care RNs take on more responsibilities at work compared to RNs working in the acute hospital setting, and the aged care RN's roles include administration, managing staff numbers and skill-mix, making clinical decisions, establishing care plans and solving

onsite problems whenever needed (Davis et al., 2016; Elliott et al., 2017; Rahnfeld et al., 2016).

Aged care RNs complained that the heavy workload was a reflection of the multiple roles that they undertake (Davis et al., 2016; Elliott et al., 2017; Tuckett et al., 2011). In addition, aged care RNs believed that their pay did not match with the work they do (Davis et al., 2016; Gao et al., 2015, p. 116; Tuckett et al., 2011).

Many mentioned feelings of "loneliness" (Rahnfeld et al., 2016, p. 160), being "emotionally burnout" and feeling "stressed at work" (Davis et al., 2016, p. 195; Saito et al., 2018, p. 393). Aged care RNs also expressed some negative feelings about their own professionalism (Davis et al., 2016), with many suggesting that the multiple roles had taken them away from practising clinical nursing skills and attending relevant professional training (Elliott et al., 2017). Many aged care RNs also felt that increased administration jobs in RACFs have taken too much time that was once used for providing direct nursing care to residents (Davis et al., 2016; Rahnfeld et al., 2016). Concerns about workplace safety due to a higher risk of being abused by residents with poor cognitive function (Davis et al., 2016; Tuckett et al., 2011) and the ongoing shortage of aged care RNs put them at higher risk of physical injury and fatigue from work (Davis et al., 2016; Saito et al., 2018).

Studying these nursing turnover determinants and effects on nurses' intentions to leave provided fundamental knowledge about the environment experienced by the nursing workforce. However, the

importance of understanding aged care RNs' positive attitudes and work motivation from an individual's (worker, aged care RNs) perspective has not yet been clearly addressed. The following section further reviews the 11 studies that focused on nurses' positive work attitudes and aims to identify evidence of work motives and job retention among general nurses and aged care nurses.

A research study completed by Venturato et al. (2006) in Queensland, Australia focused on understanding the experiences and thoughts of the aged care workforce and its values. Feelings of being "valued" and "devalued" were both identified from the nurse's experiences, and frequently mentioned by participants. Aged care RNs valued their work as meaningful and pro-social and, as Venturato et al. (2006, p. 332) concluded, aged care RNs had a sense of "professional pride" and satisfaction in their ability to provide safe, competent care for older people. When the aged care nurses received feedback from residents and their family, a significant increase in the feeling of being "valued by others" was reported, leading to more positive experiences among the aged care nurses.

Similar qualitative evidence was found in research completed by Newton et al. (2009). The four main motivations for Australian nurses listed in their research were a "desire to help, a caring motivation, a sense of achievement, and self-validation". Of the four motivations, "desire to help" was identified as the most important and commonly agreed intrinsic work value experienced by the participants (Newton et

al., 2009, p. 393). Evidence in Newton et al.'s (2009) study also suggested that many participating nurses believed that they had positive and pro-social motivations, and that these are part of the Australian RNs' professional identity.

These two early studies suggest that Australian nursing researchers have paid some attention to nurses' experiences of their work. However, the research population has been based on nursing in general rather than RNs working in different areas of care.

"Being valued" was a positive intrinsic experience that affected graduates in aged care nursing, as identified in Chenoweth et al. (2010, p. 4). Chenoweth et al. (2010) also suggested that adequate management support and positive team leadership were important extrinsic factors motivating aged care nurses to stay in the aged care sector. Although organisational factors are extrinsic, these factors can influence an individual worker intrinsically. For example, when work-related concerns are managed effectively by the team leader/manager, aged care RNs often reported increased intrinsic rewards from work. This outcome supports an important finding in the nursing workforce, that extrinsic factors lead to positive effects in the intrinsic motivations of aged care RNs and result in better staff retention.

One intrinsic quality of aged care RNs was identified as "having a personal quality of caring and sensitivity towards the patients/clients" (Chenoweth et al., 2010, p. 10). Another intrinsic value was having a long-term career goal. This value encourages aged care RNs to invest in

the profession, rather than viewing their work as a short-term income source. Chenoweth et al.'s (2010) systematic review had positive findings, however most evidence was focused on graduate nurses (1st Year RNs) in aged care and they did not represent the general aged care RN's perspective.

Ashley et al. (2016) took a slightly different approach and focused on experienced nurses who voluntarily transferred from the acute care sector to PHC. Ashley et al. (2016) chose a particular group of RNs as their literature review criteria was strongly based on evidence in nursing workforce data. The Australian 2016 workforce database (Mavromaras et al, 2017) suggested that approximately 72% of community care RNs and 55% of RNs working in residential care settings involved in direct care were aged 45 years and over. At the same time, the mean age of Australian RNs working in aged care nursing was older than RNs working in other settings, especially when compared with acute care and critical care in hospitals.

This data supported the finding in Ashley et al.'s (2016, p. 2115) work where experienced RNs transferred to PHC as a career change due to "the desire to work autonomously, practise in less physically demanding roles and avoid shift work". They evaluated three important causes affecting a nurse's decision: gaining autonomy, empowerment and establishing client relationships. All three causes were intrinsic motives that positively influenced a nurse's work choice and increased the likelihood of job retention.

Carlson et al. (2014) conducted qualitative research in Sweden aimed at examining how nurses working in nursing homes and home-based care perceived their work. This study set an ideal example for the current study proposal as there were many elements of the research very similar to the proposal. Carlson et al. (2014) successfully identified the keywords "long-term relationship" and "professional work" in their study. Carlson et al.'s (2014) research also identified two major views of the aged care RN participants: that many believed aged care nursing should be "holistic" and "respectful" to the elders. This research was based on the idea of nurses' professional identity, self-concept and job satisfaction.

Professional identify involved aspects of value, practice, and the role he/she played which led to a slightly different direction in research outcomes. Carlson et al. (2014) said aged care RNs viewed their work as "the process of building a long-term relationship with the residents/clients; the place that requires multiple skills to provide adequate care to the elders; and the job that promotes professional autonomy in a lonely and stressful working environment." All three outcomes were intrinsic experiences of the participants.

Fernet et al.'s (2017) study looked into work motivations among RNs in Canada. One important finding of this study was regarding "autonomous motivation". According to Fernet et al. (2017, p. 443), autonomous motivation can be described as, "nurses accomplish their work primarily out of a sense of pleasure and satisfaction or because they endorse the importance or value of their work". Fernet et al. (2017)

explained that autonomous motivation is linked closely to intrinsic motivation, personal value and professional commitments. Previous researchers believed that autonomous motivation can positively affect a person and their career, as well as their overall wellbeing. Fernet et al. (2017) proved that increasing RNs' autonomous motivation could improve their commitment to the occupation and/or the organization.

Nine years later after Venturato et al.'s (2006) research was published, Gao et al. (2015) reviewed the image of the Australian aged care nurse's work experience. It identified the aged care nurse's job as being comprehensive, and that they must be multi-skilled to manage different work responsibilities such as "supervising nursing assistants, management of residential aged care facilities, providing assessments of residents, producing documentation, communication with residents' families, assisting doctors with residents' health care, and offering skilled nursing care" (Gao et al., 2015, p. 112).

Another recent change in the Australian aged care workforce is the significant increase in workers with diverse cultural backgrounds. Based on this change, Gao et al. (2015) focused their study on investigating how cultural diversity affected aged care workers' (RNs, ENs and Direct Care Workers) employment outcomes. Several RN participants viewed psychological demands while working in aged care homes as a positive challenge. They felt a great sense of achievement when able to manage the stressful demands of work (Gao et al., 2015). Almost all aged care workers in this research (RNs, ENs, Care Workers) enjoyed having long-

term relationships with residents and resident's families, and they believed aged care sector work to be rewarding when compared to other areas of nursing.

This research identified that cultural values influence work value, such as the idea of "Karma" and "reciprocity", which inspired some aged care workers to undertake jobs with high pro-social values and meaning (Gao et al., 2015). This research presented another interesting finding based on the unique personal values of some research participants. Many aged care RNs with non-English backgrounds believed caring for elders is a means of personal development and a chance to learn about other peoples' cultural and life experiences (Gao et al., 2015).

2.3 Discussions and summary

After the research and literature reviews were collated, a number of motives were evaluated as providing significant meaning for the work values of aged care nurses.

First, how aged care RNs perceive their work can significantly contribute to their work values. Researchers from different studies have used a variety of terms to explain this intrinsic motive. Newton et al. (2009) mentioned this intrinsic motive as "self-validation", and in Tuckett et al. (2009) it was identified as "prize and value their work". Both McNeese-Smith and Crook (2003) and Saito et al. (2018) believed it was important for aged care RNs to find meaning and value in their job as

these could trigger positive engagement with the job, the clients and the organisation; leading to positive employment outcomes.

This intrinsic motivation was individually based. It represented the aged care RNs' professionalism and professional identity. These qualities acted like personal values within the aged care RNs; extending an inner desire, and leading to the action of pursuing one's own goal. Aged care RNs who had these values felt positive simply from doing the job they valued.

In comparison, "being valued" by others or having the desire for "being valued" emphasised the interaction between individuals in the workplace. Other similar comments mentioned by aged care RN participants were "intrinsic feedback" and "internal rewards" (Chenoweth et al., 2010). Tyler et al. (2006) said that many nurses working in the aged care sector valued their interaction with residents. Such interactions led RNs to attend work with positive attitudes and improved workplace wellbeing. Aged care RNs with these intrinsic motivations were best placed in work roles that allowed them to have ongoing interactions with the residents/clients which could fulfil their intrinsic needs.

Furthermore, interactions in the workplace that influenced aged care RNs' work motivations occurred between the aged care RNs and the facility manager, as well as aged care RNs and residents' families. The idea of "being valued by others" at work should not be limited to only relationships between nurses and patients.

Creating a supportive work environment by encouraging positive feedback within the facility was important for aged care RNs' workplace wellbeing. Ashley et al. (2016) and Gao et al. (2015) both agreed that RNs who had good control over work stress and responsibilities established "a sense of accomplishment" that resulted in better job retention. So, leadership education for RNs working in the aged care sector could increase their confidence in problem solving at work, help them establish a network of support with better communication skills, and help them feel more included.

Many aged care nurses also identified the "caring" factor as part of their professional characteristics (Newton et al., 2009). Therefore, "being caring" is a part of the nursing identity rather than a nursing care style. Chenoweth et al. (2010, p. 10) supported this with evidence found through its literature reviewing process, suggesting that "having an inner quality of kind, caring and sensitivity to another's emotions" is an essential quality for aged care RNs. Other intrinsic goals such as the "desire to help" and feelings of "caring for others in need" are pro-social motives commonly seen in people who enjoy working in the aged care sector, hence offering them more chances to experience personal and workplace wellbeing.

Chenoweth et al. (2010) examined over 200 articles, and critically reviewed 25 high quality studies with regards to recruitment and retention strategies for dementia and aged care nursing. They found that aged care RNs with intrinsic motives related to work could directly impact

their work decisions because "the intrinsic rewards of the caring role attracted nurses to dementia and aged care" (Chenoweth et al., 2010, p. 156). Eight of the 25 studies focused on the graduate nurse/nursing student group, hence the listed findings in aged care staff retention only reflected the graduate nurse workforce. A lack of longitudinal evidence in these eight studies limited Chenoweth et al's (2010) systematic review significantly.

Other studies used in the systematic review suggested support from management and fellow workers, positive and inspiring leadership, adequate upskill training, opportunities for further education, being in control of work-life balance, and encouragement of intrinsic rewards were factors that attracted RNs and kept them in the aged care sector. Reflecting on Chenoweth et al.'s (2010) findings, the majority of factors that influenced the aged care RNs' career choice were extrinsic rather than intrinsic. Even though some extrinsic factors could impact the individual's work-related goals and values, they presented little evidence from the RN's perspective.

However, Chenoweth et al.'s (2010) work was published ten years ago, and the Australian aged care RN workforce and the core values shared by the workforce could be significantly different when compared to the previous decade. As an example, there have been an increasing number of RNs emigrating from non-English speaking countries with different cultural backgrounds and nurses from different generations with very

different values working together (Chenoweth et al., 2010; Chung & Fitzsimons, 2013; Jamieson, 2012).

A United Kingdom study (Chung & Fitzsimons, 2013) suggested that members of Generation Y (born between 1981-1996) were devoted community contributors with strong feelings toward their working environment. Unlike other generations, the 25 to 40 year old workforce believe that job security is a myth, and that the purpose of going to work is to gain new skills and find a workplace with values that are in line with their own. Workers in this age group are generally confident but also need to be recognised and rewarded for their contributions at work.

All these unique characteristics lead to a different set of workplace challenges. Nurses aged 25 to 40 years old often paid more attention to work-life balance and desired a flexible job. Chung and Fitzsimons (2013) suggested that the current trends of Generation Y nurses show shorter employment tenure and frequent movement between jobs. Although their turnover rate may be high, Generation Y nurses can be very engaged with their job when they find the 'perfect match' (the right area of care, the right organisation). In this sense, positive organisational culture, great mentors and leadership that empowers Generation Y nurses' intrinsic motivation and work values can become a vital requirement for staff recruitment and retention in Generation Y aged care RNs.

Gao et al. (2015) identified that RNs with overseas backgrounds and experiences desired an increased level of emotional connection with clients, especially at long-term care facilities. An improved understanding

of the current multicultural and linguistically diverse aged care RN workforce will benefit the aged care service and delivery process.

Ashley et al. (2016) noticed there is limited nursing research into RNs' transition experience from acute care into PHC employment. Though limited, this review pointed out that nursing research in work transition often focused on new graduates; "role transition amongst experienced nurses" has not been equally explored (Ashley et al., 2016, p. 2115). Ashley et al.'s (2016) review offered new suggestions and fresh findings regarding aged care RNs. Ashley et al. (2016, p. 2120) suggested that RN movement from "an institutional setting to a community-based setting is likely to influence professional identity" which is closely related to attitudes, values and individual social characteristics. These all suggest that the causes of experienced RNs making a career change are possible based on personal needs and professional desires. These needs and desires occurred within the RN-selves first, maybe linked with events at their workplace or as new life experiences, then led them to transit to the community-based nursing environment instead of working in the acute hospital.

Ashley et al.'s (2016) systematic literature review included eight studies. All eight described nurses transiting to either community care or home care settings. However, none of the eight studies was completed in Australia, and only Adams (1998) and Hartung (2005) reflected on RNs' transition experiences from acute to home care settings. RN participants in this study (Ashley et al., 2016) included nurses transferring from the

acute care to the PHC sector. PHC included a range of areas in nursing services, such as community health, home care services and aged care facilities. Therefore, Ashley et al.'s (2016) participants' choices do not represent the opinions of RNs only working in aged care facilities in Australia.

Reflecting on the literature research and review process, there is clearly a lack of studies focusing on registered nurses (RNs) working in the Australian aged care sector. In addition, there is an urgent need for more research that is driven in a positive direction, involves individuals in this workforce group, and delivers Australian aged care nurses' true voices. Therefore, the following questions are proposed for this research:

RQ1. *What intrinsic and value-related factors motivated the participating aged care Registered Nurses (RNs) to work in this sector in regional Queensland?*

RQ2. *Do the intrinsic motivations and work values of the aged care RNs affect their work choices, such as staying or leaving this job?*

2.4 Theoretical framework

Without a doubt, strong evidence from many articles shows a clear correlation between residential aged care RNs with positive work values and increased workplace wellbeing. Addressing this relationship appropriately will require an in-depth study of the theories listed in the literature review.

Identified keywords such as "motivation" and "nursing workforce" led to a few studies that used intrinsic and extrinsic theory to explain nursing workforce issues. Deci and Ryan (1985; 2000) offered a fundamental understanding of motivation, and identified two essential triggers for motivation as intrinsic and extrinsic. Ryan and Deci (2000) said intrinsic motivation often occurred when an individual was taking on action to fulfil their own psychological needs (Dill et al., 2016). However, extrinsic motivation is based on external factors rather than the person's inner desire.

During years of discussion in the area of human psychology, goal content became a critical factor to determine if one's motivation was intrinsic or extrinsic. Sansone and Harackiewicz (2000) provided the generally accepted explanation that differentiates intrinsic and extrinsic motivations. They believed motivation was easier to understand when addressed by a person's goals. When goal content enhanced one's personal life experience, generated interests and promoted personal wellbeing, the motivation should be considered intrinsic. Therefore, understanding the goal or motive trigger is crucial for achieving a positive and successful outcome within a professional workforce.

Careful consideration must be given to each of the terms "motivation", "goal", "intrinsic" and "extrinsic" during the literature searching and reviewing process. Intrinsic motivation, as a significant idea of the Self-Determination Theory (SDT) (Dill et al., 2016, p. 99; Edwards, 1999, p. 368), is frequently used in previous research to explain the positive

relationship between aged care workers (RNs, ENs and Carers) and aged care workforce retention. Dill et al. (2016) believed that, when an aged care worker has high intrinsic motivation related to care for others (or other pro-social values), the worker is more likely to experience enjoyment at work and a better employment outcome.

Another finding of aged care workers with higher intrinsic motivation was related to lower burnout at work. These workers have fewer complaints and are less likely to form a turnover intention (Dill et al., 2016).

In certain situations, "motivation" shares a similar meaning with words such as "value" and "goal". Therefore, further understanding the meaning of "value" and value-related theories can also be important to this research proposal. Eccles and Wigfield (2002, pp. 120-121) pointed out that Feather's early work (1988; 1992) suggested that "a value is a stable, generalised belief one holds about what they desired in life". In Kasser (2014), value was identified as an individual belief reflected in "goal content". So, the value is about what people believe to be important; what people want to try to bring into their lives as actualised goals. Work values focus on beliefs that affect peoples' choices and lead peoples' actions at work. Values can drive people into action and guide them to experience the things they strive for. Kasser (2014, p. 367), as per Figure 2.1, described the Circumplex model based on how the individual prioritizes their own "value pie", allows people to be different and leads them to a unique life experience.

Figure 2.1

Circumplex model from Kasser's idea of "value pie" (Kasser, 2014, p.

366)
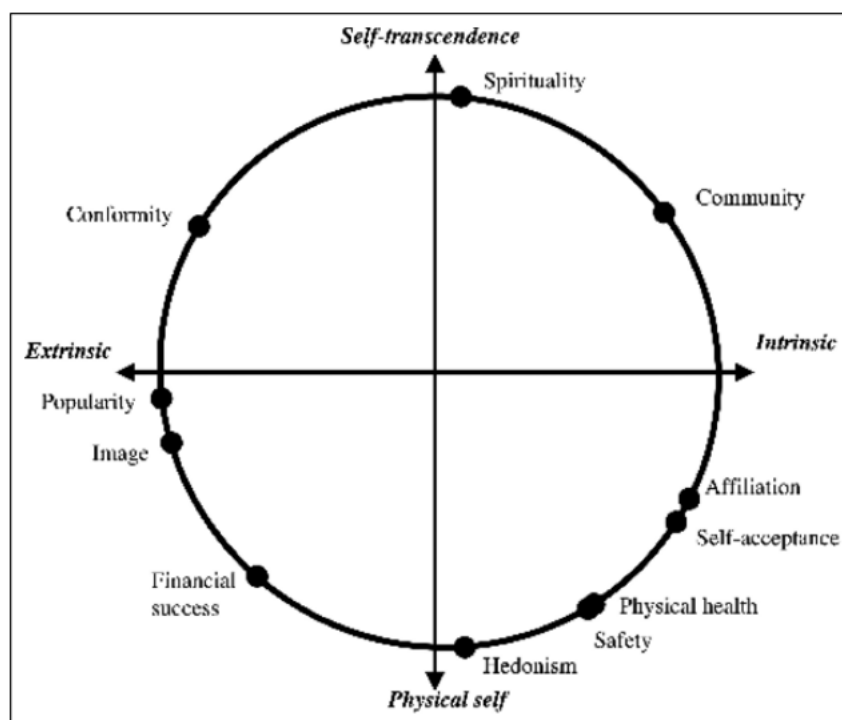
The value, as per the value pie, (Kasser, 2014) with the highest

priority (whether intrinsic or extrinsic, physical-self or self-transcendence)

is the most effective value for the individual, and determines which

behaviour the person pursues. Strong evidence suggests that people who

are dispositionally oriented toward intrinsic goals (i.e. personal growth,

affiliation and community feeling) are often associated with higher well-

being and lower distress, and are also more positive towards others in

society and the general environment. In addition to the dispositional

orientation of one's value, Kasser (2014, p. 368) suggested that the

activation of one's value component will cause values on the opposite side of the circumplex to become less dominant. Because values affect and/or motivate the individual to act for desired experiences, the behaviour of the individual can be changed even briefly depending on the activated value component.

Inspired by the Circumplex model (Kasser, 2006; 2014), the possibility of encouraging aged care RNs to prioritize the intrinsic and pro-social goals in their work values sets the potential for a much more positive outcome for the workplace and organisation, as well as contributing to nurses' wellbeing. Because the Circumplex model uses work values as analysis indicators, the researcher planned to conduct the study with individual in-depth interviews as the main method of research. By conducting one-on-one in-depth interviews, the researcher has more opportunities to clarify each individual's work values and establish a better understanding of the individual's workplace choice that may be influenced by those values. Overall, the Circumplex model proposes a clear and simple setting and fits well into the purpose of this study.

CHAPTER 3. THE RESEARCH METHODOLOGY

3.1 Research topic and method

The main purpose of this research was to answer the two questions:

RQ1. *What intrinsic and value-related factors motivated the participating*

aged care Registered Nurses (RNs) to work in this sector in regional

Queensland?

RQ2. *Do the intrinsic motivations and work values of the aged care RNs*

affect their work choices, such as staying or leaving this job?

In addition, the researcher encouraged participants to identify the reasons

for making such work choices.

Qualitative one-on-one in-depth interviews with research participants

using questions based on "value" and the Circumplex model (Kasser,

2014 Figure 2.1) were conducted to understand the participants' views of

their work in aged care nursing. Exploratory interview questions were

used to help the researcher further investigate the differences between

participating RNs' work-related motivations and values. During the

interviews, the researcher encouraged participants to explain their values

and motivations in greater detail whenever necessary.

This study required participants to meet all the selection criteria before

giving consent to be involved in the research. Participants were required

to be RNs currently working in an aged care residential facility, be

continuously working in the same aged care facility/organisation for at

least one year, and not a current Graduate Nurse Program (GNP) candidate in the working facility/organisation.

These requirements supported the idea of RNs having employment autonomy to decide their preferred area of work. RNs progressing through a GNP have limited choices in the area of care at work; with most GNP nurses given more than one rotation to complete within the organisation. This requirement shortens the working timeframe and allows GNP RNs to build a basic rapport with units and colleagues. As a result, they were excluded from the suitable participants list.

Research outcomes from this study were linked to, and compared with, previous research evidence with similar intentions (Carlson, 2015; Fernet et al., 2017; Saito et al., 2018). This research particularly sought evidence related to aged care RNs' intrinsic motivations and work values as their work experience increased, and if positive work values promoted their intention to stay in the job. This study focused on building a deeper understanding of the participants' work values and intrinsic motivations that could affect their choices to begin and remain working in an aged care workplace in regional Queensland, Australia.

3.2 Research design

This was a qualitative study, and the main research strategy was to conduct one-on-one in-depth interviews with a total of 11 participants. The questions used in the interviews were based on the individual's values, goals and motivations. The interview questions aimed to find

individualised value perspectives from each participating RN, therefore open-ended questions and neutral perspectives were followed as the core principle of the research. Participants were recruited by distributing promotional flyers in nursing homes in Dalby and Toowoomba, and invitations were sent to any other interested aged care nurses via emails. A completed personal consent was required for all interviews.

> ➢ <u>Participants:</u>

- RNs working in residential aged care facilities/organisations

> ➢ <u>Additional requirements of the participants:</u>

- Aged care RNs needed to be working in aged care for at least 12 months (i.e. have completed their GNP)

- RNs could not be a current GNP candidate in the facility/organisation

> ➢ <u>Number of participants/size of the research study:</u>

- Eleven individual aged care RNs participated in the research study, and they came from the Toowoomba (regional Queensland) and Dalby (outer-regional Queensland) areas

- There were no limitations or requirements to participants' organisations (as organisation comparison was not considered in this research).

3.3 Researcher's background information

The decision to focus this research on topics related to Australian aged care RNs; could relate back to the researcher's personal and professional experience.

Travelled from China to Australia in 2001 as a student, then undertook and completed her university degree in Nursing in Adelaide in 2008. The researcher worked as a Registered Nurse in South Australia and later immigrated permanently to Australia. Working in the aged care sector as a personal care was one of the first jobs while the researcher studied nursing at university. Remembering the time first working in an aged care home, the researcher always felt joyful and meaningful. After graduating with a nursing degree, the researcher worked in both public and private organisations across different health sectors (acute care and aged care). In 2011, moved to Queensland, the researcher worked as RN, CN and Acting CNC within the nursing professional roles.

Having worked in both the public and private sectors and transferring to nursing in an aged care facility from a hospital, the researcher has been questioned many times by other RNs and friends, "Why do you want to work in a nursing home?". The stigma attached to aged care RNs' work is strong, shadowing all RNs working in the Australian aged care industry. When the researcher worked with nurses who love aged care jobs, she found that they want to contribute and improve aged care service practices. This experience sparked the idea of learning more about these aged care RNs. As a nurse, the researcher believes that the best way to understand someone is to listen to their life stories. Therefore, this study was designed to research with a qualitative method, and aimed to hear more aged care RNs' own voices.

3.4 Interview questions and processes

The interview questions were guided by Kasser's (2014) value dispositions in the Circumplex model, also followed examples and explanations in Willig's (2013, p.20-21) book, Chapter 2 Qualitative research design. Questions were designed to collect participants' professional demographic information within the guidelines of research confidentiality. These questions included the participants' age group, gender, years of working as a RN (equivalent in full-time years), number of organisations worked in, length of time working in current organization, and identification of specific area of work (general long-term care/dementia care unit). Explorative, open-ended questions were used to establish a comprehensive understanding of the nurses' decision-making process. Two examples of the interview questions (full interview questions list is provided in Appendix 7.1) are:

- *"Can you please explain to me a little more about your initial experience and feelings when working in aged care facilities?"*

- *"Can you tell me more about the reasons for your plans with your current job?"*

All participants were offered the choice of remaining anonymous, and pseudonyms were used in the report to protect participants' identities and to maintain confidentiality. The timeframe of each interview was between 30 and 45 minutes, and the interviews were audio recorded. Based on the qualitative nature of the proposed research, the interview questions were open-ended with an exploratory and neutral perspective, and the

researcher did not use "word", "definition" or "term" to direct any participant's answer.

Evidence and knowledge from previous nursing research with regards to the topic was not mentioned to participants at any time during the interview process. Participants were encouraged to share their own stories, feelings and beliefs with minimal interruption from the researcher. Considering the possibility of having participants with non-English speaking backgrounds, the interview questions were modified to ensure clarification during the interview process. Add-on questions were used to clarify any definitions, and necessary clarification was part of the interview process. All interview recordings were transcribed to create interview data for coding and analysing. All participants were given the opportunity to review the transcript of their interview. However, due to the limited research timeframe, this step did not occur during the research process. This research was guided by Braun and Clarke's (2006) six-step Thematic Analysis approach, and Nvivo Version 10 (2012) was used to assist with coding and analysis.

3.5 Analysis process for collected data

Braun and Clarke (2006, p. 79) used Thematic Analysis as a way of identifying, analysing and reporting patterns within data. Thematic Analysis is widely used and easy to fit into different analytical processes. The essentialist/realist approach of Braun and Clarke (2006, p. 85) is

considered to be a simple, straightforward way of evaluating data that focuses mainly on peoples' "motivations, experience and meaning". This research study used Thematic Analysis as it is a commonly used analysis method in qualitative psychology and health-related research (Anderson, 2007; Willig, 2013). Anderson (2007) believes that Thematic Analysis provides a descriptive presentation of qualitative data by identifying the common themes in the texts (e.g. interview transcriptions).

Findings from the literature review helped to develop an interview guide, and the consideration of sample size in the proposed study was based on the recommendations of Fugard and Potts (2015) which addresses a small number of participants. This research study conducted the Thematic Analysis process following the recommended analysis process listed in Braun and Clarke (2006, p. 87) and Anderson (2007). Six phases of thematic analysis were conducted: 1) Familiarization with the data, 2) Generating initial codes, 3) Searching for themes, 4) Reviewing themes, 5) Defining and naming themes and 6) Producing the report (Braun & Clarke, 2006).

Due to the limited funding available to a research student, external transcription was not used. The researcher created all 11 transcriptions with AI software assistance. Otter was purchased to process transcriptions from voice to text, then the researcher reviewed the voice-to-text transcriptions several times to edit errors). During the analysis process, the researcher first coded participants' answers related to the research questions with simple labels; then re-grouped similar codes

under a common theme. During this process, the supervisors assisted by providing the researcher with suggestions for grouping codes and determining the main themes and sub-themes. This analysis process was repeated a few times to ensure the accuracy of each code and theme group.

3.6 Ethics approval and data storage

This study's USQ Human Research Ethics Number is H20REA270. The study met the research data requirements of safe storage during and post the research process as required by the USQ protocol – Data stored in CloudStor powered by QCIF Ltd and will be stored securely for the required timeframe. Research participants' confidentiality was maintained throughout the research process and in the final thesis.

CHAPTER 4. THE RESEARCH RESULTS

4.1 Participants' demographics

Table 4.1

Participants' pseudonyms and demographic information

Pseudonym	Age group	Gender	Clinical position at workplace	Work experience (years)	Cultural background	Public or Private organisational setting	Regional Or outer-regional township
Alice	60s	F	RN	>20 years	New Zealand	Private	Outer-regional
Brook	40s	F	RN	>5 years	New Zealand	Public	Outer-regional
Cindy	50s	F	CN	>20 years	Australia	Public	Outer-regional
Debra	50s	F	CN/ Acting FM	>20 years	Australia	Private	Outer-regional
Ellen	40s	F	RN / Acting CN in long-term	>3 years	England	Public	Outer-regional
Fay	50s	F	CN / Acting FM for long-term	>20 years	Philippines	Public	Regional
Geena	50s	F	CN	>20 years	Australia	Public	Regional
Hailey	40s	F	CM	>10 years	Australia	Private	Regional
Ivy	30s	F	RN /CN	>5 years	China	Private	Regional
Jacki	50s	F	CN / Acting FM for short-term	>10 years	East Africa & England	Private	Outer-regional
Kenzo	20s	M	CN	>3 years	India	Public	Outer-regional

According to Table 4.1, 11 RN participants were involved in this qualitative research, with ten out of the 11 RNs being female. The majority of RN participants identified themselves as coming from an Australian or New Zealand background, and three of the 11 were from a

Southeast Asian or Asian cultural background. The RN participant with an East African background identified herself as European heritage as both her parents were English. Most participants were aged 40 or above, only one was is in their 20s and one was in their 30s. Seven out of the 11 had more than 10 years of RN working experience. Of the other four RNs, two had more than three years of RN work experience, and two had more than five years of RN work experience. To clarify, RN participants' working experience included all nursing fields, and was not limited to aged care sector work experience only.

Nine of the 11 RNs had acted (including the RNs still acting in the roles) in higher professional roles such as Clinical Nurse (CN), Clinical Manager (CM) and Facility Manager (FM). Six RNs were working in public aged care organisations, while five were working in privately-owned aged care facilities. Seven RNs worked in an outer-regional township (Dalby), and four RNs worked in a regional area (Toowoomba).

The decision to complete this research in the two listed locations was based on the author's proximity to the towns as identified in section 3.3: Researcher's background information. Although the researcher had previously worked as an aged care RN in Dalby and Toowoomba, she was not currently working at any of the sites where the research was conducted.

4.2 Qualitative data

Setting the two main research questions as the final goals, this research recruited and interviewed a total of 11 RNs working in the two locations (Toowoomba and Dalby). The interviews provided rich information and the evidence to answer the two research questions. Different motivations were pointed out by the aged care RNs; some from a professional perspective, some affected by social and cultural reasons, and some related to personal needs. These motivations and values are critical to explaining the initial attraction to work in the aged care sector. These motivations and values can also affect the RNs' work choices, and this research sought to identify how these factors led to decisions to continue to work in the aged care sector or to leave the sector.

Thematic analysis assists the qualitative data analysis process, and the final result presented two major themes. The first theme was the work values fit in the aged care sector, *sector fits*, which included respecting and valuing older people; supporting holistic nursing care at work; desiring to maintain patient interaction and enjoying relationship building with the elders; providing comfort care, and feeling privileged for being involved in end-of-life care. The second theme was the work values fit in individual career planning, *career fits*, which included getting self-validation through meaningful nursing work; positive feedback at work leads to personal gain and self-acknowledgement of the individual; having clear long-term career goals and plans; and desiring a healthy work-life balance.

4.3 Results themes

4.3.1 Theme 1. The sector fit

- RN's values, motivations that fit the aged care sector

> ➢ Respect and value the older people

Working with respect and valuing older people are the commonly identified values by the aged care RNs in their interviews. The word "respect" is interpreted in multiple ways by each RN.

Many interview participants suggested that respecting and valuing older people should be a part of the aged care RN's professional manner and responsibility. The idea of "respect the aged patients" presented very strongly for two participants, with both describing the experience of negative social stigma towards aged residents within the health system making them feel "very upset". Other aged care RNs believed that "respect the residents and their dignity" to be essential for the provision of quality nursing care services. A good explanation of performing "respect" in good nursing care is treating people well regardless of their age and background. Respect for the older people under care was evident in the following participants' comments:

It is important to know that, you know, we're dealing with lives here, you know, they might be older people, but they are just as important and just as critical. (Fay, CN/Acting FM, Philippine, 50s)

Treat the people as a person", and "You treat them as a human being, you don't treat them as a number". And "I want to be treated, how I've

hoped I've treated lots of the residents, which I had. (Cindy, CN, Australian, 50s)

The RNs believed that caring for elderly residents with respect can impact the resident's family and make them feel good; building trust between families and the nursing team. One RN suggested that respect is what the residents want and their opinions were included in delivering day to day nursing care. This approach aimed to support the residents for better involvement in their health decisions:

"To have that kindness and respect and care for all the people." And "I suppose gratitude of the family that, you know, their loved one's wishes were respected, that their loved one was respected." (Ellen, RN/ Acting CN, 40s)

"It's about of course, respect for the residents, listening to what they want to do, helping them to achieve what they want to do, working as a team." And "it was trying to get … trying to support people to try and improve their own health." (Alice, RN, 60s)

The evidence from RNs with Indian and Philippine cultural backgrounds emphasised that they are "respectful and look after" the older people, and that this is based on their cultural values and family experience:

"I like elderly people. I like looking after elderly people". (Geena, 50s, Australia)

"The elderly too they can teach you so much about the lives and, and things you know, like, I love listening to their stories." And "I try and make them feel like it's an honour, I suppose to be helping them

because, you know, they've contributed so much in their lifetime to our… our lives", which is why *"we have to respect the elderly; and respect each other; and our differences". (Debra, 50s, Australia)*

"My culture has built in me to be respectful to older people." "When I was training, we don't have nursing homes, there's no such a thing as an aged care facility over in my country, because the tradition and the culture is to look after your own parents." (Fay, 50s, Philippines)

"I come from the culture like we have always been told like, 'we will look after our parents'" and "it's incredible honour when you work in a palliative ward". (Kenzo, 20s, male, India)

➢ Support holistic nursing care

Many participants talked about their desire to care for older people. In addition, they suggested holistic nursing care is an important part of their professional practice while caring for the elderly in the aged care setting. "Holistic" can be interpreted as caring for the patients/residents through small everyday acts or simple clinical tasks. Some aged care RNs said, "treat the patient and resident as a person", and understand their health status based on a combination of the physical, mental, spiritual, social, and personal health factors, rather than just identifying the physical illness or diseases. Examples from participants of a holistic approach included the following:

"It should never just be about, you know, someone's physically unwell, it needs to be about their mental wellbeing, it needs to be their environment being good, and the care, family be involved. So, family

being involved is very important, and that's something I have developed here. Having that holistic approach." (Jacki, Female, 50s)

"I think that's all about nursing, you have to go to towards that goal of giving the person-centred care to the residents." (Kenzo, Male, 20s)

Several participants suggested that providing good quality care to the residents begins with getting to know the residents/patients and investigating their care needs and wants as an individual. Under the holistic nursing care concept, many RNs mentioned that nursing care in aged care homes is about individually designed care to suit the residents' health situation and personal desires. One RN believed individually designed care is more likely to be the "right care" for each resident. Another RN believed that the "right" nursing care plan comes from listening to "what the residents want", then getting the resident to be involved in their own care process, and finally "work as a team":

> *"A true understanding of who they are, where they used to be what they liked. And with that you can work through how to care for them." And helping the resident by providing "what the residents want", and "listening to what they want to do, helping them to achieve what they want to do, working as a team." All for the purpose of, "it was trying to get trying to support people to try and improve their own health." (Alice, 60s, RN, work experience > 20 years)*

> *"I love the holistic approach, the talking to the residents, you know all that important, for me to feel like I am doing a good job with my residents." And "making sure A) Safety and B) Making sure that it's correct changes and making sure that, you know, it's that holistic*

approach to completing the loop." (Jacki, 50s, CN, work experience >
10 years)

These quotes demonstrate that the majority of RN participants had a positive outlook when talking about holistic nursing care. They also viewed holistic care as an important component of their daily work; hence it was an important positive work motivation for them as nurses.

> ➢ Maintain patient interaction and relationship building

The majority of participants also identified maintaining "patient contact" and being "hands-on" as core motivators in their nursing practice. A few participants mentioned "hands-on" with "clinical skills", while others suggested that "hands-on" and "patient contact" is all about building a long-term relationship with the aged care residents:

"It's really important that I was able to maintain my clinical skills and have contact, direct contact with residents." (Alice, Female, 60s, RN)

"Because there's a lot of people who don't have the clinical experience. And I feel like I want to be there working hands-on. And that's why I became a nurse to do the hands-on stuff not to do rostering and administration and going to meetings and things." (Geena, Female, 50s, CN)

"Let's face it, we become nurses for that patient contact, that human contact, not just sit at a desk." And "I still have a lot of contact with residents, I make sure I have a lot of contact because that's what keeps me going." (Ellen, Female, 40s, RN/Acting CN)

One participant thought that "hands-on" is the way to get to know the residents, collect patient information and is preferred for planning accurate nursing care. Another participant suggested that building relationships can extend to residents' families in the long-term care sector. The participant valued residents' family responses as important feedback reflecting their nursing care to the residents:

"That hands-on, that daily things, is gathering this amazing information." (Jacki, 50s, working in private facility in outer-regional town)

"When you're showering someone, you can chat to them about their lives. And, when you're doing, you know, putting stockings on or massaging or whatever, you can be chatting to them about their lives and how they are settling in, if they're new, that sort of stuff." (Debra, 50s, working in private facility in outer-regional town)

"You're walking around, you're talking to residents, you're talking to their families and you and, and, of course, the staff." (Alice, 60s, working in private facility in outer-regional town)

"The people that I work with, and it is the residents." And "Some families are amazing, and you just love talking to them. And you can't wait to get to see them." (Brook, 40s, RN, working in public facility in outer-regional town)

A few participants talked about their experience acting in management roles, such as the facility manager or as a clinical nurse manager. These aged care RNs suggested that acting in management roles reduced the work time involving patient interactions and meant that less of their daily

work time could be used to maintain clinical relevance. Many RNs expressed their emotions during such job changes and said, "I am not planning to progress into management roles" while working in the aged care sector:

"For me, personally, have no interest to go any more than a clinical Nurse, cuz I love the contacted." (Jacki, 50s, works as CN acting in FM short-term)

"I do enjoy those responsibilities and gain a lot of knowledge and those (position). But what I enjoy most is be… is actually just do my job on the floor." And "I make sure that I have spent a bit of time with, you know, at least quality of time in one or two of them, per shift." (Fay, 50s, works as CN acting in FM long-term)

"I do miss the interaction with residents and the care staff and the families a bit". And "Sometimes I actually just walk away from my job and go and sit to the resident because it reminds me why I'm doing what I'm doing." (Ellen, 40s, works as RN acting in CN long-term)

A slightly different opinion was expressed by one participant. He suggested that keeping patient contact depends on the RN-self, and mentioned how he will continue working "on the floor" even if his work is the facility manager:

"I think it depends, I think it depends on person to person, like if I will be a facility manager, I will be one of those facility managers who on the floor all the time, checking everything, everything is done." And "Like if my staff is not happy, my residents are not safe. There's no point of me doing paperwork sitting in the office in a closed room." (Kenzo, Male, 20s, works as CN)

➤ Providing comfort care, and the privilege of being involved in
end-of-life care

The word "comfortable" was mentioned frequently in the interviews.
Making sure the residents are "comfortable" from a holistic nursing care
perspective, one RN suggested that a simple nursing task can make the
resident feel more "comfortable" living in the aged care facility:

*"In the lives of making them comfortable. Even cleaning the dentures
is a good thing." And "What satisfies me the most. Is that, that my
patients are comfortable, before I left, before I leave work." (Fay, 50s,
CN/Acting FM, work experience > 20 years)*

Ensuring that the residents are "comfortable" was most often discussed
regarding good palliative care and end of life care (EoLC). The aged care
RNs believed that palliative care and EoLC is a significant time of one's
life, and that assisting the residents to have a "comfortable" death is part
of the aged care RN's duty of care:

*"When you're like helping them towards the end, you know, when they
are, you know, on palliative, you need to make sure that they're going
to have a dignified death." And "you just can't assume that they
they're comfortable and they're good. Like they require a lot more care
than the average person." (Brook, 40s, RN, work experience >5 years)*

*"We did everything we could to make sure that person was comfortable
and felt safe and felt that there was no anxiety or anything about what
was happening to them." (Ellen, 40s, RN/Acting CN, work
experience >3 years)*

In addition, two aged care RNs expressed feelings of compassion towards the residents they cared for. They described the feelings of being privileged to be involve in someone's end-of-life care as an RN. Although dealing with someone's end of life is not uncommon for nurses in other areas of care, these two aged care RNs (who regularly care for residents in EoLC stages) demonstrated their professional and personal respect for people's lives.

"You're looking after them when they're in the end of their lives. And you know, you're the one who, who decides, who decide what's good for them." And "like for the residents, for the families, and you know, make them feel comfortable." (Kenzo, Male, 20s, CN, work experience >3 years)

"And now when they pass away, that you've done everything for that person, because it's a very big thing in someone's life, you know, the families." And "You know, we all have to die. So you want to make the experiences nice and comfortable and as friendly as possible." (Cindy, 50s, CN, work experience >20 years)

One participant talked openly about her own experience of losing a close family member after going through palliative care. This personal experience had significantly impacted the RN's professional values, especially when residents go through palliative care and EoLC stages. Through this RN's statement, the description of compassion and caring

nature was stronger when talking about keeping the residents "comfortable":

> *"So having my boy and him passing away, and all that stuff, all that big circle of care. That has taught me so … so much and it's definitely made me a better nurse without a doubt. More caring, give everyone more time, I don't rush, I don't care if I'm still there two hours after work. Doesn't care just as long as that person's comfortable." (Cindy, Female, 50s, CN, works in public facility in outer-regional town)*

4.3.2 Theme 2. The career fit
- RN's values, motivations that fit the individual career-path

➢ Self-validation through meaningful nursing work

Some participants presented their professional image as "helping others". This idea about themselves and their profession displayed strong connections to the pro-social value. These RNs mentioned "making a difference in others' life" and "improving the residents' quality of life" in the following statements:

> *"I love the nursing, I like to have that input, I like to see that. I can make a difference, maybe to that person's pain level, or their continence, their mental wellbeing." (Jacki, 50s, CN)*

> *"I can see things that need to be done and see things, the changes that we can make, to make their lives, you know, improve their quality of life." (Geena, 50s, CN)*

Interestingly, two of the younger participants with Asian/Southeast Asian cultural backgrounds suggested that working in the aged care

sector is "doing a good deed" and "giving back to the humanity and community", which gave them the "pleasure within":

"I think that I was doing a good deed. Yeah, that's my culture. That's what I'm taught." And "I still can't forget that, you know, it's still in my mind. That's, that's just not just honour. For me, for my mother, for my family, everybody. That thing, I thought that 'this is the job'. You know, for me, so, you know. That gives me pleasure within." (Kenzo, Male, India)

"Just feel like you can help the elderly people is also another way I would like to do." (Ivy, Female, China)

➢ Positive feedback, Personal gain, and Self-acknowledgement

■ Positive feedback

RNs experienced personal and/or professional validation and satisfaction when "the residents' appreciate your work" and "gain trust from the family". When aged care RNs talked about this positive feedback from work, positive emotions came through in their comments:

"You keep working because you know that. And the residents' feedback, they appreciate what you're doing." (Alice, 60s, RN)

"It's so beautiful when they, when you walk into their rooms and they got a big smile in their face, when they're there and their family." (Cindy, 50s, CN)

■ Personal gain

The personal gains listed in this section, such as "gaining the resident and their family's trust" is an example of positive intrinsic gain. The aged

care RN gained trust from "residents and their family" which directly affected their awareness of their professional responsibility. This could also serve as a reminder for acting with professionalism and in a professional manner. From a personal perspective, aged care RNs who desired to establish long-term relationships with residents often see "gaining the trust" as positive feedback from their clients which then leads to more personal confidence about their ability at work.

> *"To gain trust from families is a big thing. And it takes a long time to get that. So, that's what I love." (Cindy, 50s, CN)*

> *"Because we have so many residents here, they have so much trust on us. The families have trust on us. That's why they have left their loved ones here. Yeah, that makes us feel special." (Kenzo, Male, 20s, CN)*

■ Acknowledgement of their own value

Some RNs presented strong professional confidence. They identified the need in the aged care sector for "decent nurses", hence why they choose to work in the aged care sector: to contribute their skills as a "decent nurse":

> *"I knew that I wanted to go to aged care, why? Because … because I know that aged care gets a bad run. I know that aged care misses out on decent nurses." And "I know that I'm a decent nurse." (Hailey, 40s, CM, Australian)*

> *"I feel I do a really professional job. And I do believe that the residents, quality care is paramount to me." (Jacki, 50s, CN, East Africa & English)*

"I think if I'm not there to look after them who was going to look after them, because I believe I deliver very good care." (Brook, 40s, RN, New Zealand)

In some cases, the aged care RNs suggested that professional knowledge supported their ability to advocate for the residents, and the process of working towards getting the care they needed from other health professionals brought feelings of achievement at work:

"I think that's all about nursing, you have to go to towards that goal of giving the person-centred care to the residents. Best possible treatment and all that stuff, you know, and we have issues like, pharmacy, doctors, but yeah, you deal with that at the end of the day, and you're proud." (Kenzo, Male, CN, 20s)

"I am in a role where I work with the doctors, or the doctors daily. So, I have really good input, I get evidence-based information to bring to the doctors, I will do assessments, I will do all these things." (Jacki, Female, CN, work experience >10 years)

"You get more out of me in aged care, you get more out of nurse, you get more for yourself. Oh, I know you shouldn't say that. But to see a person, and you've healed them, because you see them when they're really sick, because of pneumonia, or sepsis, and for them to trust you into them, for you to fight for them. You know, just like you ring up the doctors and you ring up the hospitals. And then you see them better. It's a great achievement. It's really beautiful that you've done that." (Cindy, Female, CN, work experience >20 years)

➢ Clear career goal and plan

The majority of the RN participants had very clear career goals and

interests in the area. Many participants had interests in diseases that often occur in the older population, such as dementia and mental illness. One RN planned to attend further study about facility management after acting in CNC and FM roles. This RN developed her skills for stepping into the manager's role when the opportunity arose:

"Working with people with dementia, body language skills and all that. I find that very interesting." (Debra, 50s, CN/Acting FM)

"I really liked mental health, and I'm thinking of next year, maybe doing some sort of mental health certificate or graduate certificate. I think there's gonna be huge need for mental health. I haven't really decided. But there's always, you know, the mental health of that older person and the aged care setting." (Brook, 40s, RN)

"I certainly want to increase my knowledge on dementia. I see that as my forte. My dream is just basically to be a dementia expert." (Ellen, 40s, RN/Acting CN)

"I believe that if another opportunity arise in the future, I'd like to be a bit more equipped. And so I'm in the process of enrolling for that … that course, and management." (Fay, 50s, CN/Acting FM)

One of the interesting findings of the research is that two very different RN participants (different aged groups, gender, cultural background) both commented on the fast progression in the nursing workforce when working in the aged care sector. Both worked in public RACFs located in the outer regional township:

"Then I started liking aged care more, because I thought that it's more

opportunities in aged care to step up quick". "Within six months, I was promoted as a clinical manager". (Kenzo, Male, 20s, working in public facility in outer-regional town)

"And with aged care, one of the benefits and I know will lead into this, but you can advance quite quickly in aged care." And "So I was hired as a registered nurse. But in June last year, I actually got a full-time position as a clinical nurse at the facility that I am at." (Ellen, Female, 40s, working in public facility in outer-regional town)

Further new evidence came from the interviews regarding work choice limitations for international RNs in the acute sector. The two RNs in their 20s and 30s with non-Australian cultural backgrounds who migrated to Australia in recent years both mentioned the immigration rules that limited their job opportunities in the Australian acute care sector. The Australian aged care sector does not have such limitations. Although both aged care RNs took a job in aged care as a fallback position or second choice, they were able to maintain job security in their chosen profession:

"Like working in a hospital is the best idea, but that time is really hard. As I said, because of the immigration issue. If you don't have the PR, and then you can't work in hospital, they won't accept that. For sure. So the aged care is the only way to go." (Ivy, Female, 30s, China, RN work experience >5 years)

"I finished my degree. And then I applied for graduate entry as we discuss that, and so yeah, unfortunately, I didn't get in there … because there were certain requirements: has to be the permanent residents of Australia, and I was not." (Kenzo, Male, 20s, India, RN work experience 3-5 years)

➢ Desire for work-life balance

One of the common issues discussed in the interviews was family life and work-life balance. A number of aged care RNs spoke about experiencing "burnout" while working in the acute care setting, suggesting a transition to the aged care sector for less work stress:

"So I've been nursing for 15 years. And I just wanted to see something else. So I've done acute, I did all that. And you do, you do get burnt out, you do. I just wanted something new." (Cindy, Female, 50s)

"And to be able to teach and mentor and explain to my junior nurses, what they're looking at, and what we're looking at, and I don't have to think too much about it. Because it's, it's, you know, I've had that … experience." Also, "And the family is happy." (Hailey, Female, 40s)

Other factors such as "closer location from home" when working at the aged care facilities, and/or better-managed working hours allowed the RNs to have more time with family which improved their life experience:

"I do enjoy family life and not having the stress of thinking about work all the time, I feel balanced when I have a bit more time at home and I spend in family. And then I think I can better deliver care if my family has settled as well and happy." (Fay, Female, 50s)

"It was on my mind for very long time, I thought that I could be good at this. I thought that the hours and everything would be good with a family." (Ellen, Female, 40s)

Table 4.2

Identified Value Themes

Theme (Values)	Illustrative Quote	Pseudonym of the Quote
Respect and value the older people	"It is important to know that, you know, we're dealing with lives here, you know, they might be older people, but they are just as important and just as critical."	Fay
	"I think the compassion is at the top-most list, and kindness, and dignity. Dignity, not just mine, it's for everybody's. "	Kenzo
Support holistic nursing care	"It should never just be about, you know, someone's physically unwell, it needs to be about their mental wellbeing, it needs to be their environment being good, and the care, family be involved. So, family been involved is very important, and that's something I have developed here. Having that holistic approach."	Jacki
Maintain patient interaction in long-term care setting	"The people that I work with, and it is the residents."	Brook
	"it's really important that I was able to maintain my clinical skills and have contact, direct contact with residents."	Alice
Believe comfort-care is good nursing care	"We did everything we could to make sure that person was comfortable and felt safe and felt that there was no anxiety or anything about what was happening to them."	Ellen
	"In the lives of making them comfortable. Even cleaning the dentures is a good thing." And "What satisfies me the most. Is that, that my patients are comfortable, before I left, before I leave work."	Fay
Self-validation through meaningful nursing work	"I love the nursing, I like to have that input, I like to see that. I can make a difference, maybe to that	Jacki

	person's pain level, or their continence, their mental wellbeing."	
	"I can see things that need to be done and see things, the changes that we can make, to make their lives, you know, improve their quality of life."	Geena
Positive feedback leads to work confidence	"I think if I'm not there to look after them who was going to look after them, because I believe I deliver very good care."	Brook
	"You get more out of me in aged care, you get more out of nurse, you get more for yourself. Oh, I know you shouldn't say that. But to see a person, and you've healed them, because you see them when they're really sick, because of pneumonia, or sepsis, and for them to trust you into them, for you to fight for them. You know, just like you ring up the doctors and you ring up the hospitals. And then you see them better. It's a great achievement. It's really beautiful that you've done that."	Cindy
Clear career goal and plan	"I certainly want to increase my knowledge on dementia. I see that as my forte. My dream is just basically to be a dementia expert."	Ellen
	"Then I started liking aged care more, because I thought that it's more opportunities in aged care to step up quick". "Within six months, I was promoted as a clinical manager".	Kenzo
Desire for work-life balance	"I do enjoy family life and not having the stress of thinking about work all the time, I feel balanced when I have a bit more time at home and I spend in family. And then I think I can better deliver care if my family has settled as well and happy."	Fay

CHAPTER 5. THE RESEARCH DISCUSSIONS

This section discusses the values and work motivations identified in the results section further. All RN participants' statements will now be used to establish a deeper understanding of the sources of each work motivation/value.

The identified work motivations/values are grouped into two major themes: *the sector fit*, which focused on *RN's values, motivations that fit the aged care sector*; and *the career fit*, which focused on *RN's values, motivations that fit the individual career-path*. This section discusses each value according to the grouped themes, and how the value relates to previous literature. Similar to findings in previous aged care RN research, this research confirmed a number of values/work motivations important to RNs across all areas such as desire to help, willingness to establish long-term care relationships, self-validation and gaining professional autonomy. The qualitative nature of this research adds in-depth understanding to previous research results. It expands the existing knowledge of why and how these factors affect the aged care RNs' work choice.

The two most significant findings from this research have not been well discussed in previous studies: the concept of holistic nursing care in aged care nursing practice, and the idea of residents "being comfortable" as a goal of good nursing care.

5.1 Theme 1. RN's values, motivations that fit the aged care sector

5.1.1 Respect and value the older people

Carlson et al.'s (2014) research successfully identified two major views from their aged care RN participants: aged care nursing should be "holistic" and "respectful" to the elders. This research was conducted in Sweden with a different cultural background compared to rural and regional Australia, however the research outcomes were significantly similar to each other.

Evidence from this research shows that many RN participants experienced positive feelings when talking about their aged care residents, and most RNs also identified feelings of compassion and kindness when talking about older people in general. These findings suggest that some RN participants like older people and often experience positive emotions and feelings when spending time with them. They also believed that they were the contributors to current Australian society. Many RNs expressed generalised positive feelings towards older people, similar to the concept of "being caring" mentioned in Chenoweth et al. (2010, p. 10). Interestingly, the RN participants who valued the aged population from this perspective were mostly from Australian and European cultural backgrounds.

There was also a socio-cultural element linked to the respect of older people. The participants with Australian cultural backgrounds explained the respect for the RACF residents came from the perspective of "honour"

and "contribution". In comparison to those with a Western cultural background, three RN participants from Asian cultural backgrounds suggested a different reason for "respecting the elderly". The RNs from Asian cultural backgrounds considered that "respect the elderly people" is a social and cultural norm that has been "built in" them. All three RNs had witnessed their family elders being cared for by younger family members when the elderly got old or sick. These life experiences, while living in their home community, taught them about care and respect which helped them to assume the carer's role when looking after the older people living in the aged care sector. These social influences from life experiences also encouraged them to have strong desires for pro-social actions and responsibility.

Based on the qualitative evidence mentioned by the RN participant from Indian heritage, religious and culturally guided ideas can also influence the RN's work motivations and choices. This RN mentioned the idea of "doing a good deed", and that "looking after the old" was expected of the younger generation in their culture. This idea is almost identical to that found in Gao et al.'s (2015) research, which found a case of cultural values influencing work value, such as the idea of "Karma" and "reciprocity". These socially, culturally and religion inspired values can influence aged care workers to undertake jobs with high a pro-social value and meaning.

5.1.2 Support holistic nursing care

During the research process, the majority of RN participants demonstrated similar goals of working with older people living in aged care facilities and assisting with their health and care needs. To clarify "what kind of health and care needs" are essential needs in the aged care service facility, many aged care RN participants used the term "holistic nursing care". Carlson et al. (2014) mentioned the word "holistic" in their research, however the evidence listed was too limited to fully understand how holistic nursing care was being defined.

Rosa et al. (2019, p. 381) explained the term best as, "holistic nursing is founded on the values of integrality and the awareness of whole-people and whole-system interconnectedness." Another study by Lillekroken (2020) focused on understanding how the holistic nursing concept was delivered by nurses working in dementia care in Norway. There was some similarity between the Norwegian study and this study's findings.

Many RN participants in my research believed that patient contact is the key to providing the right care to their residents because it is the best way to gain information about the resident as an individual across all aspects of life. RNs who want to understand the resident as a complete person often present more interest in the resident's life stories that indicate the idea of holistically knowing "who he/she is" and "where he/she come from".

These RNs' strategies for getting to know the patients start with the resident's physical and mental health conditions, then extend to the

resident's beliefs, personal values, social needs and family network. This strategy was confirmed by Lillekroken's (2020, p. 43) study, which suggested that "it was important to have biographical knowledge about the residents' life before dementia, and to use the knowledge effectively". It also said, "nurses had to align their work with residents' psychosocial needs, hence providing care that considers resident's current needs and not just providing procedural care".

Several participants from the current research suggested that holistic nursing care plans can motivate the resident's involvement in the care process because holistic nursing care encourages the residents to work collaboratively with nurses towards the same goal of improving their health conditions. Once residents understand and accept their RN's responsibility, they are more likely to cooperate and collaborate with the nursing staff and allied health team members.

Although the idea of "holistic nursing" is not new, the majority of topics in the current literature are related to palliative care, mental health care and community nursing care. The information from these participant interviews provide another perspective when discussing the meaning of "holistic" in Australian nursing practices.

5.1.3 Maintain patient interaction and relationship building

In this research, several participants suggested that "hands-on" and "patient contact" is all about building a long-term relationship with the aged care residents. This aligns with the concept of holistic nursing where

interaction with the residents is viewed as the preferred method of collecting comprehensive knowledge about the person. Useful information was collected through casual conversation with the resident and the family (close social support person), and through the resident's clinical care needs and formal care plan discussion with the resident's previous health care professionals. A combination of knowledge and information gathered through this process could provide a more holistic outlook of the resident's need as many aged care RNs understood and suggested in the interview that they believed "what the care need" should be based on "what care they wish to have".

Carlson et al.'s (2014, p.764) core findings suggests that "aged care RNs viewed their work as the process of building a long-term relationship with the residents/clients". Chenoweth et al. (2010) and Tyler et al. (2006) both talked about the influence of "intrinsic feedback" and "internal rewards"; identifying that many aged care RNs valued the interaction with the residents. My research demonstrates the importance of this, especially for the RN participants who choose to work in the aged care sector. They considered that the long-term care setting can provide the opportunity to maintain patient contact in their everyday work and provided the possibilities of establishing a deeper and longer relationship than in the acute setting.

Working in aged care means that RNs have time to build a long-term care relationship with their aged care home residents. This long-term relationship is not only based on the duration of care provided by the

RNs, but also the opportunities to get to know and understand the patient from a holistic point of view. Similarly, Lillekroken (2020, p. 43) said that "nurses acknowledged that building trusting relationships with the residents needs time; however, when these are established, the relationship is valuable for sustaining residents' personhood." Therefore, compared to the acute hospital setting, the care delivery model of Australian aged care facilities fulfills the RNs' expectation of "being hands-on" and supports the RN's desire to establish continuous nursing care relationships while working in aged care facilities.

5.1.4 *Providing comfort care, and the privilege of being involved in end-of-life care*

Ashley et al. (2016, p. 2120) suggested that an RN's move from "an institutional setting to a community-based setting is likely to influence professional identity." This statement leads us to ask whether there were any changes or differences in the aged care RN's attitudes, values and individual social characteristics compared to RNs in general?

To address the word "holistic", it is important to talk about "comfort" as it was mentioned frequently by many of the aged care RN participants in this research. In East et al.'s (2020, p. 1369) research, "feeling comfortable and safe" was one of the two identified aspects of general nursing care used to predict "patient satisfaction". Many participants also suggested "keeping the residents comfortable" as an important part of providing holistic care during nursing practice. When compared with the

common acute medical and nursing care principle of "healing and curing", "being comfortable" leads the RN to understand the patient's life status, health status and their views about end-of-life stages of care.

In the current study, the majority of participants accepted "comfortable" as the resident's health and life goals while they were living in aged care homes. Australian Bureau of Statistics (2019) data suggests that approximately 96% of older Australians living in care accommodation have a disability, and almost all the older Australians with disability living in care accommodation have profound or severe limitations. It is fair to say that most older residents in aged care facilities require ongoing nursing care to manage their chronic illness rather than heal it.

According to Agustinus and Chan (2013, p. 69), "the quality of nursing care delivered by nurses is firstly affected by their personal attitude. Attitudes consist of ideas and beliefs associated with a particular emotion or feeling, which overall are linked to an action undertaken towards the object of attitude." The transition from "helping patients to get better" to "support resident being comfortable in everyday life" represents a significant professional value shift when RNs' change their professional setting from an acute hospital setting to the long-term based aged care setting. This clinical value encouraged RNs to provide nursing care based on the little things of their clients' lives instead of being focused on physically comfort only. They described "comfortable" as a lifestyle and good mental status, and again tied it back to the holistic approach of

nursing care that considers as many life aspects of the resident as part of their care needs.

Another common perspective when participants talked about "comfort" was when discussing palliative care. Fleming et al. (2017) pointed out the importance of "comfort" in palliative care in the UK study. Fleming et al. (2017, p. 2) said, "in a study of advance care planning amongst older adults, 92% of patients prioritised comfort." This means the general population relate "comfort" mostly to the stage of end of life care (EoLC). And, "the trend of older people's deaths in the UK is gradually moving away from death in hospital towards long-term care facilities." This evidence suggests that palliative care in UK aged care facilities is more common than palliative care in hospitals or hospices. With a similar healthcare system and structure in Australia, it is not surprising to see the Australian older population follow the UK trend. Fleming et al.'s (2017, p. 13) study also found, "higher comfort ratings in long-term care" among its palliative patients' data. This result indicates that aged care homes in the UK have taken on caring for the older population at the end stage of life with good outcomes.

Importantly, palliative care and EoLC only occur for a short period of time in an older person's life. When older people move into aged care due to increased care needs, it is not necessary for them to experience end of life care immediately. The process of dying is not the same as it is based on individual health status, the types of chronic illness the older person has, and their attitudes toward self-care.

Many aged care RN participants in this study had experienced their residents dying, and some were very involved in the residents' EoLC. These experiences may have led them to believe that providing nursing care to maintain a dying resident's comfort is essential and good nursing care. When the nursing care principles of the resident transits to "be comfortable", it also leads to significant changes in the nursing care plan. The focus of nursing care outcomes then shifts to managing the older person's acute and chronic pain, understanding the older person's will, protecting the older person's dignity during the process of dying, and supporting the family as they go through this difficult life event.

As Fleming et al.'s (2017) study focused on how much "comfort" was experienced by older patients during their palliative care process, it used clinical symptoms as the research indicator to determine and describe the dying experience of individual participants. Fleming et al.'s (2017) study measured comfort with the common factors of "pain, depression, distress, delirium, unconsciousness, pressure sores and neglect". All factors were useful in measuring "comfort" through the effectiveness of nurses' clinical knowledge and skills in the palliative care situation. However, it was not the most comprehensive way to explain the term of "comfort".

Also focused on palliative care, Agustinus and Chan's (2013, p. 3) systematic review suggested "palliative care as the holistic care approach focuses on improving and maintaining comfortable daily living for the patient in terms of physical, emotional, mental, psychosocial and spiritual aspects." Combining Fleming's (2017) study and Chan's (2013) report,

the connection between the idea of "keeping the residents comfortable" and the holistic nursing concept is clear.

Furthermore, one participant in the current study had experienced the personal loss of a close family member, and this RN presented stronger emotional connections with the aged care residents in palliative care situations. This RN also advocated for more emotional support to residents and their family members when residents are in a palliative care situation. This finding matched with one of Bui et al.'s (2020, p. 4) study outcomes which stated, "personal experience and attitude towards death could have an impact on nurses' level of comfort in facing death and hence, their care for terminally ill patients."

In summary, to understand and implement "comfort" focused nursing care in the aged care setting, a transition within the meaning of "comfort" is mostly related to the individual resident's health status and illness progression. While residents have an adequate level of physical health, "keeping the resident comfortable" is understood more as lifestyle and general nursing care management, focusing on the resident's most concerning illness, diseases or symptoms, and is then extended to the residents' other aspects of life. When residents' health progress to the palliative and/or EoLC stage, "keeping the residents comfortable" means managing primary physical symptoms first, then addressing emotional and social support factors. Providing nursing care to "keep the resident comfortable" can be identified as a significant professional and personal value of the aged care RN participants. These RNs understood the critical

balance between aged care residents, the resident's illness, and their medical nursing management outcomes.

5.2 Theme 2. RN's values, motivations that fit the individual career-path

5.2.1 Self-validation through meaningful nursing work

The process of helping others is based on the foundation of respect for other individuals. In addition, a deeper connection between "respect and care for the older people" and "desire to help others" is due to pro-social effects. Newton et al. (2009) identified, "desire to help others" and "a caring motivate" as two of the main features of the Australian RN's professional identity. These factors are often related to actions that benefit others in society. Therefore, the idea of a 'Nurse' is not simply a job; it is also a professional identity with pro-social meanings.

As mentioned, "doing a good deed" is a pro-social value strongly influenced by specific social and cultural contexts. It is also an intrinsic motivation that relates closely to professional meanings. Motivators such as "having a meaningful job", "making a difference in others' life" are also driven by the pro-social values of the individual RN. Two participants clearly stated that their idea of working in a meaningful job is to "get involved in making a difference in someone's health" and "improve someone's quality of life". These individual motivations present their professional identity and pro-social values at the same time.

The outcome of this research confirms that aged care RNs have intrinsic pro-social motives like many RNs working in other areas of care in the Australian health care workforce. These RNs enjoyed working in the aged care sector and often recalled a positive personal experience that enforced their professional wellbeing. In addition to the desire to work in a meaningful job, a sense of self-validation, personal confidence and professional autonomy were also important reasons that participants chose to work in aged care sectors.

5.2.2 Positive feedback leads to personal gain and Self-acknowledgement

Ashley et al.'s (2016) research evidence suggests "gaining autonomy and empowerment at work" are important reasons for experienced RNs transferring from the acute hospital setting to the PHC sector. Fernet et al.'s (2017, p.444) research from Canada also supports this idea and suggested that "autonomous motivation" came from "a sense of pleasure and satisfaction" experienced from the professional role. In this research, aged care RNs talked about their intention to work in aged care due to their professional confidence and desire to self-validate through clinical work. This experience was related to receiving positive verbal and/or clinical feedback from residents and fulfilment from working with the aged residents which validated the meaning of aged care nursing work. Therefore, it became a strong intrinsic motivator for the aged care RN participants.

Aged care RNs involved in Carlson et al.'s (2014, p.764) study realised that working in the aged care sector required "multiple skills to provide adequate care to the elders", and most viewed this requirement as a positive sign of having professional autonomy. However, working in aged care as a RN is often "lonely and stressful" because aged care RNs often deal with ongoing staff shortages, staff skill mix issues and a lack of professional support.

Gao et al. (2015) suggested similar ideas, as several RN participants in Gao et al.'s (2015) research viewed psychological demands while working in aged care homes as a positive challenge. They felt a great sense of achievement when able to manage the stressful demands at work. Both of these experiences were confirmed with the research interview outcomes. Many participating RNs mentioned that they provide "good care" to the resident. The RNs were confident about the care they delivered and they believed in their leadership abilities. The decision to work in aged care was clear and positive. They looked at the increased responsibility in aged care as positive challenges rather than negative stressors.

Aged care RNs who welcomed work challenges were mostly experienced senior RNs, and the more experience the aged care RN had, the more professional autonomy they desired. Nursing skills are mostly clinical and evidence-based practices so increased work experience can assist the RN in gaining professional and personal confidence. It is common that senior nurses who learn and improve from their previous

work experiences are more confident in work-related skills such as critical thinking, interpersonal skills and time management.

Another outcome from positive feedback and increased confidence in professional skills is an increased ability to engage in professional advocacy. As they felt more confident about their professional knowledge and clinical skills, some aged care RNs felt that advocating for the residents in need was part of their professional autonomy. In most situations, the aged care RNs advocating for the residents were the senior RNs as they tended to have a higher level of clinical knowledge, stronger professional confidence and the most appropriate skills for dealing with such situations.

A number of senior RN participants had recently acted in manager positions. They described manager roles as mostly related to facility policy making, facility financial planning and human resource related staff matters. Many RN participants mentioned that they preferred not to act in a managerial role while working in the aged care sector, mainly because they preferred to maintain direct patient contact by attending to residents' clinical nursing care. One participant explained that she enjoyed her work after transiting from clinical nursing to a documentation review and assessment job. This finding may be due to an individual RN's understanding of their own professional abilities and limitations.

5.2.3 Clear long-term career goal

In line with the Australian 2016 workforce database (Mavromaras et al, 2017) and evidence from Ashley et al.'s (2016) study, 81% of participants in this research (9 out 11) were aged 40 years or over. This evidence is consistent with the Australian aged care workforce 2016 data that "RNs are similar with a median age of 47 in 2016 (lower than their median age of 51 in 2012)" (Mavromaras et al, 2017, p.16). The evidence demonstrates that working in Australia as an aged care RN is more attractive to mature aged RNs than younger RNs, especially RNs in their 20s and 30s.

Referring to Chenoweth et al.'s (2010, p.163) article, "another intrinsic value identified was having a long-term career goal. This value encourages aged care RNs to invest in the profession, rather than viewing work as a short-term income source." Reflecting on the above evidence, another pattern found in the RNs interviews was that many of the RNs had a clear career pathway. When analysing RN participants' work experience, three RN participants in the 40s age group had previous work experience before gaining RN registration. To make such a significant career change at a mature age, the three RN participants showed more critical thinking about the choice of a new profession, hence required more in-depth planning in their career pathway. Some participating RNs mentioned their interests in palliative care, dementia and mental health. Two RN participants identified more opportunities to progress into management roles in the aged care sector. They believed that there was

less competition in the aged care sector compared to other areas of nursing.

For RNs with multicultural backgrounds, especially for those in the process of applying for Australian skilled migration opportunities, obtaining an aged care RN position could benefit both their career plan and life plan. The evidence from two RN interviews in this research study may have suggested that taking a job in aged care as a RN can be a fallback position or second choice to secure a stable income. A stable income as a health professional could then support them to gain opportunities as skilled migrants. As there are huge implications for the individual's level of work and life satisfaction, this finding has significant meaning and motivations for work choice and planning.

The other result identified in the data was the participants' future planning of their careers. The majority of participants confirmed their intention to stay working in the aged care sector, with many identifying that this area of nursing was what they wanted to do despite the negative factors (such as low pay rate, staff shortages, social/professional stigma) that come along with working in the sector. Although happy to stay, many had already mapped their next step in career development. Some RNs wanted to become an expert in dementia care, a mental health nurse for older people, an aged care nurse educator or a facility manager.

A few participants mentioned the idea of changing organisation. These RNs were often not happy with issues such as organisation culture and poor leadership in the current facility. One participant decided to leave

the facility and became an agency aged care RN not long after the interview was completed.

5.2.4 Desire for a healthy work-life balance

Many turnover factors that caused aged care RNs to leave the sector were extrinsic. By contrast, Ashley et al. (2016) suggested that extrinsic factors such as "practise in less physically demanding roles and avoid shift work" could influence aged care RN's work choices positively. Evidence from this research suggested that "family life and work-life balance" is an extrinsic factor which positively impacted RNs' work choices.

Several participants mentioned "burn out" when working in the acute care sector, and suggested that working in the aged care sector allowed them to "feel balanced" between their family life and work life. Extrinsic reasons that lead them to the transfer from acute to aged care included caring for young children, individual RN's health status, a work location closer to home and the need for a stable income. These causes were mainly identified by female RNs, and a number of RNs felt that their work in aged care remained busy without feeling a "rush to the next task" when compared to working in a hospital.

More time for children and family was the most common reason for many experienced RNs, they transferred from the acute care sector to aged care facilities when they were 30-40 years old. Two senior RNs (also CN/CNC) mentioned the lack of choice in working hours when they started working as RNs in a hospital where part-time positions for RNs were

limited at the time. To balance childcare and family needs, they decided to transfer their work contracts into aged care facilities under the same employer.

In recent years, the types of employment for RNs have become more flexible across all nursing sectors. Unfortunately, this research has not gathered enough evidence to state whether aged care employment advantages in flexible hours can continue to attract RNs from acute care settings.

In conclusion, the research outcomes further explain the previous studies' results and add new knowledge to the values and work motivations identified by aged care RNs. This research answered the two proposed questions successfully: 1) Registered nurses who work in the RACFs in regional Queensland shared common characteristics such as respect for and value the aged, a desire to help others, personal validation through increased professional autonomy, a belief in the concept of holistic nursing care, a desire to maintain patient interaction during long-term nursing care, a transition to the idea that "keeping residents comfortable" is good nursing care, having a clear long-term career goal and attention to maintaining a good balance between work and life (including family life). 2) All these values and motivations are positive to the individual RN, hence effectively increasing RNs' intentions to stay in the aged care sector.

Now, aware of these professional values among aged care RNs, we can discuss how well these values fit in Australian aged care organisations and an individual RN's career pathway. Risman et al.'s (2016, p. 123) study identified that "individuals who report a higher degree of value congruence with their hospital organisations are also more likely to report higher general job satisfaction". This is a simple yet difficult to achieve recommendation for the Australian aged care nursing workforce as it suggests to "hire employees who express values similar to those of healthcare organisation" (Risman et al., 2016, p. 124). However, the Australian aged care workforce experiences a continuous shortage of professional staff, and matching employees' values with the organisation's values are difficult to achieve. Following Risman et al. 's (2016) recommendation, improving recruitment effectiveness and creating more long-term aged care leadership support programs can be a good step forward for the Australian aged care workforce.

Dewar and Nolan (2013) and O'Toole et al. (2021) focused only on aged care leadership qualities in the nursing context and suggested two additional aged care RN values and motivations that could be used to complement the current research outcomes. These are "compassionate caring nature and effective communication skills". These two aged care leadership characteristics add to the current research, making a complete picture of RNs that can fit well in the aged care sector and professional career pathways.

Utilising these values/motivations in both the newly recruited and existing aged care RN workforce, could increase the possibility of identifying RNs who are suited to the aged care sector. If aged care facilities/organisations are willing to provide adequate training and career development support to these RNs, it is possible to assist their career progression into aged care leadership roles which may also improve staff retention.

5.3 Research limitations

Although this research successfully answered the research questions, there are several research limitations.

This research is a small qualitative study with only 11 RNs. The participants are predominantly female with only one male participant sharing his professional work values. The age group is predominantly 40 years and above. Of the 11 participants, only one RN was in her 30s and one in his 20s. Agustinus and Chan's (2013) systematic review has provided adequate foundational knowledge about "the factors affecting the attitudes of nurses towards palliative care", and suggests that demographic characteristics are one of the factors influencing nurses' attitudes. Age was found to be a major factor for differences, and gender was also seen to affect attitudes (Agustinus & Chan, 2013, p. 4). The small sample size of this study creates some limitations in participants' age range, gender and other potential work values/motivators.

Another limitation is the participants' work location choices which were the location identified as regional (Toowoomba) and outer-regional (Dalby). The limitation in RN work location choices may have limited the varieties of participants with regard to social, cultural, economic and professional backgrounds, hence limiting the variety of work values identified by the RNs.

There may also be other subtle limitations in this research. It is a Master degree research so the time duration for the research design, implementation and evaluation were limited. A longer study duration might increase the overall quality of the research through study size, locations choices and study duration, however, it is meaningful to answer the proposed questions and it is also significant for the 11 RN participants to be able to express their voices, tell their stories, share their feelings and be aware that all the evidence will become useful information for others with the same research goal.

5.4 Recommendations for future research

The recommendations for future research are reflective of the research discussion and limitations. Research with a larger sample size and more work locations could further improve the in-depth understanding of RNs' positive work motivations. Expanding the research locations to a complete transition from metropolitan to regional to rural would provide more data and opportunity to analyse any commonalities and/or differences based on RNs' work locations.

Utilising the identified aged care RN characteristics as a recruitment principle, designing a longitudinal research study for Australian RNs in the aged care sector to follow through from recruitment to a two-year specialised leadership support program may provide a better understanding of individual RN participants' experiences and how work values affect work choices.

CHAPTER 6. CONCLUSION

This research involved 11 aged care RN participants working in a Queensland regional area. It provides some key understandings about Australian aged care RNs' work-related intrinsic values and motivations. All the values and motivations identified in this research positively influenced the individual aged care RNs. The RNs were intrinsically motivated by their belief in themselves and their nursing practice. Each day these aged care RNs involved themselves in patient contact to deliver the best possible nursing care to their residents, take their professional duties and responsibilities seriously, and they were not afraid to advocate for the residents in their care. They were also caring and compassionate individuals.

Moreover, understanding the aged care RNs' positive work motivations may identify possible solutions to improve aged care staff shortages. Identified positive aged care RN values and motivations could contribute to a new direction in aged care nurse recruitment and retention strategies.

This one small study may attract more nursing researchers' attention to Australian aged care RNs, especially the RNs working in rural and remote Australia to look after elderly people in isolated local communities. This research also provides a key source of knowledge that may contribute to nursing care, nursing research and nursing education. In addition, it provides information about the development and implementation of research-based knowledge within the aged care

workforce which could also strengthen the care provided to elderly

Australians in need of nursing support.

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APPENDICES

7.1 In-depth interview plan and questions

In-depth Interview Plan and Questions

Plan of Interview:

Aged Care RNs (includes RNs and CNs who have APHRA nursing registration)

    Interview No. ....
    Date of Interview: ....
    Interviewer: ....

Interview Questions and Notes (these are guidelines only; pursue interesting issues where they arise. Skip questions already covered in earlier answers.)

Actions required before commencing the interview:

⇒ Provide participants information sheet and answer participants' questions

⇒ Obtain clear consent for the interview – yes or no. Collect the consent form.

⇒ Would you like to choose another name so that we can use it to replace your real name if you want to keep identification confidential?

⇒ This can take from 30 to 45 minutes. Please feel free to stop the interview at any time if you need to, for any reason at all.

Commence recording

Thank you for participating in the interview. Would you like to start the interview now? I am going to start audio recording our interview from now.

In today's interview, I would like to hear about your nursing experience. First of all, could you please tell me a little bit about yourself?

Personal:

- How old are you?
- Where you from (Can you please tell me about your cultural background)?
- And what do you do now? (RN, CN etc)
- How long have you been working as a Registered Nurse in Australia?

Professional:

- Do you need to complete the Graduate Nursing Program after you finishing your nursing study?

- Answer Yes. Do you find graduate nurse program affected you in anyway about your current work choice? How did you transit from GNP to aged care nursing?
- Answer No. Can you tell me more about your first job in nursing as an RN?

(In aged care sector or not – why did you decide the change if "No"; In the current workplace or not – Can you tell me more about the changes? if changed)

RQ1: What attracted you to work in residential aged care facilities?

Timeline – <mark>When first start</mark> working in aged care facilities as RN

- What factors lead you to the choice of working in aged care facilities?
- Can you please explain to me a little more about your initial experience and feelings when working in aged care facilities?
- Were the experiences you had when start working in aged care facilities influenced you in any way?

Timeline – <mark>Now</mark> working in aged care facilities as RN

- What are the reasons you work in age care facilities now, especially after you have recalled many experiences when you first start working in aged care?
- How are you feeling about your job in aged care facilities now?
- How would you describe your feelings when I ask you to talk about your job?
- What values you think are important for working as an RN in aged care facilities? (or What do you mean by …? for seeking clarification)
- Can you please explain to me why you are using this description?
- Do you mind to explaining with an example or your own experience?

RQ2: What are the intentions to stay?

- What is your plan regarding your job now? (Stay? Leave?)
- (If stay) Sounds like you would like to stay in this job for a little while, can you tell me what are the reasons for you to stay?
- Can you tell me more about the reasons for your plans with your current job?
- What changes would you like to see at work as an RN work in aged care facilities?