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CARING FOR COGNITIVELY IMPAIRED ELDERLY IN  
NURSING HOMES IN ONTARIO: A CASE STUDY

By

DAWN PRENTICE, B.S.N., M.S.

A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfillment of the Requirements

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Doctorate of Philosophy

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CARING FOR THE COGNITIVELY IMPAIRED ELDERLY

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AUTHOR: Dawn Prentice, B.S.N., M.S.

SUPERVISOR: Dr. Margaret Black

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## **ABSTRACT**

The purpose of this case study was to describe registered nurses' experiences of working with the cognitively impaired elderly in three nursing homes in Southern Ontario. Interviews were conducted with registered nurses, the Directors of Care and the Educators at each of the nursing homes. A semi-structured questionnaire was used to elicit information regarding the nurses' choice to work in a nursing home, the nurses' experiences working with the cognitively impaired elderly, and factors that contribute to job satisfaction, dissatisfaction and commitment to remain working at the nursing home. Information was also collected from the nursing home database on turnover rates, absenteeism rates, RN salary scales and the number of educational sessions provided annually by the nursing homes.

Thematic coding was used to identify themes within each case (registered nurse). A cross case analysis was conducted to determine relationships and explanations across the cases. A sub case analysis was also carried out, to identify patterns and themes present across the three nursing homes.

Two major findings emerged from this study. The first finding was that registered nurses chose to work in a nursing home primarily as a 'job of convenience', i.e., no other positions in nursing were available in their desired geographical area; or they needed to find part-time work in their immediate geographical area in order to supplement their income. However, characteristics of the organizational environment played a major role in their remaining. Those characteristics were: a 'supportive

environment' that included provision of opportunities for professional development, the presence of supportive colleagues, and flexible work scheduling practices.

The second finding was the importance that the nurses placed on the caring relationship with the residents at the nursing home. All of the RNs described the enjoyment and the satisfaction that they obtained when caring for these residents. The primacy of 'caring' occurred even in the presence of some adverse characteristics of the work environment. The opportunity for 'caring' also influenced the nurses' choice to remain at the nursing home.

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## **LIST OF ABBREVIATIONS**

APN	Advanced Practice Nurse
CNS	Clinical Nurse Specialist
ERNC	Emotional Reactions in Nursing Care Assessment Scale
HCA(s)	Health Care Aide(s)
JCQ	Job Content Questionnaire
MBI	Burnout Inventory
MOHLTC	Ministry of Health and Long-term Care
RN(s)	Registered Nurse(s)
RNAO	Registered Nurses Association of Ontario
RPN(s)	Registered Practical Nurse(s)
SNC	Strain in Nursing Care Assessment Scale
TCU	Transitional Care Unit
WRSI	Work-Related Strain Inventory

## **CHAPTER 1**

### **Introduction**

In Ontario, there are 498 long-term care facilities caring for 57,000 residents, with this number projected to increase. By 2006, an additional 20,000 long-term care beds will be built in Ontario (Ontario Ministry of Health and Long-Term Care [OMHLTC], 2003). Long-term care facilities include the for-profit corporate chains of nursing homes and the non-profit long-term care facilities (e.g., municipal nursing homes and charitable homes for the aged).

In addition to the increasing number of long-term care beds, the acuity level of residents who are being admitted to the nursing homes is increasing. Nursing homes have been admitting more acute and diverse types of residents who require more resources to meet their care needs, as compared to the types of individuals admitted to nursing homes ten years ago (Kovner, Mezey, & Harrington, 2000). Furthermore, many of the residents admitted to nursing homes, a type of long-term care facility, suffer from cognitive impairment (Novak & Chappell, 1994).

The Canadian Study of Health and Aging Working Group (1994), in their prevalence study of dementia in community and institutional settings in Canada, reported that the prevalence rate for all types of dementia for both males and females in institutions was 37% for individuals between the ages of 75-84 years and 50% for those individuals 85 years of age and over. The majority of individuals being admitted to

nursing homes today experience some form of cognitive impairment. Their care is more complex and more resources are required.

### Recruitment and Retention of Nurses in Long-Term Care Settings

Attracting nurses to work in long-term care settings can be challenging.

Robertson and Cummings (1996) believe that long-term care nursing has a problem recruiting registered nurses (RNs). Their findings suggest that the nursing profession views working in long-term care as being unattractive and undervalued. Furthermore, studies have reported that elder care is characterized primarily as meeting patients' physical needs using routine methods of organizing care (Pursey & Luker, 1995). Moreover, Pursey and Luker concluded that the high dependency levels of older people and the structure of nursing work with older people in hospitals, means that fewer nurses make gerontological nursing, that is care of the elderly, a positive career choice which makes it increasingly difficult to recruit nurses.

Retention of the RNs in nursing homes is also an important focus. Cohen-Mansfield (1997) notes that retention of nurses in nursing homes is important not only from a cost perspective. Turnover can negatively affect continuity of care and the establishment of personal relationships between staff and patients. Thirteen years ago, nursing staff turnover was identified as more of a problem for nursing homes than any other sector of the American health care industry ("Staff Shortages", 1991). An

American study conducted in three states, reported that the turnover for RNs in nursing homes was 55% in Kansas, and 41% in Wisconsin. In California, an overall rate of 72 % turnover was reported for direct nursing employees. Interestingly, in all three of the states, the turnover rate for the nurses' aides was even higher (Centers for Medicare and Medicaid Services [CMMS], 2001).

In Canada, there is a paucity of information that addresses turnover rates for RNs employed in nursing homes. However, there are demographic data that provide information on the current workforce employed in the long-term sector. A recent report released by the Canadian Institute for Health Information (2003) shows that 10.6% of Canadian RNs are working in the long-term sector. However, in Ontario, only 7.2% or 5,981 RNs work in this sector. The percentage of nurses working in this area has decreased by 1.4 % since 1997 (College of Nurses of Ontario [CNO], 2003).

In Ontario, 47% of the RNs working in long-term care facilities are 50 years of age and older as compared to 36% of nurses Canada-wide. In addition, 29% of the RNs in long-term care facilities are employed on a full-time basis as compared to 44% of RNs employed in acute care hospitals. Yet, the proportion of part-time RNs working in long-term care (38%) is similar to those nurses working in acute care hospitals (39%) (Baumann, Fisher, Blythe, & Oreschina, 2003).

Thus, while no Canadian data on RN turnover in nursing homes are available, demographic data show that in Ontario there are fewer RNs who are employed in long-



term care settings, and these nurses are older than the average age of their counterparts who are working in similar settings across Canada. There are also fewer opportunities for full-time positions offered in these settings as compared to acute care hospitals. As the RN workforce employed in long-term care settings ages, recruitment for these positions may be a challenge, as working with the elderly may not be perceived as an attractive career choice. Additionally, greater opportunities for full-time jobs in acute care settings may deter RNs from choosing to work in a long-term care setting. With the increased complexity of care requirements for the residents and the proportion of elderly residents with dementia, it will be important for nursing homes to be able to attract and retain their RN staff. However, will working in a nursing home be seen as desirable and will nursing home administrators be able to attract sufficient numbers of nurses to care for these residents? While some research has been conducted on factors contributing to nurse recruitment and retention, little is known about nurses within long-term care in Canada, in particular. It is crucial that we better understand what attracts and retains RNs in long-term care in order to be better prepared for the increasing future demand for professional nurses in long-term care.

### Purpose of the Study

The purpose of this case study is to describe why RNs' choose to work in a nursing home, their experiences working with the cognitively impaired elderly, and

factors that contributed to their retention. In keeping with Yin's (2003) case study design, propositions were generated in order to guide the study and multiple sources of information were used to address the research questions.

### Significance of the Study

Given that many of the clients in nursing homes are cognitively impaired, the results of this study will provide an understanding of the RNs' experience of caring for the cognitively impaired elderly in institutional settings. Furthermore, the results of this study may show if the nurses' experience of caring for residents with dementia influences their decision to remain at the nursing home. Identifying factors that attract RNs to remain working in nursing homes may assist nursing home administrators in the development and implementation of strategies in order to retain their nurses.

### Researcher's Perspective

I am a RN with 20 years experience working in a variety of clinical settings. For the last 12 years I have worked with the chronically ill elderly including patients with dementia. In my current position as an administrator in an acute care hospital, I am responsible for two in-patient nursing units that admit cognitively impaired elderly who are awaiting admission to a nursing home. I have also worked in unionized settings and I

have experience working with unregulated health care providers. I am aware of the challenges of working with care providers who are not affiliated with a regulatory body.

Through my experience as an administrator and previously as a clinical nurse specialist (CNS), I have often wondered what causes RNs to choose to work in nursing homes, particularly when they are caring for the cognitively impaired elderly. Patients with Alzheimer's Disease do not get better. Alzheimer's Disease is a progressive neuro-degenerative disorder (Cummings & Khachaturian, 1999) ultimately ending in death. Every day the nurses deal with behaviours such as calling out, verbal or physical aggression, as well as the physical demands of these patients.

From a personal perspective, I have assisted in caring for a family member who was diagnosed with Alzheimer's Disease. While my family member was at home, I experienced first hand the physical aggression, confusion, and increasing demands for care, until he was ultimately placed on a locked unit in a nursing home that specialized in care for the cognitively impaired elderly.

From observations in my role as an administrator and as a family member, I have observed the fatigue and frustration of the RNs who care for the cognitively impaired elderly. Despite these challenges, I have noted their on-going dedication to these patients. The fact that I have had both clinical and personal experiences caring for cognitively impaired patients introduces prior expectations to this research. From my experience, I expected that the nurses would tell me that caring for these patients is

difficult, tiring, frustrating and physically demanding. After having a family member in a nursing home, I also anticipated that the nurses would tell me that they do not have enough staff to provide quality care for these patients. What I don't fully understand is why these nurses chose to care for the cognitively impaired elderly in nursing homes and what attracted them to remain caring for this population.

#### Ethical Approval

Ethical approval to conduct this study was received from the Hamilton Health Sciences/McMaster University Faculty of Health Sciences Research Ethics Board on May 31, 2002 (Appendix A). Approval was also obtained from the three nursing homes that participated in the study.

## CHAPTER 2

### Literature Review

A review of the literature was conducted at three points during this study: prior to initiating the study, mid-way through the data analysis, and during the interpretation phase. Initially, the literature search was conducted in order for the researcher to gain an understanding of the studies that had already been conducted in relation to the researcher's area of focus. Creswell (1998) explained this reasoning in the following:

... the qualitative texts I have read (e.g., Marshall & Rossman, 1995) all refer to the need to review the literature so that one can describe the studies about the problem to date and position one's study and ground it within the literature (p. 95).

Literature searches were conducted mid-way through data analysis and during the interpretation phase, in order to: a) ensure that the researcher had completed a thorough search on all studies published in the topic area, and b) to enable the researcher to compare the findings from this study with other published studies. All searches focussed on the following topic areas: RNs' choice of practice settings, student nurses' choice of practice settings; nurses' experience caring for the cognitively impaired elderly; factors that contribute to the retention of RNs in acute care settings; and factors that contribute to the retention of RNs in nursing homes.

### Choice of Practice Setting

A search of the databases CINAHL, EMBASE, HealthSTAR, MEDLINE, and PsycINFO using the search terms ‘occupational choice and nursing’ yielded 16 hits; ‘career choice and nursing’ 1334 hits; and ‘career choice and geriatric nursing’ 85 hits. In total, five studies that focussed on student nurses’ or RNs’ choice of practice settings were retrieved. In order to have confidence in the results of the quantitative studies, the search was narrowed to focus on studies that were multi-site and had a sample size of 150 respondents or greater. There were three descriptive surveys that met these criteria. Further, the research revealed two qualitative studies whose findings were applicable to this topic.

Happell (1999) conducted a study of 793 first year undergraduate nursing students from nine universities in Victoria, Australia. Using a self-administered tool, the students were asked to rank their preferred choice of nine areas of nursing practice settings. Happell found that working with the elderly was the least popular of the nine choices. The students reported this work environment to be boring, repetitious, lacking in challenges and having little excitement.

In a follow-up study Happell (2002) re-administered the same questionnaire to the same population, now fourth year student nurses near completion of their nursing program. In this study, there were 566 participants. The findings confirmed those of the earlier study. Working with the elderly continued to be the least preferred choice of

these graduating student nurses. The respondents cited that working with the elderly was perceived as a depressing work environment, the work was physically difficult, and the elderly patients did not improve.

Happell's (1999, 2002) findings concur with earlier work of Stevens and Crouch (1995). Stevens and Crouch conducted a three year study of student nurses' attitudes towards a career working with the elderly, from five schools of nursing in Australia. Using a short instrument developed for the study, the students were asked to rank ten specialty practice areas in order of preference. Open-ended questions were also included, to elicit comments in relation to the students' rankings of the specialty areas. A total of 156 matching responses were obtained from students for the three years. The first year students (N=610) ranked working with the elderly as their seventh preference, midway through their nursing program working with the elderly dropped to their tenth choice (N=408) and just prior to graduation the students ranked working with the elderly as their ninth preference (N=283).

The five percent of graduates who ranked working with the elderly as their preferred choice of nursing specialty commented that they chose this area as they had a positive regard for the older people in general. Stevens and Crouch (1995) concluded that the nursing students from their study were more attracted to the technology based practice settings as opposed to the more 'caring' based practice settings.

Once RNs have graduated and started to work in a particular clinical setting, what factors influence them to pursue a career in another practice setting? Ring (2002) conducted a preliminary qualitative study of the historical and personal career trends of graduate nurses qualifying from the United Kingdom during the period 1970-1989. A two-phased approach was used for this study: a literature review was conducted of earlier studies to identify career trends of these graduates during that time period, and semi-structured interviews were conducted with six nurses who qualified during that same period.

Ring (2002) described four themes that emerged from her data analyses: Wanting to be a Clinical Nurse, Effect of Organizational Structures and Systems, Being a Woman, and Careers by Accident Not Design. The theme 'Being a Woman' addressed the finding that for many of the nurses their career aspirations were adversely affected by the need to combine home and work commitments. This often led the married respondents to seek part-time employment. The theme 'Careers by Accident Not Design' meant that RNs' career paths were in response to other life or work events. Other events that were going on in their lives often affected their career choices. For example, having children was seen as one of the 'accidents' that affected career choice. The availability of jobs, not necessarily in the areas of preferred choice was another example cited by Ring as influencing career choice.



Barriball and While (1996) conducted a qualitative study of 422 RNs employed in two district health authorities in the United Kingdom. An analysis of their findings showed that multiple reasons accounted for nurses choosing their current practice environment. These reasons included: personal choice and circumstances (i.e., wanting to make a change) which accounted for 21% of the respondents' choice of working in their current practice environment; redeployment and relocation policies which accounted for 19%; domestic commitments (14%); the desire to expand and develop professional experiences (13%); availability and convenience (12%); and service constraints such as no other jobs available which accounted for 10% of the reasons.

These studies have reported that working with the elderly is not a field in which student nurses aspire to work, once they have graduated (Stevens & Crouch, 1995; Happell, 1999, 2002). For experienced nurses, there are many factors that influence their choice to pursue careers in various practice settings.

#### Nurses' Experience of Working With the Cognitively Impaired Elderly

A search of CINAHL, EMBASE, MEDLINE, AGELINE, PsycINFO and Social Work Abstracts was conducted. Using the search terms 'professional caregivers and dementia' yielded 26 hits; 'professional caregivers and Alzheimer's' 25 hits; 'caring for dementia patients' 10 hits; and 'nurses' attitudes and dementia' 5 hits. Criteria for review included quantitative studies that had more than one site and had a sample size of

100 respondents or greater. Studies that included RNs in their samples and occurred in institutional settings were retrieved. Eight studies that either addressed nurses' caring relationship with patients who had a diagnosis of cognitive impairment or dementia, or addressed the strain and burnout nurses experienced while caring for patients with dementia were evaluated. Seven of the studies were conducted in Sweden; five of the seven studies used a qualitative design and two used a descriptive survey method. The eighth study conducted in Canada utilized both a survey method and focus groups.

#### Nurses' Caring Relationships

Hallberg and Norberg (1990) studied the experiences of 33 caregivers (RNs, licensed practical nurses - psychiatric, licensed practical nurses - general and aides) working in a psychogeriatric clinic in southern Sweden. The intent of their study was to explore how caregivers interpret the experiences of patients with dementia who exhibit vocally disruptive behaviour. The caregivers were asked to listen to a six-minute tape recording of vocally disruptive behaviours of two female patients with dementia, who were not known to the caregivers. The caregivers were then interviewed using a semi-structured format. Two themes emerged in relation to the caregivers' experience of caring for these patients. The first theme 'Empathy and A Wish to Understand and Help-I for Thou' referred to the caregivers' describing their wish to understand what the patients were trying to communicate and then being able to help the patients with

whatever was causing the behaviour. 'Powerlessness and the Feeling of Being an Insufficient Helper- I for Me' was the second theme. Patients with vocally disruptive behaviours made the caregivers feel sad, powerless and insufficient. As the caregivers could not always comfort the patient despite initiating several comfort measures, the staff expressed feelings of anger and sometimes hate. The caregivers' own emotional reactions to these patients made them often feel tired, anxious and guilty.

Norberg and Asplund (1990), using a qualitative approach, studied 60 nursing staff (14 RNs, 17 licensed practical nurses-psychiatric, 10 licensed practical nurses-general and 19 aides) in 15 nursing homes from one county in northeast Sweden. The purpose of their study was to describe what experienced caregivers thought about patients with severe dementia and their terminal illness and how the experienced caregivers perceive the meaning of their own care of these patients. Semi-structured interviews were carried out after each participant had watched a short videotape on the feeding problems associated with these end-stage dementia patients.

Norberg and Asplund (1990) reported that the caregivers perceived patients with dementia as having a 'meaningless' life, even a tormented life, although patient contact with the caregivers was seen as giving meaning to the patient's life. Thus, human contact was perceived by the respondents in this study as meaningful to the end stage dementia patient. The caregivers also reported relief for the patient when they died, as they perceived that the patient was spared any further suffering. However, the nursing staff

also expressed regret at the loss of the patients as if the patient were part of the caregivers' own lives. The caregivers in this study reported that they found meaning in the acts of caring: the washing, feeding, and grooming activities. The caregivers also reported satisfaction with the caring activities and the caring relationship.

Berg, Hallberg, and Norberg (1998) conducted a qualitative study of thirteen nurses (RNs, enrolled nurses and aides) in an eleven-bed psychogeriatric ward in Sweden where patients with severe dementia resided. The purpose of their study was to reveal nurses' knowledge about patients, themselves and care provision in dementia care. They reported two overall themes. The first theme, 'Intertwined Lives', referred to the caring relationship as being comprised of the interaction between the nurses' and the patients' separate lives, their common lives and their environment, which ended up in mutual dependency. In this study, caregiving implied a 'making and doing'. The 'making' reflected the tasks that the nurses performed in relation to the patients. The 'doing' was the dimension of the caring relationship where the patient and the nurse shared a common relationship (i.e., on the patient's 'good days' the nurse and the patient shared humour). The second theme, 'Delicate Interpretative Work', referred to the nurses' need to have a comprehensive knowledge of the patient's personality and life history; in order to understand the subtleties in assessing the patients and interpreting the reasons or meanings associated with the behaviours of dementia patients.

In another study, Rundqvist and Severinsson (1999) used a qualitative approach to describe and analyze the caregivers' relationship with dementia patients. They studied six caregivers (RNs, enrolled nurses and aides) on a 12-bed ward in a hospital that specialized in dementia care. Three themes were identified as necessary for a caring relationship between caregivers and patients with dementia.

The first theme, 'Touching', referred to the caregivers seeing touch as a method of communicating with the dementia patients even when these patients were restless and agitated. As the patients with dementia were unable to express their desires and needs, the next theme, 'Confirmation', was identified as being important for a caring relationship. With this theme, the caregivers discussed the need to maintain eye contact with this type of patient and they also reported the happiness that they felt when the patients recognized them or were glad to see them.

The last theme, 'Values in Caring Culture', included the caregivers' perception of qualities such as consideration, patience, and compassion that they needed to possess when caring for the dementia patients. Rundqvist and Severinsson (1999) concluded that communication skills are very important when caring for patients with dementia.

In a recent qualitative study, Eriksson and Saveman (2002) studied twelve nurses' (nurses and assistant nurses) experience of difficulties related to caring for patients with dementia in an acute care setting. They reported three overall themes that emerged from their study. The first theme, 'Ethically Difficult Situations Which Can Lead to Abuse',

referred to the nurses administering prescribed high doses of medications, such as sedatives, to the patients against their will. The nurses also commented that since the patients could not express themselves, the nurses forgot to treat the patients with dignity, thereby violating the patients' integrity. The second theme, 'Difficulties Related to Disorderly Conduct Among Patients with Dementia', included the nurses' description of feelings of powerlessness when observing fear in other patients and among the nursing staff, when the patients exhibited physical violence and had outbursts of rage. The nurses expressed their frustration with their inability to have a co-operative relationship with the patients because the patient could not tell the nurses what was wrong and the nurses were not able to understand what the patients' needs were. The third theme, 'Difficulties Related to the Organization of Acute Care as an Obstacle to Good Nursing Care of Dementia Patients', referred to the fact that many patients with dementia were transferred within the hospital and the nurses were not able to do anything about this. As a result of the many transfers, the nurses were unable to get to know the patients and provide holistic patient care. As well, organizational obstacles (i.e., insufficient numbers of staff) prevented the nurses from looking after the patients with dementia in the manner the nurses' felt the patients needed.

Experiences of Burnout/Strain When Caring for Patients With Cognitive Impairment

Astrom, Nilsson, Norberg, and Winblad (1990) studied caregivers (RNs, licensed practical nurses - psychiatric, licensed practical nurses and aides) in three practice settings: a nursing home, a long-term care clinic, and a psychogeriatric clinic in Northern Sweden. The purpose of their study was to describe the levels of empathy, burnout and attitudes among different categories of caregivers towards patients with dementia.

A non-anonymous questionnaire was mailed to 557 respondents' homes and an overall response rate of 64.3% was reported. Three scales were used in this study: an 84-item Empathy Scale, a 21-item Burnout Scale, and an Attitude Scale towards the care of individuals with dementia. The Attitude Scale was developed by the first author and consisted of 20 provocative statements concerning the care of patients with dementia. The respondents were asked to express their opinions on a five-point scale ranging from full agreement with the statement to full disagreement with the statement.

Astrom et al. (1990) reported on respondents' scores of empathy, burnout, and attitudes in the three types of care settings. The caregivers' empathy was well developed in relation to the practice setting, although the aides had significantly lower empathy mean scores than the RNs. The overall scores showed that, in general, the caregivers did not risk developing burnout, but those staff working at the nursing home had significantly higher scores than those in the long-term care clinic. The RNs in nursing homes showed a significantly lower mean score on the Burnout Scale than the aides and

significantly lower scores than the licensed practical nurses in long-term care clinics and in psychogeriatric care.

Caregivers in the long-term care clinics and psychogeriatric care had significantly more positive attitudes towards demented patients than those working at the nursing homes. RNs had a significantly more positive attitude than all other categories of staff. Attitudes towards demented patients related to categories of staff and place of work showed that RNs in psychogeriatric care had the most positive attitudes while aides working in the nursing home had the least positive attitude. No linear correlation was found between empathy, burnout experience and attitudes. Astrom et al. (1990) cautioned the reader that because the RNs had better empathy scores, that may not necessarily result in better verbal and non-verbal behaviour. They suggested that the higher empathy scores might be related to the RNs not giving direct patient care. As well, the authors proposed that the lower degree of burnout assessed in the RNs could be associated with the fact that the RNs showed the most positive attitudes towards demented patients and had the highest level of empathy compared to licensed practical nurses and aides.

Hallberg and Norberg (1995) conducted a survey of 132 nurses working on all wards specializing in the care of the demented elderly within one municipality in southern Sweden. The purpose of their study was to investigate the nurses' perceptions of severely demented patients' actions, what they perceived as difficult patient actions,



the emotional reactions expressed by the nurses in the provision of care to these patients, and the relationship between these aspects and work related strain and burnout.

Two scales developed by the authors were used for the study: the Strain in Nursing Care Assessment Scale (SNC) and the Emotional Reactions in Nursing Care Assessment Scale (ERNC). Reliability of these scales was not reported. Burnout and strain was assessed using the Work-Related Strain Inventory (WRSI) (Reviciki et al., 1991 as cited in Hallberg & Norberg, 1995) and the frequency dimension of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981 as cited in Hallberg & Norberg). A response rate of 68.4% was reported. Hallberg and Norberg found that agitation and dependence were the most common patient actions identified by the nurses. Agitation and desertedness (i.e., patients with empty lives) were seen as the most difficult patients actions when providing care. In terms of the emotional reactions expressed by the nurses, 'feeling useless' was the strongest negative emotional reaction, while 'feeling devotion' was the strongest positive emotional reaction. Nurses who worked full-time reported patients as being more peaceful and were better able to cope with the patients that exhibited willfulness than the nurses who worked part-time. Nurses on the day shift saw the patients less often as unruly and more often as peaceful and dependent, and they felt devotion towards these patients more often than the nurses on night duty. Hallberg and Norberg used these findings to suggest that dealing with agitation, deprivation and willfulness of the patients was related to burnout.

Morgan, Semchuk, Stewart, and D'Arcy (2002) conducted a study in seven rural nursing homes in Saskatchewan, to ascertain the challenges and opportunities of caring for persons with dementia. One hundred and seventy-seven caregivers working in these nursing homes including RNs, aides and activity workers were surveyed by mail and asked to complete the Job Content Questionnaire (JCQ) (Karasek, 1985 as cited in Morgan et al., 2002). Job strain was assessed using the Psychological Job Demands, Decision Authority, and Skill Discretion subscales of the JCQ. A response rate of 62.1% was reported for the survey. Findings showed that overall the aides reported a significantly greater job strain than did the RNs. Furthermore, the RNs were more likely than both the aides and the activity workers to report the belief that they had enough time to complete their work. In the Decision Authority subscale, the RNs and activity workers were more likely than the aides to believe that their job allowed them to make many decisions on their own.

Exploratory focus groups were conducted with direct care staff from the seven nursing homes before the survey was administered. Each focus group was comprised of one RN, aide and an activity worker from each of the participating nursing homes. Themes that emerged from the focus groups included the stress that the caregivers experienced in relation to the heavy workload and inadequate staffing levels. The caregivers also reported that they perceived they lacked sufficient skills to care for the high proportion of residents who had dementia, as many of the caregivers had moved

from acute care facilities to work in a nursing home when many rural hospitals were being closed. Another stressor noted by the caregivers was the integration of residents (i.e., mixing cognitively intact residents with residents with dementia).

In this literature, the nurses' experience of caring for the cognitively impaired or patients with dementia was described as a caring relationship. The nurses expressed the desire to understand the patient's needs and behaviours, and through their nursing interventions, to be able to meet the needs of these patients. For some nurses, especially nurses who worked part-time and on off-shifts (night shifts), the experience of caring for the cognitively impaired patients, and specifically for patients who exhibited agitated or aggressive behaviours, contributed to their feelings of job strain.

#### Factors That Attract Nurses to Remain Working in Their Current Practice Setting

A search of the Health and Social Sciences literature (AGELINE, CINAHL, EMBASE, HealthSTAR and MEDLINE) was conducted. Global search terms such as 'RNs and job satisfaction' yielded 148 hits; the search terms 'nurse and turnover' 145 hits; 'nurses and organizational commitment' 67 hits. Eight studies that focussed on job satisfaction and retention for RNs were retrieved. Criteria for review included quantitative studies that were multi-site and had a sample size of 500 respondents or greater. Of the six quantitative studies that met these criteria, two were meta-analyses and four were survey designs. A qualitative approach was used in the other two studies.

Blegen (1993) conducted a meta-analysis of variables related to nurses' job satisfaction. She included both published and unpublished quantitative studies that included samples of RNs who were working in patient care and studies that reported on overall job satisfaction. Forty-eight articles were retrieved representing 15,048 subjects employed in over 173 hospitals, a public health unit, a long-term care facility and an out-patient clinic.

Blegen (1993) reported that job satisfaction for nurses was most strongly negatively related with stress, that is, the higher the stress level, the less job satisfaction. Blegen also reported that job satisfaction and commitment were positively related. Furthermore, Blegen found that autonomy, communication with supervisors, communication with peers and recognition, were moderately related to job satisfaction.

Irvine and Evans (1995) conducted another meta-analysis of studies on job satisfaction and turnover among nurses who worked predominately in hospital settings. They also included two studies that were conducted in nursing homes. These authors reported that job satisfaction was negatively related to intent to leave. Furthermore, Irvine and Evans reported that job characteristics such as routinization of the job, autonomy, and feedback, were all variables that impacted on the job satisfaction among the nurses. Characteristics of the work environment, which also impacted on the job satisfaction of the nurses, were supervisory relationship, leadership, stress, and advancement opportunities.

During an American nursing shortage in the 1980's, a task force consisting of Nurse Fellows from the American Academy of Nurses studied forty-one acute care hospitals that were able to maintain their ability to attract and retain nurses despite the nursing shortage. These hospitals were coined 'magnet' hospitals. As Buchan (1999) stated, "the term 'magnet' was used to highlight the staff attraction/retention characteristics of these institutions" (pg. 101). Results of these studies indicated that the following categories were found to contribute to retention of nurses: a) leadership attributes of the nurse administrators, b) professional practice environment; and c) professional development of the staff nurses (Aiken, Havens, & Sloane, 2000; Buchan, 1999; Kramer & Schmalenberg, 1988a, 1988b).

McClure, Poulin, Sovie, and Wandelt (1983), summarized the key characteristics of magnet hospitals. Leadership characteristics of the administration included: a) well-prepared and qualified nurse executives; b) participative supportive management style; c) decentralized organizational structure; d) flexible scheduling; e) clinical career ladders; and f) adequate nurse staffing. Professional practice environment characteristics included: a) a professional practice model of care such as primary nursing; b) nurses' autonomy and responsibility; and c) availability of clinical specialists. Professional development characteristics included: a) planned orientation for staff; and b) emphasis on continuing education.

Scott, Sochalski, and Aiken, (1999) cautioned that earlier studies on 'magnet' hospitals had limitations with the designs and methods of the studies. The original 'magnet' hospitals were nominated as a 'magnet' hospital. The process for nomination was not clear and may have introduced a bias in the sampling. Another sampling bias involved the RNs who were interviewed as part of the original studies. These RNs were handpicked by their administrators and may not have represented all the nurses in the institutions. In addition, there was no comparative information on hospitals that were having problems recruiting and retaining staff. However, as Buchan (1999) pointed out, the authors of the original 'magnet' hospital studies never intended that their samples were to be considered as representative of all hospitals with 'magnet' characteristics. In reviewing studies regarding retention of RNs that were not related to the 'magnet' hospital literature, two categories of characteristics were found to be consistent with the 'magnet' hospitals: leadership characteristics (Fisher, Hinson, & Deets, 1994; Taunton, Boyle, Woods, Hansen, & Bott, 1997) and professional development through use of tuition reimbursement (Stratton, Dunkin, Juhl, & Geller 1995).

The results of the meta-analyses (Blegen, 1993; Irvine & Evans, 1995) provided strong evidence of the impact of job characteristics and work environment characteristics on job satisfaction and turnover among nurses. Despite the sampling biases inherent in the original 'magnet' hospital study, these studies provided a good description of the factors that contributed to the attraction and retention of nurses who work in acute care.

Furthermore, subsequent studies have used a subset of the 'magnet' hospital samples to validate findings from the original study (Aiken et al., 2000; Buchan, 1999; Kramer & Schmalenberg, 1988a, 1988b).

### Factors That Attract RNs to Remain Working in Nursing Homes

Focussing the search (AGELINE, CINAHL, EMBASE, healthSTAR and MEDLINE) on RNs who work in long-term care generated 66 hits for 'nurses job satisfaction/retention and nursing homes'; and 42 hits for nurses' job satisfaction and long-term care'. Criteria for review of the quantitative studies included a sample size of greater than 200 respondents from across a minimum of one American state. Qualitative studies whose findings were applicable to this topic were reviewed. Six studies that included RNs in their samples and were conducted in nursing homes were reviewed. Of these six studies, four were quantitative studies and two used a qualitative approach. Five of the six studies were conducted in the United States and one study was conducted in Australia.

Carr and Kazanowski (1994) sampled 347 RNs in central and northern New England. Coward et al. (1995) surveyed a total of 281 registered and licensed practical nurses in northern Florida. Although Robertson, Herth, and Cummings (1994) used a larger sample size of RNs from across the United States (n= 677), they did not discuss their sampling methodology nor did they report their response rate.

Three of the studies reported acceptable reliability for the survey instruments used for the study (Coward et al., 1995; Proenca & Shewchuk, 1997; Robertson et al., 1994). Carr and Kazanowski (1994) developed an instrument for their study, however, information concerning the validity and reliability of the instrument was not reported. A study by Robertson and Cummings (1996) was described as a qualitative design, however, they only used one-open ended question as part of a quantitative study to determine factors contributing to RN recruitment in nursing homes.

Factors that contributed to job satisfaction of the RNs included having a genuine liking for their work, enjoyment working with the elderly and receiving recognition from their patients (Moyle, Skinner, Rowe, & Gork, 2003; Robertson et al., 1994). Robertson et al. reported that the challenging nature of the job and the authority to exercise judgment for patient care were also found to contribute to job satisfaction.

Opportunities for professional development through on-going education were cited as being important for job satisfaction and retention (Carr & Kazanowski, 1994; Proenca & Shewchuk, 1997; Robertson & Cummings, 1996). The study by Coward et al. (1995) revealed that the supervisor's interest (as perceived by the employees) in their career aspirations, contributed to job satisfaction.

Three studies reported that flexibility of the work time, or an innovative, flexible schedule that enabled the staff to fit their personal and family needs, also created job satisfaction and influenced the nurses to remain working at the nursing home (Moyle et



al., 2003; Proenca & Shewchuk, 1997; Robertson & Cummings, 1996). Moyle et al. also reported that working with a 'good team' contributed to the job satisfaction of the nurses.

Organizational factors that contributed to nurses' job dissatisfaction in nursing home and which may influence their decision to remain working in nursing homes included tremendous workloads, too much paperwork, and insufficient staffing levels (Carr & Kazanowski, 1994; Moyle et al., 2003; Robertson et al., 1994). The nurses also identified dissatisfaction with compensation and the need to increase the salaries in order to make them competitive with other work settings (Robertson & Cummings, 1996; Robertson et al.).

Many of the factors identified in the literature as contributing to job satisfaction and retention of the nurses in acute care settings appear to be similar to those factors identified in the nursing homes. However, there is a paucity of studies that addresses these factors in relation to the nursing home staff. In addition, none of the studies reviewed specifically addressed the influence of cognitively impaired patients on the nurses' decision to remain working in nursing homes.

### Conclusion

This background information described nurses' choice of work setting, nurses' experiences working with the cognitively impaired elderly and factors that attracted RNs to remain working in nursing homes. However, there was a paucity of studies that

examined nurses' or student nurses' choice of work setting. All the studies were included, but should be viewed with caution in providing evidence for nurses' choice of practice settings. A significant gap noted in this review was studies that examined nurses' reasons for choosing to work in a nursing home. Therefore, this study will use a qualitative approach to address this issue.

Despite the small sample size and the other methodological weaknesses of the two quantitative studies (Hallberg & Norberg, 1995; Morgan et al., 2002) they were included with the other studies to describe nurses' experiences of caring for the cognitively impaired elderly as found to date. The majority of the studies reviewed had been conducted in Sweden in a variety of clinical settings (nursing homes, long-term care clinics, psychogeriatric clinics). Although these studies provided a descriptive account of nurses' experiences in caring for patients with cognitive impairment, cultural factors may have influenced the nurses' experiences. The existence of only one Canadian study warrants further exploration of Canadian nurses' experiences of working with the cognitively impaired elderly.

Overall, the majority of the studies reviewed on nurse satisfaction and retention in nursing homes had design weaknesses that impacted on the strength of the findings. There was a paucity of studies on this topic and therefore the findings from all the studies were included as evidence of the factors important to satisfaction and retention of RNs in nursing homes. In addition none of the studies were conducted in Canada, therefore it is

unknown if the factors described in the literature as contributing to the job satisfaction and retention of nurses who work in nursing homes can be applied to Canadian nurses. Accordingly, this area will be explored in this study.

### **CHAPTER 3**

#### **Research Questions, Propositions, and Conceptual Framework**

The purpose of this study is to describe why RNs' choose to work in a nursing home, their experiences working with the cognitively impaired elderly, and factors that contributed to their retention. The following research questions were posed:

- 1) Why do RNs choose to work in nursing homes?
- 2) What are their experiences of caring for the cognitively impaired elderly?
- 3) What attracts RNs to remain working in this setting?

A qualitative research design was selected. A case study was chosen as the most appropriate approach. With a case study, the generation of study propositions is an important component of the research design (Yin, 2003). Yin explains that each proposition "directs attention to something that should be examined within the scope of the study" (p. 22). Furthermore, the formulation of propositions compels the researcher to develop a process that will assist in explaining the findings and the conclusions of the study (Miles & Huberman, 1994). Four propositions were identified for this research study. The propositions were based on the review of the literature and the researcher's experience with nursing in long-term care facilities.

1. Organizational factors such as: supportive leadership, opportunities for professional development, and opportunities to participate in decision-making, all factors cited in the literature as contributing to the retention of nurses in acute

care settings, will be similar to the factors cited by the RNs in nursing homes as contributing to their job satisfaction and retention. Similarly, factors that have been found to contribute to job dissatisfaction for RNs in acute care such as: non-supportive leadership, heavy workload, insufficient compensation, and no opportunities for advancement, will be similar for the RNs working in nursing homes.

2. The size of the nursing home, and the type (i.e., for-profit as compared to not for-profit), will influence the amount of salary compensation the nurses receive and the nurses' opportunities for professional development. The second proposition presumes that the larger non-profit nursing homes will have more resources to provide higher wages for their nurses and greater access to professional development opportunities.
3. For nurses who choose to work in a nursing home, their experience of caring for residents with cognitive impairment will influence their decision to remain in the nursing home. If the nurse perceives this experience to be positive and there are other organizational factors within the nursing home that they perceive as positive, then the nurse will choose to remain working at the nursing home.
4. The nurse who perceives the experience of caring for the cognitively impaired elderly as negative and other organizational factors as negative, may decide to leave the nursing home.

## Conceptual Framework

A conceptual framework is a “set of highly abstract, related constructs that broadly explains phenomena of interest, expresses assumptions, and reflects a philosophical stance” (Burns & Grove, 2003, p. 477). Miles and Huberman (1994) suggest that a conceptual framework “explains either graphically or in a narrative form, the main things to be studied - the key factors, constructs or variables - and the presumed relationships among them” (p.18). Furthermore, conceptual frameworks can be “rudimentary or elaborate, theory-driven or commonsensical, descriptive or causal” (p. 18). The framework assists the researcher to specify what will and will not be studied and through use of arrows, identifies relationships between the constructs (Miles & Huberman).

In keeping with the recommendations of Miles and Huberman (1994) the initial framework was developed prior to initiating the study (Figure 1) and was used to guide data collection and analysis. On-going modifications were made to the framework to reflect the emerging findings. In this framework, the ‘boxes’ denoted key components of the propositions that the researcher was attempting to verify. The arrows reflected presumed relationships between the components.

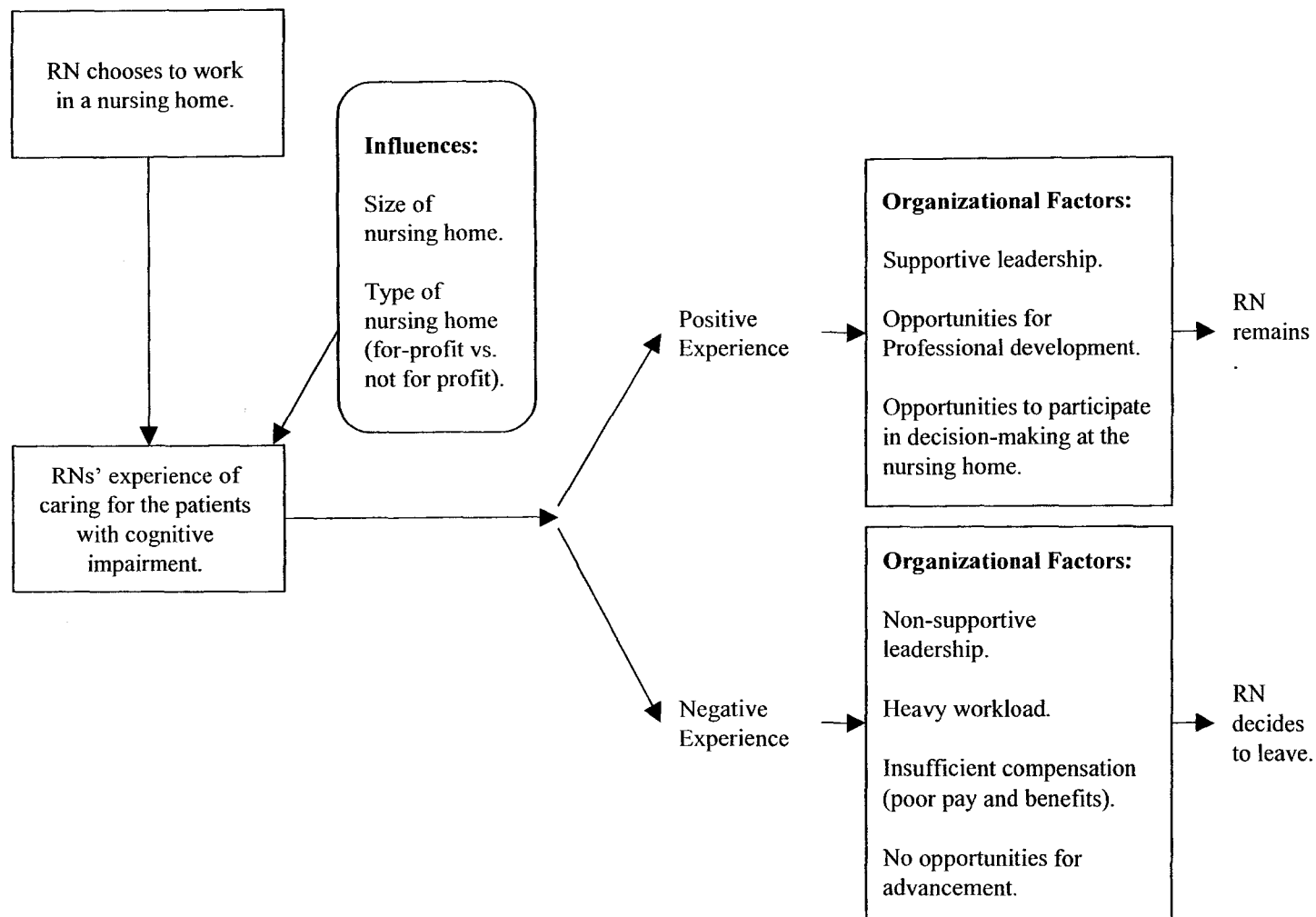


Figure 1. Initial Conceptual Framework.

### Components of the Conceptual Framework

#### RNs' Experience of Caring for Patients with Cognitive Impairment

The first component of the conceptual framework was the RN's experience of caring for patients with cognitive impairment. It was presumed that the RN would identify this caring experience as either being positive or negative.

#### Organizational Factors

The second component, organizational factors, was related to the organizational characteristics of the nursing homes that were considered desirable: supportive leadership, opportunities for professional development, and opportunities to participate in decision-making at the nursing homes. These organizational characteristics may have influenced the RN to remain working at the nursing home.

Organizational characteristics of the nursing home that may have been perceived as negative to the RNs were also represented (non-supportive leadership, heavy workload, insufficient compensation, and no opportunities for advancement). The directional arrow indicated that the presumed relationship between the RN's experience working with the cognitively impaired elderly at the nursing home would be either positive or negative. This perceived experience along with the perception of organizational factors as being either desirable or negative, would impact on the RN's decision to either stay working at the nursing home or decide to leave.



## Influences

The third component of this conceptual framework was the presumed influence of certain characteristics of the nursing home such as the size (large versus small), and the type of nursing home (for-profit versus not for profit). One caveat to this description is important. Although the conceptual framework included the nurses who might decide to leave, the primary focus of this research was on the nurses who currently work in long-term care.

## **CHAPTER 4**

### **Method**

The purpose of this case study is to describe why RNs' choose to work in a nursing home, their experiences working with the cognitively impaired elderly, and factors that contributed to their retention. A qualitative design, in particular, a case study approach was used. The use of a qualitative approach is supported by Strauss and Corbin's (1990) suggestion that a qualitative design is useful for research that "attempts to uncover the nature of a persons' experiences with a phenomena" (p. 19). As well, "qualitative methods can give the intricate details of phenomena that are difficult to convey with quantitative methods" (p. 19). Berg (1989) further explains, "... qualitative techniques allow the researchers to share in the understandings and perceptions of others and to explore how people give structure and meaning to their daily lives" (p. 6).

Creswell (1998) defines a case study:

A case study is an exploration of a 'bounded system' or a case or (multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context. This bounded system is bounded by time and place, and it is the case being studied - a program, an event, an activity or individuals (p. 61).

A case study approach was selected because of the difficulty of separating the phenomena from the context.

Yin (2003) explains that the case study inquiry "investigates a contemporary phenomenon within its real-life context, especially when the boundaries between the

phenomenon and the context are not clearly evident” (p. 13). Furthermore, Yin (2003) describes the case inquiry:

Copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis (p. 14).

The benefits of choosing the case study approach for this study included: a) exploring RNs’ experiences working with the cognitively impaired elderly in an in-depth manner; b) the opportunity to study all the cases in relation to their context (the nursing home); and c) the ability to use many sources of information to address the research questions.

A multiple case study design was used (Yin, 2003). Yin explains that with multiple case studies, each case is carefully selected so that it either produces similar results or produces different results but for expected reasons. Yin suggests that six cases are needed for multiple case studies in order to explore the propositions. However, because the researcher wished to conduct a Sub Case analysis for each nursing home, the number of cases was increased to nine; three cases from each of the nursing homes.

## Case

Miles and Huberman (1994) define a case as “a phenomenon of some sort occurring in a bounded context” (p. 25). The case is the unit of analysis. For this study,

the case was the RNs' experiences of caring for the cognitively impaired elderly in one of three nursing homes in Southern Ontario. The timeframe was limited to the twelve-month data collection and analysis period.

### Sub Case

Case studies may contain a subunit, or 'Sub Case' which is examined in addition to the unit of analysis (Yin, 2003). In this study the three nursing homes were analyzed and reported as a Sub Case. The nursing homes offered a context to ground the case data and gave access to multiple sources of data to ensure that the researcher could explore the case in sufficient depth.

### Sources of Data

Yin (2003) describes six types of data sources that can be used in a case study: documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts. Three sources of data were used for this study: a) interviews with key informants; b) documents reporting financial and statistical data; and c) direct observations during the field visits which were captured in written memos outlining the researcher's impressions.

## Interviews with Key Informants

## Sampling and Recruitment

In keeping with the intent to determine if different RN experiences would be revealed for expected reasons, (as identified in the propositions) four to six cases were required. That is, four to six RNs' experiences of working with the cognitively impaired elderly were needed. Since many nursing homes do not employ a large number of RNs, particularly the smaller nursing homes, three RNs were identified from each of the nursing homes as key informants. Inclusion criteria for this study consisted of: a) RNs who had been employed at their current facility for a minimum of one year; and b) RNs who had experience working with the cognitively impaired elderly.

At Sub Case A, there was the equivalent of 11 full-time RN positions currently being filled by 20 RNs. In order to recruit nurses to participate in the study, the researcher met with the Director of Care and two managers at the facility, to explain the study. The Director of Care requested that the investigator develop an introductory letter that explained the purpose of the study. A response sheet was attached for nurses to indicate their interest in participating in the study. This letter was distributed to all the RNs employed in the nursing home. Nurses who were interested in participating in the study completed the response sheet and left it in an envelope at the reception area of the nursing home, for the researcher to collect. Initially, four nurses responded and three

indicated interest in participating in the study. Subsequently, one of the three nurses was unable to participate and another RN volunteered.

Sub Case B employed 10 RNs. In order to facilitate participation in the study, the Director of Care asked if any RNs were interested in participating in the study. A list of interested nurses was forwarded to the investigator who then contacted the nurses to set up an appointment for an interview.

Sub Case C employed 12 RNs. The Director of Care asked three RNs who met the criteria for inclusion in the study, if they were interested in participating in this study. All three agreed and a list of their names was forwarded to the researcher. For all three nursing homes, the researcher contacted the nurses directly and set-up a time for the interviews.

### Data Collection

The researcher conducted in-depth interviews using an interview guide, with all nine RNs, the Director of Care at each nursing home, and the Clinical Educator, a position that was available at Sub Cases B and C. Each interview was a maximum of one-hour in length with the shortest interview being one-half hour in length. All interviews were audiotaped.

## Development of the Interview Guide

A semi-structured interview guide was developed using ten open-ended questions. Berg (1989) explains that this type of interview involves the implementation of a number of predetermined questions that are asked in a specific order. However, this format still enables the researcher to deviate from the question and probe areas beyond the standardized questions.

Essential questions focussing on the RNs' choice of employment in the nursing home setting, their experiences working in nursing homes, and the nurses' experiences working with cognitively impaired residents were included. Questions related to factors that contributed to the RNs' job satisfaction, dissatisfaction, and commitment to the nursing home were also posed. Factors in the literature that were found to contribute to the attraction/retention of nurses in the long-term care and magnet hospital literature were used in the development of questions on job satisfaction and attraction/retention (Aiken et al., 2000; Carr & Kazanowski, 1994; Kramer & Schmalenberg, 1988a, 1988b; Robertson & Cummings, 1996; Robertson et al., 1994; Scott et al., 1999). The interview guide was used for all the interviews.

The interview guide was pretested with two experienced RNs who worked in a Transitional Care Unit (TCU) in a community hospital where the researcher was employed. This TCU was comprised of patients who were waiting for long-term care placement in a nursing home. Many of these patients also had a diagnosis of dementia.

Each nurse was asked to comment on the content of the questionnaire in terms of the clarity of the questions and their ability to answer the questions. In addition, the nurses were asked to provide any comments or suggestions for changes to the interview guide. Feedback from these nurses was used to modify the questions. The revised interview guide is included in Appendix B. Each nurse was also asked to complete a four item demographic questionnaire that sought information on the nurse's length of employment at the nursing home, their employment status (full-time or part-time), years of experience, and their basic nursing preparation (Appendix C).

A semi-structured interview guide was developed and used for interviews with the Directors of Care and the Educators. The topics included a demographic profile of the residents in the nursing home, the professional practice model currently used in the nursing home, methods used to promote professional practice in the nursing home, and strategies used to attract and retain their RNs (Appendix D). Factors in the literature that were found to contribute to the attraction/retention of nurses in the long-term care and magnet hospital literature, as well as the personal experiences of the author, were used in development of the questions on job satisfaction/attraction and retention.

#### Documents Reporting Financial and Statistical Data

Yin (2003) notes that in case studies, documents are used to "corroborate and augment evidence from other sources" (p. 81). As well, inferences can be made from the



documents. For the purposes of this study, financial and statistical data were collected for two reasons: a) to create a database and enable a comparison of the findings across all three of the nursing homes; and b) to corroborate information obtained from the key informants.

The participating nursing homes were provided with a template designed by the researcher (Appendix E). Information on the RN turnover rate in the nursing homes was collected to determine if this was an issue. An association between job satisfaction, and turnover has been previously identified in the literature (Irvine & Evans, 1995; Kramer & Schmalenberg, 1991). Since a relationship between absenteeism, job satisfaction and turnover has been suggested (Borda & Norman, 1997), data on RN absenteeism were also solicited to determine if this was an issue in the nursing home. RN pay scales were also requested as the amount of compensation has been identified in the literature as contributing to the job dissatisfaction of the RNs in nursing homes (Robertson & Cummings, 1996; Robertson et al., 1994).

Information on the education and orientation budgets for the RNs, as well as the number of educational sessions conducted by the respective nursing homes in the last year were collected. Opportunities for professional development through on-going education has been cited in the literature as being important for the retention of RNs working in nursing homes (Carr & Kazanowski, 1994; Robertson & Cummings, 1996;

Robertson, Higgins, Rozmus, & Robinson, 1999). Sub Cases A and C provided the investigator with an official copy of their pay scales for RNs.

## Direct Observations, Documented as Written Memos

### *Direct Observations*

Observational methods are used to provide a “systematic, detailed observation of behaviour and talk: watching and recording what people do and say” (Mays & Pope, 1995, p. 182). The focus of direct observation is to determine how the activities and the interactions in a particular setting influence behaviour (Bogdewic, 1999). Direct observations were used as one of the three sources of data collection to provide a further rich description of the context of the nursing home. In order to focus the observation, the researcher developed the following questions:

1. How did the physical environment of each nursing home (i.e., physical space, appearance, level of noise, security measures) influence interactions between the staff and the residents or between the resident themselves?
2. How did the key informants appear (mood, comfort level) during the interview?

### *Written Memos*

Glaser (as cited in Miles and Huberman, 1994), defined a memo as:

the theorizing write-up of ideas and codes and their relationships as they strike the analyst while coding ... it can be a sentence, paragraph or a few pages, ... it

exhausts the analyst's momentary ideation based on data with perhaps a little conceptual elaboration (p. 83).

Furthermore, Miles and Huberman (1994) note that memos are "one of the most useful and powerful sense-making tools at hand" (p. 72). After completion of each interview, the researcher recorded notes/impressions and then transcribed them into a memo for each of the facilities.

### Data Management

Interviews with the RNs, Directors of Care, and Clinical Educators were transcribed to facilitate coding. The researcher listened to each audiotape and compared it to the transcript to ensure accuracy of the transcription. Accordingly, changes were made to the transcripts that reflected any discrepancies. Data regarding turnover rates, pay scales, education budgets, and the number of educational in-services, were incorporated into a Microsoft Excel spreadsheet for analysis. Memos were typed for each of the three Sub Cases for the purpose of analysis, and saved as a Word document.

A manual process was used to manage the data. The decision was based on the advantages and disadvantages of manual as compared to computer assisted data management. Computer assisted qualitative data analysis programs are beneficial as they are a time efficient, systematic method, of organizing large amounts of data. There are many programs available to choose from depending on the needs of the investigator, the research questions, and the computer sophistication level of the researcher (Gold, 1999;

Russell & Gregory, 1993). Drawbacks to using a computer assisted qualitative program include potential loss of a qualitative focus, potential for a superficial over analysis of data versus a more in-depth, and over coding (Gold, 1999; Russell & Gregory).

Manual data management methods are portable, generally inexpensive and can be used for the entire analytical process. However, manual data management is much more time intensive and one cannot move data around in a manner facilitated by a computer program (Russell & Gregory, 1993).

### Data Analysis

Miles and Huberman (1994) described three “concurrent flows of activities” (p. 11) used in a qualitative analysis: data reduction, data display, and conclusion drawing/verification. “Data reduction refers to the process of selecting, focussing, simplifying, abstracting and transforming the data that appear in written-up field notes or transcriptions” (p. 11). The process of reducing the data and transforming it continues until the final report is completed.

The second activity, data display, refers to the organization of the data in displays such as matrices, graphs, charts or networks. The display of the information assists the investigator to “understand what is happening and to do something, either analyze further or take action, based on that understanding” (p. 11).

The final activity of the qualitative analysis is the conclusion drawing and verification. With this activity, the researcher is looking for patterns, relationships, and explanations among the data.

### Data Reduction and Display

#### *Key Informants*

Miles and Hubermans' (1994) three activities for qualitative data analysis were followed to reduce and display the data. The investigator began with manually coding all the transcripts for each RN case. The initial coding involved reading through the transcripts and making notes in the right margin of the transcript. Eight coding categories were used. These categories emerged from the data and were developed based on the order of the questions on the interview guide. The first letter of the code corresponded to the sections on the interview guide. These codes referred to choice of working in the nursing home, caring for residents with dementia, factors contributing to job satisfaction and dissatisfaction, opportunities for professional development, factors contributing to commitment/decreased commitment at the nursing home, and finally, factors that would make the nursing home more attractive to RNs.

During the second coding of the transcripts, the initial codes were collapsed into four major categories that related to the theoretical propositions. Codes that referred to each proposition were clustered together. The revised categories were: a) choice of

working in the nursing home; b) the experiences of the RN who works with the cognitively impaired elderly; c) factors that attract the RN to remain working in the nursing home; and d) factors that contribute to job dissatisfaction in the nursing home. A third review of all the transcripts was done to verify the coding and to make any changes in the coding categories. Once this was completed, each RN case was analysed and collated as an individual case, and the data were displayed in a matrix format to facilitate the researcher's understanding of the data.

During the coding process, the researcher met with a member of her supervisory committee who had expertise in case study research and reviewed some of the transcripts. This collaboration enabled the researcher to refine the coding process. In addition, peer debriefing was conducted with a colleague, a doctoral student with qualitative research training. The colleague independently analyzed three of the transcripts from the RN interviews and a comparison of results was done. The colleague provided all notes, memos and the analysis of the coding for the researcher. When the researcher reviewed the colleague's findings, the major categories were similar, however, the colleague had categorized themes under different names. The memos from the colleague assisted the researcher to re-examine the transcripts again to ensure all pertinent themes were noted.

## Documents Reporting Financial and Statistical Data

Miles and Huberman's (1994) recommendations for data reduction and display were used with the data collected through the review of documents containing financial and statistical data. The data for all three nursing homes were collated and displayed in a matrix format. A matrix is a tool used to display information. It is set up as a set of rows and columns and is "helpful for understanding the flow, location and connection of events" (p. 93). Table 1 shows the template used to collect the financial and statistical data. The rows represented the specific areas of data collection: the number of education sessions, the staffing ratios over a 24 hour period, RN salary scales, RN absenteeism rates and the turnover rate for RNs. The columns consisted of the information obtained from each of the Sub Cases (nursing homes), comments that the researcher had made regarding the collection of the data, and themes generated from the review of the data.

Table 1

*Template for Documents Reporting Financial and Statistical Data*

	Facility A	Facility B	Facility C	Themes	Comments
Education: Number of sessions and budget					
24 hour staffing ratio					
Salary scale					
Absenteeism rate					
Turnover rate					

## Direct Observations Documented as Written Memos

The data from the memos were also coded using the same descriptive codes developed for the key informants. The information from across all three Sub Cases was displayed in a matrix format to facilitate comparisons across the Sub Cases. The template used for the analysis of the memos is shown in Table 2.

Table 2

*Review of Memos*

	Facility A	Facility B	Facility C	Comments	Themes
Environment					
Observations related to interactions					

## Conclusion Drawing and Verification

For this study Yin's (2003) general analytic strategy "relying on theoretical propositions" (p. 111) was used to guide analysis of this case study. Yin notes, "the first and most preferred strategy is to follow the theoretical propositions that led to your case study" (p. 111). Yin purports that the original objectives and design of the case study were based upon the original propositions, which influenced the design of the research, the focus of the literature search, the type of data collected, as well as revisions to the propositions. Yin claims, "the proposition also helps to organize the entire case study



and to define alternative explanations to be examined” (p. 112). Within case and across case analyses were used to further display data and assist with drawing conclusions.

### Within Case Analysis

Within case analysis refers to the examination of each individual case with the intent to describe each case and tell the ‘story’ for each case. This is the first step in the progression from description to explanation building (Miles & Huberman, 1994). All RN cases were coded individually and overall themes were identified. Themes identified for each RN case were displayed in a matrix (Table 3). The data displayed in the matrix enabled the researcher to understand each RN case’s individual ‘story’ and also provided a visual framework for further analyses across the cases.

Table 3

#### *Matrix for Within Case Analysis*

Categories	Code (s)	Themes
RN’s reason for choosing to work in a nursing home.		
Experiences of the RNs’ who work with the cognitively impaired elderly.		
Factors that attract RNs to remain working in the nursing homes.		
Factors that contribute to RNs’ job dissatisfaction in the nursing home.		

For Table 3, the rows consisted of the four major categories that related to the theoretical propositions. The first column represented the codes that were applied for each case and the final column consisted of themes that arose from the analysis of each case.

### Cross Case Analysis

Cross case analysis refers to the comparison of data across the multiple cases. An important reason for conducting cross case analysis is that it enables a deeper “understanding and explanation of the data” (Miles & Huberman, 1994, p. 173).

Furthermore, using data from multiple cases can enhance confidence in the data. Data from all RN cases were displayed in a matrix format (Table 4) to enable a cross case comparison of themes present across all nine RN cases. A cross case analysis was used to determine relationships and explanations across the data and to enable conclusions to be drawn (Miles & Huberman, 1994). Themes that were common across all cases were identified. For this analysis, a theme identified by at least two RN cases was considered as a pattern except for the data pertaining to the RNs’ primary reason for choosing to work in a nursing home.

In Table 4, the first nine rows represented the themes that emerged from the within case analysis for each RN. In the last row, themes that were present in two or more cases were identified. The columns consisted of the four major categories that were

related to the theoretical propositions. This matrix assisted in revealing common themes across all the individual cases that were used to provide explanations of the findings and answer the research questions.

Table 4

*Cross Case Analysis Matrix*

Cases	RN's reason for choosing to work in a nursing home.	Experiences of the RNs who work with the cognitively impaired elderly.	Factors that attract RNs to remain working in the nursing home.	Factors that contributed to RNs' job dissatisfaction in the nursing home.
RN Case 1				
RN Case 2				
RN Case 3				
RN Case 4				
RN Case 5				
RN Case 6				
RN Case 7				
RN Case 8				
RN Case 9				
Themes present in two or more RN cases.				

A cross case analysis of the Sub Cases was conducted in order to identify patterns and themes derived from the multiple sources of data across all three Sub Cases (nursing homes). The findings were displayed in the following matrix (Table 5) and enabled a comparison and identification of similarities. For Table 5, the rows represented the themes that arose from each of the four categories and the columns represented each of the three Sub Cases, that is the individual nursing homes.

*Matrix for Cross Case Analysis of Sub Cases*

Themes	Sub Case A (300 bed, unionized non-profit facility)	Sub Case B (150 bed, unionized for-profit facility)	Sub Case C (60 bed, non- unionized, non- profit facility)
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In order to promote rigour in a qualitative study, Lincoln and Guba's (1985) four criteria were applied: credibility, fittingness, auditability, and confirmability. For this study, credibility was promoted in the following manner. Two member checks were achieved with all informants. The first check occurred within two months of the informant's interview. The informant was sent a summary of their interview and a letter

requesting feedback on the interview summary. There were no suggestions for change by the key informants. The second feedback point occurred when the findings from the analysis were documented; the investigator presented the results to the key informants for discussion and confirmation.

Triangulation of data sources was also used to promote credibility. This study included at least four interviews from each nursing home, documents reporting on financial and statistical data from each of the three nursing homes and the researcher's memos. Researcher triangulation was promoted through two methods: the researcher met with a member of the supervisory committee in order to review the transcripts and the coding format; peer debriefing was also achieved with a doctoral student who had experience in qualitative research.

Fittingness of the results refers to the extent to which the findings from the study can be applied to other settings and whether readers can relate the findings to their context. In order to promote fittingness of the results, a full descriptive account of each nursing home as well as an account of the experiences of all the RN cases is presented in the next chapter. This description will permit the reader to judge if the study results fit within their own context.

Auditability of the findings is achieved when there is a clear trail that shows the study trajectory from conception to completion. In keeping with Sandelowski's (1986)

suggestions to promote auditability, this research report provides a detailed audit trail for this study.

Finally, confirmability refers to the freedom from bias in the research. Miles and Huberman (1994) suggest that the researcher explicitly state the inevitable biases that occur in the study. In keeping with Miles and Huberman's suggestions, the author detailed personal experiences and ideas that may have contributed to any biases in this study.

This chapter has provided a detailed outline of the methods used for this study. The next chapter will present the findings from the analyses of the data.

## **CHAPTER 5**

### **Findings**

In this chapter the findings will be presented in three sections. The first section will present the findings for each case (within case analysis): the RNs' experiences working with the cognitively impaired elderly in three nursing homes in Southern, Ontario during the twelve-month data collection and analysis period. The second section will present the findings from the analysis across all nine RN cases. In the third section, a descriptive account of each Sub Case, the individual nursing homes, will be presented, as well as the findings from the Sub Case analysis.

### **Within Case Analysis**

A within case analysis was conducted for all nine cases in order to identify themes that emerged from the data. This section will present the findings for each RN case in the following order: 1) choice to work in a nursing home; 2) experiences of caring for the cognitively impaired elderly; 3) reasons for remaining working in the nursing home; and 4) factors which contribute to job dissatisfaction in the nursing home.

#### **RN Case #1**

RN #1 was a full-time employee who had been employed at the nursing home for over eight years. A graduate of a hospital-based nursing program, RN #1 had over

eleven years experience as a RN. RN #1 chose to work in a nursing home because she needed to find a job after moving from another city. At the time of her relocation, there were no RN positions available in local hospitals. However, there were RN positions available in local nursing homes. Since RN #1 had previous experience working in a nursing home, she was able to secure employment in this setting. RN #1 chose to work in a nursing home primarily because it was a 'Job of Convenience'.

### *Experience of Caring for the Cognitively Impaired Elderly*

In describing her experiences of caring for the cognitively impaired elderly, RN #1 commented that more patience is needed when caring for this type of resident. RN #1 stated that care providers need to be aware that when caring for this type of resident, accomplishments may be very small and one needs to look for small signs each day that you are making a difference in the life of the resident. Additionally, when caring for residents who exhibit dementia related behaviours, the care providers need to be aware that these behaviours are part of the dementia and they need to be accepted as such. RN #1 describes this in the following excerpt:

... working with our staff who a lot of them have been here a number of years, but they still feel that we are going to be able to change those behaviours, you know we might be able to modify them a bit with our approach, but we've got to accept them first of all and develop a plan of care, to work within the way they (residents) are.



*Reasons for Remaining Working in the Nursing Home*

RN #1 commented that caring for the residents and working with other team members of the health care team who are committed to providing good care for the residents, as well as seeing the results of her nursing interventions, were reasons for remaining at the nursing home. In the following excerpt, RN #1 described the importance of receiving recognition for a job that is done well. “Certainly, a thank you is always wonderful from anyone, whether it’s family or the residents or the staff.”

RN #1 described the effect that management and good leadership have on the choice to remain working in the nursing home:

... I think generally across the board, staff is very well treated here. I think there is a lot of respect for the nurses and I really believe that the leadership is good and that everyone here is striving to make this a good home to come to, every department is committed that’s what I like about working here ...

Organizational factors such as opportunities to attend education sessions both in-house and externally, as well as the opportunity to be involved in decision-making through participation on committees in the nursing home were other reasons mentioned by RN #1. In addition, the rate of pay and the benefits package offered by the nursing home were reasons RN #1 cited for remaining working in the nursing home. RN #1 commented that the availability of permanent shifts enabled her to balance the demands of her personal life and her work life.

*Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

RN #1 had worked at the nursing home for over eight years and did not indicate any intention to leave. However, in the nursing home, one of the roles of the RN is to supervise other health care workers. At times this could be frustrating for RN #1 who described it this way: “Even little things such as telling the staff in the morning, if you could please just walk the resident halfway to the dining room today and do that every day say for lunch time, but then it’s still not done”.

RN #1 maintained that the ability to provide quality care is very important to her and anything that would threaten this ability such as further budget cutbacks would contribute to a decreased commitment to this nursing home. As well, RN #1 commented that in order to attract other RNs to this nursing home, improving the physical environment by updating and decorating the rooms and having the residents bring in their own belongings, would assist with making the environment more attractive.

**RN Case #2**

RN #2 was a graduate of a hospital-based nursing program and had many years of experience as a RN. RN #2 had worked at the nursing home for twelve years. RN #2 chose to work in a nursing home because she needed a second part-time job. Initially she started working on a part-time basis, however, two years ago she obtained a full-time position. The nursing home where she was employed was conveniently located close to

her home. For RN #2, the primary reason for choosing to work in a nursing home was that it was a 'Job of Convenience'.

*Experience of Caring for the Cognitively Impaired Elderly*

RN #2 commented that she enjoyed working at this nursing home and she believed that the care at this nursing home was good. RN #2 commented that caring for the cognitively impaired elderly could be challenging at times. As a result of their dementia, the residents' moods could change and the RN needed to be aware of clinical factors, almost like being a sleuth, in order to identify factors that may contribute to this change in behaviour. RN #2 described this in the following:

... the challenge is the dementia, also trying to assess for ailments with demented residents. They can't always tell you what the problem is, but you have to kind of read between the lines and watch the way they are normally, compared to what's the change and what could be causing it and that type of thing.

RN #2 also described the satisfaction she received when she saw that the results of her interventions had made a difference in the resident's life. RN #2 described her feelings in this excerpt:

... when you can get through to a resident or what you may be felt is the problem or what you've tried to assess and it turns out that you were right, and you can do something about it and see the results afterwards, it's satisfying.

*Reasons for Remaining Working in the Nursing Home*

RN #2 commented that caring for the elderly was something she would not have chosen as a new graduate nurse, however, she found as she became older and as a result of her life experiences, she found that she could relate more to the elderly. RN #2 also described the changes in acute care today, the quick turnover of the patients and the fact that you don't get time to know the patients and families nor are you able to see the results of your interventions. However, in the nursing home, RN #2 mentioned that you are able to become involved with the residents and their families on a longer term basis and she noted that she enjoyed being able to develop these relationships. RN #2 explained,

... I think I'd have a hard time now working in an acute care setting. Partially, just because of the workload and the risks involved with the constant turnover, but getting to know the residents and families that's a bonus.

RN #2 described that receiving positive feedback or recognition from families, co-workers and managers contributed to her job satisfaction at the nursing home. RN #2 also noted that she had participated on many committees in the nursing home and was currently part of a group that was planning for the new long-term care facility. RN #2 expressed her satisfaction with being able to participate in these committees.

RN #2 commented that the ability to attend educational programs off-site with financial assistance also contributed to her job satisfaction.

*Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

RN #2 had been employed at this nursing home for 12 years and enjoyed working in this setting. However, RN #2 commented that the supervisory role of the RN could sometimes be frustrating especially when it was necessary to delegate to other health care workers who were unionized. RN #2 noted that she might need to use a different approach when asking these individuals for assistance. The following quote illustrates this concern:

... different people you approach differently and you know what you can do and what you can't do and I don't know, maybe you have to think twice before you, you know, whereas you might ask one of your peers, another RN and there wouldn't be any question, you wouldn't hesitate to ask for assistance or anything whereas with the union person you might think how you are going to approach them ...

RN #2 commented that any cost constraints that might impact on residents receiving care were factors that contributed to her job dissatisfaction. RN #2 commented that the addition of more full-time jobs would attract RNs to working in nursing homes.

**RN Case #3**

RN #3 was a full-time employee who had worked at the nursing home for over five years. RN #3 graduated from a Baccalaureate Program and had over seven years experience as a RN. RN #3 worked as a health care aide at this nursing home prior to completing her nursing degree and described herself as “feeling secure” in this home, as

she believed that she knew the population well and the problems that usually arose in this nursing home.

RN #3 chose to work in a nursing home because she enjoyed working with the elderly. As a student, RN #3 completed two clinical placements that focussed on care of the elderly and this influenced her decision to work in a nursing home.

*Experience of Caring for the Cognitively Impaired Elderly*

In the nursing home, the RN assumes a lot of responsibility according to RN #3.

She described this in the following:

It's a lot of responsibility, I'm in charge of a hundred beds and two RPNs and a fair number of health care aides as well. It's very difficult, you have to know how to prioritize everything, and there is a lot of paperwork.

The nurse must prioritize her workload and balance the many responsibilities of the role. In addition, RN #3 commented that caring for residents with cognitive impairment could be challenging. According to RN #3, the nurse needed to be aware of how to deal with the changing behaviours exhibited by the resident, including aggressive behaviour. RN #3 described her feelings in the following excerpt:

You have to be aware of their facial expressions and when they're going to become aggressive or anything that might set them off and become aggressive and you've got to be able to be prepared at any time, for someone to just all of a sudden hit you or something, and that requires a lot of skill and it wears on you over time.

RN #3 remarked that one of her methods of coping with aggressive behaviours sometimes exhibited by the residents was to use humour wherever possible and share her concerns with her colleagues about any incidents with the residents.

*Reasons for Remaining Working in the Nursing Home*

RN #3 commented that she really enjoyed getting to know the residents in the nursing home. As well, RN #3 described her feelings towards the staff "... I have a real social network within the structure, so I find the support of the staff, I really like the staff ...".

The availability of permanent shifts was another factor RN #3 described as contributing to her job satisfaction. The permanent shift she currently worked fit in well with her lifestyle. In addition, RN #3 noted that the management at the nursing home was very supportive and treated the staff with respect.

RN #3 commented on the opportunities to attend internal and external educational sessions. However, she did remark that due to cost constraints, the management at the nursing home was being more restrictive in the selection of which staff they sent to off-site educational opportunities. RN #3 commented on the many varied opportunities to give input into decision-making at the nursing home, including her own participation on several committees within the nursing home.

*Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

RN #3 had worked at this nursing home for many years and did not give any indication that she was planning to leave. However, RN #3 described some of the challenges that she experienced working in the nursing home. The workload, including the supervisory role of the RN was one of these challenges. RN #3 described it this way:

There's a lot of work to be done, and you have very little time to do it in, and there's pressures like, you're supposed to be monitoring the staff on their breaks, you're suppose to do all these supervisory things ...

In addressing issues related to resident care, RN#3 commented that dealing with families who were unrealistic and demanding could be stressful at times and could contribute to her job dissatisfaction.

In terms of organization factors, RN #3 commented that although she was paid well, her educational qualifications were not recognized. "I'm satisfied with the pay, but my education counts for nothing. I don't get any money for having a degree in nursing or a certificate in gerontology or all the other qualifications I have ..."

RN #3 commented on the need for management to schedule shifts consistently for part-time workers instead of flipping the shifts from days to evenings to night shifts. RN #3 also noted that if management could offer more permanent schedules for nurses that is, more full-time jobs, this would attract RNs to work in nursing homes.



RN Case #4

RN #4 was a full-time employee who had worked at this nursing home for over five years. She graduated from a college based nursing program and had almost ten years experience as a RN. When RN #4 graduated from school, there were no nursing positions available in hospitals, however she was able to obtain a position as a RN at another local nursing home. RN #4 chose to work in a nursing home primarily because it was a 'Job of Convenience'.

*Experience of Caring for the Cognitively Impaired Elderly*

RN #4 was in charge of a unit that had 80 residents. RN #4 commented that in her role as a RN she had multiple responsibilities that required her to prioritize the tasks.

RN #4 described her experience in the following excerpt:

It's busy in that you're in charge of a lot of people and you have to prioritize to determine which one needs the most that day, and you're the only one making the decision, you don't have a physician in the facility, and you don't have a respiratory tech, you don't have any of those things.

The next quote illustrated her experiences in caring for the cognitively impaired elderly:

It can be stressful. A lot of behaviours, they (residents) can be defensive during care because they're impaired, because of dementia, because they don't understand why you're doing it, so sometimes they strike out, so you really have to be supportive to staff, you have to really keep a handle on their medications and make sure they're getting the right medications so that they are not over sedated.

RN #4 discussed the need to provide support for the both the staff caring for the residents and for the residents' families. For the staff, dealing with the many perseveratory behaviours of the residents with cognitive impairment could be discouraging. RN #4 explained this as follows:

Sometimes it can be stressful, you get kicked, you get hit, you get things thrown at you, you know that can be a little discouraging sometimes, some of the perseveratory behaviours will drive you nuts, like when you sit on the floor and you're here from 6 to 2 and you hear na-na-na-na-na, all day long, things like that sometimes get on your nerves. So sometimes it lessens your job satisfaction because it frustrates you.

In order to cope with the stress of dealing with these behaviours, RN #4 encouraged the staff to take breaks off the floor, or for those staff members who smoked, for them to take a smoke break. Another coping mechanism described by RN #4 was to encourage the staff to take a day off when they became stressed as a result of caring for the residents.

Families of the residents with cognitive impairment also required support from the RN as the families were not used to seeing their family members in this condition. RN #4 commented that she spent a fair amount of time speaking with families on the phone and in-person, when they visited their family member on the unit.

### *Reasons for Remaining Working in the Nursing Home*

RN #4 commented that caring for residents and seeing them have some quality of life was rewarding.

Seeing progress in the residents, seeing somebody come in that might have had a lot of behaviours, not coping well and, you get them on the right medication or you do some full attention plan and you start to see them adapt to this environment, actually enjoy their life, you know, so that's probably the most rewarding thing.

RN #4 noted that her manager was supportive, treated all the staff with respect, and was focussed on the provision of quality care for the residents. RN #4 also mentioned that she liked working with her colleagues in the nursing home. All of these factors attracted RN #4 to remain working in the nursing home.

RN #4 commented that the availability of flexible shifts or the opportunity to choose to work a permanent shift were factors that contributed to her remaining at this nursing home. RN #4 also mentioned that having flexibility in her work schedule was another strategy that assisted her to cope with some of the resident's behaviours.

The amount of compensation for the RNs at the nursing home was continually being addressed and a retention bonus for the staff was recently introduced. RN #4 noted that although the compensation at the nursing home was not on par with the hospitals, she was pleased with the progress towards achieving parity with the hospitals.

RN #4 noted that funds were provided to attend educational sessions externally and tuition assistance was also available. As well, the managers at the nursing home provided regular in-services for their staff. At this nursing home, there were opportunities to participate in decision-making through involvement on committees. RN #4 also commented that it was helpful having access to an Advanced Practice Nurse

(APN) for support in clinical assessment and decision-making regarding the residents' care.

*Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

RN #4 had worked in this nursing home for over five years and did not give any indication that she wished to leave. However, RN #4 commented that there were situations when there was insufficient staffing to meet the needs of the residents; these situations made her feel less committed to working at this nursing home. She described this in the following:

The times when you feel you are not meeting your standards. The times when you feel you're putting your license at risk because you might be short staffed. Staffing is a problem some weekends, you might work without RPNs so then we usually do meds for the whole floor, plus you are still responsible for the treatments and the care of the residents.

In order to attract RNs to work at the nursing home, RN #4 noted that management needed to ensure that there was enough staff to meet the needs of the residents.

RN Case #5

RN #5 was a part-time employee who had been working at this nursing home for over ten years. RN #5 was a graduate of a college based nursing program and had over eleven years of experience as a RN.

When RN #5 relocated to Ontario, there were not any registered nursing positions available in local hospitals. RN #5 worked as a visiting nurse when she first moved to Ontario, however, she was able to secure regular part-time employment working the evening shift at this nursing home. RN #5 also disclosed that when she took the job at the nursing home, she realized that nursing for her was the vehicle through which she could supplement her family income. Because of her age, she did not consider nursing as a career. RN #5 chose to work a nursing home primarily because it was a 'Job of Convenience'.

#### *Experience of Caring for the Cognitively Impaired Elderly*

RN #5 described the nursing home as being a very stressful environment with many different responsibilities and competing demands. Furthermore, RN #5 noted that some patients and families could be demanding and become frustrated with the staff. She described her feelings in the following: "... it's (the nursing home) very paper heavy, the patients are very heavy and the responsibility is huge".

On the unit where RN #5 was employed, there were over 73 residents in a small confined space. RN #5 commented that negative interactions were bound to occur among the residents because of the limited space.

RN #5 commented that caring for residents with cognitive impairment did not bother her and caring for these individuals was the same as caring for anyone who required care. She described her feelings in the following:

They are human beings that need to be cared for, so it's not really different ... that component of being able to touch another human being and do it in a meaningful way, if nursing is the vehicle in which I do that with, then it doesn't really matter whether they're cognitively impaired or they have heart surgery. It's all the same. It is how you deal with the individual.

#### *Reasons for Remaining Working in the Nursing Home*

RN #5 enjoyed caring for the elderly and commented that she enjoyed seeing the difference that her nursing interventions made. She described this in the following quote: "... my other purpose is to at least do some meaningful nursing and to touch somebody's soul". In addition, RN #5 commented that receiving recognition from residents and/or families was something that she appreciated and contributed to the satisfaction she received on the job. This was illustrated in the following excerpt:

Scripture talks about the fact that there were ten lepers and one person came back, well it's that one person, that one family that comes back and you keep those cards and you just keep those momentos which say 'thanks I really appreciated it' and that's what makes nursing what it is suppose to be.

RN #5 commented that teamwork was essential in the nursing home. RN #5 noted that she enjoyed working with the health care aides and teaching them when they were providing care for the residents.

RN #5 discussed the opportunities to attend educational sessions offered in the nursing home as well as the also opportunities to participate in decision-making in the nursing home through involvement on the various committees. RN #5 commented that she had stayed at this nursing home because of the opportunity to work a shift that suited her lifestyle.

#### *Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

Although RN #5 had worked at this nursing home for many years, she did describe factors that impacted on her job dissatisfaction. RN #5 commented on the necessity to meet the standards expected by the nursing home, as well as the Ministry of Health and Long-term Care (MOHLTC) Standards. RN #5 described the need to meet all these standards as being “stressful” and “disheartening”. She believed that each year the MOHLTC raised the level of expectation so that no nursing home would be able to meet the standards. Therefore no additional funding would be forthcoming to the nursing homes to assist with resident care.

RN #5 also commented on the need for better communication in the nursing home. One of the roles of the RN was to take on additional administrative functions for the nursing home on the evening and night shifts. RN #5 stressed the fact that management must clearly communicate expectations as well as provide support for decisions that the RN must make when she took on these additional responsibilities.

In terms of compensation, RN #5 expressed dissatisfaction with her remuneration. She expressed her resentment at being paid less than acute care RNs. RN #5 described her feelings in the following: “I don’t like the fact that my work is devalued as opposed to acute care, because I’ve got some co-workers that are in acute care and do far less work than I’m doing”.

#### RN Case #6

RN #6 was a graduate of a college based nursing program and had been a RN for less than six years. RN #6 had been employed at this nursing home for the last three years and currently held a part-time job share position.

RN #6 chose to work in a nursing home because she enjoyed caring for the geriatric population. As a nursing student, RN #6 had many clinical rotations in settings where she had the opportunity to work with the elderly.

#### *Experience of Caring for the Cognitively Impaired Elderly*

RN #6 commented that working in the nursing home was busy and in her role as a RN she had many responsibilities. RN #6 worked a permanent afternoon shift and was responsible for any issues that arose in the nursing home after regular business hours.

Due to the increasing acuity of the residents at the nursing home, RN #6 commented on the need to maintain nursing skills. Now when the elderly residents



became ill, they did not transfer the elderly residents to an acute care hospital as frequently as was done before and their care was managed in the nursing home. In describing what it was like to care for residents with cognitive impairment, RN #6 commented that it sometimes was very difficult, as the residents couldn't understand what you were telling them because of their dementia. RN #6 described her feelings in this excerpt:

It can be hard. I enjoy it but a lot of dementia is just knowing what the individual is like, knowing what they're capable of because there is violence and aggression and things that come with dementias because they don't know what they are doing and to them they are trusting to this environment and it's not home, it's not what they're used to, everybody's gone and they feel angry most of the time. So it is a matter of trying to comfort them and provide reassurance and also protecting you and your health workers and other residents from the behaviours and knowing how to treat them.

However, RN #6 noted: "It's part of the job to me, it's not an impairment really, I'm quite happy where I am and I came in with my eyes wide open knowing that this was going to happen ...".

RN #6 noted that it could be hard dealing with residents with dementia who exhibited aggressive behaviours. As the RN on the unit, the RN must know how to comfort these residents and how to provide assurance while ensuring that she was protecting herself and other residents from these behaviours. RN #6 commented that it could also be difficult interacting with the families of the residents with cognitive impairment. Many of the families needed constant reassurance about the care of their

loved ones, and some families, who were unrealistic about the prognosis of their family member with dementia, required frequent reassurance.

### *Reasons for Remaining Working in the Nursing Home*

RN #6 commented that she loved working with the elderly in the nursing home and she appreciated any feedback she received from the residents. RN #6 also commented that she liked working with the other health team members and they all worked together as a team to ensure that the residents' care needs were met.

According to RN #6, educational in-services were provided on a variety of topics and if you needed more information on a particular subject area, the Educator at the nursing home would assist the RN in finding the required information. As well, RN #6 commented that there was financial support to attend external educational courses.

RN #6 described the benefits of having access to an APN to assist with clinical assessment and decision-making with complex residents. She noted that having this resource was a good support for the nurses who were working at the nursing home.

The availability of job sharing and flexibility of shifts at the nursing home were other reasons why RN #6 remained working at the nursing home. RN #6 commented that the management at the nursing home was always available and supportive. Furthermore, RN #6 commented that she could always count on assistance from her manager if she required help.

*Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

Although RN #6 enjoyed working at the nursing home, she described some of the factors that contributed to her frustration working at the nursing home. One of the roles of the RN at the nursing home was a supervisory role. On the afternoon shift, RN #6 commented that the residents' behaviours were maximized due to 'sun downing' and she found it frustrating when unregulated health care workers did not do their job and did not follow the resident's care plan. RN #6 described this in the following:

We are ultimately in charge of not only all the residents and their problems but the health care aides as well, making sure that they are doing their job. You're the supervisor of them as well, making sure they are feeding the right food and doing the changes appropriately, because that's a constant battle too and just following what our protocol is, like not putting pajamas on before supper and stuff like that, it's never ending, so it's like you're not only dealing with the residents with a bunch of cognitive problems coming on you, you're dealing with the health care aides as well.

In order to attract more RNs to working in a nursing home, RN #6 commented that additional RNs were needed and more full-time jobs made available. RN #6 also commented that the current facility was very small and a better-equipped facility would be beneficial in attracting more RNs to work in the nursing home.

*RN Case #7*

RN #7 was a graduate of a hospital-based nursing program and had 29 years experience as a RN. RN #7 worked full-time and had been employed at the nursing home for over four years. RN #7 chose to work in a nursing home because she enjoyed

caring for the elderly and because of her positive personal experience of having a family member admitted to a nursing home.

### *Experience of Caring for the Cognitively Impaired Elderly*

RN #7 described the nursing home as being relaxed with an organizational emphasis on providing a 'home-like' atmosphere for the residents. RN #7 commented that all of the staff from the housekeeping staff to the registered staff worked together as a team to provide care for the residents.

In caring for the cognitively impaired elderly, RN #7 commented that some days could be challenging, especially when caring for these individuals, however, she noted that the staff were very supportive of each other and assisted people to cope when they experienced the challenging days. This was illustrated in the following excerpt:

I think it's again working as a team that we really support each other and as a clinical leader, really trying to support the staff but I find also the staff here gives back to you. They're the ones that say "well tomorrow's going to be better, or are you working tomorrow, we'll get through tomorrow kind of thing", so it's that support again from each other.

### *Reasons for Remaining Working in the Nursing Home*

RN #7 commented that receiving positive feedback from families and other staff members contributed to her job satisfaction. RN #7 described the wide-ranging educational opportunities offered at the nursing home and the opportunities to participate

on planning committees for the nursing home as other reasons for remaining working in the nursing home.

RN #7 mentioned that the management team was very supportive and if she needed to take a day off, the managers were very flexible in the rescheduling of shifts. These factors also contributed to her choice to remain working in the nursing home.

#### *Factors Which Contribute to Job Dissatisfaction at the Nursing Home*

Although RN #7 enjoyed working at the nursing home and did not indicate any intention to leave, she mentioned that when they were short-staffed she felt overworked because of the lack of staff, and this made her feel dissatisfied.

#### **RN Case #8**

RN #8 was a part-time employee who had worked at this nursing home for over one year. A graduate of a college based nursing program, RN #8 had over eleven years experience as a RN.

RN #8 chose to work in the nursing home because she felt that there wasn't any stress in this environment as compared to an acute care hospital. RN #8 commented that she used to work in a hospital and then she became 'burned out' and left. RN #8 commented that at one point she considered leaving nursing, however, one of her colleagues, who also worked at this nursing home, persuaded her to apply to work in this

nursing home. In order to earn some extra income, she decided to take the part-time position in this nursing home. For RN #8, the choice to pursue employment in a nursing home was primarily because it was a 'Job of Convenience'.

*Experience of Caring for the Cognitively Impaired Elderly*

RN #8 described this nursing home as having a very relaxed 'home-like' atmosphere and family-oriented. RN #8 also commented that all the residents at this nursing home were treated with respect:

People talk to the people like they're not cognitively impaired and sort of react to their reactions and I find that really interesting because, I've heard a lot of things in the hospital about, people just don't value old people, they were just a waste of time and took up a bed, and that really bothers me. I like the respect here.

RN #8 commented that caring for some of the residents could be challenging at times, especially those times when residents were perceived as demanding and the nurse was unable to meet their needs in a manner satisfying to the resident. RN #8 also described how interesting it was working with the elderly and she compared it to the work of a detective. She described how an individual with cognitive impairment cannot tell the nurse what is wrong with them, however, the nurse needs to be aware of the clinical clues to in order to determine the problem and how to address the problem.

*Reasons for Remaining Working in the Nursing Home*

RN #8 commented that this nursing home was a good place to work and she enjoyed working with the staff. RN #8 commented that she enjoyed having fun with the residents. RN #8 noted that if she were not able to work in an environment where she could laugh, she wouldn't be able to remain working there.

RN #8 liked the flexibility of the shifts at the nursing home and the fact that management was very accommodating for the nurses who were balancing the demands of families and their jobs. This flexibility in scheduling was very important to RN #8.

At this nursing home, RN #8 commented that there were opportunities to attend educational sessions and participate in decision-making through committee work. In addition, RN #8 noted that having access to a clinical resource person was very helpful.

In order to attract more nurses to work in this type of setting, RN #8 noted that the public's perception about working with older people needed to be changed as now many people have such a poor attitude.

*RN Case #9*

RN #9 was a full-time employee who had worked at this nursing home for the last seven years. RN #9 was a graduate of a college based nursing program and had over eleven years experience as a RN. RN #9 chose to work in a nursing home because she enjoyed working with the elderly.

*Experience of Caring for the Cognitively Impaired Elderly*

RN #9 commented that she really enjoyed working at this nursing home because of the atmosphere. RN #9 had previous experience working in a nursing home and she described the atmosphere at this nursing home as being unique, very relaxed, not routinized, and with a focus on making the environment as 'home-like' and fun as possible for the residents.

RN #9 described the residents with cognitive impairment as being 'special people' and she saw caring for these residents as part of nursing. RN #9 described her feelings in the following: "I think that it is part of my life and that is the field I wanted to stay with, with people that have some cognitive impairment".

RN #9 noted that sometimes it was difficult caring for the patients who die in the nursing home, as the staff become very attached and developed a relationship. This could be very difficult for RN #9.

*Reasons for Remaining Working in the Nursing Home*

RN #9 commented that she really enjoyed working with the elderly and her colleagues at this nursing home.

Staff is wonderful to work with. It feels like all of us, especially because I'm on the first floor, we feel like a big family. We know everybody's life and we talk about everything and life here is so flexible, that it's just perfect.



RN #9 also noted that management was very supportive and facilitated flexibility in the scheduling of shifts. This flexibility enabled the staff to balance the responsibilities of work-life and home life.

RN #9 commented that there were many educational opportunities offered at the nursing home as well as financial assistance if a staff member wished to take continuing education courses. As well, the RN could become involved in decision-making for the nursing home through participation on committees. There was also an APN available at the nursing home to assist with clinical assessment and decision-making. RN #9 noted that having this clinical resource was very helpful.

In addressing factors that would make this nursing home more attractive to RNs, RN #9 commented that an increase in pay might make it more attractive.

### Summary of Within Case Analysis

A synopsis of the themes is presented for each of the research questions beginning with the RNs' choice to work in a nursing home, followed by the RNs' experiences of caring for the cognitively impaired elderly, factors that attracted the RNs to remain working in the nursing home, and factors that contributed to the RNs' job dissatisfaction. In relation to the RNs' choice to work in a nursing home, a synthesis of the findings generated two themes:

1. Job of Convenience. This theme incorporates the nurses' comments about the lack of jobs available in hospitals for the RNs who were seeking a position as a RN, and working at the nursing home as a method of supplementing the family income. One RN case chose to work in this nursing home because she believed that there was less stress working in this setting as compared to the stress experienced working in an acute care hospital.
2. Job of Choice: Enjoy Working with the Elderly. This theme incorporated the nurses' comments about choosing to work in the nursing home because they enjoyed working with the elderly. Comments in relation to positive experiences as a nursing student that led to pursuing a career in gerontological nursing were also included in this theme.

The within case analysis provided an understanding of the RNs' experiences of caring for the cognitively impaired elderly. A synthesis of the findings revealed five themes:

1. Knowledge and Understanding of Dementia. The experiences from the nurses in this study indicated the necessity of having a good awareness and understanding of the disease trajectory of residents with dementia. The RN must be knowledgeable and accepting of the fact that additional patience and understanding are needed when caring for the residents with dementia. In addition, the RN must know how to manage residents who exhibit dementia-

related behaviours such as calling out, physical or verbal aggression, and perseveratory (continuous) behaviours.

2. Multiple Responsibilities of the RN. At the nursing homes, the RN has many responsibilities including, administrative, clinical, supportive, and supervisory roles. Balancing these roles can be very stressful, as the RN must prioritize all the multiple job demands while ensuring that the residents' care needs are met.
3. Coping with Residents' Behaviours. This theme incorporates the many strategies outlined by the RNs who care for the residents with dementia. The coping mechanisms included: staff supporting each other, the use of humour, increasing the number of breaks off the unit, and taking a day off as a 'mental health day'.
4. Culture of the Nursing Home. This theme refers to the relaxed, home-like atmosphere that focussed on individual care as opposed to institutional routinized care.
5. The RN Sleuth. This theme referred to the RN's need to use deductive reasoning when assessing a patient with dementia. Residents with dementia cannot tell the RN what is wrong when they are not feeling well. The RN caring for the resident must be able to understand all aspects of the resident's care including the resident's medication and care needs or actions that trigger behavioural changes.

A synthesis of the findings of the factors that attracted RNs to remain working in the nursing home produced eight themes:

1. Caring for the Residents. This theme incorporated the nurses' comments about enjoying taking care of the elderly and being able to develop relationships with the residents and their families. Nurses' comments about making a difference in the resident's quality of life through their nursing interventions was another element of this theme.
2. Organizational Commitment to Professional Development. This theme included the opportunities to attend educational in-services on site and externally, as well as the financial support to further education. Also included in this theme were opportunities for the nurses to participate in decision-making at the nursing home by joining committees.
3. Supportive Colleagues. This theme included the nurses' comments about enjoying working with colleagues, the teamwork present in the nursing home, and the need of the staff to be supportive of each other.
4. Flexible Scheduling. This theme included the opportunity for the RNs to flex their schedules in order to balance their home-life with their work life.
5. Good Leadership. This theme referred to the managers at the nursing home who were visible, supportive, respected the staff, and were focussed on quality care for the residents.

6. Recognition. This theme encompassed the satisfaction the nurses obtained when they received positive feedback from residents, families, managers or other staff members.
7. Access to a Clinical Resource Nurse. This theme included access to an APN that would assist with clinical assessment and decision-making at the bedside.
8. Compensation. This theme referred to the RNs' satisfaction with the pay and benefits offered at the nursing home.

In addition to determining factors that attracted the RNs' to remain working in the nursing home, the nurses were also asked to describe factors that contributed to their job dissatisfaction. A synthesis of the findings in relation to factors that contributed to RNs' job dissatisfaction in the nursing home, generated four themes:

1. Heavy Workload, which referred to the RN's feeling of being overworked and not able to meet standards of care due to being short-staffed.
2. Supervisory Role of the RN, which encompassed comments related to delegation to unionized staff other than the RN and supervising other health care workers who were perceived as not doing their job properly.
3. Budget Cutbacks, which referred to any fiscal constraints put into effect at the nursing home that the nurses' felt would impact negatively on the residents' care.

4. Insufficient Compensation, which reflected the RNs' concerns that they were not being paid the same rate as nurses in acute care, as well the fact that there was not any financial compensation for acquiring any additional credentials.

In a further attempt to understand these findings, the themes were used to conduct a cross case analysis.

### Cross Case Analysis

The purpose of the cross case analysis was to determine similarities and differences across the cases and to assist in formulating explanations in order to understand the data. Matrices constructed using the themes, displayed the data and enabled comparisons.

### Choice of Working in A Nursing Home

Table 6 presents the results of the cross case analysis of the two themes that emerged in response to the research question, why RNs chose to work in a nursing home? An asterisk in the cells of the matrix indicated that the theme was depicted in that case. As can be seen in this table, the theme portrayed most often is that of Job of Convenience. The theme revealed next most often was Job of Choice: Enjoy Working with the Elderly.

Table 6

*Cross Case Comparison of Primary Themes Related to Choice of Working in A Nursing Home*

Themes	RN 1	RN 2	RN 3	RN 4	RN 5	RN 6	RN 7	RN 8	RN 9
Job of convenience	*	*		*	*			*	
Enjoy working with the elderly			*			*	*		*

\* one RN case

## Experience Caring for the Cognitively Impaired Elderly

Table 7 presents the results of the cross case analysis for the five themes that emerged in relation to the RNs' experiences caring for the cognitively impaired elderly. This analysis provided a comparison of the data across all the RN cases in order to understand the RNs' experiences of caring for the cognitively impaired elderly in a nursing home. The results of this analysis were used to address the proposition that suggested RNs' experiences of caring for the cognitively impaired elderly would influence their decision to remain working in the nursing home.

Within the matrix, the rows represent the themes and the columns represent the RN cases. An asterisk in the cells of the matrix indicates that the theme was depicted in that case. As can be seen by this table, the theme portrayed most often is Knowledge and Understanding of Dementia. In seven out of the nine cases, RNs described needing to have information about dementia in order to care for the cognitively impaired elderly

Table 7

*Cross Case Comparison of All Themes Related to the RNs' Experience Caring for the Cognitively Impaired Elderly in the Nursing Home*

Themes	RN 1	RN 2	RN 3	RN 4	RN 5	RN 6	RN 7	RN 8	RN 9
Knowledge and understanding of dementia	*		*	*	*	*	*		*
Multiple responsibilities of the RN			*		*	*			
Coping with residents' behaviours			*	*			*		
Culture of the nursing home							*	*	*
The RN sleuth			*					*	

\*one RN case

resident. The themes revealed next most often were: Multiple Responsibilities of the RN, Coping with Residents' Behaviour, and Culture of the Nursing Home. These three themes were each revealed within three cases. The theme revealed less often was that of the RN Sleuth, appearing in two of the cases.

#### Reasons for Remaining Working in the Nursing Home

Table 8 presents the results of the cross case analysis of the themes that arose in response to the research question concerning factors that attract RNs to remain working in the nursing home. Eight themes were generated. An asterisk in the cells of the matrix



indicates that the theme was depicted in that case. As can be seen by this table, the themes portrayed most often were: Caring for the Residents and Organizational Commitment to Professional Development. These themes were present across all nine cases. In seven out of the nine cases, the nurses described that having Supportive Colleagues was a factor that attracted them to remain working at the nursing home. The themes revealed next most often were Flexible Scheduling and Good Leadership. These themes were each revealed within six cases. The themes Recognition and Access to a

Table 8

*Cross Case Comparison of All Themes Related to Factors that Attract RNs to Remain Working in the Nursing Home*

Themes	RN 1	RN 2	RN 3	RN 4	RN 5	RN 6	RN 7	RN 8	RN 9
Caring for the residents	*	*	*	*	*	*	*	*	*
Organizational commitment to professional development	*	*	*	*	*	*	*	*	*
Supportive colleagues	*		*	*	*	*		*	*
Flexible scheduling			*	*		*	*	*	*
Good leadership	*		*	*		*	*		*
Recognition	*	*				*	*		
Access to a clinical resource nurse				*		*		*	*
Compensation	*			*					

\*one RN case

Clinical Resource Nurse were each portrayed in portrayed four cases. The theme revealed less often was Compensation, appearing in two of the cases.

#### Factors Which Contribute to Job Dissatisfaction in the Nursing Home

Table 9 presents the results of the cross case analysis for the four themes that emerged in relation to the factors that contribute to RNs' job dissatisfaction in the nursing home. An asterisk in the cells of the matrix indicates that the theme was depicted in that case. As is indicated in the table, the theme portrayed most often was the Heavy Workload. The theme revealed next most often was the Supervisory Role of the RN. The themes Budget Cutbacks and Insufficient Compensation were only identified in two cases each. Two RN cases (eight and nine) did not identify any factors contributing to their job dissatisfaction despite being directly asked.

Table 9

*Cross Case Comparison of All Themes Related to Factors Which Contribute to Job Dissatisfaction in the Nursing Home*

Themes	RN 1	RN 2	RN 3	RN 4	RN 5	RN 6	RN 7	RN 8	RN 9
Heavy workload			*	*	*		*		
Supervisory role of the RN	*	*				*			
Budget cutbacks	*	*							
Insufficient compensation			*		*				

\*one RN case

### Sub Case Analysis

A Sub Case analysis was conducted for all three nursing homes in order to identify patterns and themes derived from the multiple sources of data. The Sub Case analysis also enabled a comparison of the contexts, and a categorization, and then a comparison of the themes that emerged from the within case analysis.

As is recognized by the case study approach, the context is difficult to separate from the phenomenon. Therefore a rich, thick, description of the nursing homes is necessary to facilitate transferability of the findings. The findings from the Sub Case analysis will be presented in this section. Each facility's organizational structure will be described followed by the care delivery model, the methods of promoting professional practice, and strategies used to retain the RNs. Data obtained from interviews with the Director of Care and Clinical Educators at each facility, as well as the documents reporting financial and statistical data, were used to provide information on the context of each nursing home. The absenteeism data were reported inconsistently and were not considered reliable to be included in the Sub Case analysis.

### Description of the Nursing Home

#### Sub Case A

Facility A was a 300 bed non-profit regional nursing home. The nursing home was one component of a number of health services for seniors in a region comprised of

four municipalities. The majority of the residents were cognitively and physically impaired, and were totally dependent on care. Approximately 70 percent were female residents and the average age was 84 years. Both the RNs and the support staff were unionized.

### *Description of the Physical Plant*

Facility A was divided into two main buildings: a new structure and an older structure. The new structure was large and bright with natural light from the many windows. This area was nicely decorated with soft colours. Some residents still resided on a unit in the older structure, which appeared cramped for space and was very warm. This particular unit appeared very institutional-like. Many of the residents were seated in wheelchairs around the nursing station. The Director of Care advised the researcher that this unit was to be closed when the new nursing home was built.

The entire nursing home was secured and an access code was needed to enter or leave the facility. One unit was designated for the cognitively well residents and there was also a 50 bed secured unit for residents at risk for exit seeking. Facility A was in the process of decreasing the number of beds to 25 on the secured unit, because of the decreased demand for these beds.

*Staffing Ratios*

On the day shift, the ratio of RNs to residents was 1:50 and the ratio of registered practical nurses (RPN) to resident was 1:50. The ratio of health care aides (HCA) to residents was 1:8. On the evening shift, the ratio of RNs to residents was increased. There was one RN for 100 residents. The ratio of RPN to residents remained the same. The ratio of HCAs to residents was 1:9 on evenings. On the night shift there were two RNs for 300 residents, a ratio of 1:150 residents. Three other staff members also worked the night shift.

*Care Delivery Model*

Facility A used a Team Nursing Model with the RN designated as the team leader. Current role functions of the RN included administering medications, assisting with physician rounds, assessing patients, contacting families, and conducting family care conferences. However, the roles were under review with the focus to advance the RN into a more supervisory, mentoring, and educator role.

*Administration Structure*

Facility A employed a Director of Care who had been working in this position for one year. Four years previously, she had been employed as a Manager of Resident Care. Facility A did not have a Clinical Educator but did have three Managers of Resident

Care. In addition to the Director of Care position, there was an Administrator of the nursing home, who was also a RN.

### *Methods of Promoting Professional Development of the RNs*

During the fiscal year 2001/2002, 14 educational sessions were offered at the nursing home, with guest speakers. Topics were clinically related (e.g., skin care) and available to all staff. Monthly education blitzes were also offered on topics related to resident care. An Occupational Health and Safety representative provided education as did an Infection Control Nurse. In addition, each RN was offered annually, one opportunity to attend an off-site educational event at the employer's expense (e.g., attendance at a conference). RNs were also able to attend the Region's Educational Program that included sessions on topics such as 'Supervision' and 'Team Leading'. However, the RNs had to attend these courses on their own time. RNs at this nursing home were able to participate on committees such as the Professional Advisory Committee, Occupational Health and Safety Committee, or Ad Hoc Committees.

### *Strategies to Retain RNs*

The Region as a whole, including the nursing home, was looking at recruitment and retention strategies, which included recruiting bonuses and increasing the budget for education. Whereas personal support worker students and RPN students had clinical

placements at Facility A, there were no RN students. The Director of Care was promoting this facility as a clinical placement for students in educational programs leading to RN status.

### Sub Case B

Facility B was a 150 bed for-profit nursing home that was part of a corporate chain of nursing homes. Both the RNs and the support staff were unionized. The majority of the residents were female and the average age was 83 years. Eighty percent of the residents had some degree of cognitive impairment. Most of the residents admitted to the nursing home were frail, chronically ill individuals, who required more acute interventions as compared to five years ago. Whereas previously, the residents' average length of stay in the nursing home was five years or longer. At the time of the data collection, some residents stayed at Facility B for only two weeks and then expired. Consequently, the turnover rate was greater than in the past.

### *Description of the Physical Plant*

Facility B was a 30-year-old facility and was divided into two floors. The first floor had 73 residents. The second floor housed 80 residents who exhibited some degree of cognitive impairment. The second floor appeared cramped for space. The nursing station was centrally located and was very busy. Many of the residents were seated in

front of the nurses' station. The second floor did not have a lot of natural light and the walls were painted blue. This particular area conveyed the impression of an institutional-like environment.

The entire nursing home was secured and an access code was needed to enter or exit the building. In addition, the second floor was secured and a code was required to access this floor.

### *Staffing Ratios*

On the day shift, the ratio of RNs to residents was a maximum of 1:73. There were two RNs and two RPNs on the day shift. The ratio of health care aides (HCAs) to residents was 1:8 or 1:9 depending upon the number of residents on the unit.

During the evenings, the ratio of professional staff (RNs and RPNs) to residents remained the same. The ratio of HCAs to residents was 1:14. On the night shift there was one RN, one RPN, and three HCAs for the 150 residents.

### *Care Delivery Model*

Facility B had adopted a modified version of a Primary Care Nursing Model with some of the dementia residents who lived on the second floor. The facility was currently implementing the Primary Care Nursing Model on selected residents within the rest of the nursing home.



In Facility B, the RN did not do actual 'hands on care'. RN functions included taking the water temperature three times per day as directed by the MOHLTC, assessing the residents, administering all treatments, and administering medications that were beyond the RPN scope of practice. In addition, the RN was responsible for communicating with the physicians regarding patient care and documenting quarterly patient care summaries. The RN was also responsible for supervising the health care aides and conducting family conferences.

#### *Administration Structure*

Facility B employed a Director of Care and a Clinical Educator, both of whom were RNs. The Director of Care had been employed in her current position for eight years and the Clinical Educator had been in her position for the last nine years. There was also an administrator who was not a nurse.

#### *Methods of Promoting Professional Development of RNs*

Facility B provided financial assistance for their nurses, which included up to 75 percent reimbursement for course work pertinent to obtaining their nursing degree. During the 2001/2002 fiscal year, 38 on-site educational sessions were offered by Facility B on topics such as oxygen usage, wound care and documentation. In addition, if a RN wished to attend an external conference the facility would fund it. The

expectation was that the nurse would come back and share the information with their colleagues.

The RNs at Facility B had access to an APN on a 24- hour basis. The APN provided support for the long-term care facilities in this region. If required, the APN would come in and assess the patient, start an intravenous line, and provide a liaison between the physician and the nurse. For the RNs, this was another health care professional with whom to confer regarding patient care.

There were mandatory nursing practice meetings held quarterly and the nurses were paid to attend these meetings. Often an educational session was combined with this meeting. RNs also had the opportunity to sit on committees within the nursing home.

### *Strategies to Retain RNs*

Facility B was flexible in its scheduling and this may have contributed to the retention of their nurses. They also offered job sharing, which was popular. Since they only had five full-time RN positions, RNs who were looking for full-time jobs would not consider applying to this facility. Full-time positions were available rarely and were dependent upon RNs retiring or resigning. Recruitment and retention of RPNs as compared to RNs was more of an issue at Facility B.

Other methods of retaining nurses included tuition assistance for educational pursuits of the nurses. Recently there was an increase in salaries for the RNs, however;

the salaries remained lower than those for hospital nurses. Facility B did not have clinical placements for RN students, however they had RPN students coming into the nursing home for educational experiences.

### *Corporate Affiliation*

Advantages to corporate affiliation included access to policies, access to other health professionals from head office as required, and access to corporate-wide long-term care consultants who could assist with any issues that arose within the nursing home.

### *Sub Case C*

Facility C was a 60 bed non-unionized facility. The majority of their residents were female, with approximately 98 percent of the residents experiencing some form of cognitive impairment. There were a few residents who were less than 65 years of age, but the majority of residents ranged in age from late 70's to late 80's.

This facility was a non-profit organization and the owners of the nursing home had a religious affiliation. Approximately 60% of the residents were of the same religious affiliation.

*Description of the Physical Plant*

This facility was divided into two floors. On each floor there were four sections with 15 residents located in each section. Facility C was spacious, bright, and well decorated. The main reception area was large and had a fireplace. Another fireplace was located on the second floor in the lounge. Facility C conveyed a 'home-like' atmosphere. The entire nursing home was secured with a locking system and there was one special care unit that was secured. Over the last year, Facility C had permitted free access to and from the special care unit and only secured the unit during specific timeframes.

*Staffing Ratios*

On the day shift, the ratio of RNs to residents was 1:30. Therefore, there were two RNs on day shift for the 60 residents. The ratio of HCAs to residents was 1:7. On the evening shift, the ratio of RNs to residents remained the same. The ratio of HCAs to residents remained the same as day shift until nine o'clock in the evening when the ratio of HCAs to residents changed to 1:15. On the night shift, one RN and two HCAs cared for the 60 residents.

*Care Delivery Model*

The Director of Care described the 'AT HOME' Philosophy of Care at the nursing home. Their mission guided their philosophy of care, which was to "honour your

fathers and mothers”. The philosophy ‘AT HOME’ stood for: A-Acknowledge, T - Together, H - Home, O - Organization, M - Memories and E - Enablement. The Director of Care of Facility C described it in these words:

So all care, all decisions, all facts, all interactions with residents are done with this AT HOME in mind. What can we do to make it happen for the resident? What can we do to make them feel at home? Recognizing that home is not a place, but home is a feeling, so what are the things that we can do surrounding that.

The Director of Care also noted that at Facility C, they tried to keep the RNs as close to their residents as possible, as the complexity of the residents of the nursing home necessitated the skill and judgment that the RN brought to the bedside.

#### *Administration Structure*

Facility C employed a Director of Care and a Director of Education, who was also a CNS. The Administrator of this facility was also a RN. All three individuals were prepared at the Master’s level and two of these individuals, the Administrator and the Director of Education, had clinical appointments with the School of Nursing at the local university.

The Director of Care at Facility C had been employed in her current position for less than one year. However, she worked as a RN at this facility for four years prior to accepting this new position. The Director of Education had been employed at Facility C for close to five years.

*Methods of Promoting Professional Development of RNs*

At Facility C, professional development was not just for the RNs alone. The facility promoted staff development for all employees. The Director of Education described it this way:

... I think that the nicest thing here I think is, working within a culture where committing ourselves to being a learning organization and that all of the, all of the members of the team are equally important ...

The CNS/Director of Education was available for 'hands on' teaching assistance with any of the staff and coached the staff in application of classroom learning to the bedside.

During the fiscal year 2001/2002, 38 on-site educational sessions were offered on topics such as ways of approaching and managing behaviours for patients with functional cognitive impairment. RNs had also completed online College Dementia Certification courses. Facility C offered financial support for staff to attend off site courses/ conferences. In addition, Facility C offered monthly clinical walking rounds with the geriatric psychiatrist and all the staff to discuss managing the residents from a behavioural perspective.

*Strategies to Retain RNs*

Facility C offered flexible scheduling as a strategy to retain staffing. They offered clinical placements to undergraduate nursing students as a strategy to introduce students to gerontological nursing.

A Comparison of Organizational Characteristics and Professional Development  
Characteristics Across the Three Nursing Homes

Table 10 displays the results of the Sub Case analysis of the organizational and professional development characteristics for all three nursing homes. As indicated in the table, all three facilities provided professional development opportunities for their nurses. In relation to workload, Sub Case C had the highest ratio of RN to resident on all three shifts. The ratio of RN to resident was similar in both Sub Cases A and B on the night shift.

Regarding compensation, Sub Case A had the highest starting and top wage. RNs working in the for-profit nursing home Sub Case B, initially received less compensation as compared to the other two facilities, however, their top wage for a regular RN position was higher than Sub Case C. Sub Case C also offered an RN clinical leader position with a different pay scale. The rate of turnover in all three Sub Cases was very similar. One nurse resigned from each of the three facilities. In addition, Sub Case A had one full-time RN retire.

Table 10

*A Comparison of Organizational Characteristics and Professional Development Characteristics Across the Three Nursing Homes*

Theme	Sub Case A (300 bed, unionized non-profit facility)	Sub Case B (150 bed, unionized for-profit facility)	Sub Case C (60 bed, non-unionized, non-profit facility)
Organizational commitment to professional development	26 in-house educational sessions offered; opportunity to attend regional education sessions; opportunity for each RN to attend an external conference	38 in-house educational sessions offered; RNs are able to apply to attend external conferences	38 in-house educational sessions offered; opportunity for each RN to attend one external conference
Workload	RN ratio to residents: Days - 1:50 Evenings - 1:50 Nights - 1:150	RN ratio to residents: Days - 1:73 Evenings - 1:73 Nights - 1:150	RN ratio to residents: Days 1:30 Evenings - 1:30 Nights - 1:60
Compensation: for full-time RN position	Starting wage: \$21.62 Top wage: \$30.69	Starting wage: \$19.06 Top wage: \$29.37	Starting wage: \$20.71 Top wage: \$28.88  Clinical Leader Starting wage: \$24.75 Top Wage: \$30.14
Turnover rate (2001-2002)	2 nurses left (1 part-time nurse resigned, 1 full-time RN retired)	1 casual part-time RN resigned	1 RN resigned



## Comparison of Themes Across Sub Cases

In order to compare the presence of themes across the Sub Cases and to ascertain if the context of the nursing home influenced the findings, matrices once again were used. The rows represent the themes; the columns represent the Sub Cases (nursing homes). The matrices present the themes for the three research questions that guided the study.

When looking at the primary themes related to RNs' choice to work in a nursing home (Table 11), Sub Cases A and B were most alike in relation to the themes present. For Sub Case C, more of the RN cases chose to work at this nursing home because it was a Job of Choice, rather than because it was Job of Convenience.

In looking at the themes related to the RNs' experiences of caring for the cognitively impaired elderly (Table 12), Knowledge and Understanding of Dementia was the strongest theme. It was revealed in seven out of the nine cases and in all the Sub Cases. The next most consistent theme was Coping with Residents' Behaviours, which was found in all three Sub Cases. The influence of the culture of the nursing home on the experience of caring for the cognitively impaired elderly was only revealed in Sub Case C. The theme Multiple Responsibilities of the RN emerged in Sub Cases A and B but not C. RNs from the Sub Cases A and C identified the need to use deductive reasoning when caring for patients with cognitive impairment.

Table 11

*Sub Case Analysis of Primary Themes Related to Choice of Working in a Nursing Home*

Themes	Sub Case A	Sub Case B	Sub Case C
Job of convenience	**	**	*
Job of choice: Enjoy working with the elderly	*	*	**

\* one RN case

Table 12

*Sub Case Analysis of All Themes Related to the RNs' Experience Caring for the Cognitively Impaired Elderly in the Nursing Home*

Themes	Sub Case A	Sub Case B	Sub Case C
Knowledge and understanding of dementia	**	***	**
Multiple responsibilities of the RN	*	**	
Coping with residents' behaviours	*	*	*
Culture of the nursing home			***
The RN sleuth	*		*

\* one RN case

When looking at the factors that attracted the RNs to remain working in the nursing home (Table 13), two themes were prevalent across all three Sub Cases (nursing homes). All nine cases described that Caring for Residents and the Organizational Commitment to Providing Professional Development Opportunities were factors that

contributed to retention of the nurses. The next strongest theme revealed was Supportive Colleagues, which was present across three Sub Cases. Flexible Scheduling and the presence of Good Leadership (i.e., visible, supportive managers) were described next most often. The theme Recognition was also present across all the Sub Cases. The theme Access to a Clinical Resource Nurse was only revealed in Sub Cases B and C. The theme Compensation was the least visible in this analysis. Only one case from Sub Cases A and B described their satisfaction with remuneration as a retention factor.

Table 13

*Sub Case Analysis of All Themes Related to Factors which Attract RNs to Remain Working in the Nursing Home*

Themes	Sub Case A	Sub Case B	Sub Case C
Caring for residents	***	***	***
Organizational commitment to professional development	***	***	***
Supportive colleagues	**	***	**
Flexible scheduling	*	**	***
Good leadership	**	**	**
Recognition	**	*	*
Access to a clinical resource nurse+		**	**
Compensation	*	*	

\*one RN case

+Clinical Resource Nurse (CRN) was not available in Sub Case A.

When comparing themes that contribute to job dissatisfaction in the nursing home (Table 14), the theme Heavy Workload was present across all three Sub Cases (nursing homes). Supervisory Role of the RN and Insufficient Compensation were two themes revealed in Sub Cases A and B. Concerns about the impact of budget cutbacks were described by two cases in Sub Case A. For Sub Case C, only one theme, Heavy Workload, emerged as contributing to the job dissatisfaction of the nurses. Sub Case A was the only nursing home in which all four themes related to RN job dissatisfaction were revealed.

Table 14

*Sub Case Analysis of All Themes Related to Job Dissatisfaction in the Nursing Home*

Themes	Sub Case A	Sub Case B	Sub Case C
Heavy workload	*	**	*
Supervisory role of the RN	**	*	
Budget cutbacks	**		
Insufficient compensation	*	*	

\* one RN case

## Confirmation of Findings

In order to promote truth value of the findings, confirmation of the results was conducted. The researcher contacted the Directors of Care at the three Sub Cases and asked to conduct in-services in order to provide the nurses with the opportunity to

validate the preliminary findings from the study. Only Sub Cases B and C participated.

At Sub Case B, four RNs who had not participated in the study attended the in-service, as well as the Educator and the Director of Care. Overall, the nurses agreed with the identified themes except for the theme 'Supervisory Role of the RN'. This theme referred to the job dissatisfaction that the RN experienced when she felt that other health care workers were not doing their job properly. The nurses at this session felt that this led to discouragement but not job dissatisfaction. After the in-service was completed, the Director of Care approached the researcher and advised her that this theme did indeed contribute to the job dissatisfaction of the RNs, as the RNs went to the Director of Care with their concerns about the healthcare aides' performance and asked her to 'fix it'. The RNs also advised the researcher that there were occasions when the nurse's perception of caring for the cognitively impaired elderly might have influenced their job satisfaction.

In addressing organizational variables that caused the nurses to remain working in the nursing home, the nurses commented that having full-scheduled staff rather than 'adequate' staffing best described a factor that contributed to job satisfaction as opposed to having 'adequate' staffing.

In verifying the preliminary findings for Sub Case C, three RNs, the Director of Care, and the Director of Education were present. One of the nurses who attended this session had participated in the study. The nurses suggested that with the theme 'Supervisory Role of the RN' perhaps the RN who was delegating to the other individual

did not explicitly lay out the expectations and this may have accounted for any conflicts between the two individuals. The RNs also suggested that the organization may not have provided the RN with leadership and education on RN delegation and supervision and this could have accounted for any conflicts that arose between the two individuals.

### Summary

As a result of the synthesis of the within case, cross case, and sub case analyses, two major findings emerged from this study. The first finding was that RNs chose to work in a nursing home primarily as a ‘Job of Convenience’ (i.e., no other positions in nursing were available in their desired geographical area), as they needed to find part-time work in their immediate geographical area in order to supplement their income. However, characteristics of the organizational environment played a major role in their remaining. Those characteristics were primarily a ‘supportive environment’ that included provision of opportunities for professional development, the presence of supportive colleagues, and flexible work scheduling practices. This finding resulted from the clustering of themes that were integral to promoting a supportive working environment for the nurses.

The second finding, ‘Opportunities for Caring’, was the result of clustering the themes that emerged from the data in relation to the nurses’ experiences of caring for the cognitively impaired elderly. All of the RNs described the enjoyment and the

satisfaction that they obtained when caring for these residents. The primacy of 'caring' occurred even in the presence of some adverse characteristics of the work environment. The opportunity for 'caring' influenced the nurses to remain working in the nursing homes.

This case study has resulted in two substantive findings about the experience of RNs working with the cognitively impaired elderly in Ontario. So what does all this mean? These findings will now be interpreted and discussed in order to suggest recommendations for policy and practice changes, as well as recommendations for further research.

## **CHAPTER 6**

### **Interpretation, Discussion and Conclusion**

The final chapter of this dissertation will present a discussion of the findings. The implications of the findings in relation to the study propositions and the conceptual framework will also be addressed. Practice implications in terms of retention strategies for nursing home administrators will be discussed. Recommendations for policy changes and the identification of areas that require further investigation will also be presented.

#### **RNs' Choice to Work in a Nursing Home**

In response to the first research question, the findings from this study showed that nurses chose to work in a nursing home primarily for reasons of convenience; there were no other nursing positions available in the desired geographical area; they needed to supplement their income; and working in the nursing home setting was perceived as being less stressful than working in an acute care setting. This finding is similar to those of Barriball and While (1996) and Ring (2002). They reported that nurses working in acute setting settings chose to pursue different career paths in nursing for many reasons, including the need to combine home and work commitments and the current availability of jobs in a desired geographical area. All of the nurses who mentioned that their primary reason for choosing to work in a nursing home was due to reasons of convenience, had worked at the nursing home for a minimum of five years. Although



working in the long-term care setting was not the preferred choice, once the nurse began to work at the nursing home there were characteristics about the nursing home that attracted them to remain.

Some of the nurses chose to work in a nursing home because they enjoyed caring for the elderly. Two of the younger nurses commented that they enjoyed caring for the elderly and chose to pursue a path in caring for the elderly as a result of positive clinical experiences. Although the sample in this study was small, this finding is encouraging. While a few nursing students choose to work with the elderly, in general, graduating nursing students do not choose to work with this population (Happell, 1999, 2002; Stevens & Crouch, 1995). As a result of the aging population, could it be that students are coming into more contact with the elderly or has the gerontological content increased in the nursing programs? Determining what types of clinical rotations and the types of mentoring experiences the students had during their rotations might help clarify the role of early educational experiences in career choices.

### Supportive Environment

Although the majority of the nurses chose to work in the nursing home because it was a 'Job of Convenience', a supportive environment played a major role in their remaining. All of the RNs commented favourably on their organizations' support for continuing education as well as the opportunities to participate on different committees

within the nursing home. The managers at all of the nursing homes in this study clearly valued the professional development of their staff and offered their staff opportunities to further their education by providing on site educational in-services and funding to attend external courses. This finding corresponds with other studies that have shown professional development is important for job satisfaction and retention in acute care settings (McClure et al., 1983) and in nursing homes (Carr & Kazanowski, 1994; Proenca & Shewchuk, 1997; Robertson & Cummings, 1996).

More than half of the nurses commented on the importance of having supportive colleagues working together as a committed team when providing care in the nursing home. More importantly, the nurses' valued the support of their colleagues when caring for residents with cognitive impairment who exhibited behaviours that the nurse perceived as being wearing or stressful. Collegial support has been cited in the literature as contributing to job satisfaction in acute care settings (Adams & Bond, 2000; Leppa, 1996) and in nursing homes (Moyle et al., 2003).

The availability of flexible scheduling was cited by two thirds of the nurses in this study as attracting them to continue working at the nursing home. This ability to flex their working time and take time off when needed (i.e., a mental health day), may explain why the nurses in this study did not discuss leaving. Other studies have shown that the availability of employment alternatives such as job sharing (Kane, 1999) and flexible scheduling practices (McClure et al., 1983; Shader, Broome, Broome, West, & Nash,

2001) enabled nurses to have control over development of a stable schedule that met their personal needs and contributed to their job satisfaction and retention. Flexible scheduling was also found to be a factor related to the job satisfaction and retention for RNs working in nursing homes (Moyle et al., 2003; Proenca & Shewchuk, 1997; Robertson, & Cummings, 1996).

The presence of good leadership also attracted the nurses to remain working in the nursing home. A visible, supportive manager in the nursing home was cited as being important to the nurses. This finding concurs with other findings that have reported that the characteristics of the leadership influenced the retention of nurses in acute care (Aiken et al., 2000; Buchan, 1999; Fisher et al., 1994; Kramer & Schmalenberg, 1988a, 1988b; Taunton et al., 1997) and in nursing homes (Carr & Kazanowski, 1994; Robertson & Cummings, 1996).

Half of the RN cases commented that receiving recognition for their job performance contributed to their decision to remain working in the nursing home. The nurses remarked that receiving a “thank you” from residents, families, managers or colleagues, made them feel appreciated and contributed to their job satisfaction. This is consistent with the findings of Blegen (1993) who reported a moderate correlation between recognition and job satisfaction for RNs. As well, receiving positive feedback has been found to contribute to the job satisfaction of nurses who work in nursing homes

(Moyle et al., 2003) and affects the retention of nurses in nursing homes (Robertson et al., 1994).

The availability of clinical support was also found to contribute to retention of the nurses. Two of the nursing homes (Sub Case B and Sub Case C) had access to an APN who supported clinical assessment and decision-making at the bedside. The availability of clinical support at the bedside has also been reported as being important for the retention of acute care nurses in the magnet hospital literature (McClure et al., 1983) and for nurses who work in nursing homes (Robertson & Cummings, 1996). Although Sub Case A did not employ an APN or Clinical Educator, there were three nurse managers on staff who may as part of their role, have supported the nurses in clinical decision-making.

Interestingly, the amount of compensation was found to be both a satisfier and dissatisfier. A nurse from Sub Cases A and B commented that they were satisfied with the amount of compensation they received. However, another nurse from the same two facilities commented that they were dissatisfied with the amount of compensation. The results of this study did not indicate that the amount of compensation was a major factor that contributed to job dissatisfaction. However, dissatisfaction with compensation has been mentioned in the nursing home literature as a factor contributing to nurses' job dissatisfaction and researchers have suggested that increases in compensation would retain nurses (Carr & Kazanowski, 1994; Robertson & Cummings, 1996; Robertson et al., 1994).

With the increasing focus on routinization of work because of organizational cut-backs and managements' emphasis on improving efficiency and cost-effectiveness (Staden, 1998) providing a supportive environment is essential to enabling opportunities for caring. The nurses identified three barriers that impeded their ability to provide caring in a supportive environment and might impact on their decision to remain working at the nursing home.

The first barrier to a supportive environment was the heavy workload in the nursing home. One third of the RN cases described the demands on the RN and the competing pressures that the RN must balance when working at the nursing home. The nurses commented that juggling all these responsibilities could be very stressful, as there was a constant need to prioritize both the clinical and administrative demands of the RN role. The nurses commented that when they were short-staffed, the workload was very heavy and they felt overworked, as they were still required to meet all the demands of their job. Furthermore, the nurses commented that the heavy workload contributed to their job dissatisfaction. This finding is consistent with other studies that have reported on workload, job satisfaction, and retention in nursing homes (Carr & Kazanowski, 1994; Moyle et al., 2003; Robertson et al., 1994). In acute care settings, the provision of adequate nursing staffing ratios has been reported as one of the characteristics of a magnet hospital (Aiken et al., 2000; McClure et al., 1983).

The second barrier to a supportive environment was cost-cutting strategies. Armstrong (1994) explained that cost-cutting strategies such as shorter patient days, utilizing the lowest cost care providers, and greater accountability are having a profoundly negative impact on the care giving work of women, including nurses. Many of these strategies that have been borrowed from the business sector are reflective of the bottom-line emphasis on reduction of spending. “Budget Cutbacks” was identified by two of the nurses from one facility. The nurses were concerned that any further cost cutting measures would have a negative impact on the residents’ care. Further cutbacks that affect staffing ratios would impact on the amount of workload at the nursing home and may impact on retention of the nurses in the nursing home.

The third barrier to a supportive environment was the Supervisory Role of the RN. One third of the RN cases reported that the supervisory aspects of their role contributed to their job dissatisfaction. These nurses worked at the two unionized nursing homes (Sub Cases A and B). Specifically, the nurses described that being responsible for supervising health care aides was difficult, because they had so many responsibilities they often did not have time to directly supervise the work of the health care aides. The nurses also expressed concern that the tasks they delegated to the health care aides were not being done properly. Although the nurses from Sub Case C, the smaller, non-unionized nursing home, did not comment on the supervisory aspect of the RN role, this theme is important and managers of nursing homes should be aware of the

job satisfaction in environments where nurses are delegating to unregulated health care workers.

Anthony, Standing, and Hertz (2000) reported that when delegating to unregulated health care personnel, routine observations by a licensed nurse resulted in positive outcomes more frequently; that is, the residents' needs were met more often. Therefore, a supportive environment necessitates a sufficient number of registered staff on each shift, to provide supervision of the unregulated health care personnel.

#### Opportunities for Caring

'Caring' is an essential component of nursing practice. 'Caring' is a complex concept that is multifaceted. Kuhse (1993) uses several terms to describe caring for another person: concern, compassion, worry, anxiety, fondness, and affection, taking care of or being careful of, providing care for another. Graham (1983) defines caring as "a concept encompassing a range of human experiences which have to do with feeling concern for, and taking charge of, the well-being of others" (p. 13). 'Caring' also implies an important relationship between the caregiver (nurse) and the patient.

All of the nurses commented that they enjoyed caring for the residents and developing a relationship with the residents and their families. The nurses also reported that they obtained satisfaction through their nursing interventions. The nurses believed that their caring interactions made a difference in the residents' quality of life. This

concur with other findings reported in the literature that for nurses employed in nursing homes, having a genuine liking for their work contributed to their job satisfaction (Moyle et al., 2003; Robertson et al., 1994). As well, two studies (Berg et al., 1998; Norberg & Asplund, 1990) found that the caring relationship between the staff and the resident with dementia was important for job satisfaction. The nurses in these studies believed that the human touch involved in their daily caring interactions (washing, dressing and feeding) gave meaning to the residents' life.

In order to care for the cognitively impaired elderly, the majority of the nurses discussed the need to have a good understanding of dementia, its clinical course and the strategies required to care for the residents with dementia, including any aggressive behaviours that these residents may exhibit. This finding is consistent with findings reported by Berg et al. (1998) and suggests the need for a continued focus on knowledge development and training for staff caring for residents with dementia.

When caring for residents with dementia, RNs must often use their interpretation skills. Many residents cannot tell the nurse when 'something is wrong', therefore the nurse using her sleuthing skills must be able to look for subtle changes in behaviour that may indicate a problem. This raises the question, do RNs self-select into these positions because they are exceptionally good at assessing and interpreting clinical signs and symptoms, or do their experiences develop this capacity once they arrive? If the former is true, this suggests the need to recruit RNs who possess strong assessment skills. If the



latter is true, this suggests the need to focus on the professional development aspect of clinical assessment of dementia residents.

The nurses discussed coping strategies that they used when dealing with dementia related behaviours that they perceived as frustrating, wearing or stressful. Coping strategies such as taking frequent breaks, and taking a day off were identified. One study (Berg et al., 1998) described strategies used by the nurses when caring for residents who exhibited dementia-related behaviours. The first strategy entailed the nurses leaving the clinical area for a while to do other things thus providing some time away from the resident. Discussing their feelings with other staff members and seeking support was another strategy used by the nurses. Both of these strategies were similar to the findings reported in this study. The nurses in this study also identified an additional strategy. The nurses mentioned that because the scheduling practices in the nursing homes were flexible, they were able to schedule a day off when they were feeling overwhelmed in meeting the care needs of the residents.

All of the RN cases from one nursing home (Sub Case C) commented that the 'Culture of the Nursing Home' was conducive to providing care for the cognitively impaired elderly. The nurses described that the relaxed, non-routinized, individualized, approach to caring enabled them to provide optimal care for these residents. This particular nursing home was the smallest of the three nursing homes, had recently been renovated, and was furnished in a manner that suggested a home-like environment. In

addition, this nursing home was not a unionized environment. The other two nursing homes were unionized and were older, larger, and had institutional-like atmospheres. This researcher suggests that the differences in the nursing home environments may explain why this theme was noted in only one nursing home.

### Propositions

#### *Proposition 1 - Organizational Factors - Partially Supported*

The first proposition developed for the study was that the organizational factors listed in the literature as contributing to the retention of nurses in acute care would be similar for nurses working in nursing homes. The findings from this study supported the first part of this proposition. Factors such as: organizational commitment to professional development; supportive colleagues; flexible scheduling; good leadership; recognition; and access to a clinical resource nurse were found to contribute to the nurses choosing to remain working in the nursing homes. The last part of the proposition referred to factors that contribute to nurses' job dissatisfaction. In this study, none of the nurses indicated that they were planning to leave and turnover did not seem to be an issue according to the statistical information provided by the administrators. However, the nurses described barriers that impacted on their ability to provide care in the nursing home. These barriers included the heavy workload, the supervisory aspects of the RN role, and the impact of further budget cutbacks. Two factors that were cited in the original proposition as

contributing to nurses' job dissatisfaction: non-supportive leadership and no opportunities for advancement, were not found in this study, and therefore, this proposition was only partially supported.

*Proposition 2 - Size and Type of the Nursing Home - Not Supported*

The second proposition, that the size and the type of nursing home (i.e., for-profit as opposed to not for-profit) would influence the amount of salary compensation and the nurses' opportunities for professional development, was not supported. Access to continuing education and the availability of financial support was evident in all of the nursing homes. The administrators in all three of the nursing homes were cognizant of the value of promoting professional development of their nurses and they facilitated opportunities for on-going professional growth of their nurses. In terms of compensation, the starting wage for RNs in the for-profit facility (Sub Case B) was less as compared to the other two facilities. However, the top RN wage was higher in the for-profit facility than in Facility C.

*Proposition 3 - Nurses' Perceptions of Caring - Supported*

The third proposition suggested that the nurses' perception of caring for the cognitively impaired elderly would influence their decision to remain working in the nursing home. This proposition was supported. The findings from this study indicated

that the experience of caring for the cognitively impaired elderly was a positive one and the negative behaviours associated with the dementia did not affect the nurses' decision to remain at the nursing home. For all of the nurses in this study, caring for the residents with dementia was part of their nursing role, and all of the nurses expressed satisfaction with the caring relationship.

### Revised Conceptual Framework

The initial conceptual framework was developed to explain the concepts that were to be studied and to identify any presumed relationship between these concepts.

Modifications were made to this framework to reflect the findings of this study. In comparing the findings of this study to the original framework, nurses chose to work in a nursing home because it was a job of convenience or it was their job of choice. Despite some of the nurses choosing the position as a job of convenience, they stayed because they enjoyed caring for the elderly. The caring relationships contributed to their job satisfaction and decision to remain working at the nursing home. Furthermore, characteristics of the organizational environment played a major role in their remaining. Those characteristics were: a 'supportive environment' that included provision of opportunities for professional development; the presence of supportive colleagues; flexible work scheduling practices; good leadership; recognition; and access to a clinical resource nurse.

Figure 2 illustrates the revised conceptual framework that incorporates the findings from this study. As can be seen in this figure, the broken line in the large 'box' indicates the interactive nature of the 'Opportunities for Caring' and the 'Supportive Environment Characteristics'. A supportive environment is essential to enable the nurses' the opportunity to provide optimal care for the residents. Similarly, if the nurses perceive that they are unable to provide caring in the manner in which they desire (i.e., in an unsupportive environment), this may influence their decision to remain working at the nursing home.

Employment status of the nurses (part-time versus full-time) did not seem to be a dissatisfier in this study as it is in acute care where the casualization of the workforce is a problem. The nurses in this study clearly preferred the flexibility in scheduling and the opportunity to job share.

The results of this study showed that nurses obtained satisfaction from the caring relationships that they established with the cognitively impaired elderly residents. The caring relationship involved the physical aspects of the residents' care (bathing and grooming) and the communication aspects of the interpersonal relationship. This finding supports earlier studies that have examined the experiences of nurses who care for the cognitively impaired elderly (Berg et al., 1998; Norberg & Asplund, 1990; Rundqvist & Severinsson, 1999).

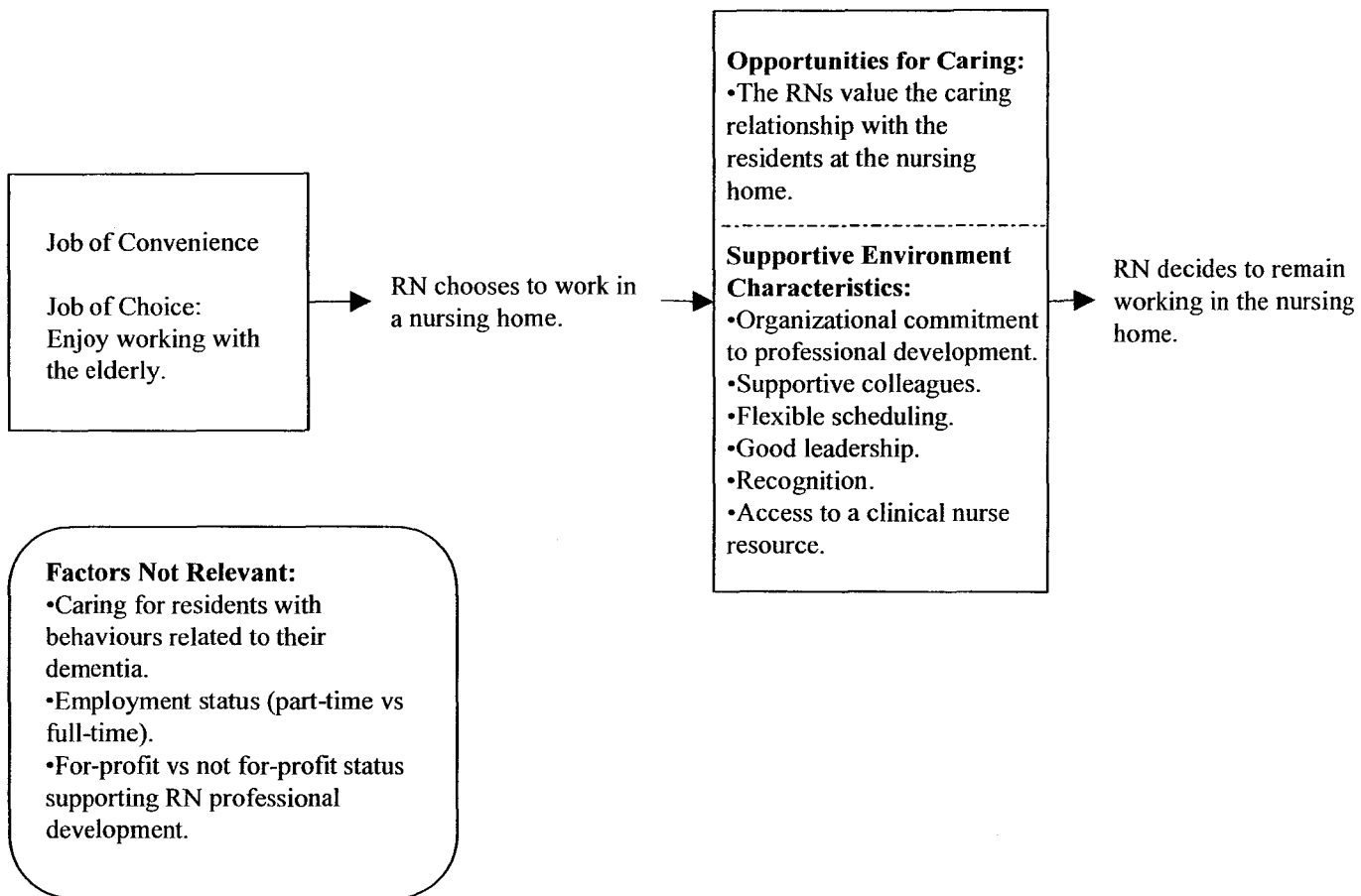


Figure 2. Revised Conceptual Framework.

Furthermore, in order to enable the nurses to meet the care needs of the residents with cognitive impairment; it is essential that managers provide a supportive environment that includes on-going education related to caring for these residents.

### Recommendations for Practice

The results of this study suggest that in order to attract and retain staff at the nursing homes, managers should provide a supportive environment that enables the nurses to do what they value highly, caring for the residents. The manager must ensure that the nursing home is fully staffed on all shifts and that sufficient support staff is budgeted for (i.e., clerical staff), to do the non-nursing tasks such as calling in replacement staff. Due to limited budgets, the manager could look at other strategies to assist with the non-nursing tasks such as having injured employees on modified work duties do scheduling, or perhaps use volunteers to assist with the calling of staff for replacement shifts.

A supportive environment would also include the promotion of the professional development of the nurses through educational in-services and tuition assistance. Educational in-services that focus on dementia would benefit the entire staff to ensure they all have an understanding of dementia and the clinical manifestations. Since many nursing programs do not provide formal education on delegation and supervision of unregulated health care providers (Anthony, Standing, & Hertz, 2001), providing

educational sessions on these topics may assist nurses to become more comfortable with the supervisory aspects of their role.

As well, a visible manager who clearly communicates with staff and seeks out opportunities to provide positive feedback to the nursing staff when a job is well done is a significant retention factor. To increase their visibility, the managers could visit the nursing units daily and on off-shifts (i.e., evening and night shifts) and speak with the nurses to determine the areas in their practice, which need further development.

Conducting rounds on the nursing units may also assist the manager to ascertain if further supports such as equipment or additional staffing are required, in order to assist the nurses in carrying out their job effectively. Facilitating the dialogue between the nurses and the manager shows that the manager is interested in the nurses' views, and more importantly, in the care that the residents are receiving.

Strategies to promote recognition of the nurses could include the manager acknowledging an individual nurse's accomplishments at a team meeting or the manager could write a note of appreciation to the nurse for a job well done. For a truly outstanding accomplishment, the manager could recommend the nurse to be considered for an external recognition award such as those offered through the Registered Nurses Association of Ontario (RNAO).



Offering nurses flexible scheduling is another key retention strategy. A schedule that enables the nurses to balance their personal and work responsibilities is clearly important to the nurses.

Another strategy could include providing the nurses with a lounge or staff room. This quiet space would be available for the times when the nurses' need to have a respite from their duties and it would provide the nurses opportunity to engage in reflective practice.

#### Recommendations for Policy Change

In order to provide the necessary environment and opportunities for caring, as well as to reduce the negative forces such as the heavy workload, that interferes with caring, continued lobbying of the OMHLTC for increased funding for the long-term care sector is required. Currently nursing homes in Ontario receive funding for about fifteen minutes of registered nursing care per day, per resident (Ontario Association of Non-Profit Homes and Services for Seniors, 2003). Fifteen minutes of registered nursing time is minimal for an assessment of a resident or for providing a nursing intervention.

Clearly there is insufficient funding to meet the basic care needs of the residents or to meet the increasingly complex needs of the residents being admitted to nursing homes. Furthermore, unless sufficient funding is made available, nursing home administrators' ability to attract well-qualified registered nursing staff with expertise in

geriatrics will be limited. Additionally, in order to recruit APNs to promote the professional development of the staff, additional targeted funding must be made available to the nursing homes.

### Recommendations for Further Research

As a result of this research, several questions and issues were generated that warrant further investigation:

1. What types of clinical rotations or educational experiences lead nursing students to choose to work with the elderly after graduation? A qualitative study of nurses who choose to work with the elderly once they have graduated could be conducted, in order to identify potential strategies that may make gerontological nursing a more attractive choice for graduate nurses.
2. For those nurses who chose to work in a particular setting because it was a 'Job of Convenience', if nursing administrators provide a supportive environment that enables the nurses opportunities for caring, does it matter where the nurses start their careers? This research could focus on exploring nurses' career paths and their reasons for choosing to work in their current practice setting.
3. For those nurses who work with the elderly because it was a 'Job of Choice', what can be learned from these nurses in order to make gerontological nursing a more appealing choice to a greater number of RNs? Further investigation in this

area may highlight potential strategies for promoting gerontological nursing as a desirable practice specialty.

4. The 'Culture of the Nursing Home' was a theme that arose from all three RN cases in only one nursing home. It would be worthwhile to explore the therapeutic milieu (both the physical and psychological aspects) of the nursing home, to determine how the milieu of the nursing home impacts on the nurses' opportunities for caring.

#### Limitations of the Study

One possible limitation of this study was that in order to recruit nurses for this study, the Directors of Care from two of the facilities approached the nurses to participate in this study. It is possible that a bias was introduced in the nursing homes where this occurred. However, it was this researcher's perception that the nurses in the study participated freely and were open in expressing their opinions.

#### Revisiting the Researcher's Perspective

I am an administrator of a unit that admits patients waiting to be transferred to a nursing home and I have also cared for a family member who had Alzheimer's Disease. After completing this study, I now have a better understanding of nurses' experience in taking care of the cognitively impaired elderly. I recognized that the nurses truly enjoyed

the relationship they developed with the residents. The nurses' passion for caring was evident in all three nursing homes. As a family member, it is gratifying to know that these nurses truly love what they do.

I learned that there are times when the nurses become tired and frustrated when caring for these residents, however as an administrator, there are strategies I can implement to assist the nurses. I can provide organizational supports to promote a caring environment; that is, I can aim to ensure that there are sufficient numbers of staff on each shift and that there is sufficient support staff to carry out the non-nursing tasks so that the nurses can focus on providing care for the residents.

### Conclusion

The purpose of this case study was to describe RNs' experience of working with the cognitively impaired elderly in nursing homes in Ontario. The results of this study showed that more than half of the nurses chose to pursue employment in a nursing home because it was a 'Job of Convenience'. However, they stayed because of the caring relationship with the residents and the supportive environment. It was this caring relationship and the ability to make a difference in the quality of the residents' lives that the nurses' valued and contributed to them remaining in the nursing home, despite the negative behaviours associated with dementia. If we want nurses to remain employed at

nursing homes, we must provide a supportive environment that includes sufficient resources in order to enable the nurses the opportunities to care.

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## APPENDIX A

### Ethics Approval



#### RESEARCH ETHICS BOARD

May 31, 2002

**PROJECT NUMBER:** 02-148  
**PROJECT TITLE:** "Caring for Cognitively Impaired Elderly in Nursing Homes in Ontario: A Case Study"  
**PRINCIPAL INVESTIGATOR:** Dawn Prentice

This will acknowledge receipt of your fax dated May 28, 2002 which enclosed a copy of the revised consent form for the above-named study. These revisions were requested by the Research Ethics Board at their meeting held on May 21, 2002. Based on this additional information, we wish to advise your study has been given **final** approval by the full Research Ethics Board. The submission, including the revised consent form was found to be acceptable on both ethical and scientific grounds.

We are pleased to issue final approval for the above-named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the Research Ethics Board.

We wish to advise the Research Ethics Board operates in compliance with ICH Good Clinical Practice Guidelines and the Tri-Council Policy Statement.

Investigators in the Project should be aware that they are responsible for ensuring that a complete consent form is inserted in the patient's health record. In the case of invasive or otherwise risky research, the investigator might consider the advisability of keeping personal copies.

A condition of approval is that the physician most responsible for the care of the patient is informed that the patient has agreed to enter the study. Any failure to meet this condition means that Research Ethics Board approval for the project has been withdrawn.

PLEASE QUOTE THE ABOVE-REFERENCED PROJECT NUMBER ON ALL  
FUTURE CORRESPONDENCE.

Sincerely,

## APPENDIX B

### Interview Guide For Registered Nurses

1. Can you tell me why you decided to work in a nursing home?
2. Would you describe what it is like to work in this nursing home?
3. What it is like to care for cognitively impaired residents or residents with dementia?
4. What contributes to your job satisfaction?  
  
*Prompts: Organizational: scheduling practices, amount of paperwork, organizational support, adequacy of pay and benefits.*
5. What opportunities for professional development are offered at your nursing home?  
  
*Prompts: RNs' participation on committees, amount and types of education offered.*
6. How does caring for residents with cognitive impairment affect your job satisfaction? (Fulfillment, accomplishment).
7. What does it mean to be dissatisfied at work and what contributes to this?
8. What conditions or situations make you feel committed (dedicated, loyal, devoted) to this nursing home?
9. What conditions or situations decrease your commitment to this nursing home?
10. If you could change anything about the nursing home to make it more attractive (appealing, pleasing, satisfying) to registered nurses, what would you change?

## **APPENDIX C**

### Demographic Questionnaire for Registered Nurses

Date:

Facility:

Please complete the following:

How long have you been employed in this nursing home?

- ☐ 1-2 years      ☐ 2-5 years      ☐ 5-8 years      ☐ 8 plus years

What is your employment status?

- ☐ Full-time    ☐ Part-time

How many years have you been practicing as a registered nurse?

- ☐ 2 years or less    ☐ 3-6 years      ☐ 7-10years      ☐ 11 plus years

What is your basic nursing preparation?

- ☐ Hospital-based    ☐ College Diploma      ☐ Baccalaureate

## APPENDIX D

### Interview Guide for the Directors of Care

1. Please describe the types of residents you have at this nursing home.

*Prompts: number of residents, number of male and female residents, average age, ethnicity, percentage of cognitively impaired residents.*

2. What type of staffing ratios do you have at this facility for all shifts? Can you describe the type of care delivery model that you follow?
3. How do you promote the professional development of your registered nurses?
4. Over the last year, what types of educational opportunities has your facility offered?
5. What strategies do you use to recruit and retain registered nurses in your nursing home?

**APPENDIX E**

## Document Review Data

Name of Facility:

Date:

Source of Information	Findings
RN Turnover rates- 2000/01& 2001/02	
RN Absenteeism rates- 2001/02	
Current Pay Scales for RNs	
Education Budget for RNs- 2001/02 Orientation Budget for RNs-2001/02	
Number of educational sessions offered at the facility during 2001/02	