Good Work in Nursing: Perceptions of Nurses in the United States and Norway That Impact Preparation of Future Generations

Bjorg Christiansen, RN, MEd, PhD
Oslo University College, Oslo Norway

Ida Torunn Bjork, RN, MNSc, PhD
Dept. of Nursing Science, University of Oslo, Oslo, Norway

Dorette E. Welk, PhD, MSN, RN
Faculty Emeritus, Bloomsburg University, University of Phoenix Online

Christine Alichnie, PhD, RN
Faculty Emeritus, Bloomsburg University, Bloomsburg, PA

Margie Eckroth-Bucher, PhD, RN, PMHCNS-BC
Professor, Nursing, Bloomsburg University, Bloomsburg, PA

Joan Miller, PhD, RN, CRNP
Associate Professor, Nursing, Bloomsburg University, PA
Good Work

Work that is technically proficient and effective as well as morally and socially responsible. Work that is:

- Excellent
- Ethical
- Engaging
The Good Work Project
Harvard University

- Collaborative research project
- In-depth interviews
- Subjects: exemplar professionals
- Focus: mission, values, opportunities, obstacles for good work

goodworkproject.org
Constituents of Good Work

- Personal standards – values, beliefs of the individual worker
- Professional standards – core values of the domain or profession
- Forces of the field – gatekeepers who set standards, make decisions, determine the merit of work
- Forces of society – the needs, trust, and reward system of the broader society
Professional Domains: Original Good Work Project

- Journalism
- Genetics
- Theatre
- Higher education
- Philanthropy
- Law
- Medicine
- Business
Key Findings of the GoodWork® Project

- Good work occurs when the core values of the worker are aligned with the values of the domain, the forces of the field, and the reward system of society.

- Alignment clarifies and simplifies one’s work.
Critical Need

An understanding of factors that influence or support good work in nursing.
Symposium Objectives

- Compare similarities and differences in perceptions of new USA and Norwegian BSN graduates regarding obstacles, supports, and strategies in support of good work in nursing
- Examine implications of research in good work in nursing regarding preparing the next generation of nurses
Good Work in Nursing: A Qualitative Study of Perceptions Using Focus Groups of Norwegian BSN Graduates Upon Entry Into Practice

Bjørg Christiansen, RN, MEd, PhD
Faculty of Nursing, Oslo University College, Oslo, Norway

Ida Torunn Bjørk, RN, MNSc, PhD
Department of Nursing Science, University of Oslo, Oslo, Norway
Background

- The basic bachelor program in nursing education lasts for three years and is governed by a national curriculum plan (currently under revision) to ensure a holistic, comprehensive approach to nursing education in Norway
  - Roughly equal components of classroom teaching and clinical practice, including skill center of practice
  - The goal of integrating theoretical and practical knowledge is emphasized in nursing curricula
  - During practical placements clinical nurses as well as teachers from the college are expected to facilitate and assess students’ clinical learning process
Aim and Research Questions

The aim of this study was to explore how nursing students viewed the concept of good work in the context of their own development towards becoming registered nurses.

1) What characterizes nursing students’ views of good work in nursing?
2) What motivational, supportive and hindering factors impact on their performance of good work?
Methods

- An explorative design
- A convenience sample of 25 students in the final month of nursing education
- All third-year students informed during assembly and in personal e-mails
- Interested students contacted the project leader
- Data collection in four focus group interviews in June 2010
Methods

- A semi-structured interview guide was developed based on common themes agreed upon in the international research group
- One-hour interviews, taped and transcribed verbatim
- Analysis inspired by Kvale and Brinkmann (2008): meaning condensation, development of categories and development of themes
- Permission to do the study given by dean of the nursing faculty
Nursing Students views on Good Work in Nursing

The feature of good work situations:

- Making a difference/To take time and strive to make things good or better for the patients
- Various relational qualities
- Attending to needs of next of kin
- Responsibility for managing care-related activities

Confirmation of doing good work:

- Assessing non-verbal signs of well-being and contentment
- Explicit confirmation from the patient and/or next of kin
- Basing actions on knowledge and experience
- Referring to their own good feelings
- Feedback from nurses
Voices:

The feature of “good work” situations

- “To make a difference is to take time and strive to make things good or better for the patients”

- ”I managed to shower and shave a patient whom nobody had managed to shower in two months.”

Confirmation of doing GW

- “When I help the patient with his needs and see he is happy and content.”

- “When patients say you will be a great nurse.”

- “When they (patients) are very thankful and confirm my feeling of doing a good job.”
Some analytical remarks.....

- Particular situations seem to serve as hallmarks of doing good work in their memories.
- The students’ confirmation and value of doing good work seem to focus on the patient’s reactions and outcomes in particular situations.
- It is recognized that emotions play a key role in perception and even act as a moral compass in learning practice (Dreyfus, Dreyfus, & Benner, 1996).
- Experiencing gratitude from patients may contribute to the sense of doing meaningful work.
- Feedback from clinical nurses as well as teachers from the college was hardly mentioned when they recalled events of Good Work.
Motivational and supportive factors impacting on Good Work

- Availability of time
- Feedback from patients and next of kin
- Good nurse preceptors
- Role models among the nurses
- Students’ own learning initiatives
- Personal feelings of accomplishment
- Academic work and supervision from teachers
- Peers in learning
Voices: Motivation and Support

- “I watch the patients and see what helps, e.g., a small portion of dinner makes a patient eat more than a large one or that me just being there reduces the patients’ anxiety”
- “I thrive on my own expectations. They urge me to put more into my efforts. I see my own learning and development”
- “My network of peers where I can discuss patient situations, ethical dilemmas and assignments – I feel that I “grow” as a result of discussion”
Some analytical remarks...

- The patient as “teacher” is underestimated – students confirmed the importance of patient feedback in developing good work.
- Time was a pervasive factor in the students’ understanding of being enabled to do good work.
- Personal goals and subsequent initiatives were a motivational force in the students’ striving to do good work – many had “learned to learn” in situations where supervision and feedback from teachers and nurses were lacking.
Factors that hinder Good Work

- Factors in the school setting
  - Too long time between practice in skills lab and possibility to use and practice the same skills in clinical settings
  - Too many exams and theoretical papers and tasks scheduled parallel with clinical placements
  - Teacher supervision varied too much, no common standards

- Factors in the clinical setting
  - Lacking opportunity to take responsibility for aspects of care
  - Many clinical “cultures” were characterized by routine care
  - Met by negative attitudes from nursing staff

- Personal factors that made them feel inadequate and hindered them in being assertive
Voices: Factors that Hinder Good Work

- “They (nurses in clinical setting) do us a disservice in not giving us more responsibility. It is two weeks until we graduate and they still have to observe and OK everything we do.”
- “Should have used the skills lab more through all three years. It has been a year or more between learning there and meeting the same skills during clinical practice.”
- “Clinical practice is swamped with irrelevant theoretical papers – why not give us practical cases to reflect on?”
Some analytical remarks....

- Are we setting up our students for failure? - a lacking progression in being allowed to take on responsibilities that are necessary in nursing was evident in our data.

- There still exists a gap between "theory and practice" that seems fired by inadequate timing and organization of theoretical and practical learning assignments and differing attitudes and approaches by the teachers in their supervision and teaching.
Concluding remarks

- Students value clinical education more than theoretical education

- Negativity about academic and theoretical aspects of education are worrying

- Inconsistency in students view - challenges they see in future nursing demand knowledge from research and academic competence as well as clinical know how
Concluding remarks

- Even if the students seem to be aware of how and when good work in nursing manifests itself, they also seem to make a distinction between themselves as students and the nurses, because the latter were often pressed for time.

- Being pressed for time is, regardless of reasons, seldom a working condition that nourishes good work. An interesting question for further research is therefore how they as graduated nurses deal with the tension between professional ideals and realities at work.
Good Work in Nursing: A Qualitative Study of Perceptions Using Interviews of United States BSN Graduates Upon Entry Into Practice

Dorette Sugg Welk, PhD, MSN, RN
Faculty Emeritus, Bloomsburg University, Bloomsburg, PA and University of Phoenix Online, Bloomsburg, PA

Christine Alichnie, PhD, RN
Department of Nursing, Bloomsburg University, Bloomsburg, PA

Margie Eckroth-Bucher, PhD, RN, PMHCNS-BC
Nursing, Bloomsburg University, Bloomsburg, PA
What are the perceptions of United States BSN graduates regarding good work in nursing when interviewed as they enter their first professional positions?
Demographic Variables

- All were newly licensed RNs
- Average age: **22.17** years
- 11 Female, 1 Male
- 10 single, 2 married, all without children
- 9 employed at the time of interview, 3 unemployed
- 1 with college degree/course work prior to entry into nursing program, 11 without
Methodology

- Exploratory descriptive qualitative study
- Purposive sample of 12 graduates
  - Fewer than three months of experience in the work environment
  - Recommended by faculty
- Semi-structured interview protocol adapted from the GoodWork Project©
- Content analysis of verbatim transcripts, open coding, search for themes, descriptor development, cross-validation by team
What initially attracted you to nursing?

- Scientific thinking and helping
- Context of relationships molded early in life
- Motivation, values, and mindsets for caring
- Dynamic professional career possibility
Voices: What attracted you?

- “I always liked science...and then I had a relative who is a nurse...after talking to her while I was in high school, she kind of confirmed my idea of going for nursing.”
- “I was always that kid in high school who was helping people...I consider myself a compassionate person...and I enjoy the sciences.”
- “…Actually a woman I baby-sat for...I saw how she was able to care for both a family and a career at the same time. She had been my role model...I also just wanted to help people”
Beliefs and Values

• Holistic, compassionate care
• A foundation of ethics, honesty, integrity, and team work
• A passion for life-long learning
• Importance of shared values with co-workers
Voices: Beliefs and Values

- “The purpose of my work is a long learning process...I would like to take what I learned and be an advocate and educator for both my patients and the family”
- “Making a difference, doing the right thing, taking the best care of people...holistically, their physical, emotional parts of them as we’re taught in school”
- “If it would cause harm in any way, I wouldn’t be able to budge [on that value].”
- “The good of the patient...I wouldn’t compromise that at any point. Or lying. I think telling the truth is really important in nursing.”
Goals and Responsibilities

- Altruism and compassion
- “Do the right thing.”
- Advance one’s education
  - In the current work setting day-to-day
  - In a formal way in academia
Voices: Goals and Responsibilities

- “Just providing the best care I can and hoping to maybe even advance to an advanced practice role at some point.”
- “I think keeping that passion to give people – speak for people who can not speak for themselves...to really respect people as human beings and to just never lose that compassion. Because that’s really at the center of nursing.”
- “I never want to be like one of those nurses who has spare time and just sits at the nursing station and reads magazines...I want to spend time with my patient at the bedside and really be able to talk to him”
Opportunities and Supports

- Multi-contextual, engaged support
- Mentors – learning from both positive and negative
- Affirmation of self as a new nurse
- Cohesion and teamwork
- Leaders who show engagement, accessibility, and approachability
Voices: Opportunities and Supports

• “I think there is a high level of nurses working together and supporting each other...sometimes I feel like there is formation of cliques...nurses distance themselves...or the group may be acting in a way that’s making that person want to be distant”

• “A leader...very positive energy, very helpful and supportive and basically just a big cheerleader and motivator for people”

• “A good leader...fostered independence, someone you could talk to. You can tell she’s in charge.”
Obstacles and Pressures

- Personal issues
  - Health
  - Finances
  - Loss of faculty support system

- Work-focused issues
  - Shift work
  - Co-worker priorities
  - Role performance
Voices: Obstacles and Pressures

- “Even though I’m getting a paycheck, it’s still difficult catching up on all the things I’ve had to pay for.”
- “Throughout my junior and senior year, I suffered from severe depression and I found it very hard to make it through a class or a clinical rotation”
- “There’s one nurse who at times, I think she over-delegates and then she’ll go and sit in the break room while other people do her work”
- “When drawing blood, I counted 10 seconds for cleaning and then saw the nurse [a few minutes later] quickly swipe over the port, not even counting”
Linkages of Study Findings to Themes in Current Literature

- Definitions of GWN from new and experienced nurses
- International perspectives
- Mentoring
- Work Environment
- Safety Outcomes
- Core Values
- Moral Distress
- Burn-out
Methodology Comparison
Norway - USA

**Similarities**

- Synonyms in Protocol Language
- Motivation - Attraction
- Support – Support & Opportunities
- Hindrances - Obstacles
- Interviews with participants
- Similar steps in qualitative analysis

**Differences**

- Length of programs
  - 3 yrs - 4 yrs.
- Role at time of interview
  - Student, one month before graduation
  - new RN, <3 months after graduation
- Focus group - 1:1 interviews
- Volunteers - Selected
Findings - Similarities

- Emphasized altruism; “making a difference”
- Influenced by relational aspects of mentors and role models
  - Positive when present
  - Negative: Recognize absence of passion, engagement, and the presence of dysfunctional clinical cultures
- Will persevere for patient care when support is absent
Findings - Similarities (con’t)

- Valued education in both classroom and clinical settings
- Noted that personal characteristics/issues contribute to the sense of GW
- Influenced by feedback and affirmation of others
- Noted that nurses require sufficient time with patients to do Good Work
# Findings - Differences

**Norway**
- Reported value of clinical vs. theoretical education
- Lag time between skills lab and clinical application
- Importance of next-of-kin
- More critique of program issues as students
- Not sense of full responsibility of patients as students
- Little mention of nurses or faculty in recall of Good Work events

**United States**
- Expressed integrated value of theory and practice to nursing
- Weekly concurrent theory and practice
- Importance of team work
- Program issues discussed prior in exit interviews
- Expressed full responsibility as RNs
- Acknowledged faculty and peer support in Good Work
Preparing the Next Generation:
A Focus on Good Work in Nursing

Joan F. Miller, PhD, RN, CRNP
Department of Nursing, Bloomsburg University,
Bloomsburg, PA
Methodology

- Exploratory descriptive qualitative study
- Purposive sample of 8 nurses with one to five years experience and 16 nurses in regional, state, or national positions of leadership
- Semi-structured interview protocol adapted from the GoodWork Project©
- Content analysis of verbatim transcripts, development of themes, cross-validation by expert in field
Research Questions

• What do you think are the most important skills and competencies nurses need as they enter the profession and do you feel values and professionalism are emphasized in nursing education?

• If you could change anything about the profession of nursing, what would it be?
Skills and Competencies Needed by Nurses Entering the Profession

- Capacity to deal with complexities of health care
  - Communication skills
  - Problem solving skills
  - Critical thinking skills
- Genuine compassion and empathy
  - Ability to listen
  - Ability to be present
Voices of Nurses with One to Five Years Experience

- “You need a lot of technical skills...Critical thinking skills are the other ones you have to develop over time...I think these things just have to wait until the person gets into the practice setting.”
- “So, besides your basic physical care of the patient, you have medicines that you are responsible for giving...so it seems like the role of the nurse is ever expanding, but the supports aren’t necessarily there to help that.”
Voices of Nurses in Leadership Positions

“Our students have got to...have communication skills, I mean, silence kills. They’ve got to know to be at the table for those decision making things that take place...So, we’ve got a lot of work to do.”

“They need confidence. They need a sense of self that they can master a body of technical and scientifically-based knowledge, but also a level of knowing that is interpersonal...the ability to listen and really hear.”
Values and Professionalism: Current Emphasis in Nursing Education

- **Strengths**
  - Professionalism emphasized
  - Caring prevails

- **Challenges**
  - Theory to practice gap
    - Risk for disillusionment
  - Limited exposure to mentors and role models
    - Time commitment as a factor
Voices of Nurses with One to Five Years Experience

- “I think we’re one of the most, if not the most, crucial part of the health care team that takes care of a patient because we are at the bedside...we are taking care of them [patients] emotionally, physically and mentally.”
- [Good work] is valued, but it is not recognized...I don’t think they [nurses] are valued as much as they should be and I think that is hard for them.”
- “…I definitely think we just terrorize the young nurses. I mean I don’t...but we eat our young...I think there’s a fast rate of discouragement.”
Voices of Nurses in Leadership Positions

- ‘We are still not there in terms of making the nurse aware of what the expectations of the employer are going to be. And I think that does the new nurse a great disservice.”

- “I think our world is asking for more than just knowledge, but a framework in which to impart that knowledge and to develop discipline. So I think it can be done... We have to fit it into a curriculum and we... are going to have to respond to the needs of society...”
Conclusion: Change Needed As the Profession Moves Forward

- Transform the work environment
- Restructure nursing education
- Model competence and character
- Change the public image of nursing
Future Research

• In progress
  • Involvement of the same participants in the focus groups and the interviews one year into practice, using the same protocol and analysis
  • Comparisons within and across countries

• In the future
  • How newly graduated nurses with limited time in the practice setting deal with the tension between professional ideals and realities at work
  • How nurses at various stages in their careers define Good Work in Nursing and their efforts to sustain it
Contact Information

Bjørg Christiansen - Norway
  • bjorg.christiansen@su.hio.no
Ida Torunn Bjørk – Norway
  • i.t.bjork@medisin.uio.no
Dee Welk – USA
  • welk1@ptd.net
Christine Alichnie – USA
  • calichnie@aol.com
Margie Eckroth-Bucher – USA
  • meckroth@bloomu.edu
Joan Miller, USA, Good Work in Nursing Community (Circle)
  • jmiller@bloomu.edu