

Clinical Nursing Research

<http://cnr.sagepub.com/>

What Implies the Good Work for Registered Nurses in Municipal Elderly Care in Sweden?

Karin Josefsson, Jenny Åling and Britt-Louise Östin

Clin Nurs Res published online 1 April 2011

DOI: 10.1177/1054773811403622

The online version of this article can be found at:

<http://cnr.sagepub.com/content/early/2011/03/29/1054773811403622>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Clinical Nursing Research* can be found at:

Email Alerts: <http://cnr.sagepub.com/cgi/alerts>

Subscriptions: <http://cnr.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

What Implies the Good Work for Registered Nurses in Municipal Elderly Care in Sweden?

Clinical Nursing Research
XX(X) 1–18
© The Author(s) 2011
Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>
DOI: 10.1177/1054773811403622
<http://cnr.sagepub.com>



Karin Josefsson^{1,2}, Jenny Åling³,
and Britt-Louise Östin⁴

Abstract

The aim was to describe registered nurses' perceptions of what the good work implies to them in municipal elderly care. A descriptive design and a structured questionnaire specifically designed for this study were used. Sixty housing units for older people and 213 nurses participated, with a response rate of 62%. The good work included the following aspects: intellectually stimulating without guilt feelings; freedom and independence with the possibility to influence; having appreciative and pleasant fellow workers and a fair and understanding manager; a good physical and risk-free environment; work security and a steady income with the possibility of improving salary through work effort; work effort should be beneficial to others; innovative thinking and initiative should be highly valued; and pride in work without compromising personal values. Employers must take this into consideration to retain those nurses already employed and recruit nurses to municipal elderly care.

¹Örebro Regional Development Council, Örebro, Sweden

²Mälardalen University, Eskilstuna, Sweden

³Karlskoga Hospital, Karlskoga, Sweden

⁴Municipal Elderly Care, Storfors, Sweden

Corresponding Author:

Karin Josefsson, School of Health, Care and Social Welfare,
Mälardalen University, Box 325, SE 631 05 Eskilstuna, Sweden
Email: karinjosefsson@3mail.se

Keywords

registered nurse, municipal elderly care, nursing, questionnaire, work environment

Introduction

The most psychologically stressful work is within the service, care, school sectors, and governmental authorities (National Board of Health and Welfare, 2005a). Organizational modifications occurred within the health care system in Sweden during the 1990s, inducing personnel reductions and increased workloads (National Board of Health and Welfare, 2005a). Reorganization occurred of elderly care in Sweden (Swedish Association of Local Authorities and Regions, 2008), and the municipalities then established special housing for older people with special needs, such as those with severe dementia and multimorbidity (Swedish Association of Local Authorities and Regions, 2008). Special housing should both accommodate these people and include a good work environment for the personnel (Dederling, 2005).

Organizational modifications and reorganization of elderly care has led to new demands on registered nurses' (RNs) competence (Juthberg & Sundin, 2010; Karlsson, Ekman, & Fagerberg, 2009). The work requires courage and experience because RNs often work alone without access to a physician (Josefsson, 2006, 2009; Karlsson et al., 2009). They are often required to make independent decisions and take initiative (Karlsson et al., 2009). RNs state a paradox work situation where they feel not only valuable and appreciated but also frustrated and underestimated, while they are expected to carry out specialized care without specialist training (Karlsson et al., 2009).

RNs described their work as varying between stimulating and strenuous, leaning toward the latter (Hallin & Danielson, 2007a). Despite this, RNs often felt they had made the right career choice but could not see a lifelong career due to the heavy demands of the work. RNs were aware of the profession's potential but perceived themselves as retaining unused knowledge (Hallin & Danielsson, 2007b; Josefsson, 2006). RNs considered high time pressure as a greater obstacle than heavy work tasks, and time pressure was the foremost factor for work dissatisfaction (Hasson & Arnetz, 2008). Working in elderly care was also considered psychologically stressful in the long run (Josefsson, Sonde, Winblad, & Robins Wahlin, 2007).

The concept of "the good work" was coined in Sweden by the metal workers union in the mid-1980s. The metal workers union developed a strategy for the good work which included job security, participatory rights, professionalism, and a risk-free work environment (Abrahamsson & Johansson, 2008). The good

work has also been described as maintaining a level of challenges matching competence with distinct goals and feedback (Gardner, Csikszentmihalyi, & Damon, 2001). The good work has been studied by The Swedish Confederation of Professional Associations, and 3,700 academics took part in the research study (Westlander, 1995). Aspects of what the good work implied to most members were utilization of intellect, experience, freedom, innovativeness, and the opportunity to constructively utilize their personal dispositions. Intellectual stimulation was valued as very important by 79% of all 131 professions in the study (Westlander, 1995).

Moreover, a holistic vision was deemed necessary for high-quality and safe health care, where care recipients' interests and RNs' work environments are integrated (The Swedish Association of Health Professionals, 2009). Furthermore, RNs should also be allowed adequate time to perform their work tasks and receive adequate training, to experience their work as meaningful, and therefore remain at their positions (Armstrong-Stassen & Cameron, 2005). The good work is not constant over time and requires updating in pace with societal and technical developments (Abrahamsson & Johansson, 2008).

The goal of good health in working life is to successfully combine work with family and leisure time (The Swedish National Institute of Public Health, 2009). The fundamental conditions of a good work are participation, control, and influence on the work situation as well as being seen, heard, and counted on. Furthermore, the work should include possibilities for development (The Swedish National Institute of Public Health, 2009). Work-related illness can be reduced by meeting these conditions (The Swedish National Institute of Public Health, 2009).

Prerequisites for RNs' health-promotional work are organizational and personal. Good care implies that the organization provides support to enhance the staffs' work satisfaction and to avoid work-related injuries. Good organizational conditions are necessary to optimize the interaction between the care recipient and the RNs. It is a question of establishing a relationship with the care recipient (Swedish Society of Nursing, 2008). According to Fawcett (2005), the metaparadigm of nursing is formed by the concepts of person, environment, health, and nursing. The aged person and the RN interact in the same environment in special housing for older people. This environment comprises the living environment of the older person and the RNs' work environment. In this environment, the RN carries out care measures to promote health.

Karasek and Theorell (1990) have composed the demand-control-support model, also described by Theorell (1993). The model measures stress in working life from the dimensions of demands, control as experienced by the employee, and the level of social support. Demands can be quantitative or qualitative (emotional), such as work demands, time stress, and contradictory

demands. The model implies that psychological stress stems from the common effects of demands. Employee's own control means the employee's influence on decisions, control over the work situation, and competence utilization, that is to say how the employee's competence is utilized and developed (knowledge control). Social support implies that fellow workers and managers give a positive response, help, and show personal interest.

The demand-control-support model is often utilized in studies of the work environment. The model aids in understanding the connection between the work organization, experienced stress, and health (Josefsson, 2006; Josefsson et al., 2007). Karasek and Theorell (1990) mean that it is foremost the combination of high demands and low control that may cause adverse stress and health problems. When an employee works with a feeling of high control and the opportunity to utilize one's skills and knowledge, it leads to a stimulating work situation. However, experience of high demands along with low control creates a tense work situation, which in the long run can lead to work-related stress and unhealthy consequences. Social support from fellow workers and managers, however, can be protective against work-related stress. Josefsson and coworkers (2007) showed that RNs in municipal elderly care perceived high demands, low control over the work situation, and high support from fellow workers and management. The combination of high demands and low control showed that these RNs, in the long run, placed their mental health at risk (Josefsson et al., 2007; Karasek & Theorell, 1990).

To conclude, the extant literature showed that the RNs' work in municipal elderly care was perceived as complex and paradoxical, where they felt not only valuable and appreciated but also frustrated and underestimated. RNs perceived their work as psychologically stressful, with high demands and low control over the work situation. There is a paucity of extensive descriptions of what the good work implies for RNs in municipal elderly care. With this in mind, there is a need to identify what aspects of the good work applies to them with the purpose of providing RNs in municipal elderly care an attractive and healthy workplace to retain those already employed and to recruit RNs.

Aim

The aim of this article was to describe RNs' perceptions of what the good work implies to them in municipal elderly care. The following research question is posed:

Research Question 1: What perceptions do RNs have of what the good work implies to them in municipal elderly care?

Method

Design

A descriptive design with a survey research approach was used (Polit & Beck, 2008). A descriptive design was used as it intends to describe the actual situation without the necessity of cause-and-effect analysis. A survey was used because it provides information about the prevalence and distribution of variables within a population (Polit & Beck, 2008).

Sample and Settings

The inclusion criteria were RNs working as caregivers directly in contact with care receivers at municipal special housing for older people in a large city in the middle of Sweden. The exclusion criterion was RNs working as managers. The target population was a sample including all ($n = 342$) RNs working in 60 special housing for older people. Of these, 33 subunits were in dementia care and 20 were in general care, where RNs have to deal with a greater scope of various diagnoses. Seven special housing had subunits both for dementia care and general care. In total 213 RNs participated, which comprised 62% of the target population.

RNs had a median age of 51 years (min = 23, max = 76). The median of nursing examination year was 1983 (min = 1956, max = 2002). The majority of RNs were female (93%). They had worked as RNs 18 years (median; min = 1, max = 51), and they had worked 2 years at their current workplace (min = 0.08, max = 40). They had worked 8 years as RN in elderly care (min = 0.17, max = 30). Most of the RNs were permanently employed (86%). Twelve percent of the RNs were employed on an hourly contract directly by the organization, and 4% were employed full-time by deputyship or project.

Instrument

A structured questionnaire was specifically designed for this study, focused on what the good work implies for RNs. The questions were from two questionnaires by Aronsson, Lantz, and Westlander (1992) and Hagström, Gamberale, and Sconfienza (1996). These questionnaires have previously been used to gain information about staffs' perceptions of what the good work implies to them. The target population for one of the earlier questionnaires was physicians and for the second earlier questionnaire, RNs in different specialties compared with engineers.

The questionnaire by Aronsson et al. (1992) was developed from (a) the previous state of knowledge in occupational health research; (b) theoretical frameworks; and (c) the results from questionnaire and interview studies. The theoretical frameworks were action and social theory. The conceptual model for developing the questionnaire was the perspective of action theory focusing on people's future perspective and room to act at work. The perspective of social theory focuses on questions of people's work values.

The questionnaire by Hagström et al. (1996) was developed from (a) a systems theory perspective and Karasek and Theorell's demand-control-support model; (b) the results of two questionnaire studies; and (c) several discussion and planning meetings between representatives of physicians and research groups. The conceptual model for developing the questionnaire by Hagström et al. (1996) were the key concepts from a system theoretical perspective, such as role clarity, clear boundaries between different groups within the organization, flexibility, and learning (Katz & Kahn, 1980). Karasek and Theorell's (1990) model focused on the employers perceptions of demands, own control, and support in working life. These concepts have driven the issues of work and the experience of the work environment (Aronsson et al., 1992).

The questions for this study were carefully selected to suit this study. Some questions for this study were modified to better suit RNs as an occupational group in elderly care, as the two earlier instruments were designed for physicians and for RNs compared with engineers.

Two main sections of the questionnaire were developed to meet the aim of this study. The first section asked for demographic and background information, such as age, gender, and number of active years as an RN. Year of nursing examination and form of employment were registered as well. The second section explored RNs' perceptions of what the good work implies to them, that is, when the work is at best. The second domain consisted of 48 variables in the questionnaire. The questions were presented with a selection of response categories, which were rated in a Likert-type scale of 1 to 4 ranging from *not important* to *very important*.

Before the questionnaire was sent out, it was examined on several seminars consisting of staff who were all working directly or indirectly in municipal elderly care, such as RNs, occupational therapists, physiotherapists, psychologists, lectures, and researchers. The questionnaire was piloted by 10 RNs working in special housing for older people. This was done to control the logistics of the trial, relevance of the questions, usage, and expected time to fill in the questionnaire (Altman, 1997). A few questions were slightly modified, mainly for clarification.

Procedure

Local municipal managers with overarching responsibility for elderly care and the managers of each special housing for older people approved the study. The managers of the special housing provided the information on the number of RNs working. The questionnaires were disseminated in sealed envelopes to the RNs, either by their managers or the principal investigator. The sealed envelope to the RNs included an introductory letter explaining the study purpose, information that data would be kept confidential and the RNs' identity protected, and a postage-paid return envelope.

To record the motives of nonrespondents ($n = 129$), a form was distributed to them, and they were asked to respond to the following statement: "I have not answered the questionnaire because . . ." Nonrespondents' motives were analyzed by their manifest content and were discussed with an outsider researcher. Nonrespondents' reasons for not participating in the study were primarily lack of time, too extensive questionnaire, and high workload.

Data Analysis

The 48 variables in the questionnaire were categorized into areas to clearly illustrate the findings. The categorization was made by comparing similarities and differences of the contents of each variable. Thereafter, the variables were placed into groups (Polit & Beck, 2008). The variables were moved between groups to achieve consensus in each group. Each group in a total of nine groups was given a title by content. This grouping was influenced by the demands-control-support model (Karasek & Theorell, 1990). The descriptive statistics were performed using the Statistical Package for the Social Sciences (SPSS) for Windows version 17. The findings were shown in tables in absolute frequency (number = n), relative frequency (%), and in running text. The relative frequency was rounded to integers (Altman, 1997). The internal loss of data was minimal, and data were neither replaced nor imputed (Altman, 1997).

Findings

The RNs perceptions of what the good work implied to them is presented in nine areas: demands, own control, support, physical work environment, employment conditions, development possibilities, altruism, personal values, and society's values.

Demands, Own Control, and Support at Work

The findings showed that RNs considered an intellectually stimulating work and getting the work done without guilt feelings as very important. It was important to many RNs that their knowledge and abilities were constantly challenged (see Table 1).

The findings showed that free and independent work and being able to influence important decisions were very important to RNs. Using their imagination and creativity was considered moderately or very important to many RNs. The RNs considered it less important or not important at all that they were told what to do (see Table 1).

The findings clarified that support was very important to most RNs. Considered most important within the area of support was a just and understanding manager, pleasant fellow workers, and work in a well-coordinated team in a growing spirit of togetherness. Appreciation by the manager (or the closest management) and from others was considered moderately important (see Table 1).

Physical Work Environment, Employment Conditions, and Development Possibilities

The findings showed that approximately half of the RNs rated the physical work environment as very important. Most of the RNs stated that most important within the area of physical environment was a good physical environment (such as availability of equipment and no exposure to violence), followed by a risk-free working environment (see Table 2).

The findings revealed that job security with a steady income were the most important employment terms for a large number of RNs, followed by a good salary. Shift work or overtime was considered less important or not important at all by the majority of RNs (see Table 2).

In the category of development possibilities, the findings showed that half of the RNs considered it very important that work effort could truly influence their salary. All variables in this category were considered moderately or very important to the majority of RNs (see Table 2).

Altruism, Personal Values, and Society's Values

The findings showed that many RNs considered it very important that work gave them a feeling of doing something meaningful and was beneficial to others. The findings showed that the majority of RNs considered pride in work very important, that innovative thinking and initiative was highly valued,

Table 1. Registered Nurses' Perceptions of the Good Work in Relation to Demands, Own Control, and Support

Variables	Not important	Less important	Important	Very important
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Demands				
Intellectually stimulating ^a	0 (0)	6 (3)	82 (39)	122 (58)
Manage the work without feelings of guilt ^a	13 (6)	16 (8)	78 (37)	103 (49)
My knowledge and abilities are constantly challenged ^b	6 (3)	50 (24)	116 (55)	39 (18)
Have responsibility of leadership ^a	7 (3)	73 (35)	9 (44)	38 (18)
Constantly solve new problems ^a	13 (6)	95 (45)	85 (40)	17 (8)
Own control				
Free and independent work ^c	2 (1)	10 (5)	61 (29)	139 (66)
Possibility to influence important decisions ^b	1 (0)	3 (1)	69 (33)	138 (65)
Use my imagination and creativity ^c	4 (2)	30 (14)	110 (52)	68 (32)
Manage the work without help from others ^b	7 (3)	65 (31)	85 (40)	54 (26)
Plan, execute the work without interference from others ^b	17 (8)	79 (37)	79 (37)	36 (17)
Have a say on ^c	10 (5)	53 (25)	114 (54)	35 (17)
Do the work when and where I want ^b	21 (10)	91 (43)	71 (34)	28 (13)
Nobody should tell me what to do ^c	76 (36)	96 (45)	32 (15)	8 (4)
Support				
Fair and understanding manager ^b	0 (0)	2 (1)	45 (21)	164 (78)
Pleasant fellow-workers ^c	1 (0)	3 (1)	54 (25)	154 (73)
Work in a well-coordinated team ^c	1 (0)	3 (1)	54 (25)	154 (73)
Developmental work community ^b	0 (0)	1 (0)	62 (29)	148 (70)
Appreciated by workmates ^b	1 (0)	4 (2)	89 (42)	117 (55)
Work conveys appreciation from others ^d	2 (1)	17 (8)	104 (50)	86 (41)
Appreciated by the management ^a	1 (0)	16 (8)	111 (53)	82 (39)
Meet many people at work ^c	5 (2)	59 (28)	103 (49)	45 (21)

Note: *n* = 213.

a. Three internal losses.

b. Two internal losses.

c. One internal loss.

d. Four internal losses.

Table 2. Registered Nurses' Perceptions of the Good Work in Relation to Physical Work Environment, Employment Conditions, and Developmental Possibilities

Variables	Not important	Less important	Important	Very important
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Physical work environment				
Good physical environment (e.g., noise-free and good premises) ^a	2 (1)	10 (5)	77 (36)	122 (58)
Risk-free work environment ^b	3 (1)	21 (10)	77 (37)	109 (52)
Calm, safe, and well-organized work ^a	2 (1)	27 (13)	77 (36)	105 (50)
Environmentally friendly work ^c	3 (1)	25 (12)	92 (43)	92 (43)
Employment conditions				
Work security with steady income ^a	4 (2)	9 (4)	62 (29)	136 (64)
Well-paid work ^a	3 (1)	13 (6)	104 (49)	91 (43)
Work in shifts ^c	104 (49)	68 (32)	31 (15)	9 (4)
Work overtime ^c	120 (57)	82 (39)	7 (3)	3 (1)
Developmental possibilities				
My work effort truly affect my salary ^b	8 (4)	14 (7)	83 (40)	105 (50)
Possibility to specialize in my area of special interest ^b	3 (1)	26 (12)	91 (43)	90 (43)
The work contributes to develop my personality ^a	5 (2)	34 (16)	104 (49)	68 (32)
Career opportunities ^a	6 (3)	56 (27)	85 (40)	64 (30)

Note: *n* = 213.

^aTwo losses.

^bThree losses.

^cOne loss.

that they could use their personal disposition constructively, and that work could be combined with important values. It was considered less important to feel indispensable or to show themselves highly capable. The findings showed that few RNs considered society's values as important in the good work (see Table 3).

Table 3. Registered Nurses' Perceptions of the Good Work in Relation to Altruism, Personal Values, and Society's Values

Variables	Not important	Less important	Important	Very important
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Altruism				
Work gives me a feeling of accomplishing something valuable ^a	0 (0)	4 (2)	74 (35)	132 (63)
Work will benefit others ^b	1 (0)	3 (1)	91 (43)	117 (55)
Possibility to help others by my work ^a	1 (0)	10 (5)	100 (48)	99 (47)
Work provides others/society something positive ^c	0 (0)	16 (8)	100 (47)	95 (45)
Create a more humane world via work ^c	2 (1)	32 (15)	89 (42)	88 (42)
Work is beneficial to society ^c	3 (1)	39 (18)	88 (42)	81 (38)
Personal values				
Proud of my work ^c	0 (0)	1 (0)	49 (23)	161 (76)
Innovative thought and initiative is highly valued ^d	0 (0)	7 (3)	88 (42)	114 (55)
Possibility to use my personal disposition constructively ^a	1 (0)	6 (3)	92 (44)	111 (53)
Work can be combined with my most important values ^d	0 (0)	9 (4)	97 (46)	103 (49)
Devote myself entirely to work ^d	18 (9)	60 (29)	99 (47)	32 (15)
Show others I am highly capable ^b	44 (21)	106 (50)	50 (24)	12 (6)
Feeling irreplaceable ^c	45 (21)	110 (52)	45 (21)	11 (5)
Society's values				
Family and friends highly value my work ^c	6 (3)	68 (32)	90 (43)	47 (22)
Great possibilities to achieve high social status ^c	56 (27)	103 (49)	42 (20)	10 (5)

Note: *n* = 213.

^aThree internal losses.

^bOne internal loss.

^cTwo internal losses.

^dFour internal losses.

Summary of Findings

The RNs perception of the good work in municipal elderly care included intellectually stimulating work that could be dealt with without guilt feelings. They considered it very important to have a free and independent work situation with the possibility to influence what they considered important decisions. It was considered very important having appreciative and pleasant fellow workers and a fair and understanding manager. They considered it important to work in a good physical and risk-free environment. RNs' perception of the good work also included work security and a steady income with the possibility of improving salary through work effort. It was considered important that their work effort was beneficial to others. They felt that innovative thinking and initiative should be highly valued. RNs considered it also very important to feel pride in their work and to not be in conflict with their personal values.

Discussion

Discussion of the Findings

The findings showed that RNs' good work in municipal elderly care included several aspects. The RNs in this study considered that intellectually stimulating work was very important in the good work. This was also highly valued by other professionals within The Swedish Association of Health Professionals (2009). They also considered it very important to manage the work without guilt feelings. Our findings were in line with current studies (Glasberg, Eriksson, & Norberg, 2008; Juthberg & Sundin, 2010). The term *demand* can have a negative connotation for many, but demands can also be considered positive according to Karasek and Theorell (1990). If RNs have low demands, it can lead to passivity while high demands combined with a high level of control and social support can result in activity at work (Karasek & Theorell, 1990).

The findings showed that a majority of RNs considered it very important that the good work was free and independent, with possibilities to influence important decisions. This is in agreement with Weman, Kihlgren, and Fagerberg (2004) who described how this led to the assumption of greater responsibility and that work became more exciting and challenging while contributing to creativity, work satisfaction, and comfort. The Swedish National Institute of Public Health (2009) also stated that participation, influence, and employee control of the work situation are the prerequisites for a

good work environment. Karasek and Theorell (1990) also considered the employee's own control important for influencing the work situation and dealing with existing demands in the best possible way.

The findings clarified that the majority of RNs considered a fair and understanding manager very important. This was valued highest by the RNs in this study. Previous studies (Karlsson et al., 2009; Weman et al., 2004) described RNs' view that their manager should be an RN so the manager would have a better understanding of their actual work situation. The findings of our study showed the great importance of pleasant fellow-workers and working well together in a developmental team that clearly show appreciation for one another. According to Karasek and Theorell (1990), social support included all levels of helpfulness and that social interaction from fellow workers should be available at the workplace. That support was important for RNs was not surprising considering their professional responsibilities (National Board of Health and Welfare, 2005b). RNs supported at work can have a protective effect against unhealthy stress arising from high demands and low control, according to Karasek and Theorell (1990). Happily, studies (Josefsson et al., 2007) reported that RNs felt much support from managers and fellow workers. This, however, is not a reality at all workplaces where other studies described lack of support for RNs (Hallin & Danielson, 2007a; Karlsson et al., 2009; Weman et al., 2004).

The findings showed that a majority of RNs stated it very important with a risk-free and good physical work environment. Employers have in this a great responsibility in preventing work injuries (The Work Environment, 1997). Good nursing conditions presuppose that the organization supports the work in an injury-preventing manner (Swedish Society of Nursing, 2008). Even RNs should have the ability to alert for, and actively prevent, these risks at work (National Board of Health and Welfare, 2005b). A risk-free work environment for RNs can imply access to adequate technical aids to minimize risk of work-related injuries. Moreover, it is important for RNs to have knowledge of the use of technical aids. Technical aids often entail large investments, but long-term thinking should prevail considering that economic and individual suffering of work-related injuries could be even higher. The findings of our study also showed that most RNs considered a calm, secure, and well-organized work as moderately or very important. This is in contrast with other studies showing how the RNs' work situation is, in fact, time pressured (Josefsson et al., 2007; Karlsson et al., 2009). Lack of time is perceived as very stressful, and RNs have expressed fear of making mistakes when working with older people (Juthberg & Sundin, 2010; Karlsson et al., 2009).

The findings showed that the most important terms of employment for RNs was a safe employment and steady income. It is an interesting result considering recent years' trends with staffing agencies that place high demands on the flexibility of RNs. Eighty-six percent of the RNs in this study had permanent employment. This can show that they chose to work in an organization providing safe employment and steady income. The findings showed that shift work or overtime was not considered important for the RNs. However, Evans (2002) showed that many RNs' worked irregular hours. They often worked overtime or took home paperwork to complete work tasks they were unable to complete on their regular work schedule (Evans, 2002).

The findings showed that the majority of RNs perceived it moderately or very important in the good work to feel their work was of value, which was also a significant factor for remaining at the municipal workplace (Armstrong-Stassen & Cameron, 2005). The RNs also wanted their work effort to lead to good for others. The findings also showed that half of the RNs hoped to be able to influence salary by their work effort. An interesting result, considering that today's individual setting of wage rates in Sweden can be considered developmental by some employers, while others understand it as more arbitrary; than those who can speak for themselves have a better chance of influencing pay levels.

The findings confirmed that many RNs felt that the good work should be compatible with personal values. We, the authors, think it important to emphasize this result, whereby situations arise when RNs enter an inner conflict when they have to work against important personal values, such as when knowing the right thing but constraints making it impossible to pursue the right course.

Findings revealed that most RNs considered it very important to be proud of their work. An example of what causes pride in work is if RNs' influence leads to a positive development of their professional role. Findings also showed that it was important to leave one's mark by using personal disposition constructively and that innovative thinking and initiative was highly valued at work. This was in accordance with other professionals within The Swedish Association of Health Professionals (2009). However, it was less important for RNs to show others that they were "good nurses" or feel irreplaceable.

Finally, there can be a large gap between reality and ideal, but the RNs perceptions of what the good work implies to them can be used as criteria in the planning of municipal elderly care. This should provide opportunities for RNs to gain work satisfaction and maintain health and continue working at an attractive workplace. Organizational conditions can be influenced and it is

first when deficiencies become visible that change can occur. Thus, a suggestion for further research is to study how the RNs' workplace truly is, in other words, to see to what extent work in municipal elderly care fulfils RNs' vision of the good work.

Methodological Considerations

This study used a descriptive design since it intended to describe the actual situation without the necessity of cause-and-effect analysis (Polit & Beck, 2008). Survey, as in this study, captures natural phenomena without experiment. A survey provides information about the prevalence, distribution, and interrelations of variables within a population. This information can be confirmed and serve as a starting point for hypothesis generation (Polit & Beck, 2008).

Attrition or loss of participants might serve as a threat to internal validity if the loss of participants is systematic (Kazdin, 2003). A response rate of 65% and higher is regarded as sufficient for most purposes in studies, but lower response rates are common (Polit & Beck, 2008). In this study, the overall response rate was 62%. Even if this study cannot be generalized, it embraces many RNs' perception of what the good work in municipal elderly care implies to them.

Conclusions and Clinical Implications

The RNs' good work includes varying aspects of decisive importance for employers and policy makers. This is necessary for consideration to retain those RNs already working and for recruiting new RNs to municipal elderly care, to ensure safe elderly care.

Acknowledgement

The authors wish to express their gratitude to the registered nurses who so willingly shared their perceptions with them.

Declaration of Conflicting Interests

The author(s) declared that they had no conflicts of interest with respect to their authorship or the publication of this article.

Funding

The author(s) disclosed that they received the following support for their research and/or authorship of this article: This research was supported by Örebro Regional Development Council, Sweden.

References

- Abrahamsson, L., & Johansson, J. (2008). *Framtidsfabriken: Rapport 2 kunskapsöversikt: Det goda arbetet—igår, idag och imorgon* [The factory of the future: Report 2: Knowledge overview: The good work—yesterday, today and tomorrow]. Luleå, Sweden: Luleå Technical University.
- Altman, D. G. (1997). *Practical statistics for medical research*. London, UK: Chapman & Hall.
- Armstrong-Stassen, M., & Cameron, S. J. (2005). Concerns, satisfaction, and retention of Canadian community health nurses. *Journal of Community Health Nursing, 22*, 181-194.
- Aronsson, G., Lantz, A., & Westlander, G. (1992). *Akademiker under 1990-talet. En studie av SACO-medlemmarnas arbetsvillkor. Undersökningsinstrument och studiens bakgrund* [Academics during 1990s. A study of members works conditions of The Swedish Confederation of Professional Associations. Instrument of investigation and background of the study]. Stockholm, Sweden: National Institute of Occupational Health.
- Dedering S. (2005). *Bostadsutformning vid kollektiva boendeformer* [Housing design in collective living]. Stockholm, Sweden: The National Board of Housing, Building and Planning.
- Evans, L. (2002). An exploration of district nurses' perception of occupational stress. *British Journal of Nursing, 11*, 576-585.
- Fawcett, J. (2005). *Contemporary nursing knowledge: analysis and evaluation nursing models and theories*. Philadelphia, PA: Davis.
- Gardner, H., Csikszentmihalyi, M., & Damon, W. (2001). *Good Work—When excellence and ethics meet*. New York, NY: Basic Books.
- Glasberg, A. L., Eriksson, S., & Norberg, A. (2008). Factors associated with "stress of conscience" in healthcare. *Scandinavian Journal of Caring Science, 22*, 249-258.
- Hagström, T., Gamberale, F., & Sconfienza, C. (1996). *Det goda arbetet: Ungdomars villkor nu och i framtiden. Beskrivning av frågeformulär* [The good work: Present and future conditions for youths. Questionnaire description]. Stockholm, Sweden: Arbetslivsinstitutet.
- Hallin, K., & Danielson, E. (2007a). Registered nurses' experiences of daily work, a balance between strain and stimulation: A qualitative study. *International Journal of Nursing Studies, 44*, 1221-1230.
- Hallin, K., & Danielsson, E. (2007b). Registered nurses' perceptions of their work and professional development. *Journal of Advanced Nursing, 61*, 62-70.
- Hasson, H., & Arnetz, J. E. (2008). Nursing staff competence, work strain, stress and satisfaction in elderly care: A comparison of home-based care and nursing homes. *Journal of Clinical Nursing, 17*, 468-481.

- Josefsson, K. (2006). *Municipal elderly care: Implications of registered nurses' work situation, education, and competence* (Doctoral dissertation). Karolinska Institutet, Stockholm, Sweden. Retrieved from <http://publications.ki.se/jspui/handle/10616/38842>
- Josefsson, K., Sonde, L., Winblad, B., & Robins Wahlin, T.-B. (2007). Work situation of registered nurses in municipal elderly care in Sweden: A questionnaire survey. *International Journal of Nursing Studies*, *44*, 71-82.
- Josefsson, K. (2009). *Sjuksköterskan i kommunens äldrevård och äldreomsorg* [The registered nurse in municipal elderly care and service]. Stockholm, Sweden: Gothia Förlag.
- Juthberg, C., & Sundin, K. (2010). Registered nurses' and nurse assistants' lived experience of troubled conscience in their work in elderly care—A phenomenological hermeneutic study. *International Journal of Nursing Studies*, *47*, 20-29.
- Karasek, R., & Theorell, T. (1990). *Healthy work: Stress, productivity, and the reconstruction of working life*. New York, NY: Basic Books.
- Karlsson, I., Ekman, S.-L., & Fagerberg, I. (2009). A difficult mission to work as a nurse in a residential care home—Some registered nurses' experiences of their work situation. *Scandinavian Journal of Caring Sciences*, *23*, 265-273.
- Katz, D., & Kahn, R. L. (1980). *The study of organizations*. San Francisco, CA: Jossey-Bass.
- Kazdin, A. E. (2003). *Research design in clinical psychology*. Boston, MA: Allyn and Bacon.
- National Board of Health and Welfare. (2005a). *Folkhälsorapport 2005. Arbetsliv, arbetsmiljö och hälsa* [Work, work environment and health]. Stockholm, Sweden: Author.
- National Board of Health and Welfare. (2005b). *Kompetensbeskrivning för legitimerad sjuksköterska* [Competence description for registered nurse]. Stockholm, Sweden: Author.
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Swedish Association of Local Authorities and Regions. (2008). *Developments in elderly policy in Sweden*. Stockholm, Sweden: Author.
- Swedish Society of Nursing. (2008). *Strategier för att utveckla vården* [Strategies for care development]. Stockholm, Sweden: Author.
- Theorell, T. (1993). Krav-kontroll-stöd: Ny modell i arbetsmiljöforskning [Demand-control-support: New model in work environment research]. *Läkartidningen*, *90*, 3683-3686.
- The Swedish Association of Health Professionals. (2009). *Helhetssyn för en säker vård forskning* [Holistic vision for safe care research]. Stockholm, Sweden: Author.

- The Swedish National Institute of Public Health. (2009). *Hälsa i arbetslivet* [Health in work]. Stockholm, Sweden: Author.
- Weman, K., Kihlgren, M., & Fagerberg, I. (2004). Older people living in nursing homes or other community care facilities: Registered nurses' views of their working situation and co-operation with family members. *Journal of Clinical Nursing*, *13*, 617-626.
- Westlander, G. (1995). *På väg mot det goda arbetet: Om akademikers arbetsvillkor forskning* [Toward the good work: About academics' working conditions research]. Solna, Sweden: Arbetslivsinstitutet.

Bios

Karin Josefsson, RNT, PhD, is a senior lecturer in School of Health, Care and Social Welfare, Mälardalen University, Eskilstuna, Sweden, and a scientific secretary in research, informatics and elderly care in Swedish Society of Nursing, Stockholm.

Jenny Åling, RN, MA, is a registered nurse in Karlskoga Hospital, Sweden, and a fellow in the School of Nursing, The Pennsylvania State University.

Britt-Louise Östin, RN, MA, is a public health nurse, in municipal elderly care, Storfors, Sweden.