SUPPORT FOR NURSES WORKING IN EXTENDED-CARE

by

SUSAN PATRICIA SMITH

R.N., Montreal General Hospital, 1967

B.A., McMaster University, 1976

M.H.Sc., McMaster University, 1980

A THESIS SUBMITTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS (COUNSELLING)

in the Faculty of Education

in the Department of Psychological Foundations

We accept this thesis as conforming

to the required standard

[redacted]

Dr. Rey Carr, Thesis Supervisor

[redacted]

Dr. Ron Tinney, Departmental Committee Member

[redacted]

Dr. Michael Hunter, Outside Committee Member

[redacted]

Dr. David Hultsch, External Examiner

University of Victoria

April 1986

Supervisor: Dr. Rey Carr

ABSTRACT

This study examined the perceived support behaviours of nurses working in Extended-care settings. Forty-nine volunteers, representing eleven units/agencies in Greater Victoria, completed a twenty-six item, open-ended, standardized, written interview questionnaire designed to discover their perceptions of the support seeking, receiving and providing behaviours related to nursing the institutionalized elderly. Content analysis of the nurses' written responses was done to detect the themes about workplace support. The categorized data reveal that these nurses are clear about when they need support, and specific about the type of support they need to do their job. These nurses provide and receive support primarily from each other. The findings of this study have implications for the day-to-day functioning of the participating Extended-care units/agencies, and for education and research.

Examiner [redacted]

Dr. Rey Carr, Thesis Supervisor

[redacted]

Dr. Ron Tinney, Departmental Committee Member

[redacted]

Dr. Michael Hunter, Outside Committee Member

[redacted]

Dr. David Hultsch, External Examiner

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENTS

This study has been possible because of the efforts of the Extended-care nurses who participated. I appreciate the time they took from their busy schedules to respond so thoughtfully to the questionnaire. My hope is that their efforts will be reimbursed when they receive the findings of the study.

Dr. Rey Carr has been my advisor for several years and I appreciate his patience with my progress, his interest in this project, and the respect he extends to me as a student.

I learned a lot about giving feedback, scientific rigour, hope, and flexibility from my thesis committee members. I appreciate Dr. Michael Hunter's guidance in the area of qualitative research methodology, and his helpful suggestions about formatting. I am grateful for Dr. Ron Tinney's detailed attention to the clarity of the document, and his willingness to invest the energy in becoming an examiner later in the process.

Mrs. Nan Hsieh was especially generous in sharing her carefully considered views on the concept support, and kept me posted on current literature in the area. I value the efforts of colleagues who acted as judges, lent me books, and offered useful feedback.

Much thanks goes to my husband, Bob, who generously gives me space to pursue my interests, and lends his computer skills at crucial moments. Thank you for your sustained encouragement with my studies.

SUPPORT FOR NURSES WORKING IN EXTENDED-CARE

Chapter 1: INTRODUCTION

The literature suggests a positive relationship between the presence of social support and good health. Cobb (1976) argued that adequate social support could protect people in crisis from a variety of pathological states. Dean and Lin (1977) and Pilusuk and Froland (1978) addressed the hypothesis that social support acts as a buffer to stressful life events. Mueller's literature review (1980) cited evidence linking inadequate social support with psychiatric illness. In a sample of 170 Chinese Americans, Lin, Ensel, Simeone and Kuo (1979) demonstrated that social support accounted for more variance in psychiatric symptoms than stressful life events, occupational prestige and marital status combined.

Dimond and Jones (1983) summarized numerous medical studies providing evidence that support prevents susceptibility to illness, diminishes the symptoms of illness, promotes earlier recovery from sickness and enhances well-being. In an extensive analysis of cross-sectional and longitudinal studies examining the buffering effect of social support, Gottlieb (1983b) concluded that the "buffering effects have been found in a great many studies, but the types and sources of support that were examined and the measures of functioning differed so widely

that we cannot as yet generate a coherent theory about the conditions under which social support moderates stress" (p.39).

Although much of the social support literature has been related to patients or potential patients, recently more is being written about workplace support to help employees contend with occupational tensions and stresses. Some of this literature concerns support for nurses, and represents a beginning acknowledgement of the necessity and benefits of support in the workplace for nurses.

In spite of the growing interest in support for nurses, the knowledge base has gaps. Some of the shortcomings are: lack of clearly defining the concept support; inconsistent delineation of the specific events for which nurses need support in a variety of clinical situations; and, unclear explanations of the exact nature of the support intervention preventing future replication.

In addition to clarifying the "what"and "when" of support in the workplace for nurses, the "how" requires elaboration. How is support actualized in the workplace? How do nurses seek, receive and provide support in relation to the specific tasks they must accomplish?

This descriptive study provides information about how nurses caring for institutionalized elderly define support, and when they need support to do their jobs. Their support seeking, receiving and providing behaviours are documented.

In Victoria there are over 200 registered nurses working in Extended-care units. The changing age structure

in Canada, our tendency to institutionalize our elderly, and the scarcity of literature about working conditions associated with gerontological nursing, all make investigating support for Extended-care nurses an important enterprise. "Almost all gerontological nursing knowledge is untapped or untested" (Wells, 1982). The information this study unearths contributes to the understanding of nursing the elderly.

Chapter 2: REVIEW OF THE LITERATURE

Nursing Is a Stressful Occupation

Nursing has been described as a highly stressful occupational choice with potential for burnout. In a Canadian study, Leatt and Schneck (1983) questioned 1253 nurses working in 24 hospitals in Alberta about their perceptions of twenty-one potential sources of stress in their workplaces. The nurses came from nine specialty areas: medicine, surgery, intensive-care, rehabilitation, chronic auxiliary, pediatrics, psychiatry, obstetrics, and rural hospitals.

The highest source of stress for nurses working across the nine types of specialty was the workload. In any nursing unit there is a given quota of nursing and support staff. Staffing needs often increase because of unexpected events such as a patient going into shock and requiring constant vigilance of vital signs, an admission arriving on

the unit when the nursing care demands are already heavy, a patient death upsetting the family and caregivers, a teenager abusing visiting privileges and requiring disciplining, or a suicidal patient attempting to elope via the elevator while nurses are occupied with phone calls.

When changes in the nursing staff requirements occur there is often no extra assistance provided to harried nursing staff. If replacements are mustered up from other nursing areas they usually require so much orienting to the physical layout and nursing priorities that the time usurped in explanations sometimes outweighs the benefits of the extra pair of hands. In these times of restraint in health care expenditures many nurses are not replaced when they are sick, and in some agencies nursing positions are not filled when nurses quit. Nurses in the Greater Victoria area are concerned about patient safety when the staffing ratios are minimized (personal communication in the years 1984 to 1986).

The second most important source of stress identified by the Alberta nurses was the absence of physicians when needed (p.30). Although many nursing decisions can be made independently, nurses frequently need physicians' orders to get a new or changed order for medications, activity level, laboratory tests, diet etc. when patients' conditions change. In many instances, nurses are legally bound to act according to physicians' orders. It is frustrating, then, when physicians do not return phone calls because it delays

the action that nurses can take. The forced immobility is stressful because they can not complete the essential nursing actions for patient safety.

Another source of stress reported by Leatt and Schneck (1983) was role conflict; that is, when nurses are faced with conflicting demands or their responsibilities are not clear. On a busy unit a nurse might simultaneously be faced with answering the telephone and a patient's call bell, distributing medications, supervising nurse aides, and/or pacifying a patient and explaining a medical procedure to his family. Being interrupted before one task is completed and trying to focus on a patient's emotional needs when many nursing treatments are yet to be done, or an intervenous drip is running dry, can tax the serenity of even the calmest nurse. Conflicting demands coupled with a sense of time urgency and deadlines (Hache-Faulkner & MacKay, 1985) compound the sense of being overwhelmed generated by a heavy workload.

Calhoun (1980) reported that when the National Institute for Occupational Safety and Health (USA) rank ordered the major occupations in terms of the relative incidence of mental disorders, seven of the top 27 occupations related to health care operations. He cited four main events responsible for workplace stress and conflict: multiple levels of authority, heterogeneity of personnel, work interdependence, and specialization. Considering the role of nurses illustrates the complexity of working in the health care system that underlies Calhoun's

points. Not only do nurses require a sound knowledge in their own area of expertise, but in order to be effective in helping their patients, they need to know the role and functions of other health care professionals, how to communicate clearly to other members of the health care team, and be able to coordinate work efforts of all these disciplines. In community and institutionalized settings patients' safety and well-being depend on nurses manipulating several organizational structures: the nursing hierarchy, the medical association, and the agency's bureaucracy. Nurses require effective interpersonal communication techniques and efficient management skills to survive.

In another Canadian study Hache-Faulkner & MacKay (1985) employed open-ended questions and the State Anxiety Self-report Measure to study stress in the work place with nurses from four different work environments. Administration of the unit was the category of stressor most frequently identified by both public health and hospital nurses in addition to interpersonal relationships and patient care. Nurses are the 24-hour around-the-clock care givers and this stability puts them in the position of coordinating the services of physicians, physiotherapists, respiratory therapists, social workers, clergy etc. In the course of working all shifts, nurses come in contact with a variety of personnel from different departments. There is

little time to get to know each other before being thrown into accomplishing the task at hand. This changing exposure to different personnel demands that nurses quickly size up how to relate to colleagues effectively. This expectation adds one more stress to an already complex working environment.

Frequently nurses work with less experienced personnel such as students or new graduates (Scully, 1981). Finding the middle ground of being respectful of novices' talents, and orienting them to be as functional as quickly as possible is a strain. The frustration is augmented when the nursing requirements are for competent and efficient professionals.

Some nurses work "float", a system whereby nurses are sent to unfamiliar units to meet the nursing staff requirements. Trying to learn the patients' needs, the physical whereabouts of equipment, the protocol idiosyncrasies of the unit so that they can be helpful and not be questioning the regular staff at every turn is stressful for float nurses.

Stringer (1984) warned nurses that their workplace "could be killing" them. Nurses need to be vigilant about the perils associated with new gases and radiation, heavy lifting, and exposure to infectious agents which thrive in hospital environments. Being on guard for the dangers of these potential occupational hazards is another source of stress for nurses.

Overriding all of these specific sources of stress is the well documented strain of being a helping professional (Burke, 1985). Nurses belong to that segment of the population which is attracted to the helping professions "and is particularly sensitive to feelings and behavior, and unless an individual has strong compensatory factors in his life, he can fall victim to the constant onslaught of despair his patients bring him" (Freudenberger, 1980, p. 154). Freudenberger's description of the pressures of helping professionals applies to nurses:

> The work of the helping professions is taxing and tough. Rewards are often few and not highly visible. Pressures are constant. New situations calling for ingenuity as well as diligence crop up all the time. The helper has come to his profession with visions of a supportive institution peopled with wise superiors and cooperative patients, students, or clients. He has contemplated results and tangible proof of his ability to create a difference in people's lives. What he finds instead is red tape, harried administrators, intractable cases. No one has prepared him for this. No one comes forward to ameliorate his feelings of inadequacy, and this is where his own psychological make-up comes into play. If the worker has been looking for the kind of personal fulfillment he should be finding elsewhere, he will quickly burnout. (p.154).

Several articles in the nursing literature have claimed that certain specialty areas in nursing create more stressful working environments than others. Vreeland & Ellis (1969), Kornfeld (1971), Hay & Oken (1972), Cassem & Hackett (1975), and West (1975) and Oskins, (1980) suggested that intensive-care nursing settings cause special problems for nurses. They argued that having to deal constantly with seriously ill patients and the ever-present threat of death in small, equipment-crowded areas fosters more stress compared to other nursing areas. Taerk (1983) and Baider & Porath (1981) pointed out that the intensive involvement required by oncology nurses to deal with cancer patients' heightened physical and emotional demands is stressful. Chiriboga, Jenkins & Bailey (1983) highlighted the stress and coping imposed on Hospice nurses. Rogers (1982), Skeet (1982), and Wells (1982) emphasized that the commitment and sensitivity demanded in gerontological nursing is a challenge for nurses.

In a review of the literature on the stressfulness of intensive-care nursing, Stehle (1981) concluded that although critical-care units were portrayed as being highly stressful, there is no solid evidence that ICU nursing is more stressful than other nursing units. She noted that the term stress was rarely well defined, that reliabilities of instruments to measure stress were not reported, and that the methods used by nurses to cope with stress were infrequently discussed. Keane, Ducette, & Adler (1985) found no difference in the level of burnout in intensive

care nursing units and non-intensive care units. Rather, nurses who were more committed to their work, who felt more in control of their job, and who were challenged, were less burned-out regardless of the nature of the work

Gentry, Foster, & Froehling (1972) attempted to quantify the psychological and emotional responses of nurses working in ICU and non-ICU settings. The two groups were compared on levels of depression, hostility and guilt, self-esteem, anxiety, and personality patterns as well as their level of job satisfaction. ICU nurses reported more depression, hostility and anxiety than non-ICU nurses, but there were no differences on the other dimensions. Maloney & Bartz (1983) set out to discover if intensive care nurses have personality characteristics that specifically help them to cope with their stress-filled work environment. They compared ICU nurses with non-ICU nurses and found varying degrees of commitment, control and challenge within each group, but no difference between groups.

What can be concluded from the literature is that each area in nursing has its unique sources of stress related to differences in the quantity and quality of the nursing tasks specific to each area.

Support Groups Professed to Reduce Nurses' Stress in the Workplace

Accompanying the literature on the stressful nature of nursing is a flood of articles claiming that workplace support groups are an effective way to combat the stress of being a nurse or other helping professional. Support groups are designed to increase staff effectiveness through discussion of work-related difficulties (Scully, 1983). Figure 1 summarizes opinions about possible benefits of support groups in the workplace for health professionals.

Figure 1

Purported Benefits of Workplace Support Groups for Health Professionals (oncology nurses, nurse educators, medical students, pediatric nurses, ICU nurses).

- controls or decreases staff turnover (Gray-Toft & Anderson, 1983; Baider & Porath, 1981; Webster, Kelly, Johst, Weber, & Wickes, 1982; Weiner & Caldwell, 1983; McDermott);
- reduces stress/ teaches stress reducing strategies/ prevents burnout (Gray-Toft & Anderson, 1983; Scully, 1981; Webster et al., 1982; Deming, 1984);
- increases job satisfaction/ increases morale (Gray-Toft & Anderson, 1983; Weiner & Caldwell, 1983; Hay & Oken, 1972; Deming, 1984; McDermott, 1983);
- teaches methods of conflict management (Scully, 1981; Hay & Oken, 1972);
- assists nurses to work as a team / improves intercolleagial communication / encourages working as a unit (Scully, 1981; Taerk, 1983; Baider & Porath, 1981; Webster et al., 1982; Weiner & Caldwell, 1983; Goetzel, Shelov, & Croen 1983);
- provides an opportunity to consult about patients / augments nursing knowledge / increases participation in meetings (Scully, 1981; Taerk, 1983; Webster, 1983; Diminno & Thompson, 1980; Hay & Oken, 1972);

Figure 1 continues.....

Figure 1 continued...

- provides supervision (Scully, 1981);
- improves the quality of care provided (Jacobs,1982; Taerk, 1983; Webster et al., 1982);
- improves ward atmosphere (Taerk, 1983; Baider & Porath, 1981; Deming, 1984);
- helps nurses relate to patients more positively (Baider & Porath, 1981; McDermott);
- increases confidence in their roles/ increases participation in meetings (Baider & Porath, 1981; Webster et al., 1982; Deming, 1984);
- instills positive influence on nurses´ lives away from hospital (Weiner & Caldwell, 1983);
- helps nurses cope with sensory overload (Skinner, 1980);
- allows emotional release of feelings (Skinner, 1980; Diminno & Thompson, 1980; Hay & Oken, 1972); and,
- provides opportunity to learn group dynamics (Diminno & Thompson, 1980).

The majority of these reports on the benefits of support groups in the workplace have been anecdotal, descriptive, retrospective, and noncontrolled (Cohen & Adler, 1984). Despite this lack of rigor, all authors wrote enthusiastically about support groups and most indicated that support groups would continue to meet in their respective institutions.

One study did use an experimental design to measure differences between attenders of a support group and non-attenders. Brown (1984) found no statistically significant differences between a group of social workers in a child-protection agency who received twenty weeks of structured group meetings to increase job satisfaction and a group that did not receive group support. The participants' descriptive feedback about the experience was positive but success was not found in the standard measurements. Even in this experimental design the researchers did not report efforts to discover what the social workers would have found supportive. Some of the critical articles suggested some factors to keep in mind when considering support groups in the workplace. After comparing successful and unsuccessful support groups, Weiner, Caldwell & Tyson (1983) suggested that support groups work best if they are initiated in response to a felt need by the nurses. Hirsh & David (1983) warned that support groups that focus exclusively on increasing levels of emotional support might be counterproductive, if resource support groups combining group problem solving and decision making are what is

required. These authors raised the point that it is essential to know what are the nurses needs for support before launching a supportive group.

The current study addressed questions about what nurses working in Extended-care desire in the way of support, and what kind of support they would prefer. Answers to these questions have implications for the initiation, discontinuance and directions of support groups in the Extended-care workplace.

The Need for Descriptive Studies on the Support Needs and Support Behaviours of Nurses in the Workplace

Despite the multitude of papers published on the benefits of formal support groups for nurses, the author found no studies describing the naturally occurring support seeking, receiving and providing behaviours of nurses in the workplace.

This study documents the perceptions of nurses working in Extended-care about the support behaviours in their workplace. It addresses the following questions:

- What does support mean to Extended-care nurses?
- What are the support needs of Extended-care nurses to care for the institutionalized elderly?
- What are the support seeking and receiving behaviours of Extended-care nurses to care for the institutionalized elderly?
- What are the support providing behaviours of Extended-

care nurses to their colleagues caring for the institutionalized elderly?

The baseline these data provide will be useful for participating nurses to assess the degree of supportiveness in their workplace. Information generated by this research can be used by the participants to maintain and improve the support conditions in their respective units/agencies.

Chapter 3: METHODOLOGY

Population and Sample

The entire complement of registered nurses (220) in the eleven Extended-care units/agencies in Victoria were invited to participate in this study. A letter explaining the purpose of the study, estimating the time required for the nurses to participate, and assuring confidentiality was sent to each Director of Nursing of the Extended-care units/agencies in Victoria. The Directors of Nursing passed this request for participation on to the registered nurses on their staff through the unit/agency's usual method of communication. This letter was followed up by a personal telephone call from the researcher to the Directors. A sample letter is included as Appendix A.

All eleven Extended-care units/agencies indicated an interest in participating. Directors of the units/agencies provided the researcher with a list of names of registered nurses who were interested in being subjects. Each of

these nurses was given a code number which was used to identify all the materials submitted by the participant so that personal identification of the nurses was avoided. A package containing the questionnaire, the letter of explanation to be posted in the nursing station, and a consent form was placed in the nursing station where each voluntary participant could get her materials and return the completed questionnaires for pick-up by the researcher. An envelope which the nurses could seal was provided for the completed questionnaires as an additional way to protect the participants' confidentiality. A sample questionnaire is contained in Appendix B.

Forty-nine female, registered nurses from the eleven different Extended-care units/agencies participated. Their ages ranged from 22 years to 64 years with a mean of 45.7 years. Thirty-five of the nurses were married, seven were single, five were divorced and two were widowed. Forty-three of the participants were Caucasian, two were Asian, and there was one each of Black, German-French, Slavic and Russian ethnic groups. Thirty-six of the participants were Protestant, seven were Catholic, and there was one each of Latter Day Saints, Christadelphian and Baha'i' faiths. Three participants indicated no religious preference. The length of time the nurses had worked in Extended-care ranged from three months to twenty years with the following breakdown:

- under one year - 2;
- 1 to 5 years - 16;

- 5 to 10 years - 18;
- 10 to 15 years - 6;
- 15 to 20 years - 1; and,
- unknown - 6.

Instrumentation

The qualitative research methodology of asking open-ended questions was employed in this study. This approach allowed the researcher to understand the participants' views about support in their workplace with depth and detail (Patton, 1980). Participants were free to describe their perceptions of support in the workplace without being biased in the way that closed questions or a checklist of pre-determined categories would have slanted their views. It provided data from which the important themes could emerge without presupposing in advance what these dimensions would be (Patton, 1980). Since the literature of nurses' perceptions of support behaviours in their work place is non-existent, this methodology allowed those unknown data to be revealed. An understanding of support from the nurses' own frame of reference is an angle previously unexposed.

Qualitative research is a useful approach for exploring new areas of knowledge and for attempting to gain new meanings of nursing situations. First-hand impressions of a situation are needed in order to make decisions about the issue being studied (Leininger, 1985). Support groups have emerged in the health-care workplace as the panacea for numerous kinds of stress for nurses and other health

professionals (Figure 1). It is likely that exploring nurses' perceptions of support through qualitative methods will bring to the surface knowledge about support that might indicate the need for interventions in addition to formalized support groups, or increase the knowledge base about how support groups can be helpful for nurses.

Qualitative research is useful when there is no comprehensive description of the topic at hand (Tripp-Reimer, 1985). There is overlapping and divergent information about the meaning of support in general (Dimond & Jones, 1983). The data provided by the methods used in this study can potentially elucidate the meaning of support in the workplace. Meanings of support derived from this study could promote hypotheses about the relationship of support to nursing practice (Tripp-Reimer, 1985; Leininger, 1985).

Leininger (1985) noted that qualitative methods are essential to gain a holistic perspective to nursing phenomena because the full nature of nursing cannot be grasped by testing isolated aspects (p.23). Whereas quantitative approaches reduce nursing to parts, qualitative types of research allow the study of large gestalts and patterns of behaviour (p.23).

> Nursing is a humane field of study and practice, and this means that humanistic patterns of care and lifestyle must be identified and studied. Qualitative methods . . . are essential means to discover and

understand these rich domains of knowledge. . . . Quantitative methods are generally inappropriate for studying humanistic, subjective, and personalized lifestyles. (Leininger, 1985, p.22-23).

The questions of this study are holistic and provide access to a whole picture of the Extended-care nurses' support behaviours. The 26-item open-ended, standardized questionnaire employed in this study was designed by the author in collaboration with Dr. Gonul Varoglu, R.N., Ph.D. Content validity was established by having the questionnaire judged by two Ph.D. psychologists, one Educational Doctorate and one Senior Evaluation Officer in the Ministry of Health who agreed that the questionnaire was congruent with the objectives of the study. The questionnaire was pretested to a few nurses, streamlined, and then used to collect data in an investigation of the support behaviours of Hospice nurses (Smith & Varoglu, 1985).

Figure 2 depicts the problem-solving framework underlying the questionnaire.

Figure 2

Framework For the Study of Support

For Extended-care Nurses

Support Behaviours	**Problem-solving Approach**
• SEEKING	WHAT
	WHEN
• RECEIVING	WHOM
	HOW
• PROVIDING	WHERE

The questions generated from this framework reflect the assumption that the type and amount of support needed is individually determined, based on unique differences and characteristics of the situation (Norbeck, 1982). The questions were task-specific, to reflect the notion that what is deemed supportive for nursing in Extended-care may not be significant in another area of nursing. The questions are located in Appendix B.

Employing a standardized interview questionnaire had several advantages:

- It focused the respondents on the material desired by the researcher (Miles & Huberman, 1984, p.42); that is, the gap in the literature about support behaviours. This strategy avoided the recovery of too much superfluous data p. 43).
- The careful wording and arrangement of the questions took each participant through the same sequencing, and so avoided any bias generated by differential sequencing This strategy prevented distortions in the data arising from differential phrasing (Patton, 1980, p.198).
- This approach allows other researchers to replicate the study with another group of nurses. It provides this author with the opportunity to compare the data from Extended-care nurses with data from Hospice nurses collected earlier (Smith & Varoglu, 1985).

Data Collection

Questionnaires for participating nurses were left in

the nursing stations of each agency/unit. Each nurse was asked to complete the questionnaire on her own without consulting her colleagues. Nurses were permitted to complete the questionnaire on work time. After sealing the envelope containing their completed questionnaire each nurse left it in a box in the nursing station for pick-up by the researcher.

Data Analysis

Data Reduction: Content Analysis

Qualitative methodology produces descriptive data from which the researcher inductively develops concepts, insights, and understanding from the emerging patterns (Taylor & Bogdan, 1984, p.5). The written responses of the Extended-care nurses were analyzed to discover themes. The researcher did not impose previously established classifications of support; rather, the written thoughts and feelings of the participants generated the categories. This approach was in keeping with the purpose of this study: to discover what Extended-care nurses know and perceive about their support behaviours at work. The method of data analysis discerned how the nurses talked about their experience, and attempted to categorize the data in ways that represented their views (Patton, 1984, p.307).

Researchers using qualitative research methods make analytic choices about how to reduce the data; that is, "which data chunks to code, which to pull out, which

patterns summarize a number of chunks, what the evolving story is, . . . " (Miles & Huberman, 1984, p. 21). As the researcher scanned the Extended-care nurses' data, patterns of similar data categories surfaced. A sample of data categorization is provided in Appendix C for the readers' understanding of the researcher's decision making in forming categories from the data. In most instances one of the phrases submitted by the nurses was selected to represent the category.

Data Display

The researcher used the method of counting to register the number of nurses reporting a theme which appeared in the data (Miles & Huberman, 1984, p. 215). The numbers of nurses endorsing a theme, rather that the number of times a theme was mentioned, was displayed based on the argument that this information would demonstrate the importance of the category to the whole sample. Reporting frequency of responses would not indicate what proportion of the sample was in agreement. Displaying the data this way is in keeping with the purpose of the study; to see what the nurses perceive about their support behaviours.

The frequency distributions for each question were ordered in terms of strength of frequency of nurses' endorsement and arranged in tables (Miles & Huberman, 1984, p. 212). Showing the frequency of nurses endorsing a theme enabled the researcher see which categories emerged in greater or lesser frequency (p. 215). This clarity

prevented the researcher from incorrectly assuming a trend in the data based on preconceived notions (p. 216).

Although the data came from nurses working in different units/agencies, they were not segregated into eleven segments for display. The sample size from any one unit would have been too small; furthermore, the intent of this study was to unearth the issues of support for Extended-care nurses in general, not in relation to any particular unit/agency.

Establishing Consistency of the Analysis

The critical question in qualitative research is whether the meanings found in the analysis are valid and repeatable (Miles & Huberman, 1984, p.215). ". . . one criterion for the necessity and sufficiency of a categorical set is its reproducibility by another competent judge." (Guba & Lincoln, 1982, p. 122). Guba and Lincoln argued that:

> While it cannot be expected that sets of categories developed by two independent judges from the same basic data will coincide, . . . a second judge should be able to verify that the categories derived by the first judge make sense in view of the data pool from which the first judge worked and that the data have been appropriately arranged into the developed category system. The second judge audits the work of the first much as an examiner audits the work of an accountant in the business world. (p. 122).

With this intention the researcher selected five external examiners who were not in any way involved with previous stages of the study. Three of the judges are using content analysis in their own research so that they were familiar with the methodology. One judge is a manager, and the other is an epidemiologist.

Particular data were selected for the judges to audit. The more abstract, descriptive data, where subjects wrote longer responses was chosen. The researcher deemed that these data were more vulnerable to researcher bias than responses where the nurses initiated a categorization schema (eg. reporting categories of staff).

The judges were asked to examine the researcher's categorization for three questions with these type of data. Judges were given an explanation of the meaning for each category the researcher had developed for the particular question so that they were equipped with the essential information on which to base their audit (Guba & Lincoln, 1982, p. 122). The name and meaning of the categories were printed at the top of separate pieces of paper. They were provided with randomly selected uncoded statements from the nurses which were representative of the categories determined by the researcher. Each statement was typed out on a slip of paper and the judges were asked to place the quotation onto the sheet of paper labelled with the appropriate category. Judges completed their separate categorizationby themselves.

Then the researcher checked the consistency of analysis by dividing the number of agreed categorizations by the total number of agreements plus disagreements between researcher and judges (Miles & Huberman, 1984, p. 63). The agreement between the five judges and the researcher averaged 80.8%. The reliability of the researcher's assignment is displayed in Appendix D.

The audit team of judges did not replicate the study but attested to the fact that it was carried out in a competent manner (Guba & Lincoln, 1982, p. 123). This test is fair since qualitative analysis involves multiple realities, and it is unlikely that two people reviewing the data would come up with exactly the same categories although there would likely be overlap (p. 123). This audit confirmed the trustworthiness of the data. Having the categorization of the data validated by more than one person is in keeping with the expectations of "replication, which is the bedrock of science" (Miles & Huberman, 1984. p. 239.

Another method of validating the findings was attempted but to date has been unsuccessful. The researcher extended an invitation to the Directors of Nursing and Extended-care nurses at the participating units/agencies to attend a meeting at which the findings of the study were to be presented. A sample letter of invitation is included in Appendix E. The researcher hoped to receive feedback about the usefulness of her categorization of the data, and to glean insights from the nurses' interpretations of the data. No nurses attended this meeting so that this validation of

the finding has not yet occurred. However, the researcher will be forwarding the units/agencies a copy of the findings, written in a way that will be meaningful for the participants (Miles & Huberman, 1984, p. 242). She will pursue the opportunity to discuss the implications of the findings with any interested staff from the Extended-care units/agencies.

Limitations

Less than a quarter of all possible nurses volunteered to participate in this study (49 out of 220 = 22.3%). What is not known is the perceptions of the majority of the nursing working in Extended-care agencies/units in Greater Victoria. A follow-up study whereby these findings are verified with a larger sample could be done.

Nurses are busy people and the additional task of completing a questionnaire might have discouraged many nurses from participating. Since there was no one there to encourage, prompt and request clarification form the participants the results of this study depended on the clarity of the writing skills of the respondents. Nurses may have avoided longer explanations of their responses because of lack of time or encouragement. Where nurses did not comprehend the questions or the subtle differences between questions they may not have responded accurately, or they may have hurried their responses so that rich data may have been withheld.

The advantages of employing a standardized interview questionnaire have been defended. One disadvantage is that it reduces flexibility and spontaneity of responses which might have surfaced without the structure (Patton, 1984, 198).

The focus on the nurses´ perceptions is a useful contribution to the knowledge of support. One must keep in mind that perceived support does not always equal actual support (Gottlieb, 1983). A future study could tap the correlation between a subjects´ perceptions of support and structural aspects.

Time restraints prevented testing consistency of the categorization of all data. Since the overall percentage agreement was 80.8%, it can be assumed that similar consistency rates would have been achieved for all questions.

Chapter 4: RESULTS

What is the meaning of support for Extended-care nurses?

The meaning of support for Extended-care nurses grouped into four categories. Table 1 summarizes the meaning of the concept support for nurses working in Extended-care.

Table 1

Frequency Distribution of the Meaning of Support for Extended-care Nurses

Meaning of Support	Number of Nurses Mentioning Item (N=49)
• Guidance	23
• Encouragement	20
• Listening	18
• Team cooperation	17
• Back-up	15

Examples of the Extended-care nurses´ comments about each type of support will illustrate their meaning. Under the notion of **guidance** they contributed statements like: "honest constructive criticism"; "help me look at nursing problems objectively"; "someone rational and calm to consult when I´m overreacting in a work-related incident".

Encouragement included statements such as: "someone to make me feel like what I´m doing is worthwhile and significant"; "having someone praise me when I deserve it".

The following excerpts illustrate what the Extended-care nurses meant by **listening**: "someone to understand you when you are tired or bored or not sure if what you are doing is worthwhile"; "someone who allows you to talk out bad times and good times".

What they meant by **back-up** is illustrated in the following examples: "agreement with what I´ve said and done"; "back-up for my decisions ensuring me that what is being done is OK"; "backing of my decisions based on my previous work record"; "speaking with confidence about my abilities".

Their ideas about **team cooperation** are embodied in statements such as: "everyone sharing the load"; "working together toward a common goal"; "being sure that the staff are committed to giving quality care and to work towards making a comfortable happy home for our residents;" "actual physical help from co-workers who are willing to share ´my´ work".

When do Extended-care nurses need support?

Table 2 outlines the occasions when Extended-care nurses reported they require support. Nurses working in Extended-care cited features of the clients' condition (medical crisis, dying resident or behavioural changes) as the primary time when they need support. The two next most frequently endorsed times were when they have to make decisions about residents' care, and dealing with difficult family problems. Many responses indicated that some Extended-care nurses felt they needed support all the time. Three categories received fifth ranking: when there is friction among the staff, the workload is frantic, or the nurse is feeling rundown. Some nurses cited having to discipline or supervise staff as a time when they require support.

Table 2

Frequency Distribution of When Extended-care Nurses Need Support

When Extended-care nurses need support	Number of Nurses Mentioning Item (N=49)
• When there is a significant change in the condition of the resident:	
physically deteriorating	6
behavioural problem	6
resident is dying	4
• When making decisions about residents' care	10
• When dealing with difficult families	10
• Always	9
• When nurse feels rundown	7
• When there is friction or conflict among the staff	7
• When the workload is frantic	7
• Having to supervise or discipline other staff	4
• When there are major unit changes	1

Examples from the data will clarify the meanings of each of these categories. Instances of **changes in the residents´ condition** are: "particularly when the patient is in a grave condition"; "when nothing seems to work and attempts seem to be dead end and residents seem to deteriorate mentally, physically or spiritually"; "it´s difficult to manage confused, aggressive or demanding residents"; "when a resident has unaccountably sickened, died alone or been injured".

The category **making decisions** contained examples like these: "when I have to make a decision with no administrative backing"; "when making a decision about what action to take, words to say or when to call in a physician".

Examples of needing support to deal with families who were perceived to be **difficult** are: "angry relatives" and "families who are resistant to change".

These nurses described needing support when they were **rundown** "and things hadn´t been going well", or "when I´m exhausted".

Friction or conflict amongst staff is illustrated by statements like: "working with critical or unappreciative physicians"; "when workers aren´t pulling together for the care of elderly residents and doing as little as possible and criticizing others rather than doing their workload".

Occasions when the **workload is frantic** are explained by phrases like: "harassed and overworked because of lack of a

ward clerk"; "staff shortages and unexpected delays in completing one´s work"; "all residents wanting care at the same time".

Supervision or disciplining staff is illustrated by statements such as: "when authority must be used to discipline staff"; "when nurse aides aren´t giving the care I´d like to think I would give".

What do Extended-care nurses expect to happen when they need support?

The data Extended-care nurses provided about what support they expect to receive when they need it was categorized into four main points as set out in Table 3.

Table 3

Frequency Distribution of the Type of Support Extended-care Nurses Expect When They Need It

Extended-care Nurses' Expectations	Number of Nurses Mentioning Item (N=49)
• Support staff doing their jobs	31
• Opportunity to discuss, consult	29
• Feedback, approval from supervisors, peers, families, residents	20
• Volunteers	8

Here are some examples of what the Extended-care nurses meant by each of theses categories. "Support of supervisor and teammates to ensure that the very best care is being given"; "nurse aides who are skilled at communicating and using good judgement about notifying the nurse about changes in residents" are examples of **Support staff doing their jobs.**

Opportunity to discuss/consult is exemplified by the following selections: "verbal sharing of ideas"; discussions of moral legal implications and personal beliefs"; "sharing ideas with nursing and activity personnel about successes and failures of treating psychogeriatric patients".

Some illustration from the category **feedback** are: "confirmation and consensus that the correct decision was made and that peers agree that what I did was the right thing"; "backing me up repeatedly"

A smaller number of respondents suggested that **volunteers** to "provide feeding so that residents could be fed with dignity"; "take residents to activities"; "listen and care and help ward off loneliness"; "develop close one-to-one relationships with residents"; "help take residents outside on outings".

What do Extended-care Nurses expect to happen when they seek support?

The responses to this question (Table 4) are in keeping with the responses of the previous question (Table 3) about what they expect to happen when they need support.

Table 4

Frequency Distribution of What Extended-care Nurses Expect to Happen When They Seek Support.

Extended-care Nurses' Expectations	Number of Nurses Mentioning Item (N=48)
• Cooperation from coworkers	22
• Consultation/advice	16
• Understanding/listened to	16
• Appreciation/approval	6
• Support (undifferentiated)	4
• Nonsupport	1

What do Extended-care nurses receive when they seek support?

Table 5 indicates that these Extended-care nurses receive the support they need when they seek it. Team cooperation from the support staff and understanding consultation are congruent with their rank ordering of their expectations (Tables 3 and 4). Support in the way of encouragement, praise and approval does not rank as high in their perceptions of the support they receive as it does in their expectations.

Table 5

Frequency Distribution of What Extended-care Nurses Receive When They Seek Support

Support Received	Number of Nurses Mentioning Item (N=38/49)
• Cooperation from other departments, professionals and subordinates	18
• Understanding /listening	16
• Consultation/advice/suggestions	14
• Support needed (undifferentiated)	10
• Encouragement/appreciation/ approval	8
• Varies/depends	4
• Touch	2

From whom do Extended-care nurses seek support?

Table 6 outlines the people from whom nurses working in Extended-care seek support to nurse the institutionalized elderly. The most sought after group is immediate registered nurse colleagues, followed by the supervisory and subordinate groups. Clearly the immediate peer group is the first place registered nursed seek work-related support.

Table 6

Frequency Distribution of People From Whom Extended-care Nurses Seek Support.

From Whom Support Is Sought	Number of Nurses Mentioning Item (N=47/49)
• Registered nurses	33
• Administrators/management	18
• Nurses´aides/LPNs	16
• Outside family/friends	10
• Social workers	9
• Non specific responses	9
• Clergy	6
• Families of residents	4
• Physicians	4
• Nutritionists/dietary	3
• Occupational/physiotherapists	3
• Pharmacists	3
• Reactivation aides	3
• Residents	3
• Clinical Nurse Specialist	1
• God	1
• Volunteers	1
• Long term care assessor	1
• Own thoughts	1

What strategies do Extended-care nurse employ when seeking support?

Extended-care nurses reported that they use a forthright, direct approach when they seek support in the verbal and written form as outlined in Table 7.

Table 7

Frequency Distribution of Strategies Extended-care Nurses Employ When They Seek Support

Support Seeking Strategy	Number of Nurses Mentioning Item (N=46/49)
• Clear direct approach/ face-to-face or telephone	42
• Memorandum/communications book/requisitions	9
• Staff meeting/team conference	7
• Prayer	3
• Passive indirect approach	3
• Use of readings/lectures	2

From whom do Extended-care nurses receive support without seeking it?

As Table 8 outlines, they nurses receive support without seeking it primarily from their nurse colleagues. They report receiving support spontaneously from the same group of colleagues from whom they seek it.

Table 8

Frequency Distribution of Unsolicited Resources of Support for Extended-care Nurses

Unsolicited Support Resources	Number of Nurses Mentioning Item (N=49)
• Nurse aides/ Licensed Practical nurses	32
• Registered nurses	29
• Supervisors/administration	21
• Family/friends outside	13
• Social services	5
• Physiotherapists/occupational therapists	9
• Residents and their families	8
• Physicians	7
• Church volunteers	3
• No one/no support	3
• Counselor	2
• Unit clerk	1
• Dietitian	1

What kind of unsolicited support do Extended-care nurses receive?

Table 9 suggests that the greatest amount of unsolicited support is for those tasks for which Extended-care nurses stated they need the most support: changes in patient condition, and ensuring that the unit is running smoothly. These data indicate that Extended-care nurses spontaneously receive the support they need for the two major responsibilities in their work.

Table 9

Frequency Distribution of Tasks For Which Extended-care Nurses Receive Unsolicited Support

Unsolicited Support Received	Number of Nurses Mentioning Item (N=49)
Assistance with:	
• Physical activities/ patient care	23
• Managerial jobs/ running the unit	11
• Religious activities	5
• All activities	4
• No activities	4
• Dying/combative patients	3

What are Extended-care nurses´ perceptions of when their colleagues need support?

Table 10 reveals that Extended-care nurses´ perceptions of when their colleagues need support is similar to those occasions they cited for themselves.

Table 10

Frequency Distribution of Extended-care Nurses' Perceptions of When Their Colleagues Need Support

Colleagues Need Support When	Number of Nurses Mentioning Item (N=44/49)
• Workload is heavy/short staffed	18
• Resident is dying or deteriorates	18
• Resident's behaviour is difficult (confused, agitated, aggressive, demanding, abusive)	15
• Nurse is upset, tired, stressed, frustrated, discouraged	15
• There is interpersonal conflict among staff/staff morale is low	14
• Personal problems are great	11
• Making decisions about resident care	10
• Disciplining/supervising nursing care given by subordinates	9
• All the time	5
• Preparing for resident conferences	2

The Extended-care nurses were articulate about the activities for which their colleagues require support. These specific data provide clear ideas about when they could be helpful to their co-workers.

When asked to indicate specific items for which their colleagues need support these nurses articulated several leadership functions outlined in Table 11.

Table 11

Frequency Distribution of Extended-care Nurses' Perceptions of Activities For Which Their Colleagues Need Support

Colleagues' Activities Requiring Support	Number of Nurses Mentioning Item (N=38/49)
• Disciplining/supervising/securing cooperation from subordinates	14
• Introducing changes in nursing care procedures/routines	13
• Making decisions about residents' nursing care	12
• Liaisoning with families/ other departments	11
• Dealing with difficult residents (dying, uncooperative, confused, deteriorating)	9
• All the time	6

What are Extended-care nurses' perceptions of the type of support their colleagues need?

Extended-care nurses' perceptions of what type of support their colleagues need (Table 12) resembles the type of support they perceive they need to do their job (Tables 3 and 4). These data suggest that Extended-care nurses have a firm idea about what is required to do the tasks of nursing the institutionalized elderly.

Table 12

Frequency Distribution of Extended-care Nurses' Perceptions of the Type of Support Their Colleagues Need

Support Required by Colleagues	Number of Nurses MentioningItem (N=42/49)
• Opportunity for consultation (guidance, sharing ideas, mutual problem-solving)	23
• Physical assistance (lending a hand)	19
• Understanding (empathy, time to be listened to)	17
• Encouragement (appreciation, praise, moral support)	14
• Backup (approval, reassurance)	10
• Miscellaneous:	
availability of physician	2
humour	1
touching	1
break from situation	1
• Vague response (eg. physical/emotional social/spiritual support)	4

When do Extended-care nurses give support to their colleagues?

The category with the highest frequency is undifferentiated: they indicated that their colleagues need support all the time (Table 13). Thirteen nurses did not respond to this question.

Table 14 outlines those occasions for which colleagues seek support from the respondents. In response to this question they are more specific about when their co-workers need support.

Table 13

Frequency Distribution of the Activities For Which Extended-care Nurses Give Support to Their Colleagues

Kind of Activities	Number of Nurses Mentioning Item (N=36/49)
• All activities	12
• Physical care	9
• Talking about personal problems	9
• Nursing client in crisis: (deteriorating/dying/aggressive)	7
• Handling inter-staff conflict	6
• Making nursing care plans	6
• Preparing staff rotation schedule and evaluations	4
• Relating to relatives and friends of residents	4
• Preparing for resident conferences	3
• Liaisoning with other departments	2

Table 14

Frequency Distribution of When Colleagues Seek Support From Extended-Care Nurses

Colleagues Seek Support When	Number of Nurses Mentioning Item (N=38/49)
• Coping with a crisis with a difficult, dying or deteriorating client	14
• Requiring physical assistance	13
• Making decisions and need consultation	10
• Handling inter-staff conflict	8
• Wanting to discuss personal problems	6
• Disciplining or evaluating staff	5
• Communicating with relatives and friends of residents	5
• Preparing for case conferences/ doing paperwork	4
• Requiring staffing or different staff scheduling patterns	4
• Needing back-up/approval	3
• Innovating a change	3
• Communicating with other departments	1

What kind of support do Extended-care nurses give their colleagues?

Extended-care nurses perceive that they provide their colleagues with the kind of support they require (Table 15). The four top categories are congruent with the type of support they perceive their colleagues need (Table 12).

Table 15

Frequency Distribution of the Kind of Support Extended-care Nurses Give to Their Colleagues

Kind of Support Provided	Number of Nurses Mentioning Item (N=38/49)
• Listening/understanding	21
• Advice/guidance/problem-solving	20
• Physical assistance with residents´ care	16
• Encouragement/reassurance/praise	11
• Emotional support (undifferentiated)	7
• Cooperation with care plan	4
• Intellectual support (undifferentiated)	2
• Assistance with staff evaluation	1
• Providing adequate staff	1
• Providing break from the situation	1

Whom do Extended-care nurses support at work?

Just as Extended-care nurses receive support from their registered nurse peers, supervisors and subordinates, so they provide support at work primarily to that same group (Table 16). They reported providing support to their superiors to a lesser extent than they perceive seeking (Table 6) or receiving (Table 8) support from that group. Their reported frequency of providing support to subordinates equals their reported frequency of receiving support from that group (Table 8), yet they reported seeking support from that group to a much lesser extent (Table 6). They reported providing more support than they perceive receiving from the registered nurse group (Table 8).

Although the reported support provided to any one department is small, these nurses perceive that they provide support to a wide assortment of employees and departments in their agencies/units. This finding may reflect the central role nurses have in Extended-care where they provided around-the-clock services and are responsible for coordinating the care their residents receive. They reported providing more support to a greater number of other departments than they perceive seeking (Table 6) or receiving (Table 8) support.

Table 16

Frequency Distribution of Whom Extended-care Nurses Support At Work

Colleagues To Whom Support is Provided	Number of Nurses Mentioning Item (N=41/49)
• Registered nurses	34
• Nurse aides/LPNs	30
• Head nurse/supervisor/ Director of Nursing Unit	17
• Everyone (undifferentiated)	10
• Other hospital departments:	
• housekeeping	7
• social work	6
• kitchen	6
• reactivation	5
• PT/OT	3
• physiotherapy	3
• unit clerk	2
• laundry	2
• volunteers	1
• staffing officer	1
• Relatives	5
• Residents	7

What prevents Extended-care nurses from providing support to work colleagues?

These nurses provided rich data explaining what prevents them from supporting co-workers (Table 17). Lack of time is one reason that is self-explanatory. Extended-care nurses do not support their colleagues when they disrespect their colleagues actions or stance on an issue. Sometimes they are distressed about the same incident and require support themselves. When they are tired or depressed, have personal problems of their own, are "moody" or lack energy they do not support their colleagues. When they are uncertain of how their support will be received they do not extend it. Sometimes they fear rejection, or they hesitate because they are uncertain about how their support will be interpreted by the receiver. They occasionally withhold support for fear of intruding on their colleague's privacy. These data are reported in Table 17.

Table 17

Frequency Distribution of What Prevents Extended-care Nurses From Providing Support to Colleagues

Reason Preventing	Number of Nurses Mentioning Item (N=42/49)
• Heavy workload/no time	31
• Disrespect/disagreement	20
• Personal situation	11
• Uncertainty of consequences	9
• Unawareness of others´ needs	6
• Physical layout of the unit	1

What are Extended-care nurses' feelings about receiving and not receiving support?

Here are some examples of how Extended-care nurses reported feeling when they receive support: "ready to give out my support", "strengthened", encouraged to continue", "closer to coworkers", "part of the team", and "more energetic". Clearly, receiving support is an energizing experience for them as evidenced by their overwhelmingly positive responses to receiving it (Table 18).

In contrast, their feelings are quite negative about not receiving the support they perceive they need (Table 19).

Table 18

Frequency Distribution of How Extended-care Nurses Feel When They Get Support to Care For the Elderly

Feelings/Reactions	Number of Nurses Mentioning Item (N=41/49)
• Grateful/relieved	19
• Better able to cope/renewed	16
• Worthwhile/valued	16
• Satisfied/accomplished	8
• Relaxed/less stressed	4

Table 19

Frequency Distribution of How Extended-care Nurses Feel When They Do Not Get Support

Feelings/Reactions	Number of Nurses Mentioning Item (N=44/49)
• Frustrated/disappointed	32
• Not respected/neglected	13
• Angry/resentful	11
• Inadequate	6
• Acceptance/self-reliance	5
• Motivated to seek support outside	3
• Overwhelmed	2
• Want to leave nursing	1
• Rarely happens	2

How do Extended-care nurses feel about seeking support?

There are a mixture of feelings expressed about seeking support in the workplace. Some were positive and hopeful, others were negative indicating annoyance or personal vulnerability at seeking support (Table 20). Although positive feelings were reported most frequently various negative feelings were disclosed.

Table 20

Frequency Distribution of How Extended-care Nurses Feel When They Seek Support

Feelings/Reactions	Number of Nurses Mentioning Item (N=42/49)
• Hopeful/confident	18
• OK	11
• Anxious	8
• Embarrassed/vulnerable	7
• Guilty/apologetic	3
• Annoyed at having to seek it	3
• Do not seek support	1

How do Extended-care nurses feel about providing support?

The adjectives they used to describe their feelings when they provide support are overwhelmingly positive (Table 21). Here are some of the specific feeling words they used to describe their positive reaction to giving support: "strengthened in self", "as if I have something to share and help others", "pleased that I've been asked", "caring", "responsible", "fulfilled", "rewarded", "filled with a sense of purpose", and "cooperative".

Table 21

Frequency Distribution of How Extended-care Nurses Feel When They Give Support.

Feelings/reactions	Number of Nurses Mentioning Item (N=43/49)
• Fulfilled	26
• Part of the team	12
• Competent	12
• OK	4
• Open to criticism	1

Chapter 5: DISCUSSION

Support Receiving

Extended-care nurses' ideas about the support they require to care for the institutionalized elderly included aspects from the cognitive, affective and physical domains. Their emphasis was on the cognitive and affective support that they need for doing their jobs. They stated they need colleagues who can keep their objectivity and help them solve problems. They want people around them who know how to listen non-judgementally, and who have the generosity of providing them with positive comments about their work. Having co-workers who have the awareness of when assistance is needed and a willingness to pitch-in is helpful for these Extended-care nurses. Their support requirements demand that their colleagues be observant and skilled in interpersonal communication.

The registered nurses in this study are often in charge of a ward, and are the ones directly responsible for the nursing care administered. Unlike some other nursing situations, these nurses are often the only registered nurse on duty, and are the direct line supervisor for the Nurse Aides and the Licensed Practical Nurses. This information might explain the fact that their highest priority for support is a change in the residents' health status. When there is a change in the residents' well-being, it is the registered nurse who must make a decision about what action

to take. She needs to know when to change the nursing approach, when to get the physician's input, or when to wait and see. As the nurse in charge, she has to convince the subordinate staff of the wisdom and efficacy of her decisions so that they cooperate with it as they are the direct care givers.

The Extended-care nurses reported three difficult interpersonal situations for which they require support: when dealing with difficult families, when there is friction or conflict amongst the staff and when they have to discipline other staff. All three activities underline their feelings of responsibility for the smooth functioning of the unit because they are the senior nursing staff member in charge of the unit.

Being the leader in ironing out interpersonal difficulties with families and staff members puts more onus on these nurses and it is not surprising to see these areas surface as situations requiring support. Many nursing programs do not have courses on how to handle upset families, resolve staff conflict, or discipline subordinates in the workplace. These situations require special interpersonal skills and approaches of leadership for which many nurse may not have received formal training.

They are responsible for the nursing care on the unit and it falls on them to coordinate the care residents receive from all the services of other members of the health care team, in addition to nursing services. Being in charge means they have numerous decisions to make and having the

opportunity to talk these over is considered supportive. To a great extent these nurses reported needing approval for their work. This desire for back-up and positive feedback might reflect the loneliness and vulnerability they feel being the nurse in charge and insuring that the unit is running smoothly. The ways in which they would employ volunteers was explicitly outlined, suggesting that they have given considerable thought to the benefits of this support.

The repetition of the themes of support requirements, including the type of support and when it is needed, indicates that these nurse know what support is essential for their role. To a great extent these Extended-care nurses receive the support they require to nurse the institutionalized elderly.

What also seems apparent is that Extended-care nurses require support on an ongoing, day-to-day basis, not at a meeting which might be scheduled a few days away. Formal support groups would not likely meet the needs for on-the-spot assistance for the situations they cited.

The strength and colourfulness of their phrases to describe their feelings about receiving and not receiving support at work suggest that support is an important commodity to enhance the well-being and good feelings of Extended-care nurses. And conversely, lack of support detracts from such feelings.

Support Providing

When referring to themselves the Extended-care nurses did not indicate that they needed support when the unit is short staffed or the workload heavy, although this was the most frequently endorsed category when referring to their colleagues (Table 10). It is unlikely that they would not need support at busy times, but their conceptualization of their own support needs is more in keeping with their management focus. It is possible that the respondents were considering the situation of their subordinates, the Nursing Aides and Licensed Practical Nurses, who would be bogged under when the workload increases and their staffing ratio does not. In such circumstances they would make their distress known to the nurse in charge.

There is indication that they perceive that their colleagues need less support for making decisions than they do, but on the whole, the type of support they believe their colleagues need is very similar to kind of support they deem is important for themselves. This pattern suggests that Extended-care nurses have a clear picture of what is supportive to accomplish their work. The data imply that they might be empathic to each others' support needs because of their consistent articulation of what they need to carry out their tasks.

There was some lack of specificity when the Extended-care nurses described when they provided support to their colleagues. Whether the lack of specificity indicates that in fact their colleagues do require support all the time, or

whether these nurses are unclear about when they offer support to co-workers is not clear. The remaining categories are articulate and clear. This discrepancy could suggest that some nurses are clear about when they provide support whereas others are vague.

It is not known why there is such a higher frequency of "no response" to questions about providing support. These questions came later in the questionnaire and perhaps respondents were tired or rushed, or perhaps these nurses are not as aware of the occasions for which they provide support to colleagues. Subsequent questions were responded to with more detail.

The notion that colleagues have personal problems that require support before they can do their work effectively is acknowledged as a significant support requirement for colleagues. It is interesting that this category surfaced when referring to others but not to themselves. Perhaps this category did not appear in the first section because it might be difficult for them to admit that personal problems require support at work. It is also possible that others turn to them for support for personal problems because they are the leaders of the unit.

These nurses described feeling very positive about providing support to their colleagues. It follows that the opportunity to provide support could have a positive on the milieu of the workplace.

Support Seeking

What accounts for the mixture of positive and negative feelings about seeking support is not known. It might be related to personality characteristics of the nurse or features of the situation, including the individuals from whom support is being sought. Since support appears to be such an important feature of the workplace for these Extended-care nurses, it is important to investigate what contributes to the positive and negative feelings about seeking support.

Chapter 6: SIGNIFICANCE AND IMPLICATIONS OF THE FINDINGS

The major finding of this study was that nurses working in Extended-care seek, receive and provide the kind of support they need to do their job primarily from other registered nurses, and from the nursing staff in positions subordinate and superior to them. In the public domain in Canada and the USA people turn to family members, friends, neighbours, physicians and clergy for help with problems to a much greater extent than they turn to mental health professionals (Gottlieb, 1983, p. 279). It follows that employees might more readily turn to colleagues for support about work-related problems, than they would to people outside the work setting who might not be as familiar with the workplace and its special problems.

There are four levels of support for people in the community (Gottlieb, 1983):

- professional helpers;
- self-help groups;
- neighbourhood-based helping networks; and,
- primary social networks.

For nurses there are analogous sources of support available for handling work-related concerns:

- professional nursing associations and unions;
- clinical specialty interest groups;
- administrative personnel in the organization; and,
- colleagues in the immediate workplace.

What this study revealed is that, like the population at large, these nurses tap the immediate, informal helping resources in their environment. Since receiving and providing support positively affect how these Extended-care nurses feel, it is essential that the workplace continue to allow for this support exchange for nurses caring for the institutionalized elderly.

These nurses were quite explicit about the support they need to do their work. This information could heighten participants' and administrators' awareness of the support needs of their colleagues, which in turn could encourage the continuation of support reported by these nurses.

There are indications of where the support behaviours of nurses working in Extended-care might benefit from changes:

- Nurses reported that they receive less support from their RN colleagues than they seek. This finding might be explored in more depth with the Extended-care nurses in order to discern its significance.
- Nurses reported receiving much support from subordinate staff. How much this support is acknowledged could be explored to discover whether the support exchange with other parts of the system is satisfactory.
- Many nurses reported experiencing negative feelings about asking for support. Since support is so useful in carrying out the tasks of being an Extended-care nurse, feeling at ease with securing this essential commodity would facilitate its exchange. Sometimes nurses withhold support for fear of being rejected. One goal of orientation sessions and regular ward meetings could be to increase nurses´ comfort with seeking and providing support until it becomes an integrated norm and standard of ward/unit behaviour.
- One of the prime reasons preventing nurses from providing support is being too busy. Because support helps Extended-care nurses to plan and carry out their duties and to feel so good about work, administrators might take this information into consideration when determining the staffing patterns on the units.
- Nurses are sometimes prevented from providing support when they disagree with a colleagues about an issue. Since staff conflict was an area requiring support, Extended-care nurses might benefit from discussions on how to support others with

whom they disagree, or on how to relate to others in a manner that avoids escalating and entrenching the conflict.

- There is evidence that more support in the form of encouragement, reassurance, praise and acknowledgement would be appreciated by nurses working in Extended-care. Becoming aware of this gap may encourage Extended-care nurses to tune into their own needs for recognition, and to the needs of their colleagues.
- The undifferentiated responses about providing support to colleagues may reflect either a less clear conceptualization, or a less specific articulation about giving support. The source of this ambiguity could be explored with the participating units/agencies in order to discern the underlining reason, and to discover implications for changes.

Extended-care nurses require support for the ongoing, day-to-day issues they face in caring for the institutionalized elderly, and in managing the units. Their support requirements need to be met on the spot, not at a formal support meeting that might be scheduled several days or a week away. This knowledge will be helpful to the participants and nurse administrators; it heightens their awareness of the support requirements for Extended-care nurses and increases the chances of the support needs being recognized and met. Meetings might be useful for some of the educative aspects of seeking and providing support, and for discussing unit management strategies in general. For

example, the nurses might benefit from sessions an the process making good decisions, as this areas surfaced as a support requirement.

The overwhelmingly positive feelings experienced by nurses when giving and receiving support make this activity one that is worthwhile to facilitate. Although it is not a costly resource in terms of requiring special equipment or personnel, it does require time and interpersonal skills to exchange support in the workplace. This finding has implications for hiring practices, as well as staffing ratios of the Extended-care nursing units. There must be adequate numbers of supportive staff to allow nurses the freedom to seek support for themselves, and to provide support for their co-workers. Nursing in Extended-care settings is complex and stressful as these data indicate. Provisions for ongoing support in the workplace can help nurses cope with the demands of gerontological nursing.

Many of the issues for which nurses need support are related to their management activities as nurse in charge of a unit. Since this finding recurred frequently it might be helpful to provide special sessions on the leadership skills of problem solving and decision making, conflict management, supervision, and consultation.

This study raises an issue that generates research questions for the next step in the study of support for nurses working in Extended-care. What accounts for the supportive milieu of the Extended-care units studied? This study exposed what the support behaviours of Extended-care

nurses are, but what accounts for them remains to be uncovered. What is the relationship between supportive working environments and nurses' personal coping strategies?; personality characteristics?; satisfaction with their job?; and, availability of personal support systems? These are examples of questions about support in the nursing workplace that wait to be answered. In keeping with the literature on stress in the healthcare workplace, it is important to learn about the features of support that are related to stress. What type of support relieves stress, in which situations, and with what type of nurses?

Learning to give support as an employee and to facilitate its provision as an administrator must begin early in the nurse's socialization process. The seeds of belief in the benefits of support at work can be planted early in professional curriculae and strengthened through practice and role modeling by instructors. Collegial support can be fostered during the student experience so that professional graduates, whether administrators or clinicians, emerge with the skills for giving support solidly integrated into their professional competency (Smith & Varoglu, 1985).

Gardner and Wheeler (1981) warned that in North American culture "where computers will soon revolutionize health care delivery services, it seems imperative to study constructs such as caring and support. If not better understood, these concepts may be relegated to a less

important place in the provision of health care" (79). This study of support for Extended-care nurses underlines the importance of support in the workplace and provides suggestions for changes in clinical practice, administration education and research.

BIBLIOGRAPHY

Baider, L. & Porath, S. (1981). Uncovering fear: Group experience of nurses in a cancer ward. International Journal of Nursing Studies, 18, 47-52.

Baldwin, A., & Bailey, J.T. (1980). Work-site interventions for stress reduction. Journal of Nursing Education, 19 (16), 48-53.

Beyer, J.E., & Marshall, J. (1981). The interpersonal dimension of collegiality. Nursing Outlook, 29(11), 662-665.

Brown, L.N. (1984). Mutual help staff groups to manage work stress. Social Work With Groups, 7(2), 55-66.

Burke, R.J. & Weir, T. (1975). Receiving and giving help with work and non-work related problems. Journal of Business Administration, 6(2), 59-78.

Burke, R.J., Weir, T., & Duncan, G. (1976). Informal relationships in work organizations. Academy of Management Journal, 19(3), 370-371.

Burke, R.J., & Weir, T. (1978) Organizational climate and informal helping processes in work settings. Journal of Management, 4(2), 91-105.

Burke, R.J. (1982a). Disclosure of problems and informal helping in work settings, Psychological Reports, 50, 811-817.

Burke, R.J. (1982b). Personality, self-image and informal helping processes in work settings. Psychological Reports, 50, 1295-1302.

Burke, R.J. (1985). Stress and burnout in organizations: Implications for personnel and human resource management. Unpublished manuscript. York: York University, Faculty of Administrative Studies.

Calhoun, G.L. (1980). Hospitals are high-stress employers. Hospitals, June.

Cassem, N.H., & Hackett, T.P. (1975). Stress on the nurse and therapist in the intensive-care unit and the coronary-care unit. Heart & Lung, 4(2), 252-259.

Chiriboga, D.A., Jenkins, G., & Bailey, J. (1983). Stress and coping among Hospice nurses: Test of an analytic model. Nursing Research, 32(5), 294-299.

Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38(5), 300-314.

Cohen, C.I. & Adler,A. (1984). Network interventions: Do they work? The Gerontologist, 24(1), 16-22.

Crawford, R. L., & Walsh, D. V. (1984). Rank, stress and social support. In R.J. Burke (Ed.), Current issues in occupational stress: Research and intervention. (pp. 410-446). Downsview, Ontario: York University, Faculty of Administrative Studies.

Cronin-Stubbs, D. & Brophy, E.B. (1985). Burnout: Can social support save the psych nurse? Journal of Psychosocial Nursing, 23(7), 8-13.

Dean, A., & Lin, N. (1977). The stress buffering role of social support: Problems and the prospects for systematic investigation. Journal of Nervous and Mental Diseases, 165 403-417.

Deming, A.L. (1984). Personal effectiveness groups: A new approach to faculty development. Journal of College Student Personnel, January, 54-60.

Diminno, M., & Thompson, E. (1980). An interactional support group for graduate nursing students: A report. Journal of Nursing Education, 19(3), 16-22.

Dimond, M., & Jones, S.L. (1983). Social support: A review and theoretical integration. In P.L. Chinn (Ed.), Advances in Nursing Theory Development, (pp. 235-249). Rockville, Maryland: An Aspen Publication.

Eckenrode J., & Gore, S. (1981). Stressful events and social supports: The significance of context. In B.H. Gottlieb (Ed.), Social networks and social support (pp. 43-68). Beverly Hills, California: Sage Publications.

Freudenberger, H.J. (1983). Burnout: Contemporary issues, trends, and concerns. In B.A. Farber, (Ed.), Stress and burnout in the human service professions (pp. 23-28). New York: Pergamon Press.

Gentry, N.D., Foster, S.B., & Froehling, S. (1972). Psychological response to situational stress in intensive and non-intensive nur ng. Heart and Lung, Nov.-Dec., 793-796.

Goetzel, R.Z., Shelov, S., & Croen, L.G. (1983). Evaluating medical student self-help support groups: A general systems model. Small Group Behavior, 14,(3), 337-352.

Gottlieb, B.H. (1983a). Social support as a focus for integrative research in psychology. American Psychologist, 38 278-287.

Gottlieb, B.H. (1983b). Social support strategies: Guidelines for mental health practice. (Volume 7, Sage studies in community mental health.) Beverly Hills, California: Sage Publications.

Gottlieb, B.H. (1985). Social support and the study of personal relationships. Journal of Social and Personal Relationships, 2, 351-75.

Gray-Toft, P., & Anderson, J.G. (1983). A hospital staff support program: Design and evaluation. International Journal of Nursing Studies, 20(3), 137-147.

Guba, E.G., & Lincoln, Y.S. (1982). Effective evaluation. San Francisco: Jossey-Bass Publishers.

Hache-Faulkner, N., & Mackay, R.C. (1985). Stress in the workplace: Public health and hospital nurses. Canadian Nurse, 81(4), 40-42.

Hartl, D.E. (1979). Stress management and the nurse. Advances in Nursing Science, 91-100.

Hay, D. & Oken, D. (1972). The psychological stresses of Intensive Care Unit nursing. Psychosomatic Medicine, 4 (2), 109-118.

Hirsh, B.J., & David, T.G. (1983). Social networks and work/non-work life: Action-research with nurse managers. American Journal of Community Psychology, 11(5), 493-507.

Holahan, C.J., & Moos, R.H. (1983). The quality of social support: Measures of family and work relationships. British Journal of Clinical Psychology, 22, 157-162.

House, J.S., (1981). Work stress and social support. Reading MA.: Addison-Wesley Publishing Company.

Keane, A., Ducette, J. Adler, D.C. (1985). Stress in ICU and non-ICU nurses. Nursing Research, 34(4), 231-236.

Jacobs, R. (1982). Nurses matter too. Nursing Mirror, February, 27-29.

Jayaratne, S., & Chess, W.A. (1984). The effects of emotional support on perceived job stress and strain. The Journal of Applied Behavioral Science, 20,(2), 141-153.

Kornfeld, D.S. (1971). Psychiatric problems of and Intensive Care Unit. Medical Clinics of North America, 55(5), 1353-64.

Leatt, P., & Schneck, R. (1983). Perceptions of stress by nurses in different specialities: Some implications for nursing administrators. Nursing Papers, 15(4), 19-32.

Leininger, M. (1985). Nature, rationale, and importance of qualitative research methods in nursing. In M.M. Leininger (Ed.), Qualitative research methods in nursing (pp.1-25). Orlando: Grune & Stratton, Inc.

Lin, N., Ensel, W.M., Simeone, R.S., & Kwo, W. (1979). Social support, stressful life events, and illness: A model and an empirical test. Journal of Health and Social Behavior, 20, 108-119.

Maloney, J.P., & Bartz, C. Stress-tolerant people: Intensive care nurses compared with non-intensive care nurses. Heart and Lung, 12(4), 389-394.

Mendelson, R. (1982). The emergence of support groups from an employee health service department. Occupational Health Nursing, 25-26.

McDermott, B. (1983). A preventive approach to staff stress. Canadian Nurse, 79(2), 27-29.

McKinlay, J.B. (1973). Social networks, lay consultation and help-seeking behaviour. Social Forces, 51, 275-291.

Miles, M.B., & Huberman, A.M. (1984). Qualitative data analysis: A sourcebook of new methods. Beverly Hills: Sage Publications.

Mueller, D.P. (1980). Social networks: A promising direction for research on the relationship of social environment to psychiatric disorder. Social Sciences and Medicine, 14A, 147-161.

Norbeck, J.S. (1982). The use of social support in clinical practice. Journal of Psychiatric Nursing and Mental Health Services, 20(12), 22-29.

Norbeck, J.S. (1985). Types and sources of social support for managing job stress in critical care nursing. Nursing Research, 34(4), 225-230.

Oskins, S.L. (1980). Identification of situational stressors and coping methods by intensive care nurses. Heart & Lung, 8(5), 953-960.

Patton, M.Q. (1980). Qualitative evaluation methods. Beverly Hills: Sage Publications.

Pilisuk, M., & Froland, C. (1978). Kinship, social networks, social support and health. Social Sciences and Medicine, 12B, 273-280.

Pines, A. On burnout and the buffering effects of social support. In B.A. Farber (Ed.), Stress and burnout in the human service professions (pp. 155-174). New York: Pergamon Press.

Quenneville, Y., Falardeau, M., & Rochette, D. (1982-82). Evaluation of staff support system in a palliative care unit. OMEGA, 12(4), 355-358.

Rogers, J., & Cochrane, J. (1984). Life event stress: Implications for the workplace. Canada's Mental Health, 2-5.

Scully, R. (1981). Staff support groups: Helping nurses to help themselves. The Journal of Nursing Administration, 11, (3), 48-51.

Scully, R. (1983). The work-setting support group: A means of preventing burnout. In B.A. Farber (Ed.), Stress and burnout in the human service professions (pp. 188-197). New York: Pergamon Press.

Skinner, K. (1980). Support groups for ICU nurses. Nursing Outlook, May, 296-299.

Stehle, J.L. (1981). Critical care nursing stress: The findings revisited. Nursing Research, 30,(3), 182-186.

Stringer, B. (1984). Nurse heal thyself: Your work could be killing you. The Canadian Nurse, 80(10), 18-22.

Taerk, G. (1983). Psychological support of oncology nurses: A role for the liaison psychiatrist. Canadian Journal of Psychiatry, 28, 532-535.

Taylor, L., & Salend, S.J. (1983). Reducing stress-related burnout through a network support system. The Pointer, 27 (4), 5-9.

Taylor, S.J. & Bogdan, R. (1984). Introduction to qualitative research methods: The search for meanings (2nd ed.). New York: John Wiley & Sons.

Tripp-Reimer, T. (1985). Combining qualitative and quantitative methodologies. In M.M. Leininger (Ed.), Qualitative research methods in nursing (pp.179-194). Orlando: Grune & Stratton, Inc.

Vachon, M.L.S. (1984). Occupational stress in the care of the critically ill and dying. In R.J. Burke (Ed.), Current Issues in occupational stress: Research and intervention (pp. 114-125). Downsview: York University, Faculty of Administrative Studies.

Vreeland, R., & Ellis, G.L. (1969). Stresses on the nurse in an Intensive-Care Unit. Journal of the American Medical Association, 208(2), 332-334.

Webster, S., Kelly, L.A., Johst, B., Weber, R., & Wickes, L. (1982). A method of stress management: The support group. Nursing Management, 13(9), 26-30.

Weiner, M.F., & Caldwell, T. (1983). The process and impact of an ICU nurse support group. International Journal of Psychiatry in Medicine, 13(1), 47-55.

Weiner, M.F., Caldwell, T., & Tyson, J. (1983). Stresses and coping in ICU nursing: Why support groups fail.General Hospital Psychiatry, 5, 179-183.

West, N.D. (1975). Stress associated with ICUs affect patients, families, staff. Hospitals, 49, 62-63.

Wilson, P.A. (1983). Towards more effective intervention in natural helping networks. Social Work in Health Care, 9 (2),81-88

APPENDIX A:

SAMPLE LETTER OF INVITATION TO PARTICIPATE IN STUDY TO DIRECTORS OF NURSING

UNIVERSITY OF VICTORIA

P.O. BOX 1700, VICTORIA, BRITISH COLUMBIA, CANADA V8W 2Y2
TELEPHONE (604) 721-7211, TELEX 049-7222

School of Nursing
721-7954

DISTRIBUTION LIST ATTACHED

January 25, 1984.

Director of Nursing,

Dear

I am interested in studying support for registered nurses caring for elderly residents of extended care institutions in Victoria. This study will seek answers to the following questions:

1. What does support mean to extended care nurses?

2. What are the support needs of extended care nurses to care for institutionalized elderly?

3. What are the support seeking and receiving behaviors of extended care nurses to care for institutionalized elderly?

4. What are the support providing behaviors of extended care nurses related to caring for the institutionalized elderly?

The method of investigation consists of the administration of two standardized written questionnaires. The total time to complete both questionnaires is approximately 30 minutes. Two research assistants would administer the interviews at the registered nurses' convenience at the work place. Anonymity of all participants will be ensured. Participation in this study is completely voluntary.

continued.....

At this point I am interested in knowing if your agency would like to participate in this study. I would be happy to answer any questions or concerns you have now and later will provide you with more complete details of the study. Your agency will receive a copy of the report of the study.

I would appreciate hearing from you at your earliest convenience about whether your agency will participate in this study.

Thank you for your consideration, and I look forward to hearing from you.

Yours truly,

Susan P. Smith, R.N., M.H.Sc.,
Assistant Professor.

SPS/clg

APPENDIX B

STANDARDIZED INTERVIEW QUESTIONNAIRE ON SUPPORT FOR NURSES WORKING IN EXTENDED-CARE

Introduction

Thankyou for participating in this study about support for extended-care nurses. The time to complete this written questionnaire should take about 20 minutes. Please be assured that your name will not be used anywhere and that in no way could you be identified by your responses.

There are no right or wrong answers to the questions. I am interested in what you think and feel. Each extended-care nurse will be asked the same questions as you in exactly the same way and order. Some of the questions may sound very familiar but in fact they are each different. Please complete the questionnaire by yourself without consultation with your colleagues. Please do not reveal the nature of the questions to your co-workers who have not yet completed the questionnaire.

When you have complete the questionnaire please insert it in the envelope provided and return it to the box marked "SUPPORT STUDY" located in the nursing unit.

Thankyou.

Mrs. Susan P. Smith, 721-7956.

1. Support as a term means many things to many people. In order to understand your point of view can you please tell me what support means to you.

2. When do you need support to care for elderly residents?

3. I know there are many activities which you have to do to care for elderly residents. Could you please tell me for which ones you are in need of support?

4. Please indicate the kind of support you need for each activity you just wrote about in question #3.

5. For which activities do you get support without seeking it?

6. Please do not give names in response to this question. From whom do you get support without seeking it?

7. Will you please tell me about what you expect to happen when you make it known that you want to be supported.

8. Please do not give any names in response to this question. From whom do you seek support to care for elderly patients?

9. Please describe the kind of support you get when you seek it for each activity.

10. How do you go about seeking support?

11. When you seek support, who gives it to you? Please do not give actual names in response to this question.

12. Now I'm going to ask you some questions about your colleagues. When do your colleagues need support on the unit?

13. Of all the activities your colleagues have to do in extended- care, for which ones do they need support?

14. What kind of support do you think you work colleagues need for each of the activities you just told me?

15. For which activities do your colleagues seek support from you?

16. For which activities do you give support to your colleagues?

17. Please describe the kind of support you give to your colleagues for these activities.

18. Without stating any names will you please tell me whom you support at work.

19. Most of us are not able to give support on every occasion. What prevents you from giving support to your work colleagues?

20. How do you feel when you get support to care for the elderly institutionalized in extended-care?

21. How do you feel when you don't get support?

22. How do you feel when you seek support?

23. How do you feel when you give support?

24. What is the ideal support you like to receive to care for the elderly?

25. Please indicate how long you have worked in extended-care.

26. Is there anything you would like to add?

(NOTE: Sufficient space was left between each question for participants to write their responses, and they were invited to use the back of the paper for more lengthy replies.)

To enable to compare the results of this study with people from different groups and situations we would like some additional information about your background. Please complete the following items.

1. Age

2. Sex

3. Marital status

__1. single, never married

__2. married

__3. divorced or separated

__4. widowed

4. Educational Level

What is the highest grade of regular school that you completed? (circle one)

Grade School

1 2 3 4 5 6 7 8

High School

9 10 11 12

College

13 14 15 16

Graduate School

17 18 19 20 21 22

5. Ethnic Background.

__ 1. Asian

__2. Black

__3. Caucasian

__4. Hispanic

__5. Native American

__6. Other (Specify) _____

6. Religious Preference

__1. Protestant (Specify) _____

__2. Catholic

__3. Jewish

__4. Other (Specify) _____

__5. None

7. Participation in Religious Activities

__1. Inactive

__2. Infrequent participation (1-2 times a year)

__3. Occasional participation (about monthly)

__4. Regular participation (weekly)

8. I have worked in extended care for ___ years ___ months.

Appendix C: SAMPLE OF DATA REDUCTION

In response to Question 1., "Support as a term means many things to many people. In order to understand your point of view can you please tell me what support means to you.", these examples from the nurses' statements were profferred. Each example is quoted from the same subject and the author explains how the themes were separated in the selections.

Example A: "empathy and understanding; some sort of agreement with what you have said and done."

"Empathy and understanding" refer to being listened to, and "some sort of agreement with what you have said and done" embodies the meaning of approval or acceptance of what the nurse did. Although these two statements were offered by the same nurse in response to the same question, the ideas behind them represent different aspects of the concept support and separating them allowed the real perceptions of the Extended-care nurses to surface.

Example B: "being able to expect co-operation from peers and superiors; being able to verbalize concerns with peers and supervisors and to know you will receive honest constructive criticism or support about your ideas and/or concerns - in a non-judgemental way; regular performance evaluations and positive reinforcement"

"Being able to expect co-operation from peers and supervisors" relates to the idea of being able to trust that

your colleagues will do their work. "Verbalize concerns with peers and supervisors" connotes being able to talk about what is troublesome someone who will listen. "Receive honest constructive criticism" includes the sense of receiving advice or guidance. "Support about your ideas" and "positive reinforcement" contain the flavour of approval or sanctioning one's work.

Parts of one statement were frequently categorized under different themes as is illustrated in this example. This sorting or reduction of the data was done for all forty-nine subjects' responses to each question. The themes were then examined to make a decision about the best way to categorize and label them in order to convey the meaning that most closely expressed the views of the Extended-care nurses.

Appendix D: CONSISTENCY OF ANALYSIS

Table 22

Percentage Agreement Between Judges' Assignment of Extended-care Nurses' Statements to Categories For Three Questions With the Researcher's Assignment

Judge	Question: #1.	#2.	#4.
1.	82.0%	95.0%	----
2.	----	70.0%	----
3.			78.8%
4.	77.7%	----	----
5.	----	----	81.8%
Average % agreement:	79.6%	82.5%	80.3%

Overall agreement: 80.8%.

Appendix E: SAMPLE LETTER INVITING EXTENDED-CARE NURSES TO HEAR THE RESULTS OF THIS STUDY

UNIVERSITY OF VICTORIA

P.O. BOX 1700, VICTORIA, BRITISH COLUMBIA, CANADA V8W 2Y2
TELEPHONE (604) 721-7211, TELEX 049-7222

School of Nursing
721-7954

March 3, 1986

Director of Nursing

Dear

Almost two years ago, in April of 1984, several registered nurses in your agency participated in a study on Support in the Workplace for Nurses Working in Extended-Care. Close to fifty nurses from thirteen extended-care units in Victoria completed the questionnaires about the support seeking, receiving and providing behaviours of nurses working in extended-care. I am very appreciative of the efforts that you and your nursing staff put into this study on support.

I am completing the data analysis and would like to invite you to attend a meeting so that I can relay the findings to you. You are invited to join me at 3:00 p.m. (1500 hours) on WEDNESDAY, APRIL 23rd IN Room D115 of the MacLaurin Building at the University of Victoria. Please extend this invitation to any and all of your registered nurses (whether or not they participated in the study they are welcome to attend).

If you are unable to attend this meeting but would like to learn more about the findings of this study, please call me at 721-7956.

I hope you will be able to attend the meeting on April 23rd. I look forward to seeing you again.

Yours truly

Susan P. Smith, R.N., M.H.Sc.
Assistant Professor

SPS/clg
c.c. D. Kergin, Director
School of Nursing

VITA

Surname: SMITH Given Names: SUSAN PATRICIA

Place of Birth: Noranda, P.Q. D.O.B. January 27, 1946

EDUCATION:

Institution	Degree	Year Entering	Year Leaving
Montreal General Hospital	RN (Diploma)	1964	1967
McGill University	Public Health Nursing (Diploma)	1967	1968
McMaster University	C.B.S. (Clinical Behavioural Sciences, Diploma)	1972	1972
McMaster University	B.A.	1974	1976
McMaster University	Master of Health Sciences (Health Care Practice Program)	1978	1980
University of Victoria	Candidate: M.A.	1980	present

PUBLICATIONS

Books

Smith, S.P. (1986). Communications in nursing. Toronto: McGraw-Hill-Ryerson, Limited.

Articles In Refereed Journals

Smith, S.P., & Varoglu, G. (1985). Hospice: A supportive working environment for nurses. Journal of Palliative Care, 1 (1), 16-23.

Vita (continued)

Other Publications

Smith, S.P. (1984) Need support at work? Think CAPS! Canadian Nurse, 81 (8), 40-43.

Smith, S.P., & Reeves, N. (1984). Returning to school? Energy management could help. RNABC News, 16 (1), 14-15.

Published Conference Proceedings

Varoglu, G., & Smith, S.P. (1982). Toward the concept of agitation. In Zilm, G., Hilton, A., & Richmond, M. (Eds.) Proceedings of the National Nursing Research Conference, University of Victoria, April, 1982. Victoria, B.C.: University of Victoria Press, 265-270.

Smith, S.P. (1983). Behaviour modification as a nursing intervention to deescalate aggressive behaviour in institutionalized elders. In, Zilm, G. (Ed.) Proceedings of the First National Conference on Gerontological Nursing, June 7-10, 1983. Victoria, B.C.: University of Victoria Press.

Smith, S.P., & Varoglu, G. (1983). Support for Hospice nurses. In Mitchell, K.A. (Ed.) Proceedings of the First Annual Pacific Health Forum, '83, University of British Columbia: Department of Health Care & Epidemiology, Health Care & Epidemiology Alumni Association.

Smith, S. (1986, In Press) Support for Psychiatric nurses in the workplace. Second National Conference on Psychiatric Nursing, May 14-17, 1986, Winnipeg, Manitoba.

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis or dissertation (the title of which is shown below) to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the Library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis/Dissertation

Support for Nurses Working in Extended Care

Author [redacted]

SUSAN P. SMITH

January 2, 1987