‘I have the world’s best job’ – staff experience of the advantages of caring for older people

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Introduction

The increasing proportion of older people (1) and the gradually growing evidence relevant to geriatrics and gerontology (2) highlights the need for safe high-quality care for older people. Yet, it is often a challenge to recruit suitably qualified staff to care for older people (3, 4) and to assure evidence-based practice (5). To better understand how to meet these needs, previous studies have focused, for example, on staff satisfaction, improved management strategies and training in compassionate care (6, 7). Meanwhile, we suggest that exploring staff experience of the value of caring for older people may add to a comprehensive understanding of what drives the care for older people in daily practice.

Background

The care of older people is associated with numerous shortcomings, such as poor quality of care (8), high incidents of falls (9) and malnutrition (10), along with evidence of mental and physical abuse (11). Having difficulty retaining qualified staff, LTC is signified by, for example, stress, including a heavy workload (12), lack of support in recurrent ethical challenges (13) and...
work-related exhaustion (14, 15). Yet, there are also reports of commitment to working with older people and provision of good care (16) and findings of nursing staff job satisfaction in supportive environments (17), particularly linked to staff motivation and the gaining of an understanding of the older person (18).

Recruiting and retaining nursing staff is considered one of the biggest challenges for the healthcare industry worldwide (19). Particularly, LTC for older people is one of the largest sectors in the labour market, with a need for numerous staff, primarily in nursing (20). Meanwhile, the care of older people struggles with long-standing issues for attracting nurses (21, 22). The intention to leave is high among nurses (23), and there are several factors described as associated with the intention to leave in the care of older people context, such as high emotional and educational demands and time pressure (24). While a review by Chenoweth et al. (25) identifies several ways to work around these issues, there is still a concern over healthcare organisations’ ability to attract nurses to care for older people. Caring for older people has been suggested a low status position (26), while education and promotion of the diversity of this complex assignment are suggested to reinforce this labour its significance (e.g. (27).

In a study concerned with facilitating implementation of research evidence in LTC (28), we found not only the issues illuminated above, but also examples of compassion and devotion among staff. The study settings were LTC organisations located in three European countries with similarities across demographics and how the care of older people is organised, in addition to level of training and education of nursing staff: Ireland, the Netherlands and Sweden. In these countries, LTC is equally based on public funding, there is an increasing part of the population becoming older (in this paper defined as people of age 65 and above, based on the official retirement age), and there is a common, mounting demand for care of older people (29). While engaging the nursing homes and planning the study, we found that despite problems like recruiting nursing staff with appropriate qualifications and barriers to change, there were signs of satisfaction among staff. With previous studies suggesting that nursing staff may stretch themselves to provide quality of care to the older residents and LTC e.g. (30), increased knowledge as to what motivates nursing staff is needed. Possibly, there are multiple factors of motivation that link and connect (31). While nursing theories can help us understand the aspects of importance to nursing, such as interpersonal relationships (32) and fellowship (33), a further understanding of what inspires nurses may be guided by the concept of motivation (34); for example, what individuals consider as incentives or motivating factors may inform what makes them strive for and achieve goals, and what these goals are. Consequently, we suggest that capturing the essence of what motivates nursing staff caring for older people in nursing homes could increase the knowledge of how to support individuals and organisations who strive to provide good care for older people.

**Aim**

To explore staff experience of the advantages of caring for older people.

**Methods**

**Design**

From the field of appreciative inquiry, we adopted a focus on what supports staff to function at their best (35), applying a qualitative approach in favour of narrative descriptions.

**Settings, sample and procedure**

Data were collected from 2009 to 2012 in 18 long-term care (LTC) settings for older people across Ireland, the Netherlands and Sweden. As depicted, the LTC settings were included in a larger implementation study. As a result, nursing staff, managers and allied health workers were interviewed on the LTC context, evidence use and facilitation of knowledge transfer. Particularly, in Ireland, the Netherlands and Sweden, the participants were also asked to reflect on what they value about their job. Details of the participants are set out in Table 1. All interviews were conducted in the native language of each country, tape-recorded and transcribed verbatim for analysis.

**Data analysis**

With the interview texts in different languages, three of the authors identified the sections of the interviews for each country that captured where the informants’ described what they value about their work. These segments were extracted from the overall interviews and presented for inductive content analysis (36). Initially, the texts were read and re-read for each country, respectively, for the researcher to become acquainted with the data set, providing for a naïve understanding of the content. Each country’s understanding of the whole was shared in English, providing a common sense of the whole. Subsequently, a structured analysis was performed, inductively identifying meaning units and labelling them with unique codes. Then, subcategories were formed and later, these were merged into categories. Subcategories and categories were translated and shared
between countries; comparisons and dialogue continued until agreement on the structured analysis. The categories were subsequently formed as a comprehensive understanding of the data set, abstracting the structured analysis and using the naïve understanding as a backdrop (37).

Results

A sense of the whole – naïve understanding

Personal experience of dependency or feeling empathy for persons who are dependent on others motivates staff to work with older people. Joining long-term care (LTC) can also be a career choice and an opportunity to attain further training. Furthermore, caring for older people means an opportunity to meet and communicate with other people every day: residents and their next of kin, as well as fellow staff. Working in LTC gives satisfaction in that one’s knowledge and experience makes a difference to the older people, who provide immediate feedback when things are ‘done right’.

‘It’s the joy you experience [working here]... You saw me helping that lady with her hair. It was more important to her than anything else today, so I decided to prioritise helping her. The fact that she cannot go to the hairdresser any more, it doesn’t mean she should be denied looking her best. So I curled her hair, like she used to do when she was younger. Providing her with a sense of self-esteem, of being someone. And she enjoyed it’. (LPN, site 2, Sweden)

‘I simply love the patients’. (HCA, site 2, Ireland)

The work varies from day to day, with constant changes in the context and the needs of the older people, making every day different from the other. It is inspiring to get to know the older people one cares for; being around older people means sharing their life, which enhances one’s own life experience.

‘Seeing staff develop, and making the older residents happy – that is so fulfilling. I have learned so much, from being around these people’. (NM, site 3, Sweden)

Feeling the gratitude of the residents makes up for the strain of the work and it is satisfying enabling people to flourish, as does working in a team where sorrow and joys can be shared. In working with older people, one has an individual responsibility and can impact on how the day is to be for the residents and the team.

‘To see the older people happy, and their next of kin feeling safe. They leave their very dearest with us, and we make sure that they are safe, so that their next of kin can let go of the worries... Knowing that their mom or dad is fine. Knowing that we provide for them’. (NM, site 4, Sweden)

Being of significance for the older people one cares for is important, and creates bonds. Both the relations with the older people and with the colleagues are beneficial in caring for older people.

‘You get to know the residents and their families so well. And then the people you work with, you have good mates around the place’. (HCA, site 1, Ireland)

Structured analysis

Altogether, eight categories were derived from the interpretation of the informants’ experience. These categories and associated subcategories are presented in Table 2 and further illustrated below.

Establishing kinship with the older people was about recognising the experience of the older people, enlightening staffs’ own understanding of life and living. Staff described the affection they felt for the older people, acknowledging the experience they have and that comes with having lived a long life, having gone through most phases of life.

‘I simply love the patients’. (HCA, site 2, Ireland)

That made the staff humble, but it also helped them in their own lives, learning how someone else had done in various situations and what they had experienced. This anchored the present to the past.

‘I like the talking to the residents, like where they come from and to know what they do, done and did’. (HCA, site 3, Ireland)

<table>
<thead>
<tr>
<th>Number of respondents who narrated on what they value about their job</th>
<th>Representing sites</th>
<th>Representing professional roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Ireland</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>the Netherlands</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Sweden</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>18</td>
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Staff recognised that the older people they met had often endured strain and suffering and that helped put their life into perspective. Further, seeing the individual behind the frailty or dysfunction was like solving an enigma, finding out who the residents had been and what had shaped them as individuals and thus understanding their needs and preferences of today. Working closely with the older people also meant that staff had the opportunity to get to know some of the residents’ next of kin, which further enabled them to capture aspects of the older persons they cared for and enriched their relationships.

‘You are looking at people and you’re just treating your own mum and dad. They’re not like patients or anything. They’re like friends or whatever.’ (HCA, site 3, Ireland)

**Recognising the need of others** included a sense of older people deserving dignity, because they had been through a lot but also from a sense that old age means having achieved something. Living was considered demanding and staff expected to one day be treated in the same way they themselves provided for the older people today, being recognised for having lived and having contributed to society. Staff shared that older people deserve payback and thus, their needs should be met, and being able to understand and meet those needs was fulfilling.

‘It’s being there for people [that is the best thing], one will get old oneself one day and then… one must think of that all the time, how one wants to be treated oneself’. (LPN, site 3, Sweden)

Knowing one can make a difference to someone meant that one’s knowledge and experience was taken into account. Finding out what residents needed or wanted was deemed challenging, as was identifying means or ways to meet a particular need or request, even for those residents who cannot express their needs or preferences. The sense of making a difference entailed learning to know the residents and their next of kin as individuals, in order to foresee their wishes and expectations, as well as doing one’s best to make that extra, giving the day a silver lining.

‘In knowing that such a small thing brings joy to another, that is satisfying. In particular older people. It’s their end of life and it means a lot to them, what you do. The tiniest thing, like painting the nails for someone. It means so much. For you, it took only a minute, but for them, it makes their week. Making someone happy or pleased makes you happy’. (LPN, site 5, Sweden)

Related to making a difference was the use of one’s skills for the benefit of others. Being confident that what one knows and does can match another human’s needs was an advantage, and encouraged caring for older people.

‘The best thing about my job is the feeling I have inside when I’m here; a sense of being the right person, in the right place’. (RN, site 6, Sweden)

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Subcategories and categories formed in the structural analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subcategory</strong></td>
<td><strong>Category</strong></td>
</tr>
<tr>
<td>Having a sense of affinity for the older people</td>
<td>Establishing kinship with the older people</td>
</tr>
<tr>
<td>Forming relationships with the residents and their next of kin</td>
<td></td>
</tr>
<tr>
<td>Learning from the experience of older people</td>
<td></td>
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<tr>
<td>Acknowledging the individual</td>
<td>Recognising the need of others</td>
</tr>
<tr>
<td>Giving others what I want for myself/my next of kin</td>
<td></td>
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<tr>
<td>Knowing that older people deserve dignity</td>
<td></td>
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<tr>
<td>Being able to help an older person in a vulnerable situation</td>
<td></td>
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<tr>
<td>Having an opportunity to make a difference</td>
<td>Knowing one can make a difference to someone</td>
</tr>
<tr>
<td>Making a difference</td>
<td></td>
</tr>
<tr>
<td>Making something extra that makes the residents’ day</td>
<td></td>
</tr>
<tr>
<td>Finding out what is best for each resident</td>
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<tr>
<td>Rewarding working with people</td>
<td></td>
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<tr>
<td>Being of use</td>
<td></td>
</tr>
<tr>
<td>Being confident</td>
<td>Using ones skills for the benefit of others’ needs</td>
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<td>Being needed</td>
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<tr>
<td>Being appreciated for one’s efforts</td>
<td>Being appreciated by others</td>
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<tr>
<td>Getting immediate feedback</td>
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<tr>
<td>Helping others bring joy</td>
<td>Being an autonomous player in a trustworthy team</td>
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<td>Being autonomous in one’s chores</td>
<td></td>
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<tr>
<td>Possibilities to influence</td>
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<tr>
<td>Being a team with a common idea of quality of care</td>
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<tr>
<td>Supporting staff</td>
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<td>Working in a team</td>
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<tr>
<td>Positive work climate</td>
<td>Being in a fluctuating work context</td>
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<tr>
<td>Being around people</td>
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<tr>
<td>Working in a changing environment</td>
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<tr>
<td>Developing one’s knowledge</td>
<td></td>
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<tr>
<td>Re-entering the nursing work force</td>
<td>Having possibilities for a professional career</td>
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Advantages of caring for older people

older people altogether. The sense could also emerge from within oneself, transpiring like a feeling of joy for working in long-term care.

‘And we get lovely feedback from the patients, and from their families if they die. We get lovely feedback from them, you know’. (HCA, site 6, Ireland)

Working in LTC meant being an autonomous player in a trustworthy team, continuously interacting with other people. There was a sense of having an individual responsibility for what you do and how you behave. Knowing that your knowledge as well as your choices and actions influence the day of another person conveyed a sense of responsibility. Being around frail older people also meant recognising their vulnerability, knowing that to some people and to some extent, you are their world and they depend on you – as an individual and as a team. Sharing the idea of being there for someone else brought the teams together, and sharing the same values gave a sense of belonging to staff.

‘I like the fact that I can work on my own initiative as well as working with a team. You get to work alone, and you get to work with people’. (HCA, site 5, Ireland)

Yet, the work in long-term care was constantly changing, depending on the residents and their needs and preferences of the staff available and the construction of the teams. Being in a fluctuating work context encouraged staff, supporting a sense of autonomy, yet reinforcing the teams and the interactions with residents and their next of kin. This could give a sense of novelty to each day and a sense of pride on completion.

‘I like it; I already knew this place from before and there have been a lot of changes here lately but that makes the challenge’. (HCA, site 1, the Netherlands)

Long-term care also meant a possibility for a professional career; it provided a track for entering or re-entering the work force for staff from overseas or after having been at home. Because of the complexity of caring for older people, staff could and needed to develop their professional knowledge, their skills and their experience too, which was considered an advantage.

‘Before this I did cleaning for older people, and I had an internship in care. Then I discovered, that’s what I want [to do]’. (HCA, site 1, the Netherlands)

Comprehensive understanding

What staff working in LTC care value is the relationship with the older person, their next of kin and the team members. Being of use is a benefit, a sense of accomplishment one gets from others, and providing care for older people provides an inner sense of fulfilment. Working in long-term care means autonomy in the daily services one carries out amalgamated with being a part of a team where one is affirmed – where values are shared, along with tears and laughter. Working with older people represents an opportunity to grow as a professional and as a human being, in learning from the experience of people who have lived longer than oneself. The relationships formed with residents and their next of kin are beneficial, providing a sense of fulfilment, and they exceed what one can get from co-workers and one’s social network, while the older persons one cares for can become a family of heart.

‘I love working here. We can kind of chat and have fun and get on with our work’. (RN, site 1, Ireland)

‘Helping the residents, and seeing the result... a smile possibly, from someone who has been low, and suddenly it’s there... This positive aspect of ones efforts, when one succeeds, it is like seeing life being restored’. (LPN, site 6, Sweden)

‘When a team can laugh and cry together like we can, then we can provide good care for the older people. We take care of each other, us in the team and the clients’. (NM, site 6, the Netherlands)

Discussion

An increasing lifespan represents not only progression of society but also raises demands. For example, a higher number of older people need or will need informal and formal care and the European Union suggests that the lack of staff in care for older people settings is already a problem in a number of countries and will most likely be more common in the future (38). With various studies denoting difficulties associated with the nursing care of older people e.g. (11, 14, 15), the future could be problematic. Yet, one need only to step within the doors of many nursing homes to find evidence that there are nursing staff who provide excellent care for residents: letters posted giving voice to next of kin’s gratitude of the care provided for someone who has passed away, or heartfelt laughter from staff and residents in a common area. In this paper, we sought to better understand what nursing staff value in caring for older people. We suggest that the findings can provide a deeper understanding of the advantages, informing what constructs good quality of care of older people and how to secure this in everyday practice.

Considering what the staff described as advantages of caring for older people in LTC, the relationships were a key focus. The relationships formed between staff and the older people residing in their nursing home (and their next of kin) were described as reciprocal. While providing for someone else gave a sense of fulfilment and rendered gratitude, caring for older people was also recognised as being provided with something oneself, in terms of taking part in someone else’s life experiences and learning by this interchange. This implies the recognition of the residents as individuals, along with the
acknowledgment of what the older person can provide for the staff – a relationship denoting a two-way process. Thus, as a resident, one could also be empowered by contributing to the relationship. The bonding may fulfill also the older person residing in a nursing home, giving them a role in sharing their life and experience, thereby providing for personal development among staff (39). Being connected to oneself as well as to others has been identified as important factors for quality of life among older people residing in long-term care (40). Arguably, the significance that nursing staff give to the relationships with the older people in LTC and their next of kin could be used for supporting this connectedness. Yet, this requires certain aspects to be taken into account, such as recognising the individual, a key factor of person-centred care (41). It also requires recognition of professional boundaries and respect for the integrity and dependency of the older person (42, 43), and future studies need to focus on strategies for staff and resident relationships with regard to the empowerment of residents (44).

Altogether, the findings suggest that many of the advantages depicted by staff in LTC relate to working with people: sharing with older people residing in the LTC settings and their next of kin, as well as being in a team with fellow staff. This requires for staff to have opportunities to interact with residents, within and beyond the daily tasks. Meanwhile, even though for example nurses have been found to consider caring for older people motivating, they also describe lacking professional support (45). Contradictory to our findings, registered nurses, for example, in Sweden are increasingly attaining a more consultant role in nursing homes, with less time engaged in care practices with residents (46) and thus less opportunities to benefit from the relationships built in nursing teams and with the older people. Our findings reinforce the importance of team orientation and adequate training in caring for older people (47). Moreover, creating a context where the older person is in focus and at home is fundamental for wellness among frail older people (48). Person-centred care has been suggested as a way forward for establishing nourishing and health-promoting contexts in a number of health care settings, among them LTC for older people (49). Our findings suggest that what staff consider advantageous in their work are aspects known to contribute to an holistic approach, suggested, for example, in the frameworks of person-centred care (41): the creation of bonds where mutual contributions are made for the benefit of the relationships.

While the relational aspects were considered an advantage in caring for older people, more pragmatic reasons like being able to enter or re-enter the work force were also valued. Even though this was not fully explored in this study, the findings suggest that although LTC could be regarded as an opportunity to enter the labour market, a career in LTC could also become the target. Job satisfaction has been debated as a possible facet for the intention to stay (50), and according to our findings, there are more aspects that can contribute to the understanding of why staff stay in their roles: the relationships formed signified value to staff – in particular, the sincere bonds with residents and their next of kin, as well as fellow staff. The staff shared a genuine devotion in terms of providing for the older people. The advantages picture the recognition of the older people as having certain commonalities – like having lived long and accomplished in life – yet the characteristics of being individuals was also recognised in the staff narratives. We suggest this should be highlighted in nursing management, as it may contribute to recruitment and retention of staff in LTC settings.

Earlier efforts to highlight motivation in care (51) suggest that a holistic approach is central in nursing care. In agreement with our findings, Eriksson’s caritative theory particularly reinforces love as a central aspect of caring (52). The staff experience of what they valued in their work was summarised as kinship with the older people for whom they cared. In addition, the findings also suggest that the care of older people is characterised by aspects of joy: the sense of fulfilment and the satisfaction of sharing emotions with others correspond to later findings of joy in caring (53). The ‘joy of the heart’, represented by an authentic caring relationship, was recognised not only by staff relationships with the older people but also to the other members of the nursing team. In addition, our findings depict a number of perspectives of the joy of caring: the joy that inspires and gives strength; the joy in caring for another; the joy of being of help; the joy of reciprocal sharing; the joy of setting oneself aside for another human; and the joy of creating a context where people can thrive. This may indicate that caring for older people satisfies a number of aspects suggested as valuable for motivation (31), like being safe – represented by a possibility to pursue a career —, having a sense of belonging and kinship. Caring for older people in LTC also provide for self-esteem, by being able to provide for someone and knowing that one makes a difference to other people. Further, being in family-like relationships and being recognised by others, depicting benefits in our study, have been found to increase nurses’ willingness to stay (54). This implies that there are opportunities for creating nurturing relationships and contexts where residents, their next of kin and nursing staff can flourish.

Nursing staff in LTC have been found to be empowered when, for example, having the opportunity not only to identify the residents’ preferences but also the autonomy to react to and meet those requests (55). Being engaged in one’s work has been found to be associated with subjective well-being among staff (56) and nurses

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have been found to be motivated by the challenges of caring for older people, signifying a specialised and complex area (45). In this study, we deliberately focused on the positive aspects of caring for older people, which is rarely considered in research. It could be that including the negative aspects of caring for older people in LTC in the interviews could have broadened our understanding. In addition, while we included only the individuals who consented to a larger study, the experience of all staff was unknown. The findings correspond with similar findings in social work, suggesting that human connections with clients and colleagues provide profound joy and that these relationships make a difference to the caregiver and social workers’ own life, respectively (57). Thus, taking into account study limitations, the findings may be transferable to care of older people in general.

Conclusion

While both media and healthcare science offer a rather troublesome picture of LTC for older people, we sought the other side of the coin: that is, what are the advantages of caring for older people in nursing homes. Our findings illustrate that nursing staff describe themselves as fulfilled by being of use to others and by being met with gratitude, having opportunities to enter or re-enter the work force and sharing life experiences that provide dimensions to their own life that they could not achieve themselves or in other relations. Rather, they considered the bonding with the older people they cared for and their next of kin deeply satisfying, providing for kinship built on love and respect for the individual residents and their families. The findings provide information that can illuminate how to increase the attractiveness of nursing in LTC and increase our understanding of what motivates nurses. It thus contributes to greater understanding about work satisfaction in LTC. Most importantly, we suggest that the findings inform what promotes compassion in the nurse–resident relationship and arguably person centredness in long-term settings, even though further studies are needed to explore this in more detail.

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Competing interests

The authors declare that they have no competing interests.

Author contributions

ACE, TvZ and CM collected and analysed the data for Sweden, the Netherlands and Ireland, respectively. ACE led on the analysis across countries, drafted the manuscript and revised it in collaboration with all co-authors, who have read and approved the final manuscript.

Ethical approval

Approval for the study was sought and obtained in accordance with the requirements of each country: the University College Cork Ethics Committee (ECM 4(u) 02/02/10) for Ireland; the client council of nursing homes for the Netherlands; and the Stockholm research ethics committee for Sweden (2009/1806-31/2).

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