ABSTRACT

Objectives. The aim of this study was to create a substantive theory of the well-being at work among ageing hospital nurses in Northern Finland.

Study design. A grounded theory study. Well-being at work was studied from a positive viewpoint to determine what evoked well-being on the job. The aim was to discover core processes of the phenomenon based on nurses’ authentic experiences.

Methods. The subjects of this study (n=21) were nurses working at a university hospital in Northern Finland, aged 45–55 years with at least 10 years of hospital work experience, doing 3-shift work. The material consisted of first-phase open interviews (n=4) and diary entries (n=4), and of second-phase interviews (n=4) and open-data collection forms (n=9) based on these, according to theoretical sampling. The material was studied using a constant comparison analysis.

Results. The core process of the well-being at work of ageing hospital nurses was found to be reciprocity in relation to colleagues (nurse–nurse interaction) and patients (nurse–patient interaction).

Conclusions. Communal aspects were the characteristic features of well-being at work, which were grounded in the surrounding community. Well-being at work was linked to its target, and patient care was found to be the basis of nurses’ well-being at work.

Keywords: ageing, well-being, nurse, hospital, grounded theory, occupational health
INTRODUCTION

This article describes a substantive theory of the well-being at work of ageing hospital nurses in northern Finland. The qualitative study focused on describing processes that have a positive influence on hospital nurses’ well-being. The viewpoints and factors that negatively influence well-being are very well known and have been studied; for example, how factors such as burnout and stress affect attitudes. A positive viewpoint is connected to the philosophy of positive psychology (1,2), which is the scientific study of ordinary human strengths and virtues. According to Sheldon and King (2), “positive psychology revisits the average person, with an interest in finding out what works, what is right, and what is improving.” Only some qualitative studies have concentrated on finding components that have positive influences on nurses’ job satisfaction (3,4). McNeese-Smith (3) has identified and described staff nurses’ views of their job satisfaction and dissatisfaction using semi-structured interviews. Jackson (4) has provided an explanation of the newly qualified nurses’ experience and a description of a good day and how a good day made them feel about nursing. Earlier studies have not emphasized strongly enough the role that a positive viewpoint plays in nurses’ having a sense of well-being at work, and it seems unclear what exactly evokes a sense of well-being at work for nurses and especially for hospital nurses.

Furthermore, earlier studies have focused on the concept of job satisfaction. Job satisfaction refers to the degree of positive attitude towards a job or its components (5). The focus of this study is on well-being at work as a condition rather than an attitude or how one feels about her/his job. According to The Oxford English Dictionary (6), well-being is “the state of being or doing well in life; happy, healthy, or prosperous condition; moral or physical welfare (of a person or community).” In Mosby’s Medical, Nursing and Allied Health Dictionary (7), well-being is defined as an “achievement of a good and satisfactory existence as defined by the individual.” Myers et al. (8) define wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving.”

This study concentrates on ageing nurses’ and their well-being at work, which has not been studied previously. According to WHO’s (9) definition, individuals who are over 45 years are considered to be ageing. Those over 55 years are aged employees. In studies, age has produced inconsistent results: in the study by Ruggiero (10), age was not significantly related to nurses’ job satisfaction, whereas Ingersoll et al. (11) found nurses over 50 years of age to be more satisfied. In this study, there is an assumption that every age group has unique work ethics and different perspectives on work. Boychuk Duchscher and Cowin (12) write that the nursing profession contains 4 generational groups (Veterans, Baby Boomers, Generation X and Millennials), all of which have divergent approaches to work. That is the reason why the theory of ageing nurses...
was developed: theories describing all age groups cannot be adapted to any one set of ageing workers. Furthermore, there is a need to keep hospital nurses at work in order to ensure the health care system functions well. Cyr (13) finds it critical to identify factors that will help keep experienced and highly skilled older nurses at work. It is obvious that well-being at work is very important in keeping nurses on the job. It is notable that in Finland, nurses would like to retire at the age of 59 (14). For example, in the year 2007, nurses retired on average at the age of 60.9 years (15). In comparison, in central New England, 65 % of hospital nurses planned to retire over the age of 61, whereas only 14 % planned to retire between the ages of 59 and 60 years (13).

According to earlier studies, job satisfaction seems to vary according to the type of nursing work, that is, the location of employment, the speciality area and the nursing role (11). Registered nurses (RNs) work groups in paediatric units were most satisfied in the study of Boyle et al. (16). Furthermore, RNs who were white, perceived themselves as being healthy, who were career oriented and working in nursing education were more satisfied (17). Salmond and Ropis (18) have found that nurses employed in medical-surgical units have higher levels of job stress. Based on that, there seems to be a need to create theories that focus on special areas of nursing work or on special work groups. This study focuses on ageing hospital nurses who specialize in internal medicine and/or surgery. According to Salmond and Ropis (18), there is a need to reduce the overall job stress especially among medical-surgical nurses.

Furthermore, this study creates a theory emerging from original data and authentic experiences using grounded theory methodology. The majority of earlier studies considering well-being at work or job satisfaction have been carried out with quantitative methods, with only a minority representing a qualitative approach (3,4,19–21). However, none of these qualitative studies has used grounded theory methodology. This study also tests the applicability of grounded theory methodology in studying well-being at work.

The aim of this study was to deepen an understanding and create a substantive theory of the well-being at work of ageing hospital nurses in Northern Finland.

MATERIAL AND METHODS

Methodology

This study was carried out using Glaserian grounded theory methodology. In brief, grounded theory is a systematic generation of theory from data (22). It makes it possible to generate new concepts and to study phenomena from a different viewpoint than before (22–25). According to Glaser (23), grounded theory is an open, generative and emergent research methodology. Based on this, it has to be noted that Glaser (22) suggests not doing a literature review before completing the empirical section of the study. Grounded theory was used because there is a need for theory generation and creating new theory about ageing medical-surgical hospital nurses’ well-being at work because there seems to
be no studies focusing especially on this group. In addition, this study’s perception of the phenomena is positive: the goal is to find new concepts highlighting components and themes that positively affect nurses’ well-being at work.

The goal of grounded theory studies is to understand action in a substantive area from the doers’ point of view, focusing on discovering the core category (22). Using grounded theory methodology, it is possible to create substantive or formal theories. Substantive theory means a theory “developed for a substantive or empirical area of sociological inquiry” (such as patient care, professional education), whereas formal theory means a theory “developed for a formal or conceptual area of sociological inquiry” (such as status passage, stigma, socialization, reward system). (23.) Both are middle-range theories (26).

Grounded theory methodology has not been commonly used in research about the well-being at work in Finnish workplaces. Grounded theory methodology is suitable for studying nursing (27). As an example, Schmidt (28) studied patients’ perceptions of nursing care in the hospital setting using grounded theory methodology and found four categories of patient perceptions emerging from the data. An advantage of studying well-being at work using grounded theory methodology is that it allows employees’ voices and authentic perceptions to come out. This makes it possible to reformulate conceptions. From the viewpoint of trustworthiness, the strong role of the researcher and researcher ethics can be seen as a disadvantage. In order to ensure trustworthiness, the progress of data gathering (usually carried out by one researcher) and analysis should be precisely presented. Another challenge is generalization of results, because the data set cannot be very large in a qualitative study. Although the amount of data is not essential in grounded theory research, it has to be noted when evaluating the generalization of results.

**Participants**

The subjects of the study were nurses working in the Department of Internal Medicine and Surgery at a University Hospital in Northern Finland, aged 45–55 years with at least 10 years of hospital work experience, doing 3-shift work. The researcher obtained the names of nurses that fulfilled the criteria from the head nurse of each unit. Next, the researcher randomly chose informants who fulfilled the criteria and contacted them by phone or by mail. The head nurse was not given information about which nurses participated in the study.

**Data collection and data analysis**

The empirical study was divided into 2 phases. The aim of the first phase was to discover the core processes of ageing nurses’ well-being at work in an inductive manner. The material collected during 2003 consisted of interviews (n=4) and diary entries (n=4). The interviews were open ended, because the goal was to reach informants’ authentic experiences. According to Glaserian’s grounded theory (23), it was also important that data not be forced during collection. Informants were asked to talk about the following: (1) conception of well-
being at work, (2) meaningful experiences about well-being at work and (3) components or functions that promote well-being at work. The informants were asked to make entries into a diary for one month, or as often as needed, focusing on the same themes as discussed in the interviews. The data were analysed using the constant comparison method (to compare each incident to all the other incidents) and were gathered until they revealed preliminary core processes. The analysis started with reading the original transcribed data (96 text pages). The first phase of the analysis process was open coding (22,23), that is, marking significant events and occurrences in the margins of the pages. After generating the open codes, they were categorized according to how they described the phenomena; thus, many different categories and category combinations were created during the process. Memos were written during the analysis, typical of the constant comparative method (25). This meant writing a grounded memo that expressed an idea, usually conceptual, about the emerging category, its properties and its relations to other categories. In this phase, the following elements were identified as central to the analysis: (1) the climate at work related to feelings and emotions and (2) feelings about doing well and doing good things were important to a sense of well-being.

The second phase of the study was carried out and the second batch of data were gathered following the principles of theoretical sampling (22,23), meaning that the data analysed in the first phase directed the data collection in the second phase. The aim was to enrich, expand and test the created conception of the phenomena. The data collected during 2004 consisted of interviews (n=4) and open data collection forms (n=9). The interviews and open data collections forms were constructed to be contextual according to the processes found in the first phase, and the informants were asked to talk about (1) the climate at work related to feelings and emotions and (2) feelings about doing well and doing good things at work. The analysis of the data consisting of 70 text pages started with reading and open coding (22,23). At the same time, memos (22) were written to describe the different thoughts and ideas that modelled the emerging theory.

The last question in the analysis according to Glaser (22) was “What is the main concern?” When proceeding with a constant comparative process, the researcher starts to see the same thing again and again yet also sees it in different ways. Grounded theory always produces a core category. (22.) Little by little, through constant comparison and memo writing, the core process, or *reciprocity*, began to be discovered. Reciprocity was polarized and shown in relation to colleagues (nurse–nurse interaction) and patients (nurse–patient interaction). According to Glaser (23), the core process (or core category) is central, reoccurs frequently in the data, takes more time to saturate, relates meaningfully and easily with other categories, has clear and impressive implications for formal theory, has considerable carry-through, is completely variable and is an important dimension of the problem. Reciprocity seemed to fulfil these criteria. An example of the analysis is presented in Table I, which addresses how the results were obtained.

Well-being at work among nurses
Well-being at work among nurses

Figure 1. Grounded theory-research process.
Trustworthiness

There are 4 criteria to use in evaluating trust in grounded theory: fit, relevance, work and modifiability (22). Glaser (22) condenses this as follows: “Does the theory work to explain relevant behaviour in the substantive area of research, does it have relevance to the people in the substantive field, does the theory fit the substantive area and is it readily modifiable as new data emerge?” In this study, critical aspects relate to the following question: Has theory emerged from original data and, furthermore, was the researcher capable of remaining open and sensitive to original data during the research process? The core and sub processes discovered and the substantive theory created have emerged from original data. Data collection was open and allowed nurses’ authentic experiences to emerge. In accordance with Glaser’s (22) advice, the researcher did not conduct a systematic literature review before starting the research. Glaser (22) also highlights the importance of reporting the research process in detail: the process of creating the substantive theory is reported in as much detail as possible. To recap, Glaser’s (22) 4 criteria for evaluating trust apply to our study in the following ways: the created substantive theory of ageing nurses’ well-being at work works to explain nurses’ well-being in a hospital nursing context, it has relevance to hospital nurses, the theory fits nursing work and it can be modified as new data emerges.

Ethical considerations

This study focuses on ageing nurses. When human beings are the study participants, protecting the rights of those individuals must be very carefully ensured (29). In this study, the principle of informed consent was enforced. According to Polit and Hungler (29), informed consent means “an ethical principle that requires researchers to obtain the voluntary participation of subjects, after informing them of possible risks and benefits.” According to this principle, participants were informed of the following aspects related to this study: participant status, the study’s purpose, the type of data being collected, the nature of their commitment, the participant selection, their

| Core process            | Subprocess                      | Further subprocesses                          |
|-------------------------|---------------------------------|-----------------------------------------------|
| Communality             | Communality and sense of togetherness | Positive emotional experiences               |
|                         |                                 | Individual’s significance in creating an emotional atmosphere |
|                         |                                 | Shared leisure time                           |
| RECIPIROCITY            | Sharing                         | Helping each other in a daily work            |
| Nurse–nurse interaction |                                 | Supporting other nurses and taking them into account in everyday work |
|                         |                                 | Discussion and joint deliberation            |
|                         | Allowing particularity          | Freedom of doing                              |
|                         |                                 | Hearing each other                            |
|                         | Emotional freedom               | Allowing demonstration of emotions            |
|                         |                                 | Possibility to be oneself                     |
confidentiality pledge, their voluntary consent and their right to withdraw, and their contact information (29). The researcher obtained the names of nurses meeting the criteria from the head nurse of each unit. After that, the researcher contacted potential participants in private to arrange their participation in the study. The head nurses, who granted permission to carry out the study, were not informed about the study’s participants.

RESULTS

According to the results, the core process in the well-being of ageing nurses is reciprocity, shown in relation to colleagues (nurse–nurse interaction) and patients (nurse–patient interaction). Reciprocity is a 2-way process; an interplay between 2 human beings. That is, it is a relationship where both sides interact with each other and create more positive experiences.

Nurse–nurse interaction

Taking account of another human being in a 2-way process is the most important aspect of the nurse–nurse interaction. One nurse described this by saying, “Co-work with my partner was workable, co-work and helping each other was a two-way process.”

The important subprocesses of the nurse–nurse interaction are communality, sharing, allowing particularity and emotional freedom.

Communality is a primary source of well-being at work for nurses, and it is essential as an action and a feeling. Being social, having social dealings and togetherness are notable aspects of communality, as are having different positive feelings and experiences at work. Humour also generates well-being among nurses. Nurses described this by saying:

“In my opinion it is nice to go to work and my workmates have nice personalities.”

Figure 2. Reciprocity as a core process.
“I felt that I [could] not talk anymore (about the report)...my voice came to an end...well then we talked nonsense and the work continued.”

Nurses’ well-being at work is based on common sharing: taking account of another human being and by sharing work tasks, information and thoughts. Sharing includes cooperation, helping each other with daily tasks. From the viewpoint of well-being, daily work needs to involve humane action, which means it is important to take account of and give support to other nurses. The main thing is the joy of helping other nurses and getting help that makes one’s own work easier. Sharing thoughts and information by conversation, for example during coffee breaks, also had positive influences. Ageing nurses felt satisfaction when they shared their know-how with younger colleagues:

“I feel it as very positive that they (younger nurses) trust me so much, I can sense that they like to ask me and get guidance, I think it is an expression of trust and it gives me strength.”

“Together we think of solutions to situations that we have to go through.”

Allowing particularity, including taking into account each individual’s ways of being, respecting her/his thoughts and actions, is significant to nurses’ well-being. Ageing nurses’ put a lot of value into freedom: the possibility of doing their work in their personal way, with other nurses respecting and allowing that. After many years in nursing, they have found their own place at work, achieving professional self-confidence and independence. Listening to each other also plays an important role in nurses’ well-being. Nurses’ comments included the following:

“At this workplace I can do my work just I like to do it, no one shackles me in any way. Sometimes I wonder whether I shackle other nurses. I hope not because I really want to appreciate every way of doing this work. I also teach a lot students and young nurses. It gives a view to consider critically also my own actions.”

“I can say my opinion, my heavy word. My opinion is listened to, although not always and that’s the way it has to be.”

Emotional aspects, or emotional freedom, have an impact on nurses’ well-being at work. Emotional freedom includes the possibility of and daring to express all kind of feelings in the workplace community: joy and sorrow, laughing and crying. This kind of climate makes it possible to be genuine. One nurse stated: “The climate in our unit is ‘open’ and quite inclusive, in other words we dare to express our feelings and we really do that. In our place we dare to laugh and cry.”

Nurse–patient interaction

For the patient’s good is the main characteristic of nurse–patient interaction. The subprocesses are doing what’s right for the patient and a feeling and awareness of doing well. It is essential that “for the patient’s good” also be good for the nurses and a source of their well-being. As one nurse said, “In this work, even little favours bring joy to the patient and to myself.”
Providing the best care for the patient is an important source of well-being and the basis of a nurse’s job. Nurses want what is best for their patients and to enable their patients’ well-being and comfort. Nurses respect their work and perceive nursing as a suitable occupation for themselves, seeing it as work “done with your heart.” The strong desire to achieve what is best for the patients can also threaten a nurse’s well-being because of the nurse’s tendency to attend to the patient while bypassing her own needs. One nurse described this by saying: “Doing good is a part of my personality. It’s not trying, I am a helpful and nice person. I don’t miss whimsical arenas. This work, helping other humans, suits me. I respect my own work.”

A feeling and an awareness of doing well are both important to nurses’ well-being. The feeling of doing well becomes concrete through the patients’ well-being. It is essential for nurses to feel that their nursing work has been done well; something they can become aware of through positive feedback and compliments from patients. A noticeable disharmony exists between the willingness to do the work well and the lack of resources that make this difficult to accomplish. Insufficiency and incompleteness are daily feelings among nurses. One nurse described it this way:

“That joy – even a smile, that you can bring to sick person’s face is a THANKS – approval that gives strength to work. It is also a sign of a patient’s trust. A touch – a light touch that a sick person is able to give to a nurse, his helper and promoter, is an expression of some deep approval, trust, caring…”

Well-being at work among nurses

| Reciprocity |
|-------------|
| Nurse–Nurse Interaction |
| - communality |
| - sharing |
| - allowing particularity |
| - emotional freedom |
| Nurse–Patient Interaction |
| - providing the best care for the patient |
| - feeling and awareness of doing well |

Figure 3. Well-being at work of ageing hospital nurses: core processes and subprocesses.
DISCUSSION

The aim of this study was to deepen an understanding and create a substantive theory of the well-being at work for ageing hospital nurses.

In conclusion, communal aspects are important features of well-being at work, and well-being at work is grounded in the surrounding community, especially among other nurses. In earlier studies, relationships between nurses and various communal factors have been of major importance for nurses, and studies have indicated these to be best predictors of job satisfaction (5,19,30,31). Interaction with other people (31), co-workers (19), relations with other members of the nursing staff (30), social and professional relationships in the workplace (5) are the greatest sources of strength and job satisfaction for nurses. According to the results of this study, a connection can be seen to the concept of social capital, which refers to connections among individuals. This includes social networks, norms of reciprocity and the trustworthiness arising from them. (32.) The work context is a new research area in the study of social capital. Recently, Oksanen et al. (33) studied social capital at work as a predictor of employee health in Finland and found that low social capital on the job could be detrimental to workers’ health. Social capital at work has also been measured using the psychometric evaluated 8-item measure of social capital (34). This study reveals the manifestation and importance of social capital to nurses’ well-being and opens new discussion of social capital in the nursing context.

Well-being at work is also linked to its target, and patient care is the basis of nurses’ well-being. Nurse–patient interaction was found to be a significant predictor of well-being at work in this study. Earlier studies have also indicated the importance that patients and their high-quality of care have played in nurses’ satisfaction (3,19,20,30,31,35,36). According to the study of McNeese-Smith (3), patient care is the most important factor in increasing satisfaction. Patient care as a factor that increases satisfaction includes the following aspects: a felt experience of providing good care, receiving personal praise from patients and their families, the joy of seeing patients get better and go home, the opportunity to be involved in major events, a sense of deep emotional and even spiritual reward for the care giving (3). Caring and helping patients, seeing patients get better and patient satisfaction are the best aspects of nurses’ job (19). Several studies (19,20,30,36) highlight the importance of the ability to provide high-quality patient care. According to Perry (20), nurses who believe they provide high-quality care and have a strong connection to patients are most satisfied with their career. Based on this study, a connection to ethical principles of nursing can be seen. According to Thompson et al. (37), fundamental ethical principles are respect for people, justice and beneficence. Ethical principles in general are understood as a basis of nursing work. This study revealed some of those (taking account of another human being and especially caring about what is good for the patient) as the basis for nurses’ sense of well-being at work and making it part of the core process.

Nurses’ well-being at work has not been studied from the viewpoint of ageing. There was a need to create a theory based on the fact that nurses in different generational groups have unique work ethics and perspectives on work (12). Instead of ageing, Jackson (4) has studied newly qualified registered nurses’ experience.
and description of a good day and provided an explanation of how a good day made them feel about nursing. In Jackson’s study (4), the identified themes were doing something well, having good relationships with patients, the feeling of having achieved something, getting the work done and needing team work. Of great importance was the description of “that wonderful feeling at the end of a good day.” There seems to be some similarities in well-being at work between ageing and newly qualified nurses — for example, good relationships with patients, high-quality patient care and good relationships and cooperation with co-workers. Furthermore, both age groups highlight the importance of achieving something, especially good and high-quality patient care. In conclusion, earlier studies targeting all age groups of nurses (3–5,19,20,31,35,36) reveal the importance of relationships between nurses, various communal factors, as well as the importance of high-quality patient care in helping nurses achieve job satisfaction. While the organization of nursing work seems to be a significant predictor of job satisfaction. It was not so important to ageing hospital nurses, showing that ageing nurses’ well-being at work is more strongly associated with inner rewards and the meaning of work.

This study revealed that grounded theory methodology can be applied to the study of well-being at work. As a grounded theory study, the results are not meant to be general. The limitation of this study is that it was conducted in one hospital, meaning that organizational factors may have influenced the findings of the study. However, this can be seen as a strength in that well-being varies in different nursing situations and as a result, studies should focus on special areas to produce valid and exploitable knowledge.

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