Job Satisfaction Among Nurses and Its Relationship to Reflective Practice

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Abstract

This study was undertaken to explore job satisfaction among nurses and its relationship to reflective practice. It is a qualitative study that listens to the perspectives of 7 mental health nurses who work in a community hospital in southern Ontario. A pilot survey was conducted prior to the face-to-face interviews in order to develop meaningful questions to utilize in the interviews.

Nurses participating in the study were ensured anonymity and an opportunity to have their own personal perspectives heard. A convenient sample was obtained from the hospital in which the researcher worked as an educator and professional practice consultant.

The concept of job satisfaction was found to be driven by the desire to do important work and to make a difference in patients' lives. The nurses articulated that it is directly related to other factors, such as the opportunity to work in one's area of preference, involvement in decision-making processes, better patient/staff ratios, and affordable, accessible continuing educational opportunities. Those nurses who have embraced reflective practice for many years seem to be able to sort out that which drives them to stay in nursing and that which will influence them to leave.

The constraints of the study are that it is a small qualitative study; therefore, the results are not generalizable. Reflection is integral to the practice of mental health nursing and a tool that is used extensively in therapy with patients. Future research could involve studying a different group of nurses who may be more task focused than mental health nurses.
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# Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract ..........................................................</td>
</tr>
<tr>
<td>Acknowledgements ................................................</td>
</tr>
<tr>
<td>CHAPTER ONE: INTRODUCTION .......................................</td>
</tr>
<tr>
<td>Background of the Problem .......................................</td>
</tr>
<tr>
<td>Statement of the Problem Situation ............................</td>
</tr>
<tr>
<td>Questions to Be Answered .......................................</td>
</tr>
<tr>
<td>Purpose of the Study ............................................</td>
</tr>
<tr>
<td>Definition of Terms .............................................</td>
</tr>
<tr>
<td>Rationale ..........................................................</td>
</tr>
<tr>
<td>Theoretical Framework ..........................................</td>
</tr>
<tr>
<td>Importance of the Study ........................................</td>
</tr>
<tr>
<td>Scope and Limitations of the Study ...........................</td>
</tr>
<tr>
<td>Outline of the Remainder of the Document ....................</td>
</tr>
<tr>
<td>CHAPTER TWO: REVIEW OF RELATED LITERATURE ...................</td>
</tr>
<tr>
<td>Why Nurses Choose Nursing .....................................</td>
</tr>
<tr>
<td>Work Environment and Job Fit ..................................</td>
</tr>
<tr>
<td>Reflection and Reflective Practice ............................</td>
</tr>
<tr>
<td>Core Values .......................................................</td>
</tr>
<tr>
<td>Tools for Reflection ............................................</td>
</tr>
<tr>
<td>Summary .....................................................................</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODOLOGY ......................................</td>
</tr>
<tr>
<td>Overview ....................................................................</td>
</tr>
<tr>
<td>Description of Research Methodology or Approach ............</td>
</tr>
<tr>
<td>Instrumentation .....................................................</td>
</tr>
<tr>
<td>Selection of Participants ........................................</td>
</tr>
<tr>
<td>Data Collection and Recording ...................................</td>
</tr>
<tr>
<td>Methodological Assumptions ......................................</td>
</tr>
<tr>
<td>Methodological Limitations .......................................</td>
</tr>
<tr>
<td>Ethical Considerations ..........................................</td>
</tr>
<tr>
<td>Summary .....................................................................</td>
</tr>
<tr>
<td>CHAPTER FOUR: FINDINGS ............................................</td>
</tr>
<tr>
<td>Introduction and Overview of the Chapter .....................</td>
</tr>
<tr>
<td>Pilot Survey Results ..............................................</td>
</tr>
<tr>
<td>Semistructured Face-to-Face Interviews .......................</td>
</tr>
<tr>
<td>Interpretation of Findings .......................................</td>
</tr>
</tbody>
</table>
## CHAPTER FIVE: CONCLUSIONS AND IMPLICATIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>63</td>
</tr>
<tr>
<td>Conclusions</td>
<td>65</td>
</tr>
<tr>
<td>Limitations</td>
<td>67</td>
</tr>
<tr>
<td>Implications and Recommendations</td>
<td>68</td>
</tr>
<tr>
<td>References</td>
<td>71</td>
</tr>
<tr>
<td>Appendix A: Letter of Approval, Brock University</td>
<td>75</td>
</tr>
<tr>
<td>Appendix B: Pilot Study: Job Satisfaction Survey Results</td>
<td>77</td>
</tr>
<tr>
<td>Appendix C: Letter to Potential Participants</td>
<td>83</td>
</tr>
<tr>
<td>Appendix D: Informed Consent Form</td>
<td>85</td>
</tr>
<tr>
<td>Appendix E: Questions for Semistructured Face-to-Face Interview</td>
<td>87</td>
</tr>
</tbody>
</table>
CHAPTER ONE: INTRODUCTION

This is a study of job satisfaction among nurses and its relationship to reflective practice. Over the last decade in Ontario there has been a significant erosion to job satisfaction among nurses for various reasons. Some of the reasons for this erosion may include fear of layoffs or inability to work in the nurse’s area of expertise and preference due to restructuring, inability to pursue continuing education due to time and cost constraints, and loss of the support of senior, experienced nurses due to voluntary or forced retirement. Additionally, the physical demand of the work has increased significantly over the past decade.

Nurses are getting older, and rotating shifts are taking their toll. Patients’ conditions are more acute and complex. Patients, families, and the community at large rightly continue to have high expectations for care delivery. More recently, the restructuring of health care and the shift in care provision from in-patient services to out-patient services, as well as from hospital to community, has impacted upon the image nurses have for themselves as experts. In light of such tremendous sustained challenges, one is compelled to ask nurses how they find ongoing personal and professional satisfaction in today’s working environment.

This chapter describes the research problem and introduces the reader to the study by identifying the following: background of the problem, statement of the problem situation, questions to be answered, purpose of the study, definition of terms, rationale, theoretical framework, importance of the study, scope and limitations of the study, and outline of the remainder of the document.

Background of the Problem

A significant component to a nurse’s working life is job
satisfaction. The "social contract" between nurse and employer has changed dramatically over the last 5 years or so. No longer will it be commonplace for nurses to work for the same hospital for 30 or 35 years. The primary commitment the nurse makes must be not only to her patient, but also to herself. Without the traditional patriarchal relationship with the employer, how do nurses find satisfaction in their work? My opinion is that, although the employer has a responsibility to provide a safe, caring, supportive environment, the sense of satisfaction and feeling of morale must ultimately come from within the individual nurse. Kenney states:

Truly satisfying work is emotionally, spiritually, and intellectually engaging. It uses your talents, abilities, reflects your core values and connects you with others in a worthwhile endeavour. (1998, p. 44).

It is my position, therefore, that job satisfaction is intrinsically personal. For each person the definition will vary, and what is important at one time of life may not be at another. An important tool that can enhance the nurse's understanding of self and is, I believe, the most patient focused, is the art of reflective practice.

I believe that one of the biggest tasks for nurses is to recognize that "one's expertise is a way of looking at something which was once constructed and may be reconstructed: and there is a readiness and competence to explore its meaning in the experience of the client" (Schön, 1983, p. 296). It is by following this path that one can enhance personal job satisfaction. One can only change oneself, and doing so can make the workplace both challenging and enjoyable, but also it can improve outcomes for patients.
In talking with nurses over the years, the issue they most often voiced as being important to them was to be able to go home at the end of a shift and feel that they had competently met their patients' needs in a timely, compassionate manner. Today that happens more and more infrequently unless nurses are able to reflect on processes and knowledge to identify better ways of doing the same thing. Now we want to do the right thing at the right time and in the right way for the right patient. Reflective practice must be the key component to the changes that are necessary for nurses to meet their patients' needs appropriately and effectively.

Statement of the Problem Situation

Currently there is a critical shortage of clinical “bedside” nurses, particularly of those with special skills. For the first time since the early 1990s, there is an increased opportunity to take on new challenges. Since January 1998, the College of Nurses of Ontario has required nurses to participate in a quality assurance program that includes a self-assessment, a peer review, and a written learning plan including evaluation. This quality initiative is referred to as “reflective practice.” Nurses are encouraged to reflect upon their own work performance several times throughout the year. The specific group of nurses who were willing to participate in this study have delved a little deeper into the concept of reflection. Several interventions have been made available to them in the past year at their own facility. These interventions included a 4-hour workshop on a holistic nursing theory that encompasses the concept of “caring” as integral to clinical practice. Caring includes care
of the patient and the self and emphasizes the balance in life. The next intervention was a one-day workshop in the practical application of reflection, both professionally and personally. It included both group work and individual reflective activities.

A pilot survey was conducted on another unit that identified common themes regarding work life in this community hospital. The themes that emerged were as follows:

1. The need for adequate staffing,
2. Time to do quality nursing care, and
3. The need for better communication.

As a practising nurse for more than 28 years, I can attest to the fact that the themes identified in this recent survey have always been significant issues for nurses (Kenney, 1998). The circumstances may have changed, but the issues remain. Nurses seem less and less satisfied with the work that they do—the care they are able to provide. Considering that the concept of reflective practice is a fairly new one for many nurses, one wonders if the additional exposure that the subject group of nurses received over the past year impacted upon their own personal perception of job satisfaction. Underlying this problem situation is the assumption that job satisfaction, although closely linked to organizational issues and existing climate, is more intimately linked with personal beliefs, values, and assumptions about one's self and one's work life.

"Recognition and self-perceptions of work as a nurse were the strongest predictors of overall satisfaction with nursing" (Dodds, Lawrence, & Wearing, 1991, p. 741).
Questions to Be Answered

Questions were designed from themes that emerged from a pilot survey given to another group of nurses in the hospital. The key purpose of the open-ended questions was to initiate conversation about that which drives each nurse personally and professionally in today's challenging work environment. Some of the drivers included:

- shortage of skilled nurses (particularly those with specialized skills),
- aging population,
- shortened lengths of stay for patients,
- sicker and more complex patients to care for, and
- casualization of nurses (see definition in section Definition of Terms).

The following research questions were posed:

1. What satisfies you most about nursing in today's world?
2. What is the worst thing about nursing in today's world?
3. What is it about nursing that you love?
4. What are the challenges or barriers to providing the kind of nursing care you would love to provide?
5. What/who are the kinds of support that would enhance your work life?

6. The College of Nurses of Ontario requires participation in reflective practice as part of the quality assurance plan. What does this mean to you?

Purpose of the Study

The purpose of this study was to hear directly from registered
nurses practising at the bedside in a hospital setting in the year 2000. The richness of the data collected went well beyond the limitations of a survey that accumulated quantitative data. It also provided a forum that was private and confidential, where nurses were listened to as well as heard. A key component of the interview process was to develop an understanding of the nurses' perception of reflective practice and how each individual incorporated it into his/her nursing practice on a day-to-day, week-to-week basis. It was important that the process, although structured with specific, open-ended questions, was flexible enough to invite some unexpected but enlightening discussion. In truth, as with other qualitative studies, the most meaningful questions were not known until after the data were collected and evaluated.

Definition of Terms

Being present: refers to being focused on the needs of another in the most holistic sense: that is, emotionally, physically, and mentally, without distraction.

Casualization of nurses: There have been few opportunities for full-time employment over the last decade. In order to meet personal financial needs, many nurses juggle several jobs at once. Recently, many health care employers have come to realize that casualization impacts upon patients and their need for continuity of care and care provider. Unfortunately, that realization has come a little late. A number of nurses have come to like the flexibility casual work brings and feel that they have made their own "job security." If the "fit" does not work with one employer, it may work with another. Many nurses may choose to continue in that vein.
College of Nurses of Ontario: This is the regulatory body for the profession of nursing whose mission is "to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation" (Kentridge, 1998, p. 13). This mission is achieved through four strategic priorities: (a) setting effective standards, (b) supporting nurses to be collaborative decision-makers, accountable for maintaining competence, (c) influencing decision-makers in the health care system to support public interest, and (d) strengthening communication with the public and members (Kentridge, 1998, p. 13).

College of Nurses Quality Assurance Plan: The aim is to help nurses to continue to engage in lifelong learning for the purposes of improving their practice. It includes:

• Lifelong learning and self-directed learning.
• Reflective practice:
  • self-assessment,
  • giving and receiving feedback,
  • developing and maintaining a learning plan, and
  • evaluating the learning plan (Witmer, 1998).

Job satisfaction: Irvine and Evans (1995) point out that job satisfaction has been defined in different ways:

1. Affective state, or sense of well-being,
2. An attitudinal state, and
3. An evaluative outcome.

For the purpose of this study, the nurses will identify what it is in their work that gives them satisfaction.

Mental Health department or unit: This is a way of organizing patient care based on common needs and the mode in which patients
access in-patient and out-patient health care services in this community hospital. This patient care unit services patients requiring in-patient and out-patient mental health services.

Nurse: A registered nurse (RN) is a nurse who has completed a required course of study and standard set of exams. Such a nurse possesses a Certificate of Competence from, and is in good standing with, the College of Nurses of Ontario.

Reflection: This gives voice to one's knowing and not knowing; professional growth and development accelerate the potential to benefit both the teacher and the taught (Raines & Shadiow, 1995). The aim of critical reflection is to create doubt and critique of ongoing actions (van Manen, 1995, p. 48).

Reflective practice: This is the process of using our practice (direct practice, administration, education, or research) to self-assess and identify learning needs and continuous learning. It can help us better understand our values, beliefs, and assumptions we make about situations, ourselves, and others (Witmer, 1998).

Rationale

The topic of this study is very timely and meaningful for nurses. There is an expressed need by nurses to feel that they are being heard and that their opinions, experiences, beliefs, and values matter (Laschinger & Sullivan Havens, 1996). As the researcher, I had the privileged role of listening to the nurses who wished to participate in this study. They received my undivided attention for approximately one and a half hours. With the permission of each nurse, themes were drawn from information shared in the face-to-face interviews. There was potential
for selecting one or two themes that the nursing unit as a whole could actively address in the coming year to improve job satisfaction among the larger group of nurses. Individually, the interview provided a forum to think through some personal beliefs and assumptions and perhaps initiate ongoing reflection. As mental health nurses, many were very proficient at reflection personally. For instance, a common tool mental health nurses regularly used with patients was to encourage them to keep a journal of their thoughts and feelings. The benefit of using a tool such as journalling is the opportunity to look for patterns in behaviour, assumptions, and beliefs. Many mental health nurses personally journal in order to be able to help their patients see the benefits of the process. In the final analysis of this study, it will be interesting to note if this experience enhances reflective practice, and hence job satisfaction, among this group.

Theoretical Framework

Donald Schöen challenged the professional to closely examine “what you do, why you do it and what gives you satisfaction in that work” (1983, p. 299). Until recently, when asked “what do you do?” nurses would answer: “I nurse.” For many of us there were a multitude of values, beliefs, and assumptions embedded in that simple answer. It identified not only what we do, but who we are. For many of us, our job, our work has often been our identity. Over the last decade, the College of Nurses has sought to meet its obligation to public accountability by helping nurses to better define standards of practice and continued quality improvement. By 1998, the College had implemented its Quality
Assurance Plan, which included a requirement for nurses to participate in reflective practice. The tool provided by the College was fairly rudimentary, and nurses who wanted more information started to search the Internet for more meaningful explanations.

Schön (1983) tells us that reflection is meaningful only when there is action taken. In other words, to have an awareness of a need to change is not enough, especially for professionals who are publicly accountable. If a need is identified, a plan must be put in place, and then evaluation follows. Reflection can also be a useful tool for the competent, accountable practitioner who does not experience satisfaction in his/her work.

Job fit is a key component to satisfaction. It encourages one to ask the deeper questions. Congruency between personal values and those of the organization must exist (Borman, 1997; Kenney, 1998). Further discussion of the theoretical framework is available in the Review of Related Literature (Chapter Two).

Importance of the Study

1. Why do this? I am also doing this study as a completion requirement of the Master of Education program at Brock University. In selecting a topic for study, I was naturally drawn to the work I know best and the questions that have arisen for me since I moved away from the bedside 6 years ago. I have my own perspective as to why nurses are challenged to find satisfaction in their work, but I wanted to step back and hear it from them. Job satisfaction is an ongoing topic of conversation among nurses whose theories include both personal and professional perspectives. Providing a private and confidential forum for
a nurse to explore values, beliefs, and assumptions about their work and their workplace makes this study important and meaningful. The true validation will come from the responses of the nurses, and only then can the real questions be identified.

2. Who might be interested in the results? The topic would of course be of interest to the participants, but additionally it is a professional practice and organizational issue. There is potential to publish the outcome of this study in nursing journals, as there is currently great interest in both job satisfaction and reflective practice. From an organizational perspective, the themes identified can be incorporated into process improvement plans and may benefit other groups of nursing staff in the same organization.

3. Which areas may the results likely influence? There needs to be more research and study of the concepts of job fit and job choice. I believe reflective practice is the key to identifying what is important to individual practitioners. Reflection helps one to see that it is “okay” to see if one’s “fit” with an organization has changed over time. In fact, it is hoped that it may imply that growth, learning, and change have occurred. The issue is no longer about just getting a nursing job. Nurses, through reflective practice, are enhancing their education, being more discriminating regarding potential employers. We may find that job changes may occur as nurses strive to find a holistic balance in their lives among personal, family, and professional needs.

Scope and Limitations of the Study

This is a very small study looking at the perspective of a group of 7
mental health nurses in a midsized community hospital. The study is a qualitative one. I wanted to give the participants the forum to express their thoughts and beliefs without prejudice, restriction, or consequence. Thus, this qualitative study is not generalizable, but may be meaningful to many different groups of nurses and other health care professionals. The study focuses primarily on the individual nurse and her own personal perspective of satisfaction and reflection. Each nurse may have a slightly different perspective dependent on years of experience, cultural background, age, and temperament.

Outline of the Remainder of the Document

A review of the literature (Chapter Two) examines the relationship between job satisfaction and the practice of reflection. The review includes studies from education, health care, and nursing.

Chapter Three describes subjects, instrumentation, and procedures involved in data collection.

Chapter Four describes the major themes that evolved from the review of those data. An analysis of the data was conducted and compared to the published literature reviewed in Chapter Two.

Chapter Five summarizes the study, outlining the conclusions and identifying implications for practice, theory, and further research.
CHAPTER TWO: REVIEW OF RELATED LITERATURE

The review of education, health care, and nursing literature investigated the concept of job satisfaction among nurses as we arrived in the new millennium. Various concepts were reviewed such as why nurses chose nursing, work environment and job fit, reflection, reflective practice, tools for reflection, and personal accountability for satisfaction at work and in work. Within nursing there was a question often voiced: Is the practice of nursing a result of a "calling" or a choice; a career or a job? The response to that simple question can be as varied as the nurses interviewed. Satisfaction in nursing work was therefore also likely very individual.

Why Nurses Choose Nursing

In Ontario, the average age of a registered nurse is 43 years. With that information in mind, we realize that many of today's nurses chose that path in the early to mid 1970s. I, myself, have often wondered how I "stumbled" into nursing. At the time that I was choosing a career, women who wished to move in a professional direction often chose nursing or teaching. The entry requirement was short, the diploma stream was not too rigorous, and each profession promised lifelong work if it were required. For me and for many of my friends, with the advent of increasing divorce rates and uncertain economic times, it was a way of ensuring that one would always be able to provide financially for oneself and one's family. The question for me now is more likely to be, why do I stay in nursing?

Jeffries stated that whether you chose nursing or it chose you, in order for the satisfaction with the work to be sustainable it must fit your

For some nurses, work is a job that provides financial return and some degree of satisfaction. Professional practice on the other hand requires a deep and abiding awareness of purpose and direction in place of a specific set of objectives or standards. For a professional, work is a component of a career plan and an integral part of the person's being. (p. 345)

The literature supported the concept that nurses evolved in their work for different reasons and at different times. It was also a reality that some nurses have not evolved much beyond their original "training." I count myself among those considered "trained" in nursing practice, although I believe I have moved well beyond it. A "good" nurse was traditionally seen as one who was experienced, efficient, physician focused, and provided nursing care that resulted in good medically defined outcomes. Today, however, our nursing care provision is patient and family focused, with outcomes that must be patient defined and medically sound. Outcomes may now be differently defined, but there still is that lingering feeling of wanting to be a "good nurse."

Nurses would often cling to the concept of being "expert" in their field. In his writings in The Reflective Practitioner, Donald Schön (1983) encouraged the professional to view technical expertise within a context of meaning. "He recognises that his actions may have different meanings for his client than he intends them to have" (p. 295). In the '70s and '80s, nurses were less often questioned about their knowledge, skill, and
judgment. A nurse's primary role was to follow the physician's order. Today, nurses are publicly accountable for both action and inaction. Nurses frequently have their knowledge base questioned by well-informed consumers of health care. Inevitably, when faced with patients and families who are very skilled at obtaining the latest information available on the web, many generalist nurses feel stressed, anxious, even threatened. The comfort in being the expert is no longer there. Any professional development is focused more on team building, conflict management, and patient flow than on clinical knowledge. It is evident that there is the need to move nursing beyond the concept of "job" which is efficient and effective and toward a career that could prove to be of benefit to the nurse, the clients, and the organization. Kenney (1998) encouraged nurses to "rate their agreement with the following statements:

- I value being a nurse
- I value my present job
- Nursing is a good choice for me" p. 45).

By participating in such an exercise, nurses could begin to identify whether or not they were a good fit with their work and/or work environment. According to Oermann (1998), "evaluation is not a process done by others to the nurse; it is a process that comes from within the nurse to assess strengths and areas for improvement" (p. 26).

Work Environment and Job Fit

In reviewing the relevant literature, one could identify a number of components of the concept of work environment and job fit. One must
consider four major influences on work and job satisfaction:

1. Organizational structure,
2. Professional supports within the workplace,
3. Physical work environment, and

Regarding organizational environment, much of the literature focused on the requirements to have congruency of values. (I refer more specifically to core values in the review of reflection and reflective practice.) Nurses wanted to feel connected to their work environment. Dennis Kimbro identified “seven criteria essential for meaningful work. He believed work must engage your passion, be self-chosen, provide opportunity for unlimited personal and professional growth, involve creative thinking, preclude clock watching, benefit humanity, and provide opportunity to associate with people you value” (Kenney, 1998, p. 45).

The main question is, how would an organization foster those criteria? An organization that promoted self-expression, self-growth, self-realization (Volk Trebilt, 1993) was an organization that one would have generally described as a “continuous learning” environment. In order to have a good fit with the organization, one must have similar values and beliefs. Borman (1977) referred to person-organization (P-O) fit. “The basic notion here is that a fit between personal attributes and characteristics of the target organization contributes to important individual and organizational outcomes” (p. 310). Consequently, it was very important for the employee to know the mission, vision, and values of the organization. What were they in theory, and what was the lived experience? In more popular language: Did the organization walk the
talk? "Individuals will be more willing to take a risk if they believe their personal values and contributions will have meaning and make a difference to the organization as a whole" (Volk Trebitt, 1993, p. 21).

Other important components of job fit and satisfactory work environment included well-defined roles and responsibilities. For nurses, Irvine and Evans (1995) identified that characteristics of the job (e.g., routinization, autonomy, and feedback) or characteristics of how the work is defined (e.g., role conflict and role ambiguity) have moderately strong relationships with nursing job satisfaction. Characteristics of the work environment, such as supervisory relations, stress, leadership, advancement opportunity and participation are also moderately related to job satisfaction. (p. 250)

Recently, the job market for nurses has taken a dramatic turn. Throughout the 1990s, nurses had few choices in nursing work. If they had a full-time job, regardless of fit, they were loath to leave because it might be impossible to find another job. Today, there are many choices, but fear of job loss or inability to find work lingers. Even for those nurses who are working in their area of preference, there may be many unavoidable job stressors. The symptoms of burnout cited in the literature included behavioral consequences and harmful effects to the individual's mental and physical health (including self-doubt, lowered self-esteem, feelings of inadequacy, depression, and many more (Matrunola, 1996). For the mental health nurse, the incidence of burnout was seen to be significant due to the nature of the work. Mental health nurses were "exposed to intense physical and emotional suffering
and were frequently the focus of primitive transference reactions, both affectionate and hostile" (p. 37). Such significant stressors impacted on job satisfaction even when the outcomes were beyond one's control. Styles stated that "the core of the nursing universe is the individual nurse and the beliefs he/she shares about himself/herself and nursing" (cited in Alavi & Cattoni, 1995, p. 347). If one of the nurse's core beliefs were to promote health and meet the needs of her patients, then the effect of a patient suicide would be devastating. If an organization's core values included compassion and caring, then, despite outcome, the values espoused and practised (sometimes these are different) should mesh with those of the nurses, and consequently the workplace would be a good fit (Kenney, 1998). Nurses who were committed to their jobs and who felt their work was challenging were less likely to be burned out (Matrunola, 1996).

Empowerment was a concept that was well researched in the literature and seemed linked to job satisfaction. Lack of control over practice or the authority to act on one's knowledge and expert judgment was offered as an explanation for reported job dissatisfaction among nurses, according to Laschinger and Sullivan Havens (1996). "Individuals in positions that limit access to power and opportunity structures perceive themselves to be powerless," which leads, according to Kanter, to rigidity, rule-mindedness, and less commitment to the achievement of organizational goals (p. 28). Laschinger and Sullivan Havens told us that in order to enhance professional practice and hence job satisfaction among nurses at the front line, there would have to be support systems in place to remove barriers between nurses and patients.
They quoted Kanter as recommending nontraditional options for career growth and development, such as the opportunities that allow people to form new relationships, learn new skills, and gain recognition by having the opportunity to demonstrate their abilities. Additionally, Clifford (cited in Laschinger & Sullivan Havens) maintained that by talking to nurses, asking questions, and listening, one can gain valuable insight. Ironically, that was precisely the method of data collection planned for use in this study.

Reflection and Reflective Practice

In reviewing the literature on reflection and reflective practice, I sought to find an operational definition of each, in order to gain a better understanding.

The article, "Reflection and Teaching: The Challenge of Thinking Beyond the Doing" (Raines & Shadiow, 1995) recognized the importance of experience in reflection. The authors really operationalized the concept of reflection. It was an everyday process, but by really listening to the "gut" we could recognize those situations that required a second look. As professionals, we were so busy "doing" the nursing or teaching that we utilized our time most effectively by taking action as it was apparently needed. We were well trained to "problem set" and looked quickly for effective and efficient solutions. Sometimes, however, we placed a little bookmark in our mind to come back to a specific incident and reflect more deeply about alternative approaches in the event that a similar situation might occur. Nurses demonstrated an openmindedness that allowed them to have the flexibility to "think on their feet" about a
situation or incident and change their approach to meet a goal or outcome that would benefit a patient or student. Sequentially, they must take the responsibility after the “doing” to relook at the circumstances with a fresh eye to identify any biases or assumptions that may have colored the original choices that were made. Raines and Shadiow used the term “wholeheartedness” (p. 272) to refer to the marrying of the two previous attitudes, which enabled the professional to have a richer understanding of the event or experience.

Schön also differentiated between reflection-in-action and reflection-on-action. He identified reflection-in-action as the “spontaneous, intuitive performance of the actions for everyday life [by which] we show ourselves to be knowledgeable in a special way . . . . our knowing is often tacit, implicit in our patterns of action” (1995, p. 29). He described the metaphor of a big-league pitcher whose expertise is demonstrated in his way of pitching to the batter’s weakness, changing his pace (p. 29). Schön described Deweyan “inquiry as thought intertwined with action which proceeds from doubt to resolution to generation of new doubt. Inquiry would begin with situations that were problematic—that were confusing, uncertain or conflicted” (p. 31).

Reflection-on-action required the professional to review and identify his or her own beliefs, values, and assumptions. For some professionals, this exercise was a very unfamiliar journey. As Schön (1995) pointed out, “where he is ordinarily expected to play the role of the expert, he is now expected from time to time to review his uncertainties” (p.299), at least to himself. Involved in this process was the need to redefine the concept of the nurse as the expert and to recognize that the
patient/client should be the agent of change. By stepping back to look at the broader view, one was able to more easily see personal biases and potential gaps in knowledge.

Boud and Walker (1998) identified one perceived gap in Schön’s theory: the need to “reflect before action” (Greenwood cited in Boud & Walker, p. 192). In my reading of Schön, there was not an identified reference that recommended not reflecting before action. For nursing professionals, that skill is well developed and actively embraced. As health care professionals, nurses are first obligated to do no harm. Additionally, the College of Nurses promotes use of the “Guide to Decide,” a publication that helps nurses decide if they have the knowledge, skill, and judgment to take a specific action prior to doing so (College of Nurses of Ontario, 1999). The reflecting-on-action was recognition of the fact that, in the fast pace of today’s workplace and in the case of nursing, often life-and-death situations, one basically goes on autopilot. Quickly made decisions were based on “tacit” knowledge. Actions were quickly evaluated and, if results were not satisfactory, quick action was taken to remedy the situation. This scenario would be repeated over and over until the result met the patient’s needs. By participating in the follow-up “reflection-on-action,” the nurse could better evaluate if the best and most effective action was taken. The article by Boud and Walker was referring more to teaching inexperienced nursing students so that safe, ethical, effective care would be provided.

The process of reflection-on-action was at times also referred to as critical thinking. Brookfield (1995) stated that “identifying and challenging assumptions takes place when people probe their habitual
ways of thinking and acting, that is, those taken-for-granted values, common sense ideas and stereotypical notions about human nature and social organizations that underlie our actions" (p. 16). "Through reflection, the practitioner may come to see the world differently, and based on these new insights may come to act differently as a changed person" (Johns, 1998, p. 2).

Reflection itself was seen as a highly emotional activity requiring a great deal of practice. Reflection usually brings some kind of change, and change is often uncomfortable. Ironically, it may be discomfort with an action or situation that stimulates reflective activity. Brookfield (1995) quoted D'Andrea as saying that "emotions such as frustration, depression, love, shock, elation, hatred and fear interacted with cognitive components throughout the reflective process" (p. 29). It is imperitive that nurses be encouraged to practise reflection-on-action and critical thinking for positive experiences as well as negative ones. Historically, reflection was a technique often used in times of poor clinical outcomes. In some cases, reflection of an event was an activity utilized in anticipation of potential litigation. Organizations could take a more proactive approach to reflective practice. Only when there is assurance that the nurses would be able "to express themselves in conditions of trust and security, and know that the expression of emotion is not likely to lead to negative consequences for them" will the act of reflection and reflective practice move from being an exclusively personal exercise to one that benefits the whole team (Boud & Walker, 1998, p. 194). In order to encourage organizations and individual managers to promote reflective practice among nurses, the purpose of the process must be clearly
defined. Fulmer (1993) outlined that reflection was a "demanding practice that is most successful in a collaborative mode. The purpose of the Reflective Practice was two-fold: (a) to initiate a behavioural change, and (b) to realize an improvement in your professional practice" (p. 24).

Drake often referred in her writing to the contemplative practitioner. She quoted Buchman as saying that contemplation included "careful attention and quiet wonder" (Drake & Miller, 1991, p. 327). Such action was accomplished by meditation. According to Drake, it allows us to get rid of the "ego-chatter" (p. 327).

Core Values

Kenney (1998) defined a value as that which you hold dear and, even though you may share some values with others, the ones that are most significant to you are your core values. "Living or working out of alignment with your core values can produce discord, while being in harmony with them can bring inner peace and harmony" (p. 46). It is important for nurses to be able to reframe work from a position of self-management. Change is inevitable, so Kenney recommended that nurses be prepared! Through reflection, nurses could identify their own personal vision that could be holistic in nature. Professionals should take a close look at their knowledge, skill, interest, and abilities in order to have the flexibility of role to move forward in the new millennium within the right organization.

Essential to reflection and reflective practice is the identification and interpretation of personal beliefs and assumptions. Mezirow (1990) told us that meaning perspectives involve criteria for making value
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statements and for belief systems. Most of the meaning perspectives are acquired through cultural assimilation. Much of the information or meaning that a nurse attached to events in the workplace may have taken on meaning through that culture, as well as through the influence of family and life experiences. One of the most important messages Mezirow could present was the fact that "we never have complete information. The action that one might take from reflection can lead to transformative learning" (p. 18).

Tools for Reflection

Considering that the focus of this study was to identify whether the practice of reflection impacted positively on job satisfaction from the perspective of the participants, it was necessary to conduct a literature review regarding various approaches and techniques. Much of the literature looked at the experiences of student nurses. Some of the experiences shared were applicable, and others were likely not to be. Atkins and Murphy summarized the skills required to reflect as self-awareness, description, critical analysis, synthesis, and evaluation (cited in Richens, 1995, p. 2). The tools which enhanced those skills include journal writing, team conferences, accessing a mentor (or dialogue journal), story telling (a long tradition in nursing), and electronic journals.

Journal writing was identified as a very powerful self-reflective, self-assessment tool. The benefits, according to Kerka (1997), were that "writing can flow without self-consciousness or inhibition. It reveals thought processes and mental habits, it aids memory, and it provides a
context for healing and growth” (p. 2). It was deemed essential, though, that the journals were the private property of the writer (Boud & Walker, 1998; Kerka, 1997). The writing must be free of inhibition. In order for journals to be advantageous and reflective, the writer needed to make entries on a regular basis, that is, daily or weekly. Also, rereading previous entries allowed the reader to identify if changes in practice or approach have occurred over time.

Another method of reflection is the team conference. In some organizations, it is recommended whenever the outcome of a particular event feels uneasy or just “not right.” The purpose of the conference would be to encourage each member of the team to share his/her expertise regarding process, techniques, knowledge, skill, and judgment. The team may be able to identify a systems issue that should be addressed. Additionally, after a team conference, a member who may have been overly anxious about her/his role may be better able to see the bigger picture and hand the responsibility back where it belongs. This process helps to decrease the incidence of burnout due to the emotional cost of being a health care provider who cares. Smith (1995) referred to this type of framework as having four components: scientific knowledge, artistic knowledge, moral and ethical dilemmas, and personal knowledge. She recommended that each critical incident review follow the same process in order to develop and encourage a holistic approach to reflection. The key to reflection was that learning occurred and action took place.

A personal professional portfolio helped to provide evidence of accomplishments, goals met, and competencies developed. It could also
be used to show others how the nurse had developed professionally over
the last year (Oermann, 1998).

"Self-evaluation requires (1) a willingness on the part of the nurse
to admit further learning and development are needed. And (2) a trust in
others to seek their assistance with this learning;" it can feel "risky"
(Oermann, p. 26).

According to Drake, "meditation practice generally involves a
quieting of the mind by focussing our attention on the in-out flow of the
breath. The task tends to be simple, so that we become attentive to what
is happening both within and without" (Drake & Miller, 1991, p. 328).
Both meditation and visualization were seen as skills that take a lot of
practice and commitment on the part of the professional.

Story telling was identified as one of the most widely used
reflective tools for nurses. Stories "offer us a range of human experiences
and invite us to enter them in personal ways" (Boykin, 1998, p. 49).
Stories help the nurse to reflect on past action, review the impact upon
the patient, and plan for acting differently next time.

The list of tools for reflection discussed above should not be
construed as all inclusive. Nurses and other reflective practitioners may
utilize one, all, or none of those described.

Summary

The review of the education, health care, and nursing literature
indicated that some of the factors related to job satisfaction are: work
environment, feeling supported by management, having one's own core
values congruent with the mission, vision, and values of the
organization, empowerment and recognition, as well as prevention of burnout. There was no literature that specifically associated "reflection" and/or "reflective practice" to job satisfaction, but they were certainly linked to the need for supportive leadership and burnout.

There was a great deal of current literature in nursing education regarding reflective practice, but it has yet to be linked significantly to employment satisfaction and professional or personal issues to any degree. It was quite clear from the existing literature available that reflection and reflective practice must be learned and practised. Depending on the experience of the nurse, reflection-in-action may be very developed, but I suspect that reflection-on-action could be further developed and enhanced with continuing education and the opportunity to actualize the practice during the working day. The need for further study is indicated to determine if education and exposure to workshops on reflective practice enhance and encourage the practice. It would also be interesting to ask nurses if they perceive that their reflective practice improves their own personal nursing practice. The study described in the following chapters investigated, from the perspective of mental health nurses in a small community hospital, if the practice of reflection enhanced their satisfaction with their work life and work environment.
CHAPTER THREE: METHODOLOGY

Overview

Why do nurses nurse? How do they find satisfaction in the care that they provide? These two questions are the primary reason that I elected to study what I perceive to be the relationship between job satisfaction for nurses and their ability to embrace reflective practice as an essential component of that satisfaction. The most important questions to which I wanted to have answers are:

Why do you nurse?
Do you value nursing?
Do you value your present job?

Until 1998 the College of Nurses did not require any continuing education to maintain registration. Now, nurses must conduct an extensive self-assessment, identify learning goals for the coming year, request a peer evaluation to help clarify the goals, and then evaluate the effectiveness of the plan. The College refers to this component of their quality assurance plan as "Reflective Practice."

"Nurses themselves are responsible for evaluating their own gaps in knowledge and skills and identifying resources for meeting them" (Oermann, 1998, p. 24). Such self-regulation is a new concept to many nurses.

It was my intention to outline the methodological approach to viewing this issue and to have some of the questions stated earlier answered by nurses practising in the current hospital-based health care climate.
Description of Research Methodology or Approach

This study used an approach to methodology that is personal and semistructured, through which nurses will feel most heard. I elected to utilize a qualitative approach in order to garner the richest data possible. There are benefits and challenges to taking on this approach to the collection of data. One significant bias that I must declare is the fact that I am a practising nurse in Ontario and embrace reflective practice wholeheartedly. I wanted to ensure that I was not inflicting my personal biases upon the nurses who agreed to be subjects for the study. It was important to me to be open to not only listening to, but also hearing, the participants' personal, individual stories. Storytelling is an essential component to reflective practice, so playing a supportive role in that methodology was imperative to me as a researcher. I wanted to know what this particular group of nurses thought about the subject at hand, so an ethnographic study seemed appropriate. Are my own beliefs and assumptions unique, or do other nurses share them? I therefore wanted to utilize a methodology that would include inductive reasoning by allowing “one to explore and discover with an emerging research design rather than test deductions from theories in a predetermined design” (McMillan & Schumacher, 1993, p. 91). A qualitative approach is very complementary to “the profession of nursing with its emphasis on humanism and caring for the whole person” (Marrow, 1996, p. 43). As the researcher, I surveyed and interviewed individuals, and because of that fact I could not predetermine how the interviews would roll out and what information or feelings would be shared.
In order to enhance reliability of the study, I wanted to ensure that I had consistency of approach to the collection of the data. Audio-taping ensured that accurate statements were quoted and also allowed me to concentrate on listening to the interviewee and her reaction to the process. Another challenge to the reliability was that the interviewees know me and realize that I have a personal perspective on the subject. It would therefore enhance the reliability aspect had there been a co-observer in the semistructured interview, but time constraints made that scenario difficult. As I was unable to have a co-observer for each interview, I elected to not have any at all (McMillan & Schumacher, 1993). In order to mitigate the above concerns, I used triangulation as a method to ensure that analysis occurred through several lenses: tape-recording, data analysis by responses to questions, and emerging themes. Triangulation was used to "find regularities in the data . . . comparing different sources, situations and methods to see if the same patterns keep recurring (McMillan & Schumacher, p. 498). As well, journalling helped to make explicit any personal reactions which were checked.

Instrumentation

**Pilot Study**

A job satisfaction questionnaire was designed in order to meet the requirements of the workplace-identified goals and objectives. In order to ensure the design met the needs of the organization, feedback was received from the director, two managers, and three registered nurses who work on the unit, as well as members of a Quality Care Committee,
which includes a consumer. The feedback was then used to modify/change the survey to meet the required needs. The survey was piloted at a Clinical Leadership course held at the facility. The participants of the course were professional staff from a variety of disciplines, including nursing. The group was requested to give feedback concerning the following:

- The presence of any insensitive language,
- the presence of any redundant questions,
- the time required to complete the survey,
- the presence of any annoying questions, and
- the ease of completing the survey in general.

As a result of the pilot survey, one question was eliminated and one question was reworded. The group as a whole found that the survey would take 5 to 10 minutes to complete and welcomed the inclusion of open-ended questions. I was concerned not to design a survey that the nurses would find too cumbersome, irrelevant, or time consuming to complete. They stated that the open-ended questions allowed people to include any pressing concerns not reflected in the body of the questionnaire. The feedback from the pilot was very helpful to me as the researcher.

**Sampling**

For the purpose of this study, I selected purposeful sampling since I wanted to have information-rich data and did not have a desire to generalize in all such cases (McMillan & Schumacher, 1993, p. 378). In other words, "these samples were chosen because they were likely to be
knowledgeable and informative about the phenomena the researcher is investigating” (McMillan & Schumacher, p. 378). The group of nurses selected work in a hospital-based unit providing mental health care to patients and families. This convenient sample was selected for a number of reasons. First, it was a component of the goals and objectives for another unit in the hospital, for the fiscal year 1998-99, to conduct a job satisfaction survey as part of my regular work as an educator. Second, as a full-time employee, my time was severely limited. Third, the unit I surveyed consisted of a group of nurses who had recently implemented a new model of care, Dr. Jean Watson’s Philosophy of Caring. As an educator, my role with the staff had been generally a supportive one, so I felt fairly confident that they would trust me enough to be honest and forthright in their responses.

Selection of Participants

An invitation to participate in the study (Appendix C) was sent via the hospital’s main communication computer system, once approval was received from both the hospital’s and Brock University’s Ethics Committees. The message indicated that the research was for the purpose of completing the requirements for a Master of Education degree and that the researcher was looking for 8 to 10 participants. It took several reminder messages via the computer system to procure 8 potential participants. There were a total of approximately 30 RNs on the unit who would have qualified for the study. Anyone interested in participating in the study was directed to contact me via e-mail, private voice mail, or at home. Nurses interested in participating in the
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interview were given a written explanation of the purpose of the study, as well as reassurance of complete confidentiality. An informed consent was obtained following an opportunity for them to ask any questions. The participants were reminded on several occasions that they could withdraw at any time for any reason without penalty or prejudice. By the end of the interviewing time frame, only 7 nurses were able to participate. One participant withdrew by mutual agreement because we were unable to find a suitable time to conduct the interview. The use of semistructured interviews “enabled the researcher more latitude to probe beyond the questions answered” (Too, 1996, p. 80). Additionally, one could more easily keep very brief notations regarding nonverbal communication to clarify the relationship between what was said and what might actually be felt by the participant (Marrow, 1996, p. 46). The method of face-to-face interviewing was essential to me in order to distinguish between my assumptions and the opinions of the participants. It allowed for clarification of the issues.

Data Collection and Recording

I decided to administer a questionnaire to all nurses who worked in a nursing unit in the hospital which was a different unit from the one in which the face-to-face interviews would be conducted. I wanted to validate that the questions I was interested in asking in the semistructured interviews would indeed be meaningful to nurses and result in a greater insight into how nurses find job satisfaction in their work. By analyzing the results of the questionnaire, I was able to pull out themes regarding job satisfaction and reflective practice. The themes
were formulated into open-ended questions with the intention of generating discussion in the semistructured interviews.

During the semistructured interview, the question sequence moved from simple to more complex throughout the interview. The participants were aware prior to the interview that I was probing the relationship between job satisfaction and reflective practice. I wanted them to reflect a little on the issue prior to the interview. It was important to me to find out from each participant her own personal perspective on each specific theme. At the end of the interview, I left time for the participants to identify any other issues and potential solutions.

Use of Audio Tape

A tape recorder was used throughout each interview with the permission of the interviewee. Audio-taping ensured the accuracy of the information shared and hence the validity of the data used. A self-selected number identifies each participant on the tape. For example, a participant was asked to pick a number between 50 and 59. The selected number was then recorded on the audio cassette. No names were attached to the tape recordings or used in the analysis. Audio-taping allowed me to interact with the participants rather than concentrate on note-taking (Too, 1996, p. 82). Verbatim comments were incorporated into the finished study in order to demonstrate the validity of the research. Participants were asked if they wished the interview tape returned to them at the completion of the study or to have it destroyed. All tapes were kept in a locked file drawer in the home of the researcher to ensure maintenance of confidentiality. All participants asked that the
tape be destroyed once there was no longer a need for it.

**Location for Interviews**

In the world of health care, it is a learned experience that attempting to conduct an interview at the workplace results in many interruptions and may even prevent open dialogue. I asked the participants if they would like to have the interviews conducted at an alternative, more comfortable site. Each interview was conducted in a place decided by the interviewee in order to promote comfort and openness. Ensuring a private place for the interview, at the request of the participant, enhanced the capacity to maintain anonymity for the participant.

**Methodological Assumptions**

A basic assumption in this study was that nurses understand the concept of reflective practice and either choose to practise or do not. The reality is that most likely reflection occurs only when there are unexpected or adverse patient outcomes. This study may in itself act as an educational vehicle for clarifying a personal interpretation of reflective practice for each participant. Considering the additional education provided in the past year regarding reflective practice and a caring model of nursing, I assumed that the nurses had fairly well developed skills in personal and professional reflection and a very good idea of how to actually apply the theory to practice.

Nurses have traditionally been suspicious of "management" types, and often are reluctant to open up. An atmosphere of "paranoia" had
been common in the 1990s restructuring environment. Often that paranoia had not in fact been misplaced. Because I had previously been in a management role and continued in a similar relationship with the director and staff regarding nursing practice issues, I recognized that there could be some timidity in sharing information that is personal in nature. My relationship with the mental health nurses has never been in a capacity of management, so I felt quite comfortable that they would see me primarily as an educator.

Methodological Limitations

The subject studied is of particular interest to me as an educator, administrator, and practitioner. I bring to the study the bias that I believe some nurses remain unskilled in the practice of reflection. Based on my previously noted assumptions, I recognize that those nurses who volunteered to participate in the study already see the benefits of reflection in their everyday lives. Such experience, however, would only enhance my study, as I expected the data collected to be rich and in depth.

This study, although it may touch a chord with many nurses, is not expected to be generalizable. A nursing unit such as the one I surveyed is very unusual in Canada to date, although many hospitals are planning to move to a similar model of care.

Limitations of time required that the study be completed in a short time frame. It would be an advantage to restudy this group in another 3 to 4 years. In that time frame, there would likely be assimilation of nurses to the philosophy of care and, as well, the College of Nurses
requirement for reflective practice would have been in place longer, with more nurses better aware of their professional responsibilities.

Nursing jobs are opening up in Ontario while this study is being conducted. As a result, nurses now have more choices of workplace and work type. Choice likely enhances the effectiveness of reflection when decisions are being made about job satisfaction and the fit with personal values and those of the organization.

Ethical Considerations

The director and manager of the mental health department were given an overview of the methodology and provided endorsement for conducting the study. An application to the Ethics and Research Committee within the hospital resulted in having the proposal reviewed. No additional concerns were expressed, and I was given approval to collect the data for the study.

Once approval had been received from the hospital-based ethics committee, a proposal for the study was submitted for review to the Brock University Sub-committee on Research with Human Participants. The proposal was declared to have conformed to the Brock University guidelines for ethical research and was approved "as is" (see Appendix A).

Each participant was given a written explanation of the purpose of the study. An informed written consent was obtained for participation in the study and for the use of audio tape for recording the data (see Appendix D). Being a health care provider, I perceive informed consent to be an ongoing relationship and part of my professional responsibility. At each step of the process, I explained verbally the purpose and intent of
the study and reminded each participant that she could withdraw at any time without prejudice or penalty. Participants were told that a copy of the final product would be made available to them on request.

Summary

During the time of the accumulation and analysis of data for this study, the shortage of nurses in Ontario has become more acute. Nurses are beginning to have many opportunities and no longer need to work in an environment in which they do not feel satisfied or fulfilled. Reflective practice will become an even more valuable tool to assist the individual to identify whether or not they have the right "fit" with their current organization.

The College of Nurses has required participation in reflective practice since 1998, and nurses are becoming more and more used to utilizing this valuable tool. The specific group of nurses invited to participate in this study have delved deeper into reflective practice for a variety of reasons. First and foremost, they have been exposed to several workshops on the subject; but additionally, as a group, reflection is viewed as a therapeutic tool to be used on a daily basis with their patients.

The research questions posed to the volunteer participants of this study were:

1. What satisfies you most about nursing in today's world?
2. What is the worst thing about nursing in today's world?
3. What is it about nursing that you love?
4. What are the challenges or barriers to providing the kind of nursing care you would love to provide?
5. What/who are the kinds of support that would enhance your work life?

6. The College of Nurses of Ontario requires participation in reflective practice as part of the quality assurance plan. What does this mean to you?

Providing broad, open-ended questions generated the kind of individual discussions that I hoped for in conducting research of this type. It allowed the nurses to express an individual and personal point of view. It also allowed a nurse to be selective in the information she shared if she chose to do so. In that light, I feel that this type of qualitative research is quite enlightening to the interviewer and empowering for the participant.
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CHAPTER FOUR: FINDINGS

Introduction and Overview of the Chapter

The purpose of the study was to explore the relationship between job satisfaction among nurses and the practice of reflection. This chapter presents the findings collected from both a quantitative survey conducted about job satisfaction and face-to-face interviews with mental health nurses in a community hospital setting. Chapter Three provided a broad brush with which to view the intention and direction of the study. This Chapter provides that richness of data that can be obtained only from face-to-face interviews with those that "really know." The insight shared by the nurses gives us a snapshot of what it takes to keep nurses in nursing—what makes them stay. The chapter is divided into common themes that emerged from first the survey and later the interviews.

Interpretation of Findings

One hundred nursing staff from an obstetrical unit were surveyed regarding issues around job satisfaction. The purpose of the survey was to identify overall themes from which I could develop questions for the face-to-face interviews. A total of 38 responses were returned, indicating a 38% rate of return. In order to solicit a greater response, the time frame for returning the survey was extended twice; two messages were sent to all staff. One message was communicated via the computerized messaging program and the other as an agenda item at a staff meeting, encouraging participation. Both message routes promised anonymity. On compilation of responses, a number of themes arose from both the survey questions and the open-ended questions asked.
When asked, “I feel most satisfied when there is . . . “ the three top themes were:

• Adequate staffing to provide good care, to teach, consistent care to patients,
• Opportunity to work in area of preference (where they feel competent/expert), and
• Effective communication—that ideas are heard, have fun, encouragement from peers.

When asked, “I feel least satisfied when there is . . . “

• Assignments are changed frequently, unbalanced,
• Short staff, and
• Not enough time to provide good care, and lack of continuity of care.

A key response was that 42% looked forward to coming to work “sometimes.” Sixteen percent felt that the unit was never staffed appropriately for the work load. In spite of those numbers, 84% often or always enjoyed the work they do. Under overall satisfaction, 71% were satisfied or extremely satisfied. When asked about support systems such as management support or educational support, respondents seemed to feel more supported by their peers (67%) than by the director of the department (11%). These responses beg the question: Who were the 38% of nurses who responded? Sixty-nine percent of the respondents had been working in nursing for over 10 years, and 25% of those had Baccalaureate or Master level preparation. Fifty percent of the respondents were full-time nurses and clinically could be called the most skilled group on the unit, as 89% of the respondents were the more
technically skilled labour and birth nurses. Even though it has been a requirement to complete the College of Nurses quality assurance plan, only 86% had completed the self-assessment and 50% the peer review. In their defense, it was unclear in the survey whether I was asking them about their compliance from the previous year or the current year. I feel that the response may therefore refer only to the current year. The nurses, at the time of the survey, had at least 7 more months to complete the requirements for the current year. The results of the survey were shared with the director of the unit initially, then at a staff meeting, and finally with the Quality Patient Care Committee.

It is to be noted that the survey took place at a time when there was a legal issue being settled, the results of which distressed a number of the core staff (primarily the labour and birth nurses). Some staff members verbally expressed feelings to me of not being fully supported by management in that particular instance. As there is no particularly good time to conduct a satisfaction survey, I proceeded anyway, with the support of the director. I found the survey results interesting in that, although they were very concerned with working conditions, missed breaks, and no time to give the care they would like to give, these nurses remain in nursing. The question I ask is, Why? All of the respondents rotate shifts, work weekends, feel frustrated, are in danger of burnout, and yet they stay. What is it about nursing that keeps some people in the field? The full results of the survey are provided in Appendix B.

Semistructured Face-to-Face Interviews

In reviewing the themes from the survey, I looked to develop a
limited number of open-ended questions suitable for a face-to-face interview. As previously mentioned, the survey responses indicated issues of work life and commitment to nursing. Is nursing really a calling? (Jeffries, 1998). I really wanted to know the following about the participants:

1. What satisfies you most about nursing in today’s world?
2. What is the worst thing about nursing in today’s world?
3. What is it about nursing that you love?
4. What are the challenges or barriers to providing the kind of nursing care you would love to provide?
5. What/who are the kinds of support that would enhance your work life?
6. The College of Nurses of Ontario requires participation in reflective practice as part of the quality assurance plan. What does this mean to you?

I believe that many nurses have practised reflection for many years but did not name it as such. For those nurses, I believe, there is a greater satisfaction with the work. As a nurse matures and grows as an individual, values may be better defined and the nurse may have new or different personal requirements. Donald Schön (1983) has written extensively about reflective practice and states that “it can be liberating for a practitioner to ask himself, what in my work really gives me satisfaction? How can I produce more experiences of that kind?” (p. 299). In that light, a number of nurses agreed to participate in this small study.

By the conclusion of the study, 7 participants were interviewed of
the 8 that volunteered to participate. Due to tight timelines, we were unable to schedule the 8th participant's interview at a time that was convenient to her within the time frame of the study. The questions asked at the interview are presented in Appendix E.

The nurses who participated in the semistructured face-to-face interviews were quite diverse in age, experience, and length of time as a nurse, and particularly as a mental health nurse. All participants were female. Three were full-time nurses, 3 were part time, and 1 was a casual RN with a full-time job at another hospital. Three nurses had nursed for 30-40 years and had a wide variety of clinical experiences from ICU/Emergency to private duty to clinic counselling. Two nurses had been nursing for more than 10 years, and 2 for less than 10 but more than 5 years. The following reflects a variety of individual responses to the questions asked. There was commonality of opinion for some questions and very different approaches for others.

As is the case in many nursing units, nurses know each other so well that even a turn of phrase could identify an individual. In order to honor my promise of anonymity, the participants' words may be paraphrased at times.

**Question 1: What satisfies you most about nursing in today's world?**

In reviewing the audio tapes from the seven interviews, it is clear that in all cases the nurses stated that making a difference in the lives of their patients is paramount. It is what keeps bringing them back day after day. The following comments demonstrate that, although each participant verbalized a similar sentiment, it was articulated in a very unique way by different individuals. One participant was able to list
things about nursing that satisfy her today:

To help people to increase their own capabilities, to be able to convince them that they do have capabilities, to help them move ahead in their lives, to gain direction, to help them to be able to put down their baggage, that they don’t have to carry it around. To help people realize that their illness is something that they have to deal with but it does not define them. It is so satisfying to be there when the light comes on, to be there when they begin to see things in their own mind . . . when they say, “WOW,” it’s all so clear now. It takes a long time for them to grasp it, so it doesn’t happen often, but when they do, it’s just great!

Another participant stated that she gets a great deal of satisfaction from making a difference:

In many cases that does not mean that I have healed someone, but if I have made their experience easier to bear then I feel satisfied. I also feel satisfied because I am very proud to be a nurse and worked very hard to get here. I feel I am doing something very important that contributes to making this world a better place.

A third participant related her feelings of satisfaction about nursing in these words:

It is that same, old, basic thing that we are actually able to help people who have problems. It used to be that in surgery or medicine you patched them up and sent them on their way, but now I work in the area of mental and emotional problems and it’s satisfying to be a small cog in the wheel, a part of the puzzle. You are part of a team and do the best you can while you are there, to work together to meet the patient’s needs.
Another nurse participant stated:

One thing I like the most about my current position as an out-patient mental health nurse is that I work more autonomously and independently. You have to do more problem-solving and you have to look more at your own role and responsibility. I am quite comfortable working within my scope of practice as a nurse and a member of the health care team. Second, working with people that want to be helped is very satisfying. When they have the desire to get well, it motivates me... actually it's more about having people accept my help rather than actually helping them, because that is what they need to do in order to succeed. In out-patient we can be more holistic in developing goals with patients because they are ready for it from a therapeutic perspective, unlike in-patients who are in a more acute phase.

All of the participants said that the importance of the work was the primary reason for staying in nursing. My observation notes indicated that the respondents answered this question quickly and with spontaneity.

A common approach to explaining individual perspectives on this question was to tell a story. Throughout the interviews, the stories were numerous and were used to demonstrate any number of perspectives, including both personal and professional experiences.

**Question 2: What is the worst thing about nursing today?**

One participant felt that

I would not say the money is bad, but the chance to move up and
increase wage over time is quite limited. I think that is a drawback. Any profession where you have to shift . . . I mean where you have to work nights . . . how do you have a normal family life? I struggle with that part of nursing . . . it brings it down a notch in the hierarchy of professions. I think about nursing as a profession . . . what about the fact that although basic nursing care is the key to maintaining a person's dignity, it knocks your profession down. You could never imagine a lawyer, for instance, dealing with the basic level of need such as eating, eliminating, and bathing. As long as meeting that basic physical need is integral to nursing care, how can a nurse ever be seen as professional?

This participant stated that hospital nursing suited her needs at the moment by allowing flexibility to meet her young family's needs but won't suit her for long. She said that she wants more: more money, more challenge, more respect. This nurse expected that within 5 years she would move out of nursing. The plans have already begun to prepare her for that event.

One of the nurses who has enjoyed a long career stated that for her the worst thing about nursing today is the excessive work load.

It prevents me from giving the nursing care I am capable of giving. I feel really bad when I am rushing by a patient and ask him how he is doing. So I don't get into any depth of assessment, and very little of what I would call true counselling . . . nothing like what I would like to do. That is very frustrating. You are working by the seat of your pants. You hope and pray nothing happens to your patients.
Another participant stated that the worst thing about nursing for her right now are the hours:

You have to work 8-hour shifts and seven in a row. I just can't do that anymore. Another one of the biggest concerns is abuse . . . more so than anywhere else, although emerg. nurses also take a lot . . . from patients . . . they call you every name under the sun, they spit at you, they hit you, and some places of work are not very supportive of the nurse. A patient hit one of the nurses and the hospital did not want to charge the patient. It is one thing if the patient is delusional or paranoid and doesn't know what he is doing, but if he knows exactly what he is doing, and he is an angry or nasty drunk, then he should be charged. My understanding was that management wanted to “hush it up.” It leaves you feeling very unsupported and vulnerable.

She stated that the current management team was actively trying to address the issue of safety, but feels that the effort has come a little late. Now it is difficult to recruit to mental health. The key point this nurse was trying to make was that mental health nursing involved inherent physical risks that were greater and more significant than other types of nursing. Her point is clearly supported in some of the literature (Dallender, 1999; Prosser, 1996). My observation notes indicated that the nurse sounded frustrated and unvalued by management’s response to this issue.

For another nurse, provincial and federal funding formulas are a primary issue. She felt that mental health patients and programs were regularly shortchanged and have never seemed to be a high priority to political decision-makers.
In the community, people need help with housing but are not identified as having a disability even though they have a legitimate, chronic mental illness that interferes with their ability to hold a job. These people often do not qualify for housing or travel assistance. It becomes a vicious circle because they then do not attend programs and wind up back in hospital again, sicker than ever. After all, would you travel 2 hours one way to get to a program? I wouldn't. And they wonder why so many don't succeed. Without the funding, there are not enough programs to help integrate people back into society. The choices we are providing for people aren't their choices or right choices. That is the most frustrating part.

There were a number of responses relating to the work environment. One very experienced nurse stated that the worst thing about nursing for her is

the uncertainty about where you are going to be. On our unit I have been back and forth between in-patient and out-patient care. I prefer out-patient. I do my best work in out-patient, but that never seems to matter. We are just told that things have to change. When I trained, if you were senior you had it made; you had come through it all. You had first choice in new opportunities. Here I am at the end of my career, but I cannot do what I want because someone else has a need . . . I am at the end. Couldn't they just leave me be? The rules have changed. It is hard to start over . . . have to go back to night shifts . . . I don't sleep well. I honestly feel I do my best work in a one-to-one situation.
This small community hospital is nonunionized, so seniority is not a factor in decision-making here. Moving back to the unit will involve night shifts and rotating shifts.

Another senior nurse agreed that work load and acuity of patients was the worst thing about nursing today.

Two years ago we had a critical staffing issue on our unit. It was left too late and not addressed by management. When you come in and you are overloaded, there is no way you can do quality care. It is crisis management and safety as first priority. You have no satisfaction that you have connected and listened to their issues. This field is difficult at the best of times. I am pleased to say that it was finally addressed by the new management team; otherwise, I wouldn't still be here.

Several of the nurses also referred to the shorter lengths of stay for patients. As an in-patient nurse, the work was more like crisis management. There was no time to build that therapeutic relationship that is essential to successful patient recovery.

Question 3: What is it about nursing that you love?

For one participant, work environment is important. I really enjoy the people that I work with . . . my co-workers . . . not just nurses, but the multidisciplinary team that I am part of. I enjoy the work that I do. I get so much out of seeing a person who arrives in the unit at her worst, hoping that in time she will be helped back on her feet to a good functioning level. It's really not that hard to help them see it themselves, and it makes such a difference.
Another nurse became quite emotional when responding to this question.

I love nursing when I know that something that I personally said or did made a difference in someone’s life . . . like yesterday a patient told me, “God put you in my path.” There is a joy that happens. It is not every day, but it is what keeps me going. That is the greatest pleasure for me—the affirmation from my patients. You don’t get it from management or from doctors. This is the kind of thing that you don’t share with your colleagues because it sounds like you are tooting your own horn. That is your secret lift for the day.

For another nurse:

I AM . . . a nurse . . . it’s my calling, my gift. I have done many kinds of nursing, and it’s the diversity of it that keep me in it. I’ve done OR, home care, private duty nursing. Right now I love counselling mental health patients . . . it’s what I do. It’s quite an autonomous role and that’s what I really like about it.

After 40 years, this is quite an endorsement for nursing. This response was from the same nurse that teaches patients not to be defined by their illness: that they are more than their diagnosis. And yet, this nurse defined herself by her profession, her calling. Huff, in her research in nursing job satisfaction, supported the comments of these participants. “What makes them feel really good was at the end of the day they had given quality care – that they had done the very best for their patient” (1997, p. 2).

A 35-year career nurse stated that “I liked the action. I think very
quickly on my feel and respond well in an emergency.” A mental health patient referred from emergency actually had a critical physical condition that accounted for his violent behavior. Her statement, “I’ve still got it!” indicated to me that she was very pleased that her assessment and critical thinking skills were still sharp. Mental health nurses often struggle with the fact that other nurses do not really understand what they do, so they are constantly measuring themselves against other nurses technically.

Another nurse finds that teaching is the most rewarding part of nursing:

Teaching gets me the most excited. Having patients come to a revelation because of the questions that I've asked them, that’s what I really love. Maybe it is a kind of voyeuristic thing—seeing someone finally get it—it's amazing. You have moved them through their story to an understanding and, with understanding, then they can do something about it. It’s that "WOW!” That’s the piece I love. I helped the person find the right key.

**Question 4: What are the challenges or barriers to providing the kind of nursing care you would like to provide?**

For more than one nurse, the issue of balancing one’s personal and professional life was a great challenge.

It’s about putting in enough time to be able to say, OK. I am doing a good job. I am studying what I need to know. The challenge is to balance that with my whole life . . . keeping in touch with my friends, being the wife and mother I want to be,
being there for my parents too. After all, I am the family nurse, so more is expected of me. I need to feel content with it all. The challenge is the balance. It is hard, because my energy gets sapped.

Nursing today involves a very heavy work load from a number of perspectives. A senior nurse identified that short-staffing and scheduling challenges result in inconsistency of care. “If our length of stay is 3 weeks, then as a full-time RN I should be scheduled on days for 3 weeks. That is not done because shifts must be given out as equitably as possible.” She felt that the full-time/part-time staffing complement is a factor in not being able to have consistency of approach to patient care. “When I first started working, 70% of staff were full time. Now the ratio is about 40%, and that is only a recent improvement. A “30-something” nurse talks about self-scheduling and continuity of care:

I am part time, and so there are some weeks where I might work five day shifts and other weeks where I might be working nights and have little contact with my patients. I may not know if I am working the next day. The continuity of care and my ability to be an effective member of the team are never there. I struggle with that. I might start an intervention with a patient or family and not be there myself to finish it off. Every day my schedule is different. The lack of routine in the shifts is too scattered for me and probably the reason I won’t stay in the profession long term. Also, when there is not adequate staffing, there is a real barrier to good care. On any day there are a number of patients that are either in crisis or going into crisis. You feel like all you are doing
is putting out fires. When I leave work after a day like that, I just feel awful; I feel I have not done any good at all.

One participant stated that a contributor to the feeling of doing a "lick and a promise" was that not only is staffing inadequate, resulting in an increased patient:staff ratio, but patients are more acutely ill and often have a number of co-morbidities.

Another challenge to satisfaction was just the nature of the work for the mental health nurse. "It's a difficult road, and there are not adequate resources in the community." A younger nurse lamented that "some patients simply don't want to get better. They like the sick role. Putting in more resources would not help." In spite of all the staffing challenges, "our focus is to give the patient the best care possible."

Question 5: Who or what are the kinds of supports that would enhance your work life?

Almost all of the nurses interviewed stated that the emotional stress of being mental health nurses, no matter where the workplace, requires time for reflection and rest. A nurse at midcareer stated that there is not enough downtime provided. She suggested increased vacation, more job shares, and a wider range of benefits to include such antistress supports as massage therapy. "Right now you need a doctor's note to get reimbursed for accessing a massage therapist." A number of participants stated that educational support is a high priority. One nurse attended a leadership course that was 5 days long.

I used 2 education days to which I am entitled, and then had to use 3 vacation days. It was either that or use my days off. At this
stage of my career, with the type of work I do, I need my days off to recover. I would have liked to attend the second part of the course, but they were scheduled too close together and I could not manage it myself.

They all agreed that financial support and more educational days would be very helpful.

Another support identified by one nurse was the support of peers, other professionals, and the current management team.

They are really supportive now. Earlier it was awful; I almost had to leave. Certain nurses are great mentors. They encourage me to look beyond [the obvious]. I encourage that type of discussion.

Another nurse stated that the current management team is "very important and have moved well beyond the earlier days when there were significant problems. The doctors could be more supportive, could give more positive reinforcement."

Question 6: The College of Nurses requires participation in reflective practice as part of the quality assurance plan. What does this mean to you?

The one RN with the Baccalaureate degree stated:

It's not new to me. When I attended university I had to set up my own learning plan and evaluate for improvement. It's a natural approach for me in nursing. The only new thing is that I now keep a record. I see it as a way of problem-solving. You need to be constantly aware of what you need to do to effect change. I handle other parts of my life better because I practise reflection. My
knowledge and skills in nursing overlap into my family life and my role in the community.

The 40-year veteran stated that reflective practice made us more aware of how we are functioning. We have implemented Jean Watson's Theory of Caring, but as far as I am concerned it is a repeat of what I learned 40 years ago. We were told to remember that any given patient could be your father or your mother or your child. Treat every patient as if they were a family member.

Reflective practice is something we do every day. You have to ask yourself, What are you doing? Do you have the skill? If you don’t have the answer, find it. It helps you to know who you are and helps to bring personal experiences in line with what is important in your working life. If things are not in line, you will never be content at work or at home.

The most senior nurse participant stated that reflective practice is a contract with her patient. She stated that she had her first reflective practice experience, a self-assessment exercise, although she did not call it that then, in the early 1960s.

I learned a lesson early, and that was in the recovery room more than 40 years ago. We used to have two nurses in recovery room. When the other nurse went on break, one patient started going sour. The only other patient in the room was a very demanding, middle-aged woman: "Get me this, get me that." When the nurse finally got back from her break, I told her to "get that woman out of here." The woman reported me, and rightly so when I look back on it. The thing was that I was out of control and so out of focus
that I was unable to deal with this woman. Her demands had seemed trivial to me. What I learned from it was, that is what I am here for. When I look back, I was on this side of the stretcher and she was on the other. If I had moved to the other side I would have been more accessible. She probably felt really scared and insecure. That experience was a revelation to me. I knew I had spoken in anger, and it did not feel right.

This nurse became acutely aware of the fact that this patient had her own personally defined needs and anxieties, which must be addressed if a nurse is to effectively care for her. If the patient had not reported her, she might have ignored that uncomfortable feeling in her gut that told her that something was not right that day. Prior to this story, this nurse told me that the College of Nurses requirement is just words unless you take it to heart and use it to better yourself as a nurse and as a person.

One participant viewed the College of Nurses requirement of reflective practice in its most basic form. Her most common use was within a team conference following a critical incident. This participant was unaware that the College of Nurses requires that each year she complete all components of the quality assurance plan for reflective practice, which includes self-assessment, peer review, setting learning goals, and evaluating progress.

Interpretation of Findings

In reviewing the findings from the face-to-face interviews, one was struck by the fact that nurses seemed to be consistently drawn to the importance of the work. Doing their best work, balancing obstacles, and
prioritizing to meet patients' needs effectively seemed to be common themes reflected in the interviews as well as in the survey. Making a difference in another person's life seemed to be the driving force for job satisfaction for nurses. Irvine indicates the need for nurses to have some control over the work environment. "The work content and the work environment variables appear to have a stronger relationship with satisfaction than with economic or individual difference variables" (Irvine & Evans, 1995, p. 251). A number of nurses talked about restructuring the way in which care was going to be provided on their unit. The plan would require that nurses rotate through both in-patient and out-patient areas. One could easily hear the frustration and anxiety in having to "justify" staying in their area of clinical expertise. In spite of frustrations around increasingly demanding work loads, decreasing choice of type of nursing work, and the never-ending shift work, they have stayed in nursing. Why? For some, nursing is flexible work that meets a young family's needs. For others, it was a calling, a life's work, bigger than today's job.

My observation notes indicated that, for each person interviewed, the question "What do you love about nursing?" brought an almost physical response. My observation notes verified my clear memory of the responses. All of the nurses sat up straighter, spoke with more enthusiasm, smiled, and appeared quite contemplative. In fact, in reviewing the audio tapes, I told one nurse that when I asked her what she loved about nursing her whole face lit up. She responded, "Well, that's how I feel!" That response indicated to me that it was the passion for the work that was the driving force that kept these nurses nursing.
For a number within this group of participants, job satisfaction was linked more closely to the concept of "calling" than to any other. In fact, at least one nurse called nursing a calling. Jeffries (1998) states in her article "Hearing the Call" that a calling expresses itself in enthusiasm and energy for the work. You're willing to shoulder the burdens of the profession because you know that it's what you're meant to do. Your work is defined by love, not by the drudgery it involves. (p. 34)

The interviews indicated to me that there was a dichotomy within nursing. Was it a career or a calling? When I reviewed the themes identified in questions 2 and 4, I heard about long hours, not enough vacation to stay healthy, short staffing, decreased time to spend with patients, units filled with sicker patients, and little opportunity to get really involved in the nursing care plan due to changing schedules. When reviewing the interview tapes when the nurses were discussing what was the worst thing about nursing, the tone of voice and sighs indicated a resignation, a powerlessness to change the root cause of dissatisfaction. And yet, if one viewed nursing as a calling as per Jeffries's definition, one would likely stay within the field and look for opportunities to improve conditions. Among the interviewees were at least 2 nurses who have nursed for 30 to 40 years. The much younger university-prepared nurse referred to dealing with the "filth of nursing" as not being the action of a professional. In this example, I suggest that the values of this young woman are incongruent with either the values of the organization or the values inherent in nursing. As Kenney (1998) states, "truly satisfying work is emotionally, spiritually and intellectually
engaging. It uses your talents and abilities, reflects your core values” (p. 44). I suggest that the concept of nursing as a calling may indeed be specific to an older generation of nurses. The university-prepared nurse was looking for, and should rightly expect, the recognition and respect which other professional groups enjoy. Making a difference in the lives of patients must go hand-in-hand with opportunities for advancement and improved work environment. “Nurses who were committed to their job, who felt more in control of their job and who felt that their work was challenging were less likely to become burned out” (Matrunola, 1996, p. 828). Not only the employer, but also society at large, may be in danger of losing more nurses over time if we do not meet their need for professional growth and more autonomy in the field.

Discussions regarding supports and challenges were really reflective of each other. Every nurse interviewed talked about the need to make continuing education a reality. In order to effectively practise reflection, the nurses stated that there must be a willingness to stretch and grow intellectually. The College of Nurses' reflective practice requires a learning plan to be identified and evaluated after reflection on practice. Continuing education would be accessible only with significantly improved financial and operational support. In other words, nurses needed paid time off to attend courses and reimbursement for certificates obtained which enhanced their contribution to patient care. Difficult shift changes, lengths of shifts, and weekend work contributed to the nurses' need to have educational support within the workplace. In all cases, the nurses referred to the loss of income in having to “give away” shifts in order to attend classes. A number also referred to the physical
toll of switching shifts in order to access an educational opportunity. McDermott, Laschinger, & Shamian addressed this issue by stating that "when individuals have a chance to increase their competence and skills while being rewarded and recognized for contributing to organizational goals, they will invest in the organization" (1996, p. 45). Providing paid educational opportunities and time off to participate would increase their sense of satisfaction with the workplace and would benefit the organization.

Reflective practice was a recognizable tool for this group of nurses. It was actively used, both formally and informally. Some of the nurses journalled regularly; most used storytelling techniques to articulate who they were and what was important to them. All of the participants utilized reflective practice in the method required by the College of Nurses. The participants, as mental health nurses, having received additional information on reflective practice, seemed willing to embrace it as a useful tool. I believe that most nurses see it as an activity to be done for registration requirements and not as a tool to improve practice and potentially satisfaction with the work. All of the nurses indicated that there is a need for management to support reflective practice in an attempt to enhance quality care. Staff need time within the work day or week to write down issues, reflect on them, and plan action to change outcomes next time.

In reviewing the transcript tapes and my journal of the experience, I recognized that there is a great deal of "giving" among these nurses. They were willing to give of their time and themselves to their patients. "As an expression of nursing, caring is the intentional and authentic
presence of the nurse with another" (Boykin, 1998, p. 44). They have reflected upon their careers and their practice in nursing during these interviews. As long as they are able to be “present” with their patients in the right setting, then they will be approaching satisfaction. All participants were unsure how long they would be able to sustain that commitment in the current health care environment.
CHAPTER FIVE: CONCLUSIONS AND IMPLICATIONS

The purpose of this study was to identify what constitutes job satisfaction for nurses and to reflect upon whether or not there is a relationship between job satisfaction and reflective practice. In this final chapter, I first summarize the work of the preceding chapters and then provide an interpretation of the findings, followed by a discussion of the limitations of the study and its implications for nurses.

Summary

This study began out of my own journey to find balance and satisfaction in my life. The College of Nurses of Ontario requires that nurses reflect upon their practice and utilize that act of reflection to identify their learning goals and areas for professional growth in the coming year. This professional requirement coincided with courses I was taking to meet the requirements of the Brock University Master of Education degree. One such course was "The Reflective Practitioner." This course required that I take a very close look at reflective practice as a means by which a person can approach professional expertise and skill from a very holistic perspective. I began to take the journey myself. I realized that dissatisfaction impinges upon all aspects of one's life. I began to evaluate my own work life. What did I like about it; what did I not like about it; what could I change? During this time of reflection I came to realize that this was in fact not a new tool for me, but one I had used extensively in my professional life during my over 28 years of practice. Formalizing the process allowed me to use the tools more effectively and, in fact, helped to initiate a career change. I wanted to know if other nurses had utilized reflective practice as a tool to identify
and deal with issues that impact on their satisfaction with their work.

In Chapter Two, the literature review, I searched for current literature that linked these concepts. I was able to find a great deal of literature which discussed a number of factors that impacted on job satisfaction, such as organizational structure, management supports, and clinical challenges. Another big focus in the literature was that there must be a congruence between the values of the nurse and those of the organization. There was evidence in the literature that supported the idea that, for nurses, making a difference in the lives of patients was one of the biggest motivators for staying in the field. I also found some suggestions of the link between expertise or experience and identity for nurses. Working in one's area of expertise was important to most nurses. I then went on to review the literature on reflective practice. Much of the literature supported the concept of reflecting on one's actions at the time of the event or at a time soon after the event. There was virtually no literature that specifically linked the two concepts of job satisfaction and reflection.

In Chapter Three, I described the research methodology or approach I used to be able to answer my question in a way in which nurses would feel heard. I recognized that the size of a qualitative study such as this would not make the findings generalizable, but I felt confident that the results would ring true for many nurses. By having face-to-face interviews, I could also look at my own biases and assumptions about job satisfaction and reflective practice. The emerging design of the methodology supported the exploratory nature of the study.
Conclusions

The major findings of this small study were that nurses primarily find their satisfaction for work in the perception that they have made a difference in some tangible way to patients and family for whom they care. Making a difference is a value that all of the nurses held. The primary motivation to reflect comes from the motivation to do a better job in making a difference. All of the nurses in this study had received additional education about reflection and reflective practice in general. The additional education included readings and workshops about reflection and reflective practice.

The College of Nurses requirement to practise reflection seemed to be only a formalization of an existing practice for this group of nurses. It had merely put a name to it and required an official written record of the process of reflection. What seemed to vary among the nurses interviewed was the depth and skill of the reflective practice. One of the younger participants utilized the skill to decide whether or not to remain in nursing at all, whereas a couple of others, more veteran nurses, used it to make sense of what was happening right now. Only one participant used a reflective practice tool regularly, that of journalling. Others have used a variety of tools, the most common one being the team meeting approach. That method really supported the historical way in which nurses have learned and reflected over the years: the use of story telling.

The nurses' responses to the question of "what is the worst thing about nursing today" supported reasons why nurses do not take on a more formal approach to reflection and reflective practice. Constantly working short-staffed and with much sicker patients, without time built
in for reflection, meant to me that reflective practice will never move beyond an academic exercise unless there is personal motivation to do it on one's own time. Most of the nurses interviewed were frustrated with front-line nursing in today's world. Even in recognizing that the current management group was actively trying to resolve issues of short staffing and lack of continuity of care, the ability to continue to make a positive difference in patients' lives was becoming more and more difficult. When management decided to rotate more nurses through the out-patient program, it became an area of concern for one nurse. She had nursed for over 40 years, had reflected upon her skills and abilities, her likes and dislikes, and felt strongly that she did her best, most effective work in out-patient care. Because of the management decision, she would have to rotate like other nurses. Her sense of satisfaction with nursing work will likely erode in these last few years of her career unless she reflects upon her strengths and makes some difficult decisions.

I believe that this specific group of nurses, whether they recognize it or not individually or collectively, are reflective practitioners in the most holistic sense. It is so ingrained in what they do that it permeated every response they gave me. It is what keeps them skilled, compassionate, and passionate about their work. It may also cause one or two among them to change direction. The only thing that was new to them was the terminology "reflective practice" because the College of Nurses tool is so structured. These nurses truly live the concept.

The climate of health care has changed during the researching and writing of this paper. It is becoming more and more difficult to recruit and retain nurses, experienced or otherwise. I believe that we are moving
into a climate where nurses will have a great deal of choice in finding the right fit and the right place to work. Ontario is making a concerted effort to return expatriate nurses. The primary barrier to returning as identified in an article in the Toronto Star are better pay, providing high quality care, less shift work, less weekend work, relocation allowances, and continuing education support. It certainly seems that the issues have remained unchanged over time (Yelaja, 2001, p. A5). In restructuring hospitals, Ontario health care administrators now have an opportunity to design the most supportive environment possible for nurses.

Having completed this study, it is my view that reflective practice can indeed be linked to job satisfaction in some instances. I believe the key variables to be:

- Time and opportunity to explore new learnings and new approaches to work, and
- A personal commitment to a more holistic approach to work and to nursing in particular.

It is evident from this small study that the ability to reflect effectively is likely developmental; that is, the skill of reflection and the ability to take action required improve and become more in depth over time.

Limitations

The limitations of the study are twofold. The number of participants was small and they were all mental health nurses. The questions asked of the participants were limited due to the planned
length of the interview. The question not asked specifically was: How would you use reflective practice to help you keep the joy and vitality in your work? I believe that there would have been great value in having a couple of group meetings where the same questions were asked. There would be an opportunity to discuss more fully in a group setting the concept of reflection and reflective practice and their relationship with job satisfaction.

Implications and Recommendations

The implication of this research on practice was the impact of "importance of the work" to nurses. Administrators may use qualitative information gathered from this study to plan for providing an environment that addresses some of the issues raised by the nurses in this study. Staffing patient care units in a manner that allows for continuity of care, effectively planning care from a team perspective, and allowing the time that each individual patient and family requires will directly contribute to job satisfaction for nurses. Nurses need to feel that the work they do makes a difference in the lives of their patients. The environment for recruiting and retaining nurses has changed dramatically during the time it has taken to gather data for this study. Administrators that can provide a workplace that recognizes the significance of the contribution nurses make to patient care will have provided a climate for satisfied nurses and consequently will likely be more successful in the recruitment and retention of qualified professional nurses.

At present, if this study in an indicator, nurses actively utilize
reflective practice to ensure that they are competent and accountable practitioners. Few have taken the lead to use reflection from a holistic perspective. It is interesting that the ones that have are those that have been nursing for almost a lifetime. They have stayed with nursing through very difficult times. Perhaps for those that have lifelong satisfaction with the work it is the versatility and diversity of nursing that have kept it interesting. Nurses in this study recognize that working in an area of preference is a key component to satisfaction and helps prevent burnout. That concept is supported in the literature when one looks at concepts of empowerment and organizational values (Laschinger & Sullivan, 1996; Matrunola, 1996).

A key factor for all of the nurses interviewed is ongoing, continuous learning. An employer that provides on-site learning which is affordable, accessible, and applicable will be a preferred employer. Certainly, the small community hospital within which the participants work makes a concerted effort to meet those learning needs.

The interpretation of reflective practice that most participants embraced met with Schöns description of "reflection-in-action." His perspective legitimizes the feeling by the nurses in this study that nurses have been practising reflection for a long time.

As a result of these findings, future research could be focused on specific cohort groups of nurses. It would be interesting to see if responses are similar if broken down into specific groups, for example, full time versus part time, those who were trained in a hospital school of nursing (thereby practising 25 years or more) and those that are graduates of a community college or university.
Another study could look at another group of nurses similar to the group of participants in this study but who may be focused on a different type of nursing. Would surgical nurses, for instance, whose work is more technically based and whose relationship with patients is often very short, utilize reflection and reflective practice in the same way as the mental health nurse participants?

This study has produced an abundance of questions about reflective practice. Is it a way of thinking or a way of practice? Will nurses begin to use reflection to their greater benefit or will it remain a tool used only to look at what is wrong—what could be improved? If the work environment for nurses improves over the next few years in order to attract candidates to the field, will reflection become a more useful tool in improving outcomes for patients? Will employers provide health care providers with the time needed to actively reflect on practice? Much more research needs to be done to look at the impact of reflective practice in the everyday lives of nurses and of nursing practice.

It has been an honor to meet with the nurses who gave generously of their time to participate in this study. Their perspectives on nursing work and the elements of it that keep them in nursing have been invaluable to me.
References


Appendix A

Letter of Approval, Brock University
Appendix B
Pilot Survey Results
Nursing Staff Satisfaction Survey

Tell us your story!

Key to responses: 1 = never  2 = sometimes  3 = often  4 = always

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I look forward to coming to work.</td>
<td>n</td>
<td>16</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>42</td>
<td>45</td>
<td>13</td>
</tr>
<tr>
<td>2. My peers are supportive and helpful.</td>
<td>n</td>
<td>0</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0</td>
<td>16</td>
<td>66</td>
</tr>
<tr>
<td>3. On our unit we work together as a team.</td>
<td>n</td>
<td>0</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0</td>
<td>29</td>
<td>61</td>
</tr>
<tr>
<td>4. When I have completed my shift, I feel satisfied that I have met my patients' needs</td>
<td>n</td>
<td>0</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0</td>
<td>18</td>
<td>63</td>
</tr>
<tr>
<td>5. There is opportunity for me to be actively involved in decisions that affect my working environment.</td>
<td>n</td>
<td>1</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>3</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>6. The opinions of the nurses on this unit are seriously considered by:</td>
<td>n</td>
<td>1</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>the Director</td>
<td>%</td>
<td>3</td>
<td>55</td>
<td>21</td>
</tr>
<tr>
<td>the PCC</td>
<td>n</td>
<td>1</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>3</td>
<td>24</td>
<td>55</td>
</tr>
<tr>
<td>7. Overall, the doctors treat the nurses with respect and consideration.</td>
<td>n</td>
<td>1</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>3</td>
<td>26</td>
<td>68</td>
</tr>
<tr>
<td>8. Overall, the nurses treat each other with respect.</td>
<td>n</td>
<td>1</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>3</td>
<td>10</td>
<td>82</td>
</tr>
<tr>
<td>9. The unit schedule allows me to flex my shifts to meet my personal/family needs.</td>
<td>n</td>
<td>2</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>5</td>
<td>39</td>
<td>37</td>
</tr>
</tbody>
</table>
10. Leaders (both formal and informal) are visible throughout our system.

11. I feel that our unit is staffed appropriately for the work load.

12. I feel overwhelmed at work.

13. I have adequate breaks.

14. I feel confident that I am competent in my clinical skills.

15. I have input into patient care assignments.

16. Our shift runs smoothly because people work well together.

17. In the event that conflict arises within our team we are able to deal with it appropriately.

18. I receive recognition and appreciation for the work I do and contribution I make: from other team members.

                       1  2  3  4

   n   1  9  23  5
   %   2  24  61  13

   n   6  20  11  1
   %  16  53  29  2

   n   2  30  6  0
   %   5  79  16  0

   n   1  23  12  1
   %   2  61  32  2

   n   0  2  17  19
   %   0  5  45  50

   n   4  14  15  4
   %  11  37  39  11

   n   3  9  14  10
   %   8  24  37  27

   n   1  12  24  1
   %   2  32  63  2

   n   4  19  14  0
   %  11  50  37  0

   n   3  9  25  1
   %   8  23  65  2

   n   4  16  15  0
   %  11  42  39  0

   n   17  15  4  0
   %  45  39  11  0
19. I enjoy the work I do.
   n 0 6 21 11
   % 0 16 55 29

20. My education needs are met.
   n 2 17 12 5
   % 5 45 32 13

21. Feedback is constructive and timely.
   n 7 18 12 1
   % 18 47 31 2

22. My overall satisfaction with my job:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Extremely satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>n</td>
<td>1</td>
</tr>
<tr>
<td>%</td>
<td>3</td>
</tr>
</tbody>
</table>

I feel most satisfied about working in Childbirth and Children’s Centre when:

Themes identified:

1. Adequate staffing:
   - Adequate breaks
   - Time to give adequate/excellent care
   - Time to teach
   - Appropriate mix of staff
   - Consistent assignment
   - Reasonable assignment

2. Working in area of preference
   - Staff works as a team
   - Learn something new

3. Communication
   - Ideas are heard
   - Positive feedback
   - Encouragement from peers
   - Have fun

4. Recognition and appreciation

5. Equipment: working and functional
I feel least satisfied about working in Childbirth and Children’s Centre when:

Themes identified:

1. Assignment:
   - Moved about from assignment to assignment
   - Not enough time with patients
   - Too many transfers of care
   - Patients receiving conflicting information
   - Unbalanced assignments
   - Short staffed
   - Difficult arranging tour exchanges

2. Miscellaneous
   - Not enough budget for education days and reimbursement for continuing education
   - Negativity

About you! Please complete (optional, but very appreciated!!!)

I have worked as an RN for:

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 years</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>3 - 7 years</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>7 - 10 years</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td>&gt; 20 years</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>no response</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Level of education:

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>26</td>
<td>68</td>
</tr>
<tr>
<td>Specialty certificate</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Baccalaureate enrolled</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>BScN or equivalent</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Master’s enrolled</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>MScN or equivalent</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Components of reflective practice that I have used:

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>self-assessment</td>
<td>33</td>
<td>86</td>
</tr>
<tr>
<td>peer review</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>learning plan</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>evaluation</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>
Workshop participation:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 4 times a year</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>2-3 times a year</td>
<td>16</td>
<td>42</td>
</tr>
<tr>
<td>&lt; once a year</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>rarely</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

My work status is:

<table>
<thead>
<tr>
<th>Status</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>full time</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>part time</td>
<td>12</td>
<td>32</td>
</tr>
<tr>
<td>casual</td>
<td>5</td>
<td>13</td>
</tr>
</tbody>
</table>
Appendix C

Letter to Potential Participants
August 27, 1999

Dear [Participant’s name],

To complete the requirements of the Master’s of Education degree at Brock University, I am conducting a study that will focus on your job satisfaction and its relationship to Reflective Practice.

Your participation in an individual interview will assist me with my study. It may also benefit your work environment by identifying changes that may be implemented. To confirm your participation, please complete and sign the attached consent form. As a practicing nurse myself, I can tell you that nurses feel like the backbone of the health care system but simultaneously feel that no one listens...no one takes their opinions seriously. In my study that will not be the case. You will be heard.

I would be willing to meet you in a place of your choice, including your private home if you so desire. I intend to tape-record the interview to ensure that I can concentrate on the conversation and your unique perspectives. I expect the interview process to take approximately 1 ½ to 2 hours.

You are free to withdraw your participation at anytime. You will have access to the transcribed interview for your verification. If you would like, I can provide you with a copy of my research study when it is completed.

If you have any concerns about the study, you are encouraged to contact me via:

- OA (office automation)
- email (tcrawfor@msh.on.ca)
- telephone
  - 905-472-7373 x6604 (office)
  - 905-427-0740 (home)
- contact Dr. Alice Schutz via:
  - Brock University, 905-688-5550 x3772

Thanking you in advance for your consideration.

Sincerely

Trish Crawford
Appendix D

Informed Consent Form
Title of Study: Job Satisfaction among nurses and its relationship to Reflective Practice

Researchers: Professor Alice Schutz and Patricia Crawford

I understand that this study in which I have agreed to participate will involve a face to face interview. I will be asked open-ended questions which were designed as a result of themes identified in a job satisfaction survey conducted in the hospital.

I understand that my participation in this study is voluntary and that I may withdraw at anytime and for any reason without penalty.

I understand that there is no obligation to answer any question or participate in any aspect of this survey that I consider invasive.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I understand that the researchers named above will have access to the data.

Participant’s signature ___________________________ Date ___________________________

If you have any questions or concerns about your participation in the study you can contact Patricia Crawford at 905-472-7373x6604, email tcrawfor@msh.on.ca Dr. Alice Schutz at 905-688-5550x3772.

Feedback about the use of the data will be available during the month of November 1999 in the office of Patricia Crawford, Room 1419A. A written explanation will be provided for you upon request.

Thank you for your help. Please take one copy of this from with you for future reference.

*********

I have fully explained the procedures of this study to the above volunteer.

Researcher’s signature ___________________________ Date ___________________________
Appendix E

Questions for Semistructured Face-to-Face Interview
Interview Questions

1. What satisfies you most about nursing in today's world?

2. What is the worst thing about nursing to today's world?

3. What is it about nursing that you love?

4. What are the challenges or barriers to providing the kind of nursing care you would love to provide?

5. What/who are the kinds of support that would enhance your work life?

6. The College of Nurses of Ontario requires participation in reflective practice as part of the Quality Assurance Plan. What does this mean to you?