Attractiveness of working as a nurse in home care: an online focus group study

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Dutch abstract

Achtergrond: De vraag naar thuiszorg neemt toe en tegelijkertijd bestaat er een toenemend tekort aan verpleegkundigen. Kennis over wat het werken in de thuiszorg aantrekkelijk maakt is nodig om actie te kunnen ondernemen in het werven van nieuwe verpleegkundigen. Verschillende ontwikkelingen in de thuiszorg in Nederland hebben invloed op de rollen en taken van verpleegkundigen. Vanuit onderzoek is alleen professionele verpleegkundige autonomie een bekend aspect dat gerelateerd is aan aantrekkelijkheid. Meer diepgaande kennis over aantrekkelijkheid is nodig.

Doelen: Het doel is om kennis te verkrijgen over welke aspecten verpleegkundigen die momenteel werkzaam zijn in de thuiszorg aantrekkelijk vinden aan hun werk. Het tweede doel is om te exploreren of hierbij verschillen zijn tussen de verpleegkundigen van twee opleidingsniveaus.

Methode: Een exploratieve, kwalitatieve online focusgroep studie. Zes online focusgroepen met in totaal 38 verpleegkundigen zijn uitgevoerd. De transcripten zijn geanalyseerd volgens de methode van thematisch analyseren.

Resultaten: Drie thema's zijn gevonden: spin in het web, autonomie en afwisseling. Verpleegkundigen vinden het aantrekkelijk dat zij als leidende professional daadwerkelijk een verschil kunnen maken voor hun cliënten. Verpleegkundigen ervaren vrijheid en zelfstandigheid in hun werk door autonomie. Afwisseling in hun werk voorkomt verveling en maakt hun werk uitdagend. Veel verpleegkundigen geven aan geen verschil te ervaren tussen de verpleegkundigen van de twee opleidingsniveaus.

Conclusies: De spin in het web zijn, autonomie en afwisseling zijn de aspecten die verpleegkundigen aantrekkelijk vinden aan het werken in de thuiszorg. Er zijn nauwelijks verschillen gevonden in de ervaren aantrekkelijkheid van de verpleegkundigen van de twee opleidingsniveaus.

Aanbevelingen: Professionals en beleidswerkers zouden de autonomie, afwisseling en uitdaging van het werken als verpleegkundige in de thuiszorg moeten promoten. Verder onderzoek zou gericht moeten worden op de negatieve aspecten van het werken als verpleegkundige in de thuiszorg.

Keywords: Thuiszorg; wijkverpleging; verpleegkundigen; aantrekkelijkheid; autonomie

English abstract

Background: The need for home care is increasing and an increasing shortage of registered nurses exists. Knowledge about the attractiveness of working in home care is needed to take action in the recruitment of new registered nurses. Several recent developments in Dutch home care influence the nursing roles and activities of registered nurses. From research literature only professional nursing autonomy is a known aspect related to attractiveness. More in-depth knowledge concerning perceived attractiveness is needed.

Aims: To gain in-depth knowledge about which aspects registered nurses, currently working in home care, find attractive about their work. The secondary aim is to explore differences between registered nurses of two educational levels.

Method: An explorative, qualitative online focus groups study. Six online focus groups with in total 38 registered nurses were conducted. The transcripts were analysed using the thematic analysis.

Results: Three themes were identified: spider in the web, autonomy, and diversity. Registered nurses find it attractive that they can truly make a difference for their clients as leading professional. Registered nurses experience freedom and independency in their work through autonomy. Diversity in their work prevents boring routines and makes their work challenging. Many registered nurses mentioned that they experienced no difference between registered nurses of the two educational levels.

Conclusion: Being a spider in the web, autonomy, and diversity were aspect which registered nurses mentioned as attractive aspects of their work. Hardly any differences in perceived attractiveness between registered nurses of the two educational levels were found.

Recommendations: Professionals and policy makers should promote the autonomy, diversity and challenges of working as a home care nurse. Further research should focus on gaining more in-depth knowledge about the negative aspects of working as a home care nurse.

Keywords: Home care services; registered nurses; attractiveness; autonomy

Introduction

The worldwide population is aging rapidly (1,2). This change is accompanied by an increasing prevalence of chronic diseases and an increasing demand for care (1,3,4). Most chronically ill and elderly people prefer to receive care at home (3,5,6). In addition, European countries' governmental policies generally promote home care rather than institutional care (5,7-9), which stimulates an increasing need for home care (5,6,10,11).

While the need for home care increases, a substantial shortage of qualified nursing staff exists in European countries (6,7,12,13). Nursing staff consists of registered nurses (RNs) and certified nursing assistants (14). This study focuses on RNs only since a substantial shortage of RNs, particularly RNs with bachelor's degrees, exists (7,15-17). In the Netherlands RNs are educated on two different levels: 1) associate degree level, which involves four years of intermediate professional nursing training and 2) bachelor's degree level, which involves four years of higher professional nursing training (14,18). In the Netherlands, there was a shortage of 360 RNs with bachelor's degrees in 2015 and this shortage is expected to strongly increase to approximately 1200 to 4700 RNs in 2019 (15,16).

Given the increasing shortage of RNs, it is important to recruit newly qualified RNs to allow them to fulfil all nursing roles and activities and to retain a sufficient workforce (15,17). To help professionals and policy makers take action in the recruitment of new RNs, knowledge about the attractiveness of working in home care is needed (11,15,17).

Within the available research literature on attractiveness of working in home care, the concept of autonomy is frequently mentioned (13,17,19-21). Professional nursing autonomy is defined as "independency and freedom of initiative in a job" (19). Professional nursing autonomy can be divided into: 1) clinical autonomy, which includes decision making about nursing care for the client; 2) work autonomy, which includes freedom and discretion in work scheduling and work methods; and 3) organizational autonomy, which includes decision making over practice-setting and contextual matters (22-24). Two surveys and a literature review from the US showed that autonomy is the most frequently reported positive aspect of working as a RN in home care (13,19,20). Two Dutch survey's showed autonomy is an attractive aspect as well (17,21). Therefore, autonomy is expected to be positively related to the perceived attractiveness of working in home care.

The influence of autonomy on perceived attractiveness might be different for RNs from different educational levels. A survey and literature review from the US indicated that a higher educational level is strongly associated with autonomy (24,25). In addition, in the Netherlands nursing roles and activities essentially differ between the RNs of two educational levels, although in daily practice this difference is not always noticeable (26-28). However, through a

governmental reform of long-term care in 2015, only RNs with bachelor's degrees are given the authority to perform formal care needs assessments and assign the needed care to clients (26,27). In addition, the reform places RNs in a central position in the community in which they assemble multiple professionals around the care for their clients (8,9,15,27). The recent developments which derive from the reform might contribute to a distinction between RNs from different educational levels as well (26,27). Therefore, the influence of autonomy on the perceived attractiveness is expected to be larger for RNs with bachelor's degrees.

Another recent development in Dutch home care is the rise of self-directed teams (29,30). A self-directed team is defined as "a team of home care nurses which organize nursing care independently, in an optimum way for their clients and without assistance from a manager" (29). Self-directed teams differ from traditional teams, in which managers have more influence on the nursing care and practice-setting (30,31). The independent organization of nursing care is expected to result in more professional nursing autonomy (22-24). Therefore, self-directed teams are expected to contribute positively to the perceived attractiveness.

Given the increasing need for home care and the increasing shortage of RNs, in-depth knowledge about the attractiveness of working in home care is much needed. With this knowledge professionals and policy makers can undertake targeted actions in the recruitment of new RNs.

Aims

The primary aim of this study is to gain in-depth knowledge about which aspects RNs, currently working in home care, find attractive about their work. The secondary aim is to explore differences between RNs of the two educational levels regarding perceived attractiveness. Ultimately, we aim to give recommendations for professionals and policy makers who are engaged with the recruitment of new RNs.

Method

Design

This study was conducted following an explorative, qualitative design (32) with online focus groups (OFGs). OFGs rather than traditional face-to-face focus groups were chosen, because OFGs gave the participants the ability to participate at a time most convenient to them (33,34). Additionally, OFGs reach participants from a broad geographic scope because participants can participate from home (33,35,36).

The research team consisted of three members (KG,EM,AF). The executive researcher (KG) was working as a RN in home care during this study.

Population and recruitment

A sample of RNs was recruited using convenience sampling. In order to be eligible to participate in this study, a participant needed to meet all of the following inclusion criteria: 1) registered as a nurse, 2) in possession of a bachelor's degree or an associate degree in nursing, 3) currently working in home care because participants needed to have recent experiences as home care nurse, and 4) access and ability to use a device with internet.

Participants were recruited using professional associations' social media, an alumni association, and the executive researcher's personal network. Additionally, RNs of a pre-existent Dutch survey panel, the Nursing Staff Panel, were asked whether they were prepared to participate in an online questionnaire from another study. The Nursing Staff Panel consisted of a random, diverse, nationwide sample of nursing staff members in various settings (17). After the first recruitment, snowball sampling (32) was used and resulted in an initial sample of 85 RNs. All RNs received information about this study and an informed consent form by e-mail. In total, 38 RNs (44.7%) signed the informed consent form. Some base characteristics of the participants form a description of the sample (Table 1).

Four homogeneous and two heterogeneous OFGs were conducted (Table 2). The heterogeneous groups provided an opportunity for the RNs of different education levels to discuss their possibly different experiences. Previous research with home care nurses in the Netherlands showed that two OFGs were sufficient to reach data saturation (37). Previous research showed that OFGs of four to twelve participants were sufficient to reach data saturation (32,33,38). Therefore, it was expected that six focus groups, each with six to eight participants, were sufficient to reach data saturation. Data saturation was achieved once no new aspects, relevant to the aims, could be identified (32,39).

Data collection

Data consisted of transcripts with plain text directly arising from the OFGs. Six OFGs were organised between February 2016 and May 2016. The OFGs were conducted using a web-based application (35,36). Participants received an e-mail with the starting date of the OFG, the website link, and their individual login names and passwords, with which they could access the OFG application. The OFGs were conducted in an asynchronous form, meaning participants could log in, read other comments, and respond at any time within a set period of two weeks. Questions deriving from the interview guide were placed on the discussion board every two days, except on the weekend. The research team acted as moderators by regularly checking the comments and posting questions. After posting the first and last question, participants received an e-mail. When participant activity was low, reminders were sent by e-mail, asking participants to reply to questions as well as to each other's comments. A few days after the end of the OFG the participants were sent an e-mail to thank them for their contribution and to request some basic characteristics (Table 1).

A first draft of the interview guide was developed before the start of the OFGs. Further development and adjustment of the interview guide was completed during the iterative process of data collection and analysis (Figure 1) (32). The interview guide contained questions related to independence, clinical autonomy, work autonomy, organisational autonomy, and self-directed teams. Each OFG started with the question "What do you find attractive about your work as home care nurse?"

Data analysis

The transcripts were analysed using the method of thematic analysis (Table 3) (40). This method was chosen because it is a useful and flexible method for identifying themes within data (40,41). The analysis was manually conducted. The technique of open coding (40) resulted in codes derived from the data. The transcripts of the first two OFGs were initially independently analysed by two researchers (KG,AF). The transcripts of the two OFGs thereafter were also independently analysed by two researchers (KG,EM). The initial analyses were discussed until consensus was reached. Subsequently, we restructured codes and categorised them into themes of a higher abstraction level. To create a clear view of the themes and codes, a thematic map was drawn. This map was discussed with the research team until consensus was reached, which resulted in three themes.

Ethics

The study was conducted in compliance with the principles of the Dutch Personal Data Protection Act (42). The anonymity of the participants was strictly safeguarded throughout the entire study. Further ethical approval of this study was not required under the applicable

national Dutch legislation since all participants were competent individuals and this study did not involve any interventions or treatments.

Results

From the analysis of the OFGs three themes were identified that are related to the perceived attractiveness of working in home care: spider in the web, autonomy, and diversity. These themes and their mutual relations are shown in the thematic map and will be further clarified in the next sections (Figure 2).

Spider in the web

RNs mentioned their role as "spider in the web" as an attractive aspect of their work, in which they can truly make a difference for their clients (Table 4:C1).

Leading professional. RNs experienced to be the leading professional, both in the care of their clients and in the community. They mentioned that they are the link between the client and all other professionals. To have the responsibility of the coordination of the care and wellbeing of their clients was mentioned as an attractive aspect (Table 4:C2).

Client in centre. Within the role as spider in the web, RNs also mentioned the focus on the client's self-reliance as an attractive aspect of their work. In addition, not the rules of an institution, but the clients and their systems were the starting point of care (Table 4:C3).

Autonomy

In all OFGs, RNs mentioned autonomy as an attractive aspect of their work. Through working alone when providing nursing care to their clients, RNs experience freedom and independency in their work.

Clinical autonomy. RNs found that independent decision making within nursing care is an inherent and attractive part of their work. At the same time, almost all RNs indicated that clinical autonomy could be perfectly combined with consultation with their colleagues and other care professionals. RNs related these kind of consultations to their role as spider in the web. In addition, shared decision making with the client and his or her informal caregivers was also mentioned several times as a must in their work (Table 4:C4).

Work autonomy. RNs stated that being able to arrange their schedule for themselves is an important attractive aspect. The independency in scheduling most of their activities also makes their work challenging (Table 4:C5).

Organisational autonomy. RNs working in a self-directed team mentioned working in a self-directed team as an attractive aspect. Several RNs called their self-directed team their own

business or shop. They found that self-directed teams made it possible to be responsible for their own work together with their team members and not to be dependent on a manager, which made their work more attractive. Some RNs stated they never would want to return to a non-self-directed team (Table 4:C6).

RNs found that working in a self-directed team resulted in more equality and involvement among the team members. They indicated that self-directed teams allowed them to make use of each other's qualities and to develop these qualities. The possibility to flourish is an attractive aspect of working in a self-directed team (Table 4:C7).

However, a few RNs made small remarks to the attractiveness of a self-directed team. Trust from higher authorities and the right facilities were important conditions for a self-directed team to succeed. Additionally, not all RNs were attracted to working in a self-directed team. For instance, one RN working in a non-self-directed team mentioned that she liked the possibility to fall back on someone and the safety of support from authorities.

Diversity

RNs indicated, in home care, every working day is unique through the autonomy and diversity of their work. This diversity in their work was stated as an important attractive aspect in all OFGs.

Client situations. Almost all RNs mentioned the diversity in client situations as an attractive aspect of their work. They stated that each situation is unique and requires different solutions or actions. Several RNs mentioned that the diversity in client situations demands constant alertness during nursing care and prevents boring routines. In addition, given that RNs deliver care in the clients' home, they also found it attractive to adjust themselves to the rituals and wishes of each client (Table 4:C8).

Activities. In addition to the diversity in client situations, almost all RNs mentioned diversity in nursing roles and activities as an attractive aspect. In particular, the combination of nursing care for their clients and more organisational activities was frequently mentioned as an attractive aspect of their work. RNs mentioned thereby a relation between the diversity in activities and their role as spider in the web. RNs found that the diversity in activities also stimulates alertness in all their activities (Table 4:C9).

Unpredictability. RNs found that the diversity in client situations and nursing activities leads to a certain unpredictability in their work. RNs mentioned that standard solutions do not work in home care, which results in having to improvise on a regular basis. They also work with limited tools, which creates certain challenges in their work. These challenges were also stated as an attractive aspect of their work (Table 4:C10).

Differences between RNs

The secondary aim was to explore differences in the perceived attractiveness between RN's of the two educational levels. In all OFGs, many RNs mentioned that they experienced no difference in perceived attractiveness between RNs with bachelor's or associate degrees. In particular, RNs who were working in a self-directed team indicated similar attractiveness of their work because of the possibility to use and develop qualities of each individual team member. Nevertheless, some differences in attractive aspects were mentioned. RNs with bachelor's degrees mentioned having a more coaching role in their teams compared to their colleagues with associate degrees, which they experienced as an attractive aspect. Additionally, RNs with bachelor's degrees mentioned the authority to perform formal care needs assessments as an attractive aspect, which the RNs with associate degrees do not have. However, most RNs with associate degrees mentioned no shortcoming because they were still involved through consultation with their colleagues with bachelor's degrees.

Discussion

This study reveals what RNs find attractive about their work in home care. Three themes were identified: spider in the web, autonomy, and diversity. RNs hardly noticed any differences in perceived attractiveness between RNs with bachelor's or associate degrees.

As previously expected, RNs indicate that clinical autonomy, work autonomy, and organisational autonomy are attractive aspects of their work. This result is in accordance with previous research in which autonomy was frequently reported as a positive aspect of working in home care (13,17,19-21). Interestingly, RNs find it attractive to make decisions about nursing care not only individually but mostly together with the client, the client's informal caregivers, their colleagues, and other professionals. Thus RNs indicate clinical autonomy both as an individual and as a team-related aspect. This finding is consistent with other research, which showed that a high level of team autonomy is related to high levels of individual autonomy (43).

RNs' perceptions considering organisational autonomy can also be associated with this study. In accordance with previous literature (22-24,30,31), working in a self-directed teams is identified as an attractive aspect. In these self-directed teams RNs experience more equality among the team members, which they find attractive. This finding is in accordance with a previous Dutch monitor survey, which showed that more equality is the most important aspect for RNs to improve their perceived attractiveness (11). In addition, RNs working in self-directed teams relate team autonomy and individual autonomy to each other, which is consistent with previous research (43). RNs relate their perceived autonomy to the diversity in client situations and nursing roles and activities. In previous Dutch monitor surveys about attractiveness of

working in the entire health care sector this aspect was not mentioned (11,44), which makes the diversity a newly found attractive aspect. In addition to the diversity as a self-contained aspect, RNs relate diversity in their work to another attractive aspect: their role as spider in the web. RNs mention the role as leading professional and the possibility to set the client in the centre of care as attractive aspects. They also relate the role as spider in the web to the authority of performing formal care needs assessments. Interestingly, RNs experience no difference in attractiveness between the two educational levels. This finding is in contrast to previous research (24) from which was expected that RNs with bachelor's degrees experience more attractiveness if they experience a higher level of autonomy. The difference might be explained through previous research (25), which shows that RNs with bachelor's degrees already expect certain autonomy in their daily work, probably more than their colleagues with associate degrees. Therefore, a higher level of autonomy for RNs with bachelor's degrees may result in a perceived attractiveness that is similar to the perceived attractiveness of their colleagues with associate degrees.

To value the results of this study, a few aspects require some consideration. First, maximum variation in the sample was not completely achieved. In 2014, the average age of nursing staff in home care and nursing homes was 43.9 year and 8.2% of the nursing staff was male (45). The average age of the sample is comparable to the entire sector. However, no male RNs participated in this study, which is a limitation for the generalisability to the larger population of RNs in home care. Second, a disadvantage of OFGs is that it is difficult to obtain a lively discussion (33). Although the moderators tried to stimulate the discussion, a lively discussion was not achieved in all OFGs. In addition, because of the low activity in some OFGs, fewer questions were posted than expected. Nevertheless, data saturation was achieved, which is a strength of this study. Saturation is confirmed through the last two OFGs in which no new aspects occurred. In addition, another strength is working with a research team, which allowed independent analysis of data from the OFGs and peer review processes from multiple researchers during the entire study.

The results of this study can help professionals and policy makers take action in the recruitment of new home care nurses. Professionals and policy makers should promote the autonomy, diversity and challenges of working as a home care nurse. They should promote these aspects both in educational programmes for nursing students and in the media. Through this, they might be able to change the negative image of working as a home care nurse. Further research should focus on the differences in nursing roles and activities of RNs from the two educational levels. This study shows hardly any differences in attractiveness. However, some differences in nursing roles and activities were mentioned. More knowledge about the differences in daily practice could help in the recruitment of new home care nurses. Furthermore, research should

also focus on gaining more in-depth knowledge about the negative aspects of working as a home care nurse. With this knowledge, professionals and policy makers can take action to improve the perceived attractiveness.

Conclusion

This study shows that RNs find being a spider in the web, autonomy, and diversity attractive aspects of their work. Their renewed role as spider in the web allows RNs to truly make a difference for their clients as leading professional. Through working alone when providing nursing care to their clients and the possibility to arrange their work schedule for themselves, RNs experience freedom and independency in their work. In addition, the autonomy and responsibility of self-directed teams gives RNs the possibility to flourish. Furthermore, RNs find that the diversity in client situations, nursing roles, and activities prevents boring routines and makes their work challenging.

Hardly any differences in perceived attractiveness between RNs of the two educational levels were found. RNs with bachelor's degrees experienced to have a more coaching role in their teams compared to their colleagues with associate degrees. Furthermore, they stated the authority to perform formal care needs assessments as an attractive aspect. However, most RNs with associate degrees mentioned no shortcomings because they were still involved through consultation.

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Table 1

Characteristics sample

Characteristics	Total	Average	Range
Age	-	42.5	22 - 64
Years of work experience	-	14.4	1- 40
Working hours a week	-	27.9	12 - 38
Gender	38 Female	-	-
Education level	18 Bachelor's degree 20 Associate degree[a]	-	-
Kind of team	27 Self-directed 11 Non-self-directed	-	-

[a]= four nurses with an associate degree were following a bachelor programme in nursing during this study

Table 2

Online focus groups

Homogeneous
Two online focus groups with registered nurses with bachelor's degrees
Two online focus groups with registered nurses with associate degrees
Heterogeneous
Two online focus groups with mix of registered nurses with bachelor's degrees and registered nurses with associate degrees

Table 3

Six phases of thematic analysis

Phase 1	Familiarising yourself with your data
Phase 2	Generating initial codes
Phase 3	Searching for themes
Phase 4	Reviewing themes
Phase 5	Defining and naming themes
Phase 6	Producing the report

Table 4

Quotes

Number of quote	Quote	Education level participant
C1	"You are not, like in a hospital, a nurse like many other nurses but you can really make a difference."	Bachelor's degree
C2	"I like to be the one who makes the links around the client, the one how assesses the care needs and the one who takes actions to connect the client to professionals and to informal caregivers. If it eventually leads to a good collaboration it can give me a lot of satisfaction."	Bachelor's degree
C3	"I realise that the client (almost) always looks forward to our visit. We are desired because the things that nurses do complements the things a client cannot realise independently. The moment of care is a (small) part of his/her life."	Associate degree
C4	"What I really like is that I can consult a lot with colleagues and other disciplines, but when decisions have to be made I have an important role too."	Bachelor's degree
C5	"Independent scheduling of your own tasks and setting priorities is a nice part of your work. It makes sure that you constantly have to check your own schedule and have to make concessions on a regularly basis. That makes that you never know beforehand how your day is going to be."	Bachelor's degree
C6	"Since 2013, I work in a self-directed team and a whole new world opened up to me. I was used to managers who did not respond or responded very late to questions. I often felt not taken seriously. Now in this self-directed team I think along with solutions and feel responsible for everything we encounter in our work, together with my colleagues."	Associate degree
C7	"In a self-directed team everyone is important. Nobody can be missed, which makes everyone so valuable with their own qualities and experiences."	Bachelor's degree
C8	"I like that each client situation is different. I have to deal with people from different ages. They are wealthy or they are just getting by. They are intelligent or illiterate. They are mature and think along or they leave initiative by others. You have to deal with involved families around a client, but also with clients with almost no family. Seriously ill, terminally ill, but fortunately sometimes you can also stop the care because the client is cured."	Associate degree
C9	"Caring for the clients, directing the nursing care with a helicopter view, coaching and managing the team and contributing to improvement of quality of care within the team and the organisation. It is immense diverse. Every day I switch continuously between these different roles, it is wonderful!"	Bachelor's degree

| C10 | "You have to be very creative and inventive in coming up with solutions. If I look back at my time in the hospital, than I believe that now I am really busy with nursing. You have to work with limited things that are available. All the challenges which succeed are moments of happiness in my work from which I retrieve new energy for new challenges. This makes this work so attractive." | Bachelor's degree |
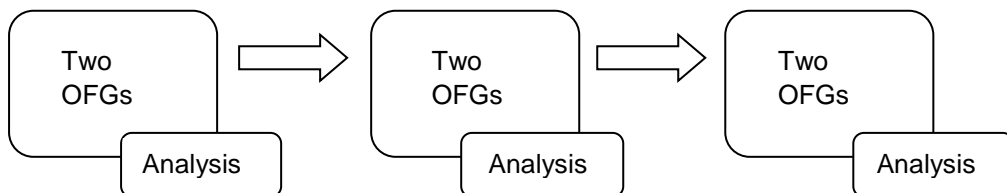
Figure 1: Iterative process of data collection and analysis

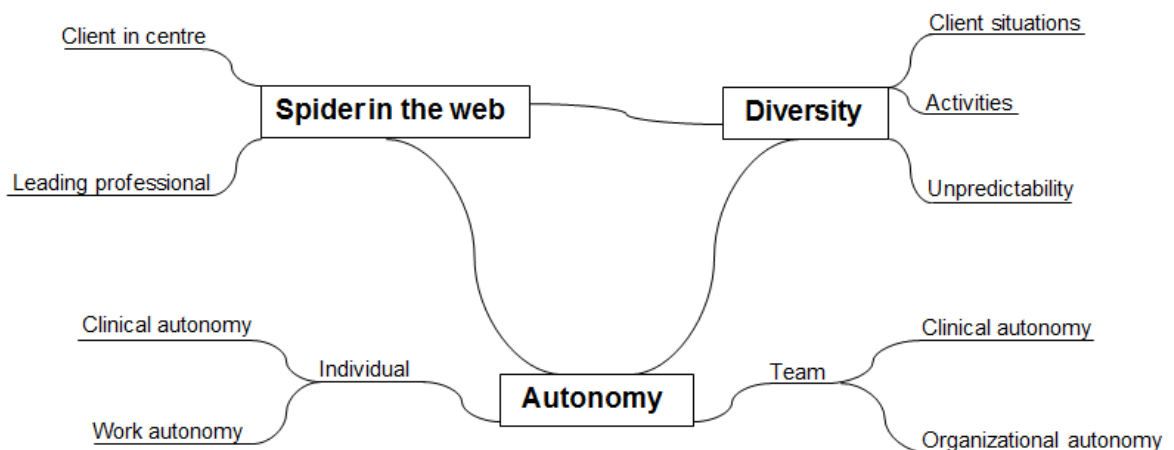*Figure 2:* Thematic map