

# I Stay—Swedish Specialist Nurses in the Perioperative Context and Their Reasons to Stay at Their Workplace

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**Purpose:** To investigate why nurse anesthetists and operating room nurses choose to stay in the same workplace.

**Design:** Qualitative design.

**Methods:** Individual interviews were conducted with 15 nurse specialists from four hospitals in Sweden. Two men and 13 women aged between 43 and 63 participated. Data were analyzed with systematic text condensation according to Malterud.

**Findings:** Three themes were identified. (1) Organizational stability contributed to low staff turnover, with good spirits between colleagues, representing everyone's equal value and resulting in a feeling of homelikeness. (2) Sustained development in one's own profession. (3) A humane head nurse who was at hand, who was a facilitator, who knew staff members, and eliminated obstacles for them.

**Conclusions:** In a nonhierarchical and stable organization with a head nurse with caritative leadership skills, a welcoming working environment with opportunities for professional development is created. Thus, nurse specialists choose to stay, contributing to organizational development.

**Keywords:** qualitative, homelikeness, job satisfaction, stay at work, thematic analysis, work stability.

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**MANY STUDIES HAVE BEEN** conducted in the area of nurse and physician satisfaction or dissatisfaction with work. Although the shortage of nurse specialists (ie, nurse anesthetists and operating room nurses) in perioperative set-

tings is a global issue and although staff turnover is high, there are still nurse specialists who choose to stay in the same workplace for 5 years or more. This study will address the reasons why.

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## Background

In Sweden, nurse anesthetists and operating room nurses have independent work tasks. Several factors may affect job satisfaction.<sup>1</sup> According to a Danish study, psychosocial work factors, that is, social support from supervisors or colleagues and co-workers' influence at work had a strong correlation with job satisfaction and physical work demands.<sup>2</sup> In another study by Van Bogaert et al,<sup>3</sup> the authors showed that good physician-nurse relations and also the nurse manager's (ie, one's closest nurse manager) support to the nurses, leadership skills, and the nurse's involvement in decision making had a significant impact on nurses' job satisfaction, their level of accomplishment, the quality of patient care, and the desire to stay at the hospital. Hospital management and organizational support includes factors such as providing adequate salary, opportunities for personal development, recognition for a job well done, listening and responding to employee concerns, supporting new ideas, visible leadership, and the provision of adequate support services to allow the nurses to spend time with their patients and do their jobs. All these factors have an impact on quality of care and personal accomplishment.<sup>4</sup> Thus, if the right conditions are met, many nurses and nurse specialists choose to remain in their workplace.

It has been found that a nurse's job performance is affected by organizational commitment, career development, salary, relationships with colleagues, working conditions, and years of experience.<sup>4</sup> Therefore, it is important to create a healthy workplace using the idea of caritative leadership. According to Bondas,<sup>1</sup> caritative leadership in health care is leadership in a safe caring culture that encourages health and eases the suffering of, in this case, both the employees and the patients. This is in line with caritative caring by Eriksson.<sup>5,6</sup> In caritative leadership, an employee is seen as a unique human being. In health care organizations, it may be that this approach must be fulfilled along with other basic criteria in order for the nurses and nurse specialists to feel unique and valuable for the organization.

Sanders et al<sup>7</sup> pointed out that to create a healthy and satisfying workplace, many issues should be addressed. Empowering clinical nurses and engaging

them in finding solutions to work problems is one step. Well-planned and uninterrupted meal breaks, encouragement for physical training, and a Zen room for both the physical and psychological recovery of the employees are other steps. Employee training in strategies for managing increased patient volumes and improving nurse-physician relations are other examples of actions that can be taken to create a positive work environment based on strong leadership and a committed workforce.<sup>7</sup>

Interestingly, factors leading to recommending or not recommending one's workplace to others were studied by Kozka et al,<sup>8</sup> and still other studies have highlighted the fact that patient safety,<sup>8,9</sup> quality of patient care, cooperation between nurses and physicians, work conditions, that is, work schedule flexibility,<sup>8,10</sup> educational opportunities and professional development,<sup>8,11-13</sup> and work benefits<sup>12</sup> play important roles.<sup>8</sup> The ability to perform key tasks and use one's clinical skills,<sup>10,11</sup> teamwork and shared values among coworkers that emerge from having a deeper purpose,<sup>11</sup> and a healthy work-life balance<sup>11</sup> also had a motivational enhancing effect. Information is limited about why some nurse specialists in perioperative settings choose to stay in the same workplace for more than 5 years. Therefore, it is important to study what the necessary success factors are that give nurses the desire to stay.

## Purpose

The purpose of this study was to investigate the reasons why nurse specialists in perioperative settings choose to stay in the same workplace for 5 years or more.

## Methods

### Design

This study had a qualitative design with individual in-depth telephone interviews.

### Context

In Sweden, in perioperative settings, the work of nurse anesthetists and operating room nurses starts when the patient arrives in the operating room and continues until the responsibility for care is handed over to the postoperative ward nurses. Nurse

anesthetists work independently, consulting anesthesiologists and providing the patient with analgesia and anesthesia. Operating room nurses are responsible for aseptic procedures in the operating room and assisting the surgeons with suitable surgical instruments while they conduct surgeries. Both the professions are equally responsible for patient care during surgery and anesthesia, for example, for positioning the patient on the operating bed and patient safety. From the patient's arrival until the patient leaves the operating room, the nurse specialists stay with the patient the entire time. Thus, nurse specialists are locked in the operating room, with the possibility to leave the operating room, for just small breaks in between patients or for lunch breaks. Nurse specialists work day, night, or afternoon shifts, and during unsocial hours (eg, between 4 p.m. and 7 a.m. and during weekends). Besides working in the operating room, working during unsocial hours for anesthesia teams (consisting of a nurse anesthetist, an anesthesiologist, and sometimes an assistant nurse) means helping with cardiopulmonary resuscitation or aiding with creating an assisted airway.

### **Participants**

Three university hospitals and four county hospitals in Sweden were invited to participate in this study. Two university hospitals and two county hospitals accepted. Fifteen nurse specialists, namely seven nurse anesthetists and eight operating room nurses (two men, 13 women, aged between 43 and 63 [mean, 57 years]) agreed to participate (Figure 1). Of the participants, five nurse specialists were from county hospitals and 10 from university hospitals. The inclusion criteria were nurse specialists (ie, nurse anesthetists and/or operating room nurses) who had worked continuously at the same surgical department for the past 5 years (at least). Exclusion criteria were nurse specialists who had left but returned to the current workplace during the past 5 years. The participants were chosen through strategic selection to guarantee participants of different ages, genders, occupational categories, and hospitals. One female operating room nurse withdrew her consent for participation.

### **Ethical Considerations**

The study followed local ethical guidelines and regulations<sup>14</sup> and the regulations of the Declaration of

Helsinki.<sup>15</sup> It was approved by the local ethical committee (Dnr 2017/287), and informed consent was obtained from each participant before the interviews.<sup>15</sup>

### **Procedure**

The first author (EA) contacted the human resources units of the hospitals included in the study and head nurses of the different surgical departments to determine who had stayed at their workplace without interruption during the past 5 years. Potential participants were contacted by electronic mail at their work or had an invitation letter sent to their home address. The invitation letter contained written information about the study and a consent form that the participants were asked to sign and send back to the first author in a prepaid stamped envelope. In all cases, a reminder was sent out approximately a week after the first letter or the first electronic mail was sent. All the interviews that were conducted by the first author during October 2017 and February 2018 were done by telephone because of the distance to the participants' homes. In one case, it was conducted face to face because of a request from that participant. There were no differences in quality between the telephone-recorded and face-to-face interviews. The duration of the interviews was between 30 and 58 minutes (mean, 46 minutes). The first interview was considered a test interview and because no changes were made to the interview guide, this, too, was included in the analysis.

### **The Interview Guide**

A semistructured interview guide was designed by all the authors for the purposes of this study. The interview guide contained one overall area about why the participants had chosen to stay at their current workplace. Three main questions and 13 follow-up questions were asked. The main questions were about "why the participant had chosen to work at the current workplace," "why the participant had chosen to stay at his/her current workplace," and "whether the participant would recommend others to work at his/her current workplace and, if so, why?" Further questions were asked about clarifying what the participants described. To deepen the interview, that is, to allow the interviewee to talk about his and/or

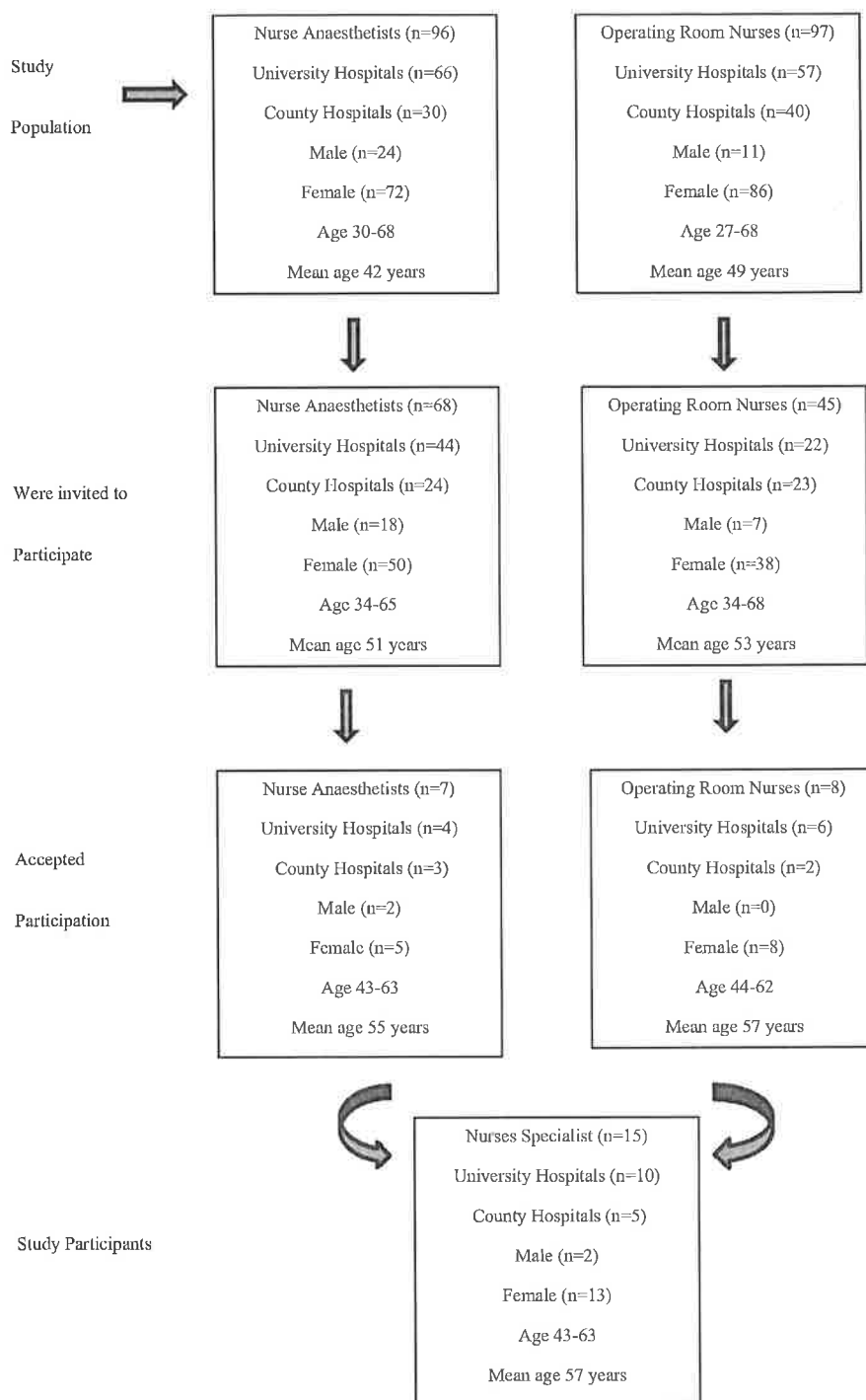


Figure 1. The recruitment process. This figure is available in color online at [www.joan.org](http://www.joan.org)

her own feelings and experiences, probing questions such as “Can you please tell me more?” “Could you explain more?” or “What do you mean by that?” were used (Table 1).

### Data Analysis

Data analysis was conducted according to the systematic text condensation (STC) by Malterud.<sup>16,17</sup>

**Table 1. The Interview Guide**

Demographic Data	Gender (Male, Female) Age Current Workplace Number of Years in the Profession/Total Years Working as a Nurse Number of Years in Current Workplace
Main questions	<ol style="list-style-type: none"> <li>1. How long have you worked in your current workplace?</li> <li>2. Why did you choose to work in this (your current) workplace?</li> <li>3. What are your duties? Please tell me.</li> <li>4. Do you have any special assignments or responsibilities, eg, a leadership role or responsible for students? Please tell me more. Why were you chosen to do that special task?</li> <li>5. What is positive and what is negative about your current workplace? Please give examples from your everyday work life.</li> <li>6. Is there anybody or anything that makes you happy every day when you go to work? Please tell me more.</li> <li>7. Is there anybody or anything that annoys you every day when you go to work? Please explain further.</li> <li>8. Why have you chosen to stay in your current workplace? Please tell me more.</li> <li>9. What do you think about the relationship/psychosocial environment between your colleagues? Please tell me more.</li> <li>10. What do you think about management and your closest nurse manager (head nurse)? Please tell me more/could you explain more?</li> <li>11. What do you think about your work schedule? How easy/difficult is it to change work shifts or get a day off?</li> <li>12. How easy/difficult is it to combine work life with family?</li> <li>13. Have you previously thought about quitting your job permanently or changing your work temporarily but coming back again? Why? Please tell me more.</li> <li>14. Have you quit your job but come back to your current workplace? If you have quit your work in the past but returned, why have you returned to this particular workplace?</li> <li>15. Would you recommend working in your current workplace to someone else? Why? Please tell me more. Please explain further.</li> <li>16. Is there anything further that you want to add?</li> </ol>

STC is based on Giorgi's phenomenology, which focuses on peoples' lifeworld<sup>16,17</sup> and thematic analysis.<sup>18</sup> The interviews were recorded and transcribed verbatim, and the information was read through several times to grasp the participants' descriptions of the phenomenon under study. According to STC, preliminary themes were identified as a first step. Then, meaning units recounting the participants' descriptions of staying in their current workplace were identified and placed under the preliminary themes. In the condensation step, subthemes were created. These subthemes were only used as working tools during the analysis process, but not included in the final analysis. Subthemes helped in describing the content of the themes. Here, quotes from the various interviews were selected. In the recontextualization step, which is the final step, the data

were read again with the themes in mind to guarantee that the results were derived from the interviews. Authors EA and GR analyzed all interviews independently. To confirm the results, authors AR-A, RR-B, and RW analyzed a selection of six interviews each. The results are based on several discussions between all authors. Table 2 represents an example of the steps in the analytical process.

## Findings

Three themes were identified for reasons to stay at one's workplace for more than 5 years. (1) Organizational stability contributed to low staff turnover, with good spirits between colleagues reflecting everyone's equal value and resulting in a feeling of homelikeness. (2) Sustained development in

Table 2. The Steps in the Analysis Process—An Example

Primary Theme	Meaning Unit	Condensation	Final Theme after Recontextualization
Being given the opportunity to develop in one's own profession	The thing is that it's a specialty that is constantly evolving, and you can be involved in being a part of this development. I think this growth has been important for me. And having had the opportunity to work as a group leader, I have been able to work as a manager and team leader. I have been running projects, and I have been a program manager. If you want, there are many opportunities for professional development. Trying different things over the years and not just always doing the same thing have been positive for me because I want to try out a lot of different things (interview 7)	It's a specialty that is constantly developing and you may be involved in being a part of this development. I think it has been important .... If one wants, there are opportunities to develop ... I think it has been positive for me. Trying different things over these years and not just doing the same thing, because I want to try out a lot of different things.	Sustained professional development despite having worked in the same workplace for a long time

one's own profession despite having worked for a long time in the same workplace. (3) A humane head nurse who was on hand, who was a facilitator, who knew the staff member, and eliminated obstacles for him and/or her. These themes follow with quotes from the participants. The participants described their reasons for staying and talked about their profession proudly. Everyone was happy to recommend their current workplace to others. Almost everyone was satisfied with their salary.

***Theme 1: Organizational Stability Contributed to Low Staff Turnover, With Good Spirits Between Colleagues Reflecting Everyone's Equal Value and Resulting in a Feeling of Homelikeness***

One of the reasons for staying was organizational stability. Closeness and fellowship between col-

leagues were also contributing factors to creating stability. In an organization where the nurse specialists described adequate workload, staff members were healthy. They coped with their work tasks and the scheduled patients. Lunch and coffee breaks were planned. One could go home when one was supposed to, and if there were changes in lunch breaks or if someone had to stay and work overtime, that person was always asked about it in good time. Also, in a stable organization, staff turnover was low, thus staff had peace of mind. Not many wondered why they were working in that particular organization rather than quitting or changing their jobs.

*That's why I've been around for a long time, because, in fact, there is quite a low turnover of staff here and it also means that the department is stable ... I get my job done ... everyone is healthy in the*

*department. We have a well-functioning operating programme so that we can handle our patients without everyone having to stress or feel stressed ... a good workload ... (Interview 6)*

Stability in the organization contributed to a sense of well-being, of being in a safe place where one felt confident and comfortable with one's profession and role. Besides knowing one's profession, being comfortable also meant knowing one's coworkers and colleagues well on a personal level. Those who had tried to change workplace a long time ago came back to this feeling of stability and a well-known workplace that felt like home.

*... It was very nice to come back to something you could call home ... you are confident in what you do ... you are involved with the group of people you work with when you face a problem. I feel pleased when I make a proposal ... I feel that in our working group, they are grateful for my proposal. Sometimes it may not be the solution you need, but nevertheless it feels that it's OK for me as a nurse to talk with an orthopaedic surgeon (and make proposals or suggest a solution) ... (Interview 2)*

Besides organizational stability, the nurse specialists described a personal stability within themselves. Personal stability was a result of being experienced and knowing one's own field. They knew what they were doing. They had developed a routine because they had been around many similar cases. In terms of taking care of complicated cases and supervising younger colleagues, the participants felt they had a voice, that they were taken seriously, were respected by colleagues, and were listened to, which was described as stimulating. Even surgeons turned to the experienced nurse specialists asking questions about problems and seeking solutions.

*... I feel confident in my profession ... I know my job and I feel that both my colleagues and the surgeons respect me ... I do my utmost every day ... I feel confident*

*... I master most things ... many staff members ask me questions about things and I am fully accepted by the surgeons ... the bigger the surgery is and the longer you work and the more experience you have, you feel that you have control of the situation .... (Interview 6)*

Furthermore, the coworkers who helped and saw each other, and who had total respect for each other's work tasks and professions, contributed to stability and homelikeness, and had an impact on the nurses' willingness to stay at their current workplace. Every profession's work effort counted, and no one's job was superior to the others. The nurse specialists described good spirits between colleagues, both experienced in the profession and new. They talked about having a pleasant atmosphere at their workplace, feeling no hierarchy and having a value equal to that of the surgeons, and socializing with each other after working hours. This atmosphere was fostered by the simple act of greeting each other in the morning and thanking each other for work well done before going home. Working in the same workplace side by side for a long time made coworkers develop a relationship. Moreover, the social environment and having a friend at work was described as important, because "you couldn't take your job home with you." Good cooperation led to the development of a common view at work and that also contributed to stability within the group.

*We have extremely good cooperation ... extremely satisfying ... when you've been working for a long time in a place like I've done ... doctors and surgeons and we nurses have followed each other ... You create a certain relationship, a very good relationship I think, and this is especially good for the patient. (Interview 4)*

Another nurse specialist also described the importance of everyone's equal value as

*They (the orthopaedic surgeons) are very clear about everyone's importance, as this is no one-man show, but all those who work around the patient are important in order for us to get a good result ... every effort is important. (Interview 2)*

**Theme 2: Sustained Development in One's Own Profession Despite Having Worked in the Same Workplace for a Long Time**

The nurse specialists described experiencing excitement and stimulus in their current workplaces, even after working at the same workplace for many years. No one day was the same as the next, meaning that one could still learn new things every day. There was a stimulating variety in one's work tasks and that brought pleasure to one's work. Besides new instruments, one could change operating unit without changing hospital and thus learn more about other patient groups and operating techniques. One could work with young patients, for example, premature babies or elderly patients or patients of any age in between. Sometimes not knowing what kind of patient or diagnosis one had to work with or what the day would be like made the work more inspiring. The nurse specialists described feeling that they were able to make a difference. Together with the surgeons, several had been involved in improving teamwork or care routines for a specific group of patients.

*We have varied surgeries ... both short and long ... from a little baby who is a few months old to a one hundred year-old patient ... that is maybe why I choose to stay...(before) it was enormous large surgeries, it was only whole or half day surgeries ... you only come out of the operating room half an hour a day ... you cannot even go to the bathroom ... it is very demanding (physically and psychologically) for an operating room nurse ... for the body, your body has to be able to cope with it .... (Interview 14)*

Besides working as a nurse anesthetist or an operating room nurse, almost all the study participants had or had had a special assignment that they were responsible for, such as the operating program or as personnel coordinator, nurse educator, hygiene coordinator, or expert nurse specialist in a certain area. They were either recruited via advertisement or were handpicked for the position. This opportunity to work with different tasks, for example, working within one's own profession one day and as program coordinator the next day, was described as invigorating. At the same time, it

gave the participants a break or a chance to recover from the physical demands of the work, for example, from standing long hours in the surgery as one operating room nurse explained. The participants talked about their profession proudly, and everyone was happy to recommend their current workplace to newcomers.

*... I can work as an operating room nurse in the operating room ... and work as an operating programme manager the next week ... it's fun too, because it's very challenging to be a programme manager ... (so that no patient misses a surgery and surgeries are finished on time) ... to try out different things (work tasks) over the years and not just do the same things. I want to try a lot of different things. (Interview 7)*

Some years ago, to seek variety in their work tasks, a few of the participants in the study had sought work in private care centers, leaving their workplaces in the hospital. However, even if they had a better salary, the work tasks became monotonous and uniform. Simpler cases, or not many complicated ones, were undertaken within the private care system and that gave a feeling of losing one's expertise. Returning to their old workplace in the hospitals, the nurse specialists described that they could once again use their whole expertise.

*... I use more of my knowledge...working with acute care here in the central operating ward ... you don't know what is going to happen, what kind of patients are going to come ... you are driven by this variety in work ... to put your expertise at the edge and be able to switch from what we do now to what we have to do later. (Interview 13)*

By achieving personal and professional development, it was obvious that the nurse specialists wanted to improve the environment both for the patients and their colleagues and that was a reason to stay. As interviewee 3 described "it feels as though you are being of use every day. This benefits the patients and their families, and your colleagues, when you supervise, teach and help younger colleagues."



**Theme 3: A Humane Head Nurse Who Was on Hand, Who Was a Facilitator, Who Knew the Staff Members, and Eliminated Obstacles for Them**

The head nurse's presence was described as important for nurse specialists' well-being at work. A few described how important it was that the head nurse had the same profession as them to understand their professional needs. However, it was important that the head nurse was visible, that they saw all employees, knew who the nurse specialists were, their interests and life or family situations, and "*met me for the person I am*" as was described by interviewee 1. Being recognized by one's head nurse improved workplace morale and enhanced the environment positively. It was also important that the head nurse showed support for different events in people's working life, for example, allowing the nurse specialists to study and develop in their own profession, in the academic field, or to try to solve scheduling issues. Nurse specialists felt comfortable with the head nurses who showed humanity. However, although being kind was important, it was a balance, as the head nurse had to be a leader as well.

*... we greet each other with high fives when we meet (my head nurse and I) ... every morning my head nurse says "Hi, I'm glad you're here today"... or ... "Where have you been?" if I have been off work and they have noticed my absence. It means more than you can imagine. (Interview 1)*

The head nurse was described as an important facilitator enabling the nurse specialists to stay at the same workplace. The head nurse could provide the tools to perform a good job, both on a personal level and on a work level. Sometimes it was about a room to stay in at the hospital if a staff member lived far from his or her workplace. Other times, it was about working fewer night shifts, being able to work fewer hours, or working more occasionally to be able to take time off from one's work to be with one's young children or go hunting. Head nurses supporting and enabling flexibility in nurse specialists' working conditions contributed to their job satisfaction.

*... flexibility has been positive for me ... it meant that you could work quite a lot, overtime ... we have had the opportunity to either use it as a compensatory leave or get extra pay ... at different stages of life you need different things in terms of your finances or taking time off from your work. That has been crucial for me and my family when we had younger children and we were building a house. I could take a lot of my overtime in wages ... it has been a strong contributing factor in fact (to stay). (Interview 4)*

The following quote describes a nurse specialist who, despite the fact that there was a hospital close to her home, chose to travel a longer distance to her current workplace.

*... It's 5 minutes from where I live to our hospital (which is closer to where I live) and I commute almost an hour in the middle of the night to get to work (the current workplace that is far from home)... it's (to have a room to stay at the hospital) almost a prerequisite otherwise I couldn't manage (the long distance that I commute). It's tough to commute. It's 2 hours a day ... sometimes I'm not home until 18:45. But I'm sleeping at the hospital ... one night a week. (Interview 1)*

## Discussion

The findings showed that the participants described having a feeling of stability within the organization and themselves. Several mentioned feeling at home, which meant being comfortable in their workplace and knowing their coworkers well. The good spirits between coworkers was another reason, as well as feeling that everyone was of equal value in a good working team of people. The head nurse was described as being present in the daily life of the nurse specialists and affecting them in a positive way with her humane behavior. Moreover, the head nurse was a facilitator, who made it possible for nurse specialists to access professional development and gave them the prerequisites to stay at their workplace. The opposite conditions were studied in another report where nurse specialists in perioperative

settings indicated that they had quit their jobs because of an unwelcoming workplace where one did not feel of value to the organization, one simply felt owned and used by the organization and by an unsympathetic head nurse and colleagues with demeaning behavior.<sup>19</sup> Conversely, almost all the participants in the present study had or had previously had a special assignment besides working as a nurse anesthetist or an operating room nurse. They were satisfied with their salaries, proud of their profession and their workplace, which they warmly recommended to others.

The first theme of this study was about being in a stable workplace that felt like being at home and feeling confident and comfortable in one's profession, in the environment and in the company of people one knew. Nurse specialists in this study pointed out that stability within the organization was important, which may have led to a feeling of stability within themselves. The opposite was also described, namely that when one person quit his or her job, others started thinking about their own future in the organization. Colleagues' quitting a job started a feeling of worry within others, and thus, stability was jeopardized. Thus, one might assume that stability in the organization may lead to the feeling of being at home that many of the participants mentioned. The phenomenon of homelikeness, which describes the relationship between the individual and his or her environment, was described by Svenaeus<sup>20</sup> and is inspired by Heidegger's phenomenology. This relationship is essential, as Svenaeus<sup>20</sup> describes that the individual feels meaningful, relevant, and healthy while feeling at home. On a philosophical level, home was described as a place that the individual was familiar with or knew, and that the person had control. When someone finds his or her place in the environment, it creates balance within the person. Feeling at home, well-being was created as an expression of feeling welcomed, of feeling that someone had opened the door and met them as the person they were. As Levinas<sup>21</sup> pointed out, well-being must be experienced with someone. In this way, the home becomes a sanctuary, to gather strength for what is to be done.

On the other hand, according to Svenaeus,<sup>20</sup> not feeling at home or feeling homeless may lead to feeling out of sort. Feelings of homelikeness

were described by the participants of this study who pointed to a stability within themselves, being confident in the coworkers whom worked with and in what they did. A place that offered safety, where someone could find peace of mind, and a place where one wanted to be or to return to, which was what a few of the participants did after working in private health care for a short while. In this homely place, the nurse specialists in this study were content with themselves and each other, and they cared about each other. This was described as being in a team of people where there was no hierarchy and everyone felt that he or she was equally important in taking care of the patient. Andersen et al<sup>2</sup> and Van Bogaert et al<sup>3</sup> confirmed that good relations between physicians and nurses, and support between colleagues, led to job satisfaction, which in turn affected the quality of care and level of their accomplishments.

The feeling of being able to develop as professionals was described as having access to professional development and was another theme identified in our study. As described by the nurse specialists who participated in this study, despite the fact that they worked for many years in the same workplace, the workplace offered curiosity and excitement that was stimulating for them. Neither the workplace nor the work tasks became tiresome. Negussie and Berehe<sup>3</sup> pointed out that opportunities for career development at work are associated with job performance, which could also be seen in the study participants as they blossomed, developed within themselves, and contributed to the development of teamwork, their own profession, and patient care.

As Bondas<sup>1</sup> described in the concept of caritative leadership, the nurse managers were role models who were responsible for the whole organization, that is, the patients and their employees. The head nurse's humanity and role as a facilitator contributing to the well-being of the nurse specialists was described in the third theme in the present study. As described in caritative leadership<sup>1</sup> and explained by the participants, the head nurses cared for the whole human being, their employees, and their competence for providing care. Bondas<sup>1</sup> indicated that this could happen in an open relationship with a leader who was present and involved. In any organization, being open means dealing with conflicts quickly. In

open organizations where conflicts were dealt with swiftly, patient care was affected in a positive manner.<sup>1,22</sup>

### Methodological Considerations

The interviews were rich, and data saturation was met after six interviews, which is more important in qualitative studies than the number of the interviews. However, the rest of the interviews was analyzed to make sure that no new themes appeared in the interviewees' statements. One shortcoming of the study was that, despite the invitation of younger nurse specialists (between 33 and 44 years), many chose not to participate. The reasons for staying at one's workplace might vary in younger and older groups of people. People might change workplaces more often when they are younger, and it might take at least 5 years to establish oneself and feel comfortable at one's workplace. These issues must be studied further in the future. However, because of high personnel turnover, 5 years was considered an acceptable limit for participant inclusion. Another shortcoming might be the mix of telephone and face-to-face interviews. However, there were no differences in the quality of the interviews, and therefore, all interviews were included in the study. We had wished for several male nurse specialists to

participate. However, there are fewer male nurse specialists in perioperative settings than females in Sweden, and this is mirrored in the study. Credibility and transferability were guaranteed by describing the procedure and data analysis as clearly as possible and letting the reader be the judge of that. Two of the authors (EA and GR) had a preunderstanding of operating room settings, which is important in qualitative analysis as it improves researchers' understanding of the study phenomenon.<sup>23</sup> This strengthened credibility and conformity in the study. However, the authors' preunderstanding was discussed openly. By involving the rest of the authors (AR-A, RW, and RR-B) who had some experiences of the operating room setting, in the analysis, we made sure that the preunderstanding did not affect the results.

### Conclusion

In a pleasant nonhierarchical and stable organization with a head nurse with caritative leadership skills, a warm welcoming working environment with opportunities for professional development even after many years in the profession is created. Thus, nurse specialists feel at home and choose to stay, thus contributing to professional companionship and organizational development.

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