

Perspectives on Quality

I am quitting my job. Specialist nurses in perioperative context and their experiences of the process and reasons to quit their job

ANN LÖGDE¹, GUDRUN RUDOLFSSON^{2,3},
ROMA RUNESSON BROBERG¹, ANNA RASK-ANDERSEN¹,
ROBERT WÅLINDER¹, and EREBOUNI ARAKELIAN⁴

¹Department of Medical Sciences, Occupational and Environmental Medicine, Uppsala University, Ulleråkersv. 40, 751 85 Uppsala, Sweden, ²Division of Nursing, Department of Health Sciences, University West, SE-461 86 Trollhättan, Sweden, ³Faculty of Nursing and Health Sciences, Nord University, 8049 Bodø, Norway, and ⁴Department of Surgical Sciences, Uppsala University Hospital, Entrance 70, 1st Floor, 751 85 SE Uppsala, Sweden

Address reprint requests to: Erebouni Arakelian, Department of Public Health and Caring Sciences, Box 564, Uppsala SE 75122, Sweden. Tel: +4670-77-33-11-9; Fax: +46-18-55-93-57; E-mail: erebouni.arakelian@surgsci.uu.se

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Abstract

The lack of specialist nurses in operating theatres is a serious problem. The aim of this study was to describe reasons why specialist nurses in perioperative care chose to leave their workplaces and to describe the process from the thought to the decision. Twenty specialist nurses (i.e. anaesthesia, NA, and operating room nurses) from seven university- and county hospitals in Sweden participated in qualitative individual in-depth interviews. Data were analysed by systematic text condensation. We identified four themes of reasons why specialist nurses quitted their jobs: the head nurses' betrayal and dismissive attitude, and not feeling needed; inhumane working conditions leading to the negative health effects; not being free to decide about one's life and family life being more important than work; and, colleagues' diminishing behaviour. Leaving one's job was described as a process and specialist nurses had thought about it for some time. Two main reasons were described; the head nurse manager's dismissive attitude and treatment of their employees and colleagues' mistreatment and colleagues' diminishing behaviour. Increasing knowledge on the role of the head nurse managers in specialist nurses' decision making for leaving their workplace, and creating a friendly, non-violent workplace, may give the opportunity for them to take action before it is too late.

Key words: quitting job, specialist nurse, qualitative, interviews

Introduction

Lack of specialist nurses (i.e. anaesthesia, NA and operating room nurses, OR) in operating departments is a costly [1] and serious problem [2–4] affecting satisfaction with care when scheduled surgeries are cancelled [5–7], which in turn leads to negative consequences for the patient. Kovner *et al.* [1] discussed that within the

first year of starting a new job, ~17.5% of the nurses intend to leave their job. The authors also pointed out the importance of discussing turnover being voluntarily or non-voluntarily when defining the turnover. In this study we intended to study voluntarily turnover and the process that leads to a final decision.

Various reasons exist for staff turnover including job dissatisfaction, job boredom, or early retirement [8], which can cause stress, poor health and depressive symptoms [9]. Factors affecting job satisfaction in general include working hours [10], organizational factors, personal health, and economic factors [11], and in operating departments, job satisfaction is about leadership, organization and relationships [12]. The number of people serving at work is related to workers' stress [13]. The feeling of not having any meaning at work and not having any organizational commitment is associated with long-term sickness absence [14]. Shift work affects workers negatively, as nurses are 1.15 times more likely to develop low back pain if they were working shifts [15]. Moreover, demanding work schedules (meaning working night and day shifts and during unsocial hours) affects nurses' sleep negatively [16]. Job stress affects nurses wanting to leave their work [17] and leaving one's work in turn affects patient safety, as does workplace bullying [17, 18] or incivility [19, 20]. In perioperative settings, nurse to nurse violence [21] and physician to nurse mistreatment [18] cause high-stress levels [22] and depressive symptoms [21]. Moreover, high-work demands with low control have negative effects on blood pressure [23, 24]. High effort-reward imbalance may lead to nurses leaving their work [25]. Lake [26] defines nurse work environment as 'the organizational characteristics of a work setting that facilitate or constrain professional nursing practice' (p. 178). According to Lake [26], there are five factors affecting the nurse work environment: (i) nurse participation in hospital affairs, (ii) nursing foundations for quality of care, (iii) nurse manager ability, leadership and support of nurses, (iv) staffing and resource adequacy and (v) collegial nurse-physician relations. These factors may affect nurses' satisfaction with work.

Specialist nurses work in a high tech environment in closed rooms, sometimes without access to daylight. Due to hygiene reasons and patient safety, specialist nurses, OR-nurses in particular, do not leave the operating room during the time the patient is in the room until the patient is awake and transferred to postoperative ward. During day shifts, the specialist nurses are entitled to a lunch break of 30–45 min and two small coffee breaks of 10–15 min each. However, OR-nurses are seldom replaced by another OR-nurse to take a break. They take breaks in between patients. These working conditions during long hours of work, along with high demands on concentration, place high demands on both specialist nurses.

However, whatever the reason for leaving one's job, it is important to study what causes the turnover. Therefore, this article aimed to describe reasons why specialist nurses in perioperative care chose to leave their workplace and to describe the process from the thought to the decision.

Methods

Design

A qualitative approach through individual in-depth interviews was used.

Context

The study was performed in three university hospitals and four county hospitals in Sweden.

Participants

The inclusion criteria were specialist nurses in anaesthesia care or operating room care who had worked at the hospitals included in

the study and had left their work during 2015. Exclusion criteria were pregnancy, maternal leave or pension. From specialist nurses 133 that had left their workplace during 2015, 20 nurses (8 men, 12 women aged between 28 and 54 years (mean 41 years)) were invited by strategic selection to participate in the study (Fig. 1). Strategic selection was used to obtain participants from different genders, ages, occupational categories and the hospitals included. There were 11 anaesthesia nurses and 9 operating room nurses, and 13 nurses were from the university hospitals and seven from county hospitals. In total, seven specialist nurses were non-contactable or declined participation; these were three female operating room nurses, one male operating room nurse, two female anaesthesia nurses and one male anaesthesia nurse. The people in the group who did not participate were aged between 28 and 60 years old (mean age 44 years).

Procedure

The first author (A.L.) contacted the head nurse and human resources unit of the hospitals included in the study to determine who had left their jobs during 2015. In a first step, 20 specialist nurses were contacted and invited to participate in the study. Approximately, 1 week after mailing the information and invitation letter additional contact was made through SMS and telephone to obtain informed consent and book an interview session. Thus, the 15 participants who accepted participation were interviewed, and at the same time, seven additional letters were sent to new participants, of which five accepted participation. Of these additional seven, two dropped out; one declined participation, and one could not be reached. In total, 20 nurses were interviewed during February–March 2016: 5 interviews were face-to face and 15 interviews were by telephone. The interviews lasted between 19 and 84 min (mean 37 min). Telephone interviews were conducted at the request of the participants themselves due to the distance to their homes. There were no differences among the participants' stories with regards to the two interview techniques and the interviews had good quality therefore, they were all included in the analysis.

Instrument

A semi-structured interview guide with one main area i.e. leaving one's job was used during the interviews. The guide contained seven questions and three follow-up questions. The main questions were about when and how the person came to the decision to leave his/her job and what reactions the person had met from the head nurse when he/she had revealed his/her decision. Questions were also asked about the positive and the negative aspects of the previous job the person had had and about the psychosocial and physical environment in the previous workplace. Probing questions such as 'please tell me more', 'could you explain more' or 'what do you mean by that' were also used to deepen the interview and to allow the interviewee to talk about his/her own feelings and experiences (Table 1). A test interview was conducted.

Data analysis

Data analysis were conducted with Systematic Text Condensation (STC) [27, 28] which is derived from Giorgi's phenomenology and influenced by thematic analysis [29], where life-world experiences described by people who experience it is central [27, 28]. The interviews were recorded and transcribed verbatim.

The analysis was done in four steps, Step 1: the interview text was read through several times with an open mind to get to know the descriptions made by the study participants rather than finding the

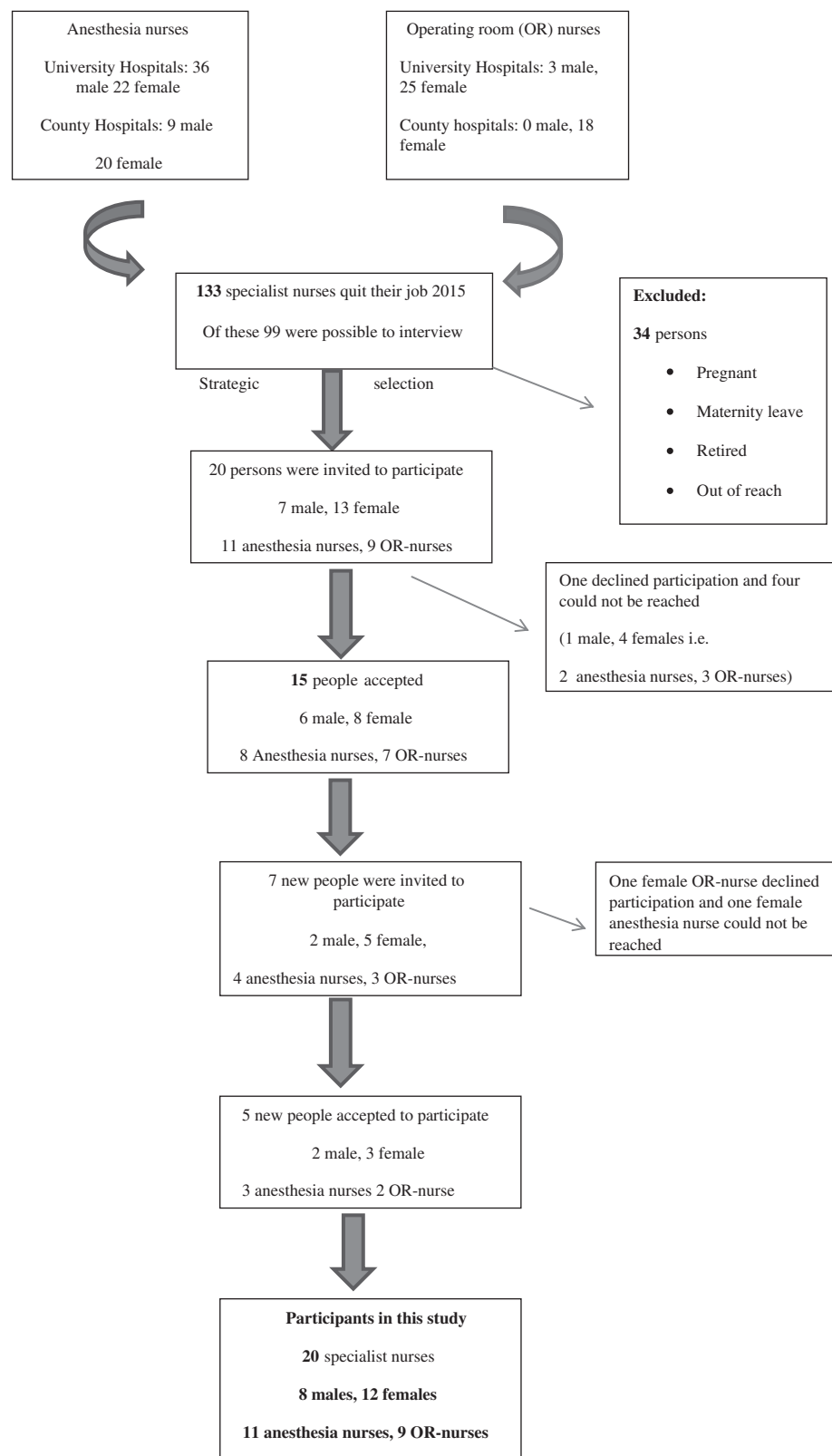


Figure 1 Study participants.

underlying meaning. Here, preliminary themes were created. Step 2: meaning units describing the participants' experiences and reasoning for leaving their work, were identified and placed under preliminary

themes. Step 3: condensation, sub-themes were created for each primary theme, which were not included in the final presentation of the results but were used as a guide for describing the content of the

Table 1 The interview guide

Questions	
Main	<ul style="list-style-type: none"> • Please tell me about when you quit your previous job? • When did you start thinking about quitting your previous job? When did you make the crucial decision? • How did you make the decision to quit your job? What was decisive in your decision to quit your previous job? • How did your supervisor react to your decision to leave your previous work? Did you have any follow-up before you left? • What was positive and what was negative in the environment in your previous workplace? • What is different in your current job compared to your previous job?
Follow-up	<ul style="list-style-type: none"> • Did you have any special assignments at your previous workplace? • How was the work climate at your previous workplace with respect to co-workers and physical environment? • What are your thoughts about your working schedule and payment at your previous workplace?
Probing	Please tell me more? Could you explain more? What do you mean by that?

Table 2 An example of the steps in the analysis process

Primary theme	Meaning unit	Condensation	Final theme after re-contextualization and synthesis
Nonchalant management, and betrayal not feeling needed	Participant 10- <i>Once I quit my job the manager was angry and said why didn't you say something? But I came in (to your room) and asked and when I received a 'no' ...in the end I felt that I am gonna quit. My manager said 'if you come the first and the second time I might not take you seriously, if you come a third time...'. I said I have no third time.... It's takes courage to go there (to your manager) the first time and ask how can we solve this (the problem) in some way. I received one of those nonchalant 'no's, one manager didn't even turn around to look at me and the other one said no 'you can't'. I felt so insulted (the second time)I go there (to my manager) because I want help.... I felt that I won't go there a third time'.</i>	Participant 10- <i>Once I quit my job the manager was angry ...If you come the first and the second time I might not take you seriously...I received one of those nonchalant 'no's, one manager didn't even turn around to look at me... I felt so insulted... I won't go there a third time'.</i>	Head nurses' betrayal and dismissive attitude and not feeling needed

theme, including selection of quotes from the interviews. Step 4: the authors read the interviews again with the themes in mind to be certain the original interviews were present in the synthesized results. This process was called re-contextualization. Authors A.L., G.R. and E.A. conducted the analysis independently. All authors then discussed the findings several times during the analysis process and the results represent a consensus reached among all authors. An example of the steps in the analytical process is presented in Table 2.

Ethical considerations

The study which was approved by local ethical committee (Dnr 2014/218) and followed the regulation in Declaration of Helsinki [30] and local ethical guidelines and regulations [31]. The study was approved by the Head of each department and informed consent was obtained from the participants prior to the interviews.

Results

We identified four themes of reasons why specialist nurses quitted their jobs: the head nurses' betrayal and dismissive attitude and not feeling needed; inhumane working conditions leading to the negative health effects; not being free to decide about one's life and family

life being more important than work; and colleagues' diminishing behaviour (Table 3).

Theme 1. Head nurses' betrayal and dismissive attitude and not feeling needed

One of the most crucial and decisive reasons for leaving one's workplace was the head nurses' attitude towards their employees. Not listening to or ignoring employees concerns, not being taken seriously, making decisions without employees involvement, not having the employees' interest in mind in planning working schedules and being an 'absent manager' was described by several of the participants. This behaviour was labelled as 'nonchalant' or 'dismissive'.

It was considered important that head nurses asked the employees' about their opinions and thoughts, and verbalized that the employee was needed and important for the clinic, or did a good job. The feeling of being replaceable and not being important for the workplace was also mentioned by several participants.

Employees tried to warn their head nurses about their health problems but were not taken seriously and were ignored until it was too late to change their mind. Participants tried to take unpaid leave to get a break from their unbearable situation. However, they were met with 'a cold shoulder', which resulted in them simply resigning.

Table 3 Quotes from interviews illustrating the themes

Theme	Citations
1. Head nurses' betrayal and dismissive attitude and not feeling needed	<p>Participant 10 <i>Once I quit my job the manager was angry ... 'If you come the first and the second time I might not take you seriously'...I received one of those nonchalant 'no's, one manager didn't even turn round to look at me... I felt so insulted... I won't go there a third time'.</i></p> <p>Participant 4 <i>'I'd wanted for her (my manager) to say, no, we don't want you to go, we need you here, you mean a lot to our clinic.... you get the feeling..... that you are replaceable....</i></p> <p>Participant 8 <i>'it was too late. At that point no wage in the world would make me stay in that workplace'.</i></p> <p>Participant 4 <i>'the words don't really mean that much, it's what happens in action, what they (the managers) do...'</i></p> <p>Participant 9 <i>'...when we compared our salaries. We must have the same salary criteria and the same skills if we have the same manager...We wanted to have a fair wage distribution within the same clinic. We quitted, all 15 of us...'</i></p> <p>Participant 9 <i>'... they (the management) never invest in those who have worked for a long time and still have the skills and those who have special assignments... we chose to leave... half of the force (employees)'.</i></p>
2. Inhumane working conditions leading to negative health effects	<p>Participant 8 <i>'...how is one to cope until you retire, because it's heavy, it's hard to stand (and assist during surgeries eight hours a day) for 30 years, no one's body can take it...'</i></p> <p>Participant 20 <i>'...the worst thing is that I feel trapped. Not being able to get out at all (from the operating room). A half-hour lunchyou have to switch with someone else...'</i></p> <p>Participant 18 <i>'...I couldn't sleep during the day after having worked night shift. I didn't sleep and I didn't come into normal sleeping patterns until may be after a week again'</i></p> <p>Participant 15 <i>'...I have been admitted to the XX unit. They thought I had a heart attack.... I could do nothing and I had difficulty breathing and chest tightness....I made an attempt to come back (to work) but it was far too early... I panicked only by going there (the workplace)....this will probably take longer (to come back)...</i></p> <p>Participant 10 <i>'...I almost fainted...the surgeon said «but is there anyone who can replace you?» No ... they're performing an emergency cesarean section. I went around in the room to help my (blood) pressure a little bit....there are very high demands on those who work..... Working hours are of course a big issue....'</i></p>
3. Not being free to decide about one's life and family life being more important than work	<p>Participant 12 <i>'I felt ... that you really had to sacrifice everything for the patient, your own life, just to get the operating schedule through. I do not think that it should be like that...'</i></p> <p>Participant 6 <i>'...for me it's about, I work to be free, to spend time with family, that's the primary to me...'</i></p>
4. Colleagues' diminishing behavior	<p>Participant 18 <i>'...I have been there for five, six years and they (my colleagues and the management) still don't ask what I think and when I say what I think, they roll their eyes upwards or sigh....'</i></p> <p>Participant 10 <i>'you had to stand in line and wait until you had been there long enough, then you could earn their (the colleagues) trust.... there was a systematic ostracism from some colleagues... Not a big group but big enough to blight my life....'</i></p> <p>Participant 8 <i>'It was from the surgeons sigh and groan, and this (the surgeon's way he/she wanted) you have to know.most of the people (OR-nurses) felt that it is hard being there...'</i></p> <p>Participant 20 described reactions such as <i>'I cried a lot at work, and the managers saw that (but didn't not much)'.</i></p>

None of the head nurses contacted their former employee to try to understand why the person had chosen to leave their workplace. On the contrary, employees were sometimes excluded when they tried to come back to their old workplace. The head nurses' actions were described as very important in decision-making.

Participants mentioned salaries as an indication of their professional development. Almost all participants were dissatisfied with their salary and could not see any positive improvement in their salary development. The feeling of being betrayed was described by the participants as being denied salaries that was given to another.

In several hospitals, specialist nurses displayed their dissatisfaction through mass resignation. Through changing their workplace from their current workplace at the hospital and working as a relay nurse or moving from county council (health region) to municipality (work at nursing home and advanced care in the patients' homes

run by the municipality), the specialist nurses could double and sometimes triple their current salary.

Theme 2. Inhumane working conditions leading to negative health effects

Participants described production demands as high. They had to work several evening shifts per week, to be on-call at home (with 30 min response time), and work several weekends and night shifts a month. While at the hospital, the participants described working non-stop from the moment they came until they left the clinic. They expressed worries about how to work under these conditions until their retirement.

There was little room for breaks and during on-call hours it could be hard to even visit the lavatory to 'satisfy one's basic human

needs'. Participants mentioned that it was hard to know if one would go home when she/he was supposed to, as surgeries could take longer than expected and there was no one to replace them. Turnovers had to be fast and being in the operating room and not being allowed to leave the room, increased the feeling of being trapped or locked in.

Several participants had developed sleeping disorders/problems, and described how it took a long time to change the circadian rhythm after working night shifts. One had sought help believing he/she had had a cardiac infarction due to what the person called inhumane working conditions. Another participant described feelings of fainting in the operating room during ongoing surgery during night shift and how he/she had struggled to prevent him-/herself from fainting by changing focus from the surgery and the patient to him-/herself.

Theme 3. Not being free to decide about one's life and family life being more important than work

Participants described valuing their spare time, and spending time with their family as very high. They described the struggle to adapt their working schedule and worked less to be able to spend holidays with their family.

To have a requested schedule was described as utopia as the participants did not have 'control of one's own working hours' (participant 16). Even if everyone described being aware of the vulnerability of the staffing and the shortage of specialist nurses, others had to work twice as hard to keep production going, but they were not prepared to forfeit their families.

The daily schedule was described as strict and feeling that one was servant in the workplace. This meant there was no resilience. One example was described by one participant when he/she described that despite a holiday request being submitted six months prior to the current time, it was rejected.

Theme 4. Colleagues' diminishing behaviour

Colleagues' diminishing behaviour could poison the lives of the employees to the point it became a contributing factor for leaving their workplace. Not being allowed to be a part of the 'experienced' ones, or hearing comments about who is a slow worker or in cases of operating room nurses how to drape the patient, were examples of comments participants had experienced. It was expected from the 'new' ones at work, regardless of experience in other fields, to wait for their turn for five or six years before having their own opinion or to be accepted in the 'old gang'.

One participant who was a union representative at the workplace described how she was 'systematically frozen out' by work colleagues when they were in a conflict situation with management. Operating room nurses also described being mistreated by surgeons while working in the theatre.

Discussion

This study presented head nurses' decisive role in perioperative specialist nurses' decision for leaving their jobs. The participants described how their head nurses' actions and lack of action or empathy led to feelings of betrayal and disappointment to the extent they decided to resign. To our knowledge, the phenomenon of head nurses' betrayal in perioperative settings has not been studied qualitatively. However, participants described a process when it came to the decision of resignation where several factors were involved. Participants

also described the decisive role of the head nurse who could change the decision of leaving, but unfortunately, made no attempt. Participants considered that displaying an interest in them and verbalizing their importance in the organization might have had an impact on changing their decision. However, when the decision was made nothing could change it, not even 'the best salary in the world'. Therefore, it is important that head nurses are aware of that they can affect the decision of leaving. These findings were confirmed by Lake [26] indicating that the nurses' participation or influence in their work, nurse managers' support, and collegial or nurse-physician relations had a significant role in the nurses' view of a good work environment.

As nurses should be an ambassador for the patients, the participants in this study expected the head nurses to be ambassadors for their staff and have their best interest in mind. In order to develop a perioperative practice, head nurses should be present and available to their staff [32], however, the participants in this study described the opposite. Being absent, not listening to the employees or not verbalizing the importance of the specialist nurses might be interpreted as 'giving the cold shoulder' or not caring. This in turn, combined with lack of communication with one's employees may lead to misunderstandings [33].

Participants described negative health effects due to the high demands placed on them. Not seeing daylight, working with few breaks, and being forced to work both night and day shift caused sleep deprivation and visits to an intensive care unit. These findings are confirmed in other studies [8, 9, 11, 14–16]. Factors such as high demands with a lack of control, and imbalance in effort-reward could cause staff to leave their jobs [23–25]. Conversely, participation in vocational rehabilitation is a predictor for returning to work. Well-planned breaks and increased feeling of having control may increase the feeling of freedom and provide an opportunity for recuperation. Therefore, small breaks should be planned between two patients and after being locked in the operating room for hours, so the specialist nurses are able to change focus and start afresh. Specialist nurses have an important responsibility for patients' lives and safety and their physical and mental recovery should be regulated and secured with reasonable brakes [34].

In this study, working to live and not living to work was described as an important factor that it could lead to resignation if these conditions were not given. However, there is a lack of data on whether this represents a generation shift or a change in attitudes towards one's work. Specialist nurses are expected to forfeit their family life and dedicate themselves to work. This may indicate that in order to retain perioperative nurses, working conditions should develop and if necessary change with the shift in the generations of workers.

Nurse to nurse aggression or violence both verbal and non-verbal, and abuse in perioperative settings have previously been described [17, 18, 21]. Bullying, which is a severe form of incivility at work [19] is an effective tool for reducing a person's self-esteem and the negative aspects on the victims, such as chronic fatigue, gastrointestinal disorders, cardiac palpitation, hypertension and weight loss or gain have been studied [18, 21]. One theory for trying to explain the phenomenon of incivility [19] in form of bullying at work is that when nurses feel powerless towards management or physicians, they turn their frustration towards each other in a negative manner [21]. Education about workplace incivility or bullying, open discussions, exercises about self-awareness, role play and zero tolerance may help to counteract it [21]. In operating room settings, implication for the nurses to stay at work could occur by the nurse managers' valuing the nurses, and ensure that they are listened to,

making sure that colleagues show respect and listen to each other. The nurse managers have to ensure the nurses' wellbeing by creating an empathetic and sympathetic environment in order to help nurses to stay [32]. In a study by Gillen, Sinclair [35] several strategies were used to reduce workplace incivility or bullying such as Civility, Respect and Engagement in the Workforce (CREW) intervention [36] on an organisational/employer level or individual/interference level, the latter with a three-hour negative behaviour awareness or a cognitive-behavioural education and expressive writing exercise [37]. CREW is built on co-workers' respect towards each other and valuing each other's differences [36, 38]. The operating room culture, position and experiences of the nurses, and nurse-physician relationships are factors that contribute to the development of an environment where incivility or bullying and abusive behaviour can develop [18]. Thus, head nurses play an important role in preventing it at work [22].

Limitations

The focus of the present study was on anaesthesia and operating room nurses, who voluntarily left their work. Furthermore, when leaving their work, they had already a new job waiting for them. However, there still may be a number of other specialist nurses, wanting to quit their work but not being able to do so for different reasons. These circumstances can be considered as limitations. To guarantee credibility and transferability, the procedure and data analysis were clearly disclosed to provide the reader a possibility for judgement. Credibility and confirmability were also enhanced by three of the authors (A.L., G.R. and E.A.) having a pre-understanding of operating room settings, which improves the researchers understanding of the phenomenon being studied [39]. However, it is important that the researcher's own understanding does not interfere with the interpretation of the results: this was given much consideration, and was balanced by three of the authors (A.R.A., R.W. and R.R.B.) not having any professional experiences from the operating settings. One methodological shortcoming was that both face-to-face interviews and telephone interviews were used at the request of the participants. As no differences were determined between the two interview methods, they were all included in the study.

Conclusion

Leaving one's job was described as a process meaning that specialist nurses had thoughts about it for some time. Two main reasons were described, namely the head nurses' dismissive attitude and treatment of their employees, and colleagues mistreatment and diminishing behaviour.

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