CHALMERS
UNIVERSITY OF TECHNOLOGY

Nurses' Psychosocial Work Environment

A case study in a large Swedish hospital

Master's Thesis in the Master's Programme
Supply Chain Management

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Gothenburg, Sweden 2019

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Acknowledgement

Abstract

During the last couple of years, the turnover rate of nurses leaving Swedish hospitals has increased. This in combination with the fact that before 2026, 38 900 new nurses need to be employed in order to handle Sweden's population that only gets older and older creates a difficult situation. The healthcare also struggles with many of their nurses ending up on sick leave due to a poor psychosocial work environment. Hence, the psychosocial work environment needs to be improved to lower the turnover of nurses and reduce the sick leave in order for Swedish healthcare to reach Sveriges Kommuner och Landsting's goal.

The empirical findings of this study consist of interviews with nurses at one healthcare department and leaders at seven different departments at Sahlgrenska University Hospital in Gothenburg, Sweden. Furthermore, data was also collected from survey answers provided from the HR-strategy-department at Sahlgrenska University Hospital. The findings include an understanding of how organisational structure and social support impact nurses' psychosocial health at a healthcare department. Additionally, these findings were analysed with the help of an analysis model which was constructed from combining Self-Determination Theory with Rubenowitz's job satisfaction model.

The result of the study showed an issue in terms of an organisational structure since there are no natural development paths in the profession. This generates a low feeling of work satisfaction and may lead to that the nurses have to leave the department in order to develop in their profession. Another identified problematic aspect is the nurses' feeling of the leaders not always listening to them, which might depend on leaders' high workload. This may occur due to the fact that the leaders are responsible for a large number of employees. Moreover, the leaders seem to aim to be transformational leaders. However, the hospital environment seems to make it difficult to act as a transformational leader and, instead, the leaders act towards a transactional leadership style. In addition, the nurses have a strong feeling of relatedness among themselves. However, it may occur because many parts of the psychosocial environment are lacking, and the nurses feel the need to compensate for this and perceive this feeling as stronger. To conclude, the recommendations for future improvements are: (1) create opportunities for development and growth, (2) ensure feedback from leaders and (3) standardise routines for suggestions of improvements, (4) clarify how the nurses are expected to prioritise, (5) clarify how the leaders are expected to prioritise, (6) clarify what is expected from the nurses, (7) clarify what is expected from the leaders and (8) create room in the lead role to be a present leader.

Keywords: psychosocial work environment, healthcare, leadership, self-determination theory, motivation

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1 Introduction

The introduction chapter presents the background of the study as well as the aim. In more detail, this chapter also presents the limitations and specifies the questions that will be investigated.

1.1 Background

Among Sweden's approximately 5 million employees, almost 28% have experienced discomfort as a result of their work during the last 12 months (Arbetsmiljöverket, 2018). One out of three employed women has experienced discomfort in addition to one out of four employed men (ibid.). Moreover, 65% of employees state that a too high workload is the reason behind their discomfort (ibid.). Other high ranked reasons are psychosocial aspects such as unclear or contrarious requirements from the employer, demanding customers, patients, relatives etc., and insufficient appreciation from the leader (ibid.). Rubenowitz (2004) states that one way to make sure that employees thrive in their workplace is to focus on the psychosocial work environment factors.

In addition, stress-related mental illness has shown to decrease the employees' ability to perform and their working ability which will increase the workplace's expenditures (Lindegård Andersson, 2009). Furthermore, Lindegård Andersson (2009) also states that before the ill-health has gone so far that the employee ends up on sick leave with decreased working capacity, both the stress related ill-health and repetitive strain injuries have been preceded by decreased performance capability and a slowly decreasing working capacity. This often results in large, often hidden, costs for the individual, the company and the society. Therefore, Lindegård Andersson (2009) suggests that it is beneficial for all parties to strive for reducing the employees' exposure to both physical and psychosocial risk factors since it will increase the sustainable working performance among the employees.

Closer to one of three employees have had work-related discomfort of that significance that they have been absent from work during the last 12 months (Arbetsmiljöverket, 2018). Among the employees that have experienced discomfort due to work, only one of three has had personal support from their leader or someone else appointed by the leader (ibid.). Only 27% of the employees got fewer work tasks or help with transferring their tasks to another employee (ibid.). Moreover, the professions with a higher number of discomfort due to work are women-dominated professions, for example, elementary school teachers, leisure-time teachers and preschool teachers, as well as assistant nurses and nurses (ibid.).

Sveriges Kommuner och Landsting, SKL, believes that before 2026, 38 900 new nurses need to be employed in order to fulfil the need and handle Sweden's population that only gets older and older (Weilenmann, 2018). However, during recent years there have been several alarming reports regarding nurses "escaping" from the hospitals in Sweden (Wärngård, 2017; Mirsch, 2018).

During 2017, the number of nurses leaving Sahlgrenska University Hospital was higher than ever when 708 nurses or 13.8% decided to leave the hospital (Wärngård, 2017). That is a twofold increase when comparing to 2009 (Vårdfokus, 2018). However, this is not only the situation for Sahlgrenska University Hospital an even worse situation can also be found in Uppsala where the turnover rate was 14.5% in 2015 which had increased to 15.2% in 2016 (Westin, 2017). In comparison, half of all counties in Sweden have a turnover rate between 6.3% to 7.9%, no retirements included (ibid.). Another meaningful number include that 2 200 working nurses each year in the county councils are on sick leave for longer than 30 days (Weilenmann, 2018).

It can be questioned if it is realistic to reach SKL's goal when healthcare is struggling with the previously mentioned inadequate psychosocial work environment. The psychosocial work environment is resulting in discomfort for the employees which in turn results in high sick leave and nurses "escaping" the Swedish hospitals. Hence, it is important to make sure to lower the high turnover of nurses and improve their work environment in order to both lower the number of absent nurses and create a sustainable work environment.

1.2 Aim

The aim of the study is to understand how organisational structure, leadership and teamwork impact nurses' psychosocial work environment.

1.3 Scope

The scope of the data collection will be limited to investigate only one hospital. Västra Götalandsregionen is a large organisation spanning over a huge geographical area with several hospitals and district healthcare centres with approximately 55,000 employees. Due to the size of the study and time limitations, the scope of the study is limited to only Sahlgrenska University Hospital, hereinafter SU. Moreover, the scope is defined to investigate one care unit from the nurses' perspective but several units from the leaders' perspective. The study only investigates the nurses' and the leaders' psychosocial work environment and excludes other professionals working at a hospital. Furthermore, no changes will be implemented during the study.

1.4 Research Questions

To reach the aim of understanding how organisational structure impacts nurses' psychosocial work environment, RQ1 was created in direct relation to this aim through investigating the impact of organisational structure.

    I.   *How does organisational structure impact nurses' psychosocial work environment?*

In order to reach the second part of the aim regarding understanding how leadership and teamwork impact nurses' psychosocial work environment, RQ2 was created in direct relation to this aim through investigating the impact of leadership and teamwork.

II.   *How do leadership and teamwork impact nurses' psychosocial work environment?*

Through the research made according to RQ1 and RQ2, areas will be identified where improvements in the psychosocial work environment can be made. Because of this, RQ3 was created with the purpose of summarising the identified negative aspects, which can be considered the most important findings made in the study.

III.   *What areas can be identified where improvements in the psychosocial work environment can be made?*

2 Theoretical Framework

The following chapter presents the findings of the literature research in the study. In more detail, the theoretical framework describes and categorise the psychosocial work environment. Each category has been divided into subcategories to create a wider knowledge base in order to support the study.

2.1 The Professional Organisation

According to Mintzberg (1979), an organisation can be bureaucratic - the organisation's operating work is "stable, leading to predetermined or predictable, in effect, standardised behaviour" but at the same time also be complex and thereby the operating work needs to be controlled directly by the workers who do it. Thus, the organisation looks at the one coordinating mechanism that can make it possible to decentralise and standardise at the same time, which is the standardisation of skills (ibid.). This type of structural configuration is, according to Mintzberg (1979), a professional bureaucracy or a professional organisation. Mintzberg (1979) also suggests that a professional organisation is commonly found at, for example, schools, hospitals and universities. All of these organisations rely on the knowledge and skills of their "operating professionals" in order to function (ibid.).

The professional organisation relies for "coordination on the standardisation of skills and its associated design parameter, training and indoctrination" (Mintzberg, 1979). This type of organisation recruit indoctrinated and highly trained specialists in order for them to handle the operating core (ibid.). The workers also get considerable control over their own operations. By control over their own operations means that the workers can manage their own operations relatively independent in relation to their colleagues, however, close to the clients (ibid.). For example, many doctors manage their own patients. In addition, a professional organisation uses standardisation of knowledge and skills, i.e. what the workers expect from their colleagues, to coordinate between the different operating professionals (ibid.). For example, during a surgery very little needs to be said between the participants since everyone knows what to do (ibid.).

Lastly, Mintzberg (1979) suggests that an organisation can be divided into five dimensions:

1) *The strategic apex*
   This is the top-management and its support staff.

2) *The operative core*
   This is the workers who are performing the work.

3) *The middle-line*
   This is the lower- and middle-level management.

4) *The technostructure*
   This is the analysts such as planners and personal manager.

5) *The support staffs*
   This is the staff that provides the organisation with indirect services.

2.2 Psychosocial Work Environment

According to Arbetsgivarverket (2019), when thinking about the work environment, people often think about the physical work environment. Arbetsgivarverket (2019) states that the physical work environment consists of desks, chairs, computers, temperature, space, ventilation and noise. However, another important aspect of the work environment is the psychosocial work environment. This aspect consists of how the employees thrive with their colleagues, how meaningful they think their work and work tasks are, how substantial their impact is over their situation and which possibilities the employees have to develop (ibid.).

2.2.1 Rubenowitz's Job Satisfaction Model

A positive psychosocial work environment is a key way to reduce stress from the employees and reduce absence (Rubenowitz, 2004). There are many factors affecting the psychosocial health of the employees at a workplace, but there are five key factors according to Rubenowitz (2004) that are the main influencers of how the psychosocial work environment is perceived (ibid.), which are listed below.

● *Stimulation from the work itself*
   The work should provide employees with the opportunity to use their knowledge and skills.

● *Autonomy*
   The employee should within certain limits be able to autonomously set the pace of their work and make decisions on how to perform their own work.

● *Positive leadership climate*
   Good collaboration and communication between superiors and subordinates in the workplace should present.

● *Good sense of community*
   There should be good possibilities for comfort and good connections between co-workers.

● *Optimal workload*
   The workload should be optimal both physically and psychically.

In many cases, leaders are not aware of these connections to psychosocial health (Rubenowitz, 2004). It is also common that leaders do not take into consideration that it is not these factors on their own that are relevant to the psychosocial work environment, but rather how they are perceived by the employees (ibid.). According to Rubenowitz (2004), the most common effects from this kind of neglect include low motivation and productivity, psychosomatic issues, both short- and long-term absence and an increased desire for employees to leave their workplace. Therefore, the negative effects are both on a personal level as well as for the company (ibid.).

2.2.2. Self-Determination Theory

Self-Determination Theory, hereinafter SDT, is an approach to motivational theory that highlights intrinsic measures for motivation and personal development (Deci & Ryan, 2000a). The purpose of the theory is to investigate people's internal psychological needs and the conditions that create self-motivation and personal development, and according to this theory, there are three basic psychological needs that are essential for this - competence, autonomy and relatedness (ibid.).

- *Competence*
  Seek to control the outcome and experience comprehensive knowledge and skill.

- *Autonomy*
  To be in control of own behaviours and goals.

- *Relatedness*
  Need for social meaningfulness and being attached to other people.

The three needs are necessary to facilitate optimal functioning and to stimulate growth, social development and in turn personal well-being (Deci & Ryan, 2000a).

Figure 1 shows SDT's core elements when they are applied to a work context, illustrating the SDT model of work motivation (Deci, Ryan & Olafsen, 2017). The two independent variables individual difference variables and social context variables. Deci, Ryan and Olafsen (2017) state that "the predominant social context variables are the organizational supports versus thwarts of employees' basic psychological needs for competence, relatedness, and autonomy, and they are viewed as being strongly influenced by managerial styles". Moreover, the satisfaction and the support for all three basic psychological needs are often closely connected since authorities that support the autonomy often are supportive of the other needs as well. It also depends on the fact that when an employee has a feeling of autonomy, they often find themselves their own ways to satisfy the other needs as well (ibid.). Therefore, when an employee feels autonomy they will also often feel more closely connected to the organisation and, hence, feel more effective.

Independent variables → **Mediators** → **Dependent variables**

Workplace context
Need supporting
Need thwarting

Individual differences
Causality orientations
Aspirations and goals

Basic psychological needs

Satisfied vs. frustrated

Autonomy
Competence
Relatedness

Motivations

Autonomous
Intrinsic
Internalized

Autonomy
Introjected
External

Work behaviours
Performance
Intrinsic
Internalized

Health and wellness
Well-being, vitality
Ill-being

*Figure 1. The basic Self-Determination Theory model in the workplace
(Deci, Ryan & Olafsen, 2017).*

Deci, Ryan and Olafsen (2017) suggest that the most individual variables in the SDT theory are the employee's causality orientations, underlying this particular measurement are the three motivational orientations that an employee can feel, see figure 1. According to the authors, these three are: "an autonomy orientation that is proactive and interested, a controlled orientation that is focused on external contingencies to guide behaviours, and an impersonal orientation that lacks intentionality and is concerned with avoiding assessments and failures". In addition, the individual differences in SDT theory can also be measured through intrinsic versus extrinsic goals or aspirations (ibid.). Figure 1 also consists of two types of mediating variables: (1) satisfaction of the three basic psychological needs and (2) autonomous and/or controlled motivation (ibid.). Lastly, figure 1 has two types of dependent variables: well-being/ill-being variables, for example, vitality or job satisfaction, and performance variables, for example, quality or quantity of profitability or performance (ibid.).

2.2.3 Work Stimulation

One aspect of the psychosocial work environment is how the work tasks create possibilities for stimulation and development (Eklöf, 2017). The author states that stimulation is about the work tasks' capacity to give room for learning which makes that work interesting. Eklöf (2017) also states that if the employee is required to use their knowledge and creativity and that the work is alternating the employee can be stimulated by the work.

2.2.3.1 Competence

That the work itself should be stimulating for the employee can be agreed upon through many different theories. Deci and Ryan (2000a) state that the need for feeling competence is connected to a humans' feeling of mastery and being effective. Furthermore, Jungert et al. (2018) suggest

that when employees are allowed to take part in challenging tasks, they get the opportunity to improve their skills. When they are able to adapt to a changing and complicated environment, the employees' need for feeling competence is fulfilled.

Cooke, Fielding and Louis (2016) suggest that competence refers to "being effective within an environment and able to obtain valued outcomes from it". An example is that high perceived competence may only be a feeling that one has that particular skill or access to information and skills (ibid.). On the other hand, the experience of low competence can be not possessing these skills or not knowing where to find help or information on how to solve the task. The authors also suggest that competence can be compared to the concept of perceived self-efficacy. The concept of self-efficacy refers to an individual's belief in their innate ability to achieve goals and is defined as a personal judgment of "how well one can execute courses of action required to deal with prospective situations" (Bandura, 1982).

2.2.3.2 Feedback

According to Deci and Ryan (1985), "intrinsic motivation will be catalysed when individuals are in conditions that conduce toward its expression". In other words, it will thrive if the circumstances are right. The authors also argue that social-contextual events, for example, reward communications and feedback, that lead towards feelings of competence when an action is performed which will enhance intrinsic motivation for this particular action (Deci & Ryan, 2000a). Therefore, freedom from demeaning evaluations, effectance-promoting and optimal challenges will facilitate intrinsic motivation. The authors state that previous studies show that negative performance feedback diminish intrinsic motivation and positive performance feedback will enhance it.

2.2.3.3 Motivation and Satisfaction

Motivation is a key aspect of the psychosocial work environment. There are a number of theories regarding motivation in the workplace, but what they all agree on is that there are two kinds of basic motivation approaches (Deci & Ryan, 2000b). These two are; extrinsic motivation - meaning that motivation comes from external incentives and intrinsic motivation - which stems from the person himself.

Extrinsic Motivation
Extrinsic motivation refers to doing something with an outcome separate from the person. (Deci & Ryan, 2000b). Since the motivation does not come from within, there must be control or threats that ensures that the work is done. Extrinsic motivation also includes physical rewards such as payment or other physical benefits. In a workplace context where managers advocate external motivation theory, there is a high level of control, detailed management and rules are implemented and maintained strictly (ibid.).

Intrinsic Motivation

Intrinsic motivation refers to doing something because the person wants to do it and enjoys it. (Deci & Ryan, 2000b). It is known that most people are able to be creative and solve problems, and because of this, they seek responsibility. Working with intrinsic motivation, it is also believed that physical and mental efforts come naturally and that motivation stems from the drive to achieve self-gratification and self-fulfilment. Leaders who choose to work with intrinsic motivation strategies rather than extrinsic are focusing on creating an environment where workers can grow and become motivated through challenging tasks, responsibility and authority (ibid.).

When the intrinsic motivation is high, the psychological state of the worker will create a feeling of meaningfulness of work, responsibility of outcome and they will understand results. This, in turn, leads to the personal and work outcomes of high satisfaction, high work quality and low absenteeism and turnover (Hackman & Oldham, 1976).

2.2.3.4 Motivation and Payment

The majority of people would not stay at their jobs if the salary payments were stopped (Deci, Ryan & Olafsen, 2017). The authors suggest that it is a very small number of people that think their jobs are important and interesting enough to stay even though they are unpaid. Therefore, incentives and rewards need to be considered when investigating the motivation at the workplace (ibid.). According to the authors, there are findings regarding how rewards affect intrinsic motivation. One of the studies on how rewards affect motivation showed that tangible rewards undermine intrinsic motivation and that verbal rewards and positive feedback enhance intrinsic motivation (ibid.). Moreover, if the tangible reward is not directly connected to the person actually doing the task, tangible rewards will not undermine the intrinsic motivation (ibid.). The authors interpreted these findings in terms of if the functional importance of the rewards was controlling or informational. When someone interprets a reward as informational the person will convey positive competence information, hence, enhance the receiver's intrinsic motivation and fulfil the basic psychological needs for competence. The authors suggest that verbal rewards often have this functional significance. In comparison, when someone instead interprets a reward as controlling, this person will feel pressured to behave, feel and think in a particular way, thus, these types of rewards will defeat people's needs for autonomy and, therefore, undermine intrinsic motivation (ibid.). According to the authors, it is common that tangible rewards have this functional significance.

Contingent rewards can be divided into three types: (1) performance-contingent, which means getting a reward due to reaching some set goals for a task; (2) completion-contingent, which means getting a reward due to for each completed task; and (3) engagement-contingent, which means getting a reward for just working on the task (Deci, Ryan & Olafsen, 2017). The authors state that all of these types often significantly decrease intrinsic motivation, even though performance-contingent has a slightly smaller effect in comparison with the two others. However, performance-

contingent is still perceived as controlling since the persons have to do very well in order to receive the reward and it is also informational since getting the reward will confirm the receiver's competence (ibid.). According to the authors, "on average, the controlling aspect was stronger, so that, although the informational functional significance offset some of the controlling functional significance of the rewards, the controlling aspect was still strong enough to significantly decrease intrinsic motivation".

Deci, Ryan and Olafsen, (2017) also state that although people appreciate receiving rewards, in the most cases rewards will decrease the intrinsic motivation since when rewards are made contingent, it will become obvious that the person giving the reward controls the receiver's behaviour (ibid.). According to the authors, at a company, it is often the supervisor whom the employees feel is doing the controlling. If the company decides to use controlling rewards, it may diminish the employees' autonomy and make them focus more on the parts of their job that is closest connected to the rewards (ibid.). Hence, the employees will have less focus on the part of their jobs that are not connected to the rewards, for example, organisational citizenship behaviours, team contribution and knowledge sharing which still are important for the success of the company (ibid.). When some tasks are being rewarded the other tasks are experienced as less important since no rewards are connected to them (ibid.). Therefore, the employees will try to avoid performing these tasks since they are seen as devalued (ibid.). To conclude, incentives can affect employees' responsibilities and autonomy in unexpected and unintended ways.

2.2.4 Autonomy

According to Merriam-Webster (n.d.), the word autonomy can be defined as "self-directing freedom and especially moral independence". Furthermore, the need for autonomy can be defined as "individuals desire to behave in line with their own interest, to make their own choices, to express their feelings freely and to initiate their own action" (Jungert et al., 2018). The authors enhance the fact that the need for autonomy is about volition and it is not the same as independence. Employees that are independent are not influenced by their managers, team-leaders or their colleagues, thus, they stay with their own agenda (ibid.). However, the employees that have fulfilled their need for autonomy may voluntary follow others instruction as long they have a feeling of psychological freedom.

There are three factors that affect a person's feeling of autonomy (Deci & Gagné, 2005). The first one is "a meaningful rationale for doing the task", the second one is "an acknowledgement that people might not find the activity interesting" and the third and last one is "an emphasis on choice rather than control". The authors state that these three aspects will lead to a greater internationalisation, determined by both the people's attitudes toward the task and by the amount of time they spent on that task.

Deci and Gagné (2005) state that "autonomy support is the most important social-contextual factor for predicting identification and integration, and thus autonomous behaviour". The authors also suggest that previous studies have shown that autonomy-supportive interpersonal environment enhances integration and internationalisation of extrinsic motivation, hence, create a positive outcome. Furthermore, this will require abiding inner resources or immediate contextual supports for autonomy which often are the result of the prior development supports that comes with perceived competence and autonomy (Deci & Ryan, 2000a).

An example of the importance of autonomy can be seen in the experiment done by Black and Deci (2000). This study showed that if the teacher of an organic chemistry course at a university supported the autonomy of their students, the students had increased autonomous motivation and improved course grades after controlling their test scores. Deci and Black (2000) also state that these findings were particularly strong for students that had a low level of autonomous motivation in the beginning. Moreover, studies have shown that teachers that support autonomy will get students that are more intrinsic motivated, more curious and appreciates challenges and teachers that have a more controlling approach will instead get students that learn less effectively, and they lost their initiative (ibid.).

The feeling of competence will not on its own enhance intrinsic motivation, it needs to be combined with a feeling of autonomy (Deci & Ryan, 2000a). Hence, it is suggested that humans need to feel both competent and efficient they, but they also need to feel that their behaviour is self-determined in order for intrinsic motivation to occur.

2.2.5 Relatedness

Another important factor is relatedness (Deci & Ryan, 2000a) or according to Rubenowitz (2004) *a good sense of community*. Cooke, Fielding and Louis (2016) state that relatedness stands for the level of connectedness to others. This need is based on the human's wish for having positive alliances and caring bonds with others (Jungert et al., 2018). The authors suggest that the need for relatedness also refers to people's need to be cared for and care for others but also the need to feel connected to others. Furthermore, this need can be fulfilled through enjoyable interactions to managers, team-leaders and colleagues (ibid.).

Pavey, Greitemeyer and Sparks (2011) state that the need for relatedness is especially important to motivate people to do things voluntary since the work can increase this sense of connectedness to other people. Furthermore, the authors suggest that the fulfilment of the relatedness need is more important than autonomy and competence in order for people to do an action of kindness toward others. Moreover, when one need is fulfilled it may create further engagement to the experience that satisfied that particular need (ibid.). Previous studies have shown that when the need for relatedness is fulfilled it will lead to an increased valuing of the relatedness experience. Thus, if

people are given a possibility to feel that their need for relatedness is fulfilled it may encourage them to further engagement in this particular action (ibid.).

Studies of mothers and their infants have shown that both maternal autonomy support and security creates a more exploratory behaviour of the infants (Deci & Ryan, 2000a). According to the hypothesis of Deci & Ryan (2000a), similar dynamics can be seen in interpersonal setting over a whole life, with intrinsic motivation which is more likely to thrive in a context that is characterised by a feeling of relatedness and security. An example of this is the study done by Anderson, Manoogian and Reznick (1976) that showed that when children do a task in the presence of a stranger that ignores them and which not respond to their initiations the children showed a low level of intrinsic motivation even though it was an interesting task. In comparison, Ryan and Grolnick (1986) did a study that showed that students who think that their teacher was uncaring and cold also have a lower level of intrinsic motivation. However, intrinsic motivation can also be performed in isolation which suggests that relational supports may not always be necessary to reach intrinsic motivation. Nevertheless, a safe relational base is important to reach intrinsic motivation.

2.2.5.1 Companionship at Work

Previously, good leadership has been presented as one key aspect to reach a healthy psychosocial work environment, however, it cannot be any good leadership if there is no developed companionship both between the co-workers and between the managers and co-workers (Institutet för Stressmedicin ISM, 2017). Leadership and companionship are directly connected to each other, it is not possible to develop "the good leadership" without developing "the good companionship" and vice versa (ibid.).

The concept of companionship has many different meanings and the concept has developed over time (Institutet för Stressmedicin ISM, 2017). Nevertheless, the basic concept of companionship is built on the fact that the employees shall have an active and responsible role, where they have the opportunity for learning and development, community and cooperation, as well as challenge and support (ibid.). Companionship evolves easily if there are trust, security, stability, clear goals, appreciation and good leadership. To develop companionship is a long-term and active process (ibid.). In addition, to be able to develop companionship an organisation needs to have good pre-conditions in following areas: trust and openness, community and collaboration, engagement and meaningfulness and at last the ability to take responsibility and new initiative (ibid.).

Trust and openness take time to build up and it must be a continuous process (Institutet för Stressmedicin ISM, 2017). Furthermore, in order to create a foundation that trust, and openness can grow on it is crucial to have good communication, both between employee to employee and between and managers and employees (ibid.). Good dialogue is characterised by employees and managers that openly present what they think, that people listen to each other and that a deeper

understanding emerges from this (ibid.). However, collaboration and a feeling of community will not be established just by itself. A group consists of the relationships that grow in the group (ibid.).

When organisational changes are done, it is very common to forget the value of a good function collaboration (Institutet för Stressmedicin ISM, 2017). Building relationship needs to take both time and resources. This growth can be stimulated by social activities, for example, once in a while do activities together which can create a better atmosphere among colleagues and collaboration. Nevertheless, it is important to remember that the meeting between people every day, for example, coffee breaks is crucial (ibid.).

In the healthcare sector the personal engagement and the feeling of importance are often very strong (Institutet för Stressmedicin ISM, 2017). However, Institutet för Stressmedicin ISM (2017) states that it should not be the individual's responsibility to take care of this. The organisation, VGR, themselves believes they need to develop and establish incitements and reward systems that will encourage these values (ibid.). Moreover, to take part in the work to establish visions for their own workplace or organisation, VGR, also wants to cement the feeling of engagement and the feeling of a purpose. Responsibility and the initiative-ability will be stimulated by mutual commitment (ibid.).

2.2.6 Workload and Content

Rubenowitz (2004) states that an optimal workload, both physically and psychologically, is of high importance in order to create a satisfying work environment. According to Nylén (2017), the quantitative requirements decide if an individual is working under time pressure or if the workload is too high. Previous studies have shown that a high workload is an aspect that will result in lower work satisfaction for nurses (Institutet för Stressmedicin ISM, 2019). Furthermore, it is also common for nurses to feel high time pressure which results in a feeling of not taking care of the patients in a proper way (ibid.).

According to the law AFS 2015:4, 9§:
The employer shall make sure that the job assignments and authorisation that have been assigned the employee shall not create an unhealthy workload. This means that the resources shall be adapted towards the requirements of the work.

Arbetsmiljöverket (2016) states that the preconditions for a work, consisting of requirements and resources, will decide the workload, however, it will also decide if the work can be carried out in an expected manner. When there are not enough resources for the expected work it will create an unbalance in comparison with the existing requirements (ibid.). It is important that the employer is observant of unbalances like this, in order to avoid them in the future and make sure that it will not be of long duration, thus, create an unhealthy workload and by that an unhealthy psychosocial work environment (ibid.).

2.2.6.1 Requirements and Resources

In order to fully understand what unhealthy workload is, it is important to understand the concepts of requirements and resources (Arbetsmiljöverket, 2016). Performing a work task implies several different requirements (Hultberg, et al. 2018). The authors state that requirements include how physically, and mentally stressful work is, and it includes: workload, human resources, time pressure, emotional involvement and whether there are conflicts at the workplace. Requirements can also be described as "how hard an employee work", for example, how many patients the nurse has helped during a time unit (Hultberg et al., 2018). Furthermore, requirements can also include concentration, unclarity in work-roles, attention and emotional engagement (ibid.). Psychological requirements are often used as a definition for the psychological burden of work and may include time pressure but also how intensive a person is expected to work (ibid.).

In healthcare, there are requirements regarding what to do, for example, what care a patient should have, what products to manufacture etc. (Arbetsmiljöverket, 2016). There are also requirements regarding how much should be done, quantity, and how good it should be, quality (ibid.). There are also time frames regarding when something should be done and when it should be finished. In addition, some requirements are connected to the physical work environment, for example, the temperature, the air quality and the spot where the work tasks are performed (ibid.). Other types of requirements are connected to the employees' mental capacity, for example, their ability to have control over many things at the same time, solve unexpected problems and learn new things. Furthermore, the social work environment can also be connected to requirements, for example, if there are conflicts or if collaboration and support are inadequate (ibid.). If the work is performed in connection or for other people, for example, nursing care or teaching, it will create demands on social ability and compliance (ibid). In many cases, the emotional expressions are of high importance since it can be essential for the employees to smile and have patience with, for example, the patients (ibid.).

An important question is if there are contradictory requirements and who stands for them (Arbetsmiljöverket, 2016). An example is that nurses have requirements for giving the best care they can to the patient. However, there are also requirements for restricting the time for every patient (ibid.). Who has determined the requirements and are they reasonable - responsible nurse, patient or the relatives? Who has set the time frames for every patient - responsible care planner, supervisor or assistant nurse herself or himself? In general, there are several different unclarities regarding what to do, how shall it be done and by who, and these unclarities that need to be solved, which is a requirement in itself. Unclarities can also affect the psychosocial work environment and, for example, create conflicts regarding who shall do what and how (ibid.).

There is a need for resources at a workplace to balance up the requirements of a work task (Arbetsmiljöverket, 2016). The right resources can contribute by handling the requirements and reach the set goals. According to Hultberg et al. (2018), examples of resources are feedback from

the leader, control of the work, possibilities for support by the organisation and influence. Furthermore, resources can also consist of tools and techniques which are needed to perform the work tasks (Arbetsmiljöverket, 2016). It can be special work methods and special ways to carry out the work. Other types of resources are staffing, competence, acting space, enough time, feedback and decision needed to be able to perform the set work tasks (ibid.). The possibility to discuss problems and difficulties at work is also a resource. In a nursing context, resources can, for example, be help from colleagues to carry a patient, clear instructions, work methods or pieces of advice (ibid.).

The possibility for recovery is also an important resource which is connected to the workload (Arbetsmiljöverket, 2016). It is in general possible to cope with a high workload if there is a possibility for recovery and if the high points of the workload are not close in time. Arbetsmiljöverket (2016) states that it is important to recognise that work tasks may feel so important, interesting or stimulating for the employees that they do not take their breaks and pauses or forget about them. If there is a long-term of imbalance between a high workload and recovery it can create chronic stress for the employee which can result in ill-health at the end (Hultberg et al., 2018). In addition, also a short-term imbalance can create negative consequences such as increased fatigue, which can increase the risk of accidents and errors and mistakes in work and impair cognitive performance (ibid.). For example, it becomes more difficult to make decisions and solve problems if you are tired (ibid.).

2.2.6.2 Unhealthy Workload

Unhealthy workload occurs when the requirements of the work become superior to the resources (Arbetsmiljöverket, 2016). This imbalance becomes unhealthy if it occurs over a long period of time and if the possibility for recovery is not enough. The employer can solve this imbalance by lowering the requirements or add more resources (ibid.). However, if the imbalance remains it is not unusual that the employees try to compensate for the unhealthy workload by working even harder and longer which creates a higher risk for employees becoming burnt-out or injured (ibid.). Moreover, the employer needs to get information regarding the working conditions and workload and with that knowledge to create reasonable preconditions. This can be done be continuously investigating och check with the employees how they are coping with the workload. It is important that the employees have an active role and reports when the conditions are not right (ibid.).

Institutet för Stressmedicin ISM (2019) suggest that the following aspects are signs for an unhealthy workload which the employer shall look out for:

- Low quality or late delivery of work result.
- Conflicts, difficulties with collaboration and insults.
- Absence to illness, high staff turnover.
- Work incidents.

- Overtime work, skipping lunches and breaks.
- Pain, insomnia/sleeping difficulties, stomach ache.
- Lack of motivation, depression, irritation.
- Reduces concentration ability, forgetfulness, harder to get started, take initiative, make decisions.

2.2.6.3 Work Content

According to the law AFS 2015:4,10 §:
The employer shall make sure that the employees know:
1. *What work tasks they shall perform.*
2. *What results they shall reach with their work.*
3. *If there are any special ways to perform the work tasks and if yes, how they shall be performed.*
4. *What work tasks shall be prioritised if there is not enough time to do them all.*
5. *Whom they can turn to get help and support to perform their work tasks.*

The employer shall also make sure that the employees know what authorisation they have according to paragraphs 1-5.

One arrangement that can be performed in order to create a balance between requirements and resources is to clarify the work content (Hultberg et al., 2018). It is common that the closest chief or team leader has a dialogue with the employee to clarify the work content (ibid.). Work content consists of what tasks to perform, expected outcome and operation/work mode (Arbetsmiljöverket, 2016; Hultberg et al., 2018). The content also consists of which prioritising shall be done and whom the employee can turn to get help and support (Arbetsmiljöverket, 2016). Likewise, the employee shall know what they have right to decide by themselves. It is common that the manager or team leader in a dialogue with the employees clarifies all parts of the work content (ibid.). In addition, it is eager that the employer make sure that the employees are able to alert the organisation regarding eventual unclarities. This can be done with, for example, regular meetings (ibid.).

If the employer and the employees perceive the work content differently it can create multiple negative consequences regarding the psychosocial work environment (Arbetsmiljöverket, 2016). Primarily the employer risks losing control over the actual work that is performed and, hence, risks losing control over risks in the work environment. It can also result in a need for employees to repeatedly solve unclarities which in itself can result in an unhealthy work environment (ibid.). Another consequence can be that unclarities can create problems with collaboration and conflicts. Therefore, it is important to make sure that there is room for continuous conversations and clarifications (ibid.).

In order to avoid stress when the time is scarce and the workload is high, it is important that the employees know which work tasks to prioritise (Arbetsmiljöverket, 2016; Hultberg et al., 2018). At many occupations, there is often the employees that notice that the time is scarce, and that prioritising is needed (Arbetsmiljöverket, 2016). Thus, it must on beforehand be clear if the manager or team leader shall be contacted, what resources can be reached, or if the employees have the authority to make their own prioritising (ibid.). The employer may have to decide of scarcity of time is a persistent problem which in the long-run can create an unhealthy work environment, increased risks for accidents or offensive special treatments (ibid.).

Help and support at work can consist of, for example, help with actual work tasks, or with decision making and feedback (Arbetsmiljöverket, 2016; Hultberg et al., 2018). The employer needs to clarify who shall help and support each other, this can be just one person or more (Arbetsmiljöverket, 2018). However, it needs to be carefully decided in order to avoid increased workload or risks. Sometimes the team can decide on their own how they shall help and support each other and in other cases, the employer needs to take that decision (Ibid.). It is important that the employer is aware of the working conditions and the social environment to make sure that no difficulties with collaboration or conflicts occur (ibid.).

Arbetsmiljöverket (2016) states that there is no need to have a written copy of the work content. Nevertheless, it can be practical to have it and it will help the memory and avoid conflicts regarding what has previously been said (ibid.). Written copies can particularly be beneficial if the employees have a difficult time reaching the managers or team leaders or since people have different possibilities to absorb information (ibid.).

2.2.7 Leadership and Teamwork

The human is a social individual, thus, spending time working in an environment imprinted by poor or less good relations is stressful (Eklöf, 2017). Relationships and teamwork that are satisfactory are necessary in order to work and to handle all requirements that come with a job (ibid.)

2.2.7.1 Leadership

According to Avolio and Bass (1997), leadership can be described as one of the oldest preoccupations. Nevertheless, it is not possible to find a mutual definition of leadership. Stogdill (1974) states that "there are almost as many different definitions of leadership as there are persons who have attempted to define the concept". One of the most basic definitions of leadership types comes from McGregor (1987) and his motivation theories - Theory X and Theory Y. Theory X refers to the theory that people do not want to work and avoids it as much as possible (Börnfelt, 2009). In this theory, it is believed that people mainly want security with as little responsibility as possible and that they want to be controlled in the workplace (ibid.). Theory Y, on the other hand,

focuses on internal motivation and that people's driving force comes from self-gratification and self-fulfilment and that they want to work (ibid.).

Two common leadership theories developed by Burns (1978) are (1) transformational leadership and (2) transactional leadership, which stem from Theory X and Theory Y, respectively. Transactional leadership can be described as a relationship or a contract between a follower and a leader, where rewards and punishments are used by the leader as a fall-out of the transaction (Burns, 1978; Bass 1985). Another definition is presented by Epitropaki and Martin (2013) who state that in transactional leadership employees and managers meet to exchange value by setting clear expectations and roles. Both managers and employees are rewarded based on desired performance and contributions (ibid.). Furthermore, Bass (1985) on the other hand define transactional leadership as "behaviour based on punishment and reward". Transactional leadership is established on maintenance and marginal improvement of the performance quality on a bargain or exchange relationship (ibid.).

The other leadership theory developed by Burns (1978) is transformational leadership which is based on the leaders having confidence and trust in their followers (Bass, 1985). The aim is to "transform" the employees in order to create a supporting and encouraging organisation where the employees help and look out for each other. Transformational leaders are imbued with a heightened awareness of goals and exciting aspiration, (Avolio, Bass, & Jung, 1999). According to Burns (1978), transformational leadership can be seen as a process where "leaders and followers help each other to advance to a higher level of morale and motivation".

According to Eklöf (2017), leaders have an important role in the psychosocial work environment. This occurs since the leaders handle questions such as requirements, resources, conflicts, organisational justice, employment security. Eklöf (2017) believes that this complicated balancing is one reason why leaders often experience a stressful work environment. Furthermore, an absent leader may not only depend on the leader's personality, rather than the leaders have a lot to do, for example, meetings and handling bureaucratic requirements. Therefore, the leaders do not have enough time to be present at the organisation they attend to lead (ibid.).

Relationship - Transactional
Deichmann and Stam (2015) state that transactional leaders perform better when the conditions are certain, stable, it is a routine task and it is a less dynamic context. The leaders try to instead of inducing change, envisioning continuous innovations and try out new solutions seek stability, consistency, steadiness and status quo (ibid.). Transactional leaders develop an understanding with their employees based on a mutual exchange: where the fulfilment of goals and good deeds is rewarded and the opposite, inability to achieve goals and bad deeds are punished (ibid.). In addition, transactional leaders also reward performance which is according to the previously

communicated and set goals and the employees are extrinsically motivated to perform better (ibid.).

Transactional leadership is a style of leadership which does not take emotional and social needs into consideration, thus, not either these aspects ability to motivate (Deci & Gagné, 2005). Furthermore, transactional leaders are considered to provide a well-detailed chain of instructions (Burns, 1978; Hooper & Bono, 2012). These leaders tend to monitor their followers' work to make sure that they fulfil the set goals and expectations. Moreover, transactional leaders spend very little or more likely no time on developing their followers' abilities and talents or attending their needs. Transactional leadership will result in increased compliance, supported mutual dependence and reward contributions since transactional leaders set goals with an emphasis on clear task requirements, roles, and expectations (Deichmann & Stam, 2015).

Relationship - Transformational
A building stone in the theory of transformational leadership is the foundation of the alignment of the company's members' interests with the company itself (Bass, 1985). The transformational leaders try to fulfil this foundation by motivating and inspire their followers to reach the set goals and expectations. According to Bass (1985), transformational leaders arouse loyalty, respect, and trust from their followers. Furthermore, transformational leaders attempt to fulfil their followers need, embolden their participation in decision making and their leadership skill development (Bass, 1985; Bass & Avolio, 1995, 2004; Bass & Riggio, 2006). Additionally, alignment and articulation of the employees' personal value systems with the organisation's interests can also increase the employees' commitment and understanding towards the realisation of such wanted collective performance and values expectations (Boehm et al., 2015).

Previous studies have shown that teams with a transformational leader will have a higher level of satisfaction and job performance in comparison with those teams piloted by other styles of leadership (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). Additionally, regarding morale, motivation and the performance of the employees, transformational leadership is considered to have a positive effect on these aspects since it enhances them (Testani & Ramakrihnan, 2011). Afsar, Badir, Saeed and Hafeez (2017) also suggest that transformational leaders change existing systems, find new ways to handle problems and exhibit excitement and optimism which will heighten the employees' level of motivation.

Risk-taking behaviours of employees are facilitated by transformational leaders since the leaders want the employees to try new ways of working, change the set systems and processes to create better long-term benefits and in order to exploit opportunities effectively (Pearce & Sims, 2002). In addition, transformational leaders want to help the employees to strive for challenging and difficult goals by changing the employees' propensity for creative perspectives (Whittington, Goodwin & Murray, 2004). The individualised support towards the employees helps them become

more proactive. Thus, find new opportunities and a higher focus towards important organisational processes and issues which can lead to value improvement and goal alignment instead of random irrational theories (ibid.). Transformational leaders can help with balancing opportunity exploitation with short-term goals and at the same time motivate the employees to take chances related to trying new processes (ibid.).

Communication and Control - Transactional
According to Neufeld et al. (2010), a transactional leader's purpose when communicating is to establish a performance evaluation criterion, evaluating and negotiating explicit and implicit contracts and resolving differences in understanding. Therefore, the authors state that a transactional leader aims to reduce uncertainty and equivocality and in order to increase communication effectiveness. However, if the transactional leader is a distant leader it can lead to larger difficulties in reaching a high level of communication effectiveness (ibid.). The authors enhance the fact that distant leaders need to rely on explicit communication, whereas a more present leader more easily catches the employees' ideas. Furthermore, it is common that leaders and employees are communicating through different information and communication technologies, ICT, such as e-mails (ibid.). However, these technologies are not always beneficial since it reduces, for example, the possibility to interact (ibid.). Thus, a distant leader needs to make an extra effort in explicating and converting what instead could easily be shared through social presence (ibid.).

A transactional leader is focusing on both directive and reactive and create standardised practices to establish organisational stability. These leaders are also focusing on creating a workplace that is running efficiently and smoothly every day (Bass, 1985; Burns, 1978). Eagly, Johannesen-Schmidt, & van Engen, (2003) suggest that transactional leaders are less likely to promote or even accept organisational change, innovation or ideas that will disrupt the workflow. This type of leader will not encourage their followers to creative thinking or innovation in order to solve organisational problems or find new solutions (ibid.).

Öncer (2013) suggests that there is no relation between risk-taking, innovativeness, and transactional leadership. According to Afsar, Badir, Saeed, and Hafeez (2017), the difference can be a result of organisational culture, power distance, and the individuals' psychological empowerment perceptions. Moreover, Si and Wei (2012) suggest that the managers transact and monitor the employees through management-by-expectation and bilateral disclosures. The authors also suggest that leaders avoid challenging the status quo, avert risks, concentrating on operational effectiveness and efficiency, operating within set boundaries, prefer time constraints, and keep control through a mutual "exchange value systems of performance against expectations". Additionally, Si and Wei (2012) state that in an intensive knowledge context, this can hinder the motivation of the employees to create and implement new solutions and taking risks.

The followers of transactional leadership aim to conformance and try to do the exact thing the leaders tell them instead of exploiting and exploring new opportunities (Boerner, Eisenbeiss, & Griesser, 2007). A transactional leader preserves stability within the organisation by monitor the performance of the employees and checks for errors, mistakes, and any deviances. Thus, employees with a transactional leader can be considered as bureaucratic and inflexible (ibid.). Moreover, transactional leaders are mostly concerned with the efficiency of processes and operational effectiveness within the existing systems' boundaries (Jung, 2001). Hence, employees with a transactional leader will only aim to reach the set level of performance since it is what the punishment and rewards will be judged on. As a consequence, the employees will feel that finding new ways of doing things and improving the set activities is the leaders' responsibility (Deci & Gagné, 2005). In this type of controlled and structured environment, the employees' creative abilities will stall, and they will not be motivated to help with the continuous improvement (ibid.).

Communication and Control - Transformational
Deci, Ryan and Olafsen (2017) state that a transformational leader has transformative ideas that will "rise above what others are thinking, along with the enthusiasm to communicate the ideas and to support employees in ways that will vitalise them and instil a sense of meaning associated with the transformative ideas". The leader will reach this through individualised consideration which is likely to support the three basic psychological needs relatedness, autonomy and competence (ibid.). Moreover, in order for the leader to support these basic needs the leader needs to acknowledge the employees' ideas in discussions, provide a choice regarding how to perform the ideas and refraining from pressuring language and behaviours (ibid.).

An effective transformational leader often tries to create a carefully presented message and they are open for their employees' input (Neufeld et al., 2010). Furthermore, the leader also tries to communicate candidly and aim for appealing the employees' aspirations in order to get the employees commitment and trust (ibid.). Lastly, it is also common that leaders exercise their influence in order to inspire and motivate their employees so as to tie them to a shared understanding (ibid.).

According to Wang, Tsui and Xin (2011), transformational leadership is better than transactional leadership on predicting better contextual performance, i.e. the organisational citizenship behaviour that will describe the performance above and beyond what is defined on beforehand as the job requirement. Moreover, previous research shows that transformational leaders are, in comparison with transactional leaders, more effective in increasing their employees' innovative work and discretionary behaviour (Wang et al., 2011)

Brown (1994) states that transformational leaders are acceptant and understand the need for continuous improvement. The author also suggests that these leaders are understanding and accepting the risks since they are related to the accomplishment of the organisation's goals. Boehm

et al. (2015) also suggest that these leaders want to delegate authority to their employees in order to develop them. Moreover, transformational leaders embolden a collective team environment and want to challenge their team members to own their work (Bass, 1985; Bass & Riggio, 2006).

The followers of a transformational leader often show a wish to take part in creative endeavours when they get a feeling of non-controlling and supportive work environment where organisational and personnel changes and transformations are promoted (Bass & Riggio, 2006; Jung, Wu & Chow, 2008).

2.2.7.2 Teamwork

Eklöf (2017) state that teamwork can be defined in two different ways: structural - something that can be found in an organisational schedule and psychological - a group of people that is well developed in a group psychological perspective. Furthermore, good teamwork can be defined from seven group traits (ibid.):

1) Practical possibilities; time and space for teamwork.
2) Regular contact within the team.
3) The team can tolerate and handle differences; therefore, the individual can arise, and the team's collected resources are made available.
4) Sharing of ideas and thoughts, this type of behaviour is considered to be safe and familiar within the team.
5) Creative thinking is encouraged within the team.
6) The team members have the same and inspiring goals.
7) The team members have the same orientation towards good performance and quality.

Teamwork will not arise by itself just because people are organised in groups and the groups are called "teams" (Eklöf, 2017). The author states that investment in external resources, for example, time and possibilities to meet and develop teamwork and investment in development and maintenance are also needed in order to develop good teamwork. Development and maintenance are needed since stress by work will reduce the possibilities towards good teamwork and increases the risk for communication problems, intellective disability, negative emotionality and suspiciousness (ibid.). At the same time, teamwork is needed in order for colleagues to help each other with the negative psychosocial and social effects caused by stress (ibid.).

2.2.8 Analysis Model

The analysis model consists of five areas in which the psychosocial work environment can be categorised into, see figure 2. It can be used to analyse the psychosocial work environment in relation to these five areas.
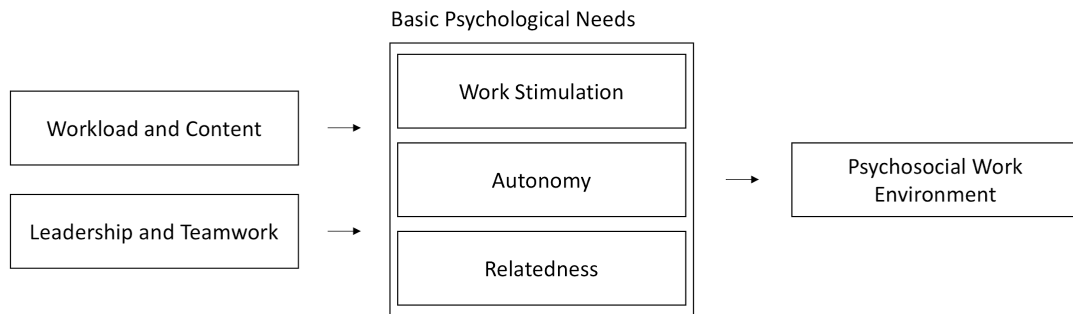
Basic Psychological Needs

Work Stimulation

Workload and Content

Autonomy

Psychosocial Work Environment

Leadership and Teamwork

Relatedness

Figure 2. The Analysis Model

3 Methodology

In the following chapter, the project's methodology will be presented. The chapter consists of an explanation of the research strategy along with a description of the data collection and how the data was analysed.

3.1 Research Strategy

A qualitative research approach was used for this study. In comparison with a quantitative research approach that focuses on measurements and numbers, a qualitative strategy emphasises on the actual words in the collection of data and in the data analysis (Bryman & Bell, 2015). The choice to use a qualitative research approach is due to this fact because the study aims at investigating the nurses' perceptions of their work environment rather than quantitative measurables. According to Jemielniak and Ciesielska (2018), qualitative studies can be considered to be beneficial when they are applied in a knowledge-intensive situation. This occurs since this type of strategy allows for both a detailed and a wide result (ibid.). For this study, the choice was made to start with a wide scope, i.e. an open-ended start, and when more data is collected the scope was narrowed down to a more detailed level, as to not miss any crucial findings.

The choice was made to use a case study research design as this is the most common methodology when following a qualitative research strategy (Denscombe, 2014). This is well suitable in this context as a case study is good to understand complicated relationships between different factors to work together in specific settings. Moreover, a case study will not provide a width rather a depth and processes and relationships rather than a specific outcome (ibid.). Denscombe (2014) describes a case study as an approach that is suitable to use to reach a deeper understanding of a specific situation and also to compare factor behaviour in various social settings. Additionally, the goal with case studies is to in relation to a theoretical analysis competently investigate a case (Bryman & Bell, 2015). Nevertheless, it shall be questioned if the case study's findings will create new theory instead of generalising the findings to a larger extent. To conclude, the previously presented characteristics are the reasons why this study will be performed with a qualitative research approach and by a case study.

3.2 Literature Study

To create a deeper understanding of the topic, a literature review was conducted. The literature review was performed throughout the study as the scope changed direction but the overall focus on the literature review was at the beginning of the study. A vast part of the literature was collected from the internet on relevant topics. Previous studies of the psychosocial work environment and different leadership theories inspired these searches. A substantial focus was given to literature on SDT theory and Rubenowitz studies on psychosocial health in the workplace. Most of the articles on SDT theory were collected through the official website of the SDT organisation. The other

articles were found through the Scopus database, Google Scholar and Chalmers's online library. Some of the literature used was also collected through previous course literature, for example in courses in work organisation. Some word of advice regarding interesting and relevant literature was also given by the supervisor at Chalmers and literature was collected from a local library. Literature in both Swedish and English was used as most of the physical books that were used, for example, the course literature, was written in Swedish and the articles collected were searched for using English keywords.

3.3 Data Collection

The data collection was performed through a survey and interviews. In the following section, these will be explained on a more detailed level.

3.3.1 Survey

A part of the data collection is based on survey answers from nurses that have previously left SU. When an employee decides to leave SU they have to fill in a survey and answer questions regarding why they leave etc. Thus, these answers were reviewed, and aspects were identified regarding the psychosocial work environment in order to, later on, find improvement options. However, with the survey answers, it could be established that the answers were not enough to draw any conclusions regarding the psychosocial work environment since the answers only give background and not in-depth knowledge. Hence, the survey answers have been used in this study to create a background and a brief understanding of the work environment.

3.3.2 Interviews

In order to gain in-depth knowledge of the psychosocial work environment, a data collection through interviews was conducted. According to Denscombe (2014), data collection through research interviews is a method were the answers of the interviewees to the asked questions is the data source. In addition, research interviews have a focus on self-reports, this means what the interviewee says that they, for example, believe or do (ibid.). In this study, semi-structured interviews were conducted which is the most common type in qualitative studies (Bryman & Bell, 2015). Semi-structured interviews are performed when the interviewer has a set interview guide with issues and questions that are asked, however, the interviewee can answer the given questions and issues in a way decided by the interviewee themselves and they can take own decision regarding what to elaborate etc. (Denscombe, 2014). Furthermore, there is also an opportunity for the interviewer to ask follow-up questions that are based on the interviewee's answers which creates a flexible interview process. It can be discussed if these types of case studies can capture dynamic interactions and illustrate deep nuances (Woodside, 2010). In comparison, close-ended mail survey responses are often more likely to not grasp these aspects.

The data collection started with a meeting with the supervisor as well as a representative from the HR-department to identify what areas were of importance to SU to investigate. After this, data collection in the form of an observation day at SU was performed, in order to get a better overview of the daily work for a nurse. An opportunity was given to follow two different nurses at the department Urologen at SU for two hours, for example, both take part in the round and during the preparation of medicine. It was also given a chance to sit down and talk to several nurses with varying experience about what they think regarding their work tasks and psychosocial work environment. This was very beneficial since it created a better understanding of what to include in the study and the interview questions are based on this together with the literature review.

The aim of this study is to not only investigate one department at SU, rather investigate the hospital environment as a whole. Since this study has limited resources it was not possible to investigate several hospitals or an extensive number of departments. Hence, all nurses interviewed work in the same department to provide in-depth results of a single department rather than brief results from several departments. Furthermore, since the investigated department only consists of two leaders it was decided to also interview additional leaders from different departments in order to increase the anonymity and to reach a wider perspective regarding the pre-conditions for the team-leaders to be good leaders. In total, 10 nurses were interviewed and 7 leaders.

Additionally, the interviews were conducted with one nurse or leader at a time and the whole interview was recorded, after permissions were given from the interviewee. It is beneficial to record an interview and afterwards transcribe it in order to avoid biasing the result which easily happens when notes are taken (Bryman & Bell, 2015). The interviews lasted for approximately 30 minutes with the permission for the interviewees to pause the interview if it was needed. However, no pauses were needed at any interview, however, it was not uncommon that the interviews were interrupted when someone comes looking for the interviewed nurse. It was also aimed for an even distribution of new and more experienced nurses to get a better overview of the psychosocial work environment for all nurses and not only for new respectively more experienced nurses.

3.3.3 Quality of the Data Collection

According to Bryman and Bell (2015), it is important to consider objectivity, reliability and validity of the data in qualitative research in order to assess and establish the quality of the study. Moreover, Björklund and Paulsson (2014) state that objectivity, reliability and validity can be used as a measurement to judge the credibility of qualitative research. The concepts of objectivity, reliability and validity will be presented in more detail below:

Objectivity

To which extent the values affect the qualitative study and this measurement. This aspect can be improved by motivating and clarifying the decisions that have been made during the study.

Objectivity can be considered as high in the study because of the clear and motivated methodology for the study. The study is also well-anchored in relevant literature from different authors with different perspectives which increases objectivity further. However, what should be considered in terms of objectivity is that the authors' prior knowledge on the study may have pushed them in a certain direction, or they were influenced by the opinions of other people with prior knowledge on the subject.

Reliability

To which extent the result would be the same if the same study was performed once again. In order to increase reliability, one option is to use control questions in interviews.

It can be argued that the reliability of the study is high, as the interviewees overall gave similar answers. What may decrease the reliability is that nurses of only one department were interviewed in contrast to leaders of several departments. What can also be considered in terms of the leaders is the possibility that the interviewees only are the leaders who feel like they are not overworked and have time to do interviews, while it would have been of interest to interview the leaders who did not have the possibility. For example, the leaders of the department investigate through the perspective of the nurses were not able to take part in an interview due to time constraints, which is considered an area where the quality of the research is lacking.

Validity

To which extent the intended measurements are investigated, in other words, the absence of systematic or methodological errors. The validity can be increased by using different perspectives.

There is always a risk when performing qualitative research by using interviews that important aspects and facts are missed (Bryman & Bell, 2015). This occurs since the study is based on the interviewees' perceptions and knowledge about the topic. Therefore, one option to minimise the risk is to use the triangulation method (ibid.). This method is conducted by using different data sources to prove the same standpoint during the research. Hence, the same subject was discussed during all of the interviews with the nurses and the same topic for the leaders. This leads to that the study can identify common and similar denominator within SU. The choice to use the triangulation method was made to reach consistency and clarity in the gathered data by approaching it from different perspectives.

3.4 Data Analysis

To process the data collected in the form of a literature review, interviews and a survey, the data was applied to a model. The model created for this is a mixture of Rubenowitz's (2004) job satisfaction findings and Self-Determination Theory. These two theories overlap in some areas and in combination they provide a broad spectrum of areas affecting psychosocial health in the workplace in a way that is relevant to this study. The two theories can be seen visualised separately in figure 3 and in combination in figure 2 as the analysis model used in the study. In the analysis model, it is believed that the areas "Workload and Content" and "Leadership and Teamwork" are areas affecting the areas referred to as the Basic Psychosocial Needs areas.
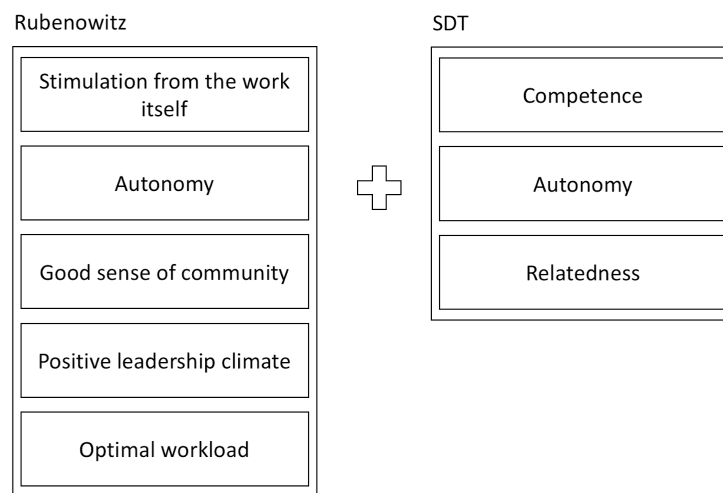
Figure 3. Creating the Analysis Model
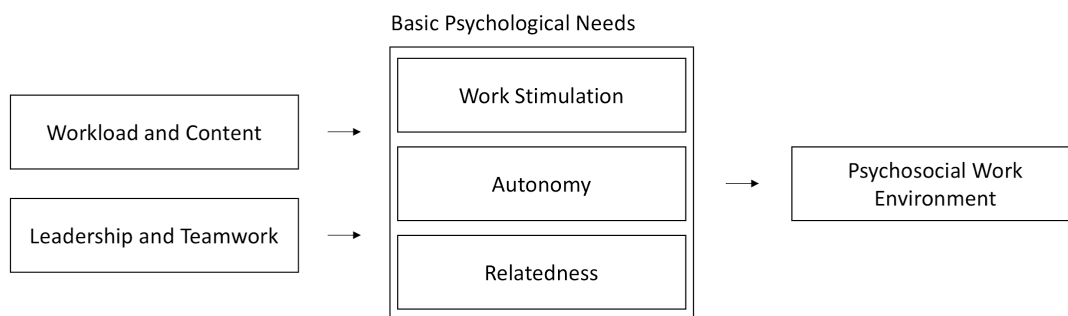
Figure 2. The Analysis Model

The empirical findings collected was thereafter analysed in relation to the literature collected under the five areas established in the model. Furthermore, with this analysis model, it could be mapped out how the five areas affect the psychosocial health in this specific context.

3.5 Ethics

To ensure that the interviewees will remain anonymous, the findings gathered from the interviews are presented in a structure where the interviewees' opinions on the same topic are presented in contrast to each other, rather than the findings of each individual interview separately. Moreover, there is no mention of names or aliases for the interviewees since the selection of interviewees is so small, it would be possible to distinguish whom the participants are even if referring to them with an alias. This may make the results slightly more difficult to analyse, as some opinions are taken out of their context due to this. However, it also makes the results more accurate since the risk is reduced of the interviewees not being entirely truthful by trying to control how they will be perceived through this study.

4 Case Study at Sahlgrenska University Hospital

The following chapter will present the context in which the study was performed.

4.1 Sahlgrenska University Hospital

SU provides basic and emergency care for the 700,000 inhabitants in the Göteborg region and specialised care for West Sweden with 1.7 million citizens (Sahlgrenska Universitetssjukhuset, 2018). The hospital is also the centre in the country for certain specialised care, for example, incubator care for premature babies, within treatment in paediatric endocrinology and paediatric heart surgery (ibid.). SU is also well known for its research into vaccines, treatment of cardiovascular diseases, transplant activity and immunology (research into rejection mechanisms). In addition, the hospital consists of 1950 beds divided among 120 departments (ibid.).

The hospital was founded in 1997 when the three hospitals Sahlgrenska Hospital, Östra Hospital and Möndal Hospital merged and since 1999 SU is a part of Västra Götalandsregionen (Sahlgrenska Universitetssjukhuset, 2018). Today, the hospital can be found at several different locations in the area of Gothenburg, for example, at SU, Östra Hospital, Möndals Hospital, Högsbo Hospital and at outpatients' clinics located in the city. Furthermore, the organisation consists of 16 000 employees which make the hospital one of the largest employers in the region (ibid.). SU is also one of six teaching hospitals for medical education in Sweden. SU provides the necessary infrastructure for research and teaching in a collaboration with the Sahlgrenska Academy at the University of Hospital (Sahlgrenska Universitetssjukhuset, 2018).

By looking at the framework by Mintzberg (1979), presented in chapter 2.1 The Professional Organisation, it is possible to see that SU, like other hospitals, is a professional organisation. Furthermore, if following the organisational structure developed by Mintzberg (1979), the different parts of SU can be divided into the following five dimensions:

1) *The strategic apex*
   This is the top-management and its support staff, at SU this is the board of directors and the administrative cabinet.

2) *The operative core*
   This is the workers who are performing the work, at SU this is, for example, the nurses, assistant nurses and doctors.

3) *The middle-line*
   This is the lower- and middle-level management, at SU this is, for example, the leaders.

4) *The technostructure*
   This is the analysts such as planners and personal manager, at SU this is, for example, the HR-department.

5) *The support staffs*
   This is the staff that provides the organisation with indirect services, at SU this is, for example, maintenance and food service.

4.1.1 A Healthcare Department

The number of employees in each department at SU varies greatly. One of the leaders with a brand-new department only has 20 employees at their unit. The other leaders who have the sole responsibility of a single department stated that the number of employees at their units ranged from 25-68. There was also one leader participating who has a total of 70 employees at two units where they are in charge of both. There percentage of nurses out of the total number of employees is around 50% for all of the units. Furthermore, there are not only nurses and leaders working at the departments. Several different job types can be found at a department, for example, assistant nurses, nurses, doctors, welfare officers, occupational therapists and physiotherapists (ibid.). However, in this study the nurse, the assistant nurse and the leader are of particular interest and, thus, they will be presented in more detail down below.

The nurse
The core of the nurse profession is nursing care; however, the work tasks can differ depending on the workplace (Västra Götalandsregionen, 2019a). Moreover, the nurse's aim is to foster health and prevent sickness and ill-health (ibid.) According to Svensk Sjuksköterskeförening (2017), the nurse shall be able to perform the following seven steps: (1) estimate the patient's state of health through both the patient's subjective experiences as objective data and (2) determine nursing diagnoses where the patient's need for nursing is identified and prioritised based on an analysis of the patient's needs, resources and problem. Furthermore, the nurse shall also (3) plan the nursing based on set goals, (4) perform both nursing actions and action prescribed by another profession and (5) the nurse shall also evaluate the patient's status of health in comparison with set goals. Lastly, (6) the nurse shall document all steps in the nursing process in the patient's journal and take part in journal documents and other documentation to create continuity (ibid.).

According to Västra Götalandsregionen (2019a), nurses employed by the region have several different career opportunities, for example, when a nurse has more experience there is a possibility to continue the education and become a specialist nurse with preserved salary. Moreover, there is also an opportunity for newly educated nurses to take part in the Kliniskt Basår (ibid.). This year is an introduction year and an opportunity for new nurses to grow into the role of a nurse and an employee at SU (ibid). The Kliniskt Basår consists of (1) permanent employment as a qualified nurse, (2) work under your own professional responsibility as a qualified nurse and (3) two

placements that will create width and depth in the nurse profession (Västra Götalandsregionen, 2019b). Lastly, (4) process-oriented nursing supervision and lectures on current topics, (5) a structured introduction to the work within the hospital and the wards that the nurse will be working on during the introduction year and (6) possibility to ausculter in other activities than where you work (ibid.).

Västra Götalandsregionen (2019b) states that responsibilities and competence control salary development. Moreover, all nurses beginning employment at SU will be given an individual salary that will, as previously mentioned, develop with increased responsibilities and competencies (ibid.). Additionally, there are six development steps for nurses working at SU to take part in (Västra Götalandsregionen, 2019c). The nurse will together with their leader create an individual competence development plan with support from the career development model during development and salary meetings (ibid.).

When a nurse is new at the department it is common to get a mentor among the more experienced nurses and it is not uncommon that the mentor keeps the position even if the official mentor period is over. Furthermore, if new nurses have a more difficult time than others to acclimate to their new job and if so, the department tries to give these nurses more support. The department tries to find these new nurses by having communication among the older nurses in order to inform the leaders about the situation. Next step is for the leaders to find out how to solve the situation, for example, extra training with the assistant nurses or follows a more experienced nurse for a while. Moreover, if a nurse decides to change to another department they need to learn over again since different departments have different routines.

All of the nurses working at the department that were interviewed feel that the workload is too high. One nurse thinks that the workload is high since many of the patients are multi-sick. Since different patients require a different amount of time and help the workload varies between departments and from day to day in the same department. Furthermore, the nurses interviewed at the department worries about the plan of expanding the number of beds from 19 to 25 since they feel it is difficult to employ new nurses to SU.

The assistant nurse
The core in the work of an assistant nurse is care and nursing (Västra Götalandsregionen, 2019d). Furthermore, the actual work tasks will vary depending on the workplace, however, an assistant nurse will always work closely with the patients and their basic needs of nursing, care and support (ibid.). However, common work tasks are nursing, taking samples, measure blood pressure, bandage wounds, assist at operations, manage equipment, storage and cleaning (Kommunal, 2019). Assistant nurses often work in teams with nurses and a doctor (ibid.).

The leader
According to Västra Götalandsregionen (2019), a leader at a department has overall responsibility for the departments and its operation which includes nursing processes, staff and budget liability and environmental responsibility. The leader works closely to the department's medical responsible chief physician and takes part in the bailiwick directorate (ibid.). Furthermore, the leader is directly subordinate and reports to the director of department (ibid.).

There are different kinds of leaders in the organisation, but the kind of leader that is investigated in this study is officially referred to as the first line manager (C-manager). In this role, you have operational-, financial- and personal responsibility for your department, meaning that you are responsible for the everyday work at the department. The C-manager which is referred to as "the leader" in this study, has their own leader which is the second line manager (B-manager) who is in charge of the operational area with the C-managers as their subordinates. In turn, there is also the manager of maintenance management who has the B-managers as subordinates. This manager is working with a strategic focus on management.

One of the leaders states that the things that take up most of their time are the recruitment process. This person estimated that around 50-75% of their time at work is currently focused on recruiting new personnel. Moreover, the leaders seem to be in agreement that they do not work 40-hour weeks, it is usually a few hours more each week.

Several of the leaders also mention the HR-department as one of their largest sources of support since recruitment is such a substantial part of their roles as a leader. The economy-department is also mentioned as a department that can support the leaders to some extent. One of the leaders made the point that these two departments, and probably several other departments as well, are there to support but in the end, you have to ask for the support you want, it will not simply be handed to you.

There is a mentorship program at SU but all of the leaders who participated in this study had arranged their mentorships on their own and had asked people whom they admired, and thought would be willing to help them. One leader had also formed a small support group with two leaders at nearby units where they can share experiences and support each other. In contrast to this, another leader mentioned that it is common that leaders of different units in this organisation does not cooperate with each other, but rather act territorial because they are afraid that they will lose their staff to other units.

In the beginning, leaders are expected to take a leadership course consisting of 12 modules, which is expected to provide them with helpful information about being a leader and the support they can get. However, in a brand-new role, leaders are rarely able to take time away to participate in this course, leading to them participating after a few months when they have gotten settled in their role.

Another important role at the department that supports the leader is the coordinator, this person is the spider in the web, and they create health plans, sends registration letters, calling occupational therapists and physiotherapists. All these tasks were previously done by the nurses which took a lot of time and energy.

The nurses explain that they meet their leaders on weekdays during the day in the corridor, if the nurse works during the night or at a weekend they will not meet. In addition, one nurse explains that the leaders, almost every morning, have a morning meeting which means that they meet each other. However, the leaders are not always present at the department some days they are on meetings etc.

There are co-worker meetings once every year and one meeting every year regarding salary where the nurse and the leader get an opportunity to sit down and talk to each other in private. In addition, if a nurse has been burnt-out there are more meetings with the leaders when the nurse starts working again. Nevertheless, it seems to be a possibility for the nurses to catch the leaders or vice versa in, for example, the lunchroom and decide to meet in the office later on if something needs to be discussed etc. Furthermore, a couple of nurses describe that when a newly educated nurse starts at SU they get a chance to be a part of the introduction year called "Kliniskt Basår". When being a part of this introduction program the nurse will have coaching sessions with the leaders every second week or month. The nurses believe that this meeting will be less frequent with time if the nurse feels that things are working well.

The departments at SU have different ways of working with improvements. At the department were the interviewed nurses worked they have established a routine group in order to improve the work routines. In comparison, two of the other units involved in the study were a part of a project with a focus group where improvements are discussed and implemented. In these cases, the leaders had to redirect ideas and suggestions, if it was brought to them, to the focus group and their representatives in the unit. This project is fairly new, so it is difficult to say how it will impact the organisation but the two leaders both mentioned that their employees viewed this as something positive.

5 Analysis

The analysis will combine and compare the theoretical framework with the empirical findings in order to answer the study's research questions.

5.1 Reasons Why Nurses Leave the Hospital

When an employee decides to leave SU, they have to take a survey. Figure 4 below shows the results from the survey that was sent out by the HR-department to all employees who decided to leave their current position during the year of 2018. According to the survey, the majority of the nurses leaving SU has been working there for less than 2 years, see figure 4. The second largest group leaving SU is the nurses that have been working there for 2-5 years.
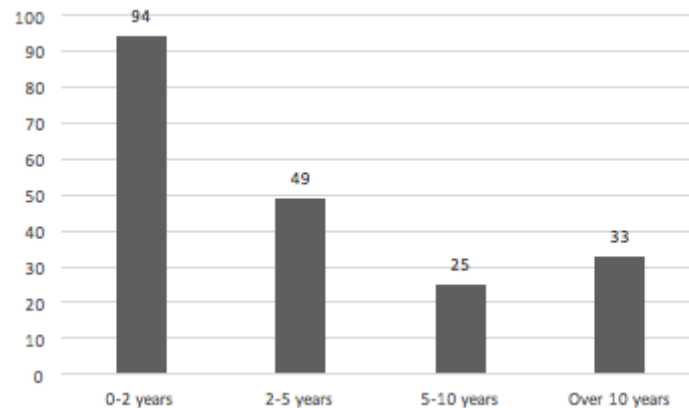
Figure 4. Number of years at Sahlgrenska University Hospital

The result of the survey also shows that the three most common reasons why nurses decide to leave SU are: (1) the organisational work environment, (2) the salary and (3) the leadership, see figure 5.
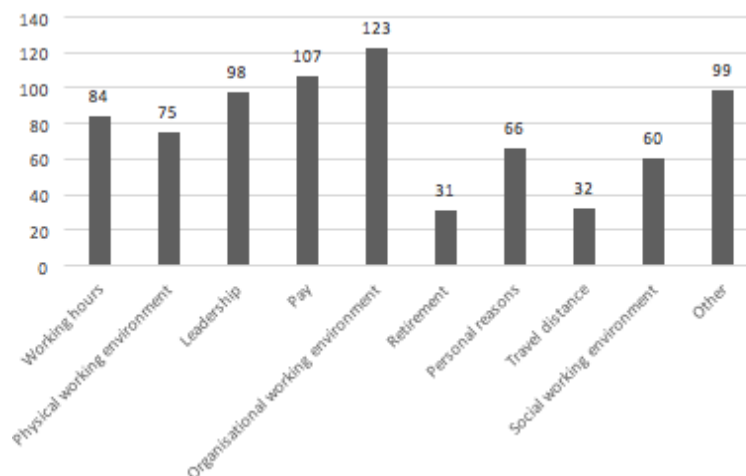
Figure 5. The main reason why the nurses decided to leave Sahlgrenska University Hospital

When looking deeper into the free-text answers from the survey it can be seen that when the nurses disapprove with the leadership it is more than often the lack of leadership or the fact that the leaders do not listen to the personnel that have made them leave SU. One of the nurses that have answered the survey writes that the leaders always state that the nurses do not tell when something needs to change. However, the nurse writes that they do, the nurses try to tell them, for example, morning meetings but the leaders will not listen just telling them that they managed through the difficult situation. Furthermore, the nurse is supported by another nurse who writes that it is important to listen to the employees' constructive feedback and ideas regarding how to improve the work environment. The leaders seem to have a transactional leadership style where they do not take emotional and social needs into consideration (Deci & Gagné, 2005). Transactional leaders also tend to monitor their followers' work to make sure that they fulfil the set goals and expectations (Burns, 1978; Hooper & Bono, 2012). However, the nurses' comments imply that they rather request a transformational leader who, according to Bass (1985), Bass and Avolio (1995) and Bass and Riggio (2006), attempts to fulfil their followers need, embolden their participation in decision making and their leadership skill development.

One nurse believes that more nurses will leave SU due to the poor psychosocial work environment and lacking leadership. This statement goes in line with the literature where Rubenowitz (2004) states that the psychosocial work environment factors are important aspects to focus on in order to create a functioning work environment. Moreover, another nurse writes that they had a dream job, however, the department was closed down and all employees were transferred to another department. The nurse did not feel welcome at the new department due to the poor leadership and the nurse states that all the employees from the old department except for three persons have quit resulting in less personnel and fewer beds. Moreover, another nurse also describes that lacking leadership resulted in 17 of the employees left the department within six months. In addition, one nurse that has answered the survey states that a weak leadership has destroyed the nurse's previously well-functioning department. In the end of the nurse's time at the department, the nurses did not have time to do other things than solving the most urgent problems, thus, they could not work with a long-time perspective in mind. Even though the majority of the employees tried to raise awareness regarding the problems nothing happens. Once again, these statements suggest that the leaders have had a transactional leadership style where the leaders monitor their followers' work to make sure that they fulfil the set goals and expectations (Burns, 1978; Hooper & Bono, 2012), instead of taking their emotional and social needs into consideration (Deci & Gagné, 2005).

A nurse that answered the survey states that it is important that the leader has the right competence for being a leader especially when the leader is new. Another nurse believes that SU needs to review the leaders' competences and possibilities to be a good leader since it does not work at the moment. In addition, one nurse thinks that when a person becomes a leader for the first time, the person needs more support in order to manage the new leadership role. The nurse also believes

that communication between the different hierarchies does not work and needs to be improved. Another nurse thinks that the leaders do not see their employees as individuals with no importance for the organisation, instead, they think that all nurses are exchangeable. In addition, one of the nurses feels that the leaders do not think that the employees have any value and that the leaders are more interested in their own personal interests. According to Arbetsmiljöverket (2016), one of the reasons employees experience discomfort at work is insufficient leadership such as not enough appreciation from the leader. Therefore, it is important, as one of the nurses suggests, that leaders have the right competence and resources in order to become a good leader.

Some of the nurses also mention salary as a contributing aspect, one of the nurses think that they had a lower salary in comparison with other employers which the nurse does not understand why. Furthermore, another nurse believes that SU needs to increase the nurses' salary if they want the nurses to stay. The nurse also states that the nurses know that they have chosen a profession with high workload and uneven work hours which is difficult to change. However, if the nurses shall be able to cope with their work environment the nurse believes that they need some form of incitement, for example, a higher salary as compensation. Moreover, the nurse thinks that the majority of the nurse enjoy their work and like SU as an employer, however, the salary needs to change if SU does not want to be outrivalled by other employers. If SU wants to be the best hospital in Sweden, then SU needs to increase the salary in order for the best personnel to want to work there. However, a study was done by Deci, Ryan and Olafsen (2017) suggest instead that although people appreciate receiving rewards, in the most cases rewards will decrease the intrinsic motivation since when rewards are made contingent, it will become obvious that the person giving the reward controls the receiver's behaviour. Furthermore, when some tasks are being rewarded the other tasks are experienced as less important since no rewards are connected to them (ibid.). Therefore, the employees will try to avoid performing these tasks since they are seen as devalued (ibid.). To conclude, incentives can affect employees' responsibilities and autonomy in unexpected and unintended ways. Thus, it can be discussed if it is in line with the study to act as SU and not reward the employees with increased salary. However, the comments from the survey imply that some kind of change is needed if it should be, for example, increased autonomy or appreciation will be discussed later on.

There are several examples of nurses stating that they need more appreciation in their daily work, for example, one nurse thinks that they have been watching a department being tearing apart with tired, worn-out and apathetic personnel that very rarely get any appreciation for the important work they do. According to the nurse, poor leadership, too high workload and some of the lowest salaries in Sweden does not make SU an attractive employer. The nurse thinks that SU's highest priorities should be to increase the salary, invest in good leaders that have the strength to continue to be leaders and make better priorities in the patient's flow. Lastly, the nurse states that SU is a sinking ship which someone needed to see for a long time ago. In comparison, Institutet för Stressmedicin ISM (2017) agrees with the nurse regarding the leadership. Institutet för Stressmedicin ISM (2017)

states that in order to have a good work environment there must be good leadership. However, it cannot be any good leadership if there is no developed companionship both between the co-workers and between the managers and co-workers (ibid.). The basic concept of companionship is built on the fact that the employees shall have an active and responsible role, where they have the opportunity for learning and development, community and cooperation, as well as challenge and support (ibid.). Companionship evolves easily if there are trust, security, stability, clear goals, appreciation and good leadership. Especially these aspects seem to be lacking in the departments described by the nurses.

Another of the nurse states that they have been treated badly by their leaders. The nurse has been ordered to take extra shifts and work double. Moreover, the nurse could also very rarely take their rightful break and needed to work overtime in order to have time for the documentation. The nurse thought this was unsustainable and decided to leave SU even though the nurse otherwise enjoyed their work at the department. An additional nurse writes that they quit SU since they did not feel that the leaders supported him or her in difficult situations, instead, the leader only questioned the nurse. As previously mentioned, insufficient leadership such as not enough appreciation from the leader might create an experience of discomfort at work (Arbetsmiljöverket, 2016). Therefore, it is important that nurses have a good relationship with their leaders.

One of the nurses has been working as a section leader for one of the departments and the nurse is disappointed regarding the salary differences between their colleagues. The nurse believes that they had a lower salary, however, a higher workload. Moreover, the nurse is also disappointed that nothing is done to create a better distribution of work in the directorate. According to the nurse, this situation has occurred due to poor leadership since the leader does not try to solve any problems. The nurse also believes that favouritism is occurring among the employees and when the nurse discovered that some personnel did not handle their working hours correctly the leaders did not listen. Furthermore, the nurse also thinks that expulsion and master suppression techniques are used in the department. Therefore, the nurse felt that they needed to leave the department since the nurse does not stand for this type of behaviour. As previously mentioned, in order for employees to thrive at their workplace the employer needs to establish a good psychosocial work environment, for example, a functioning leadership Rubenowitz (2004). It seems clear that this is not the case according to the nurse, thus, the psychosocial work environment needs to be improved.

A nurse believes that SU must be better at taking care of the employees' competencies and enable the employees to develop competence even more. Moreover, another nurse writes that it is necessary that the nurses who become specialist nurses get new work tasks and responsibilities. Deci and Ryan (2000a) state that the need for feeling competence is connected to a humans' feeling of mastery and being effective. Furthermore, Jungert et al. (2018) suggest that when employees are allowed to take part in challenging tasks, they get an opportunity to improve their skills. When they are able to adapt to a changing and complicated environment, the employees' need for feeling

competence is fulfilled. Therefore, it can be discussed if SU needs to provide the nurses with more opportunities to develop themselves in order to enhance their feelings of competence and as a result increase their satisfaction.

5.2 The Psychosocial Work Environment at a Healthcare Department

The majority of the nurses describe that they work in a stressful work environment which also resulted in sick leave for some of them. One way to reduce this stress, according to Rubenowitz (2004), is to create a positive psychosocial work environment. Moreover, in this chapter, the analysis model will be applied to the empirical findings.

5.2.1 Work Stimulation

In the following chapter, the aspect of work stimulation in the analysis model will be analysed, see figure 6.
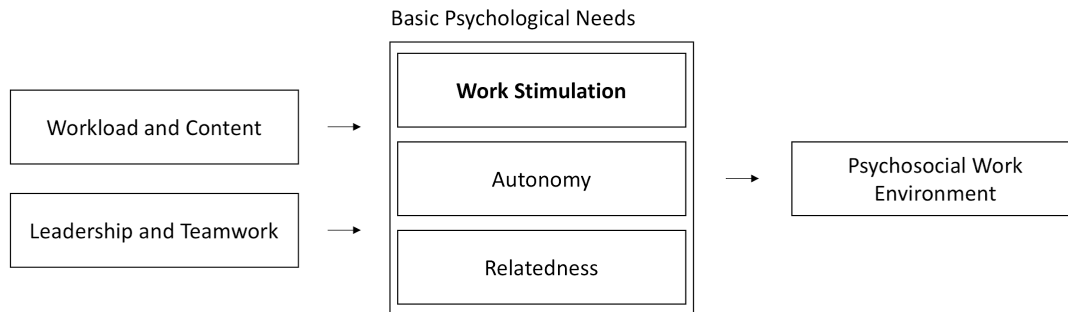
Figure 6. Work Stimulation Analysis

One aspect of the psychosocial work environment is how the work tasks create possibilities for stimulation and development (Eklöf, 2017). The author states that stimulation is about the work tasks' capacity to give room for learning which makes that work interesting. However, the majority of the more experienced nurses feel that there is no room for development, and they wish to see, for example, more lectures in order to improve it. Eklöf (2017) also states that the employee is required to use their knowledge and creativity and that the work is alternating in order to be stimulated by the work.

5.2.1.1 Competence

The majority of the nurses feel competent at work and that they have the possibility to show it. However, some of the nurses feel insufficient at work since they often are stressed and do not feel that they have time for all work tasks. In comparison, many of the new nurses describe that they do not always feel competent since they are not equally skilled and competent as the more experienced nurses. One of the new nurses also states that they feel that nursing school was not enough, and the nurse feels that they lack knowledge. The nurse believes that it could be beneficial

for the new nurses to attend lectures in order to learn more about the diseases since the university has not covered it all. The outcome of the new nurses not feeling competent in their work will reduce their effectiveness (Deci and Ryan, 2000) and since they do not perceive themselves, they will get the feeling of low self-efficacy (Bandura, 1982). Another nurse feels that they are competent, however, it would be beneficial to have more lectures regarding the department's speciality since the university only provide base knowledge for all topics. The nurse also feels that the new nurses are allowed to walk beside an experienced nurse for four weeks when they start and then they should know it all which is not possible. Furthermore, one of the new nurses feels that they did not feel competent in the first months, however, the nurse thinks they are learning every day and, thus, feel more and more competent.

It is a clear difference between the nurses' thoughts regarding if they have the possibility to learn new and interesting skills at work. The majority of nurses that have been working at the department for over a year do not seem to feel that they learn new skills and they do not have time to do it either. Moreover, the nurse that has been working for more than a year and feels that they still learn describes that they think it possible to learn from attending the round and listen to the doctors. However, the nurse does not feel it is enough and wants to attend a specialist education in a nearby future. Another nurse that is fairly new at the department think that they learn new skills, however, the nurse wishes that it was more. The nurse tries to read about the different diseases and operations in their spare time, however, the nurse believes that it is difficult to develop more due to the scarcity of time. Moreover, the same nurse also thinks it might be difficult to develop since it is almost the same type of patients that are placed at the department which means that it is the same operations, the same PM and routines to follow. Many of the nurses feel that it is necessary to change department if they want to develop more and learn new interesting skills.

Some nurses suggest that if they could decide and there was enough time the nurses would like to have lectures by, for example, the department's chief physicians or specialist doctors. One nurse would also like to learn about operations and medications at a deeper level to get a better understanding of their own work. Another nurse thinks it could be a good idea to have "planning and development-days" where the nurses can attend different lectures. Furthermore, one nurse thinks it would be interesting to work more with improvement-work, for example, work 80% at the department as a nurse and 20% with improving the department. Additionally, another nurse believes that it could be good to attend more operations to learn more skills and get a better understanding for the daily work, however, the nurse feels that there is no time for it.

In comparison, some of the nurses that attend the "Kliniskt Basår" think they have the opportunity to learn new interesting skills. One of the nurses describes that they get the opportunity to attend operations and they also have meetings where they discuss different diseases and how to handle them or improve them. However, the nurse feels that it is not always enough time to do it or no own has time to answer the nurse's questions. Therefore, the nurse has to learn on their own.

Moreover, another new nurse describes they are learning new skills since the nurse meets new patients with new diseases all the time.

The feeling of competence for the nurses seems to be lacking in different ways depending on where they are in their careers. The new nurses feel less competent because they do not know everything they are supposed to know, and the older nurses may feel less stimulation because they do not get to evolve their competence by learning new skills. According to Jungert et al. (2018), it is necessary to get the feeling of being able to adapt to a complicated and changing environment to fully feel competent in your work.

5.2.1.2 Feedback

The nurses seem to feel that their colleagues are giving them feedback. One of the nurses suggests that they talk about both good things and things they should think about next time; the nurse also feels that they have open communication. Furthermore, another nurse thinks that the nurses try to work with short reflections in order to both give positive and constructive feedback even though it always can be improved. However, another new nurse does not feel that they give enough feedback to each other. The nurse feels that it can be a good idea to sit down and talk about the day with the assistant nurse who has been in the nurse's team before they leave the department. However, the nurse states that it can be difficult to do so since they often are tired and want to go home. Moreover, one nurse believes that they also get a lot of positive feedback from the doctors since they have been working at the department for many years which make the doctors appreciate that the nurse has stayed at the department.

The majority of the nurses feels that the colleagues are giving them more feedback than the leaders. One of the nurse's states that they did want more feedback before, however, the nurses try to not think about it anymore. Another nurse believes that leaders cannot give too much feedback since they do not see how the nurses work. However, the nurse feels that it might be good for the leaders to have better knowledge regarding the nurses' work and that the nurse would appreciate more feedback. In addition, the new nurses that recently have done "Kliniskt Basår" when the nurse has regular meetings with the leaders think that they get more feedback from the leaders than the colleagues. In comparison, one of the most experienced nurses thinks that they get an equal amount of feedback from both colleagues and leaders and the nurse think it is enough. Another experienced nurse feels that they get more feedback from the leaders than their colleagues. However, the majority of the nurses agrees on wanting more feedback from the leaders.

The leaders seem to not emphasise the nurses' contribution to the team's performance enough. One nurse states that they often help out when someone is sick and take extra shifts without anyone saying thank you expect for once during the last months. The nurse believes that it might depend on the leaders being stressed or less experienced and therefore forgets to thank the nurse, however, the nurse would appreciate being noticed more. Another nurse states that they think that the leaders

see he or she as a part of the team, however, the nurse has not experienced that the leaders have emphasised their contribution. However, more experienced nurses seem to feel that leaders often emphasise their contribution to the team's performance. In comparison, another experienced nurse feels that the leaders indirectly emphasise their contribution and the nurse does not feel that it is necessary to get more attention. Moreover, one nurse thinks that the leaders do not have the possibility to see all team members, thus, the nurse feels that positive feedback is better to get from the other nurses than the leaders.

One nurse thinks that they do not get more attention than others and it is often more colleagues that notice when the nurse does something good. The nurse describes that the leaders do not give much positive feedback, instead, they often get a weekly letter that says, "good work this week etc". The leaders very rarely go around at the department in person and say good work when someone has done something really good.

To create the best possible circumstances for internal motivation and feeling competent, feedback is an important factor (Deci and Ryan, 1985). Overall, the nurses seem to feel like they get enough feedback even though the source of the feedback can vary. Even if, as one nurse stated, "you can always get more feedback" most of the nurses seem content with their feedback which they get from both their colleagues and the leaders in varying degrees.

Overall the leaders feel like they are also able to see their employees' individual performance and give credit for it. One leader says that they try actively to find go out in the hallways and give praise to their employees and also tries to focus a little bit extra on different people each day so that no one feels left out. Another leader feels like they are able to acknowledge individual performance but that it is very difficult and that they miss out on a lot. Sometimes they have to rely on what they hear rather than what they see. One leader also highlighted the issue by acknowledging individual performance. They felt like they are able to do so to a certain extent, however, they were also a bit hesitant to do so because of the fear of acknowledging some more than others.

5.2.1.3 Motivation and Satisfaction

The majority of the nurses feel satisfied with their work. However, many of the nurses feel that stress decreases their job satisfaction. One of the experienced nurses states that satisfaction has slowly decreased over the years along with the increased stress. The nurse states that he or she often has a headache and the work feel less fun which takes down the satisfaction. Another nurse describes that they can feel happy with their day, however, it decreases sometimes when the nurse gets a poor response when informing the next nurse what is left to do. Therefore, the nurse thinks they should have taken a shorter break or done something more quickly which takes away the satisfaction. Moreover, one nurse states that it is difficult to feel satisfaction when they feel do not

have time to do everything that is needed, for example, talk to patients that are crying or feeling sad due to the scarcity of time.

Conclusions can be drawn that the nurses' motivation seems to be strong for what they do and that they feel a lot of internal motivation. They believe that they are responsible for outcomes in the workplace and also understand the results of what they do, which are great indicators of internal motivation (Hackman & Oldham, 1976).

5.2.1.4 Motivation and Payment

In terms of external motivation, there is the feedback but there is also payment. Several of the nurses and leaders mentioned that they feel that the nurses are not paid well enough. However, the payment in this environment is not controlled by the leaders but rather the organisation which in turn is reliant on the Swedish government for funding. The conclusion that can be drawn from this is that the nurses were aware of the financial situation of the profession before educating themselves and that it is not a crucial part of their motivation. This can be a positive as well since in environments where there are a lot of tangible rewards, the person delivering the rewards is controlling the receiver's behaviour (Deci, Ryan & Olafsen, 2017). In an environment not focused on rewards, employees will rather focus on internal motivational factors and increase autonomy (ibid).

5.2.2 Autonomy

In the following chapter, the aspect of autonomy in the analysis model will be analysed, see figure 7.
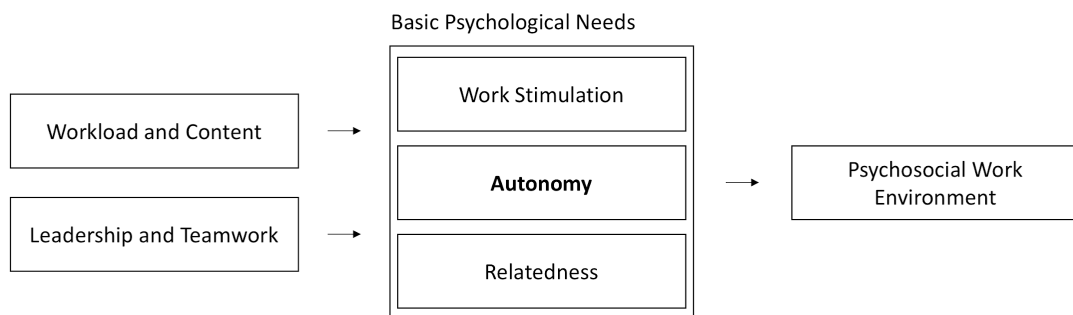
Figure 7. Autonomy Analysis

The nurses all have very different views on if they can affect their daily work or not. One nurse state that it is both yes and no, the nurse can, for example, decide when the work tasks shall be done, however, not when it is acceptable to take breaks. Another nurse believes that it is not possible to affect the work tasks themselves since they need to follow set routines and what patients they work with. Furthermore, one nurse thinks that they have to follow set routines for how to perform certain work tasks, however, they often can decide which tasks they want to do, for

example, give an injection or infusion. Nevertheless, the nurse believes that they always must follow the healthcare manual. In comparison, some nurses feel that they can work quite a lot independent, the nurse is controlled by times and medication but expects that the nurse can take many decisions on their own. Moreover, another nurse feels that autonomy varies from day to day. Lastly, a couple of nurses think that is possible to affect the practical work example of how the patients are divided among the nurses. It appears as if the nurses need for autonomy is fulfilled in this area. According to Jungert et al. (2018) autonomy is about making your own choices, but it is equally satisfactory to follow orders if there is a feeling of psychological freedom and understanding of why the tasks are being performed, which all nurses agreed upon that they feel.

The majority of the nurses feel that they can speak their minds freely at work and present their ideas which are one of the key aspects of autonomy according to Jungert et al. (2018). Moreover, one of the nurses that feels that they may not do it at the moment is quite new at the department and believes that they will do it when the nurse has a better overview of the department. In addition, one nurse thinks that it is always possible to speak freely and present ideas, however, when the nurse suggests that they think something should change it rarely happens. Therefore, the nurse feels that it sometimes does not matter if they speak up since there are no changes. This is relevant as autonomy is also a key aspect of the psychosocial health of the leaders. The leaders state that they have the feeling of autonomy and that they are happy when improvement suggestions are brought to them, which seems contradictory to the perception of the nurses.

Another key aspect required for the feeling of autonomy is that feelings are taken into account (Jungert et al., 2018). The nurses have very different perspectives on the question regarding if the feelings are taken into consideration at work. Some of the nurses describe that the nurses try to support each other. One of the nurse's states that they try to tell the surrounding how they feel in order to talk about it and another nurse describes that they support each other when someone is feeling sad etc. However, one nurse believes that the nurses are not seen as individuals just "heads on a line". The nurse believes that the management only expects them to perform no matter how much experience they have or what skills they have. Nevertheless, there are also nurses that believe that their feelings are taken into consideration and that the surrounding care about them. One of those nurses gives the example that they can always write discrepancy reports if they have been feeling threatened or if the security of the patients has been in danger due to, for example, too high workload.

According to Deci and Gagné (2005) "autonomy is the most important social contextual factor for predicting identification and integration, and thus autonomous behaviour", which is why it is important that the leaders create an environment where autonomy can thrive. The majority of nurses feel that leaders encourage their independent and creative thinking. One nurse feels that the leaders encourage independent and creative thinking, however, the leaders very rarely do something with the ideas which can, according to the nurse, depend on healthcare being unwieldy.

Another nurse believes that the leaders do not always follow through with all ideas since they are not realistic, the nurse thinks that the leaders often have more knowledge about the department and therefore know what will work. However, a couple of nurses describe that the department has improvement-groups that works with different ideas on how to improve the department and the nurses think that they often lead to something.

One nurse also states that they do not have the possibility to engage in being creative in order to improve the department. The nurse describes that the only time it is possible to be creative is when solving how to take care of too many patients. Moreover, one nurse thinks that the leader could be better at delegating improvement work to nurses that are particularly skilled in certain areas in order to improve the department even more. Once again, the nurse believes that the leaders might not do that today since they are less experienced as leaders.

Another nurse describes that they have established a routine group in order to improve the work routines, however, the nurses state that the system is difficult to affect and change. Furthermore, another nurse believes that the leaders encourage creative think indirectly since they probably think they do; however, the nurses may not always feel it. The nurse also describes that they have come up with improvement proposals that have been used, however, it is not always possible to follow through with all ideas. The nurse suggests that if the proposals are realistic that would improve the department, they often become reality.

All of the leaders view their employees coming to them with suggestions and ideas as very positive. The only leader spoken to who was not completely positive was a new leader with a new department who felt like the focus had to be on the most basic things right now but was hopeful that their employees would be creative in the future. One leader emphasised that if there should be improvements in the unit, it is much better if the employees themselves bring it to the table rather than the leader. This way, the idea would be more likely to have an impact on the department and be taken seriously. Another leader also mentioned this is a way to keep employees at their workplace longer. This leader had some experiences with people who felt like they were working too much, and in this case, the leader offered them to take some of their time at work with doing research for improvements by reading scientific articles. By doing this, the nurses received more stimulation from work and rather than leaving the department or cutting down on the hours they were still able to work full time. This is in line with the autonomy experiments performed by Black and Deci (2000), where it was proved that teachers who are autonomy supportive do not only get students with higher test scores but also students who learn more effectively, are more curious and appreciate challenges.

5.2.3 Relatedness

In the following chapter, the aspect of relatedness in the analysis model will be analysed, see figure 8.
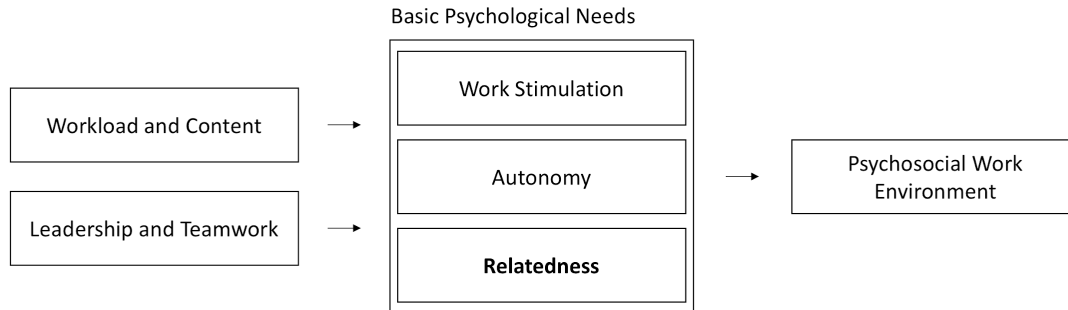

Figure 8. Relatedness Analysis

The need for relatedness is of great importance to motivate people to do things voluntary (Pavey, Greitemeyer & Sparks, 2011). The authors state that the fulfilment of relatedness is more important than autonomy and competence. The nurses all feel like the feeling of relatedness is very strong and all of the nurses feel that they can be themselves at work and that their relationships with their colleagues are good.

5.2.3.1 Companionship at Work

Positive alliances and caring bonds with others in the workplace are of great importance for the feeling of relatedness (Deci & Ryan, 2000a). The nurses feel that they are in good agreement with all of their colleagues. One nurse describes it as they have a good professional working relationship with each other. All of the nurses like their colleagues believe that the colleagues also like them, and experience that their colleagues are friendly towards them.

All of the nurses believe that their colleagues care about them however, the nurses answered differently regarding the question if their colleagues are also their friends. Some of the nurses think that some of their colleagues are their private friends and the others are their friends at work. Other nurses stated that they have a good relationship with all colleagues even though they do not meet anyone outside work. The question regarding if the nurses have a close relationship with their colleagues got a similar variety of answers. Some of the nurses feel that they have a close relationship with a few of their colleagues and other nurses feel they have a good relationship with all; however, it is not close. A couple of the nurses describe that they try to meet at after-works etc. in order to create a good relationship with each other.

The majority of the nurses never feel that they want to distance themselves from their colleagues. However, one of the new nurses thinks it is difficult to become a part of an already established group when you are new, therefore, the nurse distances themselves from the group sometimes.

Furthermore, one of the nurses believes it would be nice to not always sit in the staff room since it often can be very loud, and the nurse feels that they sometimes need someplace quiet in order to recover from the stressful work. However, overall, the nurses feel a strong relationship with each other, and trust and openness take time to build up (Institutet för Stressmedicin ISM, 2017). Institutet för Stressmedicin ISM (2017) also states that the relationship has to be something to work on continuously, which the nurses believe that they are as all long-term relationships are experienced as positive. A core aspect that creates this feeling is communication between both employees and employees as well as employees and leaders (ibid). It can be established that the employee to employee communication is very good according to the nurses themselves even though the relationship with the leaders can be lacking in some aspects, as can be seen in chapter 5.2.5 Leadership.

In line with what is stated by Institutet för Stressmedicin ISM (2017), that the healthcare sector generally has a high level of personal engagement and a strong feeling of importance at work, the nurses experience this feeling. When you experience the feeling of relatedness, which is the case with the nurses at SU, it has been proven that intrinsic motivation is higher to perform tasks because you are in the presence of someone who also acknowledges that you are performing the task, regardless of the task itself (Anderson, Manoogian and Reznick, 1976).

5.2.4 Workload and Content

In the following chapter, the aspect of workload and content in the analysis model will be analysed, see figure 9.
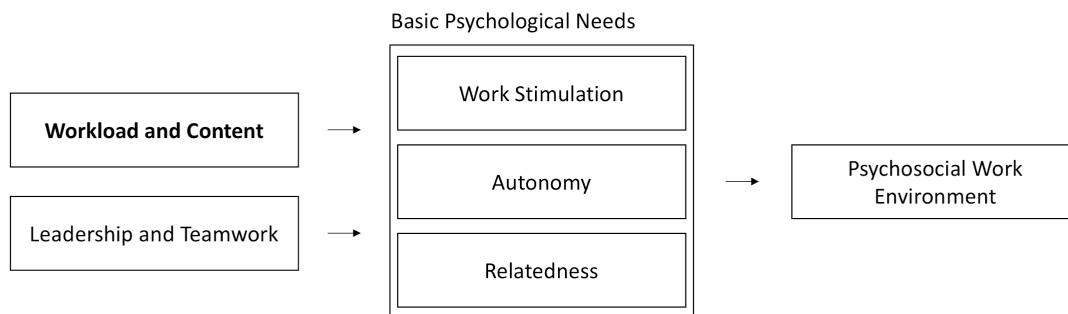
Figure 9. Workload and Content Analysis

Rubenowitz (2004) states that an optimal workload, both physically and psychologically, is of high importance in order to create a satisfying work environment. Previous studies have shown that a high workload is an aspect that will result in lower work satisfaction for nurses (Institutet för Stressmedicin ISM, 2019). This seems to be the case for the nurses since the majority express that they do not feel satisfied with their current workload or work environment.

5.2.4.1 Work Content

Not all nurses seem to know exactly what their work tasks consist of. One nurse describes that they have been working on a different department before and there are some variations between them, thus, the nurse needs to learn what do again. The nurse also believes that the description of the new work tasks not always have been perfectly clear even though it has become better. Moreover, the nurse also tells that the other nurses have been helping out with their transition, not the leaders. In addition, another nurse thinks that they partial knows what the work tasks consist of, however, it is easy to do the assistant nurse's tasks as well. The nurse states that there are a lot of expectations of them, however, these are not always requirements. Thus, it can be difficult to exactly know what the nurses are responsible for. The nurse also believes that this causes ethical stress for them since they are unsure about their responsibilities and, therefore, not sure if they have done a good job or not when they leave their work. Moreover, the nurse also tells that another consequence of the confusion is that it is easy to take on work, which is not the nurse responsibilities, for example, do too much of the assistant nurse's tasks. Several of the nurses know what their work tasks consist of, however, they choose to do tasks outside their responsibilities in order to help, for example, the assistant nurse. One nurse states that they do it even though it will put more pressure on the nurse, however, when there is not enough time the nurse knows how to say no. However, another nurse does not feel comfortable to say no, thus, this nurse often does the assistant nurse's tasks as well. Furthermore, one nurse feels that they are doing a job for two in order to help the department, however, the nurse does not feel that they are getting the appreciation the nurse deserves regarding salary and is a bit upset about it.

According to the law AFS 2015:4,10 §, the employer shall make sure that the employees know what tasks they shall perform, what result they shall reach, how to perform the work tasks and who they can turn to if they need any help or support in order to perform the work tasks (Arbetsmiljöverket, 2016). It can be discussed if SU is following these steps since not all nurses seem to know exactly what their work tasks consist of. Moreover, the nurses seem not either always understand what result they shall reach since it sometimes is unclear what is requirements and what is expectations which once again is not consistent with the law AFS 2015:4,10 §. If the work tasks were more clarified it would be a possibility that the nurses can more easily focus on their own work and not do other's work as well. Arbetsmiljöverket (2016) states that there are no requirements for a written copy of the work content. However, it can be beneficial for the nurses to have a copy since it can be difficult for them to reach their leaders or find someone that has time to help.

It is important that the nurses and the leaders have the same view of the work content since it otherwise it can create multiple negative consequences regarding the psychosocial work environment (Arbetsmiljöverket, 2016). This can occur since the employer, in this case, the leader risks losing control over the actual work tasks and, therefore, risks losing control over the dangers in the work environment. Furthermore, the unclarities regarding the work content can also result

in the nurses repeatedly solve unclarities, such as perform others' tasks which in itself can result in an unhealthy work environment. Thus, it may be beneficial for SU and the departments to solve these unclarities regarding the work content in order to improve the nurses' work environment.

The majority of the nurses know how to prioritise; however, they feel it was difficult when they were new at the department since they wanted to do it all. Moreover, the nurses have not been given any instruction for how they shall prioritise, instead, they have had to figure it out by themselves. One of the experienced nurses thinks that also the older nurses need to change their prioritising over time since the healthcare has changed over time, for example, today the care time is shorter, and they operate more complicated diseases. Additionally, one experienced nurse still thinks it is difficult to prioritise since it is many tasks and a lot of things need to be done at the same time. Another nurse believes that their prioritising is always change depending on what situations that occur. The nurse thinks that some prioritising is easier than others, for example, emergency situations or that a patient with heart arrest shall have a high prioritising. Furthermore, the nurse also mentions that sometimes they change the prioritising order when they discover that some things work better than others. In comparison, one of the new nurses tries to prioritise the patients with the highest pain or the patients that need their medicine, for example, antibiotics. The nurse also believes that it takes time to develop a clear prioritising order and since the nurse is fairly new the nurse feels that their prioritising is far away from perfect.

Another new nurse feels that it is difficult to know how to prioritise since it is challenging to know what situations urgent and which ones are not in the beginning. The nurse continuous by stating that they use common sense to know how to prioritise or asking colleagues for advice. However, the nurse feels that it can be very stressful when they need to ask colleagues, and no one has time to answer. Furthermore, the nurse believes that it would be beneficial to get help with the prioritising, for example, a list or something similar. However, the nurse thinks it might be difficult to create one but not impossible. In addition, another nurse also feels that it would be good for the new nurses to get help with the prioritising and direction for what tasks a nurse shall perform. The nurse continuous by saying it also would be beneficial to get clear direction and responsibilities.

One nurse tells that they have been asking for some kind of list for prioritising. The nurse thinks it is difficult to feel satisfied when leaving work since the nurse does not know if they have done a good work of doing the right or enough tasks. In addition, the nurse feels that it would be beneficial to create a list with the leaders that states that if the nurse has done these tasks and prioritised in this order the nurse can leave the work knowing they have done a good job even though some tasks need to be given to the next nurse. However, one new nurse thinks it is not possible to get help with prioritising since it will depend on every situation. Anyhow, another nurse believes that it would be good to get help with the prioritising, however, this is not a topic that is discussed at the moment. The nurse feels that it would also be beneficial if the more experienced nurses tell the newer ones that "they are not alone" and that "the department will not fall apart"

etc. in order to give more support to each other. Moreover, the nurse states that it can be a good idea for the new nurses to be given mentors for a longer period of time. If so, the new nurses can feel that they always have someone to ask for advice or for the mentor to give constructive feedback when the new nurse needs to correct something.

According to the law AFS 2015:4,10 §, the employer shall make sure that the employees know what work tasks shall be prioritised if there is not enough time to do them all. If SU shall be able to follow AFS 2015:4,10 § they need to clarify for their employees how to prioritise. However, even though it might be difficult to construct a prioritising list they are obligated to do so according to the law since the nurses have asked for it. Additionally, it must also be clear who the nurses shall contact, what resources can be reached, or if the nurses have the authority to make own prioritising. It is also beneficial to clarify the prioritising since this arrangement can lower the stress level for the nurses since it has been mentioned it is stressful when they are not sure what they should do and in what order.

5.2.4.2 Requirements and Resources

The majority of the nurses seem to feel that they do not always have time to do everything they should. However, all the nurses try their best to do all tasks and another nurse describes that if the nurse does not have time to do everything during a work working period, they should inform the next nurse what is left to do. In addition, one nurse describes that in order for have time to do all tasks the nurse does not take breaks or when helping the assistant nurse the nurse needs to down-prioritise tasks that the nurse should do in order to avoid suffering for the patients. However, the nurse feels that it is a difficult balance since if the nurse does not do all tasks it will also create suffering for the patients. Therefore, the nurse thinks that "have time" is a relative concept. It is problematic that the nurses think that they do not have time to take their breaks since the possibility for recovery is an important resource when there is a high workload. Arbetsmiljöverket (2016) states that it is in general possible to cope with a high workload if there is a possibility for recovery and if the high points of the workload are not close in time. Therefore, if the nurses do not have time for recovery it will decrease their possibility to cope with the high workload and, thus, might increase the risk of being burnt-out.

One nurse believes it might be more difficult for new nurses to handle all tasks and it probably takes over a year before a new nurse knows all work tasks. In comparison, the majority of the more experienced nurses seem to feel that they have time for everything they should do. One of the new nurses thinks that they often have time to do everything even though some periods of the day is more stressful than others. However, the nurse has previously stated that they do not have an exact overview of what the nurses do and what the assistant nurses do. Another new nurse does not feel that they always have time to do everything and the nurse describes that sometimes when the nurse goes home, they have no idea what has been done during the day. The nurse only feels that they have been running around. Furthermore, even though some of the more experienced nurses feel

that they have time to do everything they still often feel stressed some days. One of the more experienced nurses thinks that the workload has become heavier over the last couple of years which makes it more difficult to have time to do everything. Furthermore, one nurse believes that the more experienced nurses might be better at asking for help in order to have time for everything. The nurse also believes that new nurses not always dare to ask for help or give orders to others, especially very experienced assistant nurses. Moreover, some nurses might have this leader type in them, and others might have a more difficult time to delegate. Furthermore, the nurse thinks it also can be hard to ask for help since the new nurses see it as a failure. However, the nurse thinks it is good to be able to ask for help since when another nurse has a lot to do and this nurse has a calm period the nurse can return the help.

According to Arbetsmiljöverket (2016), it needs to be a balance between requirements and resources at a workplace in order to create a healthy work environment. Since the requirements seem to be high at the department and there are rarely not enough resources, such as time and staffing, it can be discussed if it would be beneficial to focus on other resources. Example of these resources is competence, acting space, enough time, feedback and decision needed to be able to perform the set work tasks and the possibility to discuss problems and difficulties at work. In a nursing context, resources can, for example, be help from colleagues to carry a patient, clear instructions, work methods or pieces of advice.

5.2.4.3 Unhealthy Workload

All of the nurses working at the department that were interviewed feel that the workload is too high. One nurse thinks that the workload is high since many of the patients are multi-sick and many of the employees are inexperienced which the nurse feels is almost too much to handle and sometimes it can be dangerous. Another nurse states that the workload has increased over the recent years and the sick-leave numbers due to stress speak for themselves. The nurse also believes that they do not always do a good job, for example, see all patients and fulfil all of their needs due to the high workload. One of the nurses also expresses their worries about the plans of increase from 19 beds at the department to 25 beds since the nurse feels that they do not always manage to have 19 beds and it is problematic to hire new nurses with the current scarcity of nurses.

The nurses agree on the work being stressful and they all feel pressured, due to not enough time and a lot to do. One of the nurse's states that it is easy to feel pressured when they have a lot to do and at the same time needs to have many things in mind and if somethings are forgotten it can hurt the patients. Therefore, the nurse feels time pressure since it not possible to do it all and ethical pressure due to fear of hurting any patients due to, for example, forgotten medication. The nurse also feels organisational pressure since the department often expect the nurses to have responsibility for, for example, seven patients even though the nurse feels it is only possible to do a good job with five patients. In addition, one nurse believes it is also high pressure on the new nurses since the more experienced assistant nurses often expect the nurses to from the beginning

know everything since they are used to the more experienced nurses. The nurse also feels that the doctors put a lot of pressure on them when they tell the nurses what to do and the new nurse does not know why, and the doctors very often do not have time to explain. Thus, the new nurses have to spend a lot of time investigating it on their own. In order for SU and the department to lower the nurses' workload, it can be a possibility to go through and clarify the work content for both the leaders and the nurses. Arbetsmiljöverket (2016) states that clarified work content can reduce unnecessary requirements and pressure on the employees, thus, reduce the stress and perception of a high workload.

5.2.5 Leadership and Teamwork

In the following chapter, the aspect of leadership and teamwork in the analysis model will be analysed, see figure 10.
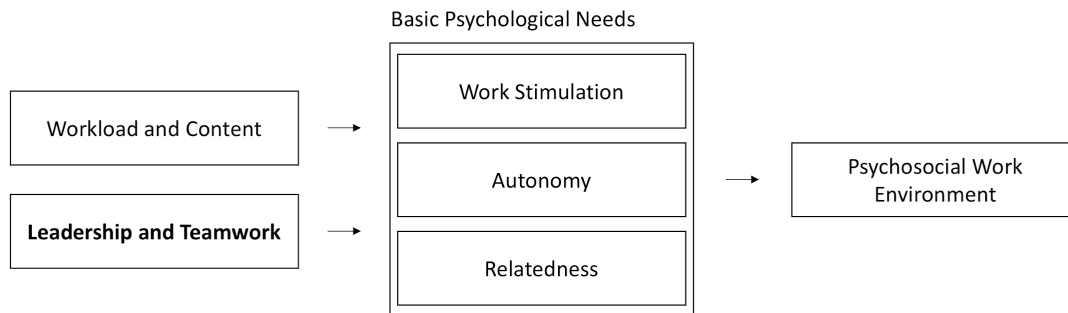
Figure 10. Leadership and Teamwork Analysis

5.2.5.1 Leadership

The nurses' perspective
When asked about leadership the nurses enhance that a good leader is a good collaborator that is a part of the team and sees all team members. The leader shall also be trustworthy and visible for the employees in order for them to know whom to turn to. In addition, a leader shall have a clear agenda, and both listen and give feedback regarding what the employees do. Moreover, a leader shall also be good at dividing work between the employees in order for the nurses to do what they are best at, however, at the same time make sure that everybody works together. The leader shall also establish a work environment where the employees help each other.

The leader shall know how to handle the situations that occur both solve conflicts and engage in solving problems, it does not matter if it is possible to solve the problem it is the effort that counts. Nevertheless, the leader shall also be open to constructive criticism. Moreover, in order for the leader to engage in solving problems, the leader must listen to their employees, thus, communication is an important aspect. Additionally, communication is also important since the leader needs to make sure that the team feels included in the evolvement of the department. However, the leader shall have two-way communication with the employees, not only give orders.

One nurse mentions that they think it is important that the leaders treat everyone as equals, no matter if they are new to the department or have been working there for many years. The nurse believes that it is very easy for the leaders to listen more to the experienced ones since they often have worked on the floor together, however, the nurse thinks that the nurses, no matter experience, should be treated as equally valuable. Moreover, the nurse thinks it is crucial for the leaders to prioritise the nurses the same and be open to new ideas and not only do as they always have done. According to the nurse, it is important for leaders to remember these aspects in order to keep new nurses.

Another important aspect seems to be motivating the employees and explaining the purpose for different tasks. One nurse explains a situation when the nurses needed to work more night shifts, however, no one wanted to do it so the leader solved the problem through talking to the nurses and listen to their solutions for the situation, thus, managed to engage the nurses in the problem. Therefore, the nurses felt motivated to take the night shifts and they did it in order to help the department even though they, in the beginning, did not want to do that. The nurse also explains that another key aspect was that the leader was able to not only see the individual but also the group as a whole and that the leader often talked to the nurses and asked them how they were feeling and how the work went. The nurse felt that when she or he had a problem it was taken seriously since the leader had a dialogue and confirmed that the problem was understandable even though it was not always possible to solve. The nurses seem to want a transformational leader where "leaders and followers help each other to advance to a higher level of morale and motivation" (Burns, 1978). The aim is to "transform" the employees in order to create a supporting and encouraging organisation where the employees help and look out for each other (ibid.).

The question regarding today's leadership got a variation of answers, however, one main aspect that almost everybody agrees on is that it can be improved. Furthermore, the majority of nurses enhance the fact that the leader probably has a difficult situation with high pressure from higher management, for example, open up more beds and at the same time pressure from the nurses themselves. Some nurses also suggest that it is sometimes a strange situation since the nurses have been working on the floor with the leaders in the past. The leaders might also have a difficult time to earn the trust from the nurses since the previous leader was very appreciated, therefore the leaders will be compared to him or her. One aspect that many nurses bring up is that the leaders listen to their problems, however, very rarely solve them or explain how they think. Nevertheless, there are also nurses that think that the leaders are listening to them and try to help them. Moreover, one nurse suggests that it would be beneficial for the department to have more manpower care and not only focus on reaching the higher management's goal with more open beds. At first sight, the leaders seem to have a transactional leadership approach since many of the nurses feel that the leaders do not listen to them. Transactional leaders do not take emotional and social needs into consideration and they spend very little or more likely no time on developing their followers'

abilities and talents or attending their needs (Deichmann & Stam, 2015) which seem to be the case at the department.

Some nurses feel that the leadership is lacking a clear picture of the whole department which according to the nurses can be connected to the fact that the leaders are not always present. Another consequence of the lacking presence of the leaders seems to be that some nurses can feel a bit lonely and not enough supported in their daily work. One nurse also suggested that the leaders need to be more structured, i.e. what to do and make sure that the orders are performed. The nurse continues with an explanation that there is some tension at the department which maybe can be improved with more structure. It can be difficult for a leader to fulfil their followers need, embolden their participation in decision making and their leadership skill development (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006) when they are not present at the department. Therefore, it might be difficult for the leaders at the department to be a transformational leader.

The leaders' perspective
Only one of the leaders stated that they feel like they are fully able to be the leader that they want to be. From the other interviews, it is obvious that there are several areas hindering them in their roles. Several of the leaders mention time as an important factor and they feel that they are not always able to give their employees their full attention due to the lack of it, even if they also mention that they have to make time for it. One of the leaders mentions that since they have so many employees, it is impossible to be there fully for everyone. It can be discussed if the leaders aim to be transformational leaders since similar to what they describe transformational leaders attempt to fulfil their followers need, embolden their participation in decision making and their leadership skill development (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). However, since they also describe that they do not have the time to fully be there for their employees it is likely that they instead become transactional leaders who rather spend very little or more likely no time on developing their followers' abilities and talents or attending their need (Burns, 1978).

There was also a focus on regulations from SU in the interviews. One interviewee stated the budget for their department was too limited, however, they also wanted to highlight that they would never use that as an excuse to not be the best leader that they can be. Other regulations from SU that impact leadership capabilities include the regulations on being able to give time off from work. One leader stated that they want the regulations to be less strict so that they can give employees time off work in situations like funerals for distant relatives or if they have children with special needs. Relating to this, one leader mentioned the opposite problem of having to force their employees to work. Because their department is understaffed, this leader sometimes had to order their employees to work which had previously led to employees leaving the unit. Another leader brought up this issue as well in relation to the power balance. This leader feels like the power balance can be uneven with some employees who are putting pressure on their leader who for example want time off work or other benefits. In these situations, they can threaten to leave the

department and look for a job elsewhere if they do not get what they ask for, just because they know it is so easy to find a job elsewhere because of the lack of nurses.

A general opinion among the leaders is that they are never fully finished with their work and that there is always more that could be done. They believe that they simply have to prioritise and leave out tasks that are less necessary. One of the leaders stated that sometimes if they ignore an e-mail or another simple task, it will eventually become non-relevant and that this is something that this person has learned and actually work to reduce the workload. Another leader stated that they usually try to tell themselves that "if I leave this task until tomorrow, no one will die" and that this is a mantra that they need to be able to leave work in the evenings. Once again, the leaders enhance the fact that they do not have time to do everything they shall do, especially since of the leaders prioritise based on the dying- or not-dying-aspect. Therefore, it is likely that the leaders do not prioritise to be a coaching leader through transformational leadership since they do not have time for it.

One of the leaders states that the thing that takes up most of their time is the recruitment process. This person estimated that around 50-75% of their time at work is currently focused on recruiting new personnel which this person states is not possible in the long run since strategic and non-critical tasks are immediately dismissed as something that there is no time for. Furthermore, only one of the leaders stated that yes - they feel like they have enough time. However, it is difficult to define what "enough time" means as there are always more things that can be done. The leaders seem to be in agreement that they do not work 40-hour weeks, it is usually a few hours more each week.

Even if all leaders agree that the workload is high and that they rarely have enough time, it varies on how they feel about this fact. Some of the leaders would want the workload to be lower and one leader states that this is obvious since "no one wants to stress in their workplace". However, another leader who is very comfortable in their role with a lot of experience being a leader does not believe that their workload is too high. This person says that the reason behind this is very personal and that it is simply because they have learned to prioritise and accept that fact that they will never be completely finished.

The leaders all agree that they are aware of their responsibilities at an overall level which includes leading the department through economic responsibility, personal responsibility and responsibility for the work environment. However, when breaking it down, some responsibilities are clear while others are not. One of the leaders states that they are aware of what they are expected to do in their role but that their responsibilities are continuously expanding as new things fall on their plate. All of the other leaders state that they are not completely certain what responsibilities are included in their role. The general perception of it is that they take each day as it comes, never really knowing what each day will bring and some even say that they just work by "putting out fires".

One of the leaders states that they are "happily oblivious" of the responsibilities they are not aware of and another one states that if there are responsibilities, they are not aware of, they are perhaps not so important. Overall, the leaders believe that increased structure would be beneficial for their roles as leaders but that since they are responsible for "everything" this would be difficult in practice. However, for leaders that are new in their role, there is a lot of room for improvement in terms of informing them of what is expected in their role as they are more or less expected to learn this on their own. According to the law AFS 2015:4,10 § the employer shall make sure that the employees know: what work tasks they shall perform, what results they shall reach with their work If there are any special ways to perform the work tasks and if yes, how they shall be performed, what work tasks shall be prioritised if there is not enough time to do them all and whom they can turn to get help and support to perform their work tasks. Since the leaders state that they are not fully aware of all of their responsibilities it seems like SU is not complete following AFS 2015:4,10 §. In order for SU to follow it, they need to provide the leaders with the previously mentioned aspects, for example, what work tasks they shall perform. If the leaders were provided with a clear guide to follow it might free some time for the leaders since they can be aware of what they shall do and what others can help them with. If more time was available, it might be possible for the leaders to be the leaders they want but cannot be at the moment due to time scarcity.

The support that the leaders have mainly comes from their own superiors. It varies slightly how the leaders perceive this support on the other hand and a lot of it is dependent on what their personal relationship is like. One of the leaders says that they do have support from their closest boss but that it is mainly simply in the form of some suggestions and ideas but in the end - the issues that they have is their own. Another leader says that they do not feel like management know who they are other than their closest boss who fortunately they feel give them the support they need. On the other hand, one leader says that they have an amazing management group who always wants to help in any way possible. Another leader, who shares the responsibility of their department with two other leaders perceive the support from the other leaders as their largest support system.

One of the leaders also mentions that they are a part of a network of leaders within SU but that this support is not very strong at a practical level but that it feels good to talk to people in the same position and get the "mental support". This leader values this support higher than the support of management and their closest boss. A few of the other leaders mentioned that they are involved with different kinds of mentoring as well. There is a mentorship program at SU but all of the leaders who participated in this study had arranged their mentorships on their own and had asked people whom they admired, and thought would be willing to help them. One leader had also formed a small support group with two leaders at nearby units where they can share experiences and support each other. In contrast to this, another leader mentioned that it is common that leaders of different units in this organisation does not cooperate with each other, but rather act territorial because they are afraid that they will lose their staff to other units.

Other leaders, who are new in their role, feel very insecure in terms of the support that they have. They were expecting that they would receive more support as a brand-new leader, and they have been uncertain about what support they can get and whom to ask for help. In the beginning, leaders are expected to take a leadership course consisting of 12 modules, which is expected to provide them with helpful information about being a leader and the support they can get. However, in a brand-new role, leaders are rarely able to take time away to participate in this course, leading to them participating after a few months when they have gotten settled in their role. This is considered to be a source of uncertainty at the beginning of their careers as leaders.

Several of the leaders also mention the HR-department as one of their largest sources of support since recruitment is such a substantial part of their roles as a leader. The economy-department is also mentioned as a department that can support the leaders to some extent. One of the leaders made the point that these two departments, and probably several other departments as well, are there to support but in the end, you have to ask for the support you want, it will not simply be handed to you. According to Arbetsmiljöverket (2016), the employer needs to clarify who shall help and support each other, this can be just one person or more. Sometimes the team can decide on their own how they shall help and support each other and in other cases, the employer needs to take that decision. At the moment, the leaders seem to only be aware that they can get help from the economy- and the HR-department but as one leader mentions it can be more. Hence, SU needs to clarify for the leaders whom they can turn to in order to get help and support if SU wants to follow Arbetsmiljöverkets requirements. Once again, if the leaders are able to free more time, they can use it to be the leaders they want and, thus, improve the psychosocial work environment for both themselves and for the nurses.

Relationship - The nurses' perspective
Regarding the question of how your connection to your leader is, there were a variety of answers, nevertheless, the relationship between the leaders and the nurses seems to be professional. One nurse thinks that they have a comfortable relationship with the leaders and the nurse believes that they would not hesitate to go and talk to the leaders if there are any problems. However, there are also exceptions, one nurse describes it as almost too personal since they have worked together in the past. Furthermore, another nurse said that they have a well-established contact and that they were able to speak their mind freely. Another nurse described it as casual and not that formal. The more experienced nurses have often worked with the leaders on the "floor" as colleagues in the past which seems to have created a more close or private relationship. However, one nurse defined it as "zero" and a second one said that they did not have much contact. The first nurse develops the answer by saying that it might depend on the age difference, however, they are not sure why. When a follow-up question is asked regarding if the nurse wanted to have a different relationship the answer was that the nurse thought "it is what it is" but they do not have any problem with the leaders, however, the way they lead is not the best.

The nurses explain that they meet their leaders on weekdays during the day in the corridor, if the nurse works during the night or at a weekend they will not meet. In addition, one nurse explains that the leaders, almost every morning, have a morning meeting which means that they meet each other. However, the leaders are not always present at the department some days they are on meetings etc. Furthermore, some nurses explained that they talked to the leaders more often since they often meet every morning or after meetings and talk through things that happen at the department. One nurse explains that they do not want to say that it is "gossip", however, it can be information like "we need to slow this down etc." or that the nurse feels like the leaders need to know, for example, regarding the employees in order for the leaders to keep the department running smoothly. Moreover, the nurses do not know if they have more close contact or see the leaders more often than another nurse. A transformational leader tries to have close contact with their employees in order to fulfil their employees' needs, encourage their participation in decision making and develop their leadership skills (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). However, it might be difficult for the leaders fulfil all of these aspects in order to be a transformational leader since they rarely see their employees more than a quick word in the corridors. Therefore, leaders tend to become transactional leaders.

There were suggestions regarding if it could be beneficial to have co-worker meetings more often. One reason was for the nurses to get more following-up feedback and updates regarding previous meetings. Another reason behind it was that it can be difficult to give the leaders constructive criticism or have a dialogue regarding their leadership which is suggested to be hard to do at meetings when everybody is present. One nurse explains that it might be difficult for the leaders to know what the nurses feel regarding their leadership since they never talk about it. However, it is also suggested that the leaders might not want to have any feedback regarding leadership. More regular co-worker meetings can be beneficial for both the nurses and the leaders. More regular meetings can create a more supportive environment for the nurses since they get more present leaders since the leaders can have a more transformational leadership style. A transformational leadership style aim is to "transform" the employees in order to create a supporting and encouraging organisation where the employees help and look out for each other (Bass, 1985). Therefore, if the leader becomes transformative it will also create an even more supportive work environment for nurses since they become better at helping each other. In addition, more regular co-worker meetings can help the leaders become more present which they have expressed a wish for. However, if more co-worker meetings are to become a reality, more time must be created for both the nurses and the leaders.

The majority of the nurses respect their leaders, one nurse states that the leaders have authority and can make sure that the nurses know who the leaders are and that they have the final decision. However, not all nurses have confidence in their leaders. A couple of the nurses think that they have confidence in one of the leaders, however, not both. Several nurses also believe that they do

not have confidence in the leaders since the praxis is to go to the leaders when they are not pleased with something, however, it is a common knowledge among all nurses that it is no idea since the leaders will not listen to them. It is also common to talk to the leaders about problems and the answer is always "we know…", however, nothing gets done about it. Another nurse said that they respect the leaders but does not have any confidence in them and it is better to share with a colleague. Also, this nurse believes that this situation occurs since the nurses feel that the leaders do not listen to them. Nevertheless, one nurse states that it is probably a difficult position for the leaders, and it might be too much for them to handle since it is many people to please, both nurses and higher management. Furthermore, one nurse states that they do not always feel respected by their leaders, however, the nurse still respects them and has confidence in the leaders.

Regarding the question about enough support, the majority of the interviewed nurses feel that they get the support they need from the leaders; however, some nurses wish to have more support than they have today. One nurse states that it sometimes is difficult to get the needed support since everybody often is stressed and it can be frustrating since no one has time to help or support. Furthermore, another nurse suggests that they support him or her by listening, however, the leaders very rarely support the nurse by solving the problem. When a followed-up question is asked regarding how the nurse wants it to be the answer is that the nurse wishes that the leaders would try to fix it in order for the nurse to feel that they actually listen to their thoughts. Another nurse feels that the leaders care about their feelings, however, the support regarding the nurse profession or how to solve problematic situations regarding work is not present. The nurse feels that the leaders are not enough to present at the department and do not have any touch points with the nurses expect to make sure that the schedule is working, and everything is running at the department. However, the nurse believes that this lack of support can be connected to the fact that the leaders only have had the leading positions for a year. Furthermore, it seems like the leaders do not work according to the transactional leadership style since a transformational leaders attempt to fulfil their followers need, embolden their participation in decision making and their leadership skill development (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). In this case, the nurses do not feel that the leaders try to fulfil their needs, for example, the nurse feels that the leaders do not listen. However, if the leaders were able to have a transformational leadership style the alignment and articulation of the employees' personal value systems with the organisation's interests can also increase the employees' commitment and understanding towards the realisation of such wanted collective performance and values expectations (Boehm et al., 2015). Thus, the nurses might get a better understanding of why the leaders cannot fulfil their needs at that particular moment.

There are a variety of answers regarding the question about the leaders being a mentor or a coach. Some nurse feels that the leaders have been acting as a mentor or a coach when they have asked them for help. However, it has been on the initiative from the nurse who has asked for help and the leaders have them given advice regarding how to solve it. Nevertheless, the nurse feels that it

has been enough. Moreover, some nurse state that they do not have the need for the leaders being a coach or a mentor. In comparison, other nurses do not go to the leaders and ask for advice, instead, this nurse asks colleagues. The nurse feels that the colleagues have more knowledge regarding daily work. A third nurse tells that the new nurses are given a mentor among the more experienced nurses and it is common that the mentor keeps the position even if the official mentor period is over, hence, the nurse more often turns to the old mentor if they need support. The nurse believes that this is a good system since the nurses on the floor have more knowledge about the daily work than the leaders. Moreover, another nurse rather thinks that they more tell the nurses what to do than supporting them. The nurse believes that the leaders never ask how they are feeling when they are sad, instead, the nurses support each other. The nurse also feels that the operations at the department are more important than how the nurses are feeling. It seems like the leaders are transactional due to the fact that they seem to have a more commanding leadership style than coaching. Transactional leaders develop an understanding with their employees based on a mutual exchange: where the fulfilment of goals and good deeds is rewarded and the opposite, inability to achieve goals and bad deeds, are punished (Deichmann & Stam, 2015) which seems to be the case. Since the nurses seem to have transactional leaders they will aim for conformance and try to do the exact thing the leaders tell them instead of exploiting and exploring new opportunities (Boerner, Eisenbeiss, & Griesser, 2007). However, the leaders can become more transformational with a coaching leadership, but it is always on the initiative from the nurse.

The majority of the nurses perceive that they are respected by their leaders, however, a few nurses do not. One of the nurses believes that they do not feel respected due to the salary. They found out that a colleague had a higher salary even though the nurse thought that this colleague did not have some competence, hence, the nurse felt used and not respected. The nurse felt that they are good at their work and since the nurse still wants to stay at SU, even though it is not the best circumstances at the moment, the nurse feels that they deserve something back in order for SU to show appreciation. Moreover, the nurse does not feel that SU shows any affirmation that they know that it is a high workload, but the nurses still do a good job, the nurse wants once again more appreciation. The nurse feels that the leaders need to be better on seeing the nurses and say that they do a good job in order for them to cope even though the workload is too high with too many patients. Therefore, the nurse does not feel appreciated or respected. Furthermore, another nurse feels that they are respected, however, the nurse also requests more appreciation, for example, more positive feedback on their work.

One nurse believes that the leaders treat him or her with respect as an individual, however, the nurse feels that the nurse profession might not be enough respected. The nurse states that if not their leaders strive for a better work environment and a higher salary who will, hence, the nurse would like the leaders to take a larger responsibility regarding these aspects. Moreover, the nurse gives the example of the discussion of hiring assistant doctors instead of nurses. The nurse is worried about how this can affect the nurse profession and if the nurses are exchangeable and not

needed in the future. This nurse thinks that it better to solve the underlying problems, the scarcity of nurses, and it might not be the leaders' task but once again who will if not them.

The leaders seem not to have a transformational leadership style since the foundation of the transformational leadership style is the alignment of the company's members' interests with the company itself (Bass, 1985). At the moment SU's interest and the nurses' interests do not match each other. SU wants to open up more beds and the nurses feel that it is not possible and are more interesting in changing the current situation to a more sustainable work environment. Furthermore, the leaders seem to be stuck between upper management's requirements and the nurses' requests which can be a reason why they do not listen to the nurses' wishes. According to Bass (1985), transformational leaders arouse loyalty, respect, and trust from their followers. Once again, the leaders have not succeeded to work as a transformational leader since not all of the nurses feel that they are treated with respect by their leader. Thus, in order for the leaders to become transformational leaders, they need to improve the respect aspect. However, it can be difficult since one of the nurses states that they do not feel respected due to the low salary which might be difficult for the leaders to affect. Therefore, it can be beneficial for the leaders to pay more attention to what the nurses say and if it is not possible to fulfil their wishes it can be good to explain why. This goes in line with the literature that states that transformational leaders attempt to fulfil their followers' needs, embolden their participation in decision making and their leadership skill development (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006).

Relationship - The leaders' perspective
All of the leaders are happy with their relationships with their nurses and state that the relationships are good. Everyone values this aspect of their job very highly and several mentioned that they try to keep an open-door policy and try to create a climate where their employees can come and talk to them. Several interviewees mentioned that they actively try to check up on their employees through the day and see how they are doing. However, a considerable obstacle in this is the working hours. It was mentioned by several of the leaders that they feel guilty about not being able to do this with the night shift nurses. Two of the leaders stated that they come to work very early in the morning so that they can at least check in on these employees. Once again it seems like the leaders do not have the time, they need to be the leader they want. Since the leaders do not have the time to see the nurses working the night shifts it is very unlikely that they have the possibility to fulfil the night shift nurses' needs, embolden their participation in decision making and developing their leadership skills (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). Therefore, the leaders do not have the resources to be transformational leaders for these nurses.

All of the units have recurring meetings where they frequently meet their nurses in group settings. However, meetings one on one are less frequent and all leaders stated that it is practically always that the nurses have to come to them if they want a meeting one on one rather than them scheduling it with the nurses. The only exception of this is co-worker meetings and salary meetings which are

both meetings that are around an hour, once each year. One leader stated that they feel like this is an outdated way of working and that they would rather have more frequent but shorter scheduled meetings. If the leaders have the opportunity to meet their nurses more frequently, exactly what is pointed out by the last leader, it could create a more present leadership. A more present leadership can also create a more coaching leadership and, hence, a transformational leadership style. A transformational leadership style would be beneficial for the department since previous studies have shown that teams with a transformational leader will have a higher level of satisfaction and job performance in comparison with those teams piloted by other styles of leadership (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). Additionally, transformational leadership enhances the employees, in this case, the nurses', morale, motivation and their performance (Testani & Ramakrihnan, 2011).

Most of the leaders have the aspiration to take on a role as a mentor or a coach for their employees. Some of them believed in this very strongly while a few wanted to take on this role to just some extent. The main reason behind this as mentioned by two interviewees is that they are not as competent in their own particular area of medicine as the nurses themselves. Only one person said that they do not aspire to be a mentor or coach to their personnel. They stated that they maybe would but had not given it much thought and that it is difficult to coach from the office and that they would have to be out in the department more to be able to take on that role. Another leader also stated that they feel like they do not need to take on that role since they believed that their employees got that kind of support from their peers. Even if not all leaders felt like they needed to take on the coaching role, everyone was in agreement that they are able to and give their employees the support they need from them. One leader stated that they felt like they gave enough support but would like to give more if they had more time. Another leader also mentioned the night staff as the only exception where they felt like they do not give them enough support. Since the majority of the leaders do have an aspiration to be a mentor or a coach for their nurses they seem to also have a wish to be a transformational leader due to the fact that a transformational leader's aim is to create a process where "leaders and followers help each other to advance to a higher level of morale and motivation" (Burns, 1978). However, once again the leaders are hindered by the scarcity of time.

Communication and Control - The nurses' perspective
Regarding the question, if the nurse has open communication with the leaders a variety of answers were given. Some nurses believe that it is possible to always talk to the leaders if situations occur, however, other nurses feel that they disrupt the leaders if they want to talk to them. One nurse thinks it depends on personal chemistry. Another nurse thinks it depends on a different personality and these leaders do not invite to ask questions. Furthermore, one nurse states that they do not feel that it is possible to speak their mind freely, for example, the nurse says that they have any thoughts regarding the leadership and how to improve it. However, the nurse does not feel that is possible to share these thoughts.

Another nurse explains that the department at the moment lacks a well-functioning communication between the nurses and the leaders. The nurse believes that it can be connected to the leaders' high workload which affects both the communication and the leaders' possibilities to take care of the team. Furthermore, the nurse explains that the team has had a problem with conflicts which the leaders were not able to fully take care off. Another nurse wishes to have a more open environment in order to make it acceptable to talk about clashing standpoints to solve them without talking about it behind others' backs. As previously mentioned, the nurse also perceives that the leaders listen to the nurses, however, do not solve their issues. Another problem that was brought up during the interviews is that it is difficult to get granted vacation. One nurse mentioned that it is common to ask for a week free and the only answer is "we have to wait and see" and then the week passes without any vacation. The nurse believes that these small things gather up and contributes to bitterness among the employees. Furthermore, one nurse thinks that the leaders also need to be better at taking care of conflicts and handle the aspects that are important for the nurses. Another aspect mentioned is that on nurse do not feel that they are a part of the whole operation since there is not enough communication regarding what is happening and why.

A transformational leader has transformative ideas that will "rise above what others are thinking, along with the enthusiasm to communicate the ideas and to support employees in ways that will vitalise them and instil a sense of meaning associated with the transformative ideas" (Deci, Ryan & Olafsen, 2017). Since the nurses believe that the leaders do not have a functioning dialogue between the nurses and the leaders it is unlikely that the leaders succeed to work in line with the theories presented by Deci, Ryan and Olafsen (2017) since the communication is not working. Moreover, the lack of communication will also result in that the leaders are unable to operate as a transformational leader since these leaders shall acknowledge the employees' ideas in discussions, provide a choice regarding how to perform the ideas and refraining from pressuring language and behaviours (ibid.). These aspects are once again difficult to perform when the dialogue is not working well. If the leaders want to change their leadership style towards a transformational one, they need to create a carefully presented message and they are open for their employees' input (Neufeld et al., 2010). Furthermore, these leaders also try to communicate candidly and aim for appealing the employees' aspirations in order to get the employees commitment and trust (ibid.).

The nurses have a very different view on the question do you feel that your leaders listen to your thoughts and needs. Some nurses feel that both leaders are listening, and some nurse perceive that only one of the leaders listens to them. One of the nurses believed that it might depend on personal chemistry. Another nurse does not know what to answer since she or he never has spoken to the leaders regarding their thoughts and needs. The nurse thinks that it could be different if the nurse had another relationship with the leaders, however, they do not dare to speak their mind at the moment. Furthermore, one of the nurses believes that when they point out positive aspects there is a good response from the leaders, however, if more negative or difficult aspects are presented, for

example, changing the schedule it is very rarely solved or responded to. The nurse continuous with saying that they understand that everything cannot be solved, nevertheless, it would be encouraging if the leaders at least confirmed and understand their point of view. The fact that the nurses perceive that the leaders do not always listen to them goes in line with the transactional leader. A transactional leader preserves stability within the organisation by monitor the performance of the employees and checks for errors, mistakes, and any deviances instead of having a dialogue (Boerner, Eisenbeiss, & Griesser, 2007). Moreover, transactional leaders are mostly concerned with the efficiency of processes and operational effectiveness within the existing systems' boundaries (Jung, 2001). Hence, the nurses will only aim to reach the set level of performance since it is what the punishment and rewards will be judged on. As a consequence, the nurses will feel that finding new ways of doing things and improving the set activities is the leaders' responsibility (Deci & Gagné, 2005).

The nurses stated that the leaders provide a clear purpose for all work tasks the nurses are supposed to perform. Providing a clear purpose for all work tasks is in line with transformational leadership style. Deci, Ryan and Olafsen (2017) state that a transformational leader has transformative ideas that will "rise above what others are thinking, along with the enthusiasm to communicate the ideas and to support employees in ways that will vitalise them and instil a sense of meaning associated with the transformative ideas". Furthermore, the leader shall also communicate candidly and aim for appealing the employees' aspirations in order to get the employees commitment and trust (ibid.). Lastly, it is also common that these leaders exercise their influence in order to inspire and motivate their employees so as to tie them to a shared understanding. However, one nurse mentions that they do not always understand the purpose of what SKL decides. The nurse mentions as an example that the nurses need to do a risk evaluation when the patients are over 65 years old and the nurse does not see the purpose of it since the patient only is a part of the department for a short period of time. Therefore, the nurse only sees another work task they need to perform that no one uses when the patient returns to, for example, a community centre for the elderly. In addition, another nurse believes that the leaders do not have to provide many purposes since these aspects are taught in school.

The nurses feel that the leaders are optimists regarding the future and one nurse believes that the leaders need to be positive regarding the future in order to survive. One nurse mentions that the leaders talk about recruiting new employees and open up more beds at the department. However, the nurses do not share this optimist view on the future, the nurses state that the scarcity of nurses will make it impossible to expand the amount of hired nurses at the department and, thus, not possible to open up more beds. Furthermore, one nurse suggests that it must be difficult to be team-leader, or middle-manager, since they need to be positive towards the nurses, however, the nurse believes that the manager needs to understand that it is not possible to expand at the moment. In addition, another nurse states that they think that the leaders are too optimistic and positive towards the future. The nurse believes that it is only possible to mention the positive aspects regarding the

future, however, the nurse states that is important to also talk about the negative aspects which are not allowed at the moment. The nurse also thinks that it is almost provocative to only focus on the positive aspects since these issues are being ignored and, hence, not solved.

One nurse tells that the leaders need to be optimistic regarding the future because the department has had a difficult time recently since many experienced nurses have left. Therefore, leaders need to believe in a better future in order to make it happen. However, the nurse believes that it must have been hard for the leaders since they have been working as regular nurses as well in order solve sick leaves and vacations which take up a lot of their time and energy. The nurse also thinks that it must be more difficult to be a leader today in comparison with the past due to the scarcity of nurse and the puzzle with the emergency patients that need beds quickly. In the end, the nurse believes that these difficulties are a reason why a lot of operations are being cancelled. Moreover, the nurse states that the coordinator has together with the leaders an important task at the department in order to solve the lack of nurses at the department. The nurse also tells that the leaders sit down every day and talk through all patients to find the ones that can be sent home in order to free more beds which is positive since they know all patients, however, the nurse also think it is a stress to get rid of the patients which they do not like.

The majority of the nurses believe that the leaders are trying to create an inspiring vision regarding the future, however, the majority of the nurse does not feel inspired. One nurse describes it as the leaders being very skilled in illustrating a vision of how it should be at the department which the nurse feels inspired by at the meeting. However, when the nurse returns to the daily work, they realise that the vision is not possible to implement at the department. Another nurse describes that they are not interested in the area of the department, however, one of the leaders was very good at creating an inspiring vision at the job interview which made the nurse start working at the department. Moreover, another nurse thinks that the visions are not created by the leaders themselves, instead, it comes from the top-management at SU. The nurse does not either think that it is possible to open up more beds and hire more employees, instead, the nurse feels that the vision creates high pressure on the existing employees. Another nurse thinks that it is laughable to say that SU in the future will be able to open up more beds and hire more staff and they think that the vision is not inspiring at all. In comparison, one nurse does not feel inspired since they do not think that the vision is true.

One nurse believes that it would be beneficial for the department to have a better establishment of visions. The nurse suggests that visions can create a "we-feeling" among the employees which also can make them feel more important even though they are just an individual in a huge organisation. However, the nurse feels that the leaders only speak about open up more beds and that only creates a feeling of panic among the nurses since they do not understand how it will become a reality. The nurse believes that the leaders should be better at telling the purpose behind

the vision the nurses will feel that they do something important and they are a part of something larger.

Another nurse thinks that the leaders wish to establish a vision, however, the nurse is not sure if it is possible to reach it due to difficult times. The nurse also states that it is difficult to reach the vision since there are many other things that have a higher priority that need to be done before, for example, personnel policies and running a department. In addition, the nurse believes that the department has been successful in the past due to the employees. However, many of the more experienced employees have left the department recently and the nurse thinks it will take a lot of time and resources to teach the new employees, therefore, it can affect the possibility to focus on the visions.

One nurse believes that the leaders might not have time to establish a vision since they have to spend a huge amount of time to find new nurses in order to solve the scarcity of nurses at the department. The nurse also thinks that must be difficult for the leaders since they are middle managers and is caught between the nurses and the pressure from higher-management in combination with a very restrictive budget. Therefore, the nurse thinks that all improvements the leaders can make a reality of being impressive.

Transformational leaders shall, in line with what the leaders do at the department, be optimistic regarding the future and establish a vision. They shall do so by motivating and inspire their followers to reach the set goals and expectations (Bass, 1985). However, it seems like the leaders are not able to reach this step since the nurses express that they do not feel inspired and do not believe in the leaders' optimistic view of the future.

One nurse describes that the leaders often communicate through their morning meetings where they tell the nurses what to do during the day. The nurse thinks the leaders is very throughout regarding their information and often say things like "do not forget X and Y". Moreover, the nurse believes that the leaders do so in order to create core values at the department. The leaders are also good at telling if there are going to be present at the department during the day or not which makes it easy for the nurses to know where the leaders are.

The leaders seem to have different communication ways, one of them has an informative way and the other one has a more controlling way of communicating. Nevertheless, some nurses think both of the leaders have an informative way and other one feel that both of them have a controlling way of communication. One nurse that believes that both of them are controlling think it depends on the fact that they are the team leaders and they need to have that approach. Moreover, the nurse also thinks that the nurses cannot affect decisions even if they sometimes want to since none of the leaders would listen. When the nurses got the following-up question regarding if the leaders' way of communicating is positive or negative one of the nurses stated that the leaders often inform

the nurses. However, the nurses can never affect the decisions which create a feeling that their opinions do not matter. The nurse believes that a solution could be for the leaders to at least pretend to listen to the nurses and then present the decision in order for the nurses to feel that their voices matter. Additionally, the nurse also mentions the decision to hire assistant doctors, instead of nurses, during the summer which was mention during a meeting at the department. Even though the nurses explained that they were against the decision it did not matter.

Another nurse stated that the leaders might act controlling because they need to have control over the department, however, the nurse feels controlled in their daily work which is not appreciated. The nurse thinks that the leaders too often need to control every small detail in the work even though the nurse feels that these aspects already work, and the nurse already have control over it which they feel is unnecessary. In comparison, one nurse feels that the leaders both inform in an informative and controlling way and it can be necessary since otherwise, it will be anarchy in the team. The nurse continues by saying that it needs to be a balance between the two ways of communicating and sometimes it is unbalanced. They believe that the team sometimes feels that the leaders control them and there is no room for discussion or democracy, however, sometimes it is needed since the team need to be manoeuvred in the right direction. This nurse feels that there is a good balance between the two ways of communication. However, if the leaders aim to be transformational leaders the controlling of their personnel might not be the way to do it. According to Bass (1985), transformational leaders arouse loyalty, respect, and trust from their followers which might be difficult to reach if the leaders do not trust their employees. It would be beneficial for the leaders to become more transformational since the transformational leader's individualised support towards the employees helps them become more proactive, thus, find new opportunities and a higher focus towards important organisational processes and issues which can lead to value improvement and goal alignment instead of random irrational theories (Whittington, Goodwin & Murray, 2004). Therefore, it might be easier for the leaders to follow through with the nurses' ideas and, thus, the nurses will feel that the leaders are listening to them which is not the case at the moment.

Communication and Control - The leaders' perspective
The leaders are all in agreement that they definitely do not always have time for being present but that it is one of the most important, if not the most important part of their role, so they make time. All of them keep an open-door policy because they want their employees to always be able to come to talk to them if needed and it is stated by one of the leaders that they try to never turn anyone away unless it is not completely necessary. However, this is considered to be a difficult balance since being constantly interrupted leads to them never fully being able to dedicate time to administrative tasks, but it is a sacrifice that they have to make. One of the leaders even states that since their office is located at a different floor than their unit, they rarely work from there since they always want to be available for their employees to come and talk to. Furthermore, one of the leaders say they actively try to go out in the hallways and check up on their employees by asking

how it is going and how they are doing, but the leaders are in agreement that it is practically always the employees who have to go to them if they have something on their mind. Since the leaders' aim is to always be present for their nurses it can be discussed if the leaders aim also is to be a transformational leader. However, since the leaders also state that it is almost always the nurses that go to them if they have something on their mind they might rather be acting as transactional leaders at the moment. Eagly, Johannesen- Schmidt and van Engen (2003) suggest that transactional leaders are less likely to promote or even accept organisational change, innovation or ideas that will disrupt the workflow. This type of leader will not encourage their followers to creative thinking or innovation in order to solve organisational problems or find new solutions (ibid.). Hence, due to the fact that the leaders are acting as transactional leaders, they might have a difficult time to accept the nurses' ideas since it will interrupt the workflow. This can be the reason why the nurses perceive that the leaders do not listen to them which at the moment is one of the largest sources to dissatisfaction.

Several of the leaders think that it is important to convey a clear purpose. One leader stated that they try to be as educational as possible and explain the consequences to their employees in areas where they are lacking. Some leaders have more of the approach that their work is so clear that this is not something they have to actively work with, and one leader stated that they do not always have the time or knowledge to explain everything. However, the leaders who did not consider this as an important part of their everyday job still considers this to be an important thing to do when introducing new tasks and routines. All of the leaders are unanimous that they are very optimistic about the future. Several of them also emphasised that you have to be optimistic about it to be able to take on a role as a leader in this organisation. Only one person had some doubts about it at times, but this was only because they are in a role and could sometimes doubt themselves in it, but overall this leader felt optimistic about the future as well. One leader stated that it is an active decision they have made in life to simply be optimistic, which they have also brought into their workplace. Conveying this optimism to their employees is also something they all felt like they are doing. Some of them think it is how they are as a person and therefore they do not actively try to create an inspiring vision, but they still think it is there. The others made active decisions to talk about the future in an optimistic way. One leader stated that if they ever have a bad day, they would not convey this to their employees.

The leaders seem to not follow the transformational leadership style and instead of being a transactional leader regarding communication. This occurs since a transformational leader shall be open for their employees' input and acknowledge the employees' ideas in discussions, provide a choice regarding how to perform the ideas and refraining from pressuring language and behaviours (Neufeld et al., 2010; Deci, Ryan & Olafsen, 2017). Instead, the nurses feel that the leaders might listen, however, very rarely take their thoughts into consideration. Once again, it can be discussed if this is in line with the leaders' wishes or if it is a result of their difficult situation with pressure from higher management and scarcity of time. Furthermore, a transformational leader often

exercises their influence in order to inspire and motivate their employees in order to tie them to a shared understanding. If listening to the nurses' feelings, the leaders seem to not be able to fulfil this either. Not many of the nurses feel inspired by the leaders' visions and they have also questioned it and thinks it is rather the upper management's vision. However, a transactional leader will not try to inspire and create a vision, hence, it seems like the leaders are trying to be transformational leaders, but their surroundings rather make them transactional leaders. In comparison, all of the leaders stated that they feel like they have open communication with their employees. When asked if they feel like they are able to take the time to listen to their nurses' needs, they were unanimous in believing that they always make time for it. Overall, the leaders all feel like they are being informative rather than controlling. One of the leaders stated that this is because they have complete trust in their employees and therefore never feel the need to be controlling. Another leader also highlights that it is an environment where it is very difficult to be controlling since you are usually not present when the work is being done. This is also enhanced by another leader who would like to be more controlling and is afraid that they will be considered as too soft. It seems as all of the leaders are seeking a balance in this spectrum. One of the leaders mentioned that they are afraid of being informative will leave room for interpretation. Another interviewee stated that they feel like they have to be a bit controlling at times because there is not enough structure at the department and that they hope they can work on the structure first and then move towards being more informative.

It would be beneficial if the leaders could become more transformational since previous studies have shown that teams with a transformational leader will have a higher level of satisfaction and job performance in comparison with those teams piloted by other styles of leadership (Bass, 1985; Bass & Avolio, 1995; Bass & Riggio, 2006). Furthermore, transformational leaders will also increase the employees' morale, motivation and performance (Testani & Ramakrihnan, 2011). The department and SU seem to lack all of these aspects at the moment due to the high turnover of nurses and the dissatisfaction most of the nurses express during the interview. Therefore, a change in the psychosocial work environment and the leadership style might increase satisfaction among the nurses.

5.2.1.2 Teamwork

According to Eklöf (2017), good teamwork can be defined from seven group traits:

1) Practical possibilities; time and space for teamwork.
2) Regular contact within the team.
3) The team can tolerate and handle differences; therefore, the individual can arise, and the team's collected resources are made available.
4) Sharing of ideas and thoughts, this type of behaviour is considered to be safe and familiar within the team.
5) Creative thinking is encouraged within the team.
6) The team members have the same and inspiring goals.
7) The team members have the same orientation towards good performance and quality.

The majority of the nurses seem to feel that they do not always have time to do everything they should. In addition, one nurse describes that in order for have time to do all tasks the nurse does not take breaks or when helping the assistant nurse the nurse needs to down-prioritise tasks that the nurse should do in order to avoid suffering for the patients. However, the nurse feels that it is a difficult balance since if the nurse does not do all tasks it will also create suffering for the patients. Therefore, the nurse thinks that "have time" is a relative concept. Due to the fact that the nurses feel that they do not have time for their work tasks it can be discussed if they have the practical possibilities, time and space, to develop teamwork. Furthermore, the nurses work in teams with each other and the assistant nurses. Therefore, it is likely that they have regular contact in order to form good teamwork. However, it can be discussed if the leaders can be considered as a part of the team since the nurses only have personal meetings with them twice a year and otherwise, they only see each other in the corridors. Moreover, it is difficult to know if the nurses can tolerate and handle differences, some of the nurses mentioned that the leaders need to be better to handle these aspects in order to solve conflicts, hence, this aspect might not be fulfilled.

The majority of the nurses feels that they can speak their minds freely at work and present their ideas. Moreover, one of the nurses that feels that they may not do it at the moment is quite new at the department and believes that they will do it when the nurse has a better overview of the department. This might indicate that sharing of ideas and thoughts, this type of behaviour is considered to be safe and familiar within the team and that creative thinking is encouraged within the team. According to Eklöf (2017), these two aspects are needed in order to create good teamwork. Lastly, Eklöf (2017) states that the team members have the same and inspiring goals and the team members have the same orientation towards good performance and quality. However, the majority of the nurses believe that the leaders are trying to create an inspiring vision regarding the future, but the majority of the nurses do not feel inspired. One nurse describes it as the leaders being very skilled in illustrating a vision of how it should be at the department which the nurse feels inspired by at the meeting. However, when the nurse returns to the daily work, they realize

that the vision is not possible to implement at the department. Therefore, it can be questioned if the nurses are able to have the same and inspiring goals and the team members have the same orientation towards good performance and quality since they do not work towards a well-established vision.

6 Discussion

In this chapter important aspects of the gathered information, both theoretical and empirical findings will be discussed. Firstly, the theoretical contribution of this study will be discussed followed by a discussion regarding the different aspects of the created analysis model.

6.1 Theoretical Contribution

The model created in this study can be used to structure the reality regarding the psychosocial work environment. In this case, the model was used to map out and understand the phenomena of the psychosocial work environment of nurses and their leaders. In a healthcare department context, the model worked well. The model made it possible to see both improvement areas and challenges which might be difficult without help from the model since it created a clear structure. There is a possibility that the analysis model can be used outside a healthcare department context since the analysis model was created by combining SDT theory and Rubenowitz's job satisfaction model and these are not developed in a healthcare context. However, it is not possible to fully know if the analysis model is applicable to other contexts. Therefore, more research is needed to fully understand the analysis model and its possible application areas.

6.2 Managerial Implications

In the following chapter, the managerial implications of this study will be presented.

6.2.1 Work Stimulation

Overall, the work stimulation in this type of environment can be considered as good on many levels. However, a substantial issue in the work stimulation area is that in the role the nurses reach a certain point where they no longer develop. As new nurses and old nurses are expected to perform the same job, the nurses are immediately put in a context where they are fixed with very limited chances of increased responsibility and competence development. The only way for nurses to develop is to leave and search for other opportunities at another department or outside the hospital, leading to the conclusion that the role as a nurse itself as it looks today is forcing nurses who want to grow in their profession from their current position. However, this may not be personal development, but rather a way to escape their current position. In their new position, they will quickly find themselves with the feeling of not being able to develop again. In addition, it may be financially beneficial to increase the focus on the nurses' possibilities to develop in their current position, since when nurses are leaving their workplace, the employer needs to invest in teaching a new nurse. If this investment instead was done in order to develop the existing nurse the hospital would get a nurse with higher competence for maybe the same investment.

In some situations, the pay may make up for this short-term, but the payment today is not satisfactory for the nurses. However, since the nurses are aware of the financial situation of the profession beforehand, the conclusion can be drawn that it is not a crucial factor for their personal fulfilment. A major part in the feeling of competence is the feedback, which is perceived as satisfactory from the colleagues, as it is both positive and constructive. However, the leaders do not appear to have enough time to give feedback and actually see all of their employees, which is problematic due to this feedback being of higher importance than that of the colleagues. Even if the leaders are all unanimous in that they actively try to see their employees' performance, it can't possibly be sufficient with a group of employees that large. The role of the leader is too demanding and time-consuming to be able to fulfil this need in the employees and give them the feedback they need.

6.2.2 Autonomy

Autonomy in the everyday work tasks seems to be satisfactory for the nurses as they can plan their day, however, they want, even if there are a set number of things that should be done, depending on their current patients. However, this seems to occur only for the more experienced nurses since they have a clear framework to operate within. For the less experienced nurses, it rather seems that the lack of frameworks, i.e. knowledge regarding work tasks etc., reduces the feeling of autonomy. Instead, it creates a stressful environment which might have an impact on the fact at the largest group leaving SU is less experienced nurses.

What might be an area to investigate further, is how suggestions for improvements from the nurses is handled. The nurses themselves seem to have the feeling that when they do go to their leaders with improvements, it is considered positive but there is rarely any action taken. It can be discussed if this will lower the nurses' feeling of autonomy since they cannot affect their work situation, thus, they do not own their processes. However, from the leaders' point of view, most of them feel like suggestions are taken into account and that they can proceed with the suggestions in one way or another. This contradiction in opinions can stem from the fact that the leaders who participated in the interviews come from departments where they have other routines for improvements and therefore do have a larger success rate when it comes to implementing improvements. However, it can also be that the leaders are not able to see this question from the nurses point of view and that they are not so good at handling suggestions from the nurses as they think, but also because they are not as autonomous in their role as they believe, since they have so much pressure on them in their role.

6.2.3 Relatedness

The feeling of relatedness is very strong among nurses and is something that does not need to be worked on. There is the question however of why this feeling is so strong. It can be discussed that since other areas of the psychosocial work environment are lacking, it would lead to the nurses leaving, which they are doing in some cases. However, in the cases where the nurses decide to

stay, they need to justify for themselves a reason for staying in an environment that is not fulfilling. In this case, it may be that they use their colleagues as this excuse and persuade themselves and their environment that the feeling of relatedness is so strong that they will not leave because of it. It can also be discussed if the nurses experience a strong feeling of relatedness since they feel that they together make an important contribution when helping other people.

6.2.4 Workload and Content

In order for SU to follow the law AFS 2015:4,10 §, SU needs to provide both the nurses and the leaders with:

1. What work tasks they shall perform.
2. What results they shall reach with their work.
3. If there are any special ways to perform the work tasks and if yes, how they shall be performed.
4. What work tasks shall be prioritised if there is not enough time to do them all.
5. Whom they can turn to get help and support to perform their work tasks.

At the moment, not all of the nurses or the leaders seem to know, for example, what their work tasks consist of or how to prioritise. It can also be beneficial for SU to provide its employees with this information since unclear or contrarious requirements from the employer is one reason why employees experience discomfort at work. If it is possible to decrease the discomfort due to unclear expectations it might also decrease the high turnover of nurses. Many nurses have expressed that they feel stressed since they do not know if they have done a good job or even the right job after a work shift which decreases their work satisfaction.

It can also be beneficial to clarify the work content in order to decrease both the nurses and the leaders stress levels. If the nurses are unsure regarding what their work tasks consist of it is likely that they also do other professions' tasks or not all of the nurses' tasks which will increase the workload for someone else. Therefore, if the work tasks were clarified it might create more time for the nurses since they only do their tasks. Regarding the leaders, if they get a better overview of what tasks they should do and which task other departments, for example, HR can help them with it might lower their workload. As a result, it can lower the stress for them and increase their feeling of satisfaction as well since they can feel that they have done everything they should. A better overview of what their tasks consist of will result in a lower workload which will also be beneficial since the largest reason behind experience discomfort at work is a high workload. Once again, if the reasons behind experienced discomfort at work can be decreased, the number of employees on sick leave might decrease and thus, also the high number of nurses leaving the hospital.

6.2.5 Leadership and Teamwork

It can be discussed if the leaders' aim is to be transformational leaders due to their wishes to be there for their nurses and act as a mentor or a coach. However, the hospital environment seems to make it difficult to be a transformational leader. Instead, the leaders act towards a transactional leadership style, since they have a more controlling leadership style and do not always take the nurses' emotional and social needs into consideration. An interesting number is that only one of the interviewed leaders felt that they were able to be the leaders that they want to be. It can be assumed that this creates a stressful situation for the leaders since they need to handle the requirements of being a present leader with the scarcity of time. As previously mentioned, the leaders do already have a stressful work environment, since they handle a high number of questions such as requirements, resources, conflicts, organisational justice, employment security Eklöf (2017). Therefore, it can be discussed if the leaders have a healthy psychosocial work environment or if this result in that the leaders also ends up on sick leave. Moreover, if the leaders shall have any possibility to be the leader they want in the future there are some organisational changes that need to be performed. One of the aspects is that in order to be a transformational leader the leaders need to have time for their employees to make it possible to have a close relationship. Thus, SU needs to make more time available for the leaders to take care of their employees. One option can be to help the leaders even more with recruiting new personnel since one of the leaders estimate that it takes around 50-75% of their time at work. Therefore, a recommendation for SU is to let the HR-department take greater responsibility for the recruiting of new personnel.

Another option is to reduce the number of employees each leader is responsible for, at the moment the leaders seem to have responsibility for 25-68 employees. It can be discussed if it is possible for a leader to have a close relationship with 68 employees when they only work 40 hours per week. Considering the fact that the leaders do not feel that they have time for all of their employees and that they do not have the possibility to be the leaders they want it might not be surprising to see that the nurses feel that the leaders do not always listen to them. Naturally, these aspects need to be improved since it creates dissatisfaction among nurses. One step towards improvement can be for the leaders to increase their communication, for example, be better at explaining that they listen and that they will consider the nurses' feelings or thoughts. However, when it is not possible to act according to the nurses wishes the leaders need to be better at communicating why it is not possible.

As previously mentioned, closer to one of three employees has had work-related discomfort resulting in that they have been absent from work during the last 12 months (Arbetsmiljöverket, 2016). Among the employees that have experienced discomfort due to work, only one of three has had personal support from their leader or someone else appointed by the leader (ibid.). Only 27% of the employees got fewer work tasks or help with transferring their tasks to another employee (ibid.). If the employees have a closer relationship with their leaders it might be possible for the leaders to discover the ones that have experienced discomfort due to work and, therefore, be able

to improve their situation. It can be discussed if employees get better personal support or help with transferring work tasks it can be possible to decrease the number of employees ending up on the sick leave and in the end, leave the employer. This would be beneficial for both SU and other hospitals since many nurses leave the hospitals which are dreadful since the hospitals are battling a high turnover rate of nurses.

It can be discussed if the nurses have the possibility to develop good teamwork since they do not always have time to do their work tasks, thus, developing teamwork might not be their highest prioritising. Furthermore, it can be questioned if the leaders can be considered to be a part of the team(s) since the nurses rarely see them in their daily work and Eklöf (2017) states that regular contact is necessary. Moreover, it is difficult to know if the nurses can tolerate and handle differences between each other. Some of the nurses mentioned that the leaders need to be better to handle these aspects in order to solve conflicts, hence, this aspect might not be fulfilled. However, they fulfil the requirements of being able to share ideas and thoughts, and that creative thinking is encouraged within the team since the majority of the nurses feels that they can speak their minds freely at work and present their ideas. The requirements of the team members having the same and inspiring goals and the same orientation towards good performance and quality seem to not be fulfilled, since the nurses state that the leaders are not able to create and establish a vision. Lastly, teamwork is needed in order for colleagues to help each other with the negative psychosocial and social effects caused by stress, thus, it might be beneficial for SU to spend more resources on developing the teamwork at their apartments.

7 Conclusion

In the following chapter, the conclusions of this study's research questions will be presented.

    I.   *How does organisational structure impact nurses psychosocial work environment?*

A major issue in terms of organisational structure is that there are no natural development paths in the profession. This leads to a low feeling of work satisfaction and may lead to that the nurses have to leave the department in order to develop in their profession. What could increase the feeling of development is being able to affect their work situation and bring improvement suggestions to their leaders. At the moment, the possibilities of doing this vary from department to department and many of the interviewed nurses feel like the leaders do not listen to their suggestions. A reason behind this may be that the leaders have a high workload and do not have room in their role to listen to their employees and implement their ideas. This may occur due to the fact that the leaders are responsible for a high number of employees which means that they are only able to dedicate a very small percentage of their time to each employee. In order to reduce the leaders' workload and follow the law AFS 2015:4,10 § one suggestion is to provide the leaders with a clarification of their role information regarding support functions. This would also be beneficial for nurses in order to reduce their workload. In addition, a clarification on how to prioritise would reduce the workload for both leaders and nurses as well.

    II.   *How do leadership and teamwork impact nurses psychosocial work environment?*

The leaders seem to aim to be transformational leaders since the majority of them expressed a wish to have a close relationship with their nurses and act as a coach or a mentor. However, the hospital environment seems to make it difficult to act as a transformational leader and, instead, the leaders have a leadership style towards transactional leadership. In terms of the feeling of relatedness, it is very strong among the nurses themselves. However, it may be that this is because many parts of the psychosocial environment are lacking, and the nurses feel the need to compensate for this and perceive this feeling as stronger. The nurses provide each other with plenty of feedback, but some may feel like it is lacking from their leaders. Therefore, many of the nurses state that they do not feel appreciated in their work. Lastly, teamwork is needed in order for colleagues to help each other with the negative psychosocial and social effects caused by stress, thus, it might be beneficial for SU to spend more resources on developing the teamwork at their departments.

III. *What areas can be identified where improvements in the psychosocial work environment can be made?*

From the findings of research questions I and II, a number of areas where improvements can be made have been identified. The recommendation for SU is to investigate how to:

- Create opportunities for development and growth.
- Ensure feedback from leaders.
- Standardise routines for suggestions of improvements.
- Clarify how the nurses are expected to prioritise.
- Clarify how the leaders are expected to prioritise.
- Clarify what is expected from the nurses.
- Clarify what is expected from the leaders.
- Create room in the leader-role to be a present leader.

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Appendix I - Interview Guide with the Nurses

English version

General questions
- How long have you been working here?

In-depth questions regarding SDT-theory and the workload
- How do you feel about your work tasks?
- Do you know what you work tasks consist of?
- Do you feel that you have time to do everything you should?
- Do you know how to prioritize?
- Do you feel pressure at work?
- How do you feel about the workload?

In-depth questions regarding autonomy
- Do you feel that you can affect your work tasks?
- Do you feel that you can speak your mind freely at work and present your ideas?
- Do you feel that your feelings are taken into consideration at work?

In-depth questions regarding work stimulation
- Do you feel competent at work?
- Do you feel that your colleagues give you feedback (both positive and constructive)?
- Do you feel that your colleagues give you more or less feedback than your leaders?
- Do you feel that you have the possibility to learn new and interesting skills at work?
- Do you feel satisfied with your work?

In-depth questions regarding relatedness
- Do you feel that you can be yourself at work?
- Do you feel that you are in good agreement with your colleagues?
- Do you like your colleagues?
- Do you feel that your colleagues like you?
- Do you feel that your colleagues are friendly to you?
- Do you feel that your colleagues care about you?
- Do you feel that your colleagues are also your friends?
- Do you feel that you have a close relationship with your colleagues?
- Do you find that you often shield yourself from your colleagues?

In-depth questions regarding transformational/transactional leadership
- What is good leadership for you?

- What do you think about today´s leadership?
- How is your connection to your leader?
- Do you feel that you and your leaders have open communication?
- Do you feel that your leaders listen to your thoughts and needs?
- Do you feel that your leaders have more controlling communication or a more informative way to communicate?
- Do you feel that your leaders act as a mentor or a coach for you?
- Do you feel that you get enough support from your leaders?
- Do you feel that your leaders treat you with the respect you deserve?
- Do you feel that your leaders transmit a purpose for all work tasks?
- Do you feel that your leaders emphasize your contributions to the team's performance?
- Do you feel that your leaders encourage your creativity and your independent thinking?
- Do you feel that your leaders are optimists regarding the future?
- Do you feel that your leader create a vision that you feel inspired by?

Swedish version
Generella frågor
- Hur länge har du arbetat här?

Fördjupande frågor om SDT-teori och arbetsbelastning
- Vad tycker du om dina arbetsuppgifter?
- Har du koll på vad som ingår i dina arbetsuppgifter?
- Känner du att du hinner med?
- Känner du att du vet hur du ska prioritera?
- Upplever du att du känner press i arbetet?
- Vad tycker du om arbetsbelastningen?

Fördjupande frågor om autonomi
- Upplever du att du kan påverka hur du utför dina arbetsuppgifter?
- Upplever du att du kan uttrycka dina idéer och åsikter i arbetet?
- Upplever du att dina känslor tas i beaktning i arbetet?

Fördjupande frågor om stimulans från själva arbetet
- Upplever du att du känner dig kompetent i ditt arbete?
- Upplever du att du får visa hur kompetent du är?
- Upplever du att dina kollegor ger dig feedback i ditt arbete? (Positiv och negativ)
- Upplever du att du får mer/mindre feedback av dina kollegor gentemot din chef?
- Upplever du att du har möjlighet att lära dig nya och intressanta färdigheter i arbetet?
- Upplever du att du ofta känner tillfredsställelse av ditt arbete?

Fördjupande frågor om arbetsgemenskapen

- Upplever du att du kan vara dig själv på din arbetsplats?
- Upplever du att du kommer bra överens med dina kollegor?
- Gillar du dina kollegor?
- Upplever du att dina kollegor gillar dig?
- Upplever du att dina kollegor är vänliga mot dig?
- Upplever du att dina kollegor bryr sig om dig?
- Upplever du att dina kollegor även är dina vänner?
- Upplever du att du har en nära relation till dina kollegor?
- Upplever du att du ofta avskärmar dig från dina kollegor?

Fördjupande frågor om transformational/transactional ledarskap
- Kan du beskriva en bra ledare?/Var är bra ledarskap för dig?
- Vad tycker du om dagens ledarskap?
- Hur ser din kontakt ut med din chef?
- Hur ofta träffas ni?
- Vilken relation har ni?
- Upplever du att din chef är en person som inger respekt?
- Upplever du att din chef är en person som inger förtroende?
- Upplever du att du och din chef har en öppen kommunikation?
- Upplever du att din chef lyssnar på dina funderingar och behov?
- Upplever du att din chef kommunicerar på ett mer informativ sätt snarare än kontrollerande?
- Upplever du att din chef agerar som en mentor/coach?
- Upplever du att du får det stöd du behöver från din chef?
- Upplever du att du att din chef behandlar dig med den respekt du förtjänar?
- Upplever du att din chef förmedlar ett syfte för alla arbetsuppgifter?
- Upplever du att din chef uppmärksammar ditt bidrag till kollektivets prestation?
- Upplever du att din chef lyssnar på dina idéer och förslag?
- Upplever du att din chef uppmuntrar din kreativitet?
- Upplever du att din chef uppmuntrar ditt självständiga tänkande?
- Upplever du att din chef skapar en vision som du inspireras av?
- Upplever du att din chef är optimist angående framtiden?

Appendix II - Interview Guide with the Leaders

English version

General questions
- How long have you been working here?
- How many employees do you have responsibility for?
- How many of them are nurses?

In-depth questions regarding the work tasks
- What do your work tasks consist of?
- Do you feel that you know all the parts that your work tasks consist of?
- How much time do you have for "softer" leadership?
- Do you know if there is some kind of kind regarding how you should prioritise?
    - If no, how do you know how to prioritise?
    - If no, why do you choose to prioritise in that way you do it?
- How do you feel about your work tasks?
- Do you know what you work tasks consist of?
- Do you feel that you have time to do everything you should?
- Do you know how to prioritize?
- Do you feel pressure at work?
- How do you feel about the workload?
- What kind of support do you have from your leaders or other departments?

In-depth questions regarding leadership
- Can you describe a good leader/What is good leadership according to you?
- How do you feel about your own leadership?
- What connection do you have with your nurses?
    - How often do you see each other?
    - What relationship do you have with each other?
- Do you feel that you try to be a leader who inspires respect?
- Do you feel that you try to be a leader who inspires trust?
- Do you feel that you and your nurses have open communication?
- Do you feel that you are a leader that listens to your nurses' thoughts and needs?
- Do you feel that you as a leader try to have an informative or controlling way of communication?
- Do you feel that you as a leader try to act as a mentor or coach for your nurses?
- Do you feel that your nurses get the support they need from you as a leader?
- Do you feel that you as a leader treats your nurses with the respect they deserve?

- Do you feel that you as a leader transmits a purpose for all work tasks the nurses shall perform?
- Do you feel that you as a leader emphasizes the nurses' individual contributions to the team's performance?
- Do you feel that you as a leader listens to the nurses' thoughts and ideas?
- Do you feel that you as a leader encourages the nurses to be creative?
- Do you feel that you as a leader encourages the nurses to think independently?
- Do you feel that you as a leader creates an inspiring vision?
- Do you feel that you as a leader is optimistic regarding the future?
- Do you have any kind of reward- or punishment system depending on how you all work?

Swedish version

Generella frågor
- Hur länge har du arbetat här?
- Hur många anställda har du under dig?
- Hur många av dem är sjuksköterskor?

Fördjupande frågor om arbetsuppgifterna
- Vad ingår i dina arbetsuppgifter?
- Har du koll på vad som ingår i dina arbetsuppgifter?
- Hur mycket tid har du till "mjukare ledarskap"?
- Finns det någon guide till hur du ska prioritera?
    - Hur vet du då hur du ska arbeta?
    - Varför lägger du upp de som du gör?
- Vad tycker du om dina arbetsuppgifter
- Upplever du att du kan påverka dina arbetsuppgifter?
- Känner du att du hinner med?
- Upplever du att du känner press i arbetet?
- Vad tycker du om arbetsbelastningen?
- Vilket stöd har du ovanifrån för att vara en bra ledare?

Fördjupande frågor om ledarskap
- Kan du beskriva en bra ledare?/Var är bra ledarskap för dig?
- Vad tycker du om ditt ledarskap?
- Hur ser din kontakt ut med dina sjuksköterskor?
- Hur ofta träffas ni?
- Vilken relation har ni?
- Upplever du att du försöker vara en chef som inger respekt?
- Upplever du att du försöker vara en chef som inger förtroende?
- Upplever du att du och dina sjuksköterskor har en öppen kommunikation?
- Upplever du att du försöker vara en chef som lyssnar på dina funderingar och behov?

- Upplever du att du som chef kommunicerar på ett mer informativ sätt snarare än kontrollerande?
- Upplever du att du som chef chef agerar som en mentor/coach?
- Upplever du att du ger det stöd dina sjuksköterskor behöver från dig som chef?
- Upplever du att du att du som chef behandlar dina sjuksköterskor med den respekt de förtjänar?
- Upplever du att du som chef förmedlar ett syfte för alla arbetsuppgifter?
- Upplever du att du som chef uppmärksammar individuellt bidrag till kollektivets prestation?
- Upplever du att du som chef lyssnar på idéer och förslag?
- Upplever du att du som chef uppmuntrar till kreativitet?
- Upplever du att du som chef uppmuntrar till självständigt tänkande?
- Upplever du att du som chef skapar en vision som du inspireras av?
- Upplever du att du som chef är optimist angående framtiden?
- Har ni någon form av bonussystem alternativt bestraffning beroende på hur ni arbetar?