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Article type : Original Article

Health-promoting leadership: a qualitative study from experienced nurses' perspective

Running head: Health-promoting leadership

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This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/jocn.14621

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Acknowledgements

We thank all the participating nurses for their contribution to this study.

Conflict of interest

No conflict of interest has been declared by the authors.

Funding

This research is funded by the Faculty of Social Sciences and the Faculty of Health Sciences,
University of Stavanger, Norway.

Disclosure

All authors meet the following criteria:

- Making substantial contributions to conception and design, acquisition of data or analysis and interpretation of data
- Drafting the article or revising it critically for important intellectual content.
- Given final approval of the version to be published
- Agreed to be accountable for all aspects of the work

Impact Statement: What does this paper contribute to the wider clinical community?

- Contributes to a greater understanding of conditions for health-promoting work environments and health-promoting leadership in clinical nursing leadership
- Clinical nurse leaders who hesitate to take action are not perceived as health promoting, and do not lay the foundation for health-promoting work environments.
- In order for nurse leaders to retain nurses in the organization, it seems essential to focus on elements that strengthen their sense of coherence and enable them to flourish as human beings.

Abstract

Aims and objectives To increase knowledge about experienced nurses' understanding of a health-promoting work environment, health-promoting leadership, and its role in retention of staff in the nursing workplace.

Background The quality of leadership is imperative in creating supportive and health-promoting work environments to ensure workforce productivity and ethically sustainable caring cultures. More knowledge on how leaders can promote health and sustainable careers among nurses is needed. At a time of current and projected nursing shortage, it is important to understand the reasons why nurses intend to remain in their jobs.

Design Qualitative descriptive.

Method Twelve experienced Registered Nurses participated in an individual, digitally recorded, semi-structured interview. Data were transcribed verbatim and subjected to qualitative content analysis of manifest and latent content.

Results A health-promoting work environment should provide autonomy, participation in decision-making, skills development, and social support. Health-promoting leaders should be attentive and take action.

Conclusion Health-promoting work environments enable nurses to flourish. Having ample autonomy is therefore important to nurses so that when they face new challenges they see them as a way of using and developing their competencies. Although most nurses claim their own leaders are not health promoting, they have a clear understanding of how a health-promoting leader should act. The health-promoting leader should not only be attentive and promote skills development, but also cater for nurses' meaningfulness.

Relevance to clinical practice Nurses in primary healthcare understand a health-promoting work environment to be a workplace where they can develop, not only clinical skills, but also flourish as human beings. Further, nurses find it health promoting to have a meaningful job, using their competence to make a difference for patients and their families. Nurse Managers have an important role in facilitating meaningfulness in nurses' jobs in order to retain nurses as a valuable asset for the organization.

Key words: clinical leadership, comprehensibility, health promotion, health-promoting leadership, meaningfulness, nurses, nursing, primary healthcare, retention, sense of coherence, qualitative research.

Introduction

The global population is rapidly ageing, with the large baby-boomer generation entering retirement and later life. Increased life expectancy might lead to higher prevalence of chronic multi-morbidity and reduced ability of older people to take care of themselves. At the same time, the health care systems in many countries increasingly rely on patients receiving long-term in-home care rather than being cared for in hospitals or nursing homes. This development places high demands on future

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homecare services in caring for older people and chronically ill patients (e.g., Hasselhorn et al., 2008; Husebø, Storm, Våga, Rosenberg, & Akerjordet, 2018). Thus there is an increasing need to attract and retain homecare nurses to ensure quality of care and resilient homecare services (e.g., Stone & Harahan, 2010).

From the workforce perspective we already know that high turnover (Lartey, Cummings, & Profetto-McGrath, 2014), and an ageing nursing workforce (Buchan, O'may, & Dussault, 2013) has led to a shortage of nurses (Bishop, 2013). According to the literature, there are at least two challenges related to retention of nurses: young nurses leave the profession just years after they have graduated (Flinkman & Salanterä, 2015; Laschinger et al., 2016), and older workers leave the profession or go into early retirement (e.g., Flinkman, Leino-Kilpi, & Salanterä, 2010; Hasselhorn et al., 2008). Research indicates that pathways to retirement are multiple (e.g., Furunes et al., 2015), and timing of retirement can be associated with both individual and organizational factors (Furunes, 2015). As the demand for nurses will increase, healthcare organizations need to look for ways to reduce turnover and focus on retention of nurses (Lartey et al., 2014; Nei, Snyder, & Litwiller, 2015) through building and retaining a healthy and motivated workforce (Whitehead, 2006). Based on a review of workplace-related health literature, Whitehead (2006) suggested that healthcare managers play an important role in developing and implementing holistic workplace health-promotion strategies. This is in line with The Health Promoting Workplace movement emerging from the World Health Organization's (WHO, 1984) *Ottawa Charter for Health Promotion* in 1986 (Whitehead, 2006) focusing on the workplace as an important setting for health promotion. Health promotion in the workplace includes both prevention of disease (pathogenesis) and promotion of health (salutogenesis). However, there seems to be a tendency for workplace health-promotion initiatives to focus more on pathogenesis than salutogenesis. In an evaluation of workplace health-promotion interventions in the Nordic countries, Torp and Vinje (2014) found that most of the reviewed studies focused primarily on preventing disease rather than promoting positive measures of health. Moreover, very few of the interventions aimed to change the workplace but rather to change employees' lifestyle

and disease prevention behaviour (Torp & Vinje, 2014). Thus, these interventions did not really cover workplace health promotion, but regarded health as an individual concern.

Recent reviews indicate that organisations are still struggling to build healthy work environments that attract, develop and retain employees (Lartey et al., 2014; Twigg & McCullough, 2014; Vinje & Ausland, 2013). While characteristics of health-promoting nursing environments have been extensively studied internationally, less attention has been paid to how these environments should be successfully managed. Research suggests that health-promoting leadership is a promising path to building organizational capacity (Eriksson, 2011), but little attention has been paid to understanding what health-promoting leadership is in a primary healthcare services context, which this study aims to do from experienced nurses' perspective.

Background

One of the problems healthcare organizations face is that nurses leave the profession early in their careers, long before they leave for retirement (Heinen et al., 2013; Vinje & Ausland, 2013). Turnover and staff shortages among nurses may therefore compromise the quality and availability of in-homecare services (Dill & Cagle, 2010). It is therefore necessary to improve the features of the job that make nurses leave. A recent meta-analysis of nurse turnover shows that characteristics of the psychosocial work environment, such as low organizational support, low network centrality, negative organizational climate, high job strain, low job control, and high role tension are the strongest predictors of turnover intentions (Nei et al., 2015). Moreover, actual turnover was highly associated with lack of supportive and communicative leadership. Thus, there is a need for developing nursing work environments and nursing leadership beyond good leadership to ensure resilience in healthcare systems (Akerjordet, Furunes, & Haver, 2018).

A recent systematic review of interventions promoting retention of experienced nurses identified very few effective ways to decrease voluntary turnover and increase nurse retention rates (Lartey et al., 2014). Interestingly, the research focused more on turnover than retention, and no validated tools to

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measure retention were identified in Lartey et al.'s (2014) study. Another systematic review of research on strategies to retain nurses identified very few pre-test post-test intervention studies. The few valid studies identified suggest that focus should be on creating empowering work environments with shared governance structure, autonomy, professional development, and leadership support (Twigg & McCullough, 2014). In creating healthcare teams, it is also deemed important to find the adequate numbers and skill mix, as well as facilitate collegial relationships (Twigg & McCullough, 2014).

As a central part of promoting workplace health (salutogenesis), the work should be meaningful to employees (Akerjordet et al., 2018). Meaningfulness is a central element of Antonovsky's (1996) sense of coherence theory (SOC), describing how people are able to stay well, despite *stressful situations*. SOC reflects a person's global orientation to view life as meaningful, comprehensible, and manageable, and individuals with strong SOC have good ability to manage a stressor as a positive challenge through available resources (Antonovsky, 1996). Previous studies (e.g., Nilsson, Andersson, Eijlertsson, & Troein, 2012) have established a link between SOC and workplace health for hospital employees. *Meaningfulness* is regarded the most important, and is a driver of motivation. This implies that a nurse who does not experience his or her work as meaningful is less motivated to learn how to overcome daily challenges, whereas a nurse who finds his or her job very meaningful is expected to be engaged and energized. A positive social climate can also be a resource to meaning. Finding the job *comprehensible* is about seeing the whole of the organization, having high role clarity, and understanding how different stimuli will affect you and the organization. *Manageability* concerns nurses' perceived possibilities and resources to influence own working conditions and work situation (i.e., perceived organizational demands). In a study of older workers' presence and well-being at work, Vinje and Ausland (2013) found a sense of usefulness, relational quality, mastery of work, and zest for work to be important drivers for salutogenesis (Vinje & Ausland, 2013). The latter suggests that leadership is critical in how scarce human resources are recruited, developed, and retained in the organization.

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The quality of nursing leadership is imperative in creating supportive and healthy work environments to ensure workforce productivity and ethically sustainable caring cultures (Kirwan, Matthews, & Scott, 2013; Laschinger, Wong, & Grau, 2013; Salmela, Koskinen, & Eriksson, 2017). Higher retention rates and increased job satisfaction among nurses may lead to decreased organisational costs (Collini, Guidroz, & Perez, 2015; Feather, Ebright, & Bakas, 2015), higher quality of care and patient safety (Van den Heede & Aiken; Van den Heede et al., 2013; You et al., 2013), as well lower patient mortality rates (Aiken et al., 2014; Kutney-Lee, Wu, Sloane, & Aiken, 2013). In this regard, creating empowering working conditions can influence individual nurses' responses to the workplace, and in turn increase organizational commitment requiring new ways of thinking (e.g., Laschinger, Finegan, & Wilk, 2009).

Research suggests that health-promoting leadership might be a promising avenue for building organizational capacity (Eriksson, 2011) and resilience (Antonovsky, 1996; Lindström & Eriksson, 2005). A recent review of health-promoting leadership (HPL) (Akerjordet et al., 2018) suggest that although there is no single definition of the phenomenon, there are certain core tasks and critical conditions for HPL to be successful in nursing. Core tasks include characteristics of the organization of work and the work environment (i.e., focus on employee participation, skills development and meaningful work) and leader characteristics (e.g., being responsible, hands on, courageous and ethical). Being a supportive and motivating leader is important, but not enough. Health-promoting leaders take responsibility for employee health, communicate about health-related topics, set the agenda for workplace health promotion and motivate employees to participate in it. The study also suggests that critical conditions for HPL are contextual, where nurse leaders are expected to develop a positive work environment through caring for and recognizing their employees (Akerjordet et al., 2018). To succeed, it is therefore a need for a holistic systemic approach so that HPL is integrated with ongoing organizational activities and new strategies in healthcare settings.

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Although six studies of nurses and health professionals were identified (Dellve, Skagert, & Vilhelmsson, 2007; Eriksson, Axelsson, & Axelsson, 2010; Franke, Felfe, & Pundt, 2014; Grönlund & Stenbock-Hult, 2014; Nilsson, Hertting, Petterson, & Theorell, 2005; Skarholt, Blix, Sandsund, & Andersen, 2016), the discussion primary relates to the context of health-promoting leadership in secondary healthcare. Thus, there is scarce knowledge of how HPL is experienced and understood in the primary healthcare setting. This study contributes to the knowledge on how health-promoting leadership might be a path in clinical nursing leadership to develop and retain nurses in primary healthcare.

The Study

Aim

The aim of this study was to increase knowledge about experienced nurses' understanding and experiences of a health-promoting work environment and health-promoting leadership in a primary healthcare setting. The research questions are:

- How do nurses in primary health care understand a health-promoting work environment?
- How does a health-promoting nurse leader act?
- How can health-promoting leadership promote retention of nurses?

Method

A qualitative descriptive study was applied to illuminate the *a priori* research questions using manifest and latent content analysis in line with Graneheim and Lundman (2004). This method was deemed appropriate to gain credible data on nurses' experiences of health promotion, leadership, and retention in the nursing profession. Exploring understanding and experiences of experienced nurses who know the systems can provide knowledge that a Nurse Manager may not have. Such insight may be crucial in improving nurses' work environment and promoting health (Kovjanic, Schuh, Jonas, Quaquebeke, & van Dick, 2012).

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Data collection and context

Data were collected in April 2015 in a community home-care setting, using an interview guide, based on an extensive review of conceptual and empirical work on health-promoting leadership and Antonovsky's SOC theory (1987). The interview guide was tested on two nurses in a nursing unit not included in the main study. Only minor changes were made to increase clarity of questions. In the study, experienced nurses were encouraged to share their own experiences of a health-promoting work environment. They were also asked what kind of leadership was required in such an environment where they would like to work. Typical questions were: "What is a health-promoting work environment to you?", "To what degree is your work meaningful?", "What motivates you to do your job?", and "What is health-promoting leadership to you"? The face-to-face interviews took place in the workplace. They were performed by AK in Norwegian, lasted from 30 to 70 minutes, and were tape recorded and transcribed verbatim. At the end of the interview, the interviewer made a summary back to the interviewees to check that her understanding was correct. AK is a Registered Nurse with 12 years of Nursing Manager experience.

Participants

A convenience sample of twelve experienced Registered Nurses was recruited from one municipality. A request for participating nurses was made through their employer and the candidates were first contacted by e-mail to inform them about the aim, topic and approach of the study. The inclusion criteria were a minimum of 5 years' work experience in home nursing with working hours equivalent to a minimum of 75% of a full-time position. As the study aimed to map nurses' understanding and experiences of a health-promoting work place and of HPL, nurses holding a managerial position were excluded from the study.

Regarding demographics, four of the informants were aged 30-39 years and had 6-8 years of work experience as a Registered Nurse; eight participants were aged 40-62 years and had more than 10 years of work experience, and therefore considered to be experts. The Sample Mean was 46 years old with 14 years of work experience as a Registered Nurse. All participants worked in home-care nursing. Some of them were specialist nurses.

Ethical considerations

Research guidelines for responsible conduct as set forth by The Norwegian Social Science Data Services (reg. 42208) were followed, and permission for the study was sought from the respective care organization's upper management. In Norway, studies containing no data on personal health issues do not need approval from the Regional Ethical Committee. The care organizations' Nurse Managers were responsible for selecting the informants included in this study, based on the criteria set by the researchers. All the participants received both oral and written information about the aim of the study. The participants were informed about the voluntary nature of participation, the possibility to withdraw from the study at any time, and were guaranteed confidentiality. Due to the voluntary nature of participation in this study, it is likely that nurses who do normally not voice their opinions or did not want change did not participate in this study. There were no drop outs.

Data analysis

Data were analysed through a three-step content analysis considered a deductive-inductive approach using the *a priori* research questions as a guide to systematize the data (Graneheim & Lundman, 2004). In step 1), the transcribed interviews, which were the units of analysis, were read through several times to obtain a sense of the whole. In step 2), initial coding was conducted using the software program NVivo 11. To support the analytical validity at a descriptive level, the authors discussed the initial coding (see Table 1). In step 3), the authors reflected on the content and discussed the themes which formed a group of content with commonality, which is the essential aim of qualitative content analysis (Graneheim & Lundman, 2004). Interestingly, some of the same meaning units appeared under different themes.

Scientific rigour

Striving for credibility, we decided the focus of the study after a systematic literature review of health-promoting leadership and work environments. A few studies investigating the nursing context (e.g., Skarholt et al., 2016), indicated that this context had additional attributes contributing to a health-promoting work environment, and expected different attributes from a health-promoting leader. No previous studies investigated nurses working in primary healthcare and home-based nursing. To obtain rich data we aimed to include experienced informants with various perspectives and understanding due to work experience and age. The study did not intend to explore change, so to ensure dependability, all data were collected by the same interviewer over a period of two weeks. To support the credibility of the results, the authors discussed initial categorization. In order to achieve trustworthiness, Graneheim and Lundman's (2004) recommendations were followed. In terms of transferability, this paper aims to give a clear description of the context, the process and analyses, including appropriate quotations. The reporting of this study adheres to the COREQ checklist (Tong, Sainsbury, & Craig, 2007).

Findings

The study informants clearly paint a coherent picture of primary healthcare settings as organizations that have increasing work demands, generate more paperwork and have less time for patients. Nevertheless, apart from a few of the expert nurses, the experienced nurses seemed to find their own ways of coping with stressful situations and finding meaning in their work, indicating that they have a Sense of coherence (SOC). Overall, the findings revealed that experiences of whether a work environment was perceived as health promoting or not appeared to be linked to the nurses' job satisfaction and general well-being. The nurses explained that a work environment where they perceive their job as meaningful is health promoting and contributes positive to their overall well-being. Consequently, this section will describe first how the expert nurses understand the qualities of a health-promoting work environment, then what a health-promoting leader does or is expected to do (Figure 1), and finally, what factors appear to promote retention in the nursing workplace.

Nurses' understanding of a health-promoting work environment

Responding to research question one, how nurses understand a health-promoting work environment, two aspects emerged. The first is how the work environment affects the nurses' physical health; the other is how it affects their mental health and well-being. When describing their work environment, the nurses seem to feel mental health is more important for their general well-being than physical health. The six important characteristics of a health-promoting work environment discussed in more detail are *Autonomy*, *Role clarity*, *Job demands*, *Participation in decision-making*, *Skills and competence development*, and *Social support*.

In order for the work environment to be perceived as health-promoting, having *autonomy* in daily work appears to be paramount for these nurses. Autonomy is about feeling free to handle the challenges you as a nurse meet, and make your decisions accordingly. Autonomy seems to promote health and well-being, as the feeling of having autonomy gives energy to pursue challenges:

“I like my job so much that it is health-promoting to me. Most of my job is [with patients and next of kin] not so much in the office. I enjoy the freedom and to make my own decisions” (Informant 8).

Organization of work (*i.e., role clarity and job demands*) is also crucial. The nurses describe a health-promoting work environment as a workplace where, to avoid stress, the work roles are well-communicated, work tasks are well-organized, and the workload is predictable. Nurses who felt their organizational role had largely been clarified found their job comprehensible in that knowing their role gave them a better understanding of the whole. Several nurses stated that their organizational role had been clarified, and was closely linked to professional expectations and their identity as a nurse. For others, lack of role clarity was linked to ongoing or recent organizational changes along with dysfunctional communication related to this change. Sometimes, changes in roles were badly communicated and thus difficult to comprehend:

“There are quite a few unresolved tasks here, I feel...it’s not clear who should do what. Especially after a re-organization, two to three years ago” (Informant 5).

Organization of work in the daily nursing workplace is closely connected to having ample time (i.e., appropriate job demands, lack of time pressure). When work is not properly organized, it creates stress, which may lead to lack of mastery and a decrease in nurses’ self-efficacy.

Furthermore, the nurses found it health-promoting to *participate in decision-making* processes regarding organizational development and change. Most nurses found it motivating to be included in change processes, and expressed a desire to participate in organizational development processes, as this nurse defines a health-promoting work environment:

“Yes, that’s health promoting. I can do the job the way I want to [autonomy], and we are able to participate when decisions are made [participation]. That is health promotion to me!” (Informant 1).

Although not everybody wanted to be part of the decision groups, they felt it was important that they were listened to, and that changes and decisions were communicated to staff throughout the process. Nurses who are able to influence and participate in organizational development and change processes feel that their work is more manageable. Conversely, not being able to influence change can lead to frustration and lack of manageability, as it did for this nurse:

“No, I don’t feel that I have the opportunity to influence [the organization]. It is decided without our influence, like the merger” (Informant 6).

Participation seems to make the nurses feel that they can influence their own situation at work, regardless of whether they get the final word or not.

The nurses expected their employer to provide opportunities for *skills development*, for instance, by getting opportunities to specialise or gain managerial experience. Skills development, thus appear as a central driver for nurses’ job satisfaction and retention. However, further education or change of roles

are not the only ways to achieve this – nurses can also develop their skills by dealing with new challenges and tasks in their current positions. Skills development is not only about personal growth, it is also central to self-efficacy and related to manageability. Due to a lack of investment in skills development, some criticized their organization for focusing too much on efficiency in the short-term at the expense of a sound working environment in the long-term. Thus, the nurses made a link between continuous learning and healthy work environments.

Many mentioned *social support and a positive social climate* as strong drivers for job satisfaction, and an essential characteristic of a health-promoting work environment:

“It [the work environment] is very good among the employees. As you might have understood, there is a conflict with the manager. The communication is bad...but there is a collaborative ambience among us ‘on the floor’ – that’s very nice” (Informant 3).

However, not all the nurses found their current work environment to be health promoting: “We’re just surviving from day to day, with low staffing and firefighting” (Informant 5). The overall impression is that the organizations seemed to have no real focus on increasing or maintaining employees’ health, only focusing on prevention for those who were perceived to be at higher risk due to previous sickness leave:

“When I was back [from sick leave] working part time there was some facilitation, but back at full time it was straight back to heavy lifting, no mercy” (Informant 2).

None of the nurses mentioned health-promoting physical activities in relation to health-promoting workplace initiatives.

Nurses' understanding of health-promoting leadership and the health-promoting leader

Although many claimed that their work environment had health-promoting aspects, very few of the informants claimed to have a health-promoting leader. Nevertheless, most had fairly congruent opinions about what a health-promoting leader does and does not do.

A health-promoting nurse leader *recognizes his or her employees* by seeing and listening to them, showing care, and giving feedback in order for them to improve (relational leadership).

“She responds to things I have done, asks for and provides feedback and asks if there are things I would like to continue with. It’s very ok” (Informant 7).

It is also imperative that the leader promotes opportunities for *professional development* and promotes continuity in the organization through open communication. In order to build such relationships with the employees, a leader has to be *attentive* (i.e. on hand and watchful of potentially critical situations). Being attentive and listening carefully enables a leader to act appropriately and intervene when necessary. Attentiveness entails both a mental and physical presence, as this nurse states:

“Leaders should be available...Our manager comes in at 08:15, but we start at 07:30. The main problems appear when we start allocating tasks, and everybody should be there” (Informant 8).

Moreover, a health-promoting leader needs to show responsibility by taking action:

“If there are ongoing discussions among nurses, a leader should find out why...I expect the leader not to close her eyes, but to be hands on, listen and take us seriously” (Informant 8).

In addition, a responsible and caring leader is expected to *cater for meaningfulness* in nurses' daily work:

“[Health-promoting leadership] is that the manager makes sure that the employees feel they have meaningful days” (Informant 1).

This implies that the leader should understand what is meaningful to the nurses, and ensure they can focus on these aspects of their work, as it will motivate them to overcome the challenges they meet on a daily basis.

How can health-promoting leadership promote retention of nurses?

The informants in this study had worked for the same employer for more than six years; only two expressed any intention to leave, suggesting that they are resilient and have found ways to cope with stressful situations. The analyses revealed that several reasons for staying are related to how they find their work situation meaningful, manageable and comprehensible, which is closely connected to how leaders organize the nurses' job to ensure sense of coherence. The informants also talk about how self-efficacy and reliance on own judgements increase with work experience, thus making them more prone to stay. At the core of what make them stay in their job is the *meaningful* task of making a difference for patients and their families:

“We make a difference for people, and that makes what we do meaningful” (Informant 9). The majority of the informants saw the nurse-patient encounter as the most meaningful part of the job. For a few, the meaningfulness of the job was questioned due to increasing job demands. For example, extreme time pressure might make it impossible for the nurses to fulfil work tasks to the professional standard they aspired to, thus compromising their ethical standards.

Meaningfulness was also related to employees' internal work motivation such as mastering the job:

“I trust my own knowledge, but also know that it is possible to ask colleagues for help if you [as a nurse] feel insecure” (Informant 9).

Informants found it motivating to use their professional skills in helping both patients and colleagues:

“I get motivated when colleagues approach me because they think I have the skills they are looking for. I feel it is a vote of confidence and get motivated by showing what I know... They trust me and

...I get feedback that it [my contribution] makes a difference” (Informant 10).

Giving support to peers, is not only about helping colleagues to grow but might also be about gaining feedback and recognition for own skills.

Making a difference to patients and their families is perceived to be at the core of the job. The majority of the informants stated that time spent with patients and feeling you made a difference were the most meaningful and motivating parts of the job – there were a few exceptions, however, with a few nurses preferring more administrative tasks.

When work was well organized, autonomy in daily tasks gave the nurses the opportunity to use their competence and experience, which boosted self-efficacy. Many were motivated by the opportunity to participate in or influence decision-making because it enhanced *comprehensibility* and *manageability*. This gave them a sense of coherence, which consequently made it easier to cope with stressful situations.

Experienced and older nurses saw themselves and their peers as a resource to their work team and to younger nurses. Their experience and confidence at work also earned them respect from the team. Moreover, many saw knowledge sharing or mentoring as a strong motivating factor for continuing in the job (Generativity motives):

“I like being asked to show and explain to newly educated nurses... see how they develop and gradually master their job. It is important” (Informant 1).

Work experience increased the nurses’ self-efficacy and reliance on own judgment. A combination of both professional and life experience not only increased self-efficacy, but also led to their being appreciated as a resource for younger and less experienced nurses. Being able to transfer their knowledge to new colleagues and being considered a resource was a motivational factor for most of the nurses. This may be related to the generativity aspects of human development.

The work environment was perceived as inclusive, with older and younger nurses complementing each other.

“Older nurses have normally gained experience the younger ones don’t have. Here, I think they are seen as a great resource because of their experience. I often think they are as solid as a rock from being in the game for many years...Now, none of those [the nurses] are really old, but 50+ and don’t have health problems. Technologically, they aren’t lagging behind. They are absolute resources” (Informant 3).

A few of the participants said that younger nurses were given more administrative tasks, but this was not an issue as they felt that being with patients was the core task. With increasing job demands, technology is taking care of some aspects of the job. The nurses felt this was acceptable if the new technology freed up more time to be with patients and meant less hours in the office, but some were afraid that new technology would reduce quality of care.

“No, not really [looking forward to how the work will develop]. I think it's going to be more hectic and technical in a way – in terms of using welfare technology and stuff like that. And then I think you need to keep yourself up to date with things like that. Otherwise you’ll lag behind. I think there’s a lot of that. It doesn’t scare me, but I always think that they’re doing it to save money. It is not for anything else. They are going to make it easy. And that annoys me. ... Why should [technology] take up your time if someone really needs you, to be physically present? So, I also feel that it focuses on money you’re going to save. You have to spend this and this amount of time on the users and it becomes so focused on time” (Informant 10)

The nurses stated that the main obstacle related to retention at higher ages was the fear of declining health as they got older:

“I think more about health and ageing. Health is weakened with age. Apart from that, I don’t think that getting older is a problem in itself” (Informant 7).

Some are less worried and suggest that experience outweighs potential health issues, indicating that they have strong a sense of coherence:

“I have worked as a nurse for 30 years and know that the body is stiffer and that the back is less flexible. But I can handle it well enough. I can handle a lot, and seldom lose the big picture. It’s probably related to age and experience, and I understand that it may be tiresome for younger nurses and graduates” (Informant 9).

Most of the nurses stated that shift work became more difficult with age. However, some were too young to have experiences related to this. Five mentioned that they benefited from, or wanted a shift schedule with more day shifts, and fewer evenings. A night shift followed by a day shift was found to be particularly difficult. A few of the oldest nurses did not see themselves continuing in their current job until retirement and although still in good health, they regarded probable health changes as potential threats:

“I’ve always worked 100%, but I notice it a bit on my back and ankles and so on. How it will be about 5-10 years from now, I do not know. You don’t often see nurses continue until retirement, at least not full time” (Informant 9).

Physical health promotion (i.e., physical exercise during working hours) was not mentioned as tools for preventing health problems or as expectations towards a health promoting work environment.

Discussion

This study sheds light on nurses’ understanding and experiences of the attributes of a health-promoting nursing work environment, and the responsibilities that a health-promoting leader is expected to take. In order to develop and sustain health-promoting nursing workplaces, there is need for a change from focusing on pathogenesis to salutogenesis. As indicated by previous studies (e.g., Vinje & Ausland, 2013), there is a tendency for health-promotion initiatives to focus on prevention of disease as an individual concern, rather than aiming to transform the organization into a salutogenic care environment.

How nurses understand attributes of a health-promoting work environment in this study resonates well with Gaffney's (2011) four essential elements for persons to flourish, namely: being challenged, feeling connected, having autonomy, and being able to use your skills and competencies. *Being challenged* is related to the demand for you to do something to overcome an obstacle. The nurses in this study emphasized the importance of being challenged, either through new tasks in their current jobs or more responsibilities in a new position. The nurses expressed readiness for new challenges, which signals what Gaffney (2011) labels as connectivity (i.e. awareness of what is happening inside and outside yourself), as this is positively oriented towards the challenges to come. Further, the participants in this study stressed the importance of autonomy in order to pursue challenges, along with the importance of being able to use their talents, competencies, and embodied experiences. Autonomy also influenced their self-efficacy positively. Thus, in order to building health-promoting work environments, it seems necessary that clinical nurse leaders stress novel thinking and innovation in addition to standardized work and routines to enable nurses to flourish, not only as health care workers, but also as human beings. Interestingly, our study also indicates that nurses differentiate between how work affects their physical health and how it affects their mental health and general well-being, where the concept of a health-promoting work environment seems more closely linked to outcomes such as mental health and well-being.

Previous studies suggest that clinical leaders' avoidance of making decisions may have harmful effects on the nursing workplace (e.g., Mannix, Wilkes, & Daly, 2015). Similar conclusions can be drawn from the current study, where few of the nurses found their current leader contributed to a health-promoting workplace. However, three main attributes stand out in the nurses' description of a health-promoting leader.

Firstly, a clinical nurse leader has to be attentive. This is also shown by previous studies (Dellve et al., 2007; Eriksson, Axelsson, & Axelsson, 2011; Gurt, Schwennen, & Elke, 2011; Jiménez, Winkler, & Dunkl, 2016; Skarholt et al., 2016). The current study emphasizes that attentiveness should be both

physical and mental. This is because it is regarded as a prerequisite for seeing, listening, showing care, and giving constructive feedback. Further, for a leader, attentiveness is important in order to know when to intervene and when to make decisions. A health-promoting nursing leader is expected to be hands on (Skarholt et al., 2016) and take action. This is the opposite of laissez-faire leadership, whereby leaders hesitate to intervene. Laissez-faire leaders are known for ignoring employee expectations through their lack of presence, involvement, and feedback (Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007).

Secondly, it is strongly emphasized that a health-promoting leader promotes nurses' professional and personal development. Skills development is not only about nurses' personal growth, but also fundamental to maintaining nurses' self-efficacy. There are several ways nurses develop skills or competence (Pool, Poell, Berings, & ten Cate, 2015), ranging from facing new challenges in daily work to formal training in a nursing specialization. In order to manage skills development in the nursing workplace, the leader has to know his or her employees and their potential. This implies that skills development is a way of building organizational capacity (Eriksson et al., 2010).

Finally, this study adds to current knowledge revealing that health-promoting nurse leaders are expected to cater for nurses' meaningfulness at work. Most nurses express meaningfulness as being related to caring for patients and next of kin; additionally they might need leaders who enable them to have a holistic, comprehensive and manageable view of their work tasks.

Overall, the findings on how nurses understand and experience health-promoting leadership resonate well with the qualities needed to develop what McCormack, Manley, and Titchen (2013) describe as care environments that enable nurses to flourish. Such workplaces have strategic plans with a person-centred vision, building an evidence-informed culture where feedback, challenge and support is

valued, and continuously evaluate their effectiveness. Further, it is key that health-promoting leaders possess the skills to facilitate commitment to transformational learning in the workplace, whereby all persons are respected, and valued for their knowledge and wisdom (McCormack et al., 2013)

A review by Moseley, Jeffers, and Paterson (2008) suggests that many aspects of the work environment are important for retention of older nurses, such as respect, recognition, autonomy, providing a sense of community and embeddedness, career development and education, ample work demands, and flexible working options (Moseley et al., 2008). Concerning retention, most of the nurses foresaw a future in their current organization, but expressed fear that their health would decline as they got older, making it impossible for them to work until retirement. This is by Brown and Vickerstaff (2011) labelled 'health pessimism', and is a worry that health will influence your decision to retire, that some older workers have and others do not have, independent of symptoms of morbidity. Thus, a discussion between the leader and the nurses regarding potential physical health issues appears to be essential to proactively preventing health decline. In this respect, the nurses would benefit from a leader with a specific focus on physical as well as mental health (Gurt et al., 2011), actively engaging in improving employees' wellbeing.

Strengths and Limitations

The recruitment and participation of expert Research Nurses from community home-based nursing appeared to be a strength of this study, resulting in rich data. The Norwegian context with a relatively flat hierarchy might be a limitation; however, the findings have the potential to create new thinking about clinical nursing leadership, which can be transferable to Research Nurses in primary health care in other countries. This study provides new insights concerning nurses' experiences and expectations of how a health-promoting leader can cater for nurses' meaningfulness.

Conclusion

Drawing on Salutogenesis, this study not only shows that meaningfulness is important for the retention of nurses, it also indicates that leaders of a health-promoting clinical nursing environment are expected to cater for their employees' meaningfulness. This reveals a link between nurses' experience of meaningfulness and clinical nursing leadership to ensure workforce productivity and ethically sustainable caring cultures. Enhancing nurses' sense of coherence is also important to workforce productivity, as it enables them to tackle stress and challenges in the contemporary healthcare setting. An examination of how leaders can cater for nurses' meaningfulness reveals that they need to have a holistic perspective on organizational health, and at the same time be able to understand and translate the daily challenges clinical nurses meet. This means that health-promoting leadership not only requires attentiveness and responsibility, but also multi-focused awareness and responsibility to enhance resiliency in healthcare organizations.

Relevance to clinical practice and research

The current study indicates that most experienced nurses are able to stay well, despite stressful situations, indicating that they have a strong sense of coherence (Antonovsky, 1987, 1996). However, time pressure is a threat that may lead to compromising of ethical caring standards in the end. When describing a health-promoting work environment, the nurses reflect on what influences their mental well-being (i.e. psychosocial work environment), not physical health. They find the core of their job meaningful, although they advocate for changes to make the work situation more manageable and comprehensible. The feeling of being competent seemed to be at the core of why they think they make a difference. This should be followed up in future studies.

In our study, *Manageability* appeared to be related to the nurses' opportunity to influence and participate in organizational development and change processes. Participation seems to make the nurses feel that they could influence their own situation at work, regardless of whether they get the final word or not. Skills development also feeds into manageability, building self-efficacy and job satisfaction.

Comprehension can be increased by organizing work well, thus avoiding stress related to work demands and role conflicts. Feedback and open-mindedness are also related to acquiring a sense of comprehension. Reciprocal sharing of information is linked to gaining a comprehensive view and to understanding one's individual role as part of a system. In order for leaders to succeed with health-promoting leadership, it is important to involve and inform their employees about ongoing and future changes in the organization. As shown by Nilsson et al. (2012), meaningfulness for nurses is related to encounters with and opportunities to help patients and families. Moreover, as this study shows, meaningfulness is related to sharing knowledge with younger colleagues. This may be related to older workers' generativity motives, which is found to increase with age (Kooij, De Lange, Jansen, Kanfer, & Dikkers, 2011).

Nurses in the clinical setting understand a health-promoting work environment as a workplace where they can develop, not only their clinical skills but also as human beings. They also find it health-promoting to have a meaningful job, using their competence to make a difference for patients and their families. By translating daily challenges into a holistic perspective, ward managers have an important role in catering for meaningfulness in nurses' jobs. Thus, there is need for studies examining how managers perceive and experience health-promoting leadership in nursing, and what managers do to build health-promoting caring units, where nurses are motivated to stay. Nurses who do not find meaning in what they do, are less motivated to do their job. Lack of motivation and engagement is likely to affect patient outcomes, employee turnover, and retention rates of an ageing nursing population.

Research-based interventions, which are properly evaluated and focus on retention rather turnover intentions, are needed. Moreover, very few previous interventions aimed to change the workplace, instead aiming to change employees' lifestyle and disease prevention behaviour (Torp & Vinje, 2014). As a result, these interventions did not really encompass workplace health promotion, but tackled health as an individual concern. Further research is needed to overcome these shortcomings.

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Table 1. Examples of meaning units, condensed meaning units, codes and themes (inspired by Graneheim & Lundman, 2004)

Content area	Meaning unit	Condensed meaning unit	Code (node in Nvivo)	Category Descriptive (What?)	Theme (How?)
HPWE*	“Yes, that’s health promoting. I can do the job the way I want to, and we are able to participate when decisions are made. That is health promotion to me!”	Health promoting because I have freedom and can influence	Autonomy Participation in decision making	Autonomy Participation in decision making	Elements of HPWE
HPL**	“She gives me feedback on what I have done, and asks questions ”	Feedback on performance is important	Feedback	Feedback	Elements of HPL
SOC***	“Yes, I know what is expected from me as a nurse in the organization”	Role clarity and expectations as nurse	Role clarity Professionalism	Clarified role due to profession	Comprehensibility
SOC	“We make a difference for people, and that makes what we do meaningful”	Meaningful job where we make a difference.	Nursing is a meaningful profession because we help patients	Meaning	Meaningfulness

*HPWE = Health Promoting Work Environment, **HPL=Health Promoting Leadership, ***SOC=Sense of Coherence



Figure 1. Characteristics of health-promoting work environment and leadership as experienced by nurses