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### Nursing satisfaction in caring for elders

Sarah L. Vlachos

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NURSE SATISFACTION IN CARING FOR ELDERERS

BY

Sarah L. Vlachos  
Baccalaureate Candidate in Nursing

UNDERGRADUATE HONORS THESIS

Submitted to the University of New Hampshire  
in Partial Fulfillment of  
the Requirements of

University Honors

May 2012



Honors Thesis Committee

Dr. Joan Earle Hahn, Associate Professor in Nursing

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Honors Thesis Sponsor

Dr. Carol Williams-Barnard, Associate Professor in Nursing

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Honors-in-Major Coordinator

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I would also like to thank Lisa Armstrong for her involvement in this project. Lisa, your assistance was crucial to my research and I am extremely appreciative of the steps you took to help me. Thank you!

## ABSTRACT

Despite the increasing number of Americans who are over 65 years of age, little research exists about the satisfaction of nurses who care for this population. This qualitative descriptive study investigated the factors that influence the satisfaction of such nurses, and yielded five main themes. Registered Nurses (RNs) reported providing high-quality care, developing relationships, and making a difference to be rewarding components of geriatric nursing. The nurses also discussed challenges, which included caring for elders with dementia and being unable to deliver the high-quality care they felt patients deserve. Several of these findings were consistent with existing studies that addressed nurse satisfaction in general. The results of the present study implied that recognizing nurses for their work and providing RNs with training related to caring for older adults may be effective ways to improve satisfaction. Recommendations for further research include conducting similar investigations that are both larger and inclusive of nurses who choose to work exclusively with geriatric patients. Research regarding effective ways to implement dementia-related education programs in the workplace is also suggested.

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### **Nurse Satisfaction in Caring for Elders**

In the United States, the size of the geriatric population has been increasing substantially since the turn of the millennium. Comprised of about 40 million Americans in 2009, this population is expected to double to 80 million people within the next 20 years. The impending demographic shift will substantially impact the field of nursing by requiring nurses to provide increased amounts of care to older adults (Administration on Aging, 2011).

Though it is estimated that American nurses spend half of their time at work caring for clients over the age of 65, little research exists about what influences nurses' feelings about working with this group (Wendel, Durso, Cayea, Arbaje, & Tanner, 2010). What is known is that nurse perceptions of working with aged clients are often negative, which results directly in a decreased quality of patient care (McGarry, Aubeeluck, Simpson, & Williams, 2009; Perry, 2005; Kearney, Miller, Paul, & Smith, 2000). In order to change nurse perceptions and improve the quality of care for older adults, an investigation into the factors that influence the satisfaction of nurses who work with them is necessary.

### **Review of the Literature**

For the field of nursing as a whole, factors known to affect job satisfaction include educational level, quality of care provided, specific job duties, peer interaction, and the ability to form therapeutic relationships with patients (Dunn, Wilson, & Esterman, 2005; Utriainen & Kyngas, 2009; Best & Thurston, 2004). It is also recognized that poor job satisfaction often leads to lower quality of patient care and increased healthcare costs (Hayes, Bonner, & Pryor, 2010). Satisfaction of nurses caring for the geriatric population has not been well researched, though previous studies have hinted that satisfaction levels

may be less than ideal. Several studies have shown that nurse satisfaction improves after the completion of varying types of geriatric nursing educational modules, but it is unclear how satisfaction is otherwise influenced in aged care (Lange et al., 2009; Häggström, Skovdahl, Fläckman, Kihlgren, & Kihlgren, 2005).

Alabaster determined that many nurses find geriatric care both difficult and undesirable to provide (2007). A later study found that caring for elders confronts nurses with unique ethical issues rarely seen with other patient populations. The ethical dilemmas have been noted to cause emotional distress that stays with a nurse even after his or her workday is done. This distress, which may include feelings of guilt and powerlessness, can be severe enough to cause nurses to quit their jobs (Rees, King, & Schmitz, 2009).

Research has also revealed that nurses, among other health professionals, often have negative concepts of the aged population (McGarry, Aubeeluck, Simpson, & Williams, 2009). One study found that almost 40% of the nurses surveyed do not enjoy working with this population; in comparison, only 20% of other healthcare workers made this declaration (Wells, Foreman, Gething, & Petralia, 2004). Considering these statistics, it is unfortunate that nurse attitudes towards geriatric patients directly impact the quality of care provided, as so many have negative perceptions (Kearney, Miller, Paul, & Smith, 2000). It is necessary to understand the experiences of the nurses who work with older adults, especially because of the pending growth of this population, so that the highest quality of care possible may be provided (Department of Health and Human Services, 2006; McKenzie, Blanford, Menec, Boltz, & Capezuti, 2011).

### **Significance of the Study**

This study was conducted with the intent of providing insight about nurses who care for elders. Current research shows that the nursing care of geriatric patients is directly related a nurse's perception of the aged client (Kearney, Miller, Paul, & Smith, 2000). As many nurses are shown to have less than ideal perceptions about this population, it is important to first identify factors that influence nurse satisfaction in order to create change and make geriatric nursing a more positive experience for nurses and patients alike (McGarry, Aubeeluck, Simpson, & Williams, 2009).

This study was executed in hopes of being able to provide a foundation for the investigation of this topic. It was also hoped that preliminary suggestions could be given for how to make geriatric nursing a more positive experience for all involved. Because the negative perceptions discussed above influence both nurse job satisfaction and the quality of patient care, the results of this study may have several important implications for practice. In identifying the factors that affect nurses' satisfaction in working with this population, it will open the doors for further research and interventions to combat the negative ideologies that exist in aged care nursing, thus improving the quality of patient care.

### **Statement of Purpose**

The purpose of this study is to explore the factors that influence the satisfaction of nurses caring for the older adult population.

### **Definition of Terms**

The term “geriatric” is defined by the Administration on Aging as a person who 65 or more years of age (Association of Aging, 2011). Synonymous terms used in this document include “elders,” “older adults,” and “aged.”

### **Methodology**

#### **Recruitment**

After receiving permission from the University’s Institutional Review Board, Nursing Department Chair, and Student Nurse Organization faculty leader, the participants for this study were recruited through snowball sampling (see Appendices A & B). All students enrolled in the nursing program during the Fall 2011 semester were contacted through email, which contained a brief description of the type of participants desired as well as the researcher’s contact information (Appendix C). Students were asked to provide this contact information to qualified nurses they knew who expressed interest in participating in the study.

#### **Participant Description and Setting**

In all, five female registered nurses participated in the study. The average age was 36.2 years +/- 3.8 years. The participants were relatively new to the field of nursing; 80% had been working as an RN for less than five years. One nurse had significantly more experience, having practiced for between 20 and 30 years. Four nurses had received their nursing education through BSN programs, while one held an associate’s degree in the field.

To be qualified to participate, registered nurses were required to have cared for clients over the age of 65 at some point during their career. Nurses who worked in geriatric-specific settings, such as nursing homes, were excluded. Interviews were

scheduled at the convenience of the participants, and were held in private locations of the informants' choosing.

### **Ethical Considerations**

This study was reviewed by the University of New Hampshire's Institutional Review Board, which determined that there was little risk to participants. Potential risks included confidentiality breaches and feelings of discomfort related to discussing the subject at hand. Attempts were made to minimize these risks by properly securing all data and advising participants that they could refuse to answer any question at any time. Additionally, participants were informed that confidentiality breaches could occur if legally reportable material was shared, such as in the cases of elder abuse. All participants signed letters of informed consent before sharing personal data.

### **Data Collection and Management**

The semi-structured interviews were guided by a list of open-ended questions (Appendix D). All interviews were digitally recorded on the researcher's password-protected personal computer. Once completed, each interview recording was transcribed verbatim, and then destroyed. Informants were also asked to fill out a written demographic questionnaire, which was collected at the interview (Appendix E). The questionnaires were stored in a locked file cabinet in the researcher's home upon survey completion. The researcher, faculty sponsor, and Nursing Honors Coordinator were the only people with access to the digital and written files.

### **Data Analysis**

Interview data were analyzed manually using qualitative methodologies. Upon completion of the interviews, pseudonyms were assigned to participants. The transcribed

interviews were then read to get a sense of the data as a whole. After the initial reading, category schemes were developed and used to code data accordingly, which brought forward several themes (Polit & Beck, 2011). Once highlighted, the themes were assessed for implications related to factors that influence the satisfaction of nurses caring for the older adult population. The data was reported primarily in aggregate form via thematic representations, though pseudonyms were also utilized to present quotes from individual participants.

Data from the demographic questionnaires were analyzed through the use of quantitative methodologies, specifically through the implementation of descriptive statistics. The questionnaires were reviewed and a separate tally was kept for each question to determine such statistics as the ethnic makeup and average education level of the group (Polit & Beck, 2010).

### **Findings**

Several themes were identified, each falling under the category of either “Rewards” or “Challenges.” In general, the nurses described working with the geriatric population as a rewarding and enjoyable experience, though some challenges relating to aged care, such as dementia, were noted to cause dissatisfaction.

#### **Rewards**

The first theme related to the rewards of geriatric nursing included the opportunity to provide good care to patients. Participants achieved significant satisfaction in being able to perform the fundamental duties of nursing. Findings of this study support that nurses may find more satisfaction in providing care to the geriatric population because their numerous needs give the nurses more opportunities to fulfill their desire to provide care.

I really like feeling like I took good care of somebody, I like feeling that I can contribute to somebody feeling safe. (Nurse 1)

Sometimes I think that caring for populations over the age of 65 is more rewarding because they need care more than... they need more of my time than other patients... And they just have more needs that I feel like I fulfill than other patients that are younger. (Nurse 6)

When good care is provided, nurses find positive feedback very meaningful; acknowledgment of their work also has positive effects. The RNs noted that geriatric patients tend to be much more appreciative than younger populations. Because of this, nurses may find increased enjoyment in working with older adults and the frequent recognition these patients bestow upon nurses.

They are much more appreciative. (Nurse 6)

I think they're definitely more appreciative a lot of times than younger people. (Nurse 4)

A second idea that the participants presented was that they found a great reward in developing relationships with both patients and their families. Nurses may find more satisfaction from this theme with the geriatric population because the increased amount of time spent with older adults may allow such relationships to flourish (Wendel, Durso, Cavea, Arbaie, & Tanner, 2010).

It's nice to be able to develop a relationship with some of them and they get to trust you and know who you are... I like when people remember you and they get to know you and they're happy to, happy to see you. (Nurse 1)

I think when they have a supportive family unit, it seems to be more enjoyable. (Nurse 2)

The final factor contributing to nurse satisfaction when caring for elders was the ability to make a difference in the lives of individual patients. In this population, making a difference tended to manifest as helping elders maintain their independence. More specifically, nurses found joy in seeing patients heal, leave the care facility, and live in their own homes. The nurses explained that helping patients be self-reliant and maintain normalcy in their everyday lives was very satisfying:

And just seeing elderly people be independent and be able to, you know, live at home alone and not have to be, you know... I like seeing them go home and be more independent, you know, definitely. That's rewarding. (Nurse 4)

You do get a reward, they thank you and they, sometimes, most of the time get better, and it is rewarding to see them go back home, remain independent a little longer. It's hard when you start losing your car and your independence because you're getting older. So lots of times we can get them back on their feet and buy them a few more years. (Nurse 3)

A smaller portion of the participants noted that hospice care and learning from elder patients were additional rewarding components of working with this population.

### **Challenges**

Of the two main challenges identified, the larger was caring for patients who have dementia. Four of the five nurses interviewed discussed this issue at length, revealing a variety of ways the illness negatively impacts nurses. The overriding problem was that nurses felt they were not well-prepared to care for such patients. Nurses reported difficulty in differentiating between symptoms of dementia, acute delirium, and those behaviors that were simply part of a patient's personality. Several RNs noted that it was a struggle to know how to handle the disease, even when it was properly identified. The participants mentioned adjusting many aspects of the care they provide, such as daily routines and



communication styles, in an effort to provide more effective care to patients with dementia. Though it is expected that healthcare staff may have to adjust their care to meet the needs of patients with dementia, the nurses in this study reported stress because they did not know *how* to effectively alter their care. The participants noted that it was often a guessing game, experimenting with different strategies until they found something that worked:

It's kind of challenging to figure out; each patient is so different, so figuring out how to deal with those situations, because a lot of the elderly are demented and have Alzheimer's, so... you learn more and more from each experience, and you figure out what works and what doesn't. (Nurse 6)

Certain symptoms, such as forgetfulness, verbal hostility, and physical aggression, were especially upsetting to nurses. Though the RNs recognized that such behaviors are common in patients with dementia, some noted that it was hard not to take elders' actions personally:

Patients with dementia are, are very challenging... when somebody's, you know, hitting you or yelling at you or calling you names, I think that dealing with that aspect of dementia is... It's really challenging dealing with it, especially like, I'm a really sensitive person, I'm definitely on the more sensitive side so not to take that as oh they're mad at me or what did I do wrong, what can I do better? (Nurse 1)

A second theme that negatively impacts nurse satisfaction was not being able to provide patients the best patient care possible, whether due to time, money, or staffing constraints:

Sometimes I feel like I just can't do enough for them, you know, that they need a lot and I wanna kinda... I want to be able to provide all that but I'd have to only have one patient all the time... so sometimes that gets really frustrating when you feel like you just don't have enough hands or enough people even though you're fully staffed. (Nurse 1)

Challenging is management. Because sometimes they're not nurses and they don't understand what goes on right at the worker bee level and it's more about saving money... It hurts the actual care the patient gets. (Nurse 3)

The nurses noted that elder patients often have more needs than younger patients, which can make it increasingly difficult to provide quality care. They also noted that "life moves slower" for geriatric patients, which required the RNs to spend more time performing care than might be necessary with other populations:

I think just taking it a little bit slower with geriatric patients because they're just a little bit slower to understand, um even like talking slower to geriatric patients or just taking it at their pace, 'cause they don't always know what kind of medications they're on, they don't know a lot about the healthcare system, and they really need somebody to help them navigate through it, so just going at their pace. (Nurse 4)

The combination of care barriers, the increased needs of older adults, and the extra time necessary to provide care to elders can make it difficult for nurses to give patients high-quality care to geriatric patients.

### **Discussion**

Through interviews with qualified RNs, this study was able to identify several significant themes that influence nurses' satisfaction in caring for elders. These ideas specific to aged care nursing have led to the formation of several preliminary suggestions on how to improve nurses' experiences in working with this population. The data from this investigation also provides insight into the view of nurses working with the geriatric patient, an under-studied area, as well as a foundation for further research in this area.

Many of the themes identified in this study were consistent with other studies addressing nurse satisfaction, though none specifically addressed geriatric nursing. Several research findings support the idea that nurses obtain satisfaction from providing good care to patients; one even named it as the most crucial consideration in increasing satisfaction

(Dunn, Wilson, & Esterman 2005; Perry, 2005; McNeese-Smith, 1999). The participants of this study echoed this finding and also noted experiencing feelings of dissatisfaction when they cannot give high-quality care. This challenge causes feelings of stress, frustration, and disappointment. Though stated elsewhere to cause nurses dissatisfaction, this issue may be more problematic with geriatric patients because their numerous needs can stress resources that may already be inadequate, making it even more difficult to meet patients' needs (Karlsson, Ekman, & Fagerberg, 2009; Tuckett, et al., 2009).

Consistent with other published data, these nurses found positive feedback very meaningful (Utriainen & Kyngas, 2009; Newman & Mayor, 2002). The present study suggests that RNs find increased satisfaction when working with geriatric patients because they tend to be more appreciative than younger populations. Another finding similar to those presented in existing research is the joy nurses feel from building relationships with patients (Best & Thurston, 2004). The nurses in this study reinforced this idea and also expanded upon it, acknowledging that the development of relationships with patients' families was an additional reward when caring for elders.

It is well recognized that patients with dementia pose unique challenges for healthcare staff (Rodney, 2009; Moyle, Borbasi, Wallsis, Olorenshaw, & Gracia, 2011). The participants of this study concurred with the current literature and shared what aspects of dementia cause personal and care delivery challenges. True to what Rodney reported, aggression in both verbal and physical forms was found to cause nurse stress (2009). This study's underlying issue of staff's lack of dementia-related education and training was found to be not only common but also problematic in other research (Moyle, Borbasi, Wallsis, Olorenshaw, & Gracia, 2011).

The participants shared that seeing patients heal and return home was satisfying (Newman & Maylor, 2002). Less common themes included finding satisfaction in providing hospice care and learning from older adults. Nurses noted that elders often have a different way of seeing things and can offer unique stories, lessons, and outlooks on life.

Overall, the factors that affect the satisfaction of nurses who care for elders are influenced by many of the same factors that affect RN satisfaction in general. However, the unique needs and characteristics of the older adult population may make such themes especially relevant to the nurses who care for them. One finding that varied greatly from the current literature was participants' overall views of geriatric patients. Though not asked to quantify their job satisfaction in relation to elder care, the nurses generally spoke highly of this population. Several stated without any prompting that they found working with older adults to be enjoyable. This revelation was surprising, considering its contradiction of existing research on RN perceptions of this population (Alabaster, 2007; Rees, King, & Schmitz, 2009; McGarry, Aubeeluck, Simpson, & Williams, 2009).

### **Limitations**

This study has several limitations, the biggest of which is the composition of the sample. The small size of five participants in combination with the relative homogeneity of the group in areas such as age, experience, and place of work makes it difficult to apply these results to the RN population as a whole. Another limiting factor is that most of the interviews were conducted at the nurses' places of work. Though the interviews were conducted in a private area, it is possible that nurses censored their responses due to being in their work environment. Some time constraints were also noted.

Though necessary to achieve the desired depth of information, conducting the interviews face-to-face could have been limiting. Nurses may have been uncomfortable expressing negative thoughts about geriatric nursing in the absence of anonymity to the researcher.

### **Implications**

Because recognition of RNs' work strongly impacts satisfaction, it is important that nurses be acknowledged often and by people such as supervisors and coworkers. By showing appreciation, employers can increase nurses' satisfaction and perceptions of their value within the organization (Khowaja, Merchant, & Hirani, 2005). Employers can accomplish these same goals by giving nurses a voice in decision-making processes within the facility. This has important implications for nurses, patients, and the entire healthcare organization. Because nurses are, in many settings, the front line of patient care, RNs hold valuable ideas and opinions related to patient care. Older adults have unique needs, which nurses should be given the chance to communicate to other healthcare organization employees. Allowing for nurse input related to topics such as budget cuts, for example, may help facilities to adjust spending in ways that minimally impact quality patient care and nurses' ability to provide it.

Another important implication for employers is the need for dementia education. Nurses in this study reported experiencing stress, confusion, and dissatisfaction from a lack of knowledge about how to care for patients with dementia. Ideally, employing organizations would provide training to RNs on this subject. In doing so, the employer could tailor the training to relate specifically to any unique aspects of the work setting or patient population. Employers could see many benefits from this type of program, such as

improved attitudes, satisfaction, and quality of care when nurses better understand how to provide geriatric care (Turner, Lee, Fletcher, Hudson, & Barton, 2001; Lopez et al., 2002; Wells, Foreman, Gething, and Petralia, 2004).

### **Recommendations for Further Research**

To improve reliability, a similar study should be conducted with a larger sample. It would be interesting to interview nurses who do work in geriatric-exclusive settings, as they may be able to provide further insight into the rewards and challenges of caring for this population. As RNs who are experienced in caring for elders, they may also offer valuable suggestions about how to improve geriatric care issues that cause stress and dissatisfaction.

Numerous studies have been conducted regarding the implementation of geriatric-related educational programs in the workplace (Wendel, Durso, Cayea, Arbaje, & Tanner, 2010; Boltz, Capezuti, Kim, Fairchild, & Secic, 2009). Many of the results, however, are inconclusive and lack clear evidence about the most productive way to implement such programs. Performing an interventional study aimed specifically at providing dementia education to RNs may make it possible to effectively address this issue in aged care nursing.

### **Conclusion**

Nurses find joy in building relationships and being able to help others by doing their job to the best of their abilities. Conversely, frustration and dissatisfaction arise when nurses cannot do so. The combination of time, budget, and staffing constraints with the increased needs of older adults makes it difficult to provide the quality of care nurses feel patients deserve. Patients with dementia pose additional challenges, and specific

knowledge is needed for nurses to properly care for affected elders. Though this study has provided preliminary insight into the job satisfaction of nurses who care for this population, further research is necessary to enhance and solidify the themes presented.

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APPENDICES

**Appendix A**Email Documentation of Permission to Use SNO for Participant  
Recruitment from Department Chair

**From:** Joan Hahn <Joan.Hahn@unh.edu>  
**Subject:** **FW: Honor Student Request**  
**Date:** September 8, 2011 7:15:49 PM EDT  
**To:** Sarah Vlachos <slh55@unh.edu>  
**Cc:** Harkless, Gene <Gene.Harkless@unh.edu>, Carol Williams-Barnard <Carol.Williams-Barnard@unh.edu>, Karen Niland <Karen.Niland@unh.edu>

Hello Sarah,

As noted below, Dr. Gene Harkless, Chair of the Department of Nursing has approved your correspondence with Karen Niland, Director of the Student Nurses Organization (SNO) regarding contacting nursing student colleagues about your project for recruitment purposes. You can go ahead and contact Karen Niland, Director of SNO re: the recruitment scheme and ask if that can be arranged.

Joan Earle Hahn, PhD, APRN, GCNS-BC, GNP-BC, CDDN  
Associate Professor  
University of New Hampshire  
College of Health and Human Services  
Department of Nursing  
4 Library Way Hewitt Hall 279  
Durham, NH 03824-3563  
603.862.2958  
[Joan.Hahn@unh.edu](mailto:Joan.Hahn@unh.edu)

**From:** Harkless, Gene  
**Sent:** Thursday, September 08, 2011 5:31 PM  
**To:** Hahn, Joan; Harkless, Gene  
**Cc:** Williams-Barnard, Carol; Niland, Karen  
**Subject:** Re: Honor Student Request

Sounds great, hope the subject accrual goes well. Let me know what else I can do to help.

Take care, Gene

**From:** "Hahn, Joan" <[Joan.Hahn@unh.edu](mailto:Joan.Hahn@unh.edu)>  
**Date:** Thu, 8 Sep 2011 17:10:24 -0400  
**To:** "Harkless, Gene" <[Gene.Harkless@unh.edu](mailto:Gene.Harkless@unh.edu)>  
**Cc:** "Williams-Barnard, Carol" <[Carol.Williams-Barnard@unh.edu](mailto:Carol.Williams-Barnard@unh.edu)>, "Niland, Karen" <[Karen.Niland@unh.edu](mailto:Karen.Niland@unh.edu)>  
**Subject:** Honor Student Request

Hello Gene,

I am working with Sarah Vlachos, a senior honor's student who is in Dr. Carol William-Barnard's section. She wishes to use a snow ball recruitment strategy in her research project using nursing students in our program. The purpose of this study is to explore what factors influence the satisfaction of nurses caring for the older adult population. Sarah is going to use her student colleagues as a means of asking them to help her to identify nurses they know who have practiced with the older adult patient and who might be willing to be contacted about information on the study and to check on their interest in participating.

**She would like to get your permission to work through SNO.** She would like to get your approval in writing for IRB purposes and before she contacts Karen Nyland. **Is this something that you would approve?**

Here is Sarah's email address. Sarah Vlachos [[slh55@unh.edu](mailto:slh55@unh.edu)] If you approve, can you please send her or me a note of your approval so that she can go ahead and contact Karen Nyland? Please let me know if you have any questions. Thanks!!!

I cc'd Dr. Carol Willams-Barnard and Karen Nyland to keep them aware of this request.  
Thank you very much,

Joan

Joan Earle Hahn, PhD, APRN, GCNS-BC, GNP-BC, CDDN  
Associate Professor  
University of New Hampshire  
College of Health and Human Services  
Department of Nursing  
4 Library Way Hewitt Hall 279  
Durham, NH 03824-3563  
603.862.2958  
[Joan.Hahn@unh.edu](mailto:Joan.Hahn@unh.edu)

**Appendix B**Email Documentation of Permission to Use SNO for Participant  
Recruitment from SNO Faculty Advisor

**From:** Karen Niland <Karen.Niland@unh.edu>  
**Subject: RE: Student Honors Project/SNO Email**  
**Date:** September 25, 2011 7:11:37 PM EDT  
**To:** Sarah Vlachos [slh55@wildcats.unh.edu](mailto:slh55@wildcats.unh.edu)

Just cc me in the email- best of luck!

Karen S. Niland RN, MS  
Faculty - Lecturer  
Department of Nursing  
University of New Hampshire  
office: 603-862-3605  
home: 603-749-8923  
"Education is not the filling of a pail, but the lighting of a fire"  
~William Butler Yeats

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From: Sarah Vlachos [[slh55@wildcats.unh.edu](mailto:slh55@wildcats.unh.edu)]  
Sent: Sunday, September 25, 2011 5:28 PM  
To: Niland, Karen  
Subject: Re: Student Honors Project/SNO Email

Hi Professor Niland,

It looks like I should be able to send the email form Blackboard. Would you like me to notify you before I do so? It won't be for at least a few weeks.

Thank you for your help!

Sarah

On Sep 25, 2011, at 10:15 AM, Niland, Karen wrote:

Hi Sarah,  
I am sure we can make this work for you. Here is my email from Sept 8th:

Hello Joan, Gene & Carol,

I believe students have access to email each other/groups etc from the SNO Bb site. If not I can provide temporary access once she has approval. I will wait to hear from student directly when she is ready to contact students.

\*\*\*\*\*

Let me know if SNO Bb email works for you or if you need special access.

Thanks~

Karen S. Niland RN, MS  
Faculty - Lecturer  
Department of Nursing  
University of New Hampshire  
office: 603-862-3605  
home: 603-749-8923

"Education is not the filling of a pail, but the lighting of a fire"  
~William Butler Yeats

---

From: Sarah Vlachos [slh55@wildcats.unh.edu]  
Sent: Saturday, September 24, 2011 1:39 PM  
To: Niland, Karen  
Subject: Student Honors Project/SNO Email

Hi Professor Niland,

I just wanted to check in and see if you had considered my request about utilizing SNO for my honors project. Below is my original email in case you'd like a reminder about what I'm trying to accomplish.

Thank you!

Sarah Vlachos

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My name is Sarah and I'm a senior nursing student working on developing my honors project. I am hoping to use SNO as a recruitment tool to find participants for my study. I'm hoping that other UNH students would be able to put me into contact with nurses they



know. I received permission from Dr. Harkless to send an email out through SNO, but wanted to talk to you more about the possibility of doing this. Does this sound like something you would be okay with?

I have attached my research proposal if you'd like more information about my project.

Thank you,

Sarah Vlachos

### Appendix C

#### Email to Initiate Snowball Sampling\* (to be mailed later in summer)

Dear SNO members,

My name is Sarah Vlachos. I am entering my senior year in nursing here at UNH, and would like to ask for your assistance in completing my senior honors research project.

I am conducting a study about nurse satisfaction in caring for older adults. I am looking for potential study participants who have experience caring for adults both under and over the age of 65. Nurses who have worked exclusively in geriatric specialty settings are not eligible. If you know anyone- a parent, family friend, coworker, etc., who is an RN that has experience with these populations, I would greatly appreciate being put into contact with them.

As a participant in the study, this RN would be asked to complete a demographic questionnaire and engage in an interview with me. The total time commitment is expected to be between 35-55 minutes. I intend to make this as convenient for participants as possible and am planning to drive to the participants to interview them at a location of their choice.

If you know someone who meets the above qualifications and who might be interested in participating, please take one of the following steps:

- Pass my contact information (listed below) along to this person, or
- Provide me with a way to contact the nurse with his/her permission (email, phone- whatever is most convenient)

Thank you for taking the time to help me with this project! Please don't hesitate to contact me with any questions.

Thank you,

Sarah Vlachos  
Student  
Department of Nursing UNH  
Phone: (603) 205-6040  
Email: [SLH55@unh.edu](mailto:SLH55@unh.edu)

\*Permission to send this e-mail has been approved by the Interim Chair of the Nursing Department, Dr. Gene Harkless

## **Appendix D**

### Guiding Questions for Participant Interviews

1. Please describe your experience in caring for the geriatric population.
2. Could you share one rewarding experience you have had in caring for the geriatric population?
3. What has been one challenging experience in caring for the geriatric population?
4. What factors may contribute to your feelings of satisfaction in caring for the geriatric population?
5. What factors may contribute to your feelings of dissatisfaction in caring for the geriatric population?
6. What advice would you offer to other nurses caring for the geriatric population?
7. Is there any other information you would like to share with me that we have not already covered?

**Appendix E**

## Demographic Questionnaire

1] What is your age? (check the correct answer)

- |                                      |                                |                                      |
|--------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 24 or under | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44       |
| <input type="checkbox"/> 45-54       | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65 or above |

2] What is your gender?

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

3] What is your ethnicity?

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Caucasian                   | <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American            | <input type="checkbox"/> Native American |                                |
| <input type="checkbox"/> Other (please specify)_____ |  |                                |

4] In what year did you graduate from your primary nursing school?

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1950-1960 | <input type="checkbox"/> 1981-1990    |
| <input type="checkbox"/> 1961-1970 | <input type="checkbox"/> 1991-2000    |
| <input type="checkbox"/> 1971-1980 | <input type="checkbox"/> 2000-present |

5] How many total years have you been practicing nursing?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 1-5 years          | <input type="checkbox"/> 21-30 years |
| <input type="checkbox"/> 6-10 years         | <input type="checkbox"/> 31-40 years |
| <input type="checkbox"/> >40 years          |                                      |

6] What is your highest degree of education in nursing?

- |   |   |
|---|---|
| <input type="checkbox"/> Diploma            | <input type="checkbox"/> Master's Degree              |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Doctoral Degree              |
| <input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Other (please specify):_____ |

7] If currently employed as a nurse, please indicate the setting in which you work:

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital           | <input type="checkbox"/> Home care                     |
| <input type="checkbox"/> Community nursing  | <input type="checkbox"/> Hospice Care                  |
| <input type="checkbox"/> Physician's office | <input type="checkbox"/> Residential care home         |
| <input type="checkbox"/> School             | <input type="checkbox"/> Other (please specify): _____ |

8A] Please indicate the settings in which you have worked with older adults (aged 65 years or above) as a nurse in the past:

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital           | <input type="checkbox"/> Home care                     |
| <input type="checkbox"/> Community nursing  | <input type="checkbox"/> Hospice Care                  |
| <input type="checkbox"/> Physician's office | <input type="checkbox"/> Residential care home         |
| <input type="checkbox"/> School nurse       | <input type="checkbox"/> Other (please specify): _____ |

8B] Were any of these settings exclusively geriatric settings?  Yes  No

9] What is your current? title? *Ex: Registered Nurse, Family Nurse Practitioner, etc.*

---

10] Do you hold any specialty certificates or degrees in geriatric nursing/older adult care?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If Yes, please list below:

---

## Appendix G

### Letter of Informed Consent



Dear Nurse,

I am conducting a research project to explore the factors that influence the satisfaction of nurses caring for the older adult population. I am writing to invite you to participate in this project. I plan to work with approximately 10-15 nurses in this study.

If you agree to participate in this study, you will be asked to participate in an interview about your experiences in caring for older adults. Interviews are expected to take between 30-45 minutes, and digital voice recordings will be made. The recordings will be used to produce transcriptions of the interviews, after which they will be promptly destroyed. You will also be asked to complete a short demographic questionnaire that can be completed in 5-10 minutes. You will not receive any compensation to participate in this project.

The potential risks of participating in this study are minimal. Every effort will be made to maintain confidentiality, though research of this nature does carry a minimal risk of data access by unintended individuals. The benefits of the knowledge gained are expected to be helpful to the nursing community. Additionally, any changes made as a result of the study may improve care for geriatric clients.

Participation is strictly voluntary; refusal to participate will involve no prejudice, penalty, or loss of benefits to which you would otherwise be entitled. If you agree to participate and then change your mind, you may withdraw at any time during the study without penalty.

I seek to maintain the confidentiality of all data and records associated with your participation in this research. You should understand, however, there are rare instances when I am required to share personally-identifiable information (e.g., according to policy, contract, regulation). For example, in response to a complaint about the research, officials at the University of New Hampshire, designees of the sponsor(s), and/or regulatory and oversight government agencies may access research data. You also should understand that I am required by law to report certain information to government and/or law enforcement

officials (e.g., child abuse, threatened violence against self or others, communicable diseases). Interview data will be stored on my password-protected personal computer, and the demographic questionnaires in a locked file cabinet in my home. I will only share the raw data with my faculty sponsor and advisor. I will report the data in aggregate; select material may be quoted using pseudonyms. The results will be used in reports, presentations, and possibly publications.

I am a nursing student at the University of New Hampshire. This research study will be conducted by my faculty honor's advisor and myself with input from faculty sponsor (Department of Nursing). If you have any questions about this research project or would like more information before, during, or after the study, you may contact me at [slh55@unh.edu](mailto:slh55@unh.edu). If you have questions about your rights as a research subject, you may contact Dr. Julie Simpson in UNH Research Integrity Services at 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

I have enclosed two copies of this letter. Please sign one indicating your choice and return in the enclosed envelope. The other copy is for your records. Thank you for your consideration.

Sincerely,

Sarah Vlachos  
UNH Nursing Student

Yes, I, \_\_\_\_\_ consent/agree to participate in this research project.

No, I, \_\_\_\_\_ do not consent/agree to participate in this research project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Appendix H

### Recruitment Letter



UNIVERSITY of NEW HAMPSHIRE

Dear Nurse,

I am writing to you to ask you to participate in a research study I'm conducting as part of my undergraduate honors curriculum at the University of New Hampshire. The goal of this research is to explore factors affecting the satisfaction of nurses who work with the older adult (65 years and above) population. I hope to identify specific factors related to the care of elders that both positively and negatively impact nurse satisfaction. I ask that all participants have experience in working with people older than 65, as well as with younger adults. If you have practiced only in geriatric specialty settings, you are not eligible for this study.

To gain this insight, I am planning to conduct a one-on-one interview with each participant. The interviews are expected to take 30-45 minutes. In addition, there is a demographic questionnaire that I will ask you to complete, which should take 5-10 minutes to fill out. I will travel to a location of your choice to conduct the interview.

All responses will be kept confidential. Audio from the interviews will be digitally recorded to allow for transcription and kept on my personal password-protected computer. Once transcribed, the recordings will be promptly destroyed. Only my faculty sponsor, honors project advisor, and myself will have access to the data collected.

There will be no compensation provided for participation in this study. It is my hope, however, that the information gained from this research will provide valuable insight to the nursing community. I hope to identify the factors that attribute to nurse satisfaction and dissatisfaction in geriatric care. Ideally, this recognition will be the first step to improving any dissatisfying realities related to aged care, benefitting nurses and patients alike.

Thank you for your interest in this research project!

Sincerely,

Sarah Vlachos