Exploring Nurses' Work Preferences in a Nursing Home Context – a Qualitative Study

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Abstract

Facing the increasing rate of nursing shortages, work pressure and turnover among nurses, the aim of this research was to acquire insight into the work preferences of both the internal workforce as well as the external labor market of nurses level 3 and level 4. Although ample research provides insight into the satisfaction and motivation of nurses with the job and organization, limited research evidence is available concerning the work schedule preferences of nurses. To identify the work schedule preferences, a qualitative research design was used. The first part consisted of semi-structured interviews with nurses level 3, nurses level 4, team leaders, location managers and HR to explore work preferences in detail and across multiple organizational levels. In total, 16 semi-structured interviews were conducted. The second part, consisting of two focus groups, was conducted to validate and broaden the research findings from the interviews. The main findings indicate a gap between the preferred work schedule and the required patient care. Potential reasons can be found in work-life balance needs, number of employment hours and preferred level of work schedule flexibility. Next, the results indicate differences between the work preferences of young and older aged nurses regarding pay and benefits and learning and development needs. Implications for practice are discussed. Limitations and recommendations for future research are provided.

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1. Introduction

1.1 Societal developments

The increasing age of both the Dutch population (CBS, 2020) and the health care workforce itself, generate a rising demand for skilled health care workers (Kloster, Høie, & Skår, 2007; Von Bonsdorff, 2011) and, specifically, an increasing shortage of nurses (De Cooman et al., 2008; Lapane & Hughes, 2007). Together with a high turnover intention of nurses, this poses a serious threat to the quality of health care (Kalisch & Lee, 2014; Karsh, Booske, & Sainfort, 2005), and the motivation and satisfaction of the workforce as a whole (De Cooman et al., 2008). In addition, there is an ongoing concern about how to publicly finance long-term care, which already takes up 5% of Dutch gross domestic product (GDP). Particularly, the demand for intramural nursing home care is expected to grow exponentially due to the ageing of the Dutch population (Eggink, Ras, & Woittiez, 2017). Moreover, external regulatory pressure is believed to negatively affect the quality of care provided (van de Bovenkamp, Stoopendaal, van Bochove, & Bal, 2020) and patients with neuropsychiatric diseases, such as dementia , have been found to increase distress and job strain among nurses (Brodaty, Draper, & Low, 2003; Zwijsen et al., 2014).

Next to general demographic developments, the current Covid-19 pandemic and its corresponding lockdown is responsible for rising unemployment rates (UWV, 2020b) and a decreasing amount of jobs and vacancies (CBS, 2021). Even within the healthcare sector, the unemployment numbers slightly rose from 19.272 in November 2020 to 19.296 a month later, while at the same the demand for health care was increasing (UWV, 2020b). In light of the increasing shortage of qualified nurses as noted above, the more than 19.000 unemployed workers who received unemployment benefits within the healthcare sector seem to indicate a mismatch between labor demand and labor supply. Especially because the unemployment rates seem to be structural, for the number of people within the healthcare sector that received unemployment benefits was already at a level of 18.202 in December 2019 (UWV, 2020b). Thus, while the demand for skilled healthcare workers is rising, as noted above, at the same time a considerable group of currently unemployed healthcare workers is potentially suited to work in intramural long-term care. This might be an indication of a mismatch between the demand and supply of elderly care labor as well as a potential solution to the expected growing national shortage of nurses and related quality of care.

1.2 Sectoral developments

In order to address the shortage of healthcare workers on a sectoral level, the Dutch government deployed a program called “Werken in de zorg” (Rijksoverheid, 2018). In this program, the government formulated three main priorities. The first priority is to motivate more people to choose to work in health care, for example, to convince students to enroll in a health care education, enhance the appealing of health care for people from other industries, and let those who previously worked in the sector, re-enter it. Another part of this first priority is to retain the employees by providing them with a clear image of what to expect from the work and labor market, and to ensure these employees keep working in the health sector by providing them with opportunities for development and job counseling. The second priority is aimed at improving the learning possibilities for students and employees, such as the availability of internships, ensuring that students complete their education and facilitating life long learning. The third priority is about taking action to change the jobs in the health sector, for example by adapting schedules and working hours to match with the needs of employees, job carving, task reallocation, diminishing unnecessary rules and procedures, stress reduction and the role of innovation and technology (Rijksoverheid, 2018).

1.3 Regional developments

Because the case study organization is situated in Noord-Brabant, the regional developments will elaborate on this region. The nationwide ageing of the population and workforce does also manifest itself in Noord-Brabant. From 2015 to 2020, the representation of the age group of 35 to 55 in the total workforce of residential, nursery and home care decreased from 48.1% to 39.3% respectively, leading to an increase of workers above 55 years old (Transvorm, 2020). Although it can be noted that there is an overall increase of care workers in the province of Noord-Brabant, the number of vacancies in residential, nursery, and home care declined with nearly 32% between March and September 2020, especially for nurses (Transvorm, 2020). Potential reasons are an increased death rate of patients, postponement of patient admission, employees cancelling their vacation and the possible willingness to work more hours. On average, employees in residential, nursery and home care work 60% of a fulltime contract, which is among the lowest in general healthcare. At last, 20% of exiting healthcare workers chose to work in another sector. To address these concerns, Transvorm, a collaboration of employers in Noord-Brabant, formulated three priorities: 1) Onboarding, 2) Opportunities for development and 3) Organizational climate (Transvorm, 2020).

Yet zooming in just a little further, it can be noted that nearly 50% of all employees in West-Brabant is employed in an industry with little to no job loss, among them Healthcare (UWV, 2020c). Also, although national unemployment numbers in healthcare were slightly increasing as noted above, in West-Brabant the amount of vacancies in healthcare has grown slightly (i.e. 3%). In contrast, the majority of industries in West-Brabant faced a substantial decrease of vacancies, leading the ranks are Transportation and Logistics (-45%), Commerce (-44%) and Economic and Administrative Services (-38%). In addition, over March to May 2020 during the first lockdown, UWV reported a rise of 3500 to 41.100 in the registered number of people who searched for work and a growing number of unused labor potential, summing up to 44.000 people, of which 14.000 are unemployed and 17.000 would like to work more hours. At the same time, IT, Healthcare and Education are facing structural labor shortages and hard to fill vacancies (UWV, 2020c). To conclude, while general job demand in West-Brabant has decreased, there remains to be a structural demand for IT, Healthcare and Educational professionals.

1.4 Organizational developments

Especially difficult to fulfill are positions for nurses level 3 (i.e. “Verzorgende IG”) and 4 (i.e. “Verpleegkundige”) (UWV, 2020a). As a consequence, according to UWV (2020a), current nurses work extra shifts, which could undermine the quality of care, increase work stress and absenteeism, as well as have a negative impact on employee health. Care employees themselves have provided possible solutions, for example, opportunities for learning and training, a lower work pressure, less administration, more autonomy, more appreciation from managers and paying more attention to working hours and salary (UWV, 2020a). Hence, it seems that organizations can play an important role in facilitating these possible solutions. Furthermore, this urges organizations and institutions to think about the role of technology in making processes more efficient and finding new flexible ways of coping with the changing needs of patients and employees. In overall, there are multiple reasons to believe small adjustments are inadequate in resolving the increasing labor shortages, and the related consequences for society as a whole, and healthcare organizations and professionals in particular. Instead, these demanding forces call for a fundamental examination as well as review of the current processes, systems, role of technology and client and workforce needs.

Such an organization that is fundamentally challenging its current way of working, is CareOrg. The organization is continuously working to find innovative solutions that fit the fluctuating needs of their clients as well as of their employees. Examples of innovative

projects within CareOrg include redesigned workplaces, cultural changes towards continuous improvement, and technological advancements, such as smart glasses that enable professionals to watch along with their colleagues' actions, and smart incontinence products that save time of nurses by measuring the saturation level (N., personal communication, January 12, 2021). While the organization currently maintains a good position in the labor market, labor shortages are expected to arise, specifically for nurses working at level and 3 and 4 job positions (T., personal communication, January 19, 2021). The expected organizational personnel shortages are in line with the difficult to fill nationwide vacancies noted above.

1.5 Problem description and central question

The increasing labor shortages of nurses call for a thorough examination of nurses' job satisfaction and motivation in order to attract and retain nurses in healthcare and organizations (Di Tommaso, Strøm, & Sæther, 2009; Kloster et al., 2007). While several studies have investigated the relationship between job satisfaction and turnover intention of nurses (Karsh et al., 2005; Lapane & Hughes, 2007; Tzeng, 2002), little is known about how work schedule preferences relate to job satisfaction and turnover intention. The importance of investigating the relationship between (irregular) work schedules and job satisfaction is underpinned by Galatsch, Li, Derycke, Müller, and Hasselhorn (2013) who found that the inability to change the work schedule could impair the work ability and health of nurses, which seem especially relevant in the context of the ageing workforce. Likewise, Leineweber et al. (2016) found that satisfaction with work schedule flexibility was related to intention to leave the organization and nursing profession.

However, studies of (Galatsch et al., 2013; Leineweber et al., 2016) are quantitative in nature and only examine the extent to which schedule flexibility influences job satisfaction. The qualitative approach of this study could broaden the knowledge about the relationship between work schedule, work-life balance and other job- and organizational factors, and job satisfaction and turnover. In addition to quantitative approaches, a qualitative method could enable the identification of factors underlying work schedule preferences and possible relations with other factors driving motivation and satisfaction. Furthermore, this study attempts to explore the relationship between work schedules and job satisfaction in the context of self-scheduling. The CLA "VVT" of 2014-2016 prescribes the decentral determination of working hours by teams and individuals to be implemented prior to January 2017 (AOVVT, 2014-2016). This recent shift from central to decentral work schedule

planning in “VVT” could change the relationship between work schedule, work-life balance and job satisfaction.

Therefore, this study contributes to theory in two ways. First, it broadens quantitative research by providing rich data about the relationship between work schedule preferences, work-life balance and other motivational factors, such as pay and benefits. Second, it examines the alignment of nurses’ preferred schedule with the actual schedule in the context of self-scheduling and the individual, job and organizational factors influencing this alignment. To explore the complex nature between individual, job and organizational factors with work schedule, work-life balance and job satisfaction, a new concept called work preferences is defined. Work preferences comprise a person’s preferred employment hours, shift length, shift variability, learning and development needs, job role complexity and variety, and pay and benefits that emerge out of the combination between individual-, job- and organizational characteristics.

Additionally, this research contributes to the practice of the nursing home context by examining the work preferences of nurses in nursing home organization CareOrg. CareOrg aims to diminish the above described labor deficits while at the same time doing their utmost best to bring joy and happiness to the lives of their clients and employees, in which employees feel respected and valued by the organization and committed to the needs of their clients (CareOrg, 2018). From this mission and culture of innovation the following overarching question can be extracted: How could the needs of clients and work preferences of employees be harmonized, in order to reduce labor shortages? According to the organization (T., personal communication, January 13, 2021) the needs of clients encompass the moment that care is needed and the complexity and substantiality of care. In turn, the work preferences of employees at least encompass the work participation in terms of desired time to work and number of hours.

However, for the limited time scope of this master’s thesis, it will not address the preferences of clients, but instead, specifically aim to explore the work needs and preferences of the internal work force as well as of the external labor market of CareOrg. Therefore, the specific research question of this master thesis is formulated as follows:

- What are the work preferences of the internal workforce as well as the external labor market of nurses level 3 and 4, for CareOrg?

1.6 Practical relevance of this research

First, with more than 400.000 employees working in residential, nursing home and home care (VVT), an increasingly tight labor market particularly for nurses level 3 and 4 (UWV, 2020a), as well as a worrying 20% of workers leaving the healthcare sector (Transvorm, 2020), acquiring insight into the work preferences of nurses seems highly relevant to ensure proper quality of care and to minimize future turnover. Next to that, gaining insight into nurses' work preferences will potentially contribute to bridging the gap that seems to exist between labor supply and demand of nurses. This is underpinned by a report of UWV (2020b) that indicates that although general healthcare demand is increasing, from 2019 to 2020 there was a steady amount of approximately 30.000 unemployed workers in the healthcare sector. Additionally, the total unused labor potential in West-Brabant, the region in which CareOrg operates, has risen to 44.000 (UWV, 2020c). To conclude, insight into the work preferences of nurses could contribute to reduce the departure of workers to another sector and bridge the gap between the labor demand and the unused labor supply of nurses.

The impact of the increasing labor shortages of nurses on the care sector, care organizations and the nursing workforce, becomes evident when reviewing the literature. To begin with, a shortage of nurses could lead to an increasing work pressure and a lower quality of work relationships, which in turn, could impact both job satisfaction and organizational commitment according to Lu, While, and Barriball (2005). Similarly, an increasing labor shortage could exert pressure upon the experienced level of informal power of nurses to address workplace problems, which has been found to influence job satisfaction (Kuo, Yin, & Li, 2008). Consecutively, job satisfaction and organizational commitment among nurses have been found to predict turnover intention and turnover (Karsh et al., 2005; Tzeng, 2002). To conclude, acquiring insight into the work preferences of nurses, both currently employed or still in education, is believed to provide organizations and policy makers with the knowledge to avoid current nurses leaving the organization, or even the healthcare sector. Additionally, this knowledge could be used to stimulate individuals to (re-)enter the labor market in nursing home care or switch to this healthcare sector.

1.7 Theoretical relevance of this research

Besides having practical value, this research will advance our theoretical knowledge of what constitutes work preferences and how this concept is linked to other concepts such as job motivation, job satisfaction and turnover, and theories such as self-determination theory and the goal-setting theory. Although some studies shed light on the concept of work preferences,

the literature seems to lack a concise definition. To give an example, De Cooman et al. (2008) regard work preferences as the preference for a specific type of work or work environment, evaluated when choosing a job. While this definition is valuable as a starting point for this research, this research applies a broader definition of work preferences that does also account for the existing employees, in which the satisfaction with work preferences is the result of a fit between the individual, work and organizational characteristics. In addition to De Cooman et al. (2008), Conen and De Beer (2020) make a distinction between intrinsic and extrinsic work aspects that are valuable to both the internal and external labor market of nurses. However, while Conen and De Beer (2020) discuss the differences between intrinsic and extrinsic work aspects, this research argues that extrinsic and intrinsic work aspects are intertwined, and thus, how intrinsic work aspects influence the design of extrinsic work aspects and vice versa.

Two examples clearly illustrate how extrinsic work aspects could exist at the expense of intrinsic work aspects, or how intrinsic work aspects underly extrinsic work aspects. In the first example, De Cooman et al. (2008) conclude that young nurses choose to work in the healthcare sector, because of an altruistic motivation to help and care for other people. The young nurses valued recognition, a secure financial situation, ongoing education and interpersonal relationships above pay, working hours and work-life balance, whereas the latter aspects were more valued by older nurses. Notably, they argue that extrinsic aspects such as financial cuts, restructuring and wage increases must be done with caution, for these could go at the expense of the altruistic and interpersonal work aspects, which they identified as the main reason to work in healthcare (De Cooman et al., 2008). A second example of Australian nurses points out that the reasons to work part-time, an extrinsic element of work according to Conen and De Beer (2020), are intrinsic in nature, such as to maintain a good health, care for their children and be active in the community (Jamieson, Williams, Lauder, & Dwyer, 2008).

Therefore, it can be concluded that studying work preferences will enhance our knowledge of why people choose to enter or leave healthcare, and by doing that contribute to diminishing labor shortages. Additionally, insight into work preferences will further our knowledge on the job- and organizational characteristics that nurses prefer, the interconnection between intrinsic and extrinsic work aspects and their relationship with job satisfaction, job motivation, organizational attractiveness and turnover.

1.8 Structure of the research

In order to answer the central question, a theory section will elaborate further on what constitutes work preferences, discuss related concepts and theories and provide a novel definition of work preferences that will guide this research. This is followed by a description of the data collection method, a results section, and finally, a discussion of findings, limitations, practical implications and recommendations for future research.

2 Theory

This section will describe the theory surrounding the concept of work preferences. First, existing definitions of work preferences are described and a novel definition of work preferences is put forward. Second, the concept of work preferences is put in context by linking it to theory about work motivation, job satisfaction and workplace empowerment. Third, it is discussed that workplace empowerment leads to several organizational outcomes. Finally, a conceptual model is provided that delineates the central components of this research.

2.1 Defining work preferences

2.1.1 Existing conceptualizations of work preferences

Although no single concise definition of work preferences is available, multiple studies provide indications of what constitutes work preferences. To begin with, Konrad, Ritchie Jr, Lieb, and Corrigall (2000) describe a similar concept called job attribute preferences as "the extent to which people desire a variety of specific qualities and outcomes from their paid work" (p. 593). Another definition is provided by De Cooman et al. (2008), who denote that work preferences underly the concept of values. Values are described as a preference for a specific type of work or work environment, which is evaluated when choosing a job (De Cooman et al., 2008).

A rather extensive view on work preferences is given by Conen and De Beer (2020), who distinguish between extrinsic, intrinsic, social and societal aspects of work. Their main finding is that intrinsic and social aspects of the job are found more important by respondents than extrinsic and societal aspects of work. In particular, Dutch workers highly value intrinsic aspects, such as the job content, having work that makes one proud and room to take initiative, but also social aspects such as having nice colleagues. Additionally, extrinsic aspects most valued by Dutch workers are income, working hours (e.g. short working days, extensive leisure time) and job security (Conen & De Beer, 2020). Similar to working hours, work preferences have been defined in terms of preferences in working at day, evening or night and by having a fixed shift length or a varying shift length (Stimpfel, Fletcher, & Kovner, 2019).

Another way in which extrinsic and intrinsic job aspects are described, is in terms of financial or non-financial rewards related to work motivation (Von Bonsdorff, 2011). There is an ongoing discussion in literature whether intrinsic and extrinsic motivation are additive, that

is whether they will conjointly contribute to a higher motivation, or opposing, that is whether intrinsic motivation will increase as extrinsic motivation decreases, and vice versa (Amabile, Hill, Hennessey, & Tighe, 1994; Gagné & Deci, 2005). In a study among US frontline healthcare workers, characterized by low pay and benefits, Morgan, Dill, and Kalleberg (2013) pointed out that the intrinsic motivation to perform healthcare work might compensate for the low extrinsic rewards of the job. However, they found that extrinsic rewards, instead of intrinsic rewards, were primarily associated with intention to leave (Morgan et al., 2013).

As previously mentioned by Conen and De Beer (2020), working hours in the sense of short working days and extensive leisure time (i.e. extrinsic job aspects), are highly valued by Dutch workers. However, the question remains why short working days and extensive leisure time are highly valued by Dutch workers. Particularly interesting in this context is a report of the McKinsey Global Institute (2018) that discusses the equality of men and women on the labor market. According to this report, 74% of women is working less than 35 employment hours per week, of which even 26% is working less than 20 employment hours per week. While the participation in higher education of women exceeds that of men, only 26% of the female labor population is working fulltime (McKinsey Global Institute, 2018). One of the reasons for this gap is that women take on more unpaid tasks than men, such as child care or informal elderly care (McKinsey Global Institute, 2018). This rather high parttime percentage is not limited to the Netherlands. Jamieson et al. (2008) note that half of the Australian nursing profession is working parttime. In line with McKinsey (2018), it is suggested that female nurses choose to work parttime to be able to fulfil their share of child care, which is often greater than that of their male partner (Newell, as cited in Jamieson et al., 2008).

However, several other motivators were identified that contributed to the parttime percentage of nurses in Australia. To begin with, nurses chose to work parttime to maintain a good health. Working parttime enabled them to cope with shift work and the physical and mental intensification of work (Jamieson et al., 2008). The ageing of the nurses was associated with a higher intolerance of shift work and work intensification, and therefore with a need to work parttime to ‘recharge’. Secondly, there were financial considerations of working parttime as nurses could simply take on more shifts when they were short on money, or diminish the amount they personally spent. Second, having multiple roles was a motivation to work parttime. The roles fulfilled were, for example, caring for children, doing household work, having another job, educational and community activities. The third motivator to return to work parttime, after temporal fulltime child care, was related to maintaining professional links to the nursing profession and social links with colleagues and clients. The fourth and last

motivator was a consequence of the other three motivators. This was the extent to which the nurses possessed the control or autonomy to allocate the time spent on work and personal life (Jamieson et al., 2008).

In sum, work preferences are related to extrinsic work characteristics, such as shift length, employment hours, pay and benefits, but also to intrinsic work characteristics, such as values, autonomy and room to take initiative. In many cases, these intrinsic and extrinsic work characteristics are intertwined, as illustrated by the study of Jamieson et al. (2008) who showed how preferences to work parttime (i.e. extrinsic work characteristics) were motivated by a demanding job content (i.e. intrinsic work characteristics). However, because the existing literature lacks a clear distinction between, for instance, job characteristics, individual characteristics, intrinsic and extrinsic motivation and work preferences, this research will propose a novel definition of work preferences.

2.1.2 A novel definition of work preferences

Regarding this novel definition, it is argued that work preferences are manifestations of values and needs in line with De Cooman et al. (2008) and Latham and Pinder (2005), in which needs act as the first incentive to show behavior, whereas values guide specific behavior, for example to choose a specific job or work context. Besides needs and values, it is argued that work preferences are driven by the goals of an individual (Latham & Budworth, 2007). Therefore, work preferences comprise the job- and organizational characteristics individuals prefer based on their needs, values and goals.

Although this strongly resembles the concepts of person-job fit (P-J) and person-organization (P-O) fit (Edwards, as cited in Carless, 2005; Kristof, 1996), it deviates from these concepts by focusing on the ‘hard’ aspects that are driven by these needs, values and goals. Particularly, theory indicates work preferences consist of employment hours, shift length, having fixed or varying shifts (i.e. shift variability), pay and benefits. Next to that, it is argued that individual employees might prefer to work within a single location and team or within different locations and teams. Thus, flexibility in teams and location is added as a constituent of work preferences. Furthermore, individuals may vary in the extent to which they prefer learning and development opportunities in their job and organization, which could, in turn, be limited by the organization that facilitates these opportunities (Cicolini, Comparcini, & Simonetti, 2014). This could potentially result in a loss of job motivation or satisfaction, or nurses leaving the organization. Lastly, there could be differences between individual nurses regarding the preferred degree of task complexity and task variety in their

job role. Therefore, task complexity and task variety are added as constituents of work preferences. This leads to the following definition that:

> *Work preferences comprise a person's preferred employment hours, shift length, shift variability, learning and development needs, job role complexity and variety, and pay and benefits that emerge out of the combination between individual-, job- and organizational characteristics.*

Because of the close relationship between work preferences and existing concepts such as intrinsic and extrinsic motivation and job satisfaction, the following sections will explore in greater detail what theories and assumptions underly and relate to the concept of work preferences, including the job characteristics model, self-determination theory, goal-setting theory and workplace empowerment.

2.2 Work motivation

2.2.1 Job characteristics

To begin with, Hackman and Oldham (1976) discuss the relationship between intrinsic work motivation and job characteristics. According to their job characteristics model, intrinsic work motivation can be evoked by paying attention to job characteristics, such as job autonomy, skill variety, task identity, task significance and feedback (Hackman & Oldham, 1976). When these job characteristics are satisfied, they will evoke three psychological states, that is having knowledge about the results of a task, the meaningfulness of the task performed to the individual, and feeling personally responsible for the outcome of the task. In other words, the individual is self-motivated when he believes he can not only personally change the outcome, but when he is also able to see the results from it. In their job characteristics model, autonomy is needed to feel responsible for the outcome, whereas feedback is needed to acquire knowledge of the results of the work (Hackman & Oldham, 1976). The value of job characteristics in work motivation is underpinned by Houkes, Janssen, de Jonge, and Nijhuis (2001) who found that job characteristics are a significant predictor of intrinsic work motivation.

In contrast to Hackman and Oldham (1976), Gagné and Deci (2005) delineate autonomy as a dimension of extrinsic motivation. They distinguish between five types of extrinsic motivation, reaching from controlled external regulation (e.g. rewards, punishment) to autonomous integrated motivation (Gagné & Deci, 2005) . These types of extrinsic motivation adhere to self-determination theory (SDT) (Deci, Connell, & Ryan, 1989). The

latter type of extrinsic motivation, autonomous motivation, can be achieved when, again, three basic psychological needs are satisfied: autonomy, competence and relatedness (Gagné & Deci, 2005).

2.2.2 Individual characteristics

Essential to elicit autonomous motivation is the need for autonomy that can be facilitated by creating an autonomy supportive environment, in which managers and employees act in an interpersonal environment (Gagné & Deci, 2005). To create an autonomy supportive environment in an organization, managers must ensure employees feel they have a choice, managers provide supportive instead of controlling feedback, and managers understand and accept the employee's perspective. As a result, employees have an increased sense of self-determination that consequently leads to a positive influence on their job attitudes, such as creativity, self-esteem and emotional tone (Deci et al., 1989). However, another study found that extrinsic motivation correlated negatively with creativity (Amabile et al., 1994).

Similarly, it is argued that work motivation is the result of the relationship between an individual and its environment (Latham & Pinder, 2005), also known as person-environment fit. They discuss that job characteristics are part of the job environment which, in order to lead to work motivation, has to fit with the needs, values and personality of an individual. Whereas needs are given by nature, values are learned through cognition and experience. Hence, fulfilment of needs can be viewed as the first step towards work motivation, as listed in Maslow's well-known hierarchy of needs, from lower order physiological needs to higher order self-esteem and self-fulfillment needs (Maslow, 1943). Whereas needs only explain why behavior is showed, values guide as norms for an individual to take action, for example to decide which job to pursue. In turn, goals are needed to ensure values are put into concrete action (Latham & Pinder, 2005).

The relationship between needs, values and goals is further specified by the goal-setting theory. According to this theory, intentions mediate the relationship between needs, beliefs, values and actual behavior, which is performance. Central to this theory is the idea that intrinsic and extrinsic incentives only lead to performance via goals. High goals serve as a mechanism to direct attention and effort, keep the individual motivated to persist and develop strategies to reach the goal (Latham & Budworth, 2007). To put it differently, by setting goals, the individual is able to imagine a future outcome and is intended to act upon it, which precedes actual performance. These elements of motivation come together in the definition of Moody and Pesut (2006) according to whom "Motivation is a values-based,

psycho-biologically stimulus-driven inner urge that activates and guides human behavior in response to self, other, and environment, supporting intrinsic satisfaction and leading to the intentional fulfilment of basic human drives, perceived needs, and desired goals" (p. 17).

2.3 Workplace empowerment

2.3.1 Psychological and structural empowerment

The relationship between job characteristics (e.g. autonomy), work environment (e.g. supportive) and individual needs, values and goals is summarized in the concept of workplace empowerment, consisting of psychological and structural empowerment (Cicolini et al., 2014). The first, psychological empowerment, consists of four dimensions (Spreitzer, 1996). The first dimension is concerned with the sense of meaning that is experienced as a result of the level of congruity between work environment and psychological beliefs, values and behavior. The second dimension concerns feeling competent, which is the psychological result of being able to perform work activities. The third dimension is related to self-determination theory, in which individuals experience the autonomy to make decisions, about for example, work methods and effort. The last dimension is concerned with having a sense of influence over workplace outcomes (Spreitzer, 1996).

In order to lead to workplace empowerment and increased job satisfaction and commitment, it is argued that psychological empowerment needs to be accompanied by structural empowerment (Kanter, as cited in Cicolini et al., 2014). Structural empowerment is about having information (e.g. data, expertise) to fulfil the job requirements, resources (e.g. money, time, equipment) to fulfil organizational goals, receiving support (e.g. feedback, guidance) from managers and coworkers, and receiving opportunities to learn and grow which incorporate autonomy and self-determination (Kanter, as cited in Cicolini et al., 2014). The job characteristics and requirements are part of the formal structure, whereas support and feedback are part of the informal structure (Cicolini et al., 2014).

2.3.2 Organizational outcomes of workplace empowerment

In a nursing context, workplace empowerment, and in particular psychological empowerment, has been found to relate to a large number of positive outcomes, such as increased job satisfaction (Ahmad & Oranye, 2010; Lapane & Hughes, 2007; Manojlovich & Laschinger, 2002) and commitment (Ahmad & Oranye, 2010; Laschinger, Finegan, & Wilk, 2009), innovation (Knol & Van Linge, 2009), work effectiveness, cost-effectiveness, quality of care,

retention (Manojlovich & Laschinger, 2002) and a lower risk of burn-out (Laschinger, Finegan, Shamian, & Wilk, 2003; Spence Laschinger, Leiter, Day, & Gilin, 2009). Interestingly, Knol and Van Linge (2009) found that psychological empowerment mediated the relationship between structural empowerment and innovation.

The relationship between empowerment and individual and organizational outcomes is illustrated by three studies. First, Kuo et al. (2008) report that informal power, a form of organizational empowerment, was significantly related to job satisfaction. Cooperation and support among coworkers, managers and subordinates in a long-term care (LTC) facility enabled nurses to create alliances and obtain the necessary power to change workplace problems, which subsequently increased their job satisfaction (Kuo et al., 2008). Second, Spence Laschinger et al. (2009) reported that an empowering workplace, low levels of uncivil behavior and burn-out predicted job satisfaction, job commitment and turnover intention. And third, Leggat, Bartram, Casimir, and Stanton (2010) showed that the perceived quality of care is related to psychological empowerment and job satisfaction. Similar to Kuo et al. (2008), they note that having the autonomy to influence decisions in the workplace is necessary to feel empowered, which is associated with increased job satisfaction and perceptions of improved quality of care.

2.4 Conceptual model

Although the purpose of this research is to explore work preferences, the concept seems to relate to existing concepts in the field, such as P-J fit, P-O fit, and theories on job motivation and job satisfaction. For that reason, this paragraph composes a theoretical context to understand how work preferences relate to existing concepts concerning the relationship between the individual, the job and the organization. The relationships that are discussed, for example between work preferences and organizational outcomes, should be viewed with caution, because the direction and association between the discussed concepts is indicative instead of affirmative in nature.

2.4.1 Organizational outcomes

Because diminishing the labor shortage of employees is an important goal of this study, and it is known that 20% of the exiting workers will choose to work in a job outside of healthcare, one of the proposed outcomes or dependent variables of work preferences is turnover intention, similar to the dependent variable in the model of Tzeng (2002). A second variable

that could be influenced by work preferences , is quality of care, which is effected by increased empowerment (Kuo et al., 2008).

In line with De Cooman et al. (2008), it is theorized that work preferences are a preference for a specific type of work or work environment, which is evaluated when choosing a job. To put it differently, work preferences concern an individual's preference for certain job characteristics (i.e. type of work) and organizational characteristics (i.e. work environment). This implies that when the organization is unable to satisfy these work preferences, this will impede the enhancement of positive psychological work reactions, such as job satisfaction and job motivation, and consequently, may not be able to enhance the quality of care and diminish turnover.

2.4.2 Person-job (P-J) and person-organization (P-O) fit

The definition of work preferences as a preference for a specific type of work or work environment resembles the concepts of person-job (P-J) fit and person-organization (P-O) fit. This research adopts the needs-supplies view on person-organization fit that defines person-organization fit as the congruence between individual needs and preferences and the needs of the organization (Kristof, 1996). Schneider, Goldstiein, and Smith (1995) describe it as the fit between the individual's personality, values and attitudes, and organizational goals that are manifested in organizational structures, processes and culture. Person-job fit can, in turn, be defined as the congruence between the needs and desires of an individual and the extent to which the job satisfies these needs and desires (Edwards, as cited in Carless, 2005).

The mechanism through which work preferences relate to turnover intention and quality of care, is described by the research model of Tummers, van Merode, and Landeweerd (2002), in which the majority of previously discussed concepts come together. In their model, the independent variables linked to work preferences are organizational characteristics which embed structural empowerment, job characteristics, individual characteristics (needs, beliefs, values and goals) and psychological work reactions, which consist of work motivation, job satisfaction and psychological empowerment.

2.4.3 Individual, job and organizational characteristics

The conceptual model in this study starts at the organizational level by delineating organizational characteristics, following Cicolini et al. (2014) this comprises the availability of information and resources, such as necessary data, time and money, and opportunities for

learning and development. To lead to psychological work reactions, these organizational characteristics have to match with job and individual characteristics. Job characteristics comprise support and feedback from supervisor and peers, autonomy and competence that enable the individual to influence the workplace (Cicolini et al., 2014; Hackman & Oldham, 1976). When these job characteristics fit with the needs, beliefs, values and goals of the individual, these could lead to psychological work reactions such as job motivation (Cicolini et al., 2014; Latham & Budworth, 2007; Latham & Pinder, 2005) and job satisfaction (Ahmad & Oranye, 2010; Lapane & Hughes, 2007; Manojlovich & Laschinger, 2002). In turn, job satisfaction is related to an increased perceived quality of care (Leggat et al., 2010) and turnover intention (Spence Laschinger et al., 2009), or differently phrased, retention (Manojlovich & Laschinger, 2002) .

Because the purpose of this research is to explore the work preferences of nurses, the conceptual model in Figure 1 only includes the proposed association between individual, job and organizational characteristics and work preferences. The other concepts discussed in this section are meant to put the concept of work preferences into a comprehensive theoretical context.

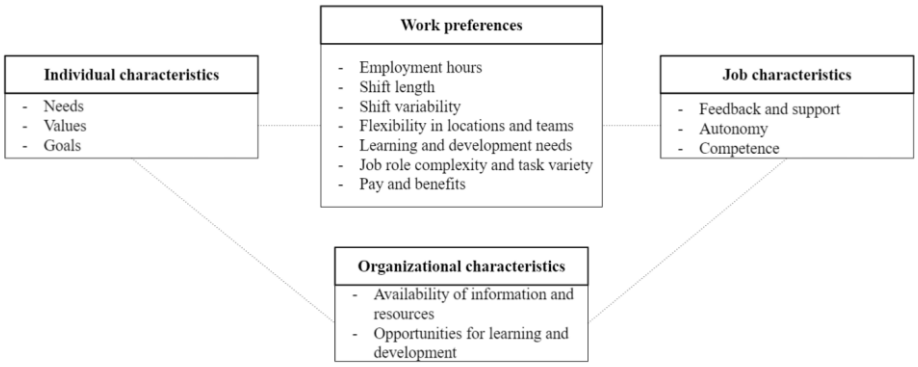

Figure 1. Conceptual model.

3 Method

3.1 Research design

Due to the complexity of the proposed relationships between the concept of work preferences, organizational-, job-, and individual factors, and organizational outcomes, this study adopted a qualitative research design to explore what constituted the concept of work preferences in the context of healthcare and acquire an understanding of the variety of work preferences that might exist in practice. The first part of the research aimed to collect information about participants' work preferences by semi-structured interviews, which was verified and broadened by focus groups in the second part of the research.

Part one thus involved conducting qualitative research, specifically semi-structured interviews, to understand what constituted the work preferences of participants and what factors affected the work preferences of participants. Semi-structured interviews were carried out because they enable the examination of complex behavior, experiences and emotions (Longhurst, 2003), which seems highly suitable for work preferences are believed to be influenced by multiple organizational-, job- and individual factors. The semi-structured interview makes use of an interview guide in which the topics are pre-determined, but the exact order and wording of the questions might vary between individual participants (Halcomb & Davidson, 2006). Because follow up questions could be asked, it allowed to acquire additional information on the concept (i.e. completeness) and clarification of issues (i.e. confirmation) related to work preferences, and as a consequence, it enhanced the complexity and rigor of this research (Halcomb & Davidson, 2006).

Part two validated and enhanced the findings from the semi-structured interviews by conducting focus groups. This validation of findings by using different research methods, is known as methodological triangulation (Jenner, Flick, von Kardoff, & Steinke, 2004). Semi-structured interviews are combined with focus groups in accordance with the literature that notes individual interviews provide in-depth knowledge about the phenomenon under study, whereas focus groups apply a broader view to check the conclusions from the individual interviews and to widen the research sample (Morgan, 1996). In this research, the individual semi-structured interviews provided in-depth knowledge about the work preferences of nurses, followed by focus groups that refined the insights from these interviews. In a focus group, a small group of participants shares their beliefs, attitudes, experiences and opinions on the topics selected by the researcher (Morgan & Spanish, 1984), in this case, about work needs and preferences. This focus group is moderated by the researcher that guides the

discussion with a maximum of ten open-ended questions (Linhorst, 2002). Both focus groups contained a number of eight open questions that left room for active discussion about the various work preferences and opinions about, for example, self-scheduling.

3.2 Participants

3.2.1 Part 1: semi-structured interviews

The population of this research comprised all nurses level 3 and 4 within CareOrg. These job positions were identified for their pressing labor shortage in the literature and personal communication with CareOrg. The research sample consisted of nine nurses currently working at job positions of (student) nurse level 3 or 4 within CareOrg. The final participant composition is described in Table 1.

Table 1

Interviewees by age, gender and job level.

N	Mean age	Minimum age	Maximum age	Number of females	Number of job level 3
9	41.6	20	55	7	7

To examine the feasibility of the preferred work characteristics by nurses, seven additional semi-structured interviews were carried out. Two with location managers, four with team leaders and one with an HR professional. The team leaders were at the same time employed as nurses level 4. They fulfilled their team leader tasks besides providing care as nurse level 4. However, they are not included in Table 1 because they answered the interview questions from their perspective as team leader instead of as a nurse level 4.

All participants were approached via the contact persons, two project leaders, within the organization. The contact persons were sent an electronic mail with the specific details and goals of this research, which they forwarded to several team leaders of different locations. Interviews were conducted in Dutch language, for this was the mother tongue of all participants. The interviews were conducted online and recorded via Microsoft Teams, for the organizational members were acquainted with this software package.

Prior to the interviews, interview guides (Appendix A) were designed that provided a basic structure, but also left room for follow-up questions that arose during the interview to clarify and deepen the gathered information. Furthermore, the interview guide provided participants with the goal of this research as well as information concerning the confidential treatment and anonymity of their answers. The participants were orally asked to consent with recording the interview. The recordings were removed after finalizing this research project.

The duration of the interviews ranged between 24 minutes and 76 minutes, with a mean of 40 minutes.

3.2.2 Part 2: focus study

The second part of this research was comprised of two focus groups that verified and broadened the findings of part one. The first focus group consisted of three team leaders to broaden and validate the internal view on work preferences. One team leader had already participated in the semi-structured interviews, two team leaders were novel participants. However, the initial intention was to acquire at least six participants for this focus group based on Linhorst (2002). Due to the differing participant schedules and the available time to plan the focus group, only three participants were able to attend. The team leaders that participated worked at different locations of CareOrg.

The second focus group consisted of two student nurses to broaden and validate the findings regarding the work preferences of the external labor market. It is argued that because of the limited work experience of the student nurses, they provide an adequate indication of the work preferences of the external labor market of CareOrg. However, the intention was to have a focus group consisting of six participants. Due to highly differing work schedules, school obligations and available time to plan this focus group, only two students were able to attend.

Because of Covid-19 measures, both focus groups were conducted and recorded via Microsoft Teams. All participants were familiar with this software program. The focus groups were conducted in Dutch language, for this was the mother tongue of all participants. Prior to the focus groups, two broad focus group guides were designed that guided the discussion of participants (Appendix A). The focus group guide provided participants with the goal of this research as well as information concerning the confidential treatment and anonymity of their answers. Furthermore, the participants were orally asked to consent with recording the interview. The recordings were removed after finalizing this research project.

The first focus group lasted for 63 minutes. The second focus group lasted for 62 minutes.

3.3 Data analysis

All video, including audio, recordings of semi-structured interviews and focus groups were transcribed verbatim in line with literature on qualitative research rigor (Poland, 1995). After transcription, an iterative coding process followed that roughly distinguished between three stages: organizing the code, making the code and putting the patterns together (Locke, Feldman, & Golden-Biddle, 2020). The data analysis process was assisted by Cleverbridge ATLAS.ti software, that could support the transparency and trustworthiness of the data analysis process according to O'Kane, Smith, and Lerman (2021).

4 Results

This chapter will describe the results of the interviews and focus groups. The concepts from the conceptual model will serve as structure. Additionally, four themes have emerged out of the collected qualitative data. Motivation, self-scheduling and work-life balance emerged out of the interviews, and student support and training emerged out of the focus group with student nurses. A summary of findings among nurses can be found in Appendix B.

Table 1

Job position of interviewees

First letter of pseudonym	**Job position**
L.	Nurse level 3 (N3-1)
O.	Nurse level 3 (N3-2)
G.	Nurse level 3 (N3-3)
D.	Nurse level 3 (N3-4)
B.	Nurse level 3 (N3-5)
P.	Nurse level 3 (N3-6)
F.	Nurse level 3 (N3-7)
E.	Student nurse level 4 (SN4-1)
J.	Student nurse level 4 (SN4-2)
M.	Team leader (TL-1)
R.	Team leader (TL-2)
H.	Team leader (TL-3)
A.	Team leader (TL-4)
S.	Location manager (LM-1)
K.	Location manager (LM-2)
C.	HR advisor (HRA)

Table 2

Job position of focus group participants

First letter of pseudonym	**Job position**
Focus group with team leaders	
H.	Team leader (TL-3) (*same as interviewee*)
V.	Team leader (TL-5)
T.	Team Leader (TL-6)

Focus group with student nurses	
N.	Student nurse level 3 (SN3-1)
W.	Student nurse level 4 (SN4-3)

4.1 Employment hours

Interviews

Findings indicated that care teams within CareOrg consisted of employees with a relatively low number of employment hours (i.e. 18-24) as well as employees with a relatively high number of employment hours (i.e. 32-36). The differences in employment hours seemed to depend on the personal life of respondents. According to the findings, nurses with a high number of employment hours are young or single parents that desire to work a high number of employment hours because of financial motives. According to a team leader: "*You always hear this from the young people who are hired. Let me work a lot, because then I can earn a lot. They say I need this, because then I can save money"* (TL-2) . On the other hand, the findings indicated that employees who have children to care for desired to work a lower number of hours.

Besides personal situation, there was a incongruence between the number of employment hours and effectively worked hours. Respondents indicated that while having a contract for a certain number of hours, in practice the hours they effectively worked heavily shifted from week to week. As a nurse level 3 argued: *"Well, I personally work for 32 hours a week […] Yeah, like one week you work 40 hours and another week you only work 21 hours"* (N3-5). Some respondents indicated that they wished to work a lower number of hours to remain flexible and to be able to work more hours when this might be necessary. A student nurse level 4 with 32 employment hours argued: *"In healthcare there is always a shortage and that is at every location. So no, if I want, I can work more. I do have weeks with 40 hours, but then I deliberately schedule myself for only 28 hours the next week, so I compensate a bit"* (SN4-1). A nurse level 3 decided to have a certain number of employment hours because in practice they were regularly exceeded, she argued as follows: "*…then there are many case when you work more or that you need to fill a gap, especially during covid. And then I like it with 28 hours, because you get the possibility to be somewhat more flexible. And when you think 'I do not have time to work more' that you can hold on to those 28 hours"* (N3-6). Hence, the findings indicated that respondents chose to have a lower number of contract hours

because this enabled them to remain flexible to fill in gaps, but also to chose to work their agreed hours when they preferred.

Focus groups

The focus group findings indicated that the preferred number of employment hours depended on the need to combine this with child care and the education to become a nurse. The findings indicated that the preference to work a certain number of employment hours is based on the preferred number of days to work and linked with shift length. However, because the shift length varied, the number of days needed to work employment hours varied as well. As a student nurse level 3 commented on how the shift length contradicted his need to combine work with school: *"What I prefer to see, because I actually wanted to avoid that from my previous work. I worked 32 hours and then I thought to work 4 days per week, I can't combine that with school. But um, with a 6 hour shift I also need to work 4 days"* (SN4-3).

4.2 Shift length

Interviews

Within the organization there are different shift lengths. Interviewees indicated a length of 4 and 5 hours, also 'short shifts', as well as shift with a length of 8 hours, also named 'long shifts'. The length of the shifts is determined by the need for care that is generally clustered around mornings and evenings. The findings indicated that the majority of the respondents preferred to work an 8 hour shift. Interviewees preferred to work these 8 hour shifts because then they would have to work less frequent and have more spare time. The findings indicated no differences in preferred shift length between interviewees with regard to having a high or low number of employment hours. Both groups wished to work rather long shifts to fulfill their contract hours as quick as possible. As a nurse level 3 working 28 hours noted: "*Well, yes, in terms of schedule, I'd rather have a entire shift [8-hours], because then I basically have to work less days"* (N3-7). A student nurse level 4 who also worked 28 hours argued: "*Yes, so a long shift is what I like most, because then you are done with a couple of days a week instead of being at work for 6 days a week (laughs)"* (SN4-2). But the preference for 8 hour shifts also pertained to respondents with a higher number of employment hours as a team leader ("Hanna") noted on her team: *"…that the small shifts are definitely not preferred by my full-timers, because they are like yeah, you know, I have to work 7 days in a row"* (TL-3).

However, this preferred 8 hour shift length brings a problem, because the 4 and 5 hour shifts need to be filled as well. In practice, this had two implications based on the composition of the team. First, in a team with a diversity in employment hours, this meant that these small shifts were filled by respondents with less contract hours, while full-timers filled 8 hour shifts. Also, this implicated that respondents having a smaller number of employment hours had to fill in short shifts, which led to them working more than 3 or 4 days per week, contrasting their motivation to work a lower number of employment hours in the first place, which was their preference to work less than 5 days per week. Second, in teams consisting of none or little part-timers this posed a threat for filling up the small shifts.

Focus groups

Similar to the interviews, the focus group findings indicated that nurses preferred to work long shifts, which was in this case a 6 hour or 8 hour shift. A student nurse argued that a 4 hour shift would make it difficult to work all employment hours. Another nurse student argued this could enable him to be a student and to fulfil his educational tasks and assignment.

4.3 Shift variability

Interviews

The findings reported roughly three sorts of shifts, which were day shifts, evening shifts and night shifts. The beginning and end time of the shifts varied from location to location. The findings showed no clear pattern. While some respondents preferred to work fixed shifts, for example at day or in the evening other findings indicated that respondents preferred variability in shifts. Regarding a preference for fixed shifts a nurse level 3 noted: *"So um, it is mostly the case that the same people work at Mondays and Tuesdays. You basically work nearly every time with the same people that also work day shifts"* (N3-2). This preference to work at a specific moment of the day was also indicated by a location manager who noted: "*Yes, so you've got employees who rather only work at evenings and employees who rather only work at daytime"* (LM-1). However, findings also indicated that a part of the respondents shows no clear preference to work at day or in the evenings, but instead, preferred to work irregularly. A team leader commented: "*Um, but well, I honestly dare to say I think half of my employees does like to work at irregular times"* (TL-2). Logically, roster issues could arise when all employees within a team or location prefer to work at the same time of the day. This

seemed to depend highly on the team composition as a nurse level 3 commented: "*Yeah, while that was different in the past, then the evening shifts would be available instead of the day shifts, but we also have some new people in the team"*. Only the night shift could not always be filled, due to medical reasons or age of respondents, as a team leader argued: *"…but when you have an older team, with a lot of older people, aged 55 and over, they could for example do no night shifts. Yeah, that's an issue then*" (TL-4). To conclude, although there were groups that preferred to work either at day or in the evening, there was no specific shift preferred by all interviewees. Furthermore, roster difficulties did sometimes arise as the team desired similar shifts or when night shifts could not be filled due to age or medical reasons.

Focus groups

The diversity in preferred shifts was underpinned by the findings of the focus groups. The findings indicated that focus group participants varied in their preferences for a specific shift (e.g. day, evening, night), however, the team leader participants indicated the majority of nurses preferred to work a specific shift for a longer period of time instead of preferring variability in shifts. Also, a team leader indicated that between teams there was an imbalance in the number of nurses willing to work night shifts. As a consequence, some nurses that were willing to work night shifts, did fulfil almost all night shifts. A student nurse confirmed the team leaders by describing that she preferred to have a structured schedule with day shifts, she noted: "*I want to work three days in a week, if it is possible three days a morning shift. A balance, I want my days to be the same, so I do not want to switch a lot and um, a bit of structure, that's what I am looking for*" (SN3-1).

4.4 Flexibility in locations and teams

Interviews

In general, respondents indicated that they did not desire to work on multiple or changing locations. They all preferred to work on a single location, as a nurse level 3 put it: "*I do not, because I am really a person to stay at the same place, what I said earlier, by changes, also for my personal life, you know. I must always habituate for a long time, so…"* (N3-4). The interviewees preferred working at a single location because they, for example, knew the patients, their behavior, were able to build a relationship with patients, and finally, because they felt familiar with the location in general. A student nurse level 4 remarked: *"Um, when I*

consider the nursing home I would prefer to work on the same residence, because then you know the patients and the peculiarities and behavior so to say" (SN4-2). The findings show similar preferences regarding work in multiple teams. When asking about working within different teams some respondents indicated that if you preferred working in different teams, you could join the flex pool. The preference of respondents to work in a team that they were familiar with is illustrated by a team leader that noted: *"No, they all want their own team. And it is just horrible when you for example need to work on another tower or residence, no that's really…"* (TL-4).

However, while respondents were not inclined to work at different locations or teams in general, a team leader argued that she tried to have her employees work in different teams as it could be beneficial for organizational purposes, such as a larger group for the evenings and a larger group of people that would like to develop. Also, some respondents indicated that working in different teams could enable them to learn. However the team leader's evaluation of the attempt seems to clarify the interviewees' willingness to work at different teams: *"But it turned out to be a big failure. So yeah, within my teams I clearly feel that need is not present"* (TL-1). The only exceptions thus were employees that chose to be in the central or decentral flex pool or employees that were studying to become a nurse. The central flex pool meant that employees could be employed at different locations, while the decentral flex pool meant that employees could be periodically employed at a single location within multiple teams. Nursing students, however, had no choice in deciding whether to stay at a single location, the organizational policy prescribed that nursing students should work at a different location every year.

Focus groups

The student nurses differed with respect to their preference to work at another location and team. While obliged to work at a new location every year, a nurse indicated she wanted to stay at the location, because of the good relationship between her and her colleagues. The other student nurse did indicate he preferred to work at another location, because the way of working differed between locations and he was curious about this. The team leaders argued that, in general, nurses preferred to work at a single location. However, the findings indicated that locations differed with respect to nurses working in different teams. At one location, it was organized in a way that nurses worked in different teams, at different departments. At another location, there was no flexibility between teams. Despite the findings indicated no

clear preference of nurses to work within different teams or at different locations, similar to the interview findings, the team leaders argued a greater flexibility in location and teams could be beneficial for learning purposes and to remain flexible. A small dialogue between two team leaders illustrated their feelings about flexibility and change. A team leader argued: *"But yes, there are certainly some people, inflexible to put it like that, hospitalized like yes, I like to stay here"* (TL-6). To which another team leader responded by commenting: "*Yes, and that's bad, because those are the people that um, that also sometimes act like we do it like this, we've always done it this way and there is no other way. And we remain to do it this way"* (TL-5). Additionally, a student nurse indicated that he felt it was strange only student nurses had to change location each year and proposed this could also be expected from regular nurses.

4.5 Job role complexity and task variety

The interviewees indicated what made their job challenging and the level of variety in their job tasks. In general, it was interesting to note that some interviewees used the words challenging and diverse tasks interchangeably. When the interviewees were for example asked about task variety, they continued to elaborate about what made or could make their job challenging. However, when talking specifically about task variety, interviewees commented that 'no two days are the same', because of what happens with patients and their behavior. A nurse level 3 described it as follows: "*well, in itself there is enough variety. Every day something unique happens. For example, a patient is not feeling well or someone has fallen or someone is aggressive to say it like that, so in that sense I think there is enough variety in my job*" (N3-5). Further, there seemed to be a difference between young and older aged employees with respect to their need for task variety and job complexity. As a team leader noted: "*With employees, especially the old generation, you see there is no clear need for variety. Because they are often like 'It's fine where I am now, let me be and I am fine'. With young employees you see that they want some variety, but that they can sometimes be hindered by the possibilities within CareOrg*" (TL-1). With hindering she meant that when following a nurse level 4 education there is an obligation to switch from locations, however, she described that some nurses level 3 felt uncomfortable by leaving the location that they knew and therefore, they did not choose to pursue a level 4 education.

Regarding job complexity, the interviewees indicated that their work was challenging when they were able to specialize in specific diseases, patient behavior or palliative care. Next

to that, interviewees could become a specialist on a focus area, for example on medication, palliative care or counseling nursing students. As a team leader put it: *"Um, yeah, the opportunities for development, employees like to specialize in a certain area. Um, and what we see here, what's really 'hot and happening', is palliative care"* (TL-3). Having a focus area, for example palliative care, sometimes required them to follow additional trainings. Furthermore, some interviewees indicated that they perceived their job as demanding when they could have contact with other disciplines, such as physicians or physiotherapists.

Besides specialization, nurses level 4 indicated that their job role within the organization strongly resembled that of a nurse level 3. This had two different implications. First, nurses level 4 discussed that they did prefer to perform more specific nurse level 4 tasks to make their job more demanding. A nursing student level 4 described her ideal job as follows: *"So yes, for me it is not really providing care itself, but to provide care on a clinical level, to reason in a clinical way, different [medical] tasks, but also to compose care plans*" (SN4-1). The second implication was that interviewees from nurse level 3 positions indicated that they perceived the difference in salary as unfair, for they argued they performed roughly the same tasks while receiving less salary. Lastly, interviewees expressed their need for demanding tasks by their ambitions to fulfil certain positions that required additional education, such as becoming a nurse level 4, level 5, or team leader. A team leader described her own motivation to fulfil a higher position: *"I like it myself, that's one of the reasons that I became team leader. I like the care part as well as some administration, some challenge"* (TL-1).

4.6 Learning and development needs

Interviews

The extent to which nurses preferred challenging tasks was associated with their ambition to specialize and follow additional trainings or climb up the organizational ladder by obtaining a degree. In other words, they indicated the need to develop vertically as well as horizontally. The first, to develop vertically, referred to becoming a team leader or obtaining a degree in nursing level 4 or 'HBO', sometimes referred to as nursing level 5. However, there seemed to be a difference between young and older aged nurses with respect to their need to grow vertically. A nurse level 3 described the difference between his own ambitions and that of his son, who was also employed in healthcare: "*My oldest son also works in healthcare as a nurse level 4. But for me it is not necessary for a couple of those extra tasks, and then I*

understand that young people do that, of course, to grow, because with being a nurse level 4 you have more directions to go, it is possible to become a team leader and to grow vertically, you can do 'HBO' and so on" (N3-3). This view on the need to learn and develop is underpinned by a team leader who noted: *"What do I see more…? Yes, that 'HBO', you see with level 4 so to say that those young people want to follow an 'HBO'* (TL-4).

In turn, developing horizontally, referred to specialization and following additional trainings. An example of specialization by means of additional education is the training 'Gespecialiseerd Verzorgende Psychiatrie (GVP)". The course is meant for nurses level 3 who wish to learn more about psychogeriatric diseases, such as dementia, and to support patients with these diseases. Interestingly, during the time of the data collection, a new job position came available that is called nurse level 3 profile 2. In short, this 'profile 2' extension means that a nurse level 3 has specialized itself in specific diseases, such as the example mentioned before as well as nurses level 3 who wish to take up more tasks and responsibilities besides providing care. For instance, coaching colleagues, advising family about patients and taking part in projects. A location manager summed up the opportunities for developing vertically as well as horizontally, as follows: *"Well, it can be vertical in the sense of becoming a nurse level 4, but also by becoming team leader. It can also be in horizontal ways by means of a specialized education ('GVP, MMZ'), that's more on behavior in case of psychogeriatric diseases, but also specialized nurse level 4 for example, yes"* (LM-2).

The findings showed that nurses were optimistic about the degree to which the organization supported their learning and development needs. When nurses wished to develop themselves, the first step was often to communicate it to their team leader. Subsequently, the possibilities for learning and development were discussed between both the nurse and team leader. In general, the findings indicated that nurses perceived that their training and development needs were taken seriously and the organization facilitated these needs. A nurse level 3 described it as follows: *"And I find that CareOrg really thinks along, they want you to take the best out of yourself. And that if you want something, there always willing to listen"* (N3-6).

Focus groups

The student nurses indicated that because of their current nursing education, they did not express the need to pursue other development opportunities in the organization within a short period of time.

4.7 Pay and benefits

Interviews

Regarding pay and benefits, two themes stood out. The first theme was the importance nurses attributed to salary. The overall trend was that nurses as well as team leaders indicated that salary was a motivator, for example, to follow a higher education or to look for opportunities outside the organization. Remarkably, a team leader noted that salary was of great importance to employees and that salary made them happy, while at the same time other interviewees nuanced the story by stating that they attributed less value to salary because of their personal situation, such as having a partner with a paid job or grown-up children. A team leader commented that, for her, salary was an additive: "*Yeah I am really honest about it. It is a nice bonus, the salary, but I wouldn't need it in my personal situation, um, so yes I really do the work because I like it*" (TL-2). A nurse level 3 argued: "*You know, our children are older, then you are in totally different financial position"* (N3-3). Another nurse level 3 seemed to underpin that the importance she attributed to salary was, at least partially, dependent upon her personal situation, she argued: *"Well no, it's nice if it is appreciated somewhat more, but it's also I am becoming almost 50, both my children are done with school.., it's always nice to have a little extra, but it's not that it really motivates me*" (N3-1).

A second theme concerning pay and benefits that emerged from the interviews was the perceived justice about salary, in relation to the tasks that were performed by nurses level 3 and nurses level 4, and the perceived difference between their salary within the organization and what nurses believed they could earn when working for competitors. Interviewees within nurse level 3 positions indicated that they had similar tasks as nurses level 4, but without being paid for it. For example, a nurse who was studying to become a nurse level 4 described that nurses level 3, her former position, could also be appointed 'locatieverantwoordelijke', which meant having extra tasks besides regular nurse level 3 tasks. She concluded: *"So yeah, some nurses level 3 perform tasks of a nurse level 4, but they do not get paid for that"* (SN4-1). A nurse level 3 also described that their job tasks were similar to that of nurses level 4 and expressed her feelings as followed: "*But when you look at what we do and what a nurse level 4 does, it's nearly the same. And a nurse level 4 is in 45 and our work is nearly the same as theirs and we are in 35* [salary level]" (N3-2). The organization recognizes these feelings of injustice of employees and is actively examining and working to pay a fair and reasonable salary to their employees. According to an HR advisor (HRA) they already adjusted the salary for nurses level 4 and the introduction of a nurse level 3 profile 2 position also meant that

nurses level 3 could earn more by applying on this job position, although, according to her, not all nurses did have the required capabilities to do this.

However, while the organization is currently taking action to address this problem, interviewees have named multiple instances in which nurses left the organization for financial reasons. For example, because nurses could earn more by working for a competitor or when they were contacted by recruitment agencies with attractive job offers. To retain these nurses the organization started to do discuss the financial possibilities in an exit interview in order to come to a financial arrangement. Furthermore, the interviewees indicated that age influenced the decision to leave the organization, a team leader commented: "*But people are busy with that, and especially the young people leave for that reason. Yes, because why do you think somebody with a 'MBO' degree wants to follow a 'HBO' degree?"* (TL-4). However, the findings indicated that while nurses left for financial reasons, after a while a group of nurses returned to the organization. Hence, there seemed to be other job and organizational aspects that made the organization a attractive place to work, which are further elaborated below.

Focus groups

The student nurses attributed little importance to salary, instead what motivated them was the job content. However, student nurses indicated that student salary did not correspond with their specific job position and responsibilities, in line with interview findings. A student nurse level 4 argued: " *Yes, with salary it's just strange, because I am now a student nurse level 4 and at the other organization where I was student nurse level 3, I earned 300 euros more*" (SN4-3). Another nurse felt that it was unfair that while she earned a student salary, it was expected that she would perform the same tasks as regular level 3 nurses.

4.8 Motivation

Interviews

Although interviewees indicated multiple reasons why they chose to work for the organization, there were three reasons that stood out. The first reason pertained to the positive work atmosphere that interviewees experienced, which included having nice colleagues, feelings of team spirit and solidarity. A nurse level 3 described why she returned to the organization: *"Well, um, it's just the organization, the mentality, the link. Um, and yes, so that's why I have come back"* (N3-5). Secondly, especially team leaders indicated that the

opportunities for learning and development were an important reason for nurses to work for the organization. Thirdly, interviewees indicated they remained to work for CareOrg after their internship, for example because they were asked by the department or because they applied to a job position themselves.

Besides motivation to work for CareOrg, some interviewees were originally working in industries other than healthcare. These interviewees were also asked what motivated them to switch to the healthcare sector. The interviewees indicated that they switched to healthcare because they had the intrinsic motivation to care for people, to contribute to the lives of (elderly) people. In this context, a location manager remembered a situation in which an employee switched from working for a municipality to working in healthcare: *"…but she thinks, I want to do something good and she has started to do meaningful work. I want to study for nurse*" (LM-1). Next to that, interviewees indicated that they became interested in healthcare when they saw how care was provided to them or a relative.

Focus groups

The focus group findings about motivation to work in healthcare and specifically for CareOrg, did support the interview findings. Regarding motivation to work for CareOrg, the findings pointed towards the possibilities for learning and development, the availability of internships, the positive work atmosphere and team culture, and the willingness of the organization to discuss ideas and preferences of employees in general. According to a team leader, the latter was the main reason why she did return to the organization after working there in the past for 12.5 years. She argued: *"And you do have a lot of opportunities and they are really open to you as a person to investigate what you want, what direction you want to go and they offer you support for that"* (TL-6). Lastly, the findings indicated that nurses applied because they were referred by others already working within the organization and because the organization was situated nearby.

4.9 Self-scheduling

Interviews

Based on the results, self-scheduling seemed to be a theme that clearly occupied interviewees. In an ideal self-scheduling situation all work preferences of nurses could be honored and nurses would receive the shifts they requested. However, due to the frequent incongruence

between the shifts that were self scheduled and the final schedule, it regularly happened that nurses work preferences could not be satisfied. A nurse level 3 referred to a location were she previously worked and argued: *"And I know that I self scheduled there and the schedule came out and 19 shifts were changed, I still know it quite well. And then I thought okay, is this my schedule, is the right name on top of it?"* (N3-4). This made that while there were nurses that indicated to be generally positive about self-scheduling, a large part of the nurses could name negative experiences with self-scheduling because of the system that was not able to fulfil their preferences.

However, from the point of view of the organization, there were multiple instances in which conceding to all employee work preferences would lead to a situation in which patients would not receive the care they needed. According to team leaders, an important cause of unfulfilled schedules lied in the refusal of nurses to take shifts that did not correspond entirely with their personal preferences. The team leaders indicated that the team of nurses has to take responsibility for filling in the complete schedule together, without help from them as team leaders. This made it an interesting dynamic, because on the one hand self-scheduling enabled the nurses to satisfy their work preferences, while on the other hand this could mean the schedule could not be made complete, and consequently, needs of patients could not be satisfied.

There were various situations in which work preferences were difficult to match with the shifts available. For example, having a considerable amount of nurses with a high number of employment hours that preferred to work long shifts, while the location or residence also needed short shifts. Additionally, when, for example, the majority of nurses preferred to work evenings, this led to day shifts that were unfulfilled, or vice versa. Next to an incongruence between the shifts available and shifts fulfilled, absenteeism was a major factor that led to additional scheduling difficulties, as nurses, from either the same team or another team, were asked to fill in these shifts. This led to scheduling problems especially when a nurse with a high number of employment hours was absent.

Yet there were teams in which self-scheduling worked as it was meant to work, in which the team together arranged the schedule to be filled in complete. Also, a team leader indicated that the problem remained to exist, for they as team leader eventually solved all gaps in the schedule. Other team leaders appointed nurses to be responsible for the schedule and to arrange the schedule together with their team, because they believed the team should be responsible and they, as team leader, desired to invest less time in altering the schedule. In

short, the findings indicate that because of a mismatch between work preferences and client needs as well as the felt responsibility of the team leader, the self within self-scheduling could move to the background.

Focus groups

The focus group findings concerning self-scheduling supported the interview findings. A student nurse indicated to be positive about self-scheduling, because she was able to combine it with her personal life. The team leaders pointed out positive as well as negative experiences with self-rostering. The team leaders were positive when the team was able to fill in the entire schedule and there was no or limited team leader interference necessary. However, the team leaders did also name negative experiences in which they needed to spend several hours to solve all unfulfilled shifts. According to the team leaders, these negative experiences occurred because nurses complained about their scheduled shifts, because nurses were not able to arrange child care for a specific day or time or because nurses, according to the team leaders, were unwilling to work certain shifts. Besides work preferences, the findings indicated that in practice, several separate schedules existed of which team leaders believed that this had a negative influence on the shift overview for nurses. For instance, the team leaders could view the entire schedule, day schedule as well as night schedule, but for nurses there are separate schedules. Therefore, the team leaders argued that for nurses it could be difficult to resolve all work schedule gaps together. A team leader noted: *"No, if people are self-scheduling then you schedule the nights in a separate schedule than for example, the department schedule to call it like that. So as team leader I can have an overview of the entire situation, but for them it's hard to see who works when, who could work a night"* (TL-6). To address scheduling difficulties some teams appointed a nurse as "aandachtsvelder", a nurse that has the topic of scheduling as focus area to resolve gaps in the schedule with the team.

4.10 Work-life balance

Interviews

The interview results indicated that the work-life balance of nurses could be improved. The results reported that especially Covid-19 has put a strain on nurses and the organization has just recently started recovering from this situation. Besides Covid, the findings reported work schedules in which nurses had little time to recover from work or in which it was difficult to

combine this with their personal situation at home. For example, when they worked more hours than their contract indicated or they had a highly irregular work schedule. The commonness of working more hours than contractually agreed is illustrated by a nurse level 3 who noted: *"No, it regularly is more, yeah, that's for everyone of us. It doesn't matter how many hours you work, it's just always that you work a couple of hours more or you stay longer or.."* (N3-1). The findings indicated that a couple of hours sometimes meant that nurses worked a surplus of eight, ten or more hours a week compared to their official contract hours. A team leader commented: "*While you then see that an employee who already has a contract for 36 hours a week, yes that person makes a week with 50 hours"* (TL-2). The same team leader indicated previous experiences were this eventually led to absenteeism.

Additionally, the findings indicated that nurses were also doing work in their free time, for example reading or making reports, studying for trainings and making their work schedule. A nurse level 3 for instance described how her busy work led to doing work at home: *"Yeah, it's um, yeah you've got a lot to do and then I notice I do need to report at home, but that's only because of the fuss"* (N3-4). Also, the findings indicated the work-life balance of nurses could be under pressure due to communication about work schedules by the team leader or team members via telephone or WhatsApp groups. A team leader indicated how reading a WhatsApp message could exert pressure on nurses: "*Because, imagine I am at home and I am in the group WhatsApp and I see a message, …*[name] *is ill tonight. Then I read that in my personal time and I could think to myself shit, should I come then, yeah, but I actually have an appointment tonight, so then I will think about it. So I am occupied with my work"* (TL-4).

Focus groups

The focus groups findings indicated that the reason behind self-scheduling was to maintain a good work-life balance. This is illustrated by a student nurse who described that self-scheduling matched with her personal situation of having children. Also, she argued that this did not lead to significant scheduling problems, as colleagues were in other stages of life and could fill in the shifts she was not able to. However, the team leaders argued that, in fact, honoring all nurse work-life preferences could collide with the care that is needed, or in scheduling terms, the shifts that needed to be filled. A team leader described that when launching the self-scheduling system the expectations were high about the possibility to combine work with personal life. However, she continued to describe that the result in

practice is somewhat disappointing for nurses, because: *"Yes, eventually they have to ensure that the schedule is filled. And also that absence is filled again. Yes, that remains to be very difficult"* (TL-5). According to team leaders, scheduling difficulties could be diminished when nurses take responsibility and show flexibility as a team to fill in gaps.

4.11 Student support and training

Focus groups

In both focus groups it was asked how student nurses were supported and trained in practice. In short, the findings indicated three types of student counselors, which are formal trainers called "praktijkbegeleiders", trainers on the job (e.g. close colleagues), called "werkbegeleiders" and assessors, of which the formal trainers are a relatively new job role in the organization. The formal trainers have the largest role in ensuring qualitative student training. According to team leaders, the quality and depth of student training is dependent on the specific formal trainer. One of the team leaders argued that being a good formal trainer also acted as a good example for trainers on the job and assessors. The two other team leaders still missed some depth in the training of student nurses and argued that this could have a negative influence on the final practical skills of the students. Similarly, a student nurse argued that her final practical knowledge and skills were dependent upon quality of the training and commented: *"So they are getting me just like they are making me. So when I receive a good training and a good coaching, then I will be able to return something to CareOrg"* (SN3-1).

Both student nurses argued that often they do not have the possibility to be a student and to learn. A major reason for this was the work pressure on the location and the corresponding team expectation to perform the work instead of learning new tasks. Next to that, findings indicated that learning could be hindered by the dependency to be scheduled with an on the job trainer and the limited possibilities to practice nursing level 4 tasks on a specific location. Besides practical training, the student nurses expressed their dissatisfaction with the quality of their formal education. The majority of their comments pertained to issues of structure and communication. They reported to receive unclear and ambiguous signals about what was expected of them and little study guidance in general. One student nurse level 4 indicated that what he learned was hardly different from what he previously learned as a student nurse level 3. Another student nurse showed her frustration about when she received her mark for her calculus exam after three months: "And then, but in three months everything

you have practiced is gone, that's just gone. Then I can start over again. So three months is long to get an answer" (SN3-1). All in all, the findings indicated that student nurses were generally dissatisfied with the learning conditions.

5 Discussion

The aim of this research was to explore the work preferences of the internal workforce as well as the external labor market of nurses level 3 and 4.

5.1 Relationship between employment hours and work-life balance

First of all, the results indicate that the preferred number of employment hours depends on the need to combine work with personal life and the ability to recover from shift work and working overtime. In accordance with Jamieson et al. (2008), the findings show that nurses choose to work parttime to preserve their health, because they have to care for children or to combine work with educational activities. Besides contractual hours, the findings show that nurses spend their free time for work purposes or are mentally occupied by their work through communication about scheduling with their team or team leader. Hence, the results indicate that work-life balance explains the number of employment hours preferred by nurses.

5.2 Relationship between work-life balance and incongruence between preferred and actual schedule

While work-life balance seems to only have an explanatory role for employment hours, it seems to act as both an explanation as well as an effect in case of the congruence between the preferred and actual work schedule. Regarding an explanation of the preferred work schedule, the results indicate that eight-hour shifts are preferred because nurses then have to work the least days as possible. Furthermore, there are teams with balanced preferences to work either day or night, however, other teams share the same preference to work at day or instead, in the evening. For example, working at day was preferred because of child care responsibilities. The night shifts were generally not preferred and also, older aged nurses were often excluded based on mental or physical health reasons. Depending on the balance between individual work preferences in a team, this resulted in shifts that remained to be open. Further, the results point out that absenteeism puts additional pressure on the work schedule, as the team, or a team at the same location, was responsible for filling these shifts. Especially team leaders felt responsible for filling all shifts, and therefore, appointed nurses to shifts. Consequently, there were numerous instances were the preferred schedule by nurses significantly deviated from the final schedule. In combination with the frequency and substantiality of working overtime, this could negatively affect the work-life balance and health of nurses. In fact, the results pointed out that the frequency of working overtime led to additional absenteeism. In short,

work-life balance, and specifically private life needs, seems to be both an important predictor of the preferred work schedule as well as a consequence of the incongruence between the preferred and final work schedule.

Three studies shed light on the implications of this experienced incongruence. First, it has been found that a work schedule that fits with the private life of nurses could mitigate the effect of work schedule demands, such as shift or irregular work. Specifically, Peters et al. (2016) found that when work schedule demands were high, a fit between work schedule and private life increased work engagement and decreased emotional exhaustion. Interestingly, work schedule control and a healthy lifestyle have not been found to diminish the negative influence of work schedule demands on nurses (Peters et al., 2016). This implies that a system of work schedule control, in the case of self-scheduling, is not necessarily more adequate than a team leader that makes the schedule, as long as the work-life balance of nurses is taken into account. In similar fashion, Leineweber et al. (2016) have found that the level of schedule flexibility, that is the extent to which the shift schedule can be adjusted to personal needs and for recovery, negatively influenced nurses intention to leave the organization and the nursing profession. Moreover, Oginska et al. (as cited in Leineweber et al., 2016) found that nurses intention to leave the profession was influenced by the incongruence between personal shift preferences and the actual work schedule.

5.3 The motivating role of salary

Besides a discrepancy between the preferred and actual work schedule, the results indicate that nurses perceive a discrepancy between the tasks they perform and the pay they receive in return. Mainly, this discrepancy is concerned with the feeling of having extra tasks or responsibilities without receiving pay for it and the perceived similarities between the tasks and responsibilities of nurses level 3 and level 4 positions despite having a different salary. In a study among new nurses, the imbalance between effort and financial reward, influenced the intention to leave the organization as well as the nursing profession (Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges, & Marchionni, 2008). However, the same study described that reward could also come in the form of recognition, challenge or career possibilities (Lavoie-Tremblay et al., 2008). The findings of this research indicate that nurses are satisfied about these latter forms of reward, which could mitigate their intention to leave the organization for financial reasons.

In contrast with existing literature, the results indicate that young nurses are motivated more by pay and benefits than their older colleagues (De Cooman et al., 2008; Von

Bonsdorff, 2011). In our research, pay motivated to work a higher number of employment hours, to pursue additional education and influenced the intent to leave. The difference in results with De Cooman et al. (2008) might come from who reported about the motivating role of salary. While in the study of De Cooman et al. (2008) nurses self-indicated the motivating role of salary, in our research there were also team leaders who elaborated on the importance of salary to their team members. Mainly team leaders indicated that salary was an important motivator for nurses to follow additional education, to work a large number of hours and to leave the organization to work for competitors. Furthermore, Sadler (as cited in De Cooman et al., 2008) described that young nurses are intrinsically motivated, for example by possibilities to continue learning. However, the results of our research indicate that young nurses are not only motivated to pursue additional education based on their intrinsic needs, but also to be able to earn a higher salary (i.e. extrinsic).

Additionally, an explanation for the difference between our findings and that of Von Bonsdorff (2011) might lie in the interpretation of salary systems. Von Bonsdorff (2011) suggests that pay might be of higher value for experienced nurses than for younger nurses based on the experience-based structure of the salary system and the financial recognition of skills. However, it can be argued that although years of experience determine the salary level in a salary scale, as is the case in the CLA "VVT", promotion to higher job positions via education will result in a corresponding salary scale of which the maximum exceeds the previous salary scale maximum. Thus, for a young nurse to pursue additional education, could not only be rewarding in terms of challenge, but also in terms of salary. Lastly, the results indicate that older nurses are less motivated by salary than young nurses because of older nurses' more stable financial situation.

5.4 Relationship between preferred job complexity and task variety and development needs

However, the results indicate that next to pay, nurse satisfaction and motivation was influenced by learning and development opportunities and a facilitative work environment. The results indicate that nurses felt the organization facilitated their work needs in general, and their learning and development needs in particular, both horizontal and vertical. The need to grow and learn was based on the preferred level of task complexity and task variety, which were used interchangeably. The results indicate that the need for variety and complexity is found in horizontal growth by specialization in specific diseases, accompanied by different trainings, and becoming a team expert on a part of the job by having a focus area. Next to

that, the need for job complexity was found in the need to grow vertically by following additional education and promote to a higher nurse job level or team leader position. There was a general trend that young nurses preferred vertical growth needs, whereas older nurses preferred to grow horizontally. The relationship with turnover is illustrated by Tzeng (2002) who found that the need for challenging work was the main job satisfaction predictor of intention to leave. Similarly, Chu, Hsu, Price, and Lee (2003) found that job satisfaction was significantly and negatively impacted by routinization.

5.5 Organizational support and resources

Based on the findings of this research, it seems that nurses are generally satisfied about the possibilities, support and resources the organization provides, as this was found to be both a reason to apply at the organization and motivation to work. Furthermore, these results were in line with existing literature on workplace empowerment, specifically structural empowerment (Cicolini et al., 2014; Kuo et al., 2008). A study among Italian nurses pointed out that workplace empowerment was positively affected by the available learning and development opportunities and the extent to which these where facilitated by the organization (Lautizi, Laschinger, & Ravazzolo, 2009). Another study pointed out that perceived workplace empowerment, which is feeling valued by the administrative positions and having the power to achieve goals, was associated with intent to leave (Hauck, Quinn Griffin, & Fitzpatrick, 2011). The findings of the current study indicate that CareOrg supports nurses' ideas and suggestions for improvement and by that, empowers nurses to influence the workplace.

In short, although the dissatisfaction with pay and benefits did lead to organizational turnover in the past, the perceived workplace empowerment and work atmosphere seem to enhance nurses' intention to stay, to return and to motivate others to apply at the organization.

5.6 Practical implications and recommendations

The findings of this research have several implications for practice. In light of increasing nursing shortages due to the ageing of the Dutch population and workforce as well as nurse turnover to other sectors (CBS, 2021; Lapane & Hughes, 2007; Transvorm, 2020), it seems of crucial importance to acquire insight into the work preferences of nurses. The findings of this study highlight three overarching themes that provide organizations in healthcare, and in particular, nursing home care, with knowledge to influence the job satisfaction, motivation and turnover of nurses level 3 and level 4. The overarching themes are work schedule fit with

personal needs, organizational support and opportunities for development, and pay and benefits. The provided insights into these themes could help organizations to adapt their organizational policies and activities to fit with nurses' needs and preferences in order to influence nurse satisfaction and turnover. In particular, the increasing national nursing shortages could enhance workload and work pressure in the future, which in turn, could further affect the balance between work schedule fit with personal needs. Galatsch et al. (2013) discuss that a changed work schedule could impair the work ability and health of nurses, of which work ability could lead to nurse turnover.

Because the findings of this research suggest that nurses differ with regard to their personal situation and private responsibilities, which affected their preferred work schedule, financial motivation and need for additional development, organizations are recommended to pay considerable attention to nurses' personal situation in shaping their policies and practices, and specifically, in the composition of teams. Furthermore, in order to cope with future work pressure increases, work schedule flexibility seems essential. However, because of the current low willingness to work at other locations and teams within CareOrg, and possibly also within other nursing home organizations, this urges organizations to re-examine nurse background diversity within locations and to take additional measures to enhance flexibility within and between teams, while at the same time considering the stability required for teams and patients. Moreover, to attract and retain young nurses, the findings indicate that while not being the main motivator, pay and benefits could enhance the attractiveness of the organization as well as the retention of young nurses.

Because of the mismatch between work schedule preferences and the demand for care, nursing home care organizations are recommended to examine the shifts and working hours needed to provide a high quality of care to clients. From the findings it seems that short shifts and shifts starting at 7 a.m. are difficult to combine with private life or could make it difficult to fulfil employment hours. Therefore, nursing home care organizations are recommended to examine if and how shift duration could better match with nurses' needs, while at the same time ensuring provision of the care clients need. The starting time of a day shift is 7 a.m., however, due to difficulties with arranging child care, the question arises whether this is, in fact, desired by clients and whether it is possible to arrange shifts that start after 7 a.m. or the possibility of team members to start a day shift within a certain time scope instead of a fixed time. Nursing home care organizations are recommended to examine the flexibility that is possible regarding starting times, especially with regard to nurses having child care responsibilities. Next to that, for doing work at home, working more hours than employment

hours and communication about work (schedules) regularly occurred among nurses, it seems crucial to closely monitor the work pressure and work-life balance of nurses. In light of increasing nursing shortages on a global and national level, it seems that work strain can be expected to become a more and more important topic within nursing home care organizations. Moreover, although self-scheduling promises to contribute to the work-life balance of nurses, in practice additional team leader intervention is regularly needed to solve remaining work schedule gaps. As all organizations within the "VVT' CLA are obliged to comply to a system of self-scheduling (AOVVT, 2014-2016), it seems relevant to share difficulties as well as opportunities concerning self-scheduling on a broader industry level. Best practices concerning self-scheduling could be shared among nursing home and home care organizations in order to reap the benefits of self-scheduling and mitigate the potential downsides.

5.7 Limitations and recommendations for future research

This research has several limitations. First, it examined the work preferences of nurses within a single nursing home organization. For that reason, the results could not be generalized to other nursing home organizations or other types of care environments, such as hospitals or mental health care institutions. Based on conversations with project leaders, it seems that CareOrg is a relatively well-known and attractive employer compared to other nursing home organizations. Therefore, the results about nurse satisfaction with organizational support might not be representative of the broader care sector. Also, it has been indicated by organizational representatives that while nursing shortages are high, CareOrg is a relatively popular place to work. This suggests that work pressure and the incongruence between preferred and actual work schedule could be even higher among competitors, which could consequently affect job satisfaction and turnover intention. Therefore, to validate the findings it is recommended to study work preferences within other nursing homes and other care environments, such as hospitals and home care.

Second, our research is explorative in nature and only measures work preferences at one specific point in time, hence, the findings are tentative and causality between variables could not be studied. A quantitative research method could validate the findings and provide further insight into the association and strength between work (schedule) preferences and variables such as job satisfaction, job motivation, turnover intention and quality of care. In turn, longitudinal research could be valuable to study whether and how nurses' work preferences change over time in the context of population and workforce ageing and increasing work pressure.

Third, due to the small size of the focus groups, the broadening of interview findings was limited. The small size of the focus groups was due to the short time frame in which the focus groups were planned and the irregularity of nurses' work schedules. Hence, it is recommended that future research takes into account additional time to plan focus groups with nurses. By having a larger focus group size, especially among student nurses, additional insights could emerge concerning the work preferences, work-life balance and job motivation of the external labor market of CareOrg.

Finally, the interviews and focus groups were conducted online via Microsoft Teams. Although online interviews and focus groups are time and cost efficient and could easily be scheduled, Adams-Hutcheson and Longhurst (2017) argue that the flow and ease of the conversation could be affected because of limited body visibility of researcher and participant. However, they argue that with becoming familiar with online communication programs these negative consequences might diminish. As Covid measures made Microsoft Teams a frequently used software program within CareOrg, this implies the participants were highly familiar with this way of communicating. Likewise, Seitz (2016) describes that online communication could influence the non-verbal communication and loss of information due to connection problems. Particularly, in this research there were moments in which connection problems led to small segments of the audio that were inaudible. Also, after a while the focus group participants started to interact with each other, but when speaking at the same moment, the software seemed to strengthen one audio signal, which could have influenced the discussion between participants. Therefore, it is recommended to conduct a study in which researcher and participants physically meet to increase transference of non-verbal signals and discussion between participants.

5.8 Conclusion

The work preferences of nurses seem closely connected to the topic of work-life balance, self-scheduling or work time control. Facing increasing nursing shortages, it seems important to take a re-examine the work preferences of nurses as well as to investigate the care preferences of clients. Bridging the gap between client and employee needs could contribute to enlarging job satisfaction of employees as well as increasing well-being of clients. While only tentative, the outcomes of this research provide preliminary evidence on the complex relationship between individual, job and organizational characteristics, work preferences, work reactions and organizational outcomes.

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Appendix A

Interview and focus group guides (in Dutch)

Interview guide nurse level 3 and level 4

Introductie

Allereerst, hartelijk dank dat je wilt deelnemen aan dit onderzoek. Met dit onderzoek proberen we inzicht te krijgen in de medewerkersbehoeften van verzorgenden niveau 3, verpleegkundigen niveau 4 en studenten van deze opleidingen. Hiermee krijgen we een eerste indruk van hoe deze afgestemd kunnen worden op de behoeften van cliënten. De antwoorden die je geeft kunnen niet naar jou herleid worden en zullen met de grootst mogelijke vertrouwelijkheid worden behandeld. Deelname aan dit onderzoek is geheel vrijwillig, en indien gewenst, kun je je op elk moment terugtrekken uit het onderzoek.

Voorafgaand aan het interview zal de interviewer om toestemming vragen voor video en audio opname van het interview en of de deelnemer akkoord is met de (vertrouwelijke) verwerking van informatie die hij/zij in het interview verstrekt.

Algemeen

1. Wat is je leeftijd?
2. Wat is je huidige functie binnen de organisatie?
    a. Hoe lang ben je op dit moment werkzaam in deze functie?
    b. Ben je hiervoor nog in een andere functie werkzaam geweest in de organisatie? Zo ja, welke?
    c. Zo ja, wat is de reden dat je van functie wisselde?

Algemene tevredenheid en motivatie in het werk

3. Hoe zou je jouw huidige functie het liefste inrichten?
4. Zou je kunnen beschrijven hoe jouw ideale werkdag eruitziet?

Contracturen

5. Als je het helemaal zelf zou mogen kiezen, hoeveel uren zou je dan per week willen werken?

a. Kun je toelichten waarom je dit aantal uren zou willen werken?

Rooster

6. Hoe ziet jouw ideale werkweek eruit?
    a. Heb je behoefte aan flexibiliteit in deze ideale werkweek?
    b. Welke balans tussen werk en privé heb je in deze ideale werkweek?
    c. Heb je een voorkeur om bepaalde momenten op een dag of in de week te werken?
        i. Kun je dit toelichten?

Notitie: Afhankelijk van antwoord, doorvragen over rooster, denk aan dienstlengte, aantal diensten, voorkeur voor werkdagen/dagdelen, flexibiliteit hierin.

Flexibiliteit in locatie en teams

7. Heb je er behoefte aan om op meerdere locaties te werken?
    a. Kun je dit toelichten?
8. Heb je er behoefte aan om in meerdere teams te werken?
    a. Kun je dit toelichten?

Huidige rol, ontwikkelings- en doorgroeimogelijkheden

9. Vind je je huidige functie uitdagend?
    a. Kun je toelichten waarom wel/niet?
    b. Zou je hier wat aan willen veranderen? Zo ja, wat?
10. Vind je je huidige functie afwisselend?
    a. Kun je toelichten waarom wel/niet?
    b. Zou je hier wat aan willen veranderen? Zo ja, wat?
11. Welke loopbaanambities heb je?
    a. Heb je hier aanvullende opleiding of training voor nodig?
    b. Wat verwacht je hierin van CareOrg?

Salaris & arbeidsvoorwaarden

12. In hoeverre zijn salaris en arbeidsvoorwaarden voor jou motiverend?
    a. Is salaris voor jou een reden om opzoek te gaan naar een andere functie binnen CareOrg?

i. Zo ja, welke functie zou dit zijn?

b. Is salaris voor jou een reden om opzoek te gaan naar een andere functie buiten de organisatie?
    i. Als dit voor jou zo is, wat kan ervoor zorgen dat je toch zou blijven?

Interview guide location managers, team leaders and HR

Introductie

Allereerst, hartelijk dank dat je wil deelnemen aan dit onderzoek. Met dit onderzoek proberen we inzicht te krijgen in de medewerkersbehoefte van verzorgenden niveau 3, verpleegkundigen niveau 4 en scholieren van deze opleidingen, om daarmee een eerste indruk te krijgen van hoe deze afgestemd kunnen worden op de behoeften van cliënten. De antwoorden die je geeft kunnen niet naar jou herleid worden en zullen met de grootst mogelijke vertrouwelijkheid worden behandeld. Deelname aan dit onderzoek is geheel vrijwillig en indien gewenst, kun je je op elk moment terugtrekken uit het onderzoek.

Voorafgaand aan het interview zal de interviewer om toestemming vragen voor video en audio opname van het interview en of de deelnemer akkoord is met de (vertrouwelijke) verwerking van informatie die hij/zij in het interview verstrekt.

Motivatie medewerkers

- Wat zijn volgens jou redenen dat medewerkers kiezen om bij CareOrg te gaan werken?
- Wat motiveert medewerkers in hun werk, volgens jou?
- Welke werkbehoeften hebben medewerkers als ze hier komen werken?
    - Hoe kan CareOrg inspelen op deze behoeften?

Contracturen

- Welke behoeften bij medewerkers zie jij op het gebied van contracturen?
- Hoe speelt CareOrg hierop in?

Doorvragen naar mogelijkheden op het gebied van contracturen

Dienstroosters

- Welke medewerkersbehoeften zie jij op het gebied van dienstroosters?
    - Hoe speelt CareOrg hierop in?
    - Hoe speelt CareOrg met de dienstroosters in op de behoefte van cliënten?
- Hoe zou je de balans tussen werk en privé van medewerkers omschrijven?
    - Hoe speelt CareOrg hierop in?
        - Wat kan zij hierin verbeteren?

Doorvragen over gewenst moment van werken, dagdelen, verlof, bepaalde soort diensten, etc.,

(Flexibiliteit) in diensten

- In hoeverre hebben medewerkers volgens jou behoefte om te werken op meerdere locaties?
    - In hoeverre heeft de CareOrg behoefte om medewerkers flexibel over locaties in te zetten?
- In hoeverre hebben medewerkers volgens jou behoefte om te werken in meerdere teams?
    - In hoeverre heeft de CareOrg behoefte om medewerkers flexibel in meerdere teams in te zetten?

Huidige rol, ontwikkeling- en doorgroeimogelijkheden

- In hoeverre hebben medewerkers volgens jou behoefte aan afwisseling?
    - Hoe ziet deze behoefte aan afwisseling er concreet uit?
- In hoeverre hebben medewerkers volgens jou behoefte aan uitdaging in taken in hun functie?
    - Hoe ziet deze behoefte aan uitdaging er concreet uit?
- Welke behoeften zie je bij medewerkers op het gebied van ontwikkelings- en doorgroeimogelijkheden?
    a. Wat doet CareOrg om hierop in te spelen?

Salaris & arbeidsvoorwaarden

- In hoeverre worden medewerkers gemotiveerd door salaris en arbeidsvoorwaarden volgens jou?
    c. Zijn er medewerkers die aangeven dat dit voor hen reden is om van functie te wisselen binnen de organisatie?
    d. Zijn er medewerkers die aangeven dat dit voor hen reden is om opzoek te gaan naar een functie buiten de organisatie?
        i. Wat doet CareOrg om hierop in te spelen?
- Zie jij nog andere werkbehoeften bij medewerkers?
- Heb je nog vragen of opmerkingen?

Focus group guide 'internal workforce'

Introductie

Allereerst, hartelijk dank dat jullie willen deelnemen aan dit onderzoek. Met dit onderzoek proberen we inzicht te krijgen in de werkvoorkeuren van verzorgenden niveau 3, verpleegkundigen niveau 4 en scholieren van deze opleidingen, om daarmee een eerste indruk te krijgen van hoe deze afgestemd kunnen worden op de behoeften van cliënten. De focus groepen hebben tot doel, door discussie over werkvoorkeuren, de bevindingen uit de interviews te verfijnen en te verbreden. Hetgeen besproken wordt in de focus groep, ofwel groepsdiscussie, zal niet terug naar de persoon herleid kunnen worden en antwoorden zullen met de grootst mogelijke vertrouwelijkheid worden behandeld. Deelname aan dit onderzoek is geheel vrijwillig en indien gewenst, kun je je op elk moment terugtrekken uit het onderzoek.

Voorafgaand aan de focus groep zal de interviewer om toestemming vragen voor video en audio opname van de sessie en of de deelnemers akkoord gaan met de (vertrouwelijke) verwerking van de gegevens die zij hierin gedeeld hebben.

Vragen

1. Wat motiveert de verzorgende en verpleegkundige bij CareOrg?
2. Welke voorkeuren hebben medewerkers op het gebied van roosters?
3. Hoe worden leerlingen begeleid?
4. Onder welke voorwaarden werkt zelfroosteren?

5. Hoe kan er gezorgd worden dat medewerkersvoorkeuren op het gebied van roosters overeenkomen met de zorgvraag van bewoners?
6. In welke mate sluit het salaris aan bij de behoeften van verzorgenden en verpleegkundigen?
7. Is mobiliteit tussen locaties en teams gewenst of niet?
8. Hoe is de rolverdeling tussen verzorgende IG en verpleegkundigen?

Focus group guide 'external labor market'

Introductie

Allereerst, hartelijk dank dat jullie willen deelnemen aan dit onderzoek. Met dit onderzoek proberen we inzicht te krijgen in de werkvoorkeuren van verzorgenden niveau 3, verpleegkundigen niveau 4 en scholieren van deze opleidingen, om daarmee een eerste indruk te krijgen van hoe deze afgestemd kunnen worden op de behoeften van cliënten. De focus groepen hebben tot doel, door discussie over werkvoorkeuren, de bevindingen uit de interviews te verfijnen en te verbreden. Hetgeen besproken wordt in de focus groep, ofwel groepsdiscussie, zal niet terug naar de persoon herleid kunnen worden en antwoorden zullen met de grootst mogelijke vertrouwelijkheid worden behandeld. Deelname aan dit onderzoek is geheel vrijwillig en indien gewenst, kun je je op elk moment terugtrekken uit het onderzoek.

Voorafgaand aan de focus groep zal de interviewer om toestemming vragen voor video en audio opname van de sessie en of de deelnemers akkoord gaan met de (vertrouwelijke) verwerking van de gegevens die zij hierin gedeeld hebben.

Vragen

1. Wat was jullie motivatie om bij CareOrg te solliciteren?
2. Wat maakt een organisatie voor jullie aantrekkelijk om voor te werken?
3. Welke wensen hebben jullie op het gebied van werk?
4. Welke wensen hebben jullie op het gebied van roosters?
5. Wat zijn jullie ervaringen met zelfroosteren?
6. Welke loopbaanambities hebben jullie?
   Hoe speelt de organisatie hierop in?
8. In hoeverre zijn salaris en arbeidsvoorwaarden voor jullie motiverend?

Appendix B

Summary of interview findings (nurses level 3 and 4, N=9)

Interviewee	**Age category**	**Household situation**	**Current position**	**Preferred contract hours**	**Retention within organization**	**Career switch to healthcare**	**Preferred shift**	**Flexibility in location and team**	**Learning and development needs**	**Job role complexity and task variety**	**Pay and benefits**
F.	40-49	Couple with children	Nurse level 3	Yes, 28. Combination with household.	0 to 5 years	Yes	Entire shift (8-hours), combination between day and evening shifts.	Single location and team	Vertical: none. Horizontal: specialization, combined job position (nurse/technological change)	Task variety: tasks besides, care, patient behavior Job complexity: patient needs, inter-disciplinary contact, change and variety	Satisfied with pay. Motivated by other aspects
E.	20-29	No children	Student nurse level 4	Yes, 32, no children	6 to 10 years	No	8-hour shift, day shift. Variability in shift.	Flexibility between teams, fixed location	Vertical: currently following nurse level 4. Ambition for team leader, level 5.	Task variety: care work is routine. Job complexity: challenge in work is contact with other disciplines, brainstorming, discussion.	Motivated by other aspects than pay (work atmosphere, challenge). Unfair salary difference (level 3/level 4)
P.	30-39	Cohabitation	Nurse level 3	Yes, 28	0 to 5 years	Yes	8-hour shift or short shift., Day or evening	Flexibility between teams, fixed location	Vertical: becoming a formal trainer (diverse tasks), maybe	Job complexity /task variety: become formal trainer, to	Motivated by other aspects, partner with paid job.

									nurse level 4.	do tasks besides care.	Salary justice: extra pay for extra tasks
B.	20-29	Lives in parent's house	Nurse level 3	Yes, 32	0 to 5 years	No	Day shift (8-hours). Also evening/weekend.	Single location and team	Vertical: Ambition to become nurse level 5. Horizontal: specialization (diabetes, palliative care)	Task variety: patient behavior makes job diverse. Job complexity: thinking about process, about the causes and solutions of health incidents	Satisfied with pay due to living at parents' house.
J.	40-49	Cohabitation	Student nurse level 4	No, currently: 28, preferred: 32.	0 to 5 years	Yes	Long shift (8-hours), sometimes a short shift. Day shift.	Single location and teams. Flexibility within teams. Help other teams so you will be helped in return.	Vertical: maybe become team leader. Horizontal: gain experience in hospital as level 4 nurse	Job complexity and task variety: specific nurse level 4 tasks ('behavioural visit', 'physician visit', care plans). Close patient contact. Extra tasks of team leader, 'nurse level 4 shift', focus area (e.g. medication)	Satisfied with salary. But salary should fit to tasks, difference level 3/level 4 tasks depends on location
L.	40-49	Household with grown-up children	Nurse level 3 with speci	24, in practice it's more	> 25 years	No	8- hour day shift	Single location and team. One large team on	Vertical: none. Horizontal:	N/A	Salary does not motivate me.

			alizat ion					three 'living rooms'.	specializat ion, focus area. Apply for nurse level 3, profile 2 position		Grown-up children.
O.	40-49	Household with children	Nurse level 3 with specialization (MMZ)	Yes, 28	21 to 25 years	No	Day shift at specific days, no nights.	Single location and single team	Vertical: level 2 (food) to level 3 in the past. Horizontal: specialization, trainings related to patient disease (Korsakov)	Job complexity: specific diseases, specialization, new position (profile 2). Task variety: tasks beside care, therapy for patients, patient behavior, relationship with patients and team.	Salary should fit with tasks and effort
G.	50-59	Household with grown-up children	Nurse level 3, support of locations, team leaders.	Yes, 36	6 to 10 years	Yes	All shifts, day, evening, night. And shift variability (employed in flex pool)	Several months in multiple teams within one location (decentral flex pool)	Vertical: no specific ambition. Horizontal: help team leaders by using life experience (potential future position)	Job complexity /task variety: tasks beside care tasks, support other departments, shape policy. Job itself is not diverse. Create it yourself, motivate patients, close contact with patients,	Not motivate by salary himself. Young people leave for financial reasons to competitors. Salary difference between nurse level 3/level 4.

										build a relationship with them.	
D.	50-59	Grown-up children	Nurse level 3	24	N/A	Yes	Not only 4 hour shifts. Day shift or evening shift.	Single location and team	Vertical: none. Horizontal: palliative care	Task complexity: still enough to learn and responsibilities that make the work challenging.	Not motivated by pay, but care work itself.