Leading unique cultures in departments with low turnover of nurses
A positive deviance approach study
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Title page

Title: Leading unique cultures in departments with low turnover of nurses. A positive deviant approach study.

Short running title: Leading unique cultures

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Further, we want to acknowledge our engaged group of critical friends with whom we shared the first analysis of our findings and who helped us understand the cultures in the included departments much better.

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ABSTRACT

Aim: To investigate nurse leaders’ experiences and strategies for turnover in relation to culture and work environment in hospital departments with low nurse turnover.

Background: Nursing shortage is a global problem and numerous turnover strategies have been utilized to attempt to address this shortage.

Design/Methods: Four regional hospital departments with the lowest nurse turnover were included. Data was constructed with nine nurse leaders through individual interviews and were analysed using directed content analysis.

Results: The findings presented in two categories: ‘The culture is unique,’ and ‘Maintaining, protecting or re-establishing a unique culture’, summarize how leaders navigated authentically in different contexts, operationalizing clear values and visions both for their departmental culture and in turnover strategies.

Conclusion: Even though all the nurse leaders interviewed were concerned about the current recruitment situation, they were confident in their leadership roles, targeted towards supporting the unique culture in their departments.

Implications for Nursing Management: Leaders with clear cultural awareness and visions for the context in which they operate may be positively associated with lower turnover of nurses. Including the perspectives of leaders from departments with low turnover of nurses has the potential to create new knowledge about improving nurse retention.
BACKGROUND

High nurse turnover in hospitals is a global problem (Linda H. Aiken & McHugh, 2014; Dewanto & Wardhani, 2018; Falatah & Salem, 2018). While turnover rate reflects an organization’s ability to retain its existing employees, the related vacancy rate reflects an organization’s ability to attract potential employees (Rondeau et al., 2008). Combined, the vacancy and turnover rates are referred to as the “employer-of-choice strength” (Rondeau et al., 2008). Hospital units with high employer-of-choice strength are characterized by high recruitment and high retention (or low turnover) and are seen as good places to work for both current and potential future employees (McHugh et al., 2016). At a unit level, high nurse turnover is associated with a lower mental health status in nurse staff members as well as lower job satisfaction, indicating the importance of this issue both on the macro and micro levels (L. H. Aiken et al., 2011; Duffield et al., 2014; Hayes et al., 2012). Nursing shortages have dire consequences for patient care and are associated with poorer patient outcomes related to pain, pressure ulcers, medication errors and patient dissatisfaction (Duffield et al., 2014; Hayes et al., 2012).

Factors such as nurses’ relationships with leaders have been associated with job satisfaction and retention, turnover, and stress in multiple nursing settings (Duffield et al., 2014; NSI Nursing Solutions, Inc., 2018; Pishgooie et al., 2019). Investigating nursing turnover from the perspectives of the nursing leaders has primarily focused on leadership turnover and its association with patient outcomes (Warshawsky et al., 2013), and leadership behavior and its association with turnover or absence of nursing staff (Raup, 2008; Schreuder et al., 2011). Many turnover studies utilize a deficit-based approach (L. H. Aiken et al., 2011; Duffield et al., 2014; Hayes et al., 2012), focusing on problematic aspects, with the important exception of Magnet hospitals, which establish excellent nursing work environments and consequently improved patient care (Lasater et al., 2019).
The present study is part of a larger project, Defining NUrsing CAPacity (NUCAP). NUCAP took place in the Danish region Zealand, a region with the lowest number of nurses per citizen compared to the rest of the country (Wang, 2018). The overall aim of NUCAP is to identify and learn from the departments with the lowest turnover rates in the Zealand region of Denmark, compared to similar departments. This is accomplished using accessible regional data to investigate which characteristics define the regional hospital departments with low nursing shortage; to do so, NUCAP is conducting two qualitative studies focusing on, respectively, the nurses’ and nurse managers’ perspectives on their departments. NUCAP also aims to assess the relationship between nurse staffing levels, 30-day patient mortality, and length of stay. The present paper reports on the nurse managers’ perspectives; the other parts of the study will be published elsewhere.

This purpose of the study was to investigate nurse leaders’ experiences and descriptions of practices in hospital departments with low nurse turnover through the following research questions:

1. What considerations and strategies regarding recruitment and retention do the nurse leaders have?

2. How do the nurse leaders describe the culture and work environment in their departments?

METHODS

The applied research methodology of focused ethnography (Cruz & Higginbottom, 2013) was used to construct data, primarily through interviews with participants. The COREQ (Consolidated criteria for reporting qualitative research) (Tong et al., 2007) checklist was used for reporting methods and findings in this study.

A positive deviance theoretical approach was (Zanetti & Taylor, 2016). This sustainable strength-based approach has been used within a wide range of health issues from diabetes to maternal and child health. It is built on the premise, that solutions to complex problems already exist in the community, despite comparable challenges (Zanetti & Taylor, 2016). This choice was strongly supported NUCAP’s ‘critical friends’ (Costa & Kallick, 1993), a group of patients and professionals who acted as a reference group and who encouraged the identification of positive practices that can be identified and recognized.
Different models and steps of positive deviance have been described (Bradley et al., 2009; Rose & McCullough, 2017; Zanetti & Taylor, 2016). NUCAP includes the first three steps, define, determine and discover, that are included across multiple models (Table 1). Step four and five are concerned with implementing the identified strategies in other settings and hereafter monitor the effectiveness. This is beyond the scope of the present study and therefore not included.

**Participants**

Due to the study settings of four specific hospital departments, stratified purposeful sampling (Polit & Beck, 2017) was used to select only nurse managers employed at these departments. The head nurses (HNs) and ward managers (WMs) from all four identified specialty areas participated in the study. One assistant ward manager (AWM) participated in an interview together with the WM. The characteristics of the participants can be seen in Table 2.

**The leaders were invited to participate in interviews, which took place from January to April 2019. All leaders except one (WM D) had more than 4 years of experience as leaders in the specific departments/units. WMs were encouraged to invite other relevant nurses in key positions, such as AWM or clinical nurse specialists, but only one did. Prior to the interviews, short-duration field visits (Knoblauch, 2005) took place in the four departments. Both authors focused on formal and informal nursing practices during the field visits, including physical arrangements and cultural forms such as stories, jargon, and humour (Martin, 2002). The interviews took place according to the nurse leaders’ choice, and lasted from 49 to 60 minutes. Both researchers were present. The interview guide (Table 3) was adjusted prior to the first interview, based on a pilot interview (Mikuska, 2017), and continued to develop when the guide was found relevant (Hsieh & Shannon, 2005). All interviews were transcribed verbatim.**
Data analysis

A directed content analysis was used to analyze interview data (Table 4). This is a manifest description of data based on predetermined codes in order to investigate certain areas of a problem (Hsieh & Shannon, 2005). Interview transcripts were read carefully by both authors. In the second read through, both authors independently focused on the predetermined codes of the study: department culture, recruitment and retention. In order to ensure rigor and enrich the interpretation of the data, a collective interpretation workshop (Ballesteros & Mata-Benito, 2018) was held with the group of critical friends. The group comprised patients, relatives, nurses, leaders, researchers and administrative staff. The collective exploration of the nurse leaders’ perspectives on the predetermined codes via anonymized interview transcripts led to an open debate and contributed to a refinement of the findings.

The findings are presented with quotations chosen to support data validity and best relevance to support the analysis. Quotations were translated into English and translations agreed upon by both authors.

Ethical considerations

All participants were initially informed about their ethical and legal rights regarding anonymity and the ability to withdraw from the study. All participants signed a consent form. No personal data was collected from the participants and for this reason the Committee on Health Research Ethics did not find any need for formal evaluation. Data was stored according to recommendations from the Danish Data Protection Agency (REG-074-2018).
FINDINGS

The main findings show that despite the fact that leaders came from very different contexts, they all had clear visions for the culture and values of their departments, including ideas about how to proceed with the current and future challenge of nurse turnover. These findings are presented as two categories related to the research questions: The culture is unique, and Maintaining, protecting or re-establishing the unique culture.

The culture is unique

All nurse leaders reported that their departments had a unique culture. HNs said that their responsibility was to protect this culture by handling the expectations and demands coming from the structural and hierarchical level of the organizations, so that department staff, including the WMs, were disturbed by this as little as possible.

HNs described the culture and nursing practice in the departments with acknowledgement and respect, and characterized the work as complex and demanding. They wished to use their positions to secure the best possible conditions for their skilled staff, including avoid overcrowding, supporting better conditions for the nurses, and establishing a more evidence-based culture via nursing research. The HNs’ roles were often indirect and their influence primarily manifested through the WMs, since most HNs did not know the individual staff members and were rarely present on the ward. Often, HNs only showed up if there was a problem to be solved:

“I usually tell them: if you don’t see me – everything is good”. (HN-C)

WMs described their unit cultures as unique, special and different, compared to similar departments at other hospitals, but also compared to other units in the same department, if such existed. When the WMs were asked to elaborate on this uniqueness, very different characteristics were highlighted across the departments. One WM described the culture in her ward as a family or clan culture:

We have a unique culture, we really do. The department has always been embroiled in “a good atmosphere” and it may also have a slightly familiar feel. Such a family clan culture. (WM-A)

This culture meant that the WM was particularly aware of including newcomers:
WM-B and AWM described their culture as creative and solution oriented:

We wanted commitment; we wanted them to be active. We wanted them to help solve problems and be creative. And to welcome solutions. (WM-B & AWM)

These leaders therefore looked for nurses who matched this creative culture. They were willing to assume the consequences if nurses did not buy in to these values:

When we started out as leaders, there was a failure model in the department. It was such a harsh tone. And then, quietly and in a nice way, we actually got rid of some employees. That was the whole thing that turned it around. (WM-B & AWM)

WM-C was in a situation where two wards had been merged and she described the department as cultureless. Nevertheless, this very experienced leader knew exactly what cultural direction she wanted to lead the new department into: a caring culture.

We have to learn to love each other. And I think you can do that. If you can’t get the ones you love, then you have to love the ones you get. I’ve seen that succeed before. And it will probably succeed here as well. (WM-C)

Finally, WM-D who was relatively new to her position described the culture as professional:

There is an incredibly high level of professionalism here. And I think there is a really good tone among the staff. And you can freely say if there is something that bothers you. There is no back-talking. (WM-D)

This leader saw her role as primarily supporting and maintaining the existing culture.

Maintaining, protecting or re-establishing the unique culture

Recruitment and retention was seen and handled as two separate issues by the leaders. HNs primarily recruited WMs and the WMs recruited the nursing staff in the departments, but when they recruited new nurses to vacant positions, they all explained that they preferred to turn away applicants who did not fit into the unique departmental culture.
The leaders were very attentive to the departments’ reputations and associated a good reputation with having an inclusive and diverse group of staff:

    It is important that we have some nurses with tattoos, and some who are pierced. We have some with red hair, we have some with headscarf. It is important that we reflect the society around us, are diverse, and include staff who may be a bit different. If we do not do that, we don’t get them to apply for work here. (HN-A)

If the department was within a hospital that struggled with a bad reputation, or if the professional field was regarded as low in the hierarchy, leaders were especially attentive to welcome and include nursing students and temporary workers, who they saw as ambassadors for their departments:

    There is something in our walls too. And we often get the feedback that it's nice to be here. You feel welcome. And it clearly has something to do with our culture. (WM-B)

Some leaders had creative ideas of how to attract positive attention via social media; others focused on writing good job advertisements. One WM described how she had included statements in a job posting about the good working environment and how staff takes care of one another; this resulted in five applications from newly educated nurses who explained that they were attracted to the promise of a healthy and caring working environment.

The young generation of nurses often represented a different and more sensitive group compared to earlier generations, according to all the leaders. This made them take special initiatives in order to include them.

    Now we try an experiment where we try to attract the newly educated nurses. And when they come to the job interview, the assisting ward nurse conducts the interview because she is younger and mirrors them more. (WM-B)

In the most remote areas, the leaders described that they had almost stopped focusing on recruitment, because there were so few nurses available. They were aware of the fact that if they recruited nurses, their neighboring departments would lose them. Therefore, they had begun hiring other health care professionals in nursing positions in order to relieve the nurses from tasks they did
not consider core nursing tasks, for instance a pharmacologist to dispense medicine, or a physiotherapist to mobilize patients.

Because of this current situation, I have told myself that I need some good assistants in order to solve it. The patients are there and they need to be cared for and I have managed to get some really good assistants. (WM-C)

All the leaders expressed that they valued their current staff and had strategies regarding retention. The front-line WMs all described how they were as flexible as possible towards shift schedule preferences and holidays and were aware of family situations that may require special attention.

The leaders were also attentive towards securing that their experienced or senior nurses got special attention and opportunities. This could include competency development, including education and courses, and if possible a better salary for specific areas of responsibility.

WM-B had established a group of experienced nurses and asked them what they valued most about the department, and what they might wish for in order to keep working in the department for many years. One response had been that the experienced nurses sometimes needed a pause from constantly introducing and training new nurses. They desired to immerse themselves in other issues, a wish which was respected.

WM-C described how she used caring attention towards her staff and that this strategy also benefitted the patients.

It is my philosophy that as long as the staff feels loved, welcomed, acknowledged, seen, heard, and that I listen to them when something is bothering them, if they feel sad, or angry, then it impacts the last part of the chain, and I do it for the sake of the patients (WM-C)

The HNs, who were not directly involved in daily clinical practice, described their roles related to retention of the nurses as supporting the WMs by focusing more on developing practice and by securing the best possible conditions at a strategic level, so the nurses in the departments could thrive.
DISCUSSION

The culture is unique

All nursing leaders in this study reported that their departments had unique cultures and that their considerations regarding retention and turnover of nurses was focused on maintaining, protecting or re-establishing that unique culture. But would other leaders from other departments not make similar claims? Some organizational researchers describe that members of a culture often define their culture as distinctive (Schein, 2004), and that it is not unusual in individualistic societies to strive to be viewed as unique, even though such claims often come without evidence (Martin, 2002). Consequently, cultural manifestations claimed to be unique in one context may be observed in a variety of other contexts (Martin, 2002).

When the nurse leaders were invited to elaborate on the claims of uniqueness, they described different aspects of their cultural uniqueness. One department had a family clan culture. Clan cultures have been described as rooted in collaboration between members who regard themselves as a part of one big family, all active and involved in forming the culture (Cameron & Quinn, 2011). The values are based on consensus, commitment and communication, which also was the case in the particular department that described this aspect of their culture.

Another department had a creative culture, also sometimes described as adhocracy (Cameron & Quinn, 2011) or innovative (Miller & Brankovic, 2011) cultures. They are based on energy and members are encouraged to think differently and find new solutions, which was very similar to how the leaders described their culture.

Yet another department was described as culture-less, but the leader had a clear vision of how she would lead the staff towards a caring culture. Caring cultures are described in the nursing literature (Rytterström et al., 2009); leaders must create a healing environment for the caregivers in order to secure patients’ well-being (Turkel & Ray, 2004), which was precisely the argument of the leader in the department.

Another department was described as professional. Here the leader was extremely respectful of the culture she encountered compared to her previous experiences. Creating a respectful culture is described as a core and powerful element in leadership (Hannum et al., 2010) where leaders listen.
to their employees and appreciate their perspectives, knowledge and skills, which was certainly the case according to the leader in this study who wished to maintain and support the existing culture.

Perhaps it is a coincidence that the four identified departments had four quite different cultures according to the leaders, but all the leaders expressed confidence and clear visions for leading the departments in a direction to sustain the desired culture. This kind of leadership resonates with the concept of authentic leadership (Fallatah et al., 2017).

Maintaining, protecting or re-establishing the unique culture

The leaders came from very different contexts and their strategies for retention and recruitment of nurses had similarities as well as differences. All of them were attentive towards having a diverse staff so different nurses could identify with the departmental culture. Despite having vacant positions, the leaders did not take all nurses in. They wanted to create a balance between levels of experience, age, gender (if possible), and ethnicity, but also personality and vulnerability. This kind of inclusive and diverse approach to leadership has been recognized as strengthening organizations and driving social wellbeing among staff (Holck et al., 2016).

All the leaders had special strategies for newly graduated nurses, students, visitors and temporary employees, whom they regarded as potential colleagues and representatives for the department in upholding a good reputation. They especially feared newly graduated nurses would otherwise leave the profession. This strategy is wise according to studies of newly graduated nurses’ transition to clinical practice, which confirm the influence of authentic leadership on newly graduated nurses’ turnover intentions (Fallatah et al., 2017; Voldbjerg et al., 2017).

In the NUCAP study, the leaders worked to maintain, protect or re-establish a unique culture they worked for and believed in. They utilized different strategies regarding recruitment and retention, depending on context. The leaders from the most remote area did not focus as much on recruitment as the leaders from the urban areas, but all leaders were occupied with retaining their current staff. The leadership strategies were related to the different cultures and differentiated between being a mentor as part of the teamwork (clan culture), being agile, innovative and encouraging (creative culture), demonstrating compassion and care (caring culture), and being supportive, a good listener, and respectful (professional culture). All these leadership strategies have been described in the management and nursing literature as valuable approaches to good leadership, depending on the
context and task. Further, a recent study of nurse manager leadership styles highlighted that it is particularly important for leaders to emphasize clear expressions of values, as this can contribute to the reduction of job stress and intention to leave among nurses (Pishgooie et al., 2019).

CONCLUSION

Comparing nurse leaders from departments with low nurse turnover to similar departments in the same region, all described their cultures as unique, but held in common values of diversity and balance in the group of staff, and the leaders’ roles were focused on maintaining, protecting or re-establishing that culture. The head nurses mainly led indirectly, via ward managers with authentic leadership styles who used different strategies regarding recruitment and retention, depending on the existing ward culture and context-specific opportunities.

This study adds new perspectives to the study of nurse leadership due to the positive deviancy approach, especially from the perspective of nursing leaders and managers, an approach which has not been utilized before, to our knowledge. Knowledge from this study therefore has the potential to be shared and implemented in nurse management practices in departments with high nurse turnover, providing knowledge on how to recruit and retain nurses.

The primary limitation of the study is that the participants were from a small number of departments with diverse characteristics, albeit in the same region. This led to several limitations in our study. Firstly, our sample was relatively small, comprising only nine participating nurse leaders. Secondly, all the departments were identified as positively deviant prior to the data collection, based on available statistical knowledge. Visits and interviews were conducted more than a year after the data was produced and in some departments/units, organizational changes had already taken place; however, the leaders were the same.

In addition, the choice of analysis was based on predetermined codes: on the one hand, this could be seen as potentially narrowing the results, but on the other hand it could also be seen as allowing for greater focus on the chosen research questions. This latter view is the reason why we choose this type of analysis.

Implications for Nursing Management

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Using a positive deviance approach (Zanetti & Taylor, 2016), the following strategies may be identified from this study:

- Nurse leaders with clear cultural awareness and visions for the context in which they operate may be positively associated with lower turnover of nurses.
- Leaders from more rural or distant settings can benefit by focusing more on retaining than recruiting nurses through such strategies.

References


Mikuska, E. (2017). The importance of piloting or pre-testing semi-structured interviews and narratives. Sage Publications Ltd. https://doi.org/10.4135/9781473977754

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1) **Define** positive-deviance departments. For the purposes of this study, medical, surgical, acute and psychiatric departments with the lowest nurse turnover rates for a region in Denmark were identified for positive deviance. The region, which has 820,000 inhabitants has one psychiatric and four acute hospitals covering 25 clinical specialties; 4399 nurses were employed at time of study, including 1950 in the four chosen areas.

2) **Determine** the positive-deviance departments through comparative assessment with statistical data. Specific departments were identified using the region’s human resources data for 2017 nurse turnover rates. The turnover rates are made available the following year and were used to identify the departments and invite participants in November 2018. This data revealed varying rates of turnover across all departments in the region, ranging from 8.7% to 37.7%, with departmental breakdown as follows:
   - Acute departments varied from 10.5% to 26.1%
   - Medical departments varied from 10% to 34.7%
   - Surgical departments varied from 8.7% to 32.3%
   - Psychiatric departments varied from 14.9% to 23.1%.

3) **Discover** (study) positive deviance using qualitative methods. As turnover rates were only available at department level, head nurses from departments with more than one ward (e.g. both medical and psychiatric departments) identified the wards with the lowest turnover rates. Field visits, focus group conversations with nurses and individual interviews with the all the nurse leaders from these departments/units took place. The intention of this qualitative phase, is to identify shared strategies, that may be shared with other participants/teams in an action learning based environment (Zanetti & Taylor, 2016).

Table 1: Positive deviance steps used in NUCAP
<table>
<thead>
<tr>
<th>Participants</th>
<th>Gender</th>
<th>Age</th>
<th>Department</th>
<th>RN graduation year</th>
<th>Postgraduate education</th>
<th>Years of experience at present leadership level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Nurse</td>
<td>F</td>
<td>64</td>
<td>A</td>
<td>1975</td>
<td>-</td>
<td>20</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>F</td>
<td>44</td>
<td>B</td>
<td>1996</td>
<td>Master of management</td>
<td>4</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>F</td>
<td>47</td>
<td>C</td>
<td>1996</td>
<td>Master of management</td>
<td>4</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>F</td>
<td>65</td>
<td>D</td>
<td>1976</td>
<td>Master of management</td>
<td>20</td>
</tr>
<tr>
<td>Ward-manager</td>
<td>F</td>
<td>54</td>
<td>A</td>
<td>1990</td>
<td>Diploma</td>
<td>20</td>
</tr>
<tr>
<td>Ward-manager</td>
<td>F</td>
<td>63</td>
<td>B</td>
<td>1977</td>
<td>Diploma</td>
<td>27</td>
</tr>
<tr>
<td>Assisting ward-manager</td>
<td>F</td>
<td>43</td>
<td>B</td>
<td>2006</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Ward-manager</td>
<td>F</td>
<td>56</td>
<td>C</td>
<td>1983</td>
<td>Diploma</td>
<td>25</td>
</tr>
<tr>
<td>Ward-manager</td>
<td>F</td>
<td>46</td>
<td>D</td>
<td>1996</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2: Participants in the study
<table>
<thead>
<tr>
<th>Head-nurses and ward-managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Background questions including age, RN graduation year, postgraduate education and years of experience at present leadership level</td>
</tr>
<tr>
<td>• What characterizes the culture in your department/unit?</td>
</tr>
<tr>
<td>• What characterizes nursing in your department/unit?</td>
</tr>
<tr>
<td>• What kind of competences are important for you when you recruit nurses?</td>
</tr>
<tr>
<td>• How do you make sure that the nurses use their competencies in their daily work?</td>
</tr>
<tr>
<td>• How do you create room for development in your department/unit?</td>
</tr>
<tr>
<td>• Is it possible for you to develop as a leader in your job?</td>
</tr>
<tr>
<td>• How do you regard the role of nursing research in relation to your department/unit?</td>
</tr>
<tr>
<td>• Do you have any particular considerations regarding work place environment in your department/unit?</td>
</tr>
<tr>
<td>• Do you have a specific strategy to retaining the nurses in your department/unit?</td>
</tr>
<tr>
<td>• How would you characterize yourself as a leader?</td>
</tr>
<tr>
<td>• Are there any questions, that we have not asked, that could help us better understand the turnover rate in your department/unit?</td>
</tr>
<tr>
<td>• How has it been to participate in the interview and do you have any questions for us?</td>
</tr>
</tbody>
</table>

Table 3: Interview-guide
<table>
<thead>
<tr>
<th>Pre-determined codes</th>
<th>Examples</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department culture</td>
<td>The management team I am a part of, consists of very different persons. But we are dead-loyal to each other. And we support each other. And we stand up for each other. We also make sure to sort things out with each other. And I think that is our strength [HN-D] We have a unique culture, we really do [WM-A] We are very open and like most new things. We are enthusiastic and can easily get the staff to ride on the tide with us. (...) Our staff is very creative. As a matter of fact, they have always been that. [WM-B] This department is characterized by a very high level of professionalism. At other places, I have experiences that when you bring up patient related problems, the staff may feel it as they are being personally accused [WM-D]</td>
<td>The culture is unique</td>
</tr>
<tr>
<td>Recruitment</td>
<td>When we hire newly educated nurses we ask about their life experiences and their attitudes, and some say “I haven’t tried it before, but of course I can learn to do it”. And that is the kind of staff we are looking for [WM-B] When I hire ward-managers, I look for personal drive. I believe that is important. And their energy. Because it is a tough job to run the units [HN-C] If we have a vacant position and we have three applications and they are all newly graduated. The we ask ourselves: What can we contain here? What kind of personality can we contain? What can the rest of the team contain? (...) and we may say no to all three, if we do not think that we can contain it [WM-A]</td>
<td></td>
</tr>
<tr>
<td>Retention</td>
<td>We need to help each other with conflicts that arise, because that is part of it. And then, we are obliged to face it, because we have the</td>
<td></td>
</tr>
</tbody>
</table>
same goal with our work. We are each other’s extended arms [AWM-B]

It is important that we get to know each other well and have respect for each other, that we care for one another. I believe that is possible, I have seen it happened before, and it will again [WM-C]

You need to involve your staff and learn to listen to their ideas, respond and use the ideas. Sometimes the solution to problems are presented by the staff. You just need to keep you ears open and listen to them [WM-B]

Maintaining, protecting or re-establishing the unique culture