

An exploration of the psychological contract of staff nurses in
a children's hospice

By

Clare Coughlan

A dissertation submitted in partial fulfilment for the MA in
Human Resource Management

National College of Ireland

Submitted to the National College of Ireland, August 2017

Submission of Thesis and Dissertation

National College of Ireland Research Students Declaration Form

(Thesis Author Declaration Form)

Name: Chloe Coughlan

Student Number: X15026108

Degree for which thesis is submitted: MA in HRM

Material submitted for award

- (a) I declare that the work has been composed by myself.
- (b) I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.
- (c) **My thesis will be included in electronic format in the College Institutional Repository TRAP (thesis reports and projects)**
- (d) *Either* *I declare that no material contained in the thesis has been used in any other submission for an academic award.

Or *I declare that the following material contained in the thesis formed part of a submission for the award of

MA in HRM, QQI level 9

(State the award and the awarding body and list the material below)

Signature of research student: Chloe Coughlan

Date: 29.08.17

Acknowledgements

I would like to sincerely thank my supervisor Dr TJ McCabe for his continuous support, expertise and guidance throughout the year.

I would like to acknowledge and thank the managers and staff who allowed me access to the hospice to undertake this research. I was humbled by the support I received throughout the service and by the number of people who came forward to offer their time and valuable insights.

I would like to thank my wonderful parents, sisters and friends for their encouragement and support over the last two years with a special thanks to Conor and Orla.

Abstract

Aim: This study explores the psychological contract of staff nurses working in a Children's Hospice in Ireland.

Background: Central to the concept of the psychological contract is the idea that mutual beliefs, expectations and obligations develop outside of the written contract of employment and require careful consideration and attention. There are widespread, nursing staff shortages at present which are expected to worsen over the coming years. Reform of public healthcare management has seen a move to a more business like environment where changes in management practices have conflicted at times with traditional nursing values. Against the above background, the importance of understanding the needs and expectations of this group is evident.

Study Design: A qualitative research approach was conducted using a case study design. Using purposeful sampling 17 face to face interviews with nurses and nurse managers were completed. Interviews were audio-recorded and transcribed and the data was analysed using thematic analysis.

Findings: Four themes emerged from the data namely, formation of the psychological contract, professional development and support, communication involvement and trust and professional ideology and commitment. The findings revealed that the staff nurse's expectations are being met with regards to the quality of care provided, the collegial atmosphere and the support levels provided from line managers. The study calls attention to the staff nurses needs for greater opportunities for professional development, flexible working practices, involvement in decision making and reward and recognition. Breach and violation of the psychological contract is strongly associated with poor morale, low levels of commitment, higher absenteeism and higher turnover levels. The importance of the interpretation and communication process throughout the employee lifecycle is discussed in the study.

Conclusion: A strong case is presented for utilizing the psychological contract as a framework for understanding the employment relationship and leveraging employee engagement and organisational commitment.

Table of Contents

CHAPTER 1 -Introduction	1
Introduction.....	1
Background to the Organisation	3
CHAPTER 2-Literature Review	5
Introduction.....	5
Search Strategy	5
Nursing Shortage	6
Psychological Contract and the Employment Relationship	7
Development of the Psychological Contract.....	8
Formation Process.....	10
Trust	12
Relational & Transactional Contracts	14
Breach and Violation of the Psychological Contract	15
Changing Nature of the Psychological Contract	18
Nurses and the Psychological Contract.....	20
Hospice Nurses	22
Commitment	24
Professional Ideology.....	26
New Public Management	28
Conclusion	29
CHAPTER 3-Methodology	31
Introduction.....	31
Research Aim.....	31
Research Objectives.....	31
Research Philosophy	32
Case Study	33
Interview Methodology	34
Sampling Strategy	35
Pilot Test	36
Data Collection	37
Data Analysis	37
Ethical Considerations	38
Gatekeeper	39

CHAPTER 4 – Findings and Discussion	40
Findings.....	40
Theme 1-Formation of the Psychological Contract	40
Theme 2 -Professional Development and Support.....	45
Theme 3- Communication, Involvement and Trust	50
Theme 4 - Professional Ideology and Commitment	52
Discussion.....	55
CHAPTER 5- Conclusion.....	60
Recommendations for Future Research	61
Limitations	62
Recommendations.....	63
Personal Learning and Reflection	67
References.....	68
Appendix 1 – Research Ethics Application	77
Appendix II-Poster to Recruit Participants	93
Appendix III - Information Leaflet and Consent Form for Participants	94
Appendix IV- Interview Schedule for Staff Nurses.....	96
Appendix V- Interview Schedule for Management	99

CHAPTER 1- Introduction

Introduction

The world of work is changing. Rapid advances in technology, increasing job mobility, flatter organisational structures and a decline in unionism have led to a significant shift in the employment landscape (Cullinane and Dundon, 2006). In the health sector, the introduction of new public management practices have seen an increased focus on quality control, efficiency and customer service (Diefenbach, 2009). Hospice providers which were considered as far removed from such change have had to undergo transformation in order to meet new standards and regulations set in place (Jones and Sambrook, 2010). Discussions in the literature have focused on how these changes oftentimes appear to be at odds with traditional nursing values (Brunetto, Farr-Wharton and Shacklock, 2010; Censullo, 2008; Newman and Lawlor, 2009).

Alongside these challenges, nursing staff shortages have been highlighted as one of the greatest obstacles for achieving effective healthcare services (World Health Organisation, 2013). Poor working conditions and weak recruitment and retention strategies have been cited as some of the factors which have led to such shortages (Oulton, 2006).

In this changing context, employees have become a key source of competitive advantage which can add value to the business or organisation (CIPD, 2017). Thus healthcare providers who can gain an understanding of the perceptions, needs and expectations of their nursing employees will have a greater likelihood of improving the employment relationship and increasing employee engagement (Purvis and Cropley ,2003; Rodwell and Ellershaw ,2016; Trybou and Gemmel, 2016).

Utilizing the psychological contract as a framework for managing the employment relationship may be key to improving operational effectiveness in the war for talent (Liou, Shwu-Ru, 2008).

This research sets out to explore the psychological contract of staff nurses working in a Children's Hospice in Ireland. In Jones and Sambrook's (2010) study it was noted that no other studies had been conducted which explore the psychological contract type of hospice nurses specifically. This study aims to address this knowledge gap and to provide unique insight into the psychological contract of this group.

As part of this introductory chapter, background information will be presented about the Children's Hospice where the research was undertaken.

In chapter two a review of the literature will be provided. This chapter aims to explore the concept of the psychological contract with a focus on nursing professionals and related themes of professional ideology, commitment and new managerialism.

Chapter three outlines the research aim and objectives and the methodology used in this study.

Chapter four details the finding and offers an in depth discussion in relation to the four themes which emerged.

Finally a conclusion and set of recommendations are offered in chapter five alongside the limitations of this study and recommendations for future research.

Background to the Organisation

The organisation is a hospice for children which also provide residential care for young adults and respite care for children with disabilities. Approximately 130 staff are employed across the services including nurses, healthcare assistants, health and social care professionals, support and administrative staff and a management team. The hospice service currently provides support to 150 children and their families

The children using the service have life limiting conditions, and often have rare conditions that are specific to childhood. Predicting a prognosis can be challenging therefore the palliative phase can be longer and more unpredictable. The organisation provides continuous support to children, parents and siblings incorporating education and recreational activities. Most of the nurses working within the hospice have a paediatric nursing qualification with a number of years' experience working within the area.

The management team consists of a Quality and Risk Manager, Director of Nursing, Head of Care, Consultant Paediatrician, Head of Operations, Finance Manager, HR Manager, Head of Fundraising and Head of Marketing and Communications who report in to the CEO. The Board of directors is responsible for setting the direction of the service and ensuring that strategy is achieved. The Board members act in a voluntary capacity in their roles as board members.

The hospice service is financed through public donations while the Health Service Executive (HSE) funds the adult and children disability service. All services are provided free of charge to families. The disability service is governed by the Health Information and Quality

Authority (HIQA) and is subject to regular inspection. At present, the hospice service does not come under this remit but follows some similar standards.

At a national level there are difficulties recruiting and retaining staff nurses especially those who are paediatric trained and have experience working within the area. The organisation being discussed has faced some challenges in recruiting and retaining staff nurses in the hospice service. In an effort to address this, a number of initiatives have been put in place such as an overhaul of the recruitment process, the establishment of an education and training department, two way communication opportunities such as CEO briefings, staff focus groups etc. The organisation follows the HSE terms and conditions of employment for staff working within the Hospice and Disability services in a bid to provide equity to staff. To some degree, this restricts the organisation with regards to the HR practices that can be delivered however there is some flexibility to differentiate in the hospice service.

This dissertation will specifically explore the psychological contract of staff nurses working onsite within the hospice service.

CHAPTER 2-Literature Review

Introduction

This literature review will begin by discussing the global nursing staff shortage. This section will detail the impact of austerity on the nursing profession in Ireland and look to the future where demand for nursing staff is set to increase alongside a decrease in supply.

The second area considers the usefulness of the psychological contract as a framework for managing the employment relationship and details the origins of the psychological contract.

The third section concentrates on the formation process and highlights the importance of the pre-employment and early socialisation stages in the employment relationship.

In section four the key role that trusts plays in developing and maintaining the employment relationship is considered followed by a discussion of the psychological contract types in section five.

The sixth and seventh sections look at the issues that give rise to breach and violation of the psychological contract and the effects this has on employees with a focus on nursing professionals. A brief overview of the key literature on hospice nurses will be provided.

The eighth and ninth part of the literature review, focus on the themes of professional ideology and commitment. Discussions on the changing employment landscape and impact of new public management will conclude this chapter.

Search Strategy

The search strategy for the literature review was conducted using an electronic database search. The databases searched included Business Source Complete, Emerald, Pro Quest Business Collection and Sage Journals. The search strategy included the use of the search

words: psychological contract; nursing recruitment and retention; new public management.

Limits were also applied. These limits included journal articles from between 1970- 2017 and English language journals.

Nursing Shortage

Human resources for healthcare have entered in to a critical period worldwide. The shortage of nurses has been recognised as one of the greatest obstacles for achieving effective healthcare services. It is estimated that by 2035 there will be a global shortage of 12.9 million skilled health professionals including midwives, nurses and physicians (World Health Organisation, 2013). Alongside an increase in demand, there is a decrease of supply of nurses. The factors contributing to the increase in demand include shorter hospital stays and more complex diseases, a move from hospital to home and community care, new infectious diseases and an aging population. At the same time, there is a smaller pool of applicants and high levels of turnover amongst nurses (Oulton, 2006). Weak recruitment and retention processes are exacerbating the issues. Buchan and Aiken (2008) hold the view that the shortage of nurses is not a skills shortage but a shortage of nurses who are willing to work in current conditions.

The demand for healthcare in Europe in particular is expected to increase over the coming years due to an ageing population. The number of people aged 65 or older is predicted to double over the next 15 years. By 2020, it is estimated that there will be a shortfall of 590,000 nurses in Europe. Additionally, many European countries have been faced with large scale cut backs and public sector reforms following on from the European debt crisis (Health Workers 4 All, 2014)

In Ireland, the health sector was especially hard hit by the 2008 recession with nursing being the largest group affected. A moratorium on hiring was implemented in conjunction with an

early retirement scheme and incentivised career breaks. On average, nurses saw their salary drop by approximately 15% alongside an increase in working hours. Up to 2014, it was estimated that 30% to 40% of all nursing graduates were moving abroad (Wells and White, 2014).

With the recent upturn in the economy, recruitment campaigns have been launched by the HSE in Ireland and overseas. A recruitment drive took place to attract 500 nurses back to Ireland in 2015 however resulted in just 77 hires (Kenny, 2015). Notably, the personnel census for the HSE shows that between December 2015 and May 2017 there was just a .1% increase in staff nursing levels despite significant recruitment efforts (HSE, 2017). There has been criticism of the minimalist approach to recruitment and retention of nurses which has failed to reverse the internal image and perceptions of the nursing profession in Ireland (Kenny, 2015).

Against the above background, the case for developing strong employee-employer relationships can be made (O'Donohue and Nelson, 2007).

Psychological Contract and the Employment Relationship

Although the psychological contract originated outside of the field of Human Resource Management (HRM), it has nonetheless become a major contributor and method for propagating and explaining HRM (Cullinane and Dundon, 2006). The concept has captured the attention of researchers over last 20 years particularly and there has been a significant increase in the amount of journals published on the subject. At the same time, the psychological contract appeals to Human Resource (HR) practitioners and managers alike (Conway and Briner, 2009). While it is rarely spoken about in an explicit manner, it is an important factor in determining the behaviour and attitudes of employees (Anderson and Schalk, 1998). It differs from the legal contract of employment which can only provide a

limited representation of the reality of the employment relationship (CIPD, 2017).

Considering the strong social aspect involved in managing people and indeterminate expectations on both sides, the psychological contract provides a useful framework for understanding the employment relationship (Cullinane and Dundon, 2006).

Development of the Psychological Contract

Argyris (1960) defined the characteristics of the first explicit psychological contract. He hypothesised that workers would be at their most productive and have fewer grievances when the foreman of the factory adopted a passive leadership style and was respectful of the informal work culture. The evolving relationship between the foreman and employees was termed the “psychological contract”. Principles of the theory can be seen in social exchange theory as social relationships have always involved a range of unspecified obligations which are said to bring satisfaction when the parties involved receive fair returns for their expenditures (Blau, 1964).

Schein (1965) developed the psychological contract by stating that is it the foundation for employment arrangements whereby mutual expectations of objectives and outcomes are understood between the employer and employee. Fox (1974) considered issues of power, trust, and fairness and explored the scope to develop a positive psychological contract and associated employment relationship.

Rousseau has undisputedly had the greatest influence on the psychological contract (Conway and Briner, 2009). Her initial article in 1989 is considered as seminal and re-invigorated interest in the area. She added clarity to vaguely defined concepts and developed commonly used measurements for the psychological contract (Conway and Briner, 2009). Rousseau defined the psychological contract as “an individual’s beliefs regarding the terms and conditions of a reciprocal exchange agreement between that focal person and another party.

Key issues here include the belief that a promise has been made and a consideration offered in exchange for it, binding the parties to some set of reciprocal obligations” (Rousseau, 1989, p. 123). In contrast with previous research undertaken, Rousseau argued that the psychological contract is held at the subjective and individual level rather than a shared belief between employee and employer.

This concept was challenged by Guest (2004) who maintained that the psychological contract definition should include the employer perspective and incorporate the perceptions of reciprocal promises and obligations of both parties to reflect the fact that the concept is a two-way exchange.

Hiltrop (1995) claimed that the nature of the psychological contract changed profoundly in the 1980s and 1990s. Pressure to cut costs and to reduce the workforce resulted in the removal of some entitlements (job security, a steady promotional ladder, annual wage increases) and has seen the flattening of traditional organisational hierarchies. The new psychological contract calls for employees to work in a flexible manner and to take ownership of their own career development. In return, employees expect more involvement in key decision making and to be valued and personally recognised for their contributions. The key question remains as how to maintain the commitment of employees when job security and stability are no longer on offer (Hilltrop, 1995).

Despite an exponential increase in the psychological contract literature, there is no clear universal definition of the psychological contract (Cullinane and Dundon, 2006). There is some agreement that the psychological contract definition includes reciprocal promises and obligations but there are little more consensuses aside from this. Conway and Briner (2009) highlighted the need for further research around conceptual clarifications and theory development on the subject matter.

Formation Process

Given the economic and human costs associated with the premature departure of new hires, obtaining insights around psychological contract formation is crucial. Although extensive research has been carried out on the effects of breach and violation, far less research has examined the formation process (De Vos, Buyens and Schalk, 2005).

Psychological contract theory recognises the existence of schemas that are used when employers and employees are interacting with one another (Rousseau, 2001). During the pre-employment stage, schemas are a way in which individuals view employment experiences and the obligations which are formed. Some pre-employment schemas help to explain personal variations in psychological contracts, while others help in our understanding of shared characteristics. These schemas are formed from various sources such as prior socialization, societal or occupational influences or through previous employment. Eilam-Shamir and Yaakobi (2014) found that employees who had been exposed to negative employment experience such as layoffs or accepting a reduction in pay or status had lower relational expectations of their new employer. Those that had experienced the “scarring effect” and were likely to be less committed to their future employers have more transactional contracts. Communication with new recruits was found to be essential in managing expectations.

The information gathered in the initial stages of the employment relationship is used by employees to calibrate their initial understanding of the psychological contract in relation to what can be expected from the employment relationship and what the employee should offer in exchange. In a similar way, employers rely on certain sources of information regarding new recruits such as informally asking a colleague how well the new hire is doing (Rousseau,

2001). In a study of 880 new army recruits, Thomas and Anderson (1998) showed that newcomers' expectations of the army increased on several dimensions after learning about army life including the perceived importance of being in the army. Expectations were shown to evolve more towards the insider norms of experienced soldiers during the socialization process. The psychological contract rapidly evolved during this time, highlighting the importance of utilising the initial induction period to shape the psychological contract in a positive manner.

Rousseau (2001) developed the five stages of psychological contract formation; pre-employment, recruitment, early socialization, later socialization and evaluation. The first stage occurs before employment begins where the employee's initial impressions and expectations are formed through various sources such as information gathered about the employer, professional norms and societal beliefs as well as portrayals in the media. The recruitment process then allows for the first occurrence of two way communication. The exchange of promises continues during early socialization where both parties continue to search for information about one another through interactions and from multiple sources. The search begins to slow down and the psychological contract may alter during the later stages once the employee is no longer considered as new. During the evaluation stage the psychological contract has been formed and is fully operational. As the relationship continues there may be further change to the pre-existing psychological contract (Rousseau, 2001).

Conway and Briner (2009) argued that this area of study has been so neglected in the literature so that almost anything can shape employees perceptions of their psychological contract. Robinson and Morrison (2000) asserted that formal socialisation and pre-hire communication can reduce the gap between employee and employers perceptions of the employment agreement.

The research highlighted in this section suggests that the pre-hire and early formalisation stage is a key point in time for managing expectations and shaping the employment contract.

Trust

Rotter (1967, p. 651) defined trust as an “expectancy held by an individual or a group that the word, promise, verbal or written statement of another individual or group can be relied upon”. Trust plays an important role in the interpretation of the employment relationship.

Employees who have higher levels of trust in their employer are more likely to invest in the future of their relationship based on a belief that the employer will honour the relationship by delivering on promises made (Coyle-Shapiro, 2002).

Robinson (1996) argued that once trust has been damaged initially, the employee is likely to look for evidence of further psychological contract breach in keeping in line with the employees beliefs about the relationship. In high trust relationships, employees may overlook a breach or may not be aware that a breach has even occurred.

Much of the literature has classified trust as either cognitive or affective in nature. Affective trust can be characterised by feelings of security and loyalty whereas cognitive trust is based on feelings of mutual interpersonal concern (Johnson and Grayson, 2005). Atkinson (2007) found that cognitive trust must be developed prior to affective trust being possible, but that once in place, affective trust can continue in the absence of cognitive trust. Affective trust was also found to be positively related to employees enhancing their contribution towards the organisation.

Coyle-Shapiro (2002) demonstrated that trust exists in all psychological contracts, but the extent of trust varies greatly and has an effect on the type of psychological contract (i.e. relational or transactional). Cognitive trust appears to operate as a hygiene factor which must be present before an employer can develop and benefit from affective trust. It is argued that

transactional contracts will incorporate cognitive trust whilst relational contracts are based upon affective trust.

McCabe and Sambrook (2014) highlighted the importance of building trust amongst nurses and nurse managers in acute and community healthcare settings. In the study, it was found that organisational determinants such as working environment, communication and management style as well as characteristics of individuals, such as leadership and communication styles, levels of confidentiality and professionalism all impacted on the levels of trust between nurses and managers. Where levels of trust were reported as being high, the outcomes included greater levels of professionalism, efficiency and higher quality of patient care. Low trust environments were associated with reduced efficiency, higher levels of surveillance alongside higher levels of work related stress, absenteeism and turnover.

Laschinger and Finegan (2005) confirmed these findings in a study in a study of 273 staff nurses. Nurse managers were found to play a pivotal role in creating and maintaining trust. Unsurprisingly, distrustful employees were found to be less likely to work towards the organisations goals and activities. High levels of structural empowerment were found to positively impact the levels of respect and trust in management which consequently led to greater job satisfaction and organisational commitment.

Deery, Iverson and Walsh (2006) emphasised the importance of acting in accordance with the organisational values or ethos in order to maintain trust. In a study amongst customer service employees in a telecommunications company, it was found that as a result of perceptions that management were not living up to the organisations customer service ethos, there was a high level of mistrust in management. This in turn resulted in poor employee relations and higher levels of absence (Deery et al., 2006). This view is supported by Clutterbuck (2005) who suggests that problems occur in organisations when employees are asked to leave their values

behind when coming in to work or when there are major differences between values espoused and what actually occurs in practice.

This research confirms the important connection between breach of the psychological contract and the erosion of trust.

Relational & Transactional Contracts

The most popular and distinctive way of categorizing the psychological contract has been the transactional and relational typology (Conway and Briner, 2009).

Transactional contracts are definitive, monetizable exchanges over a short period of time with little close involvement of the parties (Robinson, Kraatz and Rousseau, 1994). Employees are seen to prioritise compensation and benefits over organisational citizenship behaviours.

Relational contracts in contrast have no set time limits and seek to enhance and maintain relationships. They can generate feelings of affective involvement or attachment and can commit the employer to offering more than just remuneration to the individual by providing long term investments like career development, job security and educational opportunities.

Relational contracts are said to be dynamic and ever changing whilst transactional contracts are considered to be static by nature (Grimmer and Oddy, 2007).

Rousseau (1990) found that relational psychological contract obligations correlated with expected length of tenure within a firm whereas transactional contract obligations were associated with careerist motives of the part of the new employee. In contrast, Kalleberg and Rognes (2000) argued that opportunities for growth and development lead to a greater degree of relationalism between the employees and the employer. Employees in their study with more relational contract types were found to have higher levels of job satisfaction and commitment to the organisation.

Ho, Rousseau and Levesque (2006) suggest that employees with closer social ties within an organisation have more transactional obligations with their employer. Data obtained from a start-up research firm showed that employees who were less well positioned in terms of social integration believed that the employer owed more to them. Employers more frequently focus on formal communication channels such as handbooks and training sessions however the study highlights the importance of informal processes and also offers plausible explanations for incongruence regarding obligations reported in other studies.

Grimmer and Oddy (2007) examined the effects of psychological contract violation amongst MBA students in two universities and discovered that perception of violation was associated with lower trust and commitment levels. The relational dimension of the psychological contract, as opposed to the transactional was an important mediator regarding the effects of contract violation.

Breach and Violation of the Psychological Contract

Much of the available literature on the psychological contract deals with the issues of breach and violation.

Morrison and Robinson (1997, p 230) described breach as “the cognition that one’s organisation has failed to meet one or more obligations within ones psychological contract in a manner commensurate with one's contribution”. This could either be a short term phenomena with the employee returning to their original psychological contract state or it could evolve to full violation (Pate, Martin and McGoldrick 2003). Violation is a more emotional or effective reaction arising from the perception of psychological contract breach. (Robinson and Rousseau, 1994). As employees have different understandings of their psychological contracts they can respond in various ways (Robinson and Morrison, 2000).

Robinson and Rousseau (1994) argued that breach and violations undoubtedly affect what the employee feels they are owed and what they are obligated to give in exchange. Employees may try to even the playing field by decreasing their commitment levels and increasing entitlements. The employer's integrity may be questioned and trust destroyed.

The literature suggests that more often than not management fail to fulfil promises made to employees. Robinson and Rousseau (1994) found that more than half of management graduates reported psychological contract violation just two years after recruitment.

Violations related positively to turnover and negatively with trust, job satisfaction and intentions to stay within the organisation. Coyle-Shapiro and Kessler (2000) conducted a large scale survey of local authority workers and found that the majority had experienced breach with managers in the study supporting this view. As a result, employees had set out to readdress the balance of power by reducing their commitment towards their employer.

Organisational change has also been found to increase likelihood of psychological contract breach occurring. In a study of 340 public sector employees, increases in organisational changes predicted psychological contract breach which in turn resulted in decreased contributions towards the organisation. Nonetheless, contributions towards colleagues and members of the public using the service were unaffected (Conway, Kiefer, Hartley and Briner, 2014)

Psychological contract violation has been found to have a different impact on employees depending on their career motivations. Notably, those who put more value on the employment relationship have been found to be more negatively affected by violation (Robinson and Rousseau 1994). Similarly, Robinson and Morrison (2000) discovered that for workers with less career mobility, the cost of perceiving a breach outweighed the information

value. Consistent with these findings, there was a lower probability of psychological contract breach occurring in workers with fewer alternative employment options.

Robinson and Morrison (2000) found that employees were more likely to experience psychological contract breach when they had previously experienced it with another employer and where they had no formal induction in an organisation. When the organisation was not performing well and when the employee reported that they were not meeting performance standards breach was also more likely to be experienced. Furthermore, perceptions of unfair treatment were associated with intense feeling of psychological contract breach.

According to Robinson, Krautz, Rousseau (1994) length of service within an organisation also has a role to play in perceptions of psychological contract breach. In a longitudinal study of business school alumni perceived obligations towards employers were found to decline over time while perceived entitlements increased. It appears that length of service is regarded as a contribution in itself which increases entitlement and decreases perceived debt towards an employer. At the same time, violations were less likely to occur as length of service increased and the employee became better at predicting the employer's actions. The exceptions included major organisational changes like restructuring or cutbacks.

Conway, Guest and Trenberth (2011) found that breach damages relationships irrevocably whereas fulfilment of the psychological contract appears to have less of an impact. One explanation could be that breach has an immediate impact on behaviours whereas fulfilment may have smaller, positive effects which are less obvious. Fulfilment could be regarded as something gradual, reciprocal and repeated over time which builds the relationship between the two parties.

Cullinane and Dundon (2006) suggest that promises made by managers are often done so in good faith, however due to a range of internal and external pressures, often they can't be fulfilled. In addition, a breach in the psychological contract could be a case of false expectations rather than management selectively choosing to renege on promises made.

Robinson (1996) highlights the importance of the perception process and contends that regardless of whether or not the employee's beliefs are valid about whether a breach occurred, it is the belief that a breach occurred that affects behaviours and attitudes.

Together these studies outline the factors that give rise to the cause and the effects of psychological contract breach and violation. The importance of maintaining awareness of perceptions and expectations that employees have could help to lessen the likelihood of breach occurring in the first place. Fair processes have also been shown to counteract some of the consequences of negative outcomes of psychological contract breach (Robinson and Rousseau, 1994; Robinson and Morrison, 2000).

Changing Nature of the Psychological Contract

In an era of globalization, where the employment landscape is changing profoundly, the psychological contract plays a greater role in moderating the employment relationship.

Cullinane and Dundon (2006) argue that one of the weaknesses of the psychological contract literature is that it fails to consider how capitalism impacts the employment relationship.

Deregulation, volatile global markets and competitive pressures to reduce costs of production and labour are significant challenges to employers in meeting employee expectations. These changes have resulted in an increase in flexibility and fragmentation of the workforce. There has been a growth in subcontracting of non core work activities, a greater variety of employment contracts with different work patterns, remote working and working between various sites. Advances in technology have largely changed the world of work making speed

of response to customers and flexibility a strong basis for a competitive advantage. Guest (2004) argues that it is not practical to regulate and ensure that there is similar treatment for all while working under such different conditions.

An issue that is being brought to the fore due to a rise of atypical employment is a question of who is contracting with whom. It is often perceived that workers and managers of an organisation enter in to a contractual agreement, however it can be unclear as to who the entities are and who the agreement is with, which for obvious reason leads to breach and violation (Cullinane and Dundon, 2006).

Guest (2004) suggests that fixed term and temporary workers may be perceived as being subject to less favourable working conditions alongside marginalization however more recent years have seen the growth of the knowledge worker who seeks out flexible contracts to pursue his or her own career ambitions. Guest (2004) argues that the psychological contract of workers under flexible employment contracts is as positive if not more positive than other workers on permanent contracts of employment. The argument that flexible contracts do not serve employees interest cannot always be considered as valid. These findings could suggest that expectations are clearer on both sides for these types of contracts as compared to a more relational style of contract.

Robinson (1996) adds that a decline in unionism and a rise in individualist values in the workplace have meant that informal or local arrangements are now becoming more important in managing employee relations.

In this changing context, employees are becoming the key business drivers or the 'human capital' which add value to the business. Organisations that want to succeed have to get the most out of their people by developing a clear understanding of what employees expect from their work (CIPD, 2017).

Nurses and the Psychological Contract

Research and popular literature suggests that nurses are often faced with poor working conditions (insufficient supplies, insufficient staff and care facilities) coupled with verbal and physical abuse whilst at the same time being expected to think critically and pre-empt fatal occurrences. Breach within nursing is a well-documented occurrence and often deters new recruits from joining the profession (Censullo, 2008).

Rodwell and Ellershaw (2016) found in a study of 459 staff nurses that psychological contract breach increased feelings of violation and decreased feelings of trust in the employer. Fulfilment on the other hand resulted in increased trust but did not reduce the effects of violation. It is suggested that organisations should apply a “building credit approach” where communication is enhanced between nurses and nurse managers and perceptions of the employment relationship are understood and developed.

Clutterbuck (2005) maintains that relationships between all stakeholders (employees, customers, investors and suppliers) is dependant to a large extent on how the relationship between them and the organisation is viewed. The quality of communication between the organisation and each of the stakeholders could be the biggest determinant in the perceptions that exist. Unfortunately, many organisations avoid meaningful levels of engagement for fear of bringing issues to light which then need to be acted upon. The more open the communication process, the more likely innovative solutions will be developed to solve issues and address factors which undermine the psychological contract (Clutterbuck, 2005).

A recent study by Trybou and Gemmel (2016) highlighted the importance of the interpretation process and building trust in order to retain scarce nurses. It was found that psychological contract breach amongst nurses was negatively related to job satisfaction, organisational commitment and positively related to intent to leave.

Purvis and Cropley (2003) found that younger, career-orientated nurses were more likely to have higher levels of turnover intention alongside more transactional psychological contracts. The nurses in the study had expectations of being rewarded, valued and supported by their employer which had not been fulfilled. This led to dissatisfaction with their role and their employer.

In an analysis of the relationship between contract types and the psychological contract, Mallete (2011) discovered that full-time nurses have more relational psychological contracts than part-time or casual nurses. While it was expected that casual nurses would have more transactional contracts, it was not expected that part-time workers have comparable psychological contracts to casual workers. Nurses in the study wanted more flexible working options depending on their age and demands. The results of the study could indicate that there is a perceived lack of recognition, autonomy, fewer opportunities for advancement or less flexibility for part-time workers.

Censullo (2008) argues that it is not natural for nurses who aim to help and empower others, to be regularly subjected to psychological contract breach as suggested in the literature.

Nurses are left with few options and can either accept the breaches and become embittered, leave the employer or engage in anti-organizational citizenship behaviours which can cause harm to patients and colleagues. As this is in direct contrast to nursing ideology, the only other reasonable alternative, when considering breach occurs en masse is an exodus from the workplace. This in turn contributes to the labour shortage.

Numerous studies have shown that when nurses face psychological contract breach, they shift their commitment from the organisation they are working for to the nursing profession (Rodwell and Gulyas, 2013; O'Donohue and Nelson ,2007). Regardless of employment status

of nurses or whether psychological contract violation occurred, nurses in the studies reported maintaining their level of commitment to the nursing profession.

The importance of developing strong employment relationships and relational psychological contracts as a mechanism to deal with issues as an ageing workforce, nursing shortages, and economic issues has been highlighted (Malette, 2011).

Hospice Nurses

Jones and Sambrook (2010) found that hospice nurses psychological contracts were enhanced through managerial trust and support and opportunities for development. Psychological contract breach amongst this group resulted from overpromising and under delivering from management's part. Promises made at interview such as opportunities for professional development, education and clinical supervision and high patient-nurse ratio often did not materialise. Another viewpoint is that individual hospice nurses have an idealistic view of what working in a hospice should be like which would be difficult to match in reality. The nurses in the study held strong relational contracts with patients and colleagues but transactional contracts with senior management. The findings suggest that organisations can't necessarily depend on the caring nature of hospice nurses to maintain levels of employee satisfaction during periods of change and upheaval given the transactional nature of their contracts with management (Jones and Sambrook, 2010).

Hospice nurses appear to have a range of personal characteristics which are unique to staff working in this setting. In a comparison study of general and hospice nurses, Amenta (1984) revealed that hospice nurses were far more assertive, independent and free thinking than their colleagues working in traditional settings. The nurses in traditional settings were more conventional and showed a preference for working in structured environments. The results of

this study suggest that organisations should consider their recruitment and selection process when recruiting nurses to work in autonomous hospice settings.

Olthuis, Leget, and Dekkers (2007) highlight the importance of high self-esteem in hospice nurses which in large part could be derived from social supports including that of patients, colleagues and managers. The quality of hospice care was not only determined by working relationships, it was also determined by the appreciation nursing professionals received. A lack of appreciation not only had negative consequences for the hospice nurses well-being but was also associated with lower standards of care.

A common perception of hospice nurses is that they are subject to high levels of burnout as compared to other nurses however the literature appears to suggest otherwise (Abett and Jones ,2007;Payne, 2001; Kalicińska, Chylińska and Wilczek-Różycka, 2012). Albett and Jones (2007) found that hospice nurses experienced similar levels of psychological distress as other nurses working within other specialities. The hospice nurses in the study showed high levels of commitment and derived a sense of meaning and purpose from their work. This view is supported by Payne (2001) who found that despite the difficult nature of hospice work, levels of burnout amongst hospice nurses was generally low. The factors contributing to this included a positive and supportive work environment with a holistic approach to care and low levels of conflict between staff members. Kalicińska et al., (2012) confirmed these findings in a study of 117 hospice nurses and midwives. There was no significant difference in levels of burnout. The factor which appeared to lead to burnout amongst both groups was low levels of support from management.

It would appear that hospice nurses have some attributes which are unique to this group yet the value placed on support from management and reward and recognition is highlighted amongst all nursing groups.

Commitment

The concept of the psychological contract is strongly linked to the individual's commitment to the organisation (Rousseau, 1989). Research suggests that employee commitment is a strong predictor of behaviour and turnover. Committed employees are likely to want to remain within an organisation and work towards meeting the organisational goals and objectives.

Poter and Smith (1970) define organisational commitment as the relative strength of an individual's identification with and involvement in a particular organisation. Organisational commitment can be defined by a belief in the organisations values and objectives, a willingness to put in a significant effort for the organisation and a desire to stay as a member of the organisation (Mowday and Steers, 1979).

Myer and Allen (1991) define three types of organisational commitment:

- Affective commitment where the desire to remain a member within an organisation is as a result of positive work experiences that generate feelings of comfort and competence.
- Continuance commitment is the need to remain within the organisation because of the disadvantages associated with leaving.
- Normative commitment is the feeling of obligation to remain within an organisation due to the internalisation of loyalty or a belief that a favour or repayment is owed.

Each employee is believed to have a commitment profile reflecting his or her own beliefs or obligation to remain.

Organisational commitment appears to be relatively new phenomena for nurses but may be key to understanding how operational effectiveness can be achieved at a time of extreme

nursing shortages. Liou, Shwu-Ru (2008) highlight the importance of communication when attempting to build organisational commitment amongst nurses. Managers and nurses must understand one another's needs and establish the levels of organisational commitment required to build a long-lasting, effective working environment for nurses, managers and service users.

Gambino (2010) argues that identifying and supporting nurses who are strongly committed to the nursing profession may be the single most important intervention to combat the nursing shortage. In the study, the strongest indicators of intent to remain within the organisation were found to be normative commitment and age. Retention strategies should aim to foster normative commitment in younger nurses whilst accommodating more mature nurses.

Experienced nurses often highlight the tensions that occur between nursing and managerial discourses. In a study by McCabe and Sambrook (2012) it was found that participants demonstrated more relational psychological contracts towards the nursing profession as opposed to the organisation. Nurses in the study had a limited understanding of resource management and the impact on patient care. It remains to be seen whether the psychological contracts of newer entrants will adjust over time. The findings suggest that the National Health Service (NHS) is not managing nursing staff's expectations very well and as a result there are lower levels of job satisfaction.

According to Freire and Azevedo (2015) empowering work environments are a predictor of a nurse's affective commitment and levels of trustworthiness of the supervisor. Where nurses understood that they had access to resources which enabled empowerment, higher levels of commitment were reported.

In a study by Gould and Fontela (2006) where data was collected from 27 nurses in two contrasting NHS trusts it was found that family friendly policies which allowed for flexible or

social working hours was the most important element in securing nursing commitment.

Opportunities for professional development proved to have less of an impact on both professional and organisational commitment.

Wallace (1995) discovered that organisational commitment amongst professionals is highly dependent on perceived opportunities for career development and the way in which rewards are distributed. It is suggested that organisations look beyond the structural characteristics in order to comprehend the factors affecting professional commitment.

Johnson, Morgeson, Illgen, Meyer and Looyd (2006) found that professional identification with an employer is less likely when the employer is not strongly linked to the profession.

Aranya, Pollock and Amernic (1981) discovered that organisational commitment is the most powerful predictor of professional commitment at all levels while professional organisational conflict was found to have a negative impact on professional commitment.

As professionals have formal allegiance to standards that are not set from within their organisation, tensions can arise between organisational and professional commitment leading to less organisational citizenship behaviour and more conflict regarding expectations around behaviour (Christeen, 2009). Employers need to have an understanding of the levels of professional commitment an employee may hold whilst also fostering organisational commitment.

Professional Ideology

There is a clear ideological element in the psychological contracts of professional employees. Changes in the employment landscape are thought to have resulted in individuals seeking an alignment between their own values and their work as well as with societal contexts (O'Donohue and Nelson, 2007). A psychological ideological contract allows the individual to give to an ideal cause and to benefit from extra ideological interests (Censullo, 2008). The

identification with a professional ideology is a factor which creates such an alignment for many nurses.

Ideology has a direct impact on the nursing applicant pool, firstly by attracting individuals in to the profession or deterring others from joining. Individuals who seek to become nurses do so with the ideal of helping others. Nursing ideology supersedes the drive to follow other career paths which may be better paying or require equal or lesser educational qualifications. It is contrary to behaviour that would harm patients. Nurses are also frontline staff members who develop the closest relationships with patients and fight for patient care. This is the reason that nurses are one of the most respected and trusted professions in the view of the public around the world (Censullo, 2008).

Breach of ideology infused psychological contracts is a common cause of nursing strikes. Nursing literature ascertains that nurses are obliged to fight for quality patient care. The overarching concern for patient safety means that staffing shortages haven't been resolved despite higher than average salaries or benefits being offered in some cases (Censullo, 2008).

Organisations often attempt to impose managerial controls on their professional workers with varying degrees of success dependent on the organisation–profession fit (George, 2009). The profession forms a key part of the employee's self-identity for some professionals whereas their position within a particular organization may be considered as transitory. Thus there is sometimes a resistance on behalf of the professional to embrace a managerial career or to proceed too far along the management path to avoid becoming too distanced from their area of professional specialism (George, 2009).

The psyche of the professional means that the individual will not betray his or her own professional standards. Even if he/she chooses to do so for the advantages of coexistence within an organisation, he/she may find that the restrictions that go with it are too hard to

accept and, as a result, professionals may behave in a similar way as the self-employed (Vermaak and Weggeman, 1999).

Bunderson (2001) hypothesised that the psychological contracts of professionals are formed through both professional and administrative roles and perceived role obligations. The professional's reaction to perceived breach will be dependent on whether it involves professional or administrative obligations. Breaches of administrative role obligations were found to be most strongly associated with dissatisfaction, thoughts of quitting and turnover whereas perceived breaches of professional role obligations were most strongly associated with lower organizational commitment and job performance.

Sorensen and Sorensen (1974) argue that professionals do not operate as well as other employees in bureaucratic organizations and tend to resist administrative controls.

New Public Management

New management principles were introduced to the public sector in the 1980s with the aim of providing more efficient, cost effective services with better representation of service users.

The core elements of new public management included a move to a more business like environment and corporate culture, the embedding of organisational structures and processes and the introduction of performance management systems. In healthcare particularly, there was a new emphasis on quality control, efficiency, and customer service (Diefenbach, 2009).

Professional groups which were traditionally considered as free from hierarchal control became subject to increasing managerial authority (Friedson, 1984). As nurses are frontline staff and account for the largest occupational group in healthcare, these changes significantly affected them as a profession (Newman and Lawlor, 2009).

To implement the changes outlined, nurse managers were given greater managerial prerogative and organisational control as means of curtailing autonomy in the workplace. They were tasked with meeting organisational objectives and increasing standards of care whilst working with fewer resources (Brunetto et al., 2010). At the same time, concerns were raised that the position of nurse managers was being systematically eroded as general management structures replaced the traditional nurse management structures. The drive to meet key performance indicators and control costs has reportedly led to increased bureaucracy, surveillance and centralized control (Newman and Lawler, 2009). In addition, nurse managers have described feeling conflicted in their management roles. As they move further away from the patient many have reported feeling as though they are deemed as less credible when speaking about nurse related matters and acting as patient advocates, leaving themselves open to a “non-clinical takeover”. In study conducted by (Newman and Lawler, 2009) these changes had led to decreased levels of job satisfaction, motivation and commitment of nurse managers.

Despite increasing levels of managerial control within healthcare it appears that the nursing profession have maintained some autonomy over their work arising mainly out of concern for efficiencies. The nature of their role calls for them to make rapid decisions about patient care and to act independently. Professional ideology appears to have shielded nurses from some elements of new managerialism. However, as they strive to offer better patient care they are often met with an intensification of work which challenges their professional competency (Bolton, 2004).

Conclusion

To summarise, the psychological contract is an important framework in managing the employment relationship. Trust plays a key role in establishing and maintaining relationships.

The type of psychological contract (i.e relational or transactional) has an impact on what the employee is willing to offer based on perceptions of what the employer provides. Fostering relational contracts is essential for ensuring employees are engaged and work towards the organisational goals. Breach and violation of the psychological contract is a common occurrence especially in nursing and can lead to a breakdown of the employment relationship. Where there are perceptions of unfair or inequitable treatment, intense feelings of breach and violation are likely occur. The literature shows that when breach occurs amongst nurses their levels of commitment towards the employer declines but their commitment towards the nursing profession itself remains the same. The employee's professional identity often forms a key part of the individual's self-identity whereas their role within the organisation may be considered as transitory.

New Public Management practices have seen a move to a more business-like environment in healthcare. New managerial values are often perceived to be at odds with nursing ideology. At a time of extreme nursing staff shortages, understanding the employees needs and managing expectations is essential. Fostering organisational commitment may be key to gaining an understanding of how operational effectiveness can be achieved.

CHAPTER 3-Methodology

Introduction

This chapter outlines the aim of the study and the research objectives which were formed based on the literature review. The purpose of this chapter is to identify the research process which was utilized, to discuss how data was collected and analysed, to review the ethical considerations and outline how conclusions were drawn. Finally, the limitations of the study will be discussed.

Research Aim

The aim of the study was to explore the psychological contract of staff nurses in a Children's Hospice in Ireland.

Research Objectives

In particular, this dissertation will address the six main research objectives:

1. To identify the present state of the psychological contract of staff nurse working in a children's hospice.
2. To examine the psychological contract formation process and the expectations that staff nurses have of their employer and that the employer has of the staff nurses.
3. To investigate the theoretical concepts of the psychological contract examining specifically the themes of trust, commitment and professional ideology.
4. To explore the conditions that give rise to psychological contract breach and violation amongst this group.
5. To understand whether or not this group feel that they their contribution is valued and rewarded.
6. To contribute to the psychological contract knowledge from an Irish healthcare context amongst a specialist cohort of nurses.

After conducting an extensive literature review it was apparent that little research has been conducted on the psychological contract of staff nurses working in a children's hospice. In Jones and Sambrook's (2010) study it was noted that no other studies had been conducted exploring the psychological contract type of hospice nurses specifically. This study will set out to address this knowledge gap and to provide unique insight in to the psychological contract of this group.

Research Philosophy

Research can be described as a "diligent search, studious inquiry, investigation or experimentation aimed at the discovery of new facts and findings or broadly, it may relate to any subject of inquiry with regard to collection of information, interpretation of facts, revision of existing theories or laws in the light of new facts or practical ideas" (Adams, Khan and Raeside, 2014, p.1). Research design is the criteria used when evaluating research. It provides the framework for generating evidence that is appropriate to the criteria and to the research question (Bryman and Bell, 2011).

Research philosophy refers to a "system of beliefs and assumptions about the development of knowledge" (Saunders, Lewis and Thornhill, 2016, p. 124). Ontology and epistemology are two different ways in which ways the research philosophy can be viewed. Ontology is concerned with the nature of reality while epistemology focuses on what compromises as being acceptable knowledge in an area of research. A distinct concern is whether the social sciences can be studied in line with the same principles, processes and ideology as the natural sciences (Bryman and Bell, 2011)

Objectivism and subjectivism are two aspects of ontology. Objectivism is the position that exists in reality which is external to and independent of social actor. Subjectivism accepts

that social phenomena are created through perceptions and as a result of actions of affected social actors (Saunders et al., 2016).

If the research reflects the positivist approach, then the philosophical viewpoint of the natural scientist will be taken whereby only the observed phenomena will result in credible data being obtained (Bryman and Bell, 2011). Those assuming an interpretivist viewpoint may be critical of the positivist tradition as it is contended that the social world of business and management is far too complicated to view it in the same regard as the natural sciences. Interpretivism advocates that it is essential to comprehend the differences between humans in our role as social actors. The background of this strand of research originates from two intellectual traditions: phenomenology and symbolic interactionism. Phenomenology is the way that humans make sense of the world around them. It is a research philosophy that considers social phenomena as socially constructed. It is especially concerned with generating meanings and obtaining insights in to those phenomena (Saunders et al., 2016).

The choice between these philosophies has been long debated. This research will use an interpretivist phenomenological analysis which advocates the necessity to understand differences between humans in our role as social actors. This approach is highly appropriate for human resource management research especially for small samples and in depth qualitative interviews (Saunders et al., 2016).

Case Study

A case study methodology was chosen for this research. According to Saunders et al.,(2016) case studies are used within real life settings where understanding the context is fundamental to the research being undertaken. A case study allows for intensive or in depth insights into a study of phenomena and leads to rich insights and the development of theory. One of the

criticisms of case study methodology is that the findings cannot be generalised however case study researchers argue that this is not the purpose of such research Bryman, 2008).

The objective of this research is to explore the psychological contracts of staff nurses in a children's hospice. Understanding the context and gaining further insights in to the particular phenomena within the hospice is central to this dissertation.

To achieve such insights qualitative, quantitative research or mixed methodologies can be undertaken (Saunders et al., 2016).

Interview Methodology

A qualitative method was chosen to collect the data in this study. According to Saunders et al., (2016) qualitative research is any data collection method or procedure that generates or uses non-numerical data. Qualitative methods are typically used when the purpose of the study is to analyse a social process or to understand the meaning of an experience (Mason, 2002).

A qualitative method using interviews allows for a deeper insight in to this subject area. A semi-structured approach was taken whereby list of themes and questions were identified but this could vary from interview to interview to allow for the exploration of themes or further responses (Saunders et al., 2016).

Alternative research methods were considered. A quantitative study using numerical data would be an effective way of analysing data from a group of participants however this approach is not be especially useful for exploratory research or research which would allow for examination and explanation of relationships particularly the cause and effect elements (Saunders et al., 2016).

Focus groups were also considered as they are a useful way in which individuals can define problems, elicit different views and come up with innovative solutions in a group setting (Bryam and Bell, 2007). After further consultation with nurse management, it was realised that it would be too difficult for staff nurses to be freed up from the unit at the same time to attend a focus group. The individual interviews took a total of 4 weeks to facilitate.

The objective of the thesis is to explore the psychological contract of staff nurses working in a children's hospice. Relevant articles examined (Jones and Sambrook, 2010; McCabe and Sambrook, 2012; O'Donohue and Nelson, 2007) maintain that semi-structured interviews yield in-depth responses and allow for appropriate exploration of complex issues such as the psychological contract of nurses. Lists of themes were drawn up based on the literature and questions to be covered (appendix IV and V). A semi-structured approach to interviewing was taken which meant that there was an opportunity to omit some questions, change the order or add some questions depending on the specific content uncovered. (Saunders et al., 2016).

Sampling Strategy

Sampling and selection are the principles and procedures used to identify and attain access to data sources which will allow for the use of a chosen methodology (Mason, 2002). A purposive sampling method was chosen. Bryam and Bell (2008) define purposive sampling as a non-probability form of sampling where participants are selected in a strategic manner so as that the sample is relevant to the research question being asked. Purposive sampling does not allow for the generalising of findings for the entire population but allows for the understanding of social phenomena occurring for a particular group. Prior knowledge had been obtained about the population and based on the objectives of the study it was felt this sampling method was most appropriate.

In order to obtain the information required to meet the objectives, 17 participants were interviewed. 12 of those interviewed currently work as staff nurses in the Children's Hospice. In addition, 5 members of the management team were interviewed including 2 Clinical Nurse Manager (CNM) 1's, a CNM 2, the Head of Care, a Practice Development Manager and the HR Manager. This was considered as a suitable group as they were able to provide insights into their experiences and insights in the workplace. Managers were interviewed as part of the study as one of the weaknesses of the psychological contract is that it does not incorporate a two way perspective of the employment relationship (Guest, 2004). The mean age of participants was 40. The mean length of service was 3.1 years.

Pilot Test

Saunders et al., (2016) describes the pilot test as a small-scale study to evaluate a questionnaire and to minimise the risk that participants will encounter problems when answering questions. Piloting helps to determine if questions are clearly understood or if they make respondents feel uncomfortable or loose interest and if the information provided and instructions are adequate and if the questions flow appropriately. Pilot studies provide an opportunity to gain experience and confidence conducting research. Bryman (2008) suggests that pilot studies are conducted not just to test how the research questions operates but to ensure the research instrument as a whole functions as it should.

A pilot test was conducted with 2 staff nurses who were not being interviewed as part of the study but who are part of a similar demographic. This helped to refine the interview questions and to assess how the data would be recorded. The pilot test is also useful in obtaining an assessment of the questions validity and reliability of the data (Saunders et al., 2016).

Data Collection

Before the research was conducted, a poster to recruit participants was e-mailed to staff nurses and placed around the unit by the Head of Care (appendix II). A Gatekeeper was tasked with liaising directly with participants and arranging interviews for those willing to take part. Two nurses the gatekeeper approached declined to take part in the study. Each participant was provided with a participant information leaflet and consent form prior to the research which outlined the full details of the study (see appendix III). For convenience, interviews for staff nurses were conducted in a meeting room close to the hospice building. Interviews for managers were conducted either in the managers own office or in a nearby meeting room. The interview questions were based on re-occurring themes which were drawn from the psychological contract literature.

To capture the discourses of nurses and managers, semi-structured interviews were conducted. The interview schedule included different elements of the psychological contract of nurses as identified from the literature. The interview questions were subsequently amended after the pilot study was conducted. The interviewer asked broad open ended questions but also discussed areas of importance to the participant as they arose. The interviews included questions around why the nurse decided to work within their chosen field, what aspects of their current role they enjoyed and disliked their expectations and obligations surrounding the employment relationship and areas where improvement may have been required. The interviews for managers were designed to gain a two way perspective on the subject. Each interview lasted between 15 to 30 minutes per person. They were recorded using audio recording software and were typed up in full text format after each interview.

Data Analysis

Interpretive or reflective readings of the data were used to communicate a version of what the data represents. To help identify themes audio recordings were listened to several times

before transcribing them. The profile of the respondents was recorded and all interviews were transcribed, that is reproduced verbatim in a word document. This helped in developing familiarity with the data (Saunders et al., 2016). A thematic approach was taken which allowed for the identification of themes or patterns within the data (Mason, 2002). The transcripts were read several times before the coding process. Coding was used to label the data, identify meaning and create categorisations (Saunders et al., 2016). Initially a large number of themes were identified from the data. After further review it was apparent that there were 4 main overarching themes. A summary document was created with the key themes and quotations from participants.

Ethical Considerations

Ethical issues can arise in all areas of research especially those involving human participants (Saunders et al., 2016). With this in mind, NCI's policy and guidelines on conducting ethical research were adhered to at all times. In addition, a research ethics application was submitted to the Research Ethics Committee in the Children's Hospice (see appendix I). It was decided later that the ethics application was not required in this particular case. The application was instead reviewed by the CEO and permission was granted to conduct the research onsite. The application review process took approximately 8 weeks from the time of the initial application submission. Research ethics amendment requests were sought at a later stage from the CEO and approved verbally.

Participants were assured that the information provided would be kept confidential and data obtained from interviews would be anonymised. A consent form and cover letter was administered to all participants that outlined the details of the study including the reason for the research and rationale behind the selection of research participants (Appendix III).

Participants were made aware that they could at any stage decline to participate in the study and could contact either the researcher or the gatekeeper to do so. Any data collected for the

purposes of the research was kept on a secure password protected computer and will be destroyed once upon submission of the dissertation.

Gatekeeper

A gatekeeper was assigned to liaise directly with research participants. According to Saunders et al., (2016) the gatekeeper plays a key role in introducing the research and adding credibility to the research however dependence on the gatekeeper can potentially lead to ethical issues around design and access. It must be kept in mind that gatekeepers have their own interests and priorities external to their research involvement (Clarke, 2011). The gatekeeper must be persuaded to see the potential value of the research for the organisation and issues must be overcome around the sensitivity of the project. A gatekeeper who is in a position of influence within the research site, who recognises the value of the research, provides critical suggestions on gaining access and who endorses the research is a key determinant in gaining access and “opening doors”. Ideally the gatekeeper is someone who has knowledge of conducting research and will have a vested interest in supporting the study (Høyland, Hollund and Olsen, 2015)

The gatekeeper assigned was a member of the Senior Nurse Management team who had extensive experience conducting research. An initial meeting was arranged with the gatekeeper to explain the study in detail. Contact was maintained with the gatekeeper throughout the research to schedule interviews. The gatekeeper approached all research participants directly and liaised with nurse managers to arrange staff release from the unit.

CHAPTER 4 – Findings and Discussion

Findings

Theme 1-Formation of the Psychological Contract

Many of the staff nurses (SN) had left previous roles due to frustrations around working with diminished resources. They had expectations of being able to provide a higher quality care and of developing meaningful relationships with the children and families who use the service.

“In hospitals I felt a lot of the time parents had to do 90% of the care and you’re literally going in and out just doing meds and stuff. I felt like I didn’t even know half the kids by the end of the day”SN12

“I really enjoyed or liked the idea of working with children and families and that whole holistic approach really appealed to me” SN2

Others had joined the organisations as it fit with their career path or because of limited options working within the area of paediatrics in Ireland. The hospice offered something different outside of an acute setting.

“I suppose there’s not much other option to work as a children’s nurse in Ireland in Dublin. In Ireland regular work is kind of Temple Street, Crumlin or here and I kind of thought it might be nice to try outside the hospitals and see what it’s like”SN4

The nurse’s expectations of being able to provide high quality holistic care appear to a large extent to have been met.

“In the organisation specifically, I love the time I get with the kids because you do get to know the kids, you get to build a rapport you get to spend time with the, what do I like most?”

Just creating that trust bond with the person and the family, that they know when they leave their child you're going to, they're going to be well looked after"SN11

It was reported however that there are misconceptions about what the role of a children's hospice nurse involves and what children's hospice care entails. This was reportedly leading to retention difficulties as discussed by manager (MG)5.

"End of life is a part of palliative care, it's a holistic way of doing palliative care, that's what we are doing. But that might not be the understanding of the person who is coming to work here. I think that's what happens in here. I think that's why we can't retain staff" MG5

The move from an acute setting where the work itself and roles and responsibilities are highly structured to a hospice service offering a holistic family centred approach to care appears to be challenging for some nurses to adapt to.

"They're coming from a very controlled environment, we're asking them to do something different. I think and they think it isn't, they think it's, that's a big shock for them when they come on in so they're, it's testing a lot of their, their whole concept of autonomy" MG2

"I suppose sometimes, maybe as a nurse it's a little bit frustrating obviously here it's governed a lot by the parents which of course they have the children all the time but I suppose that would be a different I've seen here. I might think, oh they're uncomfortable they might need x, y or z but you have to make sure that's okay with the parents which is you know it's quite a shift in nursing but you know that's just to sort of. I think I came from that critical environment where a lot of times you're making the critical decisions along with the doctor"

SN1

One participant described being expected to do more than what a stereotypical nurse might do. Even though one to one care is offered in the hospice, the other elements involved in the role of a children's hospice nurse are what reportedly make the role especially demanding.

“Sometimes the demands are high over there and it's weird because like you can be in Temple Street and have 6-9 patients and here you've kind of only one and you're kind of going how is it so high demand but some of it's you're on a ward and you have parents and you have a room and there's room with 6 kids in it and you're trying to run between the two areas and focus, then you're senior and you're trying to work out, keep an eye on junior staff but try and do others things and do, .it can just get, it's just weird over there because you're trying to then not just be a nurse. You're trying to do the activities but then you're like oh their feed's due or this is due so it can be quite demanding sometimes that way because you're not just being a stereotypical nurse with nursing roles” SN4

Another manager described how this type of nursing can take some time to adapt to.

“When you think of historic nurses they run around with cylinders in their hands and tablets in your hand but it's a different kind of nursing in here. It takes a little bit of getting used to”MG5

It was interpreted by some participants that insufficient information was provided to applicants at pre-recruitment stage in relation to the services provided.

“Well I think sometimes they're quite shocked and some of them actually leave but you know it needs to be sort of a thing, we are okay we are palliative but we're also life limiting and it's mainly life limiting most of the time over there. You don't have a doctor at night, you don't have a doctor on duty. These are the sorts of things they need to be told” SN9

There also were concerns raised that as a result of the nursing shortage, that some staff nurses were being recruited who were not adequately trained in the area:

“Like that’s probably another issue with recruitment, they’re hiring staff that aren’t actually suitable for the service and then they leave because they can’t actually keep up with” MG3

As a result, experienced staff members, reported that there was additional workload.

“That’s very hard on other staff members then because you feel that you have an eye on these people as well as doing your own stuff which you end up doing anyway so you do but I suppose you don’t need that added pressure you know”SN9

In order to meet the growing service demands however, the recruitment of staff nurses was deemed as essential.

“There may be other issues that the staff nurses aren’t necessarily aware of so let’s say recruitment for example, some staff say we’re recruiting too much, we’re fine the way we are, okay we don’t need, we’ve got enough staff but what they don’t appreciate is that actually, we’re not full yet. We’ve got another 50 referrals coming in in order to meet those referrals we have to have more staff”MG4

In a bid to address some of the difficulties with recruitment and retention, informal workarounds of the service had been developed prior to interview to give potential new hires an insight in to what working life is like within the hospice.

“They have a conversation with me on the phone, come in meet with me and spend nearly a good hour walking through the building, the facilities go through a bit of our model of care”

MG4

It was suggested that the walk arounds needed to capture more and to involve staff working on the unit who can offer their personal insights and experiences.

“I think the walk around needs to capture more, we need to do more with that piece, either the staff nurse, a staff nurse to sit down with the person on the walk around. This is what a 12 hour shift is like and this is what you do for your 12 hour shift or should we do a little video that we can play for them”MG3

8 of the 12 staff nurses interviewed expressed a desire for more flexible working practices. Some participants suggested that promises that had been made with regards to rostering and flexibility at pre-employment stage were subsequently not followed through with.

“I think the thing that would probably attract more people to work here would be kind of more of flexibility with shifts. I do think a lot of people find doing certain shift patterns difficult so I think in general I think there’s nurses who love nights , nurses who hates nights and again if that was taken more into account and if there was more flexibility with regards to reducing hours and stuff I do think you’d probably retain more staff. I think it does specify that it’s very flexible before you come and work here but it doesn’t, it feels quite the opposite”SN2

“I was told that I would always be told 8 weeks in advance what my duty was and I don’t know that. If we know 4 weeks in advance we’re lucky” SN3

“I think they deserve and need is it what they’ve been promised, is that what they get? And I don’t think we can side-line issues, for example if somebody comes here saying I only want to work part-time no nights, Monday to Friday, don’t take them for interview if you’re not going to give that to them” MG2

Theme 2 -Professional Development and Support

High standards of care were cited as being expected by both managers and staff members.

“To give really good nursing care, optimal nursing care, to be a competent nurse, to be totally competent in my care and conscientious ...I think the standards are very high here”SN3

“I suppose going the extra miles is making sure it’s not just safe care, that it’s excellent care” MG4

One staff nurse discussed how the standards of care were amongst the highest levels and therefore the knowledge and skillset required to work within the hospice had to align.

“Your care for the children should be at the highest level because we have some of the sickest children in Ireland so you’re knowledge has to be extremely high because our children can go from good to bad very quickly so we have to be very knowledgeable, very experienced and they expect a very high level and it’s also a high level of understanding and care for the families that are coming in. They expect extremely high levels. The organisation has the highest levels I’ve ever worked, extreme high levels which is understandable. I think that was one thing that took me awhile to realise”SN8

The organisation offers an intense two week induction period to support new staff members.

“I came in here I was really thoroughly inducted for two weeks and like I know what’s expected” SN3

However there appears to be some gaps in formal supports provided after this timeframe.

“I think there should really be a pathway so while we have the clinical foundation programme in place initially for our other staff starting off and that’s fantastic we’re a very

new organisation. We need to develop that now further because what do you do with a person that is at that in between phase, they're junior, they've got the experience of a junior member and they now and they now need to progress" MG3

Another staff member felt that the induction period should be extended as more support is required after the 2 week period:

"I know that after 6 months your probation period is over but I think that it should go up to a year. I feel that it took me a year. I was speaking with other colleagues who started new, it took a year and it would have been nice if there was more support" SN8

It was also reported that the organisation has some challenges getting nurses to progress to management level. There were feelings that nurses either did not want to move away from providing direct clinical care or that adequate supports were not in place help staff nurses progress to more senior roles.

"We have a huge challenge with nurses not wanting to go in to management, they want to be clinical and they want to provide care and we've tried lots of different things. We've tried the CNMI giving them a little bit clinical work but in fact that has huge challenges aswell so the management is the key. We need to, do we need to think, is it rewarded enough? Do we need to think about is it appreciated enough?"MG3

One manager described the difficulties transitioning from a staff nurse to a manager.

"You should have a thick skin. You know the way I have been there, it's so hard, it's so hard to transition.....People might assume that I know that already because I am here quite long but even that kind of that there should be a proper induction. Even though you are here it doesn't matter how many years you are here, how long your experience is, you need to have a proper induction. If you change jobs, or go up the ladder or anything" MG5

When discussing a management vacancy within the organisation, another manager cited that experienced staff members were not willing to apply.

“Everyone I’ve ask or anyone that’s a little more senior or that would be able to shift lead or they just said they wouldn’t want the responsibility of it” MG3

The organisation offers a range of educational and developmental supports however there was little or no discussion about this from staff nurses. This could indicate issues in relation access, information or resource allocation.

“We may need to actually more sort of openly call that what it is and actually say hey, this is what we do. We’re doing it anyway but we need to be a bit more sort of official about it or upfront about it. I don’t know, I mean from a staff support point of view, we’ve a whole range, we’ve got Shwartz Round, we’ve got Clinical Supervision, they’ve got their line managers, they’ve got an open door policy for most line managers, for all managers, it’s one to one”MG4

“I know you have the employers assistance programme but I don’t know how effective or if everyone is using that and I don’t even know if people actually know about it” MG5

There was anecdotal evidence of psychological contract breach and violation with regards to professional development:

“It’s just the politics because obviously that affects retention because obviously I think well oh I’m not valued.... I just feel that any external candidate would have got the job” MG3

“Like I did mention earlier on in the year, like said I’m incredibly interested in trying out the [REDACTED] Service just, I was like is there any chance that I could or even a chance that I could like do a little bit of like a few days here and there and I think I was kind of fobbed off a bit.... I’m just sad I missed that boat because I would have liked that experience aswell” SN11

“I suppose in relation to how things are going to develop on the unit or where they see the service going or opportunities within the service. I suppose maybe you’re led to believe that you’ve got a bit more of a chance or that you’d be supported if you take a step to put yourself forward to do something, that you’d be supported and sometimes I don’t necessarily feel like that” SN6

As a result, these staff members reported feeling de-valued with some considering their future with the organisation:

“Like I just feel like you’re just a number sometimes” MG3

“It would make me go through a time period of being disheartened and making me think am I in the right place, do I want to be here but overall I still like coming to work. I still like coming to work but there are days where it’s difficult and those days can become weeks” SN6

The nurses reported deriving a large amount of their support from one another. There was a strong emphasis placed on teamwork and it was apparent that the nurses have high levels of collegial bonds. Aside from helping one another with practical work, emotional support was also provided to one another which was considered as important given the nature of the work.

“There’s great teamwork and even when you’re, you know it’s one to one and it’s always if you’re really busy with it somebody else will come over well most of the time they’d come over and say can I give you a dig out there, there’s a lot of that everybody is kind of watching out for and there’s a big emphasis on that here” SN3

“I have to say there’s great communication with all the girls and the lads over there, we do look after each other, you have to or you can’t work in the unit so you can’t” SN9

The organisation has also recently implemented a buddy system which one staff member reported finding highly beneficial.

“If we have a bad day it’s always nice that your buddy phones you up because we have a buddy system over there which is wonderful, to ask how you’re doing if you’ve had a difficult day” SN8

When staff were asked what they expected from their employer, support from management was cited as being the most important thing from the majority of participants.

“Yeah I mean that someone is approachable, that you can go to them in confidence if there’s a problem, support really, supportive. Yeah those are probably some of the main things that I’d just expect”

“I suppose just support is kind of the main thing. The sense they value you and know you as one of their staff is important”SN1

For the most part, staff acknowledged that line managers provided support and did their best to meet the needs of the staff:

“I definitely feel I can go to my managers and they can go above if they have issues. I think they do look out for us” SN12

“I find both managers or even the CNM1 girls the care coordinators, I do find them very approachable. Yeah no I do, what else, no I do think there’s mutual respect there. I suppose I’m new enough to the organisation. There is a certain amount of politics in every organisation, like no one escapes it but I have to say from a manager’s point of view I think I could go to them with anything yeah” SN11

“They do their very best and I use the CNM2’s name because I think she’s come here and she’s made a huge difference which people will understand. She has made a huge difference to where we’re working. She’s very compassionate, she’s a very understanding person. I think she’s made a big difference”SN8

Theme 3- Communication, Involvement and Trust

Communication and involvement were highlighted as issues of concern for staff nurses.

“Communication from a higher level is probably one of the big ones that always comes back and it still doesn’t seem to change that often. Probably because we’re bringing up the same issues, that we’re saying is an issue it would help everyone if we know these things and it’s been repeatedly brought up, it’s we’ll review it and then we’re trying to improve it and then we’re still going it hasn’t really changed”SN4

“Everybody should have an input in to suggestions and whatever else and if they do come up with sort of a little bit of a plan even send an e-mail to people and see what do they think of it, let people give their opinion back on it, all try and review it again and then say well this is now what we are going to do, not just all of a sudden say this is it, this is what’s happening” SN9

One participant reported how a lack of involvement has resulted in an in us versus them feeling amongst staff and management.

“I don’t know whether it’s a power struggle or it’s a kind of a well we’re management so we’re going to do it this way and you’re only a staff nurse so you’re not going to, so it can be a bit kind of demeaning. I don’t know if demeaning is the right word but you can feel a bit dejected I suppose”SN6

From a management perspective, it was felt that to involve staff at a higher level, would mean to burden them unnecessarily with organisational issues.

“I think if you were to offload or inform staff of all those reasons, they wouldn’t get any work done because they’d be so anxious about all the different what ifs, so not being sort of old fashioned but there’s an element of protecting staff from the decisions that are made”MG4

Trust was also an issue area of concern for many of the staff nurses.

“Lack of communication which I think is always a big thing, sometimes trust issues aswell, you’re not trusted, sometimes a bit of confidentiality aswell you know if you say something, that it should just stay that you don’t sort of here it back by the grapevine” SN9

Some staff cited that there was a blame culture which was a factor leading to retention difficulties.

“It’s all a vicious circle, communication breaks down, then it ends up someone gets blamed for something and then they leave and then someone else joins and the tight knit team isn’t there and communication breaks down. It’s done like full circle with every kind of new management or new staff that comes in since I’ve been there anyway I think” MG3

This appeared to lead to a poor atmosphere on the unit at times. There were feelings that small issues became major organisational incidents.

“The blame culture doesn’t work because it makes people more afraid because when people are afraid it makes them lose confidence and when they lose confidence they make more mistakes I think but from a day to day basis just what I mentioned before that it would change the atmosphere and people seem stressed and it brings down morale”SN4

“The tiniest little error becomes an incident for the organisation which is completely out of proportion. As a nurse you’re supposed to identify where shortcomings or errors are but by doing that your actually putting your head up to, you’re not supposed to be getting in to trouble but it’s a horrible feeling when you do”SN7

This could in part be as a result of organisational pressures to maintain high standards of care given the impact and reputational damage of doing otherwise.

“I think maybe because it’s a charity and because parents are kind of trusting us in a different way than they are in the hospital but I also think we do more reporting here so it makes things seem worse than they are in hospital because things are monitored so closely here” MG3

There were feelings that oftentimes the focus within the organisation was on the negative and there was no formal recognition for positive work achieved.

“One of the other things would be appreciation for what is done you know not to be negative all the time, that everybody as a unit, all units we’re all a great bunch and to give us praise”SN9

“They say things are changing but I don’t know. There is finger pointing you know, you did that, I did that, if something went wrong but there is nothing saying that if somebody did really well, there is no employee of the month or you know, something to boost the confidence and also coming from someone you know your boss ,oh you did very well, but there but nothing’s going to be done with it” MG5

None of the nurses explicitly discussed wanting to receive additional monetary compensation for their work.

“Nurses particularly, they do want recognition for their role but it’s not necessarily financial. They want to be acknowledged so how, what’s our training like for managers, do we know, we think we’re acknowledging. Are we acknowledging or is there a better way to do it as well?”MG2

Theme 4 - Professional Ideology and Commitment

There was an obvious professional discourse in the psychological contracts of the staff nurses with many highlighting their education and commitment to the nursing profession.

Throughout the interviews the Nursing and Midwifery Board of Ireland's (NMBI) values of compassion, care and commitment were discussed.

*"We're not coming in here to stack shelves, do you know what I mean. There is lives at the end of the day, there is a big impact, psychologically, physically, the whole shebang like so it is them first and that's it"*SN10

*"I suppose I do owe them a thanks for hiring me because I've worked very hard for quite many years in educating myself to get to here so I was very grateful that they felt that my education and knowledge to come here"*SN8

*"To trust staff more because we are all professional and a lot of us with a huge amount of experience and you know to trust us for the professionals that we are"*SN3

At times professional values appeared to conflict with managerial values or discourses.

*"I think it's the same with every job you go to, the politics of every organisation. I think that's the thing that always drives us nurses mad because we're there for caring and the politics of stuff sometimes bends what we believe is what caring is. I mean we use the word, what's going around at the moment is compassion, care and commitment and I think as nurses we give all of that all the time but I find that the organisation in anywhere I go always falls short of bringing it back to the people that are working on the floor"*SN8

It was clear from the interviews with managers that they had different undertakings and priorities to achieve.

*"I suppose really one of the main priorities for us from a nursing point of view is safety and I suppose part of our energies in recent times has been looking at how do we maintain that specifically in relation to risk management and the development of the QRSM"*MG2

“If we don’t protect the reputation we don’t get any money in to pay the staff and therefore we’ve no staff and we can’t look after the kids, there’s a whole and I think sometimes that’s where sometimes staff nurses don’t necessarily appreciate”MG4

All of the nurses in the study reported being passionate and dedicated to the work they undertake with many citing that the work is extremely rewarding.

“Totally cliché but it is the work you’re doing it’s so beneficial. And like I’ve just always wanted to be a nurse I don’t know how to do anything else like working in an office from 9 to 5 would kill me but yeah it’s just lovely working over there in the facilities and that with the kids”SN4

“I do really enjoy the work and you kind of just see the impact every day, you know, you do. I don’t think I could do any other job, you know I really don’t so it sound cringey but I do, you know I do love nursing and I love nursing children with sick needs, very rewarding like”SN11

Whilst the nurses demonstrated high levels of commitment towards the nursing profession they appeared to have lower levels of organisational commitment.

“I don’t know if that’s a nursing thing really, you know when you’ve got your registration you kind of feel maybe even though you are employed by organisations with the registration it feels like it’s slightly to a different, you’re obligated to the nursing midwifery board”SN1

“I suppose it’s hard though in nursing. I mean your employers there, that’s great but at the same time you kind of come in for the families, you come in for the children”SN10

Some respondents appeared to more transactional psychological contract types with the organisation itself.

“I don’t know whether I feel I owe them anything but if I’m meant to be on duty”

“I’m not leaving, I’m not going anywhere but I’m not a lifer here. I don’t feel like this is where” SN7

7 of the 12 staff members interviewed had been working within the organisation for 8 months or less. Some cited only being able to provide limited insights:

“I don’t think I’m here long enough to answer that you know because it’s a new environment I’m not here long enough” SN5

Discussion

The findings suggest that the staff nurses working within the children’s hospice have strong levels of commitment to the nursing profession but lower levels of organisational commitment.

All participants spoke passionately about the work they undertook and many reported having left previous jobs to be able to provide higher quality patient care. As per Jones and Sambrook’s (2010) findings nurses appear to have preconceived notions about what working in a hospice is like including having expectations of greater levels of job satisfaction. To a large degree, these expectations appear to have been met. In contrast to other earlier research findings (Censullo, 2007) there was little evidence to suggest that nurses in the study were faced with poor working conditions such as insufficient care facilities or supplies.

However, it was apparent that there are some misconceptions about what children’s palliative care is and what the role of a children’s palliative care nurse involves. Despite the organisations efforts to overhaul the recruitment process and provide a more realistic job preview, some participants reported that sufficient information was not provided to potential

new hires. It could also be argued that individuals develop pre-employment schemas from various sources such as prior socialization, societal or occupational influences or through previous employment (Rousseau, 2001).

Concerns were also highlighted that less qualified staff nurses were being recruited leading to additional workload for experienced staff nurses. This was reportedly leading to higher levels of monitoring of all staff nurse's work. Suggestions were made to involve line managers and experienced staff nurses in the recruitment process and to update the organisations website to provide more information about the services provided to potential new hires.

Adapting to working within a hospice setting was reported as a challenge especially for nurses coming from acute settings. More formal supports may be required after the initial two week induction period as suggested by respondents. There were also discussions around the difficulties of getting staff nurses to progress to management level. As per the findings of Newman and Lawler (2009), the impact of new public management and new organisational structures in healthcare may have made the nurse management role less desirable. There were suggestions again, that more supports should be made available for staff nurses progressing to more senior roles and that a pathway should be developed.

Support from management was regarded as one of the most important elements of the employment relationship. It was acknowledged by participants that line managers were generally, approachable, helpful and supportive. Nevertheless, there were some organisational concerns raised in relation to trust, communication and involvement which could be a factor resulting in lower levels of organisational commitment as per Liou and Shwu-Ru's (2008) findings. Staff nurses and those with more experience expressed frustrations about poor communication and lack of involvement in decision making. Trust was highlighted as a key issue and there were some reports of a "blame culture" within the

organisation. It could be inferred that lower levels of trust have resulted in increased surveillance and a higher staffing turnover levels as per McCabe and Sambrook's (2014) findings.

Nurses in the study reported deriving a large amount of support from one another. This was considered as highly important given the difficult nature of the work undertaken. The nurses discussed providing not only practical but emotional supports to one another. The idea that hospice nurses have low levels of intra-departmental conflict which contributes to a positive and supportive working atmosphere was supported (Payne, 2001).

The findings suggest that the nurses do not perceive that they are adequately rewarded and valued for the work undertaken. Some interviewees felt that while any mistakes made were addressed in a formal manner, the positive work achieved was not recognised in a formal way. This findings support the work of Purvis and Cropley (2003) and Olthuis, Leget, and Dekkers (2007) who argue that nurses have expectations of being valued and rewarded and where this does not occur disappointment with the role and the employer can result.

There was an obvious professional discourse in the psychological contract of this group. Maintaining professional standards as set out by the NMBI was deemed as essential for all respondents. The NMBI's values of compassion, care and commitment were discussed throughout the interviews. The professional psyche of the nurses means that they may feel more obligated towards the nursing profession itself versus the employer (Vermaak and Weggeman, 1999).

Professional values or discourses at times appeared to clash with managerial values. From a management perspective, the key priorities were to maintain high standards of care, to minimise risk and to provide a tailored service that meets the needs of the children and families at an affordable cost. As discussed in the literature review, new public management

has led to additional pressures, demands and changes in working practices for all healthcare providers (Brunetto et al., 2010; Censullo, 2008; Newman and Lawlor, 2009). One could infer that there is a need for more of a shared understanding of the organisational objectives as well as resource management across the service whilst at the same time highlighting the key role that nurses play within the wider organisation. The new psychological contract calls for employers to communicate with involve employees in key decision making (Hiltrop, 1995).

As mentioned, nurses in the study demonstrated low levels of organisational commitment with higher levels of professional commitment. Organisational commitment is a relatively new concept for nurses but may be key to gaining an understanding of how operational effectiveness can be achieved at a time of extreme nursing shortages (Liou, Shwu-Ru, 2008). The findings suggest that the nurses hold more relational psychological contracts with patients and colleagues which generate feelings of affective involvement or attachment and more transactional psychological contracts with the wider organisation, where there is limited involvement and little evidence of organisational citizenship behaviours (Robinson, Kraatz and Rousseau, 1994).

There was anecdotal evidence of breach and violation with regards to professional development opportunities and flexible working practices. Where staff members felt that they had been treated unfairly or inequitably, intense feelings of breach were apparent. Gould and Fontela (2006) found that flexible working practices had the biggest impact in securing nursing commitment. The findings in this study would support the idea that flexible working practices and commitment are strongly linked.

Numerous studies have shown that when nurses are faced psychological contract breach, they shift their commitment from the organisation they are working for to the nursing profession

(Rodwell and Gulyas, 2013; O'Donohue and Nelson, 2007). It could be argued that this is the case for some of the respondents. It also should be mentioned that staff nurses in the study had varying needs and requirements depending on a number of factors including age, educational level, career ambitions etc.

The findings have practical implications for the organisation as well as other hospice service providers and for policy makers considering the issues of the recruitment and retention of nursing staff.

CHAPTER 5- Conclusion

The study has demonstrated the current state of the psychological contract of staff nurses working within a Children's Hospice in Ireland.

It was evident that the psychological contract formation process began at pre-employment and early socialisation stage where nurses formed their initial impressions about the organisation and developed expectations of their employer. Nurses in the study believed that they would be able to provide higher levels of quality care working in the hospice and many had left their previous jobs to do so. The most important element of the employment relationship for the majority of nurses in the study was support from management.

The evidence from the study suggests that staff nurses expectations and needs are being met with regards to the level of quality care being provided within the service, the physical working environment, the collegial atmosphere and a satisfactory level of support from line managers.

Breach and violation of the psychological contract was seen to occur as a result of poor communication, low levels of trust and involvement, limited opportunities for reward and recognition and perceived inequity and unfairness with regards to professional development. One unexpected finding was the high value respondents placed on flexible working practices and the associated outcomes of failing to fulfil promises made at pre-employment stage.

As the service provides exceptionally high levels of care and expects staff nurses to meet these standards and exceed the basic duty requirements, it is evident that the organisation needs to re-align its key HR practices in order to develop the desired competencies and behaviours and to ultimately meet the organisations strategic objectives. Whilst the staff nurses in the study maintain their commitment to the nursing profession, the low levels of organisational commitment reported by respondents could ultimately lead to decreased levels

of motivation and engagement alongside increased levels of turnover, hindering organisational growth and development.

The study calls attention to the need for organisations to recognise and be aware of the role human resource initiatives and other external sources play in shaping individuals perceptions at pre-employment, early socialisation stage and throughout the employee lifecycle. The study has been conducted against a backdrop of widespread nursing staff shortages which are predicted to worsen over the coming years. The relevance of the psychological contract as a framework for understanding the employment relationship is clearly supported by the current findings.

There are obvious practical implications and recommendations which will be discussed in the following section.

Recommendations for Future Research

A high number of staff who took part in the study had only been working with the organisation for a short period. A longitudinal study might be useful to establish if the psychological contract of this group evolves over time.

The sample size of this study is small and also limited to nurses currently working in the organisation. Obtaining the views of nurses who have left the organisation and or clinical practice may also increase our understanding of the psychological contract of staff nurses in children's hospice.

A larger sample size using a quantitative approach may provide a more accurate representation of the population.

Limitations

Researcher bias is a possibility although attempts were made to minimise this through discussions with the supervisor and by ensuring research ethics guidelines from the National College of Ireland (NCI) and the organisation were followed. A pilot study was conducted which helped to highlight any possible bias before the main data for the study was gathered.

Time constraints were faced as approval to conduct the study onsite took two months from initial Research Ethics application submission and interviews took one month to facilitate.

Initially, it was decided that the research would be based on Registered Children's nurses (RCN) working within a Children's Hospice rather than Staff Nurses working within a Children's Hospice. It was understood that there was a sufficient number to partake in the study however after a second review of the nursing staff qualifications it was realised that fewer members of staff were RCN qualified than originally thought.

A qualitative research approach using case study design was conducted therefore the conclusions drawn from this research cannot be generalised (Bryman and Bell, 2011).

7 of the 12 staff nurses interviewed were working within the organisation for 7 months or less. Some stated during interviews that they could only provide limited insights on certain topics for this reason.

Recommendations

Employer Branding	Timeline	Cost
The organisation should develop its internal and external employer brand. An employee value proposition should be created so there is a shared understanding as to what the organisation can offer to employees in terms of benefits and supports.	Sept-Dec 17	Nil
Review and update the organisations website to ensure that potential employees have access to appropriate information around the current model of care and working life within the service. This could include a blog or videos from staff nurses currently working within the service.	Jan – Mar 18'	Nil
CNM1's and experienced staff nurses could be involved in the informal walkarounds and the interview process. As they are directly managing or supporting new staff members their input would be beneficial. Training in the recruitment process would be required.	Sept-Dec 17	Nil
Communications Strategy		
An internal communications strategy should be developed for the hospice service to increase staff engagement and ensure that staff working within the service can access relevant information around services and supports required. Any communication	Jan – Mar 18	Nil

<p>strategy needs to take in to account that most care staff have limited e-mail access and work irregular hours.</p>		
<p>Trust and involvement were highlighted as key issues by staff. The nature of a nurse's work means that communication amongst staff and managers is difficult due to staff release from the unit however this should be considered as a priority. Quarterly half-day meetings could be arranged with all staff in attendance. Staff members could set an agenda in advance to help facilitate two way communications. A more formalised structure should be put in place for staff monthly team meetings. Each staff member could also have a one to one meeting with their line manager with a shared agenda on a monthly basis. Benefits of improving communication amongst nurses and nurse managers have been highlighted throughout the literature.</p>	<p>Sept-</p>	<p>Provide a limited service for 1.5 days of year with staff from other parts of the organisation providing cover.</p>
<p>Learning and Development</p>		
<p>Suggestions were made by management and staff that more formal supports were required after the initial two week induction period. The organisation could develop learning and development pathway for nurse's who are progressing to senior nurse roles and for nurse managers. This could later be developed for staff nurses who are progressing in to more senior roles</p>	<p>Sept 17-July 18</p>	<p>45k may be required for additional staffing</p>

within the organisation. A review of resources would be required to facilitate this.		
Review the competency framework for all hospice staff nurses (junior, senior, line managers) to ensure it provides an accurate reflection the current competencies for staff nurses. This should be used as part of the recruitment process and for performance management and development. It could then be communicated to staff and managers so that there is a shared understanding of what is required in each role and what is required for advancement.	Sept 17-Mar18	Nil
Leadership development is crucial for the development employees and the growth of the service. Nurses in the placed an extremely high value on support received from management. Talent management should be made a priority for the organisation and a strategy in relation to this should be developed and aligned with the organisations strategy in order to nurture existing talent. The organisation has an education team which could deliver management training. Some additional funds may be required for external training and development.	Sept17-Mar 18	An additional 50K may be required for external training.
Reward and Recognition		
A recognition programme should be put in place for nurses which highlights the positive work achieved.		Nil

<p>This could involve developing an employee of the month programme or a nurse recognition day where posters are created and displayed which show any projects, achievements or health and safety initiatives implemented. A staff newsletter could also highlight the positive work being undertaken by staff nurses within the organisation. Letters or positive feedback given by families using the service about nurses could be displayed on staff notice boards where appropriate. Senior management should be involved in these initiatives to give them prominence within the organisation.</p>		
<p>Flexible Working</p>		
<p>A review should be undertaken to investigate flexible working practices within the hospice taking in to account current skills mix and service requirements. An offering in relation to this should be clearly stated on the website and in all pre-employment communications</p>	<p>Sept-Oct 17</p>	<p>Nil</p>

Personal Learning and Reflection

This dissertation and masters course has been one of the most difficult yet most rewarding challenges. Having never conducted research before this point, I feel as though I have learned a range of new skills and developed on a personal level through the attainment of my goals.

I have developed skills which I believe will help me in my HR career including critical thinking, data analysis, interview and writing skills as well as project management skills.

During my research project, I had to convince others at management level that my study was worthwhile. I feel as a HR Professional, this experience will help me with any change management endeavours I may encounter during my career.

On reflection, I underestimated the amount of time my research would take to complete in a healthcare setting. In hindsight, I would have allowed for more time for my ethics application to be reviewed and for interviews to be conducted.

I felt honoured to be able to conduct my research in a place where work is undertaken to help the lives of others and I felt that a high degree of trust was placed in me by all those who partook in my research. I hope that my research can assist in some way to make a positive impact within the organisation and elsewhere.

References

- Ablett, J.R. and Jones, R.S.P. (2007) 'Resilience and well-being in palliative care staff: a qualitative study of hospice nurses' experience of work'. *Psycho-Oncology*, 16(8): pp.733-740.
- Adams, J., Khan, H.T. and Raeside, R. (2014) *Research methods for business and social science students*. India: Sage Publications.
- Amenta, M.M. (1984) 'Traits of hospice nurses compared with those who work in traditional settings'. *Journal of clinical psychology*, 40(2): pp. 414-420.
- Aranya, N., Pollock, J. and Amernic, J. (1981) 'An examination of professional commitment in public accounting'. *Accounting, Organizations and Society*, 6(4): pp.271-280.
- Argyris, C. (1960). *Understanding organizational behaviour*. Homewood, Illinois: Dorsey Press.
- Anderson, N. and Schalk, R. (1998) 'The psychological contract in retrospect and prospect'. *Journal of organizational behavior*, 19: pp.637-647.
- Atkinson, C. (2007) 'Trust and the psychological contract'. *Employee Relations*, 29(3): pp.227-246.
- Blau, P. (1964) *Exchange and Power in Social Life*. New York: Wiley.
- Bolton, S.C. (2004) 'A simple matter of control? NHS hospital nurses and new management'. *Journal of Management Studies*, 41(2): pp.317-333.

Buchan, J. and Aiken, L. (2008) 'Solving nursing shortages: a common priority'. *Journal of clinical nursing*, 17(24): pp.3262-3268.

Bryman, A. (2008) '*Social research methods*'. 3rd ed. New York: Oxford University Press.

Bryman, A. and Bell, E. (2011) '*Business research methods*', 3rd ed . New York: Oxford University Press.

Brunetto, Y., Farr-Wharton, R. and Shacklock, K. (2010) 'The impact of supervisor–subordinate relationships on morale: implications for public and private sector nurses' commitment'. *Human Resource Management Journal*, 20(2): pp.206-225.

Censullo, J.L. (2008) 'The nursing shortage: breach of ideology as an unexplored cause'. *Advances in Nursing Science*, 31(4): pp.11-18.

CIPD (2017) *The psychological contract; an Examination of the history, state and strategic implications of the psychological contract 2017* [Online] Available at: www.cipd.co.uk/knowledge/fundamentals/relations/employees/psychological-factsheet [14th July 2017].

Clark, T. (2011) 'Gaining and maintaining access: Exploring the mechanisms that support and challenge the relationship between gatekeepers and researchers'. *Qualitative Social Work*, 10(4): pp.485-502.

Clutterbuck, D. (2005) 'Communication and the psychological contract'. *Journal of Communication Management*, 9(4): pp.359-364.

Conway, N. and Briner, R.B. (2009) 'Fifty years of psychological contract research: What do we know and what are the main challenges'. *International review of industrial and organizational psychology*, 24(71): pp.71-131.

Conway, N., Guest, D. and Trenberth, L. (2011) 'Testing the differential effects of changes in psychological contract breach and fulfillment'. *Journal of Vocational Behavior*, 79(1): pp.267-276.

Conway, N., Kiefer, T., Hartley, J. and Briner, R.B. (2014) 'Doing More with Less? Employee Reactions to Psychological Contract Breach via Target Similarity or Spillover during Public Sector Organizational Change'. *British Journal of Management*, 25(4): pp. 737-754.

Coyle-Shapiro, J.A.M. (2002) 'A psychological contract perspective on organizational citizenship behavior'. *Journal of organizational behavior*, 23(8): pp.927-946.

Cullinane, N. and Dundon, T. (2006) 'The psychological contract: A critical review'. *International Journal of Management Reviews*, 8(2): pp.113-129.

Deery, S.J., Iverson, R.D. and Walsh, J.T (2006) 'Toward a better understanding of psychological contract breach: a study of customer service employees'. *Journal of Applied Psychology*, 91(1): pp.166-175.

De Vos, A., Buyens, D. and Schalk, R. (2005) 'Making sense of a new employment relationship: psychological contract-related information seeking and the role of work values and locus of control'. *International Journal of Selection and Assessment*, 13(1): pp.41-52.

Diefenbach, T. (2009) 'New public management in public sector organizations: the dark sides of managerialistic 'enlightenment''. *Public administration*,87(4): pp.892-909.

Eilam-Shamir, G. and Yaakobi, E. (2014) 'Effects of early employment experiences on anticipated psychological contracts'. *Personnel Review*, 43(4): pp.553-572.

Fox, A. (1974) *Beyond contract: Work, Power and Trust Relations (Society Today and Tomorrow)*. London: Faber and Faber.

Freidson, E. (1984) 'The Changing Nature of Professional Control', *Annual Review of Sociology*, 10(1) : pp. 1-20.

Freire, C.M.F.D.C. and Azevedo, R.M.M. (2015) 'Empowering and trustful leadership: impact on nurses' commitment'. *Personnel Review*, 44(5): pp.702-719.

Gambino, K.M. (2010) 'Motivation for entry, occupational commitment and intent to remain: a survey regarding Registered Nurse retention'. *Journal of Advanced Nursing*, 66(11): pp. 2532-2541.

George, C.(2009) *The psychological contract: managing and developing professional groups*. Berkshire: McGraw-Hill Education.

Gould, D. and Fontenla, M. (2006) 'Commitment to nursing: results of a qualitative interview study'. *Journal of Nursing Management*, 14(3): pp.213-221.

Grimmer, M. and Oddy, M. (2007) 'Violation of the psychological contract: The mediating effect of relational versus transactional beliefs'. *Australian Journal of Management*, 32(1) :pp. 153-174.

Guest, D. (2004) 'Flexible employment contracts, the psychological contract and employee outcomes: an analysis and review of the evidence'. *International Journal of Management Reviews*, 5(1): pp. 1-19.

Health Services Executive (2017) *Employment Report* [Online] Available at www.hse.ie/eng/staff/Resources/Our-Workforce/EMR-Reports-2017.html [Accessed 3rd July 2017].

Health Workers 4 all (2014) *Health Workforce Shortages and International Mobility in the EU*[Online] Available at: www.wemos.nl/wp-content/uploads/2016/06/HW4All_synthesis_report_2014_03.pdf [Accessed 8 July 2017].

Hiltrop, J.M. (1995) 'The changing psychological contract: the human resource challenge of the 1990s'. *European management journal*, 13(3): pp.286-294.

Ho, V.T., Rousseau, D.M. and Levesque, L.L. (2006) 'Social networks and the psychological contract: Structural holes, cohesive ties, and beliefs regarding employer obligations'. *Human Relations*, 59(4) :pp. 459-481.

Høyland, S., Hollund, J.G. and Olsen, O.E. (2015) 'Gaining access to a research site and participants in medical and nursing research: a synthesis of accounts'. *Medical Education*, 49, (2): pp. 224-232.

Johnson, D. and Grayson, K. (2005) 'Cognitive and affective trust in service relationships'. *Journal of Business research*, 58(4): pp.500-507.

Johnson, M.D., Morgeson, F.P., Ilgen, D.R., Meyer, C.J. and Lloyd, J.W. (2006) 'Multiple professional identities: examining differences in identification across work-related targets'. *Journal of Applied Psychology*, 91(2): pp.498-506.

Jones, A.E. and Sambrook, S. (2010) 'Psychological contracts of hospice nurses'. *International Journal of Palliative Nursing*, 16 (12): pp.599-606.

Kalicińska, M., Chylińska, J. and Wilczek-Różyńska, E. (2012) 'Professional burnout and social support in the workplace among hospice nurses and midwives in Poland'. *International journal of nursing practice*, 18(6): pp.595-603.

Kalleberg, A.L. and Rognes, J. (2000) 'Employment relations in Norway: Some dimensions and correlates'. *Journal of Organizational Behavior*, 21 (3): pp.315-335.

Kenny, C. (2015) 'HSE scheme recruits just 77 Irish nurses from abroad', *Irish Times*, 10 November [Online] Available at: www.irishtimes.com/news/health/hse-scheme-recruits-just-77-irish-nurses-from-abroad-1.2423197 [Accessed 04 January 2017].

Laschinger, H.K.S. and Finegan, J. (2005) 'Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage'. *Nursing economics*, 23(1): pp.6-13.

Mallette, C. (2011) 'Nurses' work patterns: perceived organizational support and psychological contracts'. *Journal of Research in Nursing*, 16(6): pp.518-532.

Mason, J.(2002).*Qualitative researching*.2nd ed. London: Sage Publications..

Mc Cabe, T.J. and Sambrook, S. (2014) 'The antecedents, attributes and consequences of trust among nurses and nurse managers: A concept analysis'. *International journal of nursing studies*, 51(5): pp.815-827.

Morrison, E.W. and Robinson, S.L. (1997) 'When employees feel betrayed: A model of how psychological contract violation develops'. *Academy of management Review*, 22(1): pp.226-256.

Newman, S. and Lawler, J. (2009) 'Managing health care under New Public Management: A Sisyphean challenge for nursing'. *Journal of Sociology*, 45(4): pp.419-432.

O'Donohue, W. and Nelson, L. (2007) 'Let's be professional about this: Ideology and the psychological contracts of registered nurses'. *Journal of nursing management*, 15(5): pp.547-555.

Olthuis, G., Leget, C. and Dekkers, W. (2007) 'Why hospice nurses need high self-esteem'. *Nursing Ethics*, 14(1): pp.62-71.

Oulton, J.A. (2006) 'The global nursing shortage: an overview of issues and actions'. *Policy, Politics, and Nursing Practice*, 7(3): pp.34-39.

Pate, J., Martin, G. and McGoldrick, J. (2003) 'The impact of psychological contract violation on employee attitudes and behaviour'. *Employee Relations*, 25 (6): pp. 557-573.

Payne, N. (2001) 'Occupational stressors and coping as determinants of burnout in female hospice nurses'. *Journal of advanced nursing*, 33(3): pp.396-405.

Purvis, L.J. and Cropley, M. (2003) 'The psychological contracts of National Health Service nurses'. *Journal of nursing management*, 11(2): pp.107-120.

Robinson, S.L.(1996) 'Trust and breach of the psychological contract' *Administrative science quarterly*,41 (1): pp.574-599.

Robinson, S.L., Kraatz, M.S. and Rousseau, D.M. (1994) 'Changing obligations and the psychological contract: A longitudinal study'. *Academy of management Journal*, 37(1): pp.137-152.

Robinson, S.L. and Morrison, E.W. (2000) 'The development of psychological contract breach and violation: A longitudinal study'. *Journal of organizational Behavior*,21 (5): pp.525-546.

- Robinson, S.L. and Rousseau, D.M. (1994) 'Violating the psychological contract: Not the exception but the norm'. *Journal of organizational behavior*, 15(3): pp. 245-259.
- Rodwell, J. and Ellershaw, J. (2016) 'Fulfill Promises and Avoid Breaches to Retain Satisfied, Committed Nurses'. *Journal of Nursing Scholarship*, 48(4): pp.406-413.
- Rodwell, J. and Gulyas, A. (2013) 'The impact of the psychological contract, justice and individual differences: nurses take it personally when employers break promises'. *Journal of Advanced Nursing*, 69(12): pp.2774-2785.
- Rotter, J.B., (1967) 'A new scale for the measurement of interpersonal trust'. *Journal of personality*, 35(4): pp.651-665.
- Rousseau, D.M. (1989) 'Psychological and implied contracts in organizations'. *Employee responsibilities and rights journal*, 2(2): pp.121-139.
- Rousseau, D.M. (1990) 'New hire perceptions of their own and their employer's obligations: A study of psychological contracts'. *Journal of organizational behaviour*, 11(5): pp.389-400.
- Rousseau, D.M. (2001) 'Schema, promise and mutuality: The building blocks of the psychological contract'. *Journal of occupational and organizational psychology*, 74(4): pp.511-541.
- Saunders, M., Lewis, P. and Thornhill, A. (2017) *Research methods for business students*, 7th ed. Harlow: Pearson Education Limited.
- Shein, E. H. (1965) *Organisational Psychology*. Englewood Cliffs: Prentice Hall
- Sorensen, J.E. and Sorensen, T.L. (1974) 'The conflict of professionals in bureaucratic organizations'. *Administrative Science Quarterly*, 19(1): pp.98-106.

Thomas, H.D. and Anderson, N. (1998) 'Changes in newcomers' psychological contracts during organizational socialization: A study of recruits entering the British Army'. *Journal of Organizational Behavior*, 19(1): pp.745-767.

Trybou, J. and Gemmel, P. (2016) 'The Mediating Role of Psychological Contract Violation Between Psychological Contract Breach And Nurses' Organizational Attitudes'. *Nursing Economics*, 34(6):pp.296-302.

Wallace, J.E. (1995) 'Organizational and Professional Commitment in Professional and Nonprofessional Organizations'. *Administrative Science Quarterly*, 40(2): pp. 228-255.

Wells, J. and White, M. (2014) 'The impact of the economic crisis and austerity on the nursing and midwifery professions in the Republic of Ireland—'boom', 'bust' and retrenchment. *Journal of Research in Nursing*, 19(7-8): pp. 562-577.

World Health Organisation (2013) *No Health without a Workforce* [Online] Available at www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/ [Accessed 8 July 2017].

Appendix 1 – Research Ethics Application

RECSAF V5.6 Sept 2014

STANDARD APPLICATION FORM

For the Ethical Review of
Health-Related Research Studies, which
are not Clinical Trials of Medicinal
Products For Human Use
as defined in S.I. 190/2004

DO NOT COMPLETE THIS APPLICATION FORM
IF YOUR STUDY IS A CLINICAL TRIAL OF A MEDICINAL PRODUCT

Title of Study: An exploration of the psychological contract in a children’s healthcare provider in Ireland.

Application Version No: 1

Application Date: 18/04/2017

For Official Use Only – Date Stamp of Receipt by REC:

TABLE OF CONTENTS	MANDATORY /OPTIONAL
SECTION A GENERAL INFORMATION	MANDATORY*
SECTION B STUDY DESCRIPTORS	MANDATORY*
SECTION C STUDY PARTICIPANTS	MANDATORY*
SECTION D RESEARCH PROCEDURES	MANDATORY*
SECTION E DATA PROTECTION	MANDATORY*
SECTION F HUMAN BIOLOGICAL MATERIAL	(OPTIONAL)
SECTION G RADIATION	(OPTIONAL)
SECTION H MEDICAL DEVICES	(OPTIONAL)
SECTION I MEDICINAL PRODUCTS / COSMETICS / FOOD AND FOODSTUFFS	(OPTIONAL)
SECTION J INDEMNITY AND INSURANCE	MANDATORY*
SECTION K COST AND RESOURCE IMPLICATIONS, FUNDING AND PAYMENTS	MANDATORY*
SECTION L ADDITIONAL ETHICAL ISSUES	(OPTIONAL)

This Application Form is divided into Sections.

*Sections A, B, C, D, E, J and K are **Mandatory**.

(Sections F, G, H, I and L are optional. Please delete Sections F, G, H, I and L if these sections do not apply to the application being submitted for review.)

IMPORTANT NOTE: Please refer to **Section I** within the form before any attempt to complete the Standard Application Form. **Section I** is designed to assist applicants in ascertaining if their research study is in fact a clinical trial of a medicinal product.

IMPORTANT NOTE: This application form permits the applicant to delete individual questions within each section depending on their response to the preceding questions. Please respond to each question carefully and refer to the accompanying *Guidance Manual* for more in-depth advice prior to deleting any question.

**PLEASE ENSURE TO REFER TO THE ACCOMPANYING GUIDANCE MANUAL
WHEN COMPLETING THIS APPLICATION FORM.**

SECTION A GENERAL INFORMATION

SECTION A IS MANDATORY

A1 Title of the Research Study:

An exploration of the psychological contract amongst Registered Children's Nurses in Ireland

A2 (a) Is this a multi-site study? Yes/ No

If you chose 'yes' please delete questions A2 (e) and (f), If you chose 'no' please delete Questions A2 (b) (c) and (d)

A2 (b) If yes, please name the principal investigator with overall responsibility for the conduct of this multi-site study.

Title: Dr. / Ms. / Mr. / Prof. **Name:** Answer
Qualifications: Answer
Position: Answer
Dept: Answer
Organisation: Answer
Address: Answer
Tel: Answer **E-mail:** Answer

A2 (c) For multi-site studies, please name each site where this study is proposed to take place, state the lead co-investigator for each of these sites and state if you have got an outcome from the relevant research ethics committee(s).

Site:	Lead Co-Investigator for each site:	Research Ethics Committee Outcome

A2 (d) For multi-site studies, please provide details of the Lead Co-Investigators at each site.

Title: Dr. / Ms. / Mr. / Prof. **Name:** Answer
Qualifications: Answer
Position: Answer
Dept : Answer
Organisation: Answer
Address: Answer
Tel : Answer **E-mail:** Answer

A2 (e) If no, please name the principal investigator with overall responsibility for the conduct of this single-site study.

Title: ~~Dr. / Ms. / Mr. / Prof.~~ **Name:** Clare Coughlan
Qualifications: [REDACTED]
Position: [REDACTED]

Dept: [REDACTED]
Organisation: [REDACTED]
Address: [REDACTED]
Tel: [REDACTED] E-mail: [REDACTED]

A2 (f) For single-site studies, please name the only site where this study will take place.

[REDACTED]

A3. Details of Co-investigators:

Name of site (if applicable): Answer
Title: Dr. / Ms. / Mr. / Prof. **Name:** Answer
Qualifications: Answer
Position: Answer
Dept : Answer
Organisation: Answer
Address: Answer
Tel: Answer **E-mail:** Answer
Role in Research e.g. statistical / data / laboratory analysis: Answer

A4. Lead contact person who is to receive correspondence in relation to this application or be contacted with queries about this application.

Name: [REDACTED]
Position: [REDACTED]
Organisation: [REDACTED]
Address for Correspondence: [REDACTED]
Tel (work): [REDACTED] **Tel(mob.):** [REDACTED] **E-mail:** [REDACTED]

A5 (a) Is this study being undertaken as part of an academic qualification? Yes / No

If answer is No, please delete remaining questions in Section A

A5 (b) If yes, please complete the following:

Student Name(s): Clare Coughlan
Academic Course: Masters in Human Resource Management
Academic Institution: National College of Ireland

A5 (c) Academic Supervisor(s):

Title: Dr. / Ms. / Mr. / Prof. **Name:** Thomas J. McCabe
Qualifications: Ph.D Management of Employee Relations in National Health Service
Position: Lecturer in Human Resource Management and Research
Dept: School of Business
Organisation: National College of Ireland
Address: [REDACTED]
Tel: [REDACTED] **E-mail:** [REDACTED]

SECTION B STUDY DESCRIPTORS

SECTION B IS MANDATORY

B1. What is the anticipated start date of this study?

As soon as research ethics approval is granted

B2. What is the anticipated duration of this study?

May 2017-September 2017

B3. Please provide a brief lay (plain English) description of the study. Please ensure the language used in your answer is at a level suitable for use in a research participant information leaflet.

The purpose of my study is to explore the connections between the psychological contract and the commitment of Registered Children's Nurses (RCN's). The psychological contract represents the mutual beliefs, perceptions, and informal obligations between an employer and an employee (Rousseau, 1989). The psychological contract is built on the everyday actions and statements made by both the employer and employee – the expectations and promises and positive and negative perceptions. It is distinguishable from the formal written contract of employment which, for the most part, only identifies mutual duties and responsibilities in a generalized form. In this sense, the psychological contract may be more influential as it governs the perceptions of the employer-employee relationship and influences how employees behave from day to day (CIPD, 2017). Few studies explore the link between the psychological contract and the commitment of nursing professionals in the healthcare sector, and how this can impact on nurses' commitment levels. The information obtained from this study could help to understand how to increase engagement levels and recruitment and retention of RCN's.

B4. Provide brief information on the study background.

The recruitment and retention of nurses is a challenge for healthcare providers in Ireland and worldwide at present. From 2008-2015 a moratorium on recruitment in the public sector was implemented alongside high levels of emigration of nurses. With the recent upturn in the economy recruitment campaigns have been launched in Ireland and overseas with minimal levels of success. The HSE census report (2017) shows no increase in staff nurses levels since December 2015 despite significant recruitment efforts. This study will help to provide data to understand what RCN's specifically are looking for in an employee-employer relationship and to assess how these needs could be met.

B5. List the study aims and objectives.

- To explore the concept of the psychological contract in detail
- To identify RCN's expectations of an employer.
- To understand if these expectations have been fulfilled.
- To develop an understanding of how staff engagement amongst RCN's could be improved.
- To contribute to the psychological contract literature from an Irish healthcare context.

B6. List the study endpoints / measurable outcomes (if applicable).

NA

B7. Provide information on the study design.

Qualitative study. 8-10 one to one interviews.

B8. Provide information on the study methodology.

Qualitative interviews. Semi-structured approach using purposive sampling method.

B9. Provide information on the statistical approach to be used in the analysis of your results (if appropriate) / source of any statistical advice.

NA

B10 (a) Please justify the proposed sample size and provide details of its calculation (including minimum clinically important difference).

Interviews to be conducted with 8-10 registered children's nurses.

B10 (b) Where sample size calculation is impossible (e.g. it is a pilot study and previous studies cannot be used to provide the required estimates) then please explain why the sample size to be used has been chosen.

NA

B11. How many research participants are to be recruited in total?

8-10 registered children's nurses (RCN's). If 8-10 RCN's can't be recruited, all nurses with experience working with children will be invited to interview.

B12 (a) How many research participants are to be recruited in each study group (where applicable)? Please complete the following table (where applicable).

Name of Study Group:	Name of Study Group:	Name of Study Group:	Name of Study Group:	Name of Study Group:
Registered Children's Nurses	Answer	Answer	Answer	Answer
Number of Participants in this Study Group:	Number of Participants in this Study Group:	Number of Participants in this Study Group:	Number of Participants in this Study Group:	Number of Participants in this Study Group:
8-10	Answer	Answer	Answer	Answer

B12 (b) Please provide details on the method of randomisation (where applicable).

NA

B13. How many research participants are to be recruited at each study site (where applicable)? Please complete the following table.

Site:	Number of Research Participants at this site:
	8-10

SECTION C STUDY PARTICIPANTS

SECTION C IS MANDATORY

C1 PARTICIPANTS – SELECTION AND RECRUITMENT

C1.1 How will the participants in the study be selected?

Purposive Sampling

C1.2 How will the participants in the study be recruited?

A senior member of the nursing team will be assigned as a gatekeeper and an information sheet and consent form will be distributed to potential participants in **XXX**. Participants will be asked to return the forms to the gatekeeper if they wish to partake in the study.

C1.3 What are the inclusion criteria for research participants? (Please justify, where necessary)

Registered children's nurses working in **XXX**. If there are not enough participants all staff nurses with experience of working with children will be invited to interview.

C1.4 What are the exclusion criteria for research participants? (Please justify, where necessary)

Any others – as per research question

C1.5 Will any participants recruited to this research study be simultaneously involved in any other research project? Yes / No / Not to my knowledge

C2 PARTICIPANTS – INFORMED CONSENT

C2.1 (a) Will informed consent be obtained? Yes / No

C2.1 (b) If no, please justify. You must provide a full and detailed explanation as to why informed consent will not be obtained.

Answer

C2.1 (c) If yes, please outline the consent process in full. (How will consent be obtained, when, by whom and from whom etc.)

A consent form will be completed by the participant. The gatekeeper can obtain these from participants before the interview.

C2.2 (a) Will participants be informed of their right to refuse to participate and their right to withdraw from this research study? Yes / ~~No~~

C2.2 (b) If no, please justify.

NA

C2.3 (a) Will there be a time interval between giving information and seeking consent? Yes / ~~No~~

C2.3 (b) If yes, please elaborate.

Participants will be given sufficient time to consider whether or not they would like to take part in the study or decline. 1-2 weeks' notice will be provided.

C2.3 (c) If no, please justify and explain why an instantaneous decision is reasonable having regard to the rights of the prospective research participants and the risks of the study.

NA

C3 ADULT PARTICIPANTS (AGED 18 OR OVER) - CAPACITY

C3.1 (a) Will all adult research participants have the capacity to give informed consent? Yes / ~~No~~

If answer is Yes, please delete remaining questions in Section C3

C4 PARTICIPANTS UNDER THE AGE OF 18

C4.1 (a) Will any research participants be under the age of 18 i.e. Children? Yes / ~~No~~

If answer is No, please delete remaining questions in Section C4

C5 PARTICIPANTS - CHECKLIST

C5.1 Please confirm if persons from any of the following groups will participate in this study. This is a quick checklist to assist research ethics committee members and to identify whether study participants include persons from vulnerable groups and to establish what special arrangements, if any, have been made to deal with issues of consent. It is recognised that not all groups in this listing will automatically be vulnerable or lacking in capacity. Please refer to the HSE's National Consent Policy, particularly Part 3, Section 5.

Committees are particularly interested to know if persons in any of these groups are being targeted for inclusion, as per the inclusion criteria.

(a) Healthy Volunteers Yes / No

(b) Patients ~~Yes~~ / No

Unconscious patients ~~Yes~~ / No

Current psychiatric in-patients ~~Yes~~/ No

Patients in an emergency medical setting ~~Yes~~ / No

(c) Relatives / Carers of patients ~~Yes~~ / No

(d) Persons in dependent or unequal relationships Yes / ~~No~~

- Students ~~Yes~~/ No
- Employees / staff members Yes / ~~No~~
- Persons in residential care ~~Yes~~ / No
- Persons highly dependent on medical care ~~Yes~~/ No

(e) Intellectually impaired persons ~~Yes~~ / No

(f) Persons with a life-limiting condition Yes / No

(Please refer to guidance manual for definition)

(g) Persons with an acquired brain injury ~~Yes~~/ No

C5.2 If yes to any of the above, please comment on the vulnerability of the research participants, and outline the special arrangements in recognition of this vulnerability (if any).

As staff members are being interviewed as part of the study it is important that they understand they can opt out at any stage. An information leaflet and consent form will be provided with details of the study. Confidentiality will be ensured throughout.

C5.3 Please comment on whether women of child-bearing potential, breastfeeding mothers, or pregnant women will be included or excluded in this research study.

Women of child-bearing potential, breastfeeding mothers, or pregnant women may be included as participants. Their status is not deemed as relevant to this particular study.

SECTION D RESEARCH PROCEDURES

SECTION D IS MANDATORY

D1 (a) What activities, procedures or interventions (if any) are research participants asked to undergo or engage in for the purposes of this research study?

Semi-structured interview

D1 (b) What other activities (if any) are taking place for the purposes of this research study e.g. chart review, sample analysis etc?

NA

D2. Please provide details below of any potential harm that may result from any of the activities, procedures, interventions or other activities listed above.

No harm is expected to result from this study however there is the potential that some participants may become upset when speaking about their experiences in the workplace. The interviews will be conducted in a sensitive manner. Release from the unit to attend interviews may be inconvenient for staff nurses and nurse managers.

D3. What is the potential benefit that may occur as a result of this study?

I hope to develop a greater understanding of staff nurses experiences and expectations in the workplace and by doing so gain an understanding of how to improve recruitment and retention amongst this group.

D4 (a) Will the study involve the withholding of treatment?

~~Yes/No/~~ Non-applicable

D4 (b) Will there be any harm that could result from withholding treatment? NA

D4 (c) If yes, please elaborate.

NA

D5 (a) How will the health of participants be monitored during the study, and who will be responsible for this?

N/A

D5 (b) How will the health of participants be monitored after the study, and who will be responsible for this?

N/A

D6 (a) Will the interventions provided during the study be available if needed after the termination of the study? ~~Yes/No/~~ Non-applicable

D6 (b) If yes, please state the intervention you are referring to and state who will bear the cost of provision of this intervention?

N/A

D7. Please comment on how individual results will be managed.

Data will be anonymised so participants will be unidentifiable.

D8. Please comment on how aggregated study results will be made available.

A copy of the thesis will be available to any participants interested upon completion.

D9. Will the research participant's general practitioner be informed that the research participant is taking part in the study (if appropriate)? ~~Yes/No/~~ Non-applicable

D10. Will the research participant's hospital consultant be informed that the research participant is taking part in the study (if appropriate)? ~~Yes / No / Non-applicable~~

SECTION E DATA PROTECTION

SECTION E IS MANDATORY

E1 DATA PROCESSING - CONSENT

E1.1 (a) Will consent be sought for the processing of data? Yes / ~~No~~

E1.1 (b) If no, please elaborate.

Answer

E2 DATA PROCESSING - GENERAL

E2.1 Who will have access to the data which is collected?

The researcher and supervisor where required

E2.2 What media of data will be collected?

Audio recordings and transcribed interview notes

E2.3 (a) Would you class the data collected in this study as anonymous, irrevocably anonymised, pseudonymised, coded or identifiable data?

Data will de-identified once data collection process has been completed.

E2.3 (b) If 'coded', please confirm who will retain the 'key' to re-identify the data?

NA

E2.4 Where will data which is collected be stored?

Data will be stored by the researcher on a password protected computer in NCI

E2.5 Please comment on security measures which have been put in place to ensure the security of collected data.

Data obtained will be kept confidential and stored on secure password protected computer

E2.6 (a) Will data collected be at any stage leaving the site(s) of origin?

Yes / ~~No~~

E2.6 (b) If yes, please elaborate.

The interview transcripts will be brought to the researcher's college to type up and analyse the data. Data will be held securely on a password protected computer at all times

E2.7 Where will data analysis take place and who will perform data analysis (if known)?

Data analysis will be undertaken by the researcher in the researcher's college in NCI.

E2.8 (a) After data analysis has taken place, will data be destroyed or retained?

Destroyed

E2.8 (b) Please elaborate.

E2.8 (c) If destroyed, how, when and by whom will it be destroyed?

The data will be destroyed by the researcher upon completion of data analysis upon completion of the thesis.

E2.8 (d) If retained, for how long, for what purpose, and where will it be retained?

NA

E2.9 Please comment on the confidentiality of collected data.

Confidentiality will be adhered to throughout the data collection process.

E2.10 (a) Will any of the interview data collected consist of audio recordings / video recordings? Yes / ~~No~~

E2.10 (b) If yes, will participants be given the opportunity to review and amend transcripts of the tapes?

Audio recordings will be used to assist the researcher with data collection.

E2.11 (a) Will any of the study data collected consist of photographs/ video recordings? ~~Yes~~/ No

E2.11 (b) If yes, please elaborate.

NA

E3 ACCESS TO HEALTHCARE RECORDS

E3.1 (a) Does the study involve access to healthcare records (hard copy / electronic)? ~~Yes~~/ No

If answer is No, please delete remaining questions in Section E3

SECTION F HUMAN BIOLOGICAL MATERIAL

F1 BODILY TISSUE / BODILY FLUID SAMPLES - GENERAL

F1 1 (a) Does this study involve human biological material? Yes / ~~No~~

If the answer is No, please delete Section F

SECTION G RADIATION

G1 RADIATION – GENERAL

G1.1 (a) Does this study/trial involve exposure to radiation? ~~Yes~~/ No

If answer is No, please delete remaining questions in Section G

SECTION H MEDICAL DEVICES

H1 (a) Is the focus of this study/trial to investigate/evaluate a medical device? ~~Yes~~/ No

If answer is No, please delete remaining questions in Section H.

SECTION I MEDICINAL PRODUCTS / COSMETICS / FOOD AND FOODSTUFFS

I.1 NON-INTERVENTIONAL TRIALS OF MEDICINAL PRODUCTS

I1.1 (a) Does this study involve a medicinal product? ~~Yes~~/ No

If the answer is No, please delete remaining questions in subsection I1

I.2 COSMETICS

I2.1 (a) Does this study involve a cosmetic? ~~Yes~~/ No

If the answer is No, please delete remaining questions in subsection I2

I.3 FOOD AND FOOD SUPPLEMENTS

I3.1 (a) Does this study involve food or food supplements? Yes / No

If the answer is No, please delete remaining questions in subsection I3

SECTION J INDEMNITY AND INSURANCE

SECTION J IS MANDATORY

J1 Please confirm and provide evidence that appropriate insurance/indemnity is in place for this research study at each site.

XXXXXXXXXXXX

J2 Please confirm and provide evidence that appropriate insurance/indemnity is in place for this research study for each investigator.

I am the only investigator involved

J3.1 Please give the name and address of the organisation / or individual legally responsible for this research study?

Clare Coughlan

J3.2 Where an organisation is legally responsible, please specify if this organisation is:

A pharmaceutical company Yes / No

A medical device company Yes / No

A university Yes / No

A registered charity Yes / No

Other Yes / No **If yes, please specify:** Answer

J3.3 Please confirm and provide evidence of any specific additional insurance / indemnity arrangements which have been put in place, if any, by this organisation / or individual for this research study?

SECTION K COST AND RESOURCE IMPLICATIONS, FUNDING AND PAYMENTS

SECTION K IS MANDATORY

K1 COST AND RESOURCE IMPLICATIONS

K1.1 Please provide details of all cost / resource implications related to this study (e.g. staff time, office use, telephone / printing costs etc.)

Staff release for interviews (8-10 one to one interviews)

K2 FUNDING

K2.1 (a) Is funding in place to conduct this study?

Yes-/ No

K2.1 (b) If no, has funding been sought to conduct this study? From where? Please elaborate.

Study being conducted in part fulfillment of masters in human resource management.

K2.1 (c) If yes, please state the source of funding (industry, grant or other), the name of the funder, the amount of funding and duration of funding.

Source of funding (industry, grant or other):
Name of Funder:
Amount of Funding:
Duration of Funding

K2.1(d) Please provide additional details in relation to management of funds.

--

K2.1(e) Is the study funded by a 'for profit' organisation? Yes-/ No

K2.2 (a) Do any conflicts of interest exist in relation to funding or potential funding? Yes-/ No

K2.2 (b) If yes, please elaborate.

--

K3 PAYMENTS TO INVESTIGATORS

K3.1 (a) Will any payments (monetary or otherwise) be made to investigators?

Yes-/ No

K3.1 (b) If yes, please provide details of payments (including amount).

NA

K4 PAYMENTS TO PARTICIPANTS

K4.1 (a) Will any payments / reimbursements (monetary or otherwise) be made to participants? Yes-/ No

K4.1 (b) If yes, please provide details of payments / reimbursements (including amount).

NA

SECTION L ADDITIONAL ETHICAL ISSUES

L1 (a) Does this project raise any additional ethical issues? Yes / No

If answer is No, please delete remaining questions in Section L.

L1 (b) If yes, please identify any particular additional ethical issues that this project raises and discuss how you have addressed them.

NA

PLEASE ENSURE THIS APPLICATION FORM IS FULLY COMPLETED AS INCOMPLETE SUBMISSIONS WILL NOT BE REVIEWED.

PARTICIPANTS NEEDED

Are you a registered children's
nurse working in [REDACTED]

Do you want to share your story
about your experiences in the
workplace?

**I am recruiting children's nurses to share their
experiences of their employee-employer relationship
and to understand their expectations in the workplace.**

**Interviews can be conducted at a time and location that
is convenient for you.**

The purpose of my study is to explore the connections between the psychological contract and the commitment of RCN's. The psychological contract represents the mutual beliefs, perceptions, and informal obligations between an employer and an employee. It is built on the everyday actions and statements made by both the employer and employee - the expectations and promises and positive and negative perceptions. The information obtained from this study could help to understand how to increase engagement levels and recruitment and retention of RCN's at a time of national and international staffing shortages amongst nurses.

**If you are interested in taking part in this study please
contact XXXX (Gatekeeper), XXXXXXX/ EXT XXX
All information obtained will be treated in confidence and data will be
anonymised**

Appendix III - Information Leaflet and Consent Form for Participants

Information Leaflet and Consent Form

You are being invited to participate in a research study. Thank you for taking time to read this information leaflet.

RESEARCH TEAM: This research project is being led by Clare Coughlan. This research is being conducted as part of a Masters in Human Resource Management, National College of Ireland. [REDACTED] is acting as Gatekeeper for the research. Both of our contact details are included at the end of this document.

WHAT ARE THE OBJECTIVES OF THIS STUDY? The purpose of my study is to explore the psychological contract of Staff Nurses in a Children's Hospice in Ireland. The Psychological contract represents the mutual beliefs, perceptions, and informal obligations between an employer and an employee. It is built on the everyday actions and statements made by both the employer and employee. The information obtained from this study could help to understand how to increase engagement levels and improve recruitment and retention of Staff Nurses at a time of national and international staffing shortages amongst nurses.

WHY HAVE I BEEN INVITED TO TAKE PART? You have been approached to participate in this research as you are a staff nurse or manager working in this area who can offer your perspective and insights around your experiences in the workplace.

WHAT WILL HAPPEN IF I VOLUNTEER? Your participation is entirely voluntary. If you agree to participate, you will be invited to take part in an interview with Clare Coughlan. The interview will be *audio-recorded to facilitate analysis*.

CONFIDENTIALITY: All interview data collated will be anonymous. All information will be stored securely on a password protected computer. Clare Coughlan will be responsible for overseeing the transcription and the anonymity of the interview.

WHAT ARE THE BENEFITS OR RISKS ASSOCIATED WITH THE STUDY? The findings have the potential to make a contribution to our understanding of what staff nurses expect in an employment relationship and how engagement levels could be increased. These findings will assist employers in the health sector to gain an understanding about how they could potentially improve recruitment and retention rates amongst this group. No individual participant will be identified in the case that this research is published. There are no known risks associated with participation.

RIGHT TO WITHDRAW: You can decide to withdraw from the study at any point prior to the transcripts being anonymised without any consequence. You can contact Clare Coughlan or [REDACTED] to request this.

NEXT STEPS: If you are willing to take part in the study please return the attached consent form (pg 2) before the interview.

FURTHER INFORMATION and CONTACT DETAILS: If you have any further questions about the research or would like information on the findings, you can contact Clare Coughlan or [REDACTED]

PARTICIPANT CONSENT FORM

By signing and returning this consent form you are indicating your agreement with the

following statements:

- I have read and understood the attached *Participant Information Leaflet* for this study.
- I have had the opportunity to ask questions and discuss the study. (Note you can contact [REDACTED] or Clare Coughlan)
- I have received satisfactory answers to all my questions, where I have had a query.
- I have received enough information about this study.
- I understand that the interview will be audio recorded
- I understand I am free to withdraw from the study at any time until the transcripts are anonymised.
- I understand anonymised data will be archived for future research
- I agree to take part in the study.

Participant's Signature: _____

Date: _____

Participant's Name in Print: _____

Contact Email: _____

CONTACT DETAILS: You can contact Clare Coughlan at E: [REDACTED] T: [REDACTED] or [REDACTED] (Gatekeeper) at E: [REDACTED] T: [REDACTED]

Appendix IV- Interview Schedule for Staff Nurses

INTERVIEW SCHEDULE FOR STAFF NURSES

PREAMBLE: Thank you for coming in today, I really appreciate you giving up your time. I am conducting this interview as part of a Masters in Human Resource Management which I'm undertaking in NCI. The title of the study is an exploration of the psychological contract

of staff nurses in a children's hospice. Any information you provide me with will be confidential and any data used for the purpose my study will be anonymised and destroyed upon completion of my thesis.

The purpose of my study is to explore the psychological contract of Staff Nurses in a Children's Hospice. The psychological contract is an unwritten contract that exists in the minds of employees and employers so both employer and employee have a range of expectations and obligations that they believe is owed to them by the other party. There is currently a shortage of nurses and the main reason I am conducting this study is to help to understand what staff nurses are looking for and expect as part of the employment relationship and to gain insights from a management perspective also.

I am using a recording device today which will help me to transcribe the interviews afterwards. Is that okay?

Can you confirm that you have read the participant information sheet.

Do you have any questions before we begin?

General Demographic Information

1. What is your role/title? What department do you work in
2. How long have you been working here?

3. How long have you been a nurse?

Introductory Questions

4. Why did you decide to work in this area?
5. What motivates you most in your current role
6. Can you discuss what you like most about the nursing role
7. Can you discuss what you like least about the nursing role

Questions to gain an understanding of the current state of the psychological contract of staff nurses

8. What are the main things you expect and need from your employer as a nurse?
9. What do you think your employer expects from you?
10. How obligated do you feel towards your employer? Who do you feel most obligated?
11. Have promises made to you ever been broken by your employer? If so, why?

12. What would you like to see done differently in the workplace [REDACTED] ?

How could this be achieved?

13. Is there anything else you would like to add?

CLOSE

PROBES:

- Can you tell me more about that?
- Can you elaborate?
- Why was that important to you?
- How did you feel about that?
- What do you think the implications were?
- Can you discuss any reasons behind this changing?
- Has this always been your belief?
- Has this affected your opinion of your employer?
- Has this affected your attitude/commitment to work?

Appendix V- Interview Schedule for Management

INTERVIEW SCHEDULE FOR STAFF MANAGEMENT

PREAMBLE: Thank you for coming in today, I really appreciate you giving up your time. I am conducting this interview as part of a Masters in Human Resource Management which I'm undertaking in NCI. The title of the study is an exploration of the psychological contract

of staff nurses in a children's hospice. Any information you provide me with will be confidential and any data used for the purpose my study will be anonymised and destroyed upon completion of my thesis.

The purpose of my study is to explore the psychological contract of Staff Nurses in a Children's Hospice. The psychological contract is an unwritten contract that exists in the minds of employees and employers so both employer and employee have a range of expectations and obligations that they believe is owed to them by the other party. There is currently a shortage of nurses and the main reason I am conducting this study is to help to understand what staff nurses are looking for and expect as part of the employment relationship and to gain insights from a management perspective also.

I am using a recording device today which will help me to transcribe the interviews afterwards. Is that okay?

Can you confirm that you have read the participant information sheet.

Do you have any questions before we begin?

Questions to Establish General Demographic Information

1. What is your job title?
2. What is your age?
3. How long have you been a "X"?
4. How long have you worked in this organisation?

Questions to gain an understanding of the context and current state of the psychological contract of staff nurses from management's perspective

5. Can you summarise and outline the various priorities of [REDACTED]?
6. Can you discuss the process of recruitment, selection and induction for staff nurses?
7. Can you discuss retention of staff nurses in [REDACTED]?
8. What is required for a staff nurse to progress to management level in [REDACTED]?
9. What do you expect from a staff nurse as part of the employment relationship?
10. What can staff nurses and other employees expect as part of the employment relationship from [REDACTED]?
11. Is there anything else you'd like to add?

CLOSE

Probes:

- Can you tell me more about that?
- Can you elaborate?
- Why was that important to you?

- How did you feel about that?
- What do you think the implications were?
- Can you discuss any reasons behind this changing?
- Has this always been your belief?

Submission of Thesis to Norma Smurfit Library, National College of Ireland

Student name: Clare Coughlan Student number: 15026108

School: Business

Course: MA in HRM

