Expectations and Experiences

A qualitative study on expectations role on turnover intentions as nursing students transitions into the role of a practicing nurse

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Abstract
The world, including Sweden, is suffering from a shortage of nurses. The nurse shortage is caused by many factors, including an aging population causing a rise in demand, considerably fewer applicants for high school nursing programs, and a large wave of retirement as the baby boomers are leaving the work force. However, research has found that no single thing is more responsible for the nurse shortage than the inability to keep able nurses in the nurse force as they voluntarily terminate their employment. Research has also found that young nurses and newly graduated nurses are more likely to terminate their employment than nurses who have been working for a long time. One of the explanations for this problem is the special problems nurses face during the transition from student to practicing nurses.

This thesis aims to help the health care institutions of Sweden, and the world, by further explaining the problems nurses face in the transition from nursing student to practicing nurse. This is done by examining the expectations nurses have on the profession before they start studying, and before they graduate, and examine how the nurses perceive that their expectations have been confirmed or disconfirmed. Further we examine how the nurses perceive that their confirmed or disconfirmed expectations affect their job satisfaction and in extension, their will to terminate their employment and leave the profession. In order to examine the subject, we conducted a qualitative study. Semi-structured interviews were held with eight nurses in order to assess how their expectations had affected their current view on their job and what disappointments and positive surprises would infer. The data we gathered from the interviews were analyzed thematically.

The main themes we derived from the data were: Emotions – Driver in Early Expectations, Expectations and Experiences in the Transition Period, Confirmation of Early Expectations, Expectations Role in Job Satisfaction, and Expectations as a Factor in Turnover Intentions. We could conclude that there were certain areas where nurses’ positive expectations were confirmed, e.g. meaningfulness of the job. There were also areas where nurses experienced a reality worse than what they expected, such as stress, work environment, responsibility, feedback, and emotional challenges. From subthemes of these general themes we crafted a conceptual model to illustrate how both early and later expectations affect the job satisfaction, opinions on the profession, and turnover intentions of the nurses.

Key words: Nurses, Expectations, Job Satisfaction, Turnover Intentions, Transitions
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1 Background

In Chapter 1 we will present the fundamental aspects on which we will build this thesis. First, we will introduce the readers to the reasoning behind our choice of subject and give a brief presentation of our pre-understandings contributing to our choice of subject. We will introduce the reader to the problem of nurse shortage, both worldwide and in Sweden, and the effects and risks of this shortage. Further, we present the readers to a concise background of the research that has been conducted in the area of turnover and turnover intentions, from this we will present the research gap we perceive within the existing literature. With the perceived research gap as a background the purpose of this thesis will be presented along with our research questions. Finally, we will explain how the results of this thesis will contribute with both theoretical and practical knowledge.

1.1 Subject Choice

We, the authors of this thesis: Rasmus Höjer and Henrik Jonsson, are both students at Umeå University where we currently study advanced level business administration within the International Business Program. As we were doing our master level courses in the field of management we both held, and further developed, an interest for the human side of organizations. With our interest in the human element and our previous studies in management as a background, our first intention was to write about stress and the challenges it puts on organizations and employees. When we started looking into the topic we found that much had been done in the area and that we had little to ad. However, during our review of the existing research on stress we found many links to turnover and turnover intentions. When we realized that stress was often used as a variable in research on turnover intentions we developed an interest for the research area of turnover intentions.

As we both, from the high level of media attention the issue has, held a basic understanding of the troubles healthcare institutions faced in their supply of human resources, and working conditions for their employees, we decided that nurses and the healthcare sector would be an interesting setting for our research.

After further examining the general research area of turnover intentions, and the specific problem area of nurse turnover, we feel very excited to get the chance to add theoretical knowledge and aid healthcare institutions with practical suggestions, especially because of media coverage, public nature of this issue.

1.2 Problem Background

The welfare agencies of the world find themselves in a desperate need of human capital. The worldwide nurse shortage has been highly displayed by researchers in the last decades. The problem exposure has resulted in a high amount of studies trying to explain the intention to terminate one’s employment. Research has been conducted both on the area of general turnover intentions and nurse specific turnover intentions. Robinson & Marsland (1994, cited in While & Blackman, 1998, p. 231) states that the nurse profession for a long time has been characterized by high turnover rates.
As late as 2015 the Swedish Central Bureau of Statistics, SCB, reports that nurses, of all levels of qualifications, are one of the professions which experience the highest deficit of workers (SCB, 2015a). In 2015, 88 % of all employers of welfare workers in Sweden reported a lack of newly graduated nurses within the area of intensive care and operation care, 88 % of the employers also reported a lack of newly graduated nurses with other special training and lastly 75 % of the employers report a lack of newly graduated nurses with basic training (SCB, 2015b). At the same time as there is a lack of newly graduated nurses’ studies state that newly graduated nurses are especially keen on leaving the profession early in their careers (Barron & West, 2005, p. 150). Flinkman et al. (2008, p. 728) also states that younger nurses early in their careers are less likely to have a long career in the nursing profession. In Sweden, between 10 % and 20 % of newly graduated nurses hold a strong intent to terminate their employment and leave the profession one year after graduation (Rudman et al., 2010, p. 11). The need to retain young and newly graduated nurses is also highlighted by Baerhaus et al. (2013, cited in Flinkman & Salanterä, 2015, p. 1050) who states that young nurses are needed in order to replace the baby boomers who are retiring from the workforce.

Studies have pinpointed several areas which are responsible for the nurse shortage - both present and future. In Sweden, the projected amount of people graduating high school from healthcare programs is decreasing (Zetterberg Grünewald, 2015). The demographics of the Swedish nursing profession is also a problem which will affect the ability to supply the labor market with what it needs. The demographical problem can be observed in the specially trained nurses out of which 70 % are 45 years or older and are expected to retire before the year 2035 (Zetterberg Grünewald, 2015). This wave of retirement occurs at the same time as the need for the nurses will increase as demand for welfare will be greater, due to an aging population (Zetterberg Grünewald, 2015). As the nursing staff of Sweden grows older and the demand for nurse services simultaneously increases the need for younger and newly graduated nurses’ increases. This makes it even more problematic that the supply of young nurses decreases and that young and new nurses are more likely to leave the profession.

Besides the explanations presented above, research state that turnover is an important factor behind nurse shortage (De Gieter et al., 2011, p. 1562). This is a position supported by Chan et al. (2013, p. 605) who state that retention of the current workforce is one of the most important approaches which have to be taken in order to address and solve the problem of global nurse shortage. Flinkman & Salanterä (2015, p. 1051) also states that the retaining of nurses is of utmost importance for health care institutions as younger nurses, who are needed in the aging workforce, are more likely to leave the profession. While & Blackman (1998, p. 231) concur as they state that research has emphasized the retaining of the existing workforce.

Thrysoe et al. (2011, p. 15) states that researchers for a long time have been aware of the problems nurses face in their transition from students to practicing nurses. Parker et al. (2014, p. 150) states that research on the experiences of newly graduated nurses are not only stressful and unsatisfying but also that the early experiences have a great impact on the future careers of the nurses. Moreover, stress in the workplace is another factor that have been identified in research as something that decreases the level of job satisfaction for the workers, which in the long run have the potential to increase nurse turnover (Alsaraireh et al., 2014, p. 466).
Chan et al. (2013) conducted an extensive literature review of all nurse turnover research conducted between the years 2001-2010. The paper identifies two major areas that researchers has focused on the last decade, organizational factors and individual factors (Chan et al., 2013, p. 608-611). The main themes of organizational factors which are related to nurses’ turnover intentions are: work environment, culture, commitment, work demands and social support (Chan et al., 2013, p. 608). The individual factors Chen et al. (2013, p. 610) identifies are job satisfaction, burnout and demographic factors. Out of these factors job satisfaction is deemed to be the most important factor in nurses’ decision to terminate their employment (Chen et al., 2013, p. 612). De Gieter et al. (2011) supports the idea that job satisfaction is one of the key elements in turnover intentions but they also highlight the importance of organizational commitment.

Job satisfaction is defined by Williams & Hazer (1986, p. 219) as an employee’s emotional and affectionate response to his or her organization. Job satisfaction has been marked as one of the most important contributors to turnover and turnover intentions (Chan et al., 2013, p. 612; Hayes, et al., 2012, p. 3). De Gieter (2011) argues that organizational commitment is an important element in turnover intentions. However, findings show that organizational commitment is an effect of job satisfaction (Yang, 2008, p. 432). The connection between job satisfaction and turnover among workers in other sectors is also presented in the article by Tnay et al. (2013) where they state that they have found a link between job satisfaction and turnover intention but that organizational commitment is not a factor that have a high impact on the willingness to stay in the company or change employer.

It has long been known that expectations and the realizations of these expectations has an impact on the satisfaction of people. Theories such as the Expectations Disconfirmation Theory has outlined the connection between expectations, the confirmation or disconfirmation of these expectations, and satisfaction (Santos & Boote, 2003, p. 147). Hayes et al. (2006, p. 7) suggest that realistic expectations may make new nurses less prone to experience role conflicts. Moss et al. (2008) states that some turnover can be explained by employees realizing that the job they have taken does not suit them. A difference between expectations and experiences increase job dissatisfaction, which in term can increase the turnover rate (Valle et al., 2015, p. 178).

As nurses leaves the profession, the organizations experience several negative impacts. There is generally a great loss in productivity when a trained nurse terminates his or her employment, even if the employer can fill the position relatively fast (North & Hughes, 2006, cited in Hayes et al., 2012, p. 891). New recruits need introduction, and even after the education and introduction period they generally produce less than the more experienced nurse they are replacing (Hayes et al., 2012, p. 891). The organizations are also faced with short term problems such as hiring costs of new recruits and payed overtime to fill the gap of the nurse who terminated his or her employment (Hayes et al., 2012, p. 891). Research indicates that, accounting for only the employers of nurses, the biggest direct economic loss with turnover is payment of temporary replacements, and the biggest indirect economic loss is training and introduction of new hiring’s (Hayes et al., 2012, p. 892).

High turnover numbers are not only a problem for the organizations but for the nurses as well (O’Brien-Pallas et al., 2010, cited in Hayes et al., 2012, p. 892). Staffing shortage and high
turnover rate of co-workers is affecting the mental health of nurses, which in turn threatens to increase the level of turnovers (Hayes et al., 2012, p. 892). Finally, high turnover rates are a problem for the patients served by the nurses (Hayes et al., 2012, p. 892). There is a decrease in quality when there is a nursing shortage, or when there are too few nurses per patient (Hayes et al., 2012, p. 892). Research has shown that there are fewer medical errors conducted when the turnover ratios are lower (Lee et al., 2009, cited in Hayes et al., 2012, p. 892). The risk for errors and lack in patient safety has also been highlighted in media, where nurses raise the issues of understaffing (TT, 2015).

The national, and international, nurse shortage is not only a popular research area but it is also, as stated above, a hot issue in media. In April 2015 the newspaper Svenska Dagbladet, SvD, wrote about the reoccurring problem of filling all required positions the healthcare sector needs to be able to function during the summers (TT, 2015). In July 2015 Swedish Public Service, SVT, wrote about the permanent lack of specialist nurses and the problems associated with this issue (SVT, 2015). In February 2015 the newspaper Expressen wrote about the acute problem that 2000 nurses were missing at Sweden's emergency hospitals (Carlson, 2015).

1.3 Research Gap
From our review of the existing literature we have found that several researchers concur on the fact that the early years of a nurse’s career are of utmost importance since newly graduated nurses are more likely to terminate their employment. Yet, we have little research on this specific area of turnover. Higgins et al. (2010, cited in Rudman et al., 2014, p. 613) illustrates this when they state that more research needs to be conducted both on the early periods of a nurses’ career and that more research needs to be conducted on the transition between education and practice. Lu et al. (2005, p. 211) concludes, after a review of the existing literature on nurse turnover, that more research is needed on nurse turnover. Especially individual and personal factors should be examined Lu et al. (2005, p. 211). Lunenburg (2011, p. 1-2) argues for the case that expectations, and the perception of the expectations outcomes, are personal. Thus we can fill the research gap within the research on personal factors in expectations by conducting a study focusing on expectations.

Hayes et al. (2006, p. 9) identifies the need for research concerning nurses career intentions and expectations, and the experiences of newly graduated nurses. It is curious that there still is a need for the research on expectations since Wotruba & Tyagi (1991, p. 32) highlighted the need for research on expectations role in turnover intentions, especially expectations in relation to different factors e.g. job satisfaction, 25 years ago. Flinkman et al. (2008, p. 727) also states there is a lack of explanations on why new nurses are extra keen on leaving the profession.

The need for research on expectations role in job satisfaction and turnover intentions is not new. Sutton & Griffin (2000, p. 387) pinpointed, as they were researching the job satisfaction for therapists, that the research on job satisfaction and expectations are in an infancy state and in need of general development.
To the best of our knowledge, no research on expectations and turnover intentions has been conducted in a Swedish setting. We argue that expectations, although personal, is a product of the culture you are raised and educated in, and thus research in different cultural settings is of high interest.

We will combine the research gaps researchers has highlighted in the area of new nurses’ transition into practice, and the area of new nurses’ expectations. Thus, we will examine the role expectations and experiences play in the transition from studies to nurse practice. We will also focus on Swedish nurses, and a Swedish cultural context.

1.4 Research Purpose
The purpose of this thesis is to explore the perceived impact of expectations on the voluntary turnover intention of practicing nurses at Norrlands University Hospital, NUS. We will explore the expectations on the nurse profession that nurses perceived that they had prior to their education, the expectations on the profession the nurses had in the end of their education, and the experiences and opinions the nurses have on the nurse profession after they have started working as practicing, licensed, nurses. Further, we will investigate how the nurses perceives that the difference between expectations of their future career, and the experiences of the related expectations impact their intentions to voluntarily terminate their employment in order to look for a different workplace or a different career.

The thesis will focus on the period when nurses transition from being a nursing student into a practicing nurse in the beginning of his or her career (0-4 years of practice). With this focus we will be able to illuminate the transition problems nurses face and the increase in risk of turnover intention nurses experience in the beginning of their careers. As previous research has shown that job satisfaction is one of the most important factors behind turnover intentions (Chan et al., 2013, p. 612; Hayes et al., 2012, p. 889) we will place focus on job satisfaction when we explore the expectations and experiences of nurses.

We propose to investigate expectations role in voluntary turnover by conducting qualitative interviews with nurses who are currently practicing at Norrlands University Hospital. By conducting in-depth interviews, we wish to acquire a deeper understanding of the importance of confirmed or disconfirmed expectations on the intention to terminate employment early in the career.

Even though the focus of this thesis is placed on the voluntary turnover intentions of nurses at Norrlands University Hospital we hope to present findings that will prove usable for other hospitals and healthcare institutions as they try to deal with personnel planning and turnover problems.

1.5 Research Question
In order to fill the research gap that we have identified, and defined, and in order to fulfill the purpose we have stated for this thesis, we have chosen to pursue the following research questions:

RQ1: How do nurses perceive that their pre work life career expectations has been fulfilled?
RQ2: How do nurses perceive that the confirmation, or disconfirmation, of their expectations influence their job satisfaction and intention to terminate their employment?

1.6 Contribution
This thesis will make a contribution to both the theoretical and practical fields, as required from a 30hp degree project thesis (Thesis Manual, 2016, p. 12). Below we will elaborate on in what way this thesis will make contributions to the literature and in what way the thesis will provide practical insights to be used by the market.

1.6.1 Practical Contribution
As we can see a clear and present problem within an institution of great importance for our society (the health care sector), the practical aspects will be the most important in our study. We see an obvious need for our research from a practical point of view. With a nurse deficit and an aging work force as a foundation for our problem we also know that one of the greatest contributing factors behind the nurse deficit is turnover of existing nurses. We also know that young and newly examined nurses are in a high risk zone for turnover intentions and turnover. We will examine the role of expectations in the early stages of a nurse’s career. As we do this, we will increase the understanding of the transition from the student role into the role of a practicing nurse.

The insights we provide in this area will help organizations understand how to deal with the expectations of new nurses and how to present a more realistic picture of the profession and thus make the transition smoother and lower the risk of turnover. If the expectations of new nurses are known, organizations and managers will be able to alter the expectations or help them meet the expectations of the nurses. When a graduate has a more realistic expectation of his or her future profession the possibility to retain this employee increases and organizational commitment increases (McGillis-Hall et al., 2004, p. 238). With fewer unmet expectations nurses will experience less stress and uncertainty in the first years of their careers. Organizations, managers and nurse educators will also be provided with knowledge on how to better prepare new nurses for the challenges of the nurse profession.

1.6.2 Theoretical Contribution
This thesis will contribute to the theoretical knowledge in the area of turnover intentions. More specifically, the study will contribute to the knowledge of expectations role in turnover intentions. Hayes et al. (2006, p. 9) states more research is needed in this area and we will contribute with theoretical knowledge to fill the gap. We will also connect research on expectations with research on transition periods, job satisfaction, and turnover intentions.

We also think that our qualitative study has the potential to provide insights that will be more explanatory in nature than the previous studies, most often quantitative, have been able to do. By conducting this study in Sweden we will add knowledge on the expectations in a specifically Swedish cultural context.
1.7 Delimitations

This thesis is focusing on exploring how nurses perceive the effect of their expectations on their intention to terminate their employment. We will have a starting point where we focus on expectations concerning job satisfaction. Job dissatisfaction is one of the greatest contributors to turnover intentions but there are also other factors such as organizational commitment. To focus our study, we limit the scope of the interviews to mainly focus on job satisfaction as explainer of turnover intentions.

We have decided to focus our target population, and only sample from Norrlands University Hospital. This is done on account of three factors: Firstly, convenience. The geographical location of the Norrlands University Hospital allows us to conduct our face to face interviews in a convenient and efficient way. Secondly, we want to create a sample big enough to be valid at the same time we want this sample to come from a similar environment and be relatively homogenous, in this case: come from the same hospital, and if we would have interviewed nurses from different hospitals it would simply have been to many interviews to conduct. Thirdly, we do not aim at creating a generalizable result valid for all hospitals in Sweden or for all Swedish nurses. Since we do not aim at creating a general theory we do not need to compare our results with other organizations. These factors combined made us decide to limit ourselves to nurses from Norrlands University Hospital. This choice also implies a geographical focus to the area of Umeå.

We have also set a limitation in what nurses from Norrlands University Hospital we can use in our study. Since we want to explore the nurses’ expectations prior to their graduation we have decided to only interview nurses who have been working for four years at a most. This focus is arbitrarily set because we believe that the nurses will have a hard time recalling a clear and correct memory of their thoughts and expectations if we ask them about events which occurred a long time ago.

1.8 Summary

In this chapter we presented the problem background of this thesis. There is a deficit of nurses, which is projected to increase in the future. Turnover of practicing nurses is deemed to be the most important contributor to a lack of nurses. Young nurses are extra vulnerable to turnover, due to the high levels of stress and disconfirmation of abilities the nurses face in the transition period from student to nurse. Studies have determined that job satisfaction is the most important driver of turnover. Studies also show that negatively disconfirmed expectations have the ability to cause dissatisfaction. A research gap has been identified as there is a lack of research on expectations role in nurses’ transition from student to practicing nurse.

With this as a background, we propose to examine the role expectations play in the transition period, and early career, of nurses. We will place focus on job satisfaction, and finally see how expectations affect the nurses’ turnover intentions. By conducting this research, we will help the health care institutions of Sweden retain their work force.
2 Methodology

In chapter 2 we will present the methodological foundations of this thesis. We will argue for our ontological and epistemological stances and describe our research approach. Also, our research design will be presented. We will present and be transparent with our preconceptions within this research area. Finally, our literature search process will be illustrated and we will argue for how we have selected articles and theories etc. when we present our secondary source criticism.

2.1 Epistemology

At heart, epistemology is a stance on what can, and can’t, be accepted as knowledge in a certain field of study (Bryman & Bell, 2011, p. 15; Saunders et al., 2016, p. 127). A key consideration in the context of epistemology in social science is if a social interaction, or environment, can, or should, be observed based on the same standards of principle as the natural sciences (Bryman & Bell, 2011, p. 15). The researcher’s attitude towards this key question decides his or her stance on epistemology and which epistemological philosophy he or she will approach research with.

There are three main philosophical positions within the methodological field of epistemology (Saunders et al., 2009, p. 112-116). These three positions are: positivism, realism, and interpretivism (Bryman & Bell, 2011, p. 15-16). The main difference between positivism, realism and interpretivism is their attitude towards the perception of knowledge, and what can be accepted as knowledge within the field of social science. Bryman & Bell (2011, p. 15) states that the positivistic approach to epistemology is extremely hard to define on account of it being used in many different ways by different authors. However, at heart; positivism is the epistemological position which applies to natural science and advocates that the principles of natural science should be applied on all perception of knowledge (Bryman & Bell, 2011, p. 15). For example, an advocate of a positivistic view would only consider knowledge confirmed by science to be acceptable knowledge. Also, positivism states that science must, and can be, completely value free. Interpretivist is the epistemological position which opposes the positivistic position, as they see research on people, their institutions and actions, as completely different from the research of natural science (Bryman & Bell, 2011, p. 16). Interpretivists sees a difference between people and objects and thus they see a difference in how you can acquire subjective knowledge and inherited meaning of social actions (Bryman & Bell, 2011, p. 17). Thus, it becomes important for the researcher to interpret what a person is meaning with consideration to, for example, cultural heritage or symbolic meaning. Realism is the third stance on epistemology and it is closely related to positivism (Bryman & Bell, 2011, p. 17). Realism has two major forms: empirical realism, which states that reality can be fully understood if the correct method is used to observe it, and critical realism, which states that research can find the natural order of things and thus explain the social events deriving from this order (Bryman & Bell, 2011, p. 17).

With the above as a background, it becomes obvious that this thesis will approach knowledge collection, analysis, and conclusions with an interpretivist view on epistemology. When we collect the information we need in order to effectively answer this thesis research questions, we will analyze and interpret the meaning of the information we will gain through social actions. The knowledge we need is superiorly acquired if we understand subjective motives,
meanings and reasons of our interviewed nurses. Since this thesis aims to understand the expectations and perceived reality of the interviewed nurses it is of utmost importance that we subjectively interpret their knowledge and opinions in order to gain true understanding. As we formulate a theoretical framework for the research of this thesis we will gain both a broader and deeper understanding of the areas we research. However, it will be important that we remain open to new knowledge.

If we were to use a positivistic view on epistemology we would have to develop hypotheses and we would have to quantify our primary data in a way that we do not think is beneficial for our study.

2.2 Ontology

One of the central parts of a research methodology is to figure out what is the ontological stance of the researcher. Ontology in social science research is concerned with social entities and the question whether if they can and should be seen as objective entities, independent of external social actors, or if they should be seen as social constructions dependent on, and influenced by, external social actors (Bryman & Bell, 2011, p. 20). Saunders et al. (2016, p. 127) defines ontology as “the nature of reality”, in other words; how the researcher perceives that the world works and if he or she believes that social entities are interdependent.

There are two different main views on ontology: objectivism and subjectivism, subjectivism is also known as constructionism (Bryman & Bell, 2011, p. 20). The ontological position objectivism states that a social entity, or phenomena, exists as an external construct, beyond the reach of the researcher’s, or other actors, influence (Bryman & Bell, 2011, p. 21). An example of an objective social entity is the organization. The organization exists independent from external factors, harboring its own rules, missions, and hierarchies; and as such, the researcher does not have to take external factors into consideration while studying the organization. The second ontological position is subjectivism (Bryman & Bell, 2011, p. 21). In opposition to objectivism, subjectivism believes that external social actors and factors constantly influence social entities and phenomena (Bryman & Bell, 2011, p. 21-22). The social entities are never solid since they are continuously being created and recreated by the social actors associated with the entity, both internal and external (Bryman & Bell, 2011, p. 21-22).

Throughout this work we, the authors, will make use of a subjectivist view on ontology, through which we will view the social situation the nurses of our study are living and working in. This is because we wish to gain knowledge on the participating nurses perceptions, expectations, and experiences. We believe that a person’s expectations are formed and continuously changed by external social actors, be it media, friends, family, or independent insight. The ideas and opinions we will here from the participants of our study are the nurses’ personal thoughts and reflections, not the words of an organization independent from social actors. Saunders et al. (2009, p. 111) states that a subjectivist view on ontology should be used if the researcher wants to examine an individual’s perceptions, which confirms our choice of ontological position. We also make the decision to take a subjectivist approach since it is closely related to the interpretivist view on epistemology (Saunders et al., 2009, p. 111).
If we would have decided on an objectivistic position, we could not have conducted our study in the manner we wished to. It would have been made impossible on account of the role we think the social actors play in creating perceptions and expectations throughout the life of the nurses we will interview. With an objectivistic view we would have assumed that expectations are only created from the rules and systems set by the organizations the nurses are acting in, but we believe this to be a simplified world view.

2.3 Research Approach

In a research project one has to decide on which approach to take since that has a major effect on the way the study will be performed. There are three different main approaches to theory development that are generally used in social science research, these approaches are: deductive, inductive, and abductive research approaches (Saunders et al., 2016, p. 144-145). The methodological choice of research approach decides how the researcher goes about when he or she develops theory.

Deduction is a classic approach to develop theory, and the main idea is to develop a theory which the researcher then puts through testing (Saunders et al., 2016, p. 146). In other words, the researcher who use a deductive approach will develop hypotheses based on existing theories and literature which later will be tested by collecting and analyzing primary data, and when the hypotheses are tested they will be confirmed or rejected resulting in a revision of the theory (Bryman & Bell, 2011, p. 11). The inductive approach to theory building is working the other way around. The researcher will start off with collecting data, then building a theory based on the findings of the primary data (Saunders et al., 2016, p. 147). Abduction is, in some sense, a combination of the deductive and inductive approaches (Saunders et al., 2016, p. 148). When deduction moves from theory to data, and induction moves from data to theory, abduction moves back and forth between data and theory (Saunders et al., 2016, p. 48). Saunders et al. (2016, p. 146) states that the deductive approach is closely connected to quantitative studies since the hypotheses has to be measured statistically. On the other hand, it is also stated that the inductive research approach is best suitable for qualitative studies where the focus is not on testing variables, as with a deductive approach, but instead on interpreting the results of interviews (Saunders et al., 2009, p. 126).

Since the focus in this study will be on interpreting the answers received in one-on-one, semi-structured interviews with nurses, and not in any way trying to support already set hypotheses, the choice in this case falls on an inductive approach. According to Bryman & Bell (2011, p. 386), one can see the connection between the epistemological interpretivist view, the ontological subjectivist view, the inductive research approach, and qualitative research design. This fact further supports the former mentioned methodological choices made for this study. However, as very few studies are truly binary we will incorporate deductive elements in our study. For example, we will make use of some existing theory to construct parts of our interview guide.

If we would approach this study deductively we would not get the same insight in, and understanding of, the very personal expectations and perceptions the nurses participating in
this study hold since we would have to conduct a study with stricter themes of questions and answers.

2.4 Research Design

In general, there are two different research methods that can be used when collecting data for a study. These methods are qualitative and quantitative (Saunders et al., 2009, p. 151). The basic differences between the two are that the quantitative method is used for collecting, measuring and testing data statistically (Bryman & Bell, 2011, p. 26-27) meanwhile the qualitative method is used for examining observations that does not incorporate collected data of numbers and large quantity (Saunders et al., 2009, p. 151) but instead observations formulated in writing. Saunders et al. (2016, p. 165) states that the easiest way to separate between qualitative and quantitative research designs is to distinguish between numerical and non-numerical data. Due to its nature of numbers and statistical testing, the most common sampling method for quantitative research is surveying (Saunders et al., 2016, p. 165). Likewise, the nature of qualitative research leads it to most often gather data with the aid of different versions of interviewing. The two main designs also have different philosophical foundations, and they have different approaches to theory crafting. Quantitative research is related to positivism, objectivism, and a deductive approach to theory development (Saunders et al., 2016, p. 166). Qualitative research design on the other hand, is generally related to an interpretivist research philosophy, a subjectivist view on ontology, and an inductive research approach to theory development (Saunders et al., 2016, p. 168). There is also a third method known as mixed method (Saunders et al., 2016, p. 165). As the name indicates it is a design which utilizes elements from both qualitative and quantitative research designs.

In this research project we will make use of a qualitative research design. Primarily, we chose this research design since it is in line with our philosophical standpoints and in coherence with our research approach. Since the main goal of this research has been to further develop the understanding of nurse’s expectations on their future employment and those expectations role in the nurse’s job satisfaction and turnover intentions, it was decided that a quantitative method would not be as useful because of the fact that we will not be dealing with quantifiable data and statistics which would not give us the insight we wished for. With this as a target, it will be desirable to conduct interviews to gain qualitative primary data to base our analysis on.

We consider a quantitative research design to be useless to us since it is connected to philosophies and research approaches which are in opposition to our own philosophical considerations. It would also deny us the ability to gain a deeper understanding of the subjective meanings of the opinions and ideas of the participants in our study.

2.5 Research Type

According to Saunders et al. (2016, p. 174) there are four different research types, also known as research purposes, that one can chose from when conducting social science research. These are explanatory, descriptive, evaluative, and exploratory types (Saunders et al., 2016, p. 174). Besides those choices there is also the possibility of using more than one of the above
mentioned ways, which is referred to as a mixed method (Saunders et al., 2016, p. 174). The major differences between, and capabilities of, each research type will be discussed below.

The exploratory research type is preferred in studies that desires to develop deeper knowledge in a certain field of research, through for example using open questions that can make the study quite flexible (Saunders et al., 2016, p. 174-175). This purpose allows the authors to start off the whole research project with a fairly undefined goal that can later be more clearly outlined (Saunders et al., 2016, p. 175). Zikmund et al. (2013, p. 52-53) also presents exploratory research as a good choice for studies in a new field where the exploratory study can provide a good basis for future studies within the same area.

A descriptive study has generally the function of describing a phenomenon or a situation, but does mostly just that (Saunders et al., 2016, p. 175). Saunders et al. (2016, p. 175) explains that a study with a descriptive purpose might serve well in connection to a study of a different purpose, and that performing descriptive research mostly means describing something and not developing or explaining any further. Also Zikmund et al. (2013, p. 53-54) points out the fact that the main idea behind descriptive research is to “paint a picture of a given situation” through making descriptions.

The next angle one can take as a research type is the explanatory study, which in contrast to the descriptive study goes on a deeper level by not only describing an issue but also tries to find the reasons behind “why things are the way they are” (Neuman, 2014, p. 39-40). This view is also shared by Saunders et al. (2016, p. 176), who states that performing an explanatory study involves looking for relationships between different factors and explanations for why there is a relationship.

If a researcher wishes to gain knowledge concerning to what extent something operates or functions, the choice of study would be the evaluative one (Saunders et. al., 2016, p. 176). An evaluative study tries to find answers to questions concerning effectiveness (Saunders et. al., 2016, p. 176).

If it fits the outline of the study, there is also the possibility of creating a mixed study where one can select from all the former mentioned types of studies and put two or more together into what is called a combined study (Saunders et. al., 2016, p. 176).

The descriptive research type is not in line with the rest of our study since we do not only desire a snapshot of the nurse’s situation and will therefore not be chosen as our research type. Since the aim of this thesis is to gain an understanding of the prior expectations of nurses concerning their now current workplace we feel that the descriptive type would not add anything to the content of it due to the fact that we are searching for the factors affecting the turnover intentions. Nor will the evaluative type be included since it focuses on the wrong elements for it to be incorporated in our research. With this as a background, we argue that our research purpose is mainly explanatory due to the nature of our study which contains the intention of examining the reasons behind the turnover intentions for nurses in connection to expectations. Since it is a qualitative study with semi-structured interviews it also has some of the characteristics of an exploratory study, but nevertheless the main focus will be on the
explanatory research type. The exploratory elements will come in to play as the nurses identifies their own expectations, which we then relate and explain.

2.6 Preconceptions
Inexperienced researchers often run the risk of being unaware of their own preconceptions within the area they are researching (O’Reilly & Kiyimba, 2015, p. 20). This unawareness of preconceptions is potentially a threat to the researcher’s perception of reality and the researcher’s constitution and production of knowledge (O’Reilly & Kiyimba, 2015, p. 20). The risk of carrying preconceptions increases if the researcher has prior experiences with the research area, or the organization which he or she is researching (Saunders et al., 2009, p. 151). We have previously presented the authors in a general way in Chapter 1, now we will present our preconceptions, and preexisting knowledge, about the specific research area covered in this thesis.

2.6.1 Rasmus Höjer
I, Rasmus Höjer, carry preconceptions on the area of nurse turnover and nurse shortage. The preconceptions largely come from the general news and media in Sweden. As stated previously, the Swedish media frequently cover the nurse shortage. Media also writes about the low salaries and bad working conditions of nurses, on a regular basis. I started writing on this thesis with these preconceptions.

I also carry preconceptions about problems within the welfare and public sector on account of my engagement with the Umeå municipality’s Council of Families and Individuals. This council has the political responsibility for several of the welfare areas of Umeå municipality and they have a large problem with long term planning of human resources, which I have had to deal with. These activities have given me a deeper understanding of the problems much of the world's health care institutions are facing. I have to remember that I can’t generalize this knowledge and project it on other organizations we might examine. I was highly aware of this preexisting knowledge which made me more cautious when we conducted our research. As I see it, the greatest impact of my preconceptions is that it is less likely that we would have become interested in the research area of nurse turnover and general turnover intentions if the problem would not have been a publicly known issue. I also believe that my knowledge on the problems associated with turnover within the public sector played a big part in getting me interested in this specific research area.

2.6.2 Henrik Jonsson
And I, Henrik Jonsson, have preconceptions in the research area that are very similar to the ones of Rasmus Höjer, that in general the interest to conduct research concerning nurses has come from noticing the issue in the media. Without the information regarding this widespread problem that we have seen and heard in many types of media that concerns nurses all over Sweden and also in other countries, it is possible that this study would never have been done. Besides the already existing knowledge on the specific and present issue of turnover among nurses, both authors of course have some preconceptions on the general organizational themes of for example turnover among workers, job satisfaction etc. This is due to the fact that both authors are students of business and administration, which has provided the authors with knowledge on the matters through various courses in connection to management and
organization. I also have a few relatives and friends whom are working in the sector that in
the study is being examined. This is of course something that can affect the previous
knowledge and thoughts on the occupation and the events occurring in the hospital, and
therefore needs to be kept in mind by me while writing this thesis.

2.7 Literature Search
The majority of secondary sources used in this thesis has been academic articles that has been
found through the search engine of Umeå University Library (www.ub.umu.se). From this
search engine we have been redirected to different databases containing scientific articles
and other academic resources. The most common databases we have been relocated to are
Science Direct, EBSCO, Business Source Premier, and JSTORE. Apart from the university
search engine we have also used Google Scholar as an additional source for finding relevant
academic articles in the area of interest. Some of the keywords that have been used in the
search for relevant articles have been: job satisfaction, turnover intentions, expectations,
transition, transition problems, student, nurse, etc.

Since it was necessary to build a solid background to the issue that is being discussed in
the making of this thesis, expectations role in turnover intentions of nurses and general nurse
shortage, we tried to find some articles, statistics and other sources of information which
could contribute in presenting the background for the choice of research topic. We have tried
to be careful in the selection of sources to make sure that only the ones of sufficiently high
credibility and reliability has been used. For example, when searching for non-academic
articles in the area of nursing and its current problems, we used the search function on the
website of the Swedish newspaper Svenska Dagbladet, SVT, and other media that we deemed
credible. Concerning statistics used for presenting the issue we have chosen to make use of
the website www.scb.se which is Statistics Sweden, the Swedish Central Bureau of Statistics.

As mentioned, throughout our literature search we have found most of the relevant concepts,
models and theories in articles published in academic journals. And besides using these
academic articles, we have used some relevant textbooks, but here we have tried to limit
ourselves to only using textbooks to guide us through the choices in the area of the
methodological framework. We have tried to make sure that the latest versions, when
applicable, of the textbooks were used so that all the information that it will provide is of
high standard and up to date.

2.8 Secondary Source Criticism
We will follow a set of guidelines in order to assure quality as we search for, and use,
secondary sources. First of all, we will only use sources we trust; known and respected
newspapers, known research archives, and sources which cite other sources in a satisfactory
way etc. Secondly, we will only use peer reviewed research articles and dispositions in our
theoretical framework.

The vast majority of the academic articles and other academic resources were, as earlier
stated, found through the search engine of Umeå University library and we have only used
content which is per reviewed. This to ensure a result of high quality and to eliminate content
that is unwanted in our research.
As we search and find secondary literature to frame our thesis we must be wary of the standard of this secondary literature. Saunders et al., (2016, p. 104-105) outlines three aspects of quality a researcher needs to take into account: the relevance of the literature, the value of the literature, and the sufficiency of the literature. And to as large extent as possible we have tried to follow these aspects when searching for secondary sources.

2.9 Summary

In this chapter we presented, and argued for, our methodological framework. Our key emphasis is placed on the importance of subjective interpretation and room for the nurses’ personal views and opinions. We also discuss in what social settings expectations are created, and if they are affected by factors outside the organization. The summary of our methodological choices can be seen in Table 1, below.

<table>
<thead>
<tr>
<th>Methodological Area</th>
<th>Our Position</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epistemology</td>
<td>Interpretivism</td>
<td>Personal expectations and experiences will only be understood if we understand the underlying, subjective, motivations of the nurses.</td>
</tr>
<tr>
<td>Ontology</td>
<td>Subjectivism</td>
<td>We believe that expectations and experiences are formed by factors external to the organization the nurses act in.</td>
</tr>
<tr>
<td>Research Approach</td>
<td>Inductive</td>
<td>The nurses opinions are in the centre, they will tell us which expectations they perceive to be important.</td>
</tr>
<tr>
<td>Research Design</td>
<td>Qualitative</td>
<td>New knowledge and deeper understandings are required if we are to truly understand the role personal expectations play.</td>
</tr>
<tr>
<td>Research Type</td>
<td>Explanatory</td>
<td>Our study is meant to explain the connection between expectations and turnover intentions.</td>
</tr>
</tbody>
</table>

3 Theoretical Framework

In this chapter we will elaborate on the theoretical framework which is the foundation of our research. The theories which are selected and presented in this chapter will aid us in our collection of relevant primary data and they will be a component in our analysis of the collected primary data. First we will introduce the reasoning behind the choice of theories. Then we will present theories on expectations and motivation. We will present a theoretical background to the main factor of turnover we have focused on, job satisfaction. Finally, we will present literature covering transition problems.

3.1 Choice of Theory

The choice of theory is the result of our literature search. During this literature search we covered large parts of the theory which relates to turnover intentions. To limit our research, we decided to focus on job satisfaction as main explanation for turnover intentions.

The core purpose we worked from as we choose theories and information to fill our theoretical framework with, was to illustrate how expectations influence the motivation and satisfaction of people, the nature of job satisfaction and the role job satisfaction plays in turnover intention. We also provide research on transition problems, as transition problems frame the special circumstances, transition from student to nurse, our study is carried out within.
From the extensive research on job satisfaction we decided to place focus on the Affective Events Theory and the Job Characteristics Theory since they, together, will frame both the emotional events over time and job characteristics unbound by time.

The theories we present on expectations will frame the way a person is thinking about expectations, both in the situation of a new job (such as Levels of Expectations theory) and expectations of rewards (such as the Expectancy Theory).

3.2 Expectations and Motivation

3.2.1 Expectations Disconfirmations Theory

The Expectations Disconfirmation Theory was introduced by Oliver in 1977. The theory examines the cognitive process which determines the effects of met and unmet expectations (Harvey et al., 2007, p. 14). Harvey et al. (2007, p. 14) states that disconfirmation is the most important element of the Expectations Disconfirmation Theory. Disconfirmation is the conceptualized emotional state experienced when reality is better, or worse, than what was expected (Santos & Boote, 2003, p. 147). If reality is experienced as better than what was expected, a person will experience positive disconfirmation. In opposition, if reality is experienced as worse than what was expected, a person will experience negative disconfirmation. If a person experience negative disconfirmation, he or she will experience dissatisfaction (Santos & Boote, 2003, p. 147). There are, however, different views on what creates satisfaction (Santos & Boote, 2003, p. 147). Some researchers argue that confirmation, where reality matches the expectations, creates satisfaction (Santos & Boote, 2003, p. 147). Other researchers’ states that positive disconfirmation creates satisfaction, while confirmation creates neither satisfaction or dissatisfaction.

An interesting dimension to the Expectations Disconfirmation Theory was observed by Rosenthal (1993, cited in Harvey et al., 2007, p. 14) that states that most research point to that higher expectations tend to make the person perceive a more positive experience.

![Figure 1: Expectancy Disconfirmation Theory](Source: Harvey et al. (2007, p. 15).)
The Expectations Disconfirmation Theory was, in its original, created to measure and understand customer satisfaction. However, Harvey et al. (2007, p. 14) argues that the theoretical principles behind the theory can be used to measure satisfaction with a new job, or a new assignment.

This theory connects the research on expectations and motivation with the research on job satisfaction in a distinct way. It shows that expectations are important for satisfaction, and dissatisfaction, as a person is in the process of taking a new job, starting a new assignment, or, as the original theory was used, purchasing a new product. As we have stated previously, we know from previous research that job satisfaction is a key element in turnover intention research. This statement, and connection, is elaborated on in the next theory we present: The Levels of Expectations.

3.2.2 Levels of Expectations

The Customer Service Gap Model was created by Santos & Boote (2003). It is a model which primarily focuses on determining the expectations, perceptions, and post purchase satisfactions of customers (Santos & Boote, 2003, p. 142). Santos & Boote (2003, p. 144) presents a hierarchy of expectations ranging from Worst Imaginable to Ideal. Even if this model aims at explaining the expectations and perceptions of customers the model can, with slight modifications, be used with regards to turnover intentions and job satisfaction (Harvey et al., 2007, p. 17). Harvey et al. (2007) presents a modified version of Santos & Boote’s (2003) Customer Service Gap Model as they add Intention to Stay and Job Satisfaction in relation with the existing levels of expectations.

![Figure 2. Levels of Expectations](source: Harvey et al. (2007, p. 18)).

The different levels of expectations which are presented by Santos & Boote (2003, p. 144) are (in order from worst to best): Worst Imaginable, Intolerable, Minimum Tolerable,
Predicted, Desired, Normative and Ideal. These levels of expectations do not represent what would be a person’s ideal or worst imaginable situation but only what would be, realistically, the ideal or worst imaginable outcome of one specific given situation (Harvey et al. 2007, p. 17).

After the Ideal outcome level comes the desired outcome which represents a very positive job experience (Harvey et al., 2007, p. 17). The main difference between the Ideal and Desired outcome levels is that the person who holds an expectation knows that the ideal state is practically impossible to reach, as a person will have an ideal state which will always be superior to reality, while the desired outcome is realistically reachable (Harvey et al., 2007, p. 17). The Predicted level of outcome is the dividing line between positive and negative disconfirmation and as such it will determine if a person will experience confirmation of his or her expectations (Harvey et al., 2007, p. 18). Basically, the Predicted outcome level is the job experience a person is expecting to have (Harvey et al., 2007, p. 18). The Minimum Tolerable outcome is of great importance to this model since it is on this expectations outcome level employees determine if they should keep or terminate their employment (Harvey et al., 2007, p. 18). Even if the job situation is worse than what was predicted it does not automatically mean that an employee will terminate his or her employment, since the job still offers the employee satisfaction which does not fall below bare minimum (Harvey et al., 2007, p. 18). When the outcome of an expectation is the Worst Imaginable it brings the least amount of job satisfaction, the most negative disconfirmation and an intention to leave the job (Harvey et al., 2007, p. 18). As in the case of the ideal outcome the Worst Imaginable outcome is not general for all jobs but only refers to the expectation on one specific job (Harvey et al., 2007, p. 18).

When Harvey et al. (2007) modified this model with dimensions concerning turnover intentions and job satisfaction they stated that the levels Worst Imaginable and Minimum Tolerable results in intention to leave while the expectation levels Predicted, Desired, Normative, and Ideal results in intention to stay (Harvey et al., 2007, p. 18). Job satisfaction operates on a straight line aligned with the levels of expectations where you experience less job satisfaction when you perceive the worst imaginable outcome of your expectations and where you experience the most job satisfaction when you perceive ideal outcomes of your expectations (Harvey et al., 2007, p. 18).

In addition to intention to stay employed and job satisfaction, the model aligns positive and negative disconfirmation and simple confirmation with the levels of expectations (Santos & Boote, 2003, p. 144). Simple confirmation is achieved when a person experiences a predicted outcome of an expectation while negative disconfirmation is connected to everything worse then what is predicted and positive disconfirmation is achieved when a person experiences an outcome which is better than what was predicted.

### 3.2.3 Expectancy Violations Theory

A theory that contributes with a clear focus on the expectations of people is the Expectancy Violations Theory. The theory was at first named Nonverbal Expectancy Violations Theory, but was after further development changed to Expectancy Violations Theory since that name was more suitable to the wide variety of areas where it can be applied (Burgoon, 1993, p.
This is a theory that has been developed over time in various articles by J.K. Burgoon and other researchers, but was firstly presented in an article by Burgoon & Jones in 1976 where the authors presented a theory that focused mainly on violations of personal space (Burgoon & Jones, 1976). The concept of expectancy within communication is explained by Burgoon as “an enduring pattern of anticipated behavior” (Burgoon, 1993, p. 31). The research conducted on the Expectancy Violations Theory initially comes from the field of communications, and after the first main focus being on the violation of personal space, the focus was later altered to an aim to develop a theory concerning both verbal and non-verbal communication which widens the applicability of the theory (Burgoon, 1993, p. 31).

The general idea of the theory is that people have various types of expectations on the actions and behaviors of other human beings, and if those expected actions are being violated it can create a reaction by the receiving part, that could be either positive or negative depending on the nature of the mentioned violation (Burgoon & Hale, 1988, p. 59). To be able to present a clearer picture of the theory one can divide the theory into a five different elements. These are; expectancies, violations and arousal, communicator reward valence, behavior interpretation and evaluation, and violation valence (Burgoon & Hale, 1988, p. 59).

The first element, expectancies, considers the statement that individuals do have and build up expectations and have preferences on the behaviors of other people (Burgoon & Hale, 1988, p. 59-60). The second element is violations and arousal, which states that if someone violates the expectancies of an individual it can have an effect on the level of arousal of this person in a positive way if the action is positively surprising, or a negative way if on the other hand the action is negatively surprising (Burgoon & Hale, 1988, p. 62). According to Burgoon & Hale (1988, p. 62) there are variables that affects people’s perceptions on if a violation is positive or negative, and one is the reward value of the one performing the violation. When a violation has occurred, the receiver will interpret the event and evaluate the situation, which basically means figuring out if what has happened was positive or negative in his or her eyes (Burgoon & Hale, 1988, p. 62-63), which in the end makes up the last element, the violation valence (Burgoon & Hale, 1988, p. 63, 65, 67).

The Expectancy Violations Theory is very much a relevant piece in the theoretical framework of this thesis since it complements some of the other theories on people’s expectations, and provides a deeper understanding for how the expectations of a person can affect the choices of an employee when faced with expected or unexpected behavior in their work life. This could both be applicable in the case of employer – employee relationships and between coworkers in the same workplace.

3.2.4 Expectancy Theory
The Expectancy Theory was developed by Victor Vroom in 1964 with the intent to describe human motivation (Hamington, 2010, p. 680). The theory is predicting that employees will motivate themselves to behave in certain ways when they expect that the behavior will result in a positive outcome or a reward (Park, 2012, p. 592). According to Lunenburg (2011, p. 1), Expectancy Theory is concerned with the cognitive experiences that affect motivation of a person. More specifically, the Expectancy Theory states that there exists a cognitive process
which motivates people if they expect a specific reward for their effort (Lunenburg, 2011, p. 1).

The foundation of the Expectancy Theory is based on four assumptions (Lunenburg, 2011, p. 1). The first assumption is that people joins an organization with expectations about their needs, motivations, and previous experiences (Lunenburg, 2011, p. 1). The second assumption is that people are conscious of their own decisions and make them freely based on the person's own knowledge and calculated expectations (Lunenburg, 2011, p. 1). The third assumption is that people who joins an organization wants different things from the organization, e.g. job security, good salary, or good socialization etc. (Lunenburg, 2011, p. 1-2). In other words, expectations and needs are individual. The fourth assumption is that people will choose an alternative that optimize the outcome in relations to their desires and needs (Lunenburg, 2011, p. 2).

The Expectancy Theory has three main elements, if the four assumptions are met (Lunenburg, 2011, p. 2). These three elements are: Expectancy, Instrumentality, and Valence (Lunenburg, 2011, p. 2). Expectancy indicates that a person will be motivated if he or she believes that a job related effort will result in high, or acceptable, performance (Lunenburg, 2011, p. 2). Instrumentality is a measurement on how a person feels he or she will be rewarded for performance (Lunenburg, 2011, p. 2). A high Instrumentality indicates that an employee sees a high probability of a positive outcome of a good work performance (Lunenburg, 2011, p. 2). Valiance indicates how strong an employee’s preference for a specific reward is (Lunenburg, 2011, p. 3). In line with the third assumption, presented above, employees who are in an organization will have different motivations, reward preferences, and expectations. This is why employees, and people in general, have different attitudes towards different rewards. Valiance can be both positive, negative, and indifferent (Lunenburg, 2011, p. 3). This means that an employee both can prefer a reward or really don’t want the same reward, based on the employee's own individual preferences. The linkage between these elements is elaborated on by Hamington (2010, p. 680) who states that no matter the reward, a person will not be motivated to act if he or she perceive that no possible effort will lead to the performance necessary in order to gain the reward.

Vroom (1964, cited in Lunenburg, 2011, p. 3) suggested that the equation expectancy (0-1) x Instrumentality (0-1) x Valence (-1-1) equals the motivation of an employee, or a person. This equation gives a motivation of 0 if any of the components are 0, or negative. This means
that if a person perceives that the required performance will not come from effort, perceives that performance won’t result in any outcome, or perceives that he or she doesn’t care about the presented/expected reward, the motivation will be 0.

The Expectancy Theory is applicable in the framework we wish to present as it shows the importance of expectations in relation to motivation. People will be motivated if they are able to reach a performance goal with their effort, people will be motivated if they expect the performance will result in a reward, and people are motivated if the expected reward is something they desire. However, if the reward would turn out to be different than what they desired or if their best effort still can’t give them the reward, people will not be motivated.

3.2.5 Intrinsic and Extrinsic Motivation
Within the field of motivation, many different studies have been conducted in various areas and concerning many different psychological aspects of motivation. One of these areas is the one that contains the division between intrinsic and extrinsic motivation. According to Ryan & Deci (2000a, p. 54–55) people have different things that motivate them in their lives and therefore, a separation between these two groups is made with reference to the nature of the reward. Intrinsic motivation has been defined in different ways by different authors, but a popular definition comes from Ryan & Deci (2000a, p. 56) who states: “Intrinsic motivation is defined as the doing of an activity for its inherent satisfactions rather than for some separable consequence”. A separate, but similar definition is: “Individuals are intrinsically motivated when they seek enjoyment, interest, satisfaction of curiosity, self-expression or, personal challenge in the work” (Amabile, 1993, p. 188). It can also be described as a type of motivation that comes from doing the specific activity and the feelings towards that activity “are necessarily bound up with the work itself” (Amabile, 1993, p. 189).

On the other hand, extrinsic motivation is regarding the positive feelings that one gets, not from the activity itself, but instead from an expected outcome separate from the performed activity (Ryan & Deci, 2000a, p. 60). This is also supported by Amabile (1993, p. 188) who presents extrinsic motivation in a similar manner: “Individuals are extrinsically motivated when they engage in the work in order to obtain some goal that is apart from the work itself”. An example of what could potentially motivate someone extrinsically is monetary rewards, getting paid more for the work performed. Even though extrinsic motivation can have a substantial effect on people it has been noted in some studies that there are times when the extrinsic monetary reward is not the best option and that the use of intrinsic motivation could be preferred (Long & Shields, 2010, p. 1164).

The theory about intrinsic and extrinsic motivation which we have presented above is intended to frame the motivation and motivational reward of several nurses. Many of the nurses expresses their expectations of intrinsic rewards in the job, this theory is meant to frame this. We will also combine knowledge on intrinsic motivation with the Expectancy Theory, as a reward.

3.2.6 Realistic Job Previews
There is of course more than one way for employees to approach applicants for a position in a company, and what has been noticed is that the way the potential future employees are
introduced to the position can have a noticeable effect on how long the employee will stay on the job. There have been made some research in this area that concerns the expectations of the applicants towards the job they are applying for. In the article by Wanous (1973) the issue of Realistic Job Preview is presented through a field experiment where, even though no statistically significant difference was found, one can observe a slight difference (that have also been found in other studies) between the newly recruited staff that have gotten a more realistic preview to their new workplace and the ones who get their expectations risen by a more traditional presentation of the job. This traditional view normally contains a highly positive picture which makes the expectations higher and thereby generates a higher likeliness of employee turnover. The idea is therefore that if the employer is going to present the job in advance, the workplace should be displayed in a way that does not produce expectations that are too high or one will risk losing staff after a shorter time (Wanous, 1973, p. 331).

3.3 Job Satisfaction

3.3.1 Job Characteristics Theory

Job Characteristics Theory, also known as Job Characteristics Model, was firstly developed by Hackman & Oldham in 1976 (Duggug & Dennis, 2014, p. 15; Saavedra & Kwun, 2000, p. 134). The theory is meant to be a framework used to determine the job satisfaction of an employee, based on a number of characteristics in the employee’s job (Duggug & Dennis, 2014, p. 15). If an employee would experience a certain level of satisfaction in some areas of his or her job, the employee would be motivated to perform well (Saavedra & Kwun, 2000, p. 134). When employee motivation is raised, the job will bring more fulfillment for the employee and contribute to personal growth (Gardner & Cummings, 1988, cited in Saavedra & Kwun, 2000, p. 134). Growth will, in turn, contribute to increased competence (Alderfer, 1972, cited in Saavedra & Kwun, 2000, p. 134).

![Figure 4: Job Characteristics Theory](Source: Hackman & Oldham (1975, p. 161).

There are five different characteristics presented in the theory: Skill Variety, Task Identity, Task Significance, Autonomy, and Feedback (Duggug & Dennis, 2014, p. 15). Task Variety
reflects on how many different sets of skills an employee has to use when performing a task, and how many different stages, or parts, a task consists of (Duggug & Dennis, 2014, p. 15). Task Identity states in how much of the process of a task an employee is involved. For example, if an employee only performs one task out of a thousand needed to complete a product, Task Identity will be low but if the employee is involved in all of the thousand steps, the Task Identity will be high (Duggug & Dennis, 2014, p. 15). Task Significance represents the significance an employee's work task has on the work or life of other people, external to the organization or internal to the organization (Duggug & Dennis, 2014, p. 15). An example relating to our specific setting could be patients or doctors. Autonomy measures how much autonomy an employee is experiencing as he or she decides on scheduling, or the independence from procedures of which he or she can carry out a task (Duggug & Dennis, 2014, p. 15). Feedback refers to the degree of feedback, information, or confirmation an employee gets on the results of his or her performance at the end of a task (Duggug & Dennis, 2014, p. 15).

The five core job characteristics presented above will impact three physiological states: experienced meaningfulness, experienced responsibility for the outcome of a task, and knowledge of the actual results and outcomes of a task (Duggug & Dennis, 2014, p. 15). These three psychological outcomes will in turn affect the employee's job satisfaction, work performance, turnover intentions, and intrinsic motivation (Duggug & Dennis, 2014, p. 15). If the job characteristics are deemed as high by the employee he or she will experience high job satisfaction, and negative effects, e.g. absenteeism, turnover, or turnover intentions, will be reduced (Duggug & Dennis, 2014, p. 15).

We will make use of this framework to determine the role of job satisfaction in the work life of the nurses who participate in our study. The job characteristics presented in the theory will aid us in the construction of our interview guide as we can ask questions relating to the nurses’ expectations on Skill Variety, Task Identity, Task Significance, Autonomy and Feedback. We will also use the Job Characteristics Theory when we conduct our data analysis, as it will help us frame the job satisfaction, which we know to be one of the most important, if not the most important, contributor to turnover and turnover intentions.

3.3.2 Affective Events Theory
The Affective Events Theory was proposed by Weiss & Cropanzano (1996) to explain how emotions, moods, and affective events at the workplace (positive or negative) influence job satisfaction (Duggug & Dennis, 2014, p. 13). Carlson et al. (2011, p. 298) states that the Affective Events Theory is, at heart, a framework that explains how affective responses to events at work determine a person’s attitudes. Affective response is represented by a person’s mood and emotions (Carlson et al., 2011, p. 298). The Affective Events Theory emphasizes that job satisfaction is one of the most prominent attitudes which emerges from affect states or mood, which has its outcome from positive or negative workplace events (Carlson et al., 2011, p. 298). The effect affectionate events have on job satisfaction has been studied in emotional experiments, and several workplace events has been demonstrated to have a large effect on job satisfaction (Carlson et al., 2011, p. 298).
The figure above (Figure 5) illustrate the macro explanation of the Affective Events Theory. It primarily shows the relationship between work environment, work events, affective reactions to these events and the behaviors which are the outcomes of the affective reactions. Work environment features includes the characteristics of the job, demands of the job and emotional requirements of a job. It also reflects on the importance of the physical environment, including noise, smells, heat, or generally bad working facilities. Work events are made up of positive or negative daily events, the affective reactions will be positive or negative depending on the type of daily events which was experienced, the affective response is also dependent on the individual’s personality dispositions and preconceptions. Positive affective reactions will result in judgement driven behaviors, such as job satisfaction, and affect driven behaviors, such as high performance (Duggug & Dennis, 2014, p. 13). Research on stress provide additional context to the Affective Events Theory as they state stat affective events can increase the perception of job stress. This stress can later become the foundation of low job satisfaction and turnover intentions (Fuller et al., 2003, p. 2019). Fuller et al. (2003, p. 1028) further note that stress can be accumulated over time and that affective stressful events can build up the job strain over time.

Cropanzano & Weiss (1996, p. 11) argues that the Affective Events Theory takes time in to account in a highly important way. Research on emotions indicates the importance of time and the effect of emotions over time (Cropanzano & Weiss, 1996, p. 11). Much of the traditional theories on job satisfaction ignores time and pattern as they mainly focus on environmental factors and other factors of prediction, seen from a given point in time (Cropanzano & Weiss, 1996, p. 11).

Rolland & De Fruyt (2003, p. 103) gives support to the Affective Events Theory. They also present additional factors which will influence the theory. These factor are: consciousness,
agreeableness, neuroticism, openness to experience, and performance feedback (Rolland & De Fruyt, 2003, p. 103).

This theory shows the relationship between affective events and job satisfaction. We consider it to be an additional part in the framework we wish to present with regard to job satisfaction. We argue that expectations could be calculated as a part of the work environment features and thus affect how you view or approach work events. Just like the Job Characteristics Theory, the Affective Events Theory consider feedback to be a strong driver in the creation of job satisfaction. This should be emphasized since it is also an important part in avoiding, or limiting, transition problems. But in contrast to the Job Characteristics Theory the Affective Events Theory does not focus mainly on environmental features but rather on events which causes affective reactions (Cropanzano & Weiss, 1996, p. 11). With these two different focuses the theories we have reviewed hold, we frame both the environmental and emotional dimensions of job satisfaction.

3.4 Transition Problems

In order to gain a greater understanding of potential problems occurring when a nurse transitions from the role as a nursing student into the role as a practicing nurse, we are investigating the role of expectations in this transition. Many studies have been conducted with the intent to examine nurses first workplace experiences, often these studies focus on the transition period during which the nursing student becomes a nurse (Hayes et al., 2006, p. 6). Since we wish to examine just that period of a nurse's professional careers, several of these studies are of high value in our research. For example, studies indicate that newly graduated nurses have a lack of trust in their own knowledge and skills, even though they look forward to use these skills in their new role as a practicing nurse (Ahmade et al., 1981, cited in Hayes et al, 2006, p. 6). If a nurse, on the other hand, have a strong belief in his or her own skills and get this belief disconfirmed, the new nurse can experience a stress and dissatisfaction (Thrysoe, 2011, p. 15). Both the insecurity and the excite expectation of work are examples of expectations, even if they are somewhat conflicting. This conflict has the potential to cause a nurse to, early in his or her career, consider voluntary turnover. Ahmade et al. (1981, cited in Hayes et al, 2006, p. 6) states that nurses who experience a dissonance between school-taught values and workplace-taught values can feel dissatisfied with their choice of career. This transition period problem is further illustrated by Kramer (1974, cited in Hayes et al, 2006, p. 6) who describes the nurse's situation as a “reality shock” when nurse graduates think that they are prepared for a situation but ultimately finds out that they are not.

3.5 Summary

In this chapter we have presented the theoretical framework which will serve as a foundation in the construct of our interview guide and our analysis. As our focus area connected to turnover intentions is job satisfaction we presented the Affective Events Theory in order to explain the relationship between moods, emotions, events, stress, and job satisfaction. We also presented the Job Characteristics Theory which is the foundation of our examination of job satisfaction. The five main job characteristics of the Job Characteristics Theory were used to construct our interview guide, as we asked the nurses questions on what they expected from, and how they experienced, their job.
The theories we presented on expectations and motivations are intended to show how people make decisions based on expectations, and also that they experience dissatisfaction when they are not rewarded with what they were expecting, or if their effort doesn’t lead to a reward. We are connecting the theoretical areas that we have presented above in order to examine how the nurses who are participating in our study was expecting the nurse occupation to be, and how they perceive that their expectations were confirmed. To frame the special circumstances our research takes place in, we also present literature which relates to problems experienced during the transition from student to worker.

4 Practical Method
This chapter describes the practical method and sampling framework of our empirical study. We will explain the development of our interview guide in relation to our research question and the purpose of this thesis and we will describe in which manner and environment we conducted the interviews that are the foundation of our analysis. Finally, we will present what ethical considerations we have made in our gathering of primary data.

4.1 Sample
In research, an entire population is known as a census while a part of the census is known as a sample (Bryman & Bell, 2011, 712). In an ideal setting a researcher would collect primary data from an entire population. For some researchers this is doable as the size of the population is manageable (Saunders et al., 2016, p. 274). However, it is not a certainty that a census would provide a better result than a population sample (Saunders et al., 2016, p. 274). According to Saunders et al. (2016, p. 274) a sample provides a reasonable alternative to a census if three conditions has been met. These three conditions are: it would be impractical to survey an entire population, a budget constraint prevent you from surveying an entire population, and time constraint prevent you from surveying an entire population (Saunders et al., 2016, p. 274). We consider these three conditions to have been fulfilled by us, with the exception that we do not technically have a budget (other than time and our own labor, that is). With this in mind, we decided to sample the population rather than gathering our primary data from a census.

The techniques that can be utilized for sampling can be divided into two categories: probability or representative sampling, and nonprobability sampling (Saunders et al., 2016, p. 275). Probability sampling is characterized by random sampling, meaning that each member of a population has the same chance to be in a sample of the population (Bryman & Bell, 2011, p. 717). A nonprobability sample is characterized by nonrandom sampling, meaning that not all persons in a population has the same chance to be in a sample of the population (Bryman & Bell, 2011, p. 716). Saunders et al. (2016, p. 276) identifies four main sampling techniques associated with probability sampling: Simple, Systematic, Stratified, and Cluster, and four sampling techniques associated with nonprobability sampling; Quota, Purposive, Volunteer, and Haphazard.

Our primary intent was to gain access to lists of employees at Norrlands University Hospital from Västerbottens County Council (Västerbottens Läns Landsting). From this list we would
be able to create a random sample for our study. In this case our preferred sampling method would have been a simple random sample. Unfortunately, VLL refused our request because they did not want to submit employee records to us on account of that it could be a violation of the integrity and privacy of the employees. VLL also did not want to help us create a sample since they already had several research partners to aid.

When our effort to gather a random sample failed we had to turn to a new method. Saunders et al. (2016, p. 285) states that researchers who does not have a sampling framework available for him or her should consider using a non-probability sample. Saunders et al. (2016, p. 296) also state that if access to a population is limited, or difficult, a researcher should utilize either snowball sample or self-selection sampling. The choice between snowball sampling and self-selection sample is made with consideration to how difficult it is to gain access to individuals within a population (Saunders et al., 2016, p. 296). We argue that we would have difficulties to reach the population without help from Västerbottens County Council, members of the organization, or population. The fact that we would have considerable problems to reach the population we wish to examine leads us to use snowball sampling to gather data.

As a researcher wishes to pursue a snowball sampling technique to gather his or her data the researcher needs to follow a four step instruction (Saunders et al., 2016, p. 303). These steps are: 1) make contact with one or two cases in the population, 2) ask these cases to identify further cases in the population, 3) ask these new cases to identify further cases in the population, and 4) stop when no new samples are given, or the sample is as large as is manageable (Saunders et al., 2016, p. 303).

When following the first step of snowball sampling, finding initial members of a population, we used our personal contacts with two newly graduated nurses who are working at Norrlands University Hospital. We made the decision to have two initial persons, starting the snowball sampling, in order to have a more diversified sample and to limit the chance that the initial case only choice other members of the population who shared his or her views as this is mentioned as a risk by Saunders et al. (2016, p. 303). The sample becomes more diversified in the sense that, with two starting persons, two different groups of friends will be sampled, at least two different hospital wards will be sampled, and two different sets of university friends will be sampled. The two nurses who started our sampling have no direct relation to each other, and they identified further members of the population independently from each other. We then asked the two initial nurses to identify other nurses who would agree to be interviewed for our survey. We asked them to select an as diversified group of individuals as possible with the main criteria that they had not been graduated nurses for more than four years.

Saunders et al. (2016, p. 297) states that the minimum size of a nonprobability sample for a study which conducts semi structured or in depth interviews is 5 to 25 respondents. Since we consider our population fairly homogenous; same education, same profession, same nationality, same geographical location etc., we decided to not ask the nurses to identify additional nurses.

The sample we obtained consisted of eight nurses. Out of these eight nurses, five were female and three were male. It could be argued that it would be preferable to have a 50/50 distribution
between the genders. However, the distribution of five female nurses and three male nurses is a better representation of the Swedish nurse force. In 2007 nine out of ten Swedish nurses were female, and the representation was the same at the nurse educations (SCB, 2010, p. 47). The great divide in gender representation is expected to change very little. In 2013 approximately 13% of the nurses are expected to be male (SCB, 2010 p. 47). Our sample also got a relative spread in age representation. The youngest interviewee was 24 years old, and the oldest was 32 years old. The reason that we did not have anyone older than 32 years was likely that we set a limit of four years of nursing experience. Three of the nurses in our sample had less than 6 months of experience, three of the nurses had between 6 and 18 months of experience, and two of the nurses had three, respectively four years of experience.

4.2 Data Collection

Interviewing is the most used data collection tool used in qualitative research (Bryman & Bell, 2011, p. 465). The flexibility of the interview is often what’s makes it so attractive to researchers (Bryman & Bell, 2011, p. 465). However, this flexibility is a foundation for misunderstandings and blurred lines between different kinds of interviews and methods for collection of primary data.

Saunders et al. (2016, p. 390) identifies three different categories of interviews: structured interviews, semi-structured interviews and unstructured interviews. A structured interview is a standardized set of questions which are identical every time they are asked (Saunders et al., 2016, p. 391). These standardized questions often have predefined answers as they are used to collect quantifiable data (Saunders et al., 2016, p. 391). Structured interviews are used when a researcher wishes to conduct a quantitative study (Saunders et al., 2016, p. 391). Semi-structured interviews are, in comparison to structured interviews, used in qualitative research (Saunders et al., 2016, p. 391). As such, questions do not have fixed answers but the researcher asks questions from a list of themes he or she wishes to cover (Saunders et al., 2016, 391). The interviewer may have a set of key questions which are to be answered but questions might be altered between different interviewees to fit different settings (Saunders et al., 2016, p. 391). Interviewers can also change the order of the questions to fit the flow of the interview (Saunders et al., 2016, p. 391). Additional questions may also be added in order to explore a subject during the interview (Saunders et al., 2016, p. 391). The third type of interview is the unstructured interview. This is an informal type of interview which is meant to explore a general area in-depth (Saunders et al., 2016, p. 301). The interviewer must have an idea of what area or aspect of an area he or she wishes to explore but other than that there is no predetermined list of questions that should be asked (Saunders et al., 2016, p. 391). Instead, the interviewer and the interviewee have a free discussion concerning an event, beliefs or behavior etc., giving the interviewees opinions the opportunity to freely emerge (Saunders et al., 2016, p. 391).

Saunders et al. (2016, p. 391-392) also differentiate between different kinds of interviews with regard to the number of participants in the interview. Interviews can be conducted with one interviewee or with a group of interviewees (Saunders et al., 2016, p. 392).

Saunders et al. (2016, p. 393) identifies four situations when a researcher should use semi-structured or in-depth interviews. These situations are: purpose of the research, importance
of establishing personal contact, nature of the data collection questions, and length of time required and completeness of the process (Saunders et al., 2016, p. 393). These four categories will be explained further below.

If the purpose of the study is exploratory and involves exploratory elements, semi-structured or in-depth interviews are good ways to collect data, and the same goes for explanatory research or research involving explanatory elements (Saunders et al., 2016, p. 394). This is because the researcher can probe deep and build on the information given in the interviews, it also gives opportunity to get explanations, which is especially important if the researcher applies an interpretivist philosophy and is concerned with the understanding of interviewees answers (Saunders et al., 2016, p. 394).

Semi-structured or in-depth interviews should also be conducted if there is a need for personal contact to be established. These reasons might include that participants feel that they do not wish to share sensitive information to someone they have not met in person or they might also not trust the way the information will be used (Saunders et al., 2016, p. 394). If deeper answers are required, participants might be reluctant to spend too much time writing answers and thus they might refuse to participate in a survey (Saunders et al., 2016, p. 394). Finally, studies have found that some participants, for example managers, often agree to be interviewed in order to take the opportunity to reflect on current work or an interesting topic (Saunders et al., 2016, p. 394).

Semi-structured or in-depth interviews are likely to be superior methods of data collection under three circumstances: if there are a large number of questions, if the questions are complex or open ended, or if the order and logic of questioning may vary between different interviews (Saunders et al., 2016, p. 394).

Finally, the length of time required and the completeness of the interview process might affect if a researcher should conduct a structured interview or a semi-structured or in-depth interviews. If a lengthy session is necessary to get the wanted information from the participant a semi-structured or in-depth interview is preferable (Saunders et al., 2016, p. 395).

If we observe these four settings where semi-structured or in-depth interviews are suitable options, we can conclude that one of these two interviewing techniques are suitable for our study. The purpose of our study is to explain the role of expectations in nurse turnover intentions and we approach research with an interpretivist view. We consider the need for personal contact in our interview setting to be of utmost importance since we need the trust of the interview participants as they will reveal personal and sometimes sensitive information such as their personal motivations or problems they have with their employers. We also need to be able to personally tell them how their answers will be used and answer their questions on the matter since the information they give us might be believed to be problematic for the interviewees if their employers saw it, for example if they criticize aspects of the organization or their co-workers. We also hope that the participants will reflect on the importance of their own expectations throughout the interview and thus be able to give us more insight in the problem. Further, the nature of our data collection is such that we want to ask more complex
and open questions which makes a semi-structured or in-depth interview the suitable interview technique for our study.

So we can conclude that we should be using either semi-structured or in-depth interviews to collect the primary data we need to conduct our study. So to determine which of the two techniques we should utilize we follow Saunders et al. (2016, p. 393) who recommends researchers to conduct a semi-structured interview if the goal of the study is to be explanatory. We wish to conduct an explanatory study as we research the perceived relation between expectations, experiences and turnover intentions of nurses. However, we will incorporate in-depth questions in our interview guide to gain context for the interviews questions. For example, we will ask more specific questions on known turnover intention driving themes such as stress and job satisfaction but also ask more open questions allowing the nurses to discuss what they consider to be driving a turnover intention and the role of expectations within these issues.

4.3 Interview Guide and Interview Settings
To aid us in our semi-structured interviews of the nurses of Norrlands University Hospital we constructed an interview guide. Since previous research had pinpointed that the transition period was an extra sensitive time for nurses, seen from a turnover point of view, we decided to ask questions relating expectations to the transition period. As we also wished to examine job satisfaction, we constructed questions relating to job satisfaction from the existing theory. The assignment characteristics outlined in the Job Characteristics Theory was used as a foundation for questions concerning job satisfaction. We constructed open questions to examine the nurses’ early expectations and motivation, and we asked open questions about the nurses’ general opinions on the nurse profession, and we asked how the nurses thought about turnover. The Interview Guide can be seen in its entirety, in Swedish, in Appendix 1.

Bryman & Bell (2011, p. 477) identifies nine kinds of questions which could be used in an interview guide for qualitative research. These questions occur in most qualitative interviews and are: introducing questions, follow up questions, probing questions, specifying questions, direct questions, indirect questions, structuring questions, and interpreting questions (Bryman & Bell, 2011, p. 477-478). After an introduction where we inform the participant on the research subject, interview time frame, recording, and anonymity we will start the interview with an introducing question, asking the interviewees why they started to study to become a nurse. This will include questions on motivations and very early expectations.

We conducted our interviews in private rooms at Umeå University. The settings of the interviews were important for several reasons, including safety, privacy, and recording quality. The rooms in which we held the interviews were known to us as quiet and private, with good potentials for sound quality (no echoes etc.) and lockable doors. Before each interview we also did a sound check so that we were able to position our recording device ideally for each interviewee. This setup gave us genuinely good settings for a successful interview. However, for the convenience of our participants we also offered them to conduct the interview at a distance, through telephone or Skype. These interviews were harder to make sure that the setting were good but we made sound checks before the actual interviews started to make sure the recording quality were adequate.
We recorded the interviews using a computer as an electronic aid which is recommended by Bryman & Bell (2011, p. 486). The electronic recording device also let us keep the recorder going until the interviewee has left the room, even after the interview is over, as recommended by Bryman & Bell (2011, p. 487). The electronic recording is also preferable because it provides a superior audio quality which aides in the transcription process. The recording device is also used for convenience and the possibility to record audio in a way which ensures the security of both the audio file and the anonymity of the interviewee.

To get a consistent quality throughout the interviews we decided to only have one main interviewer who conducted all the interviews. At the same time the partner was seated on the side of the interview table while he was taking notes, managing the recording device, and keeping an eye on the overall development of the interview, alerting the main interviewer if something was to be clarified in the interview or if a question was forgotten or overlooked etc. One of our goals was to create an informal and relaxed setting in which we could conduct the interview. This is easier to achieve if there are several interviewers (Bryman & Bell, 2011, p. 474).

We conducted 8 interviews when we collected primary data for our study. The alias for each of the participant, age and gender of the participants, the participants experience as a nurse, place of interview, length of interview, and date for the interviews can be found in Table 2, which is placed below. The names of the interviewees have been changed to accommodate our promise of confidentiality. The aliases can, as stated, be seen below in Table 1.

Table 2. Interviews

<table>
<thead>
<tr>
<th>Participant alias</th>
<th>Gender</th>
<th>Age</th>
<th>Experience as a Nurse</th>
<th>Length of interview</th>
<th>Date of interview</th>
<th>Place of interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harley</td>
<td>F</td>
<td>27</td>
<td>10 months</td>
<td>26:23:00</td>
<td>8th April 2016</td>
<td>Umeå University</td>
</tr>
<tr>
<td>Oswald</td>
<td>M</td>
<td>24</td>
<td>3 months</td>
<td>27:48:00</td>
<td>12th April 2016</td>
<td>Umeå University</td>
</tr>
<tr>
<td>Selina</td>
<td>F</td>
<td>25</td>
<td>3 months</td>
<td>33:37:00</td>
<td>12th April 2016</td>
<td>Skype Interview</td>
</tr>
<tr>
<td>Harvey</td>
<td>M</td>
<td>25</td>
<td>9 months</td>
<td>46:32:00</td>
<td>13th April 2016</td>
<td>Umeå University</td>
</tr>
<tr>
<td>Antonio</td>
<td>M</td>
<td>30</td>
<td>4 months</td>
<td>36:01:00</td>
<td>19th April 2016</td>
<td>Telephone Interview</td>
</tr>
<tr>
<td>Barbara</td>
<td>F</td>
<td>24</td>
<td>18 months</td>
<td>30:36:00</td>
<td>20th April 2016</td>
<td>Umeå University</td>
</tr>
<tr>
<td>Pamela</td>
<td>F</td>
<td>27</td>
<td>3 years</td>
<td>21:43:00</td>
<td>25th April 2016</td>
<td>Telephone Interview</td>
</tr>
<tr>
<td>Martha</td>
<td>F</td>
<td>32</td>
<td>4 years</td>
<td>39:59:00</td>
<td>1th May 2016</td>
<td>Skype Interview</td>
</tr>
</tbody>
</table>

4.4 Transcribing

The advantages of recording and transcribing an interview is highlighted by Heritage (1984). We decided to record and transcribe the interviews for some of the reasons pointed out by Heritage, in addition to it being a requirement for our method of analysis. Recording and transcription helps the researcher overcome the limitations of the human memory, it allows a thorough examination of what people said, and it permits repeated examinations of interview answers. Wengraf (2001, p. 212) defines transcribing as the “the written version of the interview with as many annotations and commentaries as you see fit”.
As researchers conduct qualitative research they want to probe for deeper answers and ask follow-up questions during the interviews (Bryman & Bell, 2011, p. 482). This however makes it harder to take notes during the interview and thus the interviewer needs to record the interview. Recordings are also superior to notes for the qualitative researcher since the recording will capture the way something is said while notes are most likely to only capture the general themes of the answer to a given question (Bryman & Bell, 2011, p. 482). However, a problem occurs when there is only a recording of a conversation. The solution is to transcribe the interview. When a researcher has recorded an interview he or she will be required to transcribe parts of the interview or the whole interview (Saunders et al., 2016, p. 416). Bryman & Bell (2011, p. 482) also states that a recorded interview should be transcribed but is of the opinion that this should always be done if possible. The main problem with transcribing, and especially with transcribing the complete interview, is that the transcribing is very time consuming (Bryman & Bell, 2011, p. 383). Yet it is most often worth the cost in time as interviewees words are preserved and at the same time the analysis often starts organically during the transcription (Bryman & Bell, 2011, p. 483).

Bryman & Bell (2011, p. 484) states that there is a problem when a person who is disconnected from the research problem or the interviews is doing the transcribing. To assess this problem, we will do the transcriptions ourselves. The person who transcribe our interviews is the person who took notes and observed during the interview itself which we hope can make sure that the transcriber easily can follow the flow and context of the interview since it won't be the first time he hears it.

We decided to hold the interviews in Swedish for three reasons: firstly we trust in our ability to translate a text more than we trust our ability to conduct an interview in English, secondly we had no prior knowledge about the language skills of the persons we interviewed so to avoid language barriers and avoid holding interviews in different languages with different people we held the interviews in Swedish, and thirdly we hope that the analysis of the data will go smoother if we can analyze it in Swedish and then translate the data into English. Xian (2008, p. 233) identifies three key issues a researcher might face and should consider while translating a transcribed interview. The first translation issue is linguistics: this issue occurs when the interviewer or interviewee uses a phrase, a word or a grammatical construct which does not exists in the language which the researcher translate to (Xian, 2008, p. 233). The second issue is sociocultural: this issue would occur when the interviewer or the interviewee uses an idiom which do not apply or make sense in English, or another language you translate into (Xian, 2008, p. 233). Xian (2008, p. 233) recommends the usage of footnotes to explain the idiom to the reader. The third translation issue is methodological: a researcher might impose his or her knowledge authority on a foreign culture on the translation process (Xian, 2008, p. 233). We will keep these identified problems in mind when we translate the findings. As we consider the Swedish and English languages to be closely related to each other and the cultures are much alike as well we anticipate that we will be able to overcome most translation issues we will encounter.

4.5 Data Analysis

Saunders et al. (2016, p. 569) states that a researcher has to decide on an approach to his or her analysis. There are two ways to approach an analysis, these two approaches are: deductive
approach and inductive approach (Saunders et al., 2016, p. 569). Throughout this study we have used an inductive approach and we will do the same in our analysis. As we use an inductive approach we have developed large parts of our theoretical framework after the collection of data in order to frame the themes we discover as we collected data. However, we will not use grounded theory as the foundation of our analysis, as is common for researchers engaging a study with an inductive approach, but rather use a thematic analysis which can be used by researchers regardless of their methodological background (Braun & Clarke, 2006, p. 81). Thematic analysis used in combination with an inductive approach gives us as researchers the ability to derive themes from the data rather than from existing theory, even if existing theory is used to construct e.g. interview questions (Saunders et al., 2016, p. 579). The inductive approach also gives us the option to modify our research questions and research purpose, depending on the themes we discover in our data (Saunders et al., 2016, p. 579).

Thematic analysis is a technique a researcher can use to identify and analyze patterns in a set of data (Braun & Clarke, 2006, p. 79). Even though thematic analysis is a widely used method there is no true consensus in how it should be carried out. Braun & Clarke (2006, p. 79) consider it to be a poorly branded method which is ill defined and it does not exist in in the same manner as other named methods e.g. narrative analysis or grounded theory. Braun & Clarke (2006, p. 80) also argues that a lot of researchers use versions of thematic analysis but calls it by a different name but also that researchers who does not define the way they analyze his or her data also often use versions of thematic analysis.

Thematic analysis can be used by many different researchers and for many different purposes, perhaps contributing to the problems of defining it, on account of its methodological freedom. Researchers who wishes to utilize a thematic analysis method does not need to apply themselves to specific methodological positions, as for example researchers applying a grounded theory have to use an interpretivist approach (Braun & Clarke, 2006, p. 81).

Braun & Clarke (2006, p. 87) makes an effort to create a clearer structure for thematic analysis and to that end they defines a six step process that a researcher should follow as he or she is doing a thematic analysis. These six steps are: 1. Familiarize yourself with the data, 2. Generating initial codes, 3. Searching for themes, 4. Reviewing themes, 5. Defining and naming themes, and 6. Producing the report. We will review and make ourselves familiar with our data in chapter 5 and in the next section of this chapter we will describe our coding process.

Braun & Clarke (2006, p. 82) define a theme in the following way: “a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set”. The data that makes up a theme does not necessary need to re-occur in several of the sets of data, or interviews, a researcher has access to because of the qualitative nature of the data (Braun & Clarke, 2006, p. 82). However, the ideal is that there is some consistency between some of the data sets (Braun & Clarke, 2006, p. 82). Since there is no clear definition on how consistent a theme needs to be across a data set, or how large a theme needs to be within a data set, the most important aspect
that determines what is a theme is the researcher's judgement and argumentation (Braun & Clarke, 2006, p. 82).

4.6 Coding
According to Bryman & Bell (2011, p. 584) coding is the starting point for most qualitative data analysis. The coding process is used to place data with similar meaning into categories (Saunders et al., 2016, p. 580). The main idea of coding is to label data within a data set, in our case an interview transcript, with a code which capture the data's general meaning (Saunders et al., 2016, p. 580). Examples of question general data categories can be based on are: what is happening here?, what are people doing? What is this item of data about? Etc. (Bryman & Bell, 2011, p. 585). As the researcher examine additional sets of data he or she will mark data with similar meaning with the same coding (Saunders et al., 2016, p. 582). As we use an inductive research approach we will code all, or at least most, of our data since we must search for all possible meanings and themes in our data (Saunders et al., 2016, p. 582). Still, there are deductive elements in our study since we collected our data by examining certain predetermined themes.

Saunders et al., (2016, p. 582) identify three different types of coding which can be used in the coding process. These three types of coding are: codes based on terms used by participants which are recorded in the data, labels the researcher develops which describe a unit of data, and codes which are based on terms used in existing literature. We will foremost use the two first types of codes, known as data driven codes, since we are working from an inductive approach. Our main approach to coding will be codes that we develop ourselves.

Bryman & Bell (2011, p. 586) presents eight general steps and recommendations a researcher should remember as he or she is coding primary data: code as soon as possible, read through the initial set of transcripts, do it again, review your codes, consider theoretical ideas which are related to the codes and data, remember that a data set can be coded with more than one code, don't worry about generating what seems to be useless codes, and keep coding in perspective. We will follow these eight guidelines as we categorize our data prior to our analysis.

We will code and present our empirical data in the same manner as we have themed our interview guide. This means that we code from the categories: Early Expectations, Transition from Student to Practicing nurse, General Opinions on the Nurse Profession, Job Satisfaction, and Turnover Intentions. This is done since we wish to observe the process of expectations and their confirmation, or disconfirmation, over time, and also observe in what time area different expectations are created. In order to keep this structure, which takes time into account, we will also find our main themes and subthemes within these categories of data. Thus, for example, confirmations or disconfirmations will be divided in to two different categories. One category consisting of expectations relating to job characteristics and one category consisting on expectations of the general profession.

4.7 Ethical Considerations
Ethics in research is defined by Saunders et. al., (2016, p. 183-184) as “the appropriateness of your behavior in relation to the rights of those who become the subject of your work, or
are affected by it”. This definition points out the importance of not exposing the interviewees of this study to any uncomfortable situations or problems from their participation in this research project. These are potential challenges that we as authors will try to battle during the making of our thesis with the assistance of some different guidelines and frameworks that contains the basic principles of performing a study in the field of social science. These frameworks will be presented below.

The USBE Thesis Manual (2016) highlights six general ethical principles that a researcher at the USBE must follow. These principles are: participants in a study must be given enough information to give an informed consent, participants shall not experience inconvenience on account of their participation, promises of anonymity must be maintained, handling of data must be carried out within the law, the researcher may not act deceptively in data collection or data reporting, and finally any commercial or other interests must be disclosed (USBE Thesis Manual, 2016, p. 6). These six principles are key issues to address in the making of a research project and will therefore be kept in mind and be a part of the foundation of our ethical consideration.

Kvale & Brinkmann (2009) writes specifically about the ethical aspects of studies that includes interviewing and states that there are four main fields in the guidelines. These are; informed consent, confidentiality, consequences and the role of the researcher (Kvale & Brinkmann, 2009, p. 68). They define informed consent as “informing the participants about the overall purpose of the investigation and the main features of the design, as well as of any possible risks and benefits from participation in the research project”. Confidentiality refers to the issue of not revealing personal information, statements or other details that could be used for identification of the interviewee (Kvale & Brinkmann, 2009, p. 72). Kvale & Brinkmann (2009, p. 73) states that researchers have to consider the potential negative consequences and harm which can occur for an interviewee through participating in a study. Lastly, the role of the researcher is explained as the responsibility of the researcher to actually know about and follow the guidelines which concerns the ethical behavior in research (Kvale & Brinkmann, 2009, p. 74).

UNESCO’s code of conduct for social science research outline an ethical framework consisting of 19 parts (UNESCO) which we have to the best of our abilities tried to follow and adhere to for the greater good of both the thesis itself, and all the people involved and affected by it. There are a lot of different advice and guidelines included in this code of conduct, and here we will present a shorter summary of some of the most relevant for this study: One of the issues presented by UNESCO is that the authors of a research project are supposed to take responsibility for the whole procedure and the ethical aspects that comes with it (UNESCO). Another issue that is raised is that one must keep in mind the potential effects of the work performed and presented in the study (UNESCO). A researcher must also try to avoid, as much as possible, any bias when conducting a study (UNESCO). It is also stated that the informants “dignity, privacy and interests should be protected at all times” (UNESCO). Informed consent has also to be given by all the participants in a study for the study to be performed in an ethical manner (UNESCO). Lastly, we as authors need to provide correct citations and references in order for readers to be able to see what previous authors and researchers have done (UNESCO).
The ethical aspects of the interviews were considered throughout the whole project, but especially in the beginning of the interview when we informed the participant about what the study is about, his or her right to withdraw from the interview as a whole, that he or she can refuse to answer a specific question, that the participant will be given anonymity and the length of the interview. The Thesis Manual (2016) makes a difference between two kinds of anonymity: anonymity in the sense that a person's real name is replaced but data given by the person can show who he or she is, and complete anonymity. Even though we in our study cannot provide complete anonymity, since the respondents reveals facts on their work life situation and personal thoughts which could potentially give away their identity and since they revealed their identities to us as researchers, we have made sure not to include any facts that are not relevant for the purpose of the study which could have made it possible for others to figure out the identities of the participants. This was important to us because of the nature of the information the participants of our study could share, for example critique against his or her employer or coworkers. As we see it, the only threat against the anonymity of our participants is that we used snowball sampling and thus some of the respondents know each other and know of each other's participation. After the interview, we practically ensure the anonymity and security of the interviewees by keeping the recordings of the interviews on a password protected Dropbox account rather than on a USB memory stick which could be misplaced or on an unprotected hard drive for anyone with access to the computer to see. We also never wrote down the names of the interviewed persons in any of the transcriptions that could be handed out to someone who would like to review our work or use our primary data as his or her secondary data, but instead we immediately coded the transcriptions with aliases. Once the transcription was finalized we, the researchers, listened to the recording together to make sure that everything was correct and then we deleted the recordings.

When we had contact with the participants we always made sure that we did not mention any of the other interviewees in the conversation and we always sent individual emails. This was done to make completely sure that the participants could not see the other participant’s emails. We also used our private email accounts for this correspondence. Since our university email accounts exist on servers belonging to Umeå University the content in all emails sent to and received from this email account would fall under the Public Access to Information and Security Act (Öppenhetsprincipen) and access could be claimed by any individual, media organization or state entity in Sweden (Regeringskansliet).

When we first made contact with the participants of our study we took several steps to ensure minimal or no inconvenience for our interviewees. We offered them to set a time for the interview so that they could fit the interview into their schedules in a convenient way. In this process we emphasized our flexibility to do the interview when the interviewee wished. We also offered a variety of ways to do the interview. We told the interviewees that we could do face-to-face interviews in a sealed of room at Umeå University, skype interviews, or telephone interviews.

To ensure the correctness of our data and to avoid any chance of conflict with the USBE Thesis Manual 2016 instruction against tampering, or deceiving acts, in the collection or reporting of data we offered to send the transcription of the interview, once completed, to the interviewee. This was also done with the goal set on trying to solve the issue with confidentiality explained by Kvale & Brinkmann (2009, p. 73) which is that confidentiality,
if misused, can protect the researchers attempt to falsify findings and results. Therefore, if they noticed anything which they had not said or something we had misinterpreted, we would immediately change the transcription. In the same manner, we offered to share our final work directly with the participants.

4.8 Summary
In this chapter we have described the practical methods we used to create a sample, collect and analyze data. We used snowball sampling to create a sample of eight nurses, with which we conducted semi-structured interviews. The data was coded from the structure of the interview guide. The data was then analyzed using a thematic analysis method.

5 Empirical Findings
In this section we will present the primary data we collected by conducting interviews with nurses at Norrlands University Hospital. Most of the data we collected will be presented but the data we deem to be too repetitive or of no importance to the subject will not be shown here. We present the data in the same structure we made use of in our interview guide: early expectations, Transition from student to nurse, general experiences of the early nurse career, and the nurses thoughts on turnover intentions.

5.1 Early Expectations
We asked the nurses questions about their expectations on their careers as nurses prior to their studies, their motivations for becoming nurses, and if they had any concerns as they decided to study to become a nurse. This was done because we wished to gain an understanding of the role early expectations played in how the nurses viewed their job and profession.

When we asked the participants of our study why they started to study nursing at university level they had many different reasons, but the promise and safety of a future job was a general theme throughout the answers. One of the Martha answered that she had previous studies at the university but that she realized she wished to study to something which would provide her with a job when finished: “I started doing random courses … But I realized I had to study something which could give me a job”. She also wanted an obvious choice of job after she finished her studies: “I wanted a concrete profession, where it is obvious what you were becoming”. But even if she wanted a concrete job, the sure promise of a job was also important: “I wanted to become an X-ray nurse but then you will get very niched and you can only work with that”. Harvey said that he “needed an actual job when I got home from two and a half years of work in Oslo”. Harley decided on the nursing education because she “had to get an education and a job since I felt as if I had to do something with my life”.

Another common reason for deciding to study nursing is the wish to work with people. Pamela stated that: “I wanted to work with people … so I thought I should give the education a try”. Barbara joined in and stated that: “I thought it would feel meaningful … I like working with people, it feels important to me”. Antonio said that “I needed an employment and I wished my job to feel meaningful”. Selina got some early experience of the nursing profession as she worked at a nursing home for the elderly in the summer: “I worked in a nursing home
for the elderly one summer and then I felt like I wished to work with people and help sick people”. The interviewee got an early experience and then she felt like she wished to work in the environment in the future.

Harvey choose his future education much on account of his family's trade: “It runs in the family, my mom is an intensive care nurse, so I have grown up with the profession so to speak. I have heard stories from the nursing profession my whole life”.

Oswald decided to study to become a nurse after he worked with nursing in Norway where he “met a couple of male nurses who inspired me. I thought that their job seemed to be interesting”.

Further, we asked the nurses what expectations they had on the nurse profession prior to the start of their education. We observed four main categories of answers: expectations on stress, expectations on responsibility, expectations on patient relationships, and expectations on working with people.

Harley assumed that the profession would be very stressful, no matter where she would be working. She stated that: “I think I knew that it (the job) would be very stressful, this was based on what I had heard from people, but also through general preconceptions e.g. from media”. She also stated that “even though I thought that the job would be stressful I thought that at the end of the day it would pay off, as I did something good for someone else. Both of these expectations most certainly came true”. Selina also had expectations on a stressful job: “I was pretty nervous about entering what I thought was a very stressful profession”. Antonio agreed as he thought the job would be “rather intensive”.

Martha had expectations concerning personal contact with the patients: “I had great expectations on patient contact, since it was the reason I started studying to become a nurse to begin with. It was simply the reason I wanted to become a nurse. I have always loved working with people and as a nurse I wanted to help people feel like people”. Selina also had expectations on working with people: “I had clear expectations regarding patient contact, and being able to help them with their treatment”. Barbara was expecting patient contact, but got disappointed: “I thought it would be more direct contact with the patient but i realized that you get to spend a lot of time on the phone and doing supporting assignments”.

Another clear expectation on the profession that several of the participants in the study shared was the expectation on responsibility. Selina said: “I was nervous that it would be a job with a lot of responsibility. I was simply nervous for what would happen if I could not live up to the responsibility that would be placed on me”. Harvey also expected the job to come with a large portion of responsibility: “I thought I would have to take medicinal responsibility … (and) have responsibility for ordinations”. Pamela stated: “I was worried that I would make a mistake. Especially that I could make a mistake because I was being too stressed … It was the same fear I had when I started working”.

Oswald said that he entered the nurse studies with next to no expectations but he had a general idea of what he would do as a nurse.
When asked what the nurses considered to be their greatest worries about their future career prior to their studies, the overwhelming theme of the answers was the responsibility that expected to have over life and death. Oswald said that “the responsibility is the biggest worry you have, it is a great responsibility and so much is depending on you doing things correctly and the repercussions could be enormous. For example, if you do not notice a symptom”. Harvey joined in, and stated: “I was worried that I might kill someone! Like if you gave wrong medicines, or the wrong amount of medications. I definitely thought about the responsibility i would have over the lives of the patients and that a mistake would haunt me”. Antonio did not have the same clear picture but he thought of one thing he definitely remembered having worries about as he chose his education: “I guess you have worries about life and death situations and the responsibility that would be placed on you as an individual”. Pamela had expectations on stress but the biggest worry was what the stress could lead to: “You are worried to mess up, for example with medication ... when you are stressed, you could do a mistake”. Finally, Martha had no particular worries before she started her nursing education but she remembers that she very early in the studies started to worry about the responsibility: “You don't really understand what the job is about until you are actually in it, or at least studying it ... From the beginning of the education I was worried about medication, that I would not give it in the correct way or make a calculation error”.

Although the medical responsibility was the most general worry of the interviewed nurses’, other matters were paid attention to as well. Barbara worried about the working hours: “I remember that the thought of entering into a profession where I could be expected to work evenings, nights, and weekends was worrisome. However, I have worked like that before so I knew what I was engaging in”.

Two of the interviewees (Harley and Selina) were both worried about the stress of the job. Harley stated: “If I worried about anything before I started studying it was definitely the stress and the lack of personnel ... I got this (the stress) confirmed when I worked as an assistant nurse in the summers during the education”. Selina also remember that the expectation of stress was a big worry: “I was nervous because I had heard (From media and family) that it would be an extremely stressful profession. ... As I started to go on internships the fear of stress intensified and I remember thinking: “well... Have I really picked the right profession? Should I keep on doing this when I immediately got dissatisfied?” but when I got to the hospital it was much better organized and there were enough personnel so I was very positively surprised. ... I would have had a hard time remaining a nurse if the stress situation had not been better than what I expected”.

5.2 Transition from Student to Practicing Nurse
We asked the nurses how they were introduced to the working role throughout their education in order to examine how their expectations were shaped and changed during the course of the education. We also specifically asked how the nurses perceived that their internships had affected their expectations towards the nurse profession. There were several answers that reoccurred across the interviews with the nurses. Three of the most prominent categories of answers related to the internships the nurses had done during their education.
Firstly, the internships gave a clear picture of what the job included, but several of the things the nurses got more prepared for, e.g. stress and responsibility, were much different when experienced in real life. Harley stated: “I would say that (that the internships gave a good theoretical insight into the job as a nurse), yes”. Selina thought that the internships gave a clear general picture of the reality of the nurse profession. Harvey thought that the internships gave him 80 to 90 % of his view of the nurse profession.

Secondly, the internships made the picture of the job clearer over time. In other words: The expectations on the job as a nurse were much different during the last period of internship than during the first period of internship. Both the positive and negative aspects of the job got clearer over time, according to Harley. Selina said that her expectations shifted over time but for the worse, mostly on account of the negative atmosphere she encountered among the nurses she met during the internships.

Thirdly, the nurses learned that there are vast differences between the different wards and sections of the hospital. Harley said: “you quickly understood that there were good workplaces and bad workplaces and you were afraid to end up in one of the bad ones. The difference between different workplaces did not only exist between wards that did different things but also between wards that were very similar. The internship experience was also highly dependent on what supervisor they had. Oswald: “you got a good understanding of what kind of places you would like to work in... what would work with my personality”.

Antonio highlighted that he got mild feelings of panic when he actually understood what the job would demand of him. The internships were a way for him to prepare mentally for the challenges he expected to face. Barbara also got something of a mental shock when she did her first period of internship. The stress was overwhelming for her, worse than what was expected, and she expected a lot of stress.

We read from the nurses answers in this section that they got a broader range of expectations. They were afraid to end up in one of the workplaces with high stress, bad facilities and a lot of emotional challenges. They also got a clear picture of what the general work of a nurse could look like. Finally, they got to see what an ideal workplace look like.

We asked the nurses to what extent they felt ready for their new role as a nurse when they were about to finish their studies and take their nurse license. The general answer was that they did not feel ready but the opinions differed on why they did not feel ready, what would have helped them to feel more ready, and if they were more or less ready than they perceived themselves to be beforehand.

Harley said: “no, not completely (ready for the job). It's like taking your driving license, just because you get the license does not mean that you can drive perfectly and independently in traffic”. The unpreparedness caused Harley to evaluate if the nursing profession was for her. The first months were full of doubts of her own capabilities. She argued that she would have needed six more months in school but that she probably never would feel completely ready until she actually started working. However, she thought that she would be more prepared on the mental aspects of the job, such as face to face interaction with the patients and the stress of the job. This attitude is also held by Antonio who states: “no I definitely did not feel ready,
but I think that you just have to throw yourself out there”. Pamela was afraid that she would not be ready for the various real life situations she would face when she started working and that she would be affected by stress. She thought that a longer period of internships would have been good for her Selina did not think that she was prepared for practice and she experienced anxiety in the time before she started working for real. To a large part, this anxiety came from the thought that she would have great responsibility for the patients. However, she quickly realized that she knew more than she thought and that it was a good experience to be able to work without having someone checking over her shoulder, as it had been during the internships. This positive disconfirmation of her expectations made her transition very easy and she never second guessed her decision to become a nurse.

There were also exceptions to the nurses who did not feel ready for their job. Oswald felt ready for the job as a nurse when he was done with his education. This perception was confirmed soon after he started working. Also Martha felt as if she was ready to do the job of a nurse. Her expectation was also confirmed but she pointed out that she knew there was a lot to learn and that her development needed to continue.

The main effect we can observe when it comes to expectations part in preparedness for the new role after the studies is that the majority of the nurses thought that they would not be ready for their roles as practicing nurses. When this insecurity was confirmed they felt prepared for a situation where they were not ready for the job in its entirety, and when they were better prepared than what they thought they got a positive feeling of reassurance.

5.3 General Opinions on the Nurse Profession

We asked the nurses what they thought the best thing was with being a nurse, with their current perspective of being in the early phase of their careers. Two themes that were highlighted by several of the nurses were the contact with patients, where they experience satisfaction for working with people, and the variety of the job assignments. Harvey thought that one of the best things with the job was the variation it offers: “It's a job with high variety, every day brings a new challenge”. Antonio agreed: ”It's an amazingly variating job which makes it very exciting”. Pamela: “It’s the variation, you never know what to expect when you get to the job. Some days it's very calm and sometimes everything happens at once, and then you have to be ready. I find the unexpected situation very exciting and fun”. However, this was nothing she had expected but something that had over time grown to be something she appreciated. Harley thought that the basic practical characteristics of her assignments are satisfying: “I think the practical moments of the job are fun to do, this was something that grew on me as I started working. I never really thought it was fun while I were studying”. Harley added: “it's a plus factor but it's not something that would keep me on the job if, for example, the stress would get out of hand”.

The other main category the nurses spoke of as they explained the best aspects of their jobs were the patient contact and the work with people. Harley: ”I think it's very fun to meet the all the different kinds of people we get to treat”. Oswald agreed on the matter of the people being one of the best aspects of his job: "I am very interested in medicine and the human body and i like that I get to work with that, but also the different kinds of people you get to help when they are having a hard time”. Oswald was, however, disappointed in the amount
of medicinal practice in the profession, both in the job and the education. Selina said that the most positive aspect of the profession was the patients, but also the gratitude received by the patients: "It's mostly when you have patients who are very grateful and pleased with the care you give them". Selina continued: "This was nothing I had reflected on that much. I thought that it would be more mixed response from the patients, since you hear stories about patients who file complaints and who are dissatisfied. The contact with the people, and the (emotional) response you received, was better than I thought before I started working". Harvey said: "You get to meet many lovely people ... the patients share their stories, which is very fun. Then you can joke with them, and that also goes for the people you work with as well. It's very important and fun to have a good communication with the patients you take care of". He knew that this was the general atmosphere at some wards but not at all of them: "I know wards where they have a fun and social atmosphere but I also know that this is not the case everywhere. It (the social atmosphere) is different everywhere, but I hoped for a good workplace". For Martha, the patient contact was very important, so important that she had her schedule altered with the purpose of gaining more patient time: "I like working the night shift since I have to do less administrative work ... you get to see your patients more and the feeling when they say: "oh, how nice that it's you who are here today" is just wonderful. When you get to make the patients feel safe ... it feels very good".

Two of the interviewees (Antonio and Barbara) considered the feeling of meaningfulness to be the most important aspect of their jobs as nurses. Antonio said: "The best thing with it (the job) is that it feels meaningful". Barbara stated that: "The best feeling you can get in the job is when a patient confirmed that you have done a good job". But she had not counted on this to be the best thing with the job, but rather stated that: "To be honest I would have been happy if I could just handle the basic situations in a satisfactory way".

On the question what the worst thing with the nurse profession was, the nurses were more diversified in their answers than they were on the question about the best aspects of the profession. However, stress was a clear theme across many of the interviews. Working hours was also an aspect many of the nurses talked about.

Harley defined her job as: "An emotional rollercoaster ride with sick patients and their families, and sometimes you feel as if you can’t do enough". She continued: "It's about the stress. If you want to do a good job there won’t be enough time to do it for all your patients", "I had expected this (the stress) to some extent but it is different to experience it in a workplace situation". Even if she had expected the stress it was still worse in real life, which is hard to handle: "Even if I was prepared for stress I had not expected it to be this much and I did not expect it to be as large part of how I view my job ... It would be hard to remain at this job at this level of stress". Oswald also spoke of stress as one of the worst things with his job: "It's very stressful sometimes. You have too much to do and too little time to do it. When this happens, it's not good for the patients either". However, he expected the stress which made it easier to deal with: "It was absolutely easier to deal with on a daily basis. I knew what I was getting myself in to". Selina also had an issue with the stress of the profession: "Some days are extremely stressful ... If you have had a stressful period at the job it goes out over your life, you get home and will have a hard time relaxing and you also get sleeping problems". Pamela said: "The worst thing in the job is when you can't take your lunch break on account of stress. I get extremely irritated when I don't get to eat ... The stress
comes when you have to work faster and faster but it is still not enough”. The solution to this problem is to increase the amount of personnel, according to Pamela. She continued: “I was expecting the stress but to a less extent. I read about it in the media but I also got a taste of it while I was doing internships”.

The subject of working hours was also a reoccurring issue for the nurses. Oswald said: “The worst thing with the job is probably the working hours … as I work now it is weekends, nights, and evenings which is very toilsome”. Selina agreed and said: “Right now I consider it (the worst aspect of the job) to be the working hours”. Harvey thought that the general working conditions and the working hours was the worst aspect of the job: “It must be the working conditions and working hours. Those are the factors that I think is affecting my life in the most negative way. It affects sleep, your energy to have a social life. … This is also affected by the stress and workload at the ward, resulting in stress, and is caused by lack of resources”. He was not expecting these problems to affect him as much as they do: “I expected it to some extent but not in this way, I did not think that I would be as tired as I am. But I should say that I think the stress is heavier on this ward than on other wards”. He continued with saying that: “The stress is heavier when you are new … but I was not shocked, I knew it would be a stressful job. … I experience that the better you get at the job the more effective you get. I feel a great difference in how I can handle stress now and when I was new (9 months ago). Everything was new and you needed help with so many things. But the more you learned the less help you needed, you could just do things, and then the stress decreased”.

Oswald also stated that the salary was a negative aspect of the job but that he knew what the salary was prior to the start of his career so he was not disappointed, even if the salary itself was not good.

We asked the nurses what they considered the greatest challenge in their profession to be, thus far in their early careers. Three categories of answers emerged from this question: emotional stress, responsibility, and challenging practical situations (e.g. patients with symptoms which the nurses has no experience with).

Harley is one of the nurses who experience that the emotional aspects of the job are those which can be most challenging. She said: “When a patient has passed away unexpectedly and you have to meet the family...”. Harley was however, prepared for these situations and the education had prepared her mentally, she was absolutely sure that this specific aspect of the job would have been harder if she had not been expecting it. Barbara works with patients who are diagnosed with lung cancer, which means that most of the patients will die. This, according to Barbara, presents a huge emotional challenge, especially when it involves young patients, but it is also very rewarding. The meaningfulness of the job was one of her main reasons for becoming a nurse and the challenges present her with an opportunity to achieve that meaningfulness.

Oswald considered the greatest challenge with his job to be the responsibility he holds. Especially the responsibility the nurse has as the guardian of the patient: “As a nurse you are expected to take the patient's side, challenging the doctors and ask critical questions”. He was expecting the emotional stress so he had prepared for it mentally. Looking back, it was
Selina considered stress to be the greatest challenge with being a nurse, especially being able to prioritize when time and resources are limited. She had expected this to be a challenge and she had prepared for it mentally. She believes that if she had not prepared it would have been even more challenging in the beginning of her work life.

5.4 Job Satisfaction

The interviewees were asked a question regarding their expectations on their tasks in the workplace. Here there were a lot of different suggestions of what they had been expecting before starting their careers as nurses. Two things that was mentioned by various persons was that they had been expecting a great deal of responsibility and stress in the workplace. Selina said: “Yes, I thought that it would be very stressful. That you would not have time for some things and perhaps not have time to eat and things like that”, and about the responsibility she says: “It was the responsibility, it has always been one of the things that I have been worried about, throughout the whole education”. Oswald mentions the responsibility as well: “…I thought that I would have a very big responsibility…” Antonio also mentions both the responsibility and the stress as something that they were expecting as part of their everyday work: “…something in common for all nurses that you were sure of was the stress…stress and responsibility”. Besides these expectations the interaction with the patients was stated as something that Barbara was expecting a lot of: “…I thought that you would be with the patients much more, and I thought that the patients would trust me a bit more”. Moreover, some of the respondents said that they had been expecting an independence in their work. Harley, Oswald, and Martha all said that they expected the independence from the beginning. Antonio also mentions staff shortage as something that he had been expecting. Pamela and Martha did not state any specific aspects of the job that they were expecting beforehand but rather said that the expectations were quite clear after doing internships and summer jobs.

The interviewees were also asked to answer if their expectations on the work tasks were met. Oswald said that both the expectations of independence and the responsibility were met. The same goes for Harley who claims that the expected independency was fulfilled. The same was stated by Antonio about the stress, responsibility and lack of staff. Another Selina said that she had overestimated the responsibility and saw that as a positive surprise. More positive surprises were presented by Barbara, who had expected a heavy workload and nurse shortage: “When I started it (the stress levels and understaffing) was really good. At that time, it was much better than what I had imagined. We had, beside the nurses that are supposed to be in the ward, three more”. One respondent, Martha, felt that the independence was not as great as she had expected before the start of her employment: “I had probably expected the job to be more independent than it really was, initially. And it was probably
because of that I chose to, or pushed for, getting to work nights as fast as possible, because I did not get the independence that I wanted”.

Selina argues that if she had not been expecting a high level of stress she would most likely have perceived the stress as greater. The same goes for Antonio who says that by expecting and preparing for stress, responsibility and lack of resources has helped him cope with the impact of these things: “And I am extremely thankful that I have tried to put some energy on preparing beforehand. Because I benefit from that every time I meet a patient”.

We asked the nurses how they experienced the feedback they received during their early career, and how they perceived that the feedback had affected their transition. The general attitude among the nurses was that they had expected fairly extensive feedback, especially from their bosses, but that they were disappointed in the outcome. Harley: “I absolutely thought that I would get more feedback, both positive and negative, and from most people, both bosses and colleges, in the beginning”. Oswald had not reflected on the amount of feedback she thought that she would get but she agreed that there was too little. She had to ask her boss repeatedly to get a meeting of evaluation. Antonio was very surprised that he did not get more feedback: “The year is 2016 and constructive criticism is nothing new. This organization (Västerbotten County) has existed for a super long time, it is gigantic, there are loads of bureaucracy, and they work with ensuring the quality of every aspect of the organization. I am really surprised that you don’t get more feedback to ensure your competence”.

The nurses also, to a great extent, agreed that the lack of feedback made their transition into their work role more problematic. Harley put it like this: “It would have been great to get some confirmation if you did something in the right or wrong way, especially in the beginning when you were insecure. This definitely would have increased your sense of safety”. Harvey got a satisfying amount of feedback, as he expected, but he agreed that it was important to get the feedback in the beginning of the career. He stated that the feedback was important as part of the personal development and to make sure nothing important was done wrong. Antonio were missing a structural framework for feedback since he thought that it is important with support and continuous feedback that is more formal than when a colleague would give a few words of confirmation. He experiences stress to be one of the most problematic aspects of the job and thinks that there would be less stress if the feedback and confirmation of skills would be better. Barbara stated: “I absolutely think so (that the transition into practice would have been easier with adequate feedback from the boss)”. She further argued that some support, for example when a patient passes away, you could get from your colleagues but there needs to be a level of formal feedback when it comes to early personal development.

We observe a frustration among the nurses in the area of feedback, especially since they generally thought that they would receive a lot, or at least more, feedback than they did. The connection to the transition into the early career is also obvious to most of the nurses. The lack of feedback also has repercussions in form of increased stress, delayed independence from help and support, and a reduced sense of safety.
We asked the nurses what expectations they had on their work environment, physical and psychological. The nurses had, in general, three areas within the work environment where they had expectations, and where they afterwards noticed that the environment was different than what they might have expected. These three areas were: stress, the physical environment, and working hours.

Harley was expecting a stressful work environment and she was also afraid of the working hours which she believed would be hard to handle if she would be forced to work nights or weekends. Her expectations were both confirmed and disconfirmed as the stress was even worse than she believed it would be, but she did not have to work uncomfortable hours in the beginning of the career, which came as a relief and a mental comfort.

Oswald had expected a bad physical environment (buildings etc.) but was positively surprised as the facilities held a high standard of quality. He believes that the high quality facilities increase his job satisfaction and also that the low expectations he held helped in increasing the perceived benefit of the good environment. Selina also had low expectations on the facilities she would be working in. However, her expectations were confirmed as her workplace suffer from sick buildings syndrome\(^1\). This problem in the work environment could definitely cause Selina to terminate her employment, as many of her coworkers has already done. Harvey concurred and stated that the facilities are horrible beyond any criticism. This very strong statement towards the facilities was shared by Pamela who said: “People can't even work in our ward; they can't breathe”. The facilities are not only bad for the nurses but affect the patients as well, according to Pamela. She had not been expecting a good work environment, rater a pretty bad one, but in real life it was even worse than imagined. If she had known that the work environment was this bad she might not have been wanting to work as a nurse at all.

Antonio had expected a very structured and organized work environment but was met by chaos, a chaos which was perceived to increase on account of it being unexpected. He also remarked that the working hours sometimes were horrible and did not give time for recovery between shifts, but this was something he had expected, much because the media had reported on it. However, even though he was prepared it he argues that is was a completely different thing to experience it in real life.

In opposition to the overwhelmingly negative views on the work environment, Martha thinks the work environment is good and that most people are being too negative, much because she perceives that's how nurses are supposed to feel about their jobs. She especially mentioned that her ward is well staffed which makes the work environment good. It brings down the stress and increases quality in the care.

### 5.5 Turnover Intentions

We asked our interviewees questions on turnover intentions in general with a clear connection to their current workplace. The questions were asked in a hypothetical manner

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\(^1\) Sick Building Syndrome (SBS) is a phenomenon where people working in an environment experience sickness due to environmental features (Thörn, 1999, p. 3). Common syndromes are: fatigue, dizziness, cough, tract infections, and headaches (Thörn, 1999, p. 3).
for the respondents to think about the potential outlook for the future concerning their thoughts on staying at their current position or if they felt inclined to look for a job elsewhere, and what would be the reasons for that decision.

When the interviewees were asked a question on if they were to leave their position, employer or profession, in a foreseeable future, what would be the major reason behind that move, we received some mixed answers that touches upon some different areas. But one answer that more than one person came up with was the issue of their work life environment, that has been described by several respondents as poor. This is especially regarding the physical environment since all three of the persons that mentioned the poor environment have talked about the phenomenon sick buildings. One of the interviewees, Barbara, described the situation with: “I believe that all of us who are currently working in our ward will probably be back in the hospital in 40 or 50 years as patients with lung cancer because of working in this environment. So that is one of the biggest factors. You do want to feel safe in the aspect that one should be protected”. Harley was very dissatisfied with the physical environment put it this way: “Poor work life environment!”; and: “the physical environment, meaning bad or even dangerous facilities and such. Here at the hospital it is quite common with sick buildings and you do not want to get ill from working”. A third person who named the environment at work a big reason for potentially Selina said: “and then there is this with the work life environment, sick buildings and that you get exposed to a lot of antibiotics and sometimes chemotherapy drugs too. That first and foremost”. All of these statements suggests that the poor standard of the facilities, and the expectations of better facilities, at the Umeå hospital is a contributing factor for people thinking about leaving their current occupation.

Another reoccurring issue that was mentioned during the interviews was the working hours for nurses. Three different respondents presented their working hours as one of the main problems that could potentially make them quit their job. Selina said that: “It is first and foremost the working hours...” which is very similar to another answer from one of the respondents, Antonio, who said: “The absolutely biggest reason for that would be the working hours. That is the single biggest factor that would make me change industry completely to get a daytime job and move away from working night time, working 24 hour shifts, that kind of stuff”. Oswald also thought that the working hours was one of the biggest issues they had, but did not elaborate much more on the answer.

Three separate persons also stated the fact that they could see themselves leaving their current work in order for them to be able to continue studying even further in the future. Some of the answers indicated that they are not completely satisfied with their job and felt that if they were to study even more they could potentially solve some of the issues that they have in their current position. This opinion was presented from one of the respondents, Martha, through the statement: “Possibility of development. ... yes I have plans on changing my occupation”. She followed up that with: “I am thinking about studying to become a doctor instead. And that is, as I have said, not because I think that being a nurse is bad, because I am very satisfied with being a nurse, but I don’t think I have it in me to do this for 40 more years. It is first and foremost that. It is very physically demanding”. One of the nurses, Barbara, also clearly stated that she had been thinking about this for a while and had now already applied for an education in order for her to in the end change occupation: “…I don’t
feel like I want to stay any more, actually. I would like to try something else”. And she continued with: “I have actually applied for an educational program this fall. To become a district nurse. I consider that to be a little bit more what I want to do in the healthcare sector”. On the same subject, a third person, Harvey, said that he had been thinking of terminating his employment to be able to study more in the future. His statement was: “I have somewhat of a long term plan of studying more to get a specialization ... either anesthetist or intensive care”. He argued that the reason behind this desire is: “Perhaps when I get comfortable with this job and feel like I got everything under control I might get the feeling of, “oh, now I am bored, I want to move on”, then I would apply”. And he continued: “That when one has leveled up so to speak. That no matter what comes your way there is no problem. I have already done it, so many times. When one has seen and done it all many times so that one feels really confident about what one is doing. And then when I feel like perhaps now I would like to develop even more, and learn something new. Then I would probably study further”. This statement strongly suggests that Harvey is not particularly dissatisfied with his current position, but that in order for him to be able to develop and face new challenges he would feel a need to move away from his current position.

The next topic that was touched upon during the interviews was stress in the work life. Here there were two of the nurses that were interviewed who mentioned the stress factor. Both interviewees, Harley and Oswald, told said that the stress connected to working as a nurse could be one of the main reasons for them potentially leaving the job. None of them elaborated any further on their answer but made it clear that it was a big issue, at least from their perspective.

One interviewee, Pamela, mentioned that her reason for potentially leaving would be a sense of insecurity that she currently is feeling in her workplace. This insecurity was based on bad communication between the people in charge and the nurses working at the hospital: “...they (the management) is making a big rearrangement where they are merging two wards in the hospital into one, and it is all very unclear and you do not get to know anything from the bosses...one could say that they are changing the environment in our workplace, in every way, without letting us become involved in it I it feels like, even though they (the management) claim we are, we really are not (involved)”. This answer points at a lack of communication in the hospital, which creates an insecurity that could potentially lead to turnover in the staff.

The salaries of the nurses were only mentioned once in this question, by Oswald who claimed that, for him, it would be one of the main reasons for changing occupation. This answer was not explained or motivated any further by the respondent but is nevertheless a factor that has to be taken into account.

Apart from these previous answers there were two additional factors that one of the Harvey argued could make him leave his job, and both have a connection; traveling. The respondent said that either he could see himself taking a leave of absence to be able to just travel for a while, or that he could potentially do the same in order for him to be able to move to Norway and get an employment there where he could make more money: “Since I have already lived in Norway too, I have been thinking about that (go to Norway). Going and work like crazy”. And he continues with saying: “Perhaps one would like to take some time off and go out traveling or something like that”. Both of these options are connected to traveling, but the
difference between them is the purpose of the traveling. One would be for leisure and one for work.

After that, the question was turned around and the interviewee got the chance to answer the question; if they were to keep on working in the same place in a foreseeable future, what would be the main reason for that? This was also a hypothetical question that could potentially provide some information concerning some of the main upsides with their current positions.

The answers were quite diverse, but the without a doubt most common answer was that the colleagues were the main reason. 6 out of the 8 respondents stated in one way or another that they had really good workgroups and that the main reason for staying on the job was that they enjoyed their time at work because of the nice people that they worked with Harvey said: “...so far the atmosphere in the workplace is very nice. There have been many times when one really could have gone home for the day but you chose to stay, just because it is pleasant to sit down, talk and hang out with the coworkers because you like them”. An answer that shows that the workgroup is harmonious and creates a place where the nurses want to spend time and that could help prevent the nurses from leaving the job. This is a view that is shared by Barbara who also mentions the staff: “The colleagues. I like my whole work team very much, and it feels like when one retires one will look back and say; “we had so much fun in our ward”. Pamela added on to these thoughts with; “...one has a good teamwork and function well together, that makes you stay on the job, one thrives with the coworkers and well, one feels sort of safe with the coworkers and that one always has a support there. I guess that is what makes one stay”. More comments on the same topic comes for example from Harley who says: “...also the coworkers play an important part. Would one be in a ward where the atmosphere is bad and one does not have a good time in social terms, it would be much harder to feel like one would like to stay”. Selina mentions only one thing that could be the reason for her staying at her current job, and that is the people she is working with: “...I enjoy my workgroup very much actually, that is the biggest reason”. The last interviewee who presented the staff as one of the main reason for not leaving the current workplace was Oswald, who did not give any further comments on the issue.

Another reason for staying was according to two different interviewees that you get a sense of doing something important and something meaningful in your work. One of the persons who said this was Harvey: “One gets to feel like one is doing something valuable...it matters if I get up in the morning. That I come to work, that makes a difference...one does something that is needed, a community service that we all will need, sooner or later. So one gets a personal fulfillment from that...” The other person, Antonio, who stated the same put it this way: “...I think that it feels important, that it feels meaningful”.

Some of the interviewees also made it clear that the aspect of fun in the workplace is a contributing factor to staying in the position they are now. This is for example stated by Harvey who says: “I think that it is overall a very fun job. Sure, the downsides can be horrible but there are a lot more upsides than downsides if you ask me”. This comment shows that this respondent is quite satisfied with his current job. Not with every aspect of it but enough for him to feel that the overall judgment is positive. This statement of emphasizing the fun
aspect of the job is also supported by Antonio who says: “I think it is very fun when I am out there working”.

Two interviewees claim that working as a nurse is developing or stimulating and that it makes you want to keep on working. One of them was Oswald, who says: “...it is a very developing profession...” The same thing is mentioned by Harvey, but none of these answers are motivated any further.

One of the respondents, Oswald, mentioned the patients in his ward. He said that he liked the patients and that that would also be one major contributing factor for not leaving at the moment. This was not further explained by the respondent in any way, but the statement provides an extra aspect to take into consideration when evaluating the responses about which is the patients effect on the everyday work life atmosphere for nurses and other hospital staff.

Harvey presented two reasons that no other respondent stated as a reason for them. One of them was connected to the staff, that was discussed earlier in this question, and that is the loyalty he feels towards his fellow work mates. The second thing that was mentioned was the variation that you get in the workplace as a nurse and that every day is different and you never know what is going to happen when you get to work.

Martha stated her main reason for not leaving to be the convenience of already working: “Convenience. I already have this job. I am already doing a good job”. The answer was an extension to this respondent’s answer on the previous question on the reasons for her potentially leaving when she revealed a desire to study more so that she could change occupation in the future.

Harvey also came up with one more reason for not changing job, and that was the fact that he finds his job challenging, which he appreciates: “...it is challenging. One feels that one gets to use your brain and think and solve problems which feels stimulating. So that is why one would stay”. This highlights a desire to develop his qualities and skills as a nurse which provides him with a satisfaction that he needs.

The last question we asked the interviewees was if they would recommend being a nurse to a friend. All of the respondents said, in one way or another, that they would recommend the job, but 5 out of the 8 responding stated that they would inform the person they talked to of potential bad things with the occupation or that there are some special personal traits that is needed for performing well as a nurse. The one who was closest to saying no to this question was Martha who said: “In one way yes and in another way no”, and she continued by saying: “It is a fun job. And if you are fine with being a part of the organization and have some standard tasks that you perform all the time, every day, then I would definitelly recommend it. Especially if you are good at understanding people, some does not really understand that it is the patient who should be in the center of attention ... I would not recommend it because of the fact that there is not much variety in the job”. All of these statements contribute to the view that Martha have both positive and negative feelings towards her occupation and workplace, and that it is only recommended to start working as a nurse if you are fine with the terms she mentions.
Antonio said that he recommends the occupation but he did at the same time direct some critique towards the education: “I would definitely recommend the job, but I would not recommend the education to anyone”. He also adds the comment: “…I am incredibly disappointed of the education, but the job is many times very fun”. Harley said: “If that person feels that he/she has the personality for it. I think that the personality plays a big part”. Which means that the job would be recommended, but only to some people by this interviewee. Selina said yes, but that there are some things that one needs to consider before taking on the job: “Yes, I would recommend but I would also say that they should be aware of that you might have to work shifts and that it is stressful sometimes...” The last interviewee who was positive to recommending the job, but had some reservations that one needs to consider was Harvey, who said that one needs to ask the question why you would like to be a nurse. He also said that: “One has to make some sacrifices yourself...”.

The rest of the interviewees wanted to recommend their job without any reservations, and Oswald even wanted to recommend his particular ward: “Yes, I would. I would recommend the workplace I have right now to a friend, if he has the same profession as me too”. And he adds on: “It is a very good workgroup, it is a very interesting occupation, it is really unusual to work in a place like I do. You acquire skills and knowledge that few other people have”. This means that he is quite fond of both his occupation and the place where he is working. Both Barbara and Pamela feels positive to recommending the job to others, and Pamela explains further: “Because it is diverse” and she adds: “You do not get sick of it so fast”. All of these answers put together sums up to an overwhelming positive attitude towards recommending the job as a nurse to others.

6 Analysis
In this chapter we present our analysis of the data we have collected and which was presented in chapter 5. We have identified subthemes within the data of each of the five overarching themes we built our interview guide and presented our data on. Here we name and define these sub themes. Finally, we will argue for how the overarching themes and sub themes are connected to each other and we will present a conceptual model which is meant to present the connection between the themes in an illuminating way.

6.1 Emotions – The Driver of Early Expectations
The first general theme of our analysis is Emotions as Driver of Early Expectations. It is quite clear that the nurses had less early expectations on their assignments, practical aspects of the job, facilities, bosses, coworkers etc. but more on how it would feel to be a nurse and what intrinsic challenges they would face and intrinsic rewards they might get. The positive expectations the nurses had on their future job was largely driven by intrinsic motivations and the negative expectations the nurses had on their future job came from the notion that they would experience affective events. We have Identified two major subthemes to the first theme and they both revolves around emotions and intrinsic feelings. The first subtheme is describing the areas where the nurses had low or negative expectations, and the second subtheme is describing the areas of their future job where they have high or positive expectations.
6.1.1 Stressful and Affectionate Events
The first subtheme we identify within the general theme of Emotions as Early Expectations is that nurses have negative expectations towards what we would like to call Emotional Challenges. The nurses have very low (negative) expectations on factors such as stress, responsibility, and emotional pressure. It is clear that the nurses were expecting these things to be the worst part of their future job, before they start studying to become nurses. The nurses expressed the opinion that they thought that the job would come with high amounts of stress, great responsibility, and challenging emotional situations. There are also connections between these areas of expectations since nurses expressed the fear that stress would make it harder to take responsibility in a successful way and the responsibility would, in turn, create more emotional challenging situations (for example, patients passing away). The emotional challenging events, but also stressful events, can be viewed through the Affective Events Theory that states that the nurses, based on personality traits and work environment, will experience either satisfaction or dissatisfaction with their job (Weiss & Cropanzano, 1996, p. 13+35). This phenomenon is perhaps best illustrated by the nurse who were afraid of making a mistake with fatal consequences because she was to stressed. As we see these early expectations on the nursing profession, the nurses express fear of making a mistake in a job where mistakes often are fatal, and they are already before they start studying being fueled with the belief, often coming from media, that mistakes will be more present due to stress.

6.1.2 Intrinsic Motivations and Rewards
The second subtheme that we have discovered within the field of early expectations is that a lot of the interviewees have stated that they started studying to become a nurse due to a desire to find an employment where they had the opportunity to do something meaningful. This hope of doing something with a meaning was many times expressed through the expectations of getting to work closely with the patients, helping people in difficult times of their lives. The expectation the nurses had on their future job was thus to a large extent intrinsic in nature (Ryan & Deci, 2000a, p. 56). Some respondents who had been expecting every day work life to contain a lot of patient contact got disappointed when they realized that the work actually contains many other elements which, according to them, was less interesting or desirable. The disappointment of the nurses who wished to get an intrinsic reward is coherent with, and can be analyzed with, the Expectancy Theory which states that a person will be disappointed if he or she has made an effort, performed the necessary amount demanded, and still do not get a reward the person desires (Lunenburg, 2011, p. 3). However, most interviewees stated that they did have a lot of patient contact in their work and that it was also one of the best things about their current job. As we saw emotional event expectations in the first subtheme, we can see an expectation of intrinsic rewards in this subtheme.

6.2 Expectations and Experiences in the Transition Period
One section in the interview guide was designated to consider the different expectations that can have an effect on the nurses’ transition period, where they emerge from studies to the work life of a practicing nurse. After going through the answers from the interviews, three separate sub themes have been found. Together these subthemes summarize the main positive and negative issues, relating to expectations, that our interviewees perceive have had the biggest impact on their transition periods. These themes are; Feedback, Practical Internships and Preparedness and Unpreparedness. All of the themes have connections to theory and
6.2.1 Feedback
When the nurses are coming directly from the university into the life as a nurse in the hospital most of the nurses did expect a lot of feedback so that they could more clearly get a sense of how they were doing, if they were doing something wrong and how they could improve. The importance the nurses saw in feedback is supported by the Job Characteristics Theory which states that feedback, and the knowledge of your own work results, is one of the characteristics that creates job satisfaction (Duggug & Dennis, 2014, p. 15). As can be seen from some of the answers from the interviewees, most of the nurses had been expecting to get feedback from both their coworkers and their bosses, especially in the beginning of their carriers since when you are new at the job it can be hard to know by yourself how you are doing. But the general consensus was that the feedback from the superiors was almost non-existing. It has also been mentioned that the transition from the university to the actual workplace could have been made easier if the feedback would have been more extensive, this notion is supported by researchers who state that new nurses often do not trust their own skills and new help with confirmation (Ahmade et al., 1981, cited in Hayes et al, 2006, p. 6). Chan et al. (2008, p. 608) also states that an empowering work environment which provides feedback and information is positively related with job satisfaction. Some interviewees said that the element of stress could potentially be reduced if the management could have provided feedback to the newly employed. The nurses argue that increased feedback would reduce stress which in turn would make the transition smoother. This is supported by previous research which states that one of the most problematic aspects of the job for new nurses is stress (Giles et al., 2014, p. 150).

Also the time it takes to become more independent in the work could have been shortened by a proper use of feedback, according to one of the nurses. The nurse’s belief that feedback would aid in giving them autonomy is supported by Ryan & Deci (2000a, p. 59) who states that positive feedback increases autonomy. As stated by the Job Characteristics model, autonomy is one of the important drivers behind job satisfaction (Duggug & Dennis, 2014, p. 15). All of these comments in relation to feedback shows that a major issue in the transition period for nurses have been the lack of information from coworkers and especially bosses, which then have led to increased levels of stress, which have been identified as a main driver of potential turnover among the nurses. Some of the nurses pointed out that they did not only see a problem in receiving too little feedback, but that it had also been made worse just because they had expected more, this dissatisfaction is supported by the Expectations Disconfirmation Theory (Santos & Boote, 2003, p. 147).

6.2.2 Practical Internships
Something that according to all interviewees was very helpful in the transition to their work life was the internship that all nursing students do throughout the whole time at the university. All of the respondents talked about how the internships had provided them with a great deal of accurate information on how the life as a nurse was going to be like, and which tasks you were going to perform. What the internship did not give the nurses was a deeper understanding of the emotional and affectionate events and challenges that would come with the job. Several of the nurses point out that they got a clearer picture of how the stress would
be, but they still did not realize how the stress would affect them when they started working. This is indicated by expectation theories, such as Expectations Disconfirmation Theory which states that a more realistic expectation would decrease the risk of a negative disconfirmation. Thus, we can see that the nurses had a harder time preparing for intrinsic factors and affective events.

However, it is obvious to us that the internships prepared the nurses more for the practical nature of the job. The practical tasks they got prepared for was aspects such as task variation, task identity, task significance, and autonomy. These factors are all important for job satisfaction, and the internships gave the nurses clearer, more realistic, expectations of them (Duggug & Dennis, 2014, p. 15). The nurses also got a clearer picture of the physical environment of their future workplace, which is a part of job satisfaction according to the Affectionate Events Theory. However, due to the diversity of the quality of different workplaces the nurses visited throughout their internships it is reasonable to believe that the expectations were not all that much clearer, but the extremes of positive and negative dissatisfaction were wider apart.

6.2.3 Preparedness and Unpreparedness
The third subtheme we identified in the theme regarding transition from student to practicing nurse is the notion of being prepared, or being unprepared, for the job as a nurse by the time the nurses have finished their education. The realization that you are unprepared, after you have felt prepared, is described by Kramer (1974, cited in Hayes et al, 2006, p. 6) as a “reality shock”. Generally, even if there were some exceptions, nurses did not feel very prepared for their new role when they graduated, as is common for new nurses (Ahmde et al., 1981, cited in Hayes et al, 2006, p. 6). When you have such an experience there are three ways it can turn out, according to the Expectation Disconfirmation theory (Santos & Boote, 2003, p. 147). The expectation can be confirmed, negatively disconfirmed, or positively disconfirmed (Santos & Boote, 2003, p. 147). The nurses who found that they knew more, and were more prepared than they thought, experienced a smoother transition. Just as the Levels of Expectations theory suggest they experienced job satisfaction and strong intention to remain in the profession, as the nurses who received a positive surprise place themselves in the desired level of expectation (Harvey et al., 2007, p. 17). One nurse who felt unprepared got her notion confirmed but did not experience satisfaction, as some researcher suggest will happen when an expectation is confirmed (Santos & Boote, 2003, p. 147). Two of the nurses felt ready for the role of a practicing nurse and their expectations were confirmed, resulting in satisfaction.

We consider it interesting that two of the nurses who specifically outlined what they felt unprepared for mainly spoke of the same things they spoke of when they outlined their worries about their future profession; stress and emotional situations with the patients. Another nurse spoke of responsibility for the patients and the mental stress that would come with it as things they did not think they were prepared for, which caused her anxiety, which is coherent with the Affective Events Theory stating that high affectivity will result in fearful and/or nervous feelings (Weiss & Cropanzano, 1996, p. 26). However, this feeling of unpreparedness was exaggerated and the nurses transition was smoother thanks to it, according
to themselves. As the Levels of Expectations theory indicates (Harvey et al., 2007, p. 17), the nurse did not consider to terminate her employment.

6.3 Confirmation of Early Expectations
The third theme we have identified and would like to present is Confirmation of Early Expectations. It shows that the expectations, and worries, the nurses had on intrinsic rewards and stressful and emotional events to a large part came true and thus got confirmed. This confirmation was a great part of the nurses’ general opinion of their profession. This might be because confirmed expectations result in satisfaction, which the nurses generally say they experience (Harvey et al., 2007, p. 17). We have identified two subthemes in the general theme Confirmation of Early Expectations, these two subthemes are describing the confirmed, or positively disconfirmed, intrinsic reward expectations the nurses had before they started to study and the confirmed, or negatively disconfirmed, expectations the nurses had on stressful or emotional events.

6.3.1 Confirmation of Intrinsic Rewards
The first subtheme is revolving around the knowledge that a consensus exists among several of the interviewed nurses that the best aspect of the job is the satisfaction of doing a fulfilling and meaningful job. This meaningfulness originates from patient contact, and the intrinsic reward the nurses perceive that they get for helping others, a notion that is supported by research stating that intrinsic factors bring fulfillment and satisfaction if your motivation is intrinsic (Ryan & Deci, 2000a, p. 56). This intrinsic motivation was one of the main positive expectations the nurses had on the profession prior to them starting their nurse studies.

The satisfaction the nurses experience is not only driven by intrinsic rewards but also by the expectations that comes from the confirmation of expectations. When the nurses made an effort to study to become a nurse, preformed the required amount to pass the nurse education and lastly got the reward many of the nurses were expecting, and wishing for, they got satisfaction. This process is next to identical to the process described by the Expectancy Theory, which supports the claim that the nurses who expected intrinsic rewards from the job get satisfaction (Lunenburg, 2011, p. 3).

6.3.2 Confirmation of Stressful and Affectionate Events
The second subtheme we wish to illuminate within the theme is the confirmation of early worries concerning the profession. A general theme within the answers to the question what the nurses biggest worry, or negative expectation, towards their future profession was that the nurses was concerned about the stress, and to some extent the working hours. These were both expectations which got confirmed, but also negatively disconfirmed. For example, one of the nurses who said that she was counting with high levels of stress admitted that it was much worse than she had expected and that she, maybe, could not remain at her current job if the situation did not change. This indicates that she places her job somewhere between minimum tolerable outcome of an expectation, which she probably expected, and the worst imaginable outcome of an expectation. As indicated by both the nurse and the Levels of Expectations theory this outcome of an expectation will result in low job satisfaction and a high intention to leave her current job (Harvey et al., 2007, p. 17). This view is shared by the
Expectations Disconfirmation Theory which states that a negative disconfirmed expectation will result in dissatisfaction (Santos & Boote, 2003, p. 147).

Another nurse had also expected the stress to be high but rather than getting his expectation negatively disconfirmed, it was just confirmed. The confirmed expectation, and expectation of high stress, made the stress easier to deal with, according to the nurse. As the Levels of Expectations theory indicates, the nurse experienced, at the minimum tolerable/predicted outcome of an expectation, lower job satisfaction but he had no intention to terminate his employment. This situation, where low expectations on stress was confirmed, was shared with several of the nurses in our study.

A challenging aspect of the profession, according to several of the nurses, was the emotional pressure of the job. The nurses identify patients passing away as examples of emotional events. A more constant emotional pressure is the knowledge that you, as a nurse, have responsibility and always have to be on guard. One nurse noted that she, in her education and internships, had prepared herself for the emotional situations and that it made it easier to handle. This is an example of how a personal disposition, based on expectations, helped a nurse decrease the dissatisfaction and turnover intention which can be the result of an affectionate event, according to the Affective Events Theory.

6.4 Expectations Role in Job Satisfaction

The fourth main theme we identified in our data was expectations role in job satisfaction. We note that the expectations on this area were formed, to a large extent, by the nurses during their education and especially during their internships. This should be put in contrast with the expectations which were formed before the nurses started studying to become nurses, or in the early period of their education. These early expectations were to a larger part emotionally or intrinsically motivated. Within this theme we identified two subthemes, both showing the nurses expectations and experiences in different areas of job satisfaction. The first subtheme is dealing with the nurses’ opinions and expectations towards their physical environment, and the physical environments role in job satisfaction. The second subtheme is concerning the nurses’ expectations on, and attitude towards, their work assignments, and the work assignments role in job satisfaction.

6.4.1 Expectations on Physical Work Environment

The first sub theme that we have derived from the empirical findings connected to job satisfaction is the general work environment and, in many cases also specifically the facilities in which they are working. Concerning the houses where the nurses perform their work, some respondents had already beforehand set low expectations on what the physical environment would be like in their life at work. The sad thing for some of the interviewees was that the low expectations were met, and sometimes the standard and quality of the buildings was even worse than what had been expected. These expectations and experiences can be seen through the Levels of Expectations theory (Harvey et. al., 2007, p. 17-18) where one can argue that the expected level of the quality of the buildings and the physical environment is not met, even though the initial expectancy level was very low. This means that they have gotten a negative disconfirmation, and this puts some of the respondents of our survey in the lower part of the model between the levels; minimum tolerable and worst imaginable, in the area
of a low level of job satisfaction and towards a higher intention to leave their current job. Also the expectancy disconfirmation theory (Harvey et. al., 2007, p. 14) states that this feeling of that reality was worse than what had been expected will lead to a dissatisfaction in their workplace. Further support for this connection between the work environment and job satisfaction comes from Affective Events Theory (Weiss & Cropanzano, 1996, p. 40) which states that a work environment that exposes the workers to pollution can have a negative effect on job satisfaction. The answers in the interviews that concerned the physical environment in combination with the fact that most of the interviewees had at some point thought about leaving their job as a nurse provides us with reason to believe that the poor quality of the physical environment at the hospital can be considered a driver of turnover among the nurses.

6.4.2 Expectations and Job Characteristics
The second subtheme we have identified in the theme of Expectations role in Job Satisfaction is the theme concerning work assignments, and the expectations and experiences nurses have on work assignments. Several of the nurses highlighted the variety of assignments and tasks as one of the best things with their jobs. This variety, according to the Job Characteristics Theory, a factor behind job satisfaction and intention to stay at the current job (Duggug & Dennis, 2014, p. 15). Another aspect of the Job Characteristics Theory is autonomy (Duggug & Dennis, 2014, p. 15). Several of the nurses had been expecting a relatively high level of autonomy and they were not disappointed, as their expectations were confirmed. One of the nurses’ expectations on high autonomy got a negative disconfirmation. This situation leads to her changing working hours as she would be more satisfied with higher independence while working the night shift. So, even if the nurse did not turnover her employment she still acted to get rid of the dissatisfaction that came from negatively disconfirmed expectations and the lesser satisfaction which came from low autonomy (Duggug & Dennis, 2014, p. 15; Harvey et al., 2007, p. 14). Although it was not outright stated by the nurses we can read in that they experience their work to have both high skill identity and high skill significance but a lack of feedback and appreciation makes the factors less prominent in the job satisfaction of the nurses.

As we interpreted the answers of the nurses we understood that they had a high job satisfaction related to the task characteristics of their job. The notion that the nurses have high job satisfaction in this area is supported by the Job Characteristics Theory. However, some aspects of the theory are not fulfilled, e.g. feedback. The lack of feedback interfered with the aggregate job satisfaction as the nurses in many instances did not feel appreciated by, or important in, the organization. The issue is that this relatively high task satisfaction is not something that would make the nurses remain at their job, but only a smaller part of many things, e.g. job safety and coworkers, which would make them remain employed. At the same time, there are huge factors which solely would make the nurses terminate their employment, e.g. stress and poor physical environment.

6.5 Expectations as a Factor in Turnover Intentions
The fifth, and final, main theme we have identified is revolving around the factors and the expectations that the nurses deemed as most important in their wish, or intent, to terminate their employment. We will present three subthemes, each dealing with one factor which,
according to the nurses, could result in likely turnover, or at least turnover intentions. The first subtheme concern stress; the early expectation of stress, the confirmation of stress, and stress as a factor behind turnover intentions. The second subtheme is about the physical work environment; the emerging expectations on the environment, the confirmation or negative disconfirmation of the environment. Finally, the third subtheme concerns personal development and the ability to make a difference in the role as a nurse.

6.5.1 Stress and Turnover Intentions
As can be read in many news articles the issue of stress has been, and still is today, a hot topic for nurses. It has been present through the entire study, from the early expectations, through the transition period and onwards into the work life of the interviewees. On the questions that was regarding the early expectations some of the respondents clearly stated that they were expecting a very stressful type of job, and one of the interviewees even mentioned that one of the sources of her expectations on stress was the attention that the issue had gotten from the media. Later, when the questions turned more towards their actual work situation and their experiences, most respondents mentioned that the levels of stress had been similar to what had been expected or that the situation had been even worse. This also lead the respondents to state that the stress that they feel in the workplace is one of the main reasons for potentially leaving their current job, which is completely in line with Expectations Disconfirmation Theory that states that if a person’s expectations is negatively disconfirmed that person will experience dissatisfaction (Santos & Boote, 2003, p. 147). Also the Levels of Expectations Theory agrees on this point and suggests that when the experienced outcome is on a lower level than what had been expected the job satisfaction will be low, which could lead to turnover. Further theories that emphasizes the importance of job satisfaction in connection to turnover intentions is Affective Events Theory where it is stated that work events, which includes stress in the workplace, plays a part in job satisfaction which in turn effects turnover (Weiss & Cropanzano, 1996, p. 11-13).

6.5.2 Physical Work Environment and Turnover Intentions
The second subtheme we identify within this theme is the physical work environments effect on the nurses’ turnover intentions. It is obvious that the nurses consider their extremely poor work environment as one of the key factors that would make them terminate their employment. Two factors are most likely contributing to the notion that the environment would be causing thoughts on turnover intentions. These two factors are: the actual poor work environment, and the disappointing outcome of the nurses’ expectations. According to the Affective Events Theory poor work environment, mental and physical, influence work attitudes in a negative way which in term will affect the judgement driven behavior in a negative way, probably resulting in very low job satisfaction. The work environment will also affect work events which are emotionally charged and stressful as it is. The second factor contributing to turnover intentions and low job satisfaction is the negatively disconfirmed expectation. The expectations of the nurses often were that the physical work environment would be adequate, or slightly below standard. However, many of the nurses experience it as horrible. This is obviously an extremely negative disconfirmation, which results in dissatisfaction (Harvey et al., 2007, p. 14). For many of the nurses, the outcome of the expectations on the physical work environment are at levels which are the worst imaginable
which, according to the Levels of Expectations theory, will result in very low job satisfaction and an intent to leave the job (Harvey et al. 2007, p. 17).

The expectation on the physical work environment is mainly formed in the minds of the nurses in their transition period between student and practicing nurse, including the practically preparing internships. The expectation on the work environment is then confirmed or disconfirmed, which in the case of almost all the interviewed nurses was negative disconfirmation, soon after the nurses start working.

6.5.3 Career Opportunity and Turnover Intentions
The third, and final, subtheme we wish to highlight within the main theme is the turnover intention associated with a lack of personal development, and career advancements opportunities. Three of the interviewed nurses stated outright that they considered leaving their jobs in order to study and further develop themselves within the area. This does not need to be a bad thing for the health care sector, since highly trained specialists are one of areas with largest deficit in personnel, now and in the future (SCB, 2015b). Yet, this points out a dissatisfaction with the job the nurses currently hold, since they wish to leave it by advancing. As the nurses, who wish to leave because of this specific reason, made an effort to become nurses and they still are not satisfied with their job, this indicates that the reward was not what they had expected. As their expectations on the reward, being a nurse, became negatively disconfirmed they got dissatisfied, as supported by the Expectation Disconfirmation Theory (Harvey et al., 2007, p. 14). The Expectancy Theory also supports the claim that the nurses would be dissatisfied when they were not rewarded with the reward they perceived that they would get (Lunenburg, 2011, p. 3). We of course note that the nurses are not completely dissatisfied with their reward but they are not completely happy either.

The nurses, generally, have shown that they have a strong intrinsic motivation. Their early expectations on the profession and their motivations for becoming nurses are both full with intrinsically motivated themes. A prominent intrinsic motivation is the personal development and learning, which could also explain that some of the nurses wish to educate themselves further in the professional area (Ryan & Deci, 2000b, p. 71). With increase in learning, the nurses could also achieve larger degrees of autonomy, which has been highlighted as a wanted feature by the nurses, a driver for job satisfaction by the Job Characteristics Theory, an element which lower stress levels, and an intrinsic motivator (Ryan & Deci, 2000b, p. 71; Duggug & Dennis, 2014, p. 15).

6.6 Conceptual Model
From our five main themes and belonging subthemes we can conclude that there is a clear difference in when different kinds of expectations are formed. Expectations related to intrinsic motivation and emotional events are formed in early stages of the process of becoming a nurse, typically even before the nurses start studying to become a nurse. These early expectations are, as we see it, a result of media coverage and the intrinsic motivation of the nurses. More practical expectations are formed later in the process of becoming a nurse. Expectations on the work assignments and the physical work environment etc. are formed within the practical parts of the education, in the end of the education, very early in the transition between studies and work. These expectation forming periods can be viewed
below, in Figure 6. After the two initial, expectation building, periods the confirming period occurs. This is the period which is initiated with the nurses starting to work and this is where most of the expectations a nurse has developed before and during their education gets confirmed or disconfirmed. We have decided to divide the confirmation period into two different themes since one of the themes deal with practical job aspects and one of the themes deal with emotional and intrinsic aspects. The third period is the Effect period. This is where the factors which can cause a nurse to think of terminating his or her employment, stress, environment etc., is put to the test by the nurse and they actually start to have turnover intentions.

We can see how there is a direct link between the early expectations and the confirmation and disconfirmation of emotional and intrinsic expectations. This is because the expectations which are confirmed to a large part are created before the nurses started studying. As stated, these expectations are to the largest part stress, meaningfulness of the job, and the expectation of great responsibility.

The link between Expectations and Experiences in the Transition Period and Confirmation of Early Expectations exists to a great extent because of the disconfirmed expectation of feedback which exists in the transition period. The lack of feedback creates increased stress for the nurses, which effects how the nurses will experience work life stress.

The relationship between Expectations and Experiences in the Transition Period and Expectations Role in Job Satisfaction is more direct. The absolute majority of the expectations that are confirmed or disconfirmed in Expectations Role in Job Satisfaction are conceived in the transition period, or in the practical internships. These expectations involve the physical work environment, the nature of the tasks of the job, and the role of feedback.

The final connections are between the confirmation phase and the phase where the confirmations or disconfirmations result in turnover intentions. Only the factors which have been enough negatively disconfirmed will emerge from the confirmation phase into the phase where the factors make the nurses have thoughts on turnover. These factors are, as stated above, stress, physical work environment, and personal development.
We can conceive that several of the confirmed, or positively disconfirmed, expectations, e.g. meaningfulness of the job and several of the core job characteristics, brings the nurses satisfaction and motivates them. However, the factors which are negatively disconfirmed, and are inherently bad enough, are of such high importance that they can cause turnover intentions regardless of the redeeming factors of the job. These are the factors, i.e. stress and physical work environment, which emerge into the Effect state and cause turnover intentions.

7 Conclusion

Chapter 7 summarizes the key points of this thesis. We will give a summary of the most important findings and observations we have made in our study. Further, we will argue for the practical and theoretical contributions of the study. We will identify the external limitations we have experienced throughout the work of this thesis and we will make recommendations for future studies. Finally, we will argue for the quality of our study as we assess the quality criteria for qualitative research.

7.1 General Summary

The main purpose of this thesis is to examine how nurses pre-career expectations has been confirmed as they start working, and how this confirmation, or disconfirmation, has affected their job satisfaction and turnover intentions. In order to achieve success in the pursuit of this purpose we proposed two research questions. Below we will point out what we find to be our
most important findings and show how these findings contribute in answering the research questions.

**RQ1:** How do nurses perceive that their pre work life career expectations has been fulfilled?

**RQ2:** How do nurses perceive that the confirmation, or disconfirmation, of their expectations influence their job satisfaction and intention to terminate their employment?

We have been able to examine what expectations the nurses had on the nurse profession before they started working as nurses. Also, we have been able to identify which of these expectations have been confirmed. Further, we also found how the nurses perceived that the expectations and their confirmations related to job satisfaction and what disconfirmed expectations created a foundation for turnover intentions. We will elaborate on the key findings of our study below.

The findings of our qualitative study showed us that the participants of our study had early expectations, which involved expectations on high levels of stress, expectations of a meaningful job, expectations on bad working hours etc. which to a large part got confirmed. However, the expectations on high levels of stress often got negatively disconfirmed. This, the stress, was one of the factors which the nurses identified as one of the biggest contributors to a future termination of their employment. The fact that the stress was more intense than what the nurses had expected made it very hard to deal with.

A contributing factor to the high levels of stress was the lack of feedback the nurses experienced. Several of the interviewed nurses pointed out that the lack of feedback increased their stress levels. The lack of feedback was one of the key findings of this study as we found that the nurses were very dissatisfied with the negative disconfirmation on the expectations of good, or at least adequate, feedback. It also, as stated, contributed to an increase in stress levels, and as such it is one of the worst expectations to not fulfill, from a management point of view. We wish to emphasize that the negatively disconfirmed expectations on feedback is the, in our opinion, most important finding we have done in relation to transition periods and transition problems. As stated, the lack of feedback increases stress, delays autonomy, creates uncertainty of own performance, and all is worsened by a non-fulfilled expectation.

We also found that the more practical expectations on the profession were formed during the education. Many of the expectations on the job assignments, e.g. task variety and autonomy, were confirmed and brought satisfaction to the nurses. One of the expectations that were negatively disconfirmed was the expectations on the facilities and the physical work environment. It is of extra interest since several of the nurses identifies the state of the physical work environment to be the biggest contributing factor if they would terminate their employment.

We have enquired about the nurses early, and later, expectations on the nurse profession. We also have acquired satisfactory answers concerning the confirmation of the expectations. In the process of doing this, we have learned which of the expectations the nurses considered important and which they thought affected their opinion on their profession. We got clarity on what expectations, and experiences, contributed to the nurses’ job satisfaction and
turnover intentions. With the empirical data we have analyzed and presented as a background, we consider the research questions of this thesis to be answered.

We can conclude, that the nurses who participated in our study considered expectations to play a large role in how they viewed their profession today. Two of the expectations which had been greatly negatively disconfirmed, stress and quality of the physical work environment, were the foundation of the nurses’ turnover intentions. Further we can conclude that the early expectations of the nurses were driven by intrinsic motivations and worry of affective or stressful events, while expectations on practical aspects of the profession took form during the education.

Finally, we want to emphasize that the nurses are happy with many aspects of their jobs. Expectations on job characteristics and meaningfulness of the job were largely confirmed and contribute to job satisfaction. It is however the case that a few big factors, e.g. stress, would overturn the good aspects of the job and make the nurses terminate their employment. Negatively disconfirmed expectations are undisputedly a part of this dissatisfaction.

7.2 Practical Contributions
The practical contributions of our thesis are many. They involve specific recommendations on different topics and general recommendations based on a greater understanding of the nature of expectations. The beneficiaries of our advice are mainly organizations who train or educate nurses, and organizations who employ nurses. However, we think that the insights provided in this thesis will be applicable on, and transferred to, a number of different types of organizations who employ newly graduated workers and are struggling with high rates of turnover. So, to whom it might concern, here are our practical recommendations based on the findings of this thesis:

First of all, we would like to emphasize the most important aspect of our findings: negatively disconfirmed expectations cause dissatisfaction. Whether or not the expectations are on a subject that is serious enough to cause the nurse to have thoughts on turnover, e.g. expectations on autonomy, the dissatisfaction is still not a desired element. So we recommend nurse educators and employers to not make promises they can’t keep and to give an as realistic picture of the profession as they can. The findings of this study could be incorporated in a Realistic Job Preview.

We have found that the lack of feedback is a major problem for the newly graduated nurses. The negatively disconfirmed expectation on feedback made the nurses dissatisfied. The lack of feedback also had more direct effects. The nurses’ experiences that it, the lack of feedback, contributed to their high stress and made them less independent. Further, the lack of feedback had the effect that some of the nurses felt unappreciated, and some of the nurses had, in accordance with the Job Characteristics Theory (Duggug & Dennis, 2014, p. 15), a hard time seeing the results of their labor. With this as a background we recommend Norrlands University Hospital to create clearer structures for formal feedback, and also go generally increase the amount of feedback in the early period of the career.
We have shown that the nurses generally are intrinsically motivated. Most of the nurses’ early expectations are formed from their intrinsic motivation. We highlight the importance to show the nurses that they perform well and that their job has meaning. This is also connected to the necessary increase in feedback.

We also recommend nurse educators and employers to take action to give nurse students realistic expectations on stress. This could be done by giving the nurses more independency and autonomy in the later parts of their internships. This would give the nurses a more, although low, realistic view of the stress they would face. It would also have the positive effect of the nurses having a more realistic view on their own abilities which could eliminate, or reduce, reality chocks.

If healthcare organizations and nurse educators learn to form and handle the expectations of the nurses, satisfaction can be raised and turnover rates can be lowered. Then, skilled workers will be retained, training and introduction of new nurses less necessary, and the general quality of the care will increase.

7.3 Theoretical Contributions
The main theoretical contribution our thesis makes is the development of our conceptual model (Figure 6), describing the development of expectations, the confirmation or disconfirmation of said expectations and the expectations role in turnover intentions. The model shows the relationship between early expectations, later expectations, the confirmation or disconfirmation of the expectations, and the expectations role in turnover intentions. We also show in what time period different expectations are formed. With the knowledge we have acquired, and the analysis we have conducted, we have added to the knowledge on expectations.

We have also helped in bridging the gap illustrated by Rudman et al. (2014, p. 613). Rudman et al. (2014, p. 613) argued that research needed to be done on the transition from nursing student to practicing nurse. We have studied the role of expectations in the transition period of the nurses and concluded that it was, especially, the expectation of feedback that played a part in the transition period. We also added knowledge regarding reality chocks, by illustrating what types of skills and abilities the nurses think they have and what they actually have.

Hayes et al. (2006, p. 9) identifies a research gap concerning the expectations and experiences of newly graduated nurses. In accordance with Hayes et al. (2006, p. 9) recommendations, we have helped filling this gap by qualitatively interviewing nurses on how they view their pre-career expectations and their career experiences. The conceptual model (Figure 6) we have developed, describes the role of expectations and their confirmation, or disconfirmation, in the transition period from student to nurse. We have added knowledge concerning what expectations the nurses highlight as extra important to get, at least, confirmed. We also show which factors are most important to address, if an organization wishes to lower turnover rates.
Lu et al. (2005, p. 608) identified a need for additional research concerning individual factors behind nurse turnover. By analyzing nurses’ personal expectations, we have helped in filling this research gap. We have been able to show when different personal expectations are formed, and how they affect the turnover intention and job satisfaction of new nurses. Hayes et al. (2012, p. 890) argues that different generations, spanning over roughly 15-20 years have different types of individual attributes, including expectations. We have been able to show what expectations the generation now entering the work force holds in relation to the nurse profession.

Finally, we have added knowledge to the existing literature on expectations role on turnover intentions in a Swedish context. The opinions and expectations of the nurses are sure to be effected by the cultural context of the nurses and we have been unable to find satisfactory expectations research on Sweden.

7.4 Societal Contributions
In theory, the results of this thesis would have the effect of lowering the turnover ratio, and increase the job satisfaction of nurses. Since we know that lower turnover rates give higher quality health care, our thesis would have the potential to also aid in the work of providing high quality care. As turnover rates drop, the society would not have to spend resources on training nurses who would not work in the caring professions. In a longer perspective, the retaining of young, and new, nurses would most likely fix the problem of a deficit of specially trained nurses. This would be the result since more nurses would advance further in their careers and remain longer in the profession.

The results of this thesis also provide solutions which would help the nurses of Sweden’s heath care system towards a better life, both at work and at home. This would happen as the nurses’ would experience lower stress, and have a more realistic view of the future.

7.5 Limitations
The greatest limitation we encountered while constructing and conducting our study was the limitation of time. In an ideal case we would have been able to conduct a longitudinal study, interviewing the subjects before they start their nurse studies, interviewing them just before they graduate and interviewing them once or twice in the beginning of their active career.

We experienced a forced limitation in sampling since we did not receive any help or cooperation from Västerbottens Läns Landsting (Västerbotten County Council). When they did not grant us any access to primary data or employees to interview, we had to rely on a non-probability sampling in form of snowball sampling. It also made it considerably harder to conduct a quantitative study since we were limited in the amount of nurses we could access in an efficient way, as a result we were limited to the usage of qualitative data collection.

7.6 Future Research
With our conclusion, contribution, and limitations as a background we propose the following for future researchers who wishes to expand the research we have presented in this thesis:
If time is less limited, and a researcher could work over longer time than it was for us when we conducted this study, we recommend future researchers to conduct a longitudinal study. If the nurses had been interviewed before they started their education, one or more times during their education, in the end of their education and after they have started working as nurses their answers could possibly be more accurate as they don't have to think back to what they thought many years ago. A longitudinal study could also give a better view of the progression of expectations and create a clear picture of how they change over time.

We also recommend any future studies on the area of expectations and turnover intentions in transition periods to include a larger sample. We have interviewed eight nurses and a larger sample could increase the external reliability. It could also give additional points of view on expectations role in job satisfaction and turnover intentions.

We recommend researchers to conduct a comparative study, comparing the expectations of nurses in different cultural contexts. As for now we have only examined the expectations of nurses working at one hospital in Sweden, and even if expectations are personal it is reasonable to believe that they will be affected by the cultural context the nurse is raised and educated in. We also recommend future studies to include several Swedish hospitals, or at least other hospitals than Norrlands University Hospital. This would increase the transferability of our practical implications.

7.7 Quality Criteria
In general, most authors of methodological literature points at reliability and validity as the main measurements of quality within the area of research (Saunders et. al., 2016, p. 202; Neuman, 2014, p. 211-212; Bryman & Bell, 2011, p. 157-161). Since measuring the quality of a qualitative study is not the same as evaluating a quantitative study some different views on the matter exist. One way of using reliability and validity as the measurements for a qualitative study is to divide them into four categories; external reliability, internal reliability, external validity and internal validity (Bryman & Bell, 2011, p. 395). Internal reliability refers to if a member of a research team agrees to what he or she see and/or hear while conducting the research (Bryman & Bell, 2011, p. 395). External reliability concerns the possibilities of performing the exact same study one more time (Bryman & Bell, 2011, p. 395) which as stated by LeCompte & Goetz, (1982, p. 37) is very difficult in studies of a qualitative nature. External validity refers to the degree to which a study can be generalized in other social settings than the one where it is originally conducted (Bryman & Bell, 2011, p. 395). This criterion is a problem for many qualitative researchers as they tend to examine a narrow case or use a to small sample (Bryman & Bell, 2011, p. 395). Internal validity describes the fit between a researcher's observations and the theoretical ideas the observations are the foundations of (Bryman & Bell, 2011, p. 395).

As stated earlier there are more ways of assessing the quality of a research project in a qualitative study, and the one that we have chosen to use in our research is developed by Guba & Lincoln cited in Bryman & Bell (2011, p. 395) contain two parts; trustworthiness and authenticity (Bryman & Bell, 2011, p. 395). The four sub headings incorporated in reliability and validity can, with this method, be argued to be substituted with trustworthiness when determining the quality of a qualitative study (Bryman & Bell, 2011, p. 395).
Trustworthiness has four parts; credibility, transferability, dependability and confirmability (Bryman & Bell, 2011, p. 395). The first part that will be examined here is credibility, which handles both the subject of the researcher’s view on social reality, their ability to perform the study in an acceptable manner and that the people involved in the study gets the opportunity to look it over and agree on what is presented (Bryman & Bell, 2011, p. 396). To fulfill this criteria, we have thought long and hard about our methodological choices that affects our view on social reality, and as can be seen in our thesis, we have selected an interpretivist epistemology and subjectivist view on ontology. Apart from this, we have made sure to both give the interviewees the opportunity to read the transcripts of their interview before publishing the work, and offer access to the finished work after publication. This to ensure that we have decreased the risk of misinterpretations to as large extent as possible. The second thing to consider in truthfulness is the transferability of the findings which, much like the external validity, is regarding the possibility to use the findings and make generalizations (Bryman & Bell, 2011, p. 398). Due to the nature of our qualitative study we do not claim to make generalizations about our findings, however, we believe that, in our opinion, it can be possible to apply some of the findings from this study in other cases of a similar nature. For example, other hospitals in Sweden of similar size and type and other health care institutions could benefit from our findings. We argue that the homogenous characteristics of the health care units in Sweden e.g. state owned, same type of education for the employees, is reason enough to believe that the study, at least to some extent, can aid these additional places. The third component is dependability which means that authors of a qualitative research project should keep as extensive notes as possible of the whole work process which could during and/or after be examined by peers in order to ensure the quality of the work (Bryman & Bell, 2011, p. 398). To fulfill this criteria, we have made sure to keep the transcriptions of the interviews so that whomever would be interested in reviewing all the collected data would have the possibility of doing so. Then, as a final part of trustworthiness the subject of confirmability has to be addressed. According to Bryman & Bell (2011, p. 398) confirmability concerns the fact that authors should try to be as objective as possible in their work with the study. This is something that we have been keeping in mind during the whole work and to the best of our abilities have tried to follow. We know that the fact that one of the authors had a previous connection with two of the interviewees could be seen as an issue for the objectivity of the research, but since we have known about these potential issues throughout the whole project we have tried to treat all of the respondents equally and without bias in order for us to avoid any issues in this area.

Authenticity, which is the second part of the quality criteria suggested by Guba and Lincoln also have sub sections. These are; fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity (Bryman & Bell, 2011, p. 398-399). The fairness issue considers how fairly all the different aspects of the people in the studied social setting is represented in the study (Bryman & Bell, 2011, p. 398). To address this issue we firstly like to argue that the nurses are a fairly homogenous group of people. This since they for have the same workplace, the same type of education, same geographical location etc. Since the point of the whole study has been to examine the expectations and experiences in the job for nurses and not in any way to include the expectations and experiences of other people in the same workplace, we believe that the nurses at Norrlands University Hospital have been fairly represented. Ontological authenticity discusses the value of a research project in explaining a social situation (Bryman & Bell, 2011, p. 399), which we believe that

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our study has done. Some of the nurses that participated in the research project told us after the interviews that some of the questions that was asked concerned matters they had not already thought about and made them think about their job in a different way. The educative authenticity regards to what level the study assists peoples understanding of other people’s viewpoints (Bryman & Bell, 2011, p. 399), which we do think that our project can provide since all nurses, and particularly the interviewees of our study can get hold of our finished project and enlighten them with all the different opinions that has been revealed during the study. Further, the catalytic authenticity brings the attention to if the research is pushing the members of the social setting towards making a change for themselves (Bryman & Bell, 2011, p. 399). Here we do not see that our study directly helps the nurses in this sense, but there is one actor in this social setting that could take this work as a push for change and that is the employer of the nurses, the Västerbotten County Council (Västerbottens Läns Landsting). They can take this as an indicator of what current problems they are facing concerning the expectations vs. reality in the workplace for a group of their employees, the nurses. Lastly, the tactical authenticity considers to what extent a study actually has given the people it affects the tools to act towards change (Bryman & Bell, 2011, p. 399), which one also could believe is something that this study contributes with because of the practical information on the work life of nurses at the hospital in Umeå which could be used by the already mentioned employer, the Västerbotten County Council.
List of Reference


Appendix 1: Interview Guide in Swedish

INTERVERJUGUIDE
Introduktion
Namn:
Ålder:
Kön:
Befattning:
Hur länge har ni arbetat som sjuksköterska?
Hur länge har ni arbetat med nuvarande arbetsuppgift?

Tidiga förväntningar
1. Varför började du studera till att bli sjuksköterska?
   Vad hade du för förväntningar på yrket?
   Vad var din motivation till att bli sjuksköterska?
   Kan du komma ihåg några speciella förväntningar eller någon speciell oro du hade när du valde karriär?

Allmänna erfarenheter och inställningar
2. Vad är det bästa med att arbeta som sjuksköterska?
   Var det något du hade förväntat dig eller kom det som en överraskning?
   Om oväntat, blev det bättre för att det kom som en överraskning?
   Vad hade du förväntat dig angående svaret i fråga 2?
   Är det något som skulle få dig att mer eller mindre aldrig byta jobb?

3. Vad är det sämsta med att arbeta som sjuksköterska?
   Var det något du hade förväntat dig eller kom det som en överraskning?
   Om oväntat, blev det värre för att det kom som en överraskning?
   Vad hade du förväntat dig angående svaret i fråga 3?
   Är det något som får dig att fundera på att säga upp dig?

Övergång och omställningsproblem
4. Hur blev du introducerad till sjuksköterskeyrket?
   Hur väl överensstämde bilden du fick av yrket med verkligheten?
   Tänker du på något speciellt, positivt eller negativt, som inte överensstämde med verkligheten?
   Upplever du att du fick en felaktig bild av yrket eller var det en för vag bild av yrket?
   Hur påverkades dina förväntningar av eventuell introduktion?
   Vad hade kunnat göras för att ge en realistisk och tydlig bild av yrket?
   Hur mycket praktik gjorde du (utveckla svaret)?
   Hur förändrades eller besannades din bild av yrket under praktiken?
   Funderade du någon gång på att sluta studera till följd av praktik eller ytterligare insyn i yrket?

5. Kände du dig redo för din yrkesuppgift när du började arbeta eller var du orolig för att det fanns saker du inte kunde?
   Besannades din säkerhet/oro?
Funderade du då någonsin på att yrket inte var något för dig?

Jobbnöjdhet
6. Vad hade du för förväntningar på dina arbetsuppgifter? Tex. variation, självständighet, arbetsbelastning etc.
   Besannades dina förväntningar?
   Finns det någon avvikelse från dina förväntningar som gör dig missnöjd med ditt arbete?
   Om ja på fråga X.X, tror du om du hade upplevt det annorlunda om du hade befunnit dig i samma situation men haft andra förväntningar?

7. Vad hade du för förväntningar på uppskattning för ditt yrke? Från patienter, chef, kollegor etc.
   Uppfylldes dessa förväntningar eller blev det bättre eller sämre?
   Hur påverkar det din syn på uppsägning eller att stanna på jobbet?

   Tror du att du hade upplevt utmaningarna som mindre om du hade räknat med dem?

9. Vad hade du för förväntningar på din arbetsmiljö?
   Hur förverkligades dina förväntningar?

Generell uppsägning
10. Om du skulle byta befattning, arbetsgivare eller yrke, vad skulle vara den största anledningen till detta byte?

11. Om du skulle behålla nuvarande befattning och arbete under överskådlig framtid, vad skulle vara största anledningen till det?

12. Om ni skulle byta jobb, skulle ni då söka er till en ny arbetsgivare eller till ett nytt yrke?
   Skulle detta då bero på att ni förväntade er något annat av jobbet som du tror du kan få någon annan stans?


Summering
14. Har du något att tillägga eller finns det något du vill förtydliga?

15. Har du några frågor om vad vi har gjort nu idag eller vad vi kommer göra med materialet?

16. Vill du ha transkriberingen eller uppsatsen skickad till dig?