Achieving Personal and Professional Sustainability in Emergency Nursing: A Grounded Theory Study

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Abstract

Retention of the emergency nurse workforce is an international concern. Despite the excitement of working in emergency situations and the rewarding experience of saving lives, emergency nurses frequently experience stress, burnout, and demotivation due to their challenging work environments and workloads. Little research has focused on the sustainability of the emergency nursing workforce, and no studies reporting how emergency nurses sustain themselves have been identified.

This thesis considers how Indonesian emergency nurses sustain themselves personally and professionally in their work and care. Kathy Charmaz's constructivist grounded theory methodology and situational analysis as conceived by Adele Clarke were used to investigate the issue. Indonesian emergency nurses from diverse settings participated in the study, and data were collected using observations and semi-structured interviews.

Analysis yielded a substantive grounded theory 'Achieving personal and professional sustainability' which identified and explained the social processes that Indonesian emergency nurses use to remain in the emergency nursing profession, and to thrive and remain engaged and motivated in their work and care. The theoretical findings confirmed four interrelated categories: 'Driving forces', 'Developing and using armouries', 'Balancing work and life', and 'Making emergency work effective' as strategies used by Indonesian emergency nurses to sustain themselves. The four interrelated categories are guided and influenced by emergency nurses' professional identities and the meanings they attach to being effective in their work and care. These processes are also moderated by the interplay between individual, social-cultural and institutional elements.

A comprehensive understanding of how emergency nurses in Indonesia sustain themselves was achieved from this new theoretical insight. The findings contribute new understanding of social processes, which are critical to ensuring the sustainability of the emergency nursing workforce. These new and original insights will have application in Indonesian and international contexts. The grounded theory and findings related to the categories provide an original contribution to knowledge and a new foundation for future research and for the emergency nursing workforce. From this base, it will be possible to address emergent and important implications for emergency nursing practice, education, management, and future research.

Declaration

This thesis is an original work of my research and contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature:

Gilny Aileen Joan Rantung

Date: 4 March 2021

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Glossary of Terms

Abduction logic	"A type of reasoning that begins by examining data and after scrutiny of these data, entertains all possible explanations for the observed data, and then forms hypotheses to confirm or disconfirm until researchers arrive at the most plausible interpretation of the observed data" (Charmaz, 2006, p.186).
Actants	In a situational analysis method, the term actant refers to non-human actors that can be physically and/or discursively present in the situation of inquiry. Example of implicated actants: religion and Indonesian custom, culture, and languages.
Actors	In a situational analysis method, use of the term actors refers to human/s (individually and/or collectively). For example, the main actors in this study are emergency nurses.
Basic social process	The central social process emerging through analysis of grounded theory data.
Code	A short label constructed in the form of a word or phrase to represent a piece of data.
Compassion fatigue	A condition where nurses can empathise or feel compassion for others is diminished due to frequent exposure to traumatic, stressful, or heartbreaking events.
Core category	The central phenomenon that is used to integrate all categories of the data.
Emergency nurse specialist	According to College of Emergency Nursing Australia (CENA), emergency nurse specialist is "a registered nurse who has significant experience in the emergency setting", however, what constitutes significant experience is not defined (p.79).
Nurse leader	An experienced nurse who is not task oriented but offers leadership to support other nurses and focus on fulfilling the organisation vision, mission, and long-term plan.
Nurse manager	A nurse who carries administrative and/or a managerial role.
Properties	The defining characteristics or attributes of a category or concept are ascertained from the researcher's study and analysis of their data and codes.
Social world and arena	Cartography of collective commitments, relations and sites of action. In this study, social worlds and arenas mapping is used as a tool to identify which individual or collectives, as well as non-human elements, influence Indonesian emergency nurses' actions and interactions.

Sustainability	Nurses' ability to stay in emergency nursing professions for a long period and demonstrate the power to thrive, engage, and be motivated in their work while being committed to providing care effectively to their patients.
Substantive grounded theory	“A theoretical interpretation or explanation of a delimited problem in a particular area” (Glaser & Strauss, 1967, p.79).
Physician	Physician and doctor use interchangeably in the thesis. A physician is a medical doctor who completed the relevant studies during medical school, internship and residency.
Process	Represents the rhythm as well as the changing and repetitive forms of action-interaction plus the pauses and interruptions that occur when persons act and interact to reach a goal or solve a problem.
Reflexivity	The process used by researchers to reflect continuously on how their actions, values and perceptions impact upon the research setting and affect the data collection and analysis.
Substantive grounded theory	Grounded in the research on one particular substantive (empirical) area and takes place within that single area.
Triangulation	“The use of multiple methods to collect and interpret data about a phenomenon to converge on an accurate representation of reality” (Polit & Beck, 2018, p.421).
Well-being	An individual or group's overall condition concerning their social, economic, psychological, spiritual or health status.

Abbreviations

ALS	Advanced Life Support
BGA	Blood Gas Analysis
BLS	Basic Life Support
BPJS	*Badan Penyelenggara Jaminan Sosial Kesehatan* (Indonesian national health insurance and social security)
CENA	College of Emergency Nursing Australasia
CENNZ	College of Emergency Nursing New Zealand
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CPR	Cardiopulmonary Resuscitation
CPD	Continuing Professional Development
DBPKKM	*Direktorat Bina Pelayanan Keperawatan dan Keteknisian Medik* (Directorate of nursing services and medical technicians under the ministry of health)
ECA	Emergency Care Association
ECG	Electrocardiogram
ED	Emergency Department
ENA	Emergency Nurses Association
FF	Face-to-Face Interview
GH	General Hospital or also known as Public Hospital
HWA	Health Workforce Australia
ICN	International Council of Nurses
IV	Intra Venous
JBI	Joanna Briggs Institute
LOS	Length of Stay
OL	Online Interview
OPD	Outpatient Department
PH	Private Hospital
PPNI	*Persatuan Perawat Nasional Indonesia* (Indonesian National Nurse Association)
SOP	Standard Operating Procedure
TBSA	Total Body Surface Area
USA	United States of America
UK	United Kingdom

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Chapter One: Setting the Scene

While working as an emergency nurse in a hospital in Indonesia I felt that the work of an emergency nurse is exciting and rewarding, but also challenging and demanding. During my six years in the Emergency Department (ED), I watched as colleagues came and went, and noted that leaving was often due to personal or professional reasons. Nevertheless, I also noticed that some of my colleagues and seniors remained emergency nurses for decades.

Throughout my years of nursing and teaching, it has become apparent that some emergency nurses who remain in the profession seem to lose some of their energy and motivation. I observed that they become less active and may try to avoid some tasks. On the other hand, some nurses seem to thrive in the emergency work environment. They appear to lead productive, successful teams and are viewed as high performers by their colleagues and patients. These observations have prompted me to ask how some nurses can stay in their role for many years without decreasing the quality of their work or their patient care.

This thesis reports on Indonesian emergency nurses' views, actions and reactions regarding how to sustain themselves while providing effective care in their work. A substantive grounded theory, 'Achieving personal and professional sustainability', was constructed as the main outcome of this study, and the findings contribute to knowledge and understanding of the social processes which may be critical in ensuring the sustainability of the Indonesian emergency nursing workforce.

The introductory chapter is commenced with a background to this research study. An overview of the Indonesian context and emergency care services from a global and Indonesian perspective is then outlined. The research question and aims are stated, followed by the significance of the study. Finally, an overview of the structure of the thesis is presented.

1.1 Study background

Nurses are by far the largest single group within the health workforce. In 2015, the global health workforce was over 42 million, including 9.7 million physicians, 20.7 million nurse/midwives, and approximately 9.8 million other health workers, with a significant 55% growth estimated for 2030 (All-Party Parliamentary Group on Global Health, 2016; World Health Organization, 2016b). In Indonesia, for example, in 2019, there were over a quarter of a million (345,508) registered nurses, some 29.23% of the total Indonesian health workforce

(Ministry of Health of The Republic of Indonesia, 2020). Similarly, in Australia, the nursing workforce is the largest cohort of health care workers, with about 415,433 nurses as at July 2020. This number is three times higher than the Australian medical practitioner workforce (Australian Institute of Health and Welfare, 2020).

However, a nursing staff shortage is a major issue in many countries today, including Indonesia (Ministry of Health of The Republic of Indonesia, 2020; World Health Organization, 2019). Although they constitute the largest proportion of the health workforce, there are only 24.15 nurses and midwives per 10,000 people in Indonesia. This ratio is far behind that of Australia, which has more than 125 nurses per 10,000 people (World Health Organization, 2020a). Furthermore, there is an unequal distribution of nurses between urban and rural areas in Indonesia (Gunawan, 2016; Suryanto et al., 2017).

Many studies (Cho et al., 2016; Kwok et al., 2016; Wolf, Perhats, Delao, Clark, et al., 2017) have shown that the shortage of nursing personnel affects the quality and safety of patient care. Indeed, a relatively low nurse staffing provision may increase mortality rates and cause adverse effects on patients (Griffiths et al., 2019; Wolf et al., 2017). In contrast, studies have also demonstrated that optimal nurse staffing ratios provide better patient outcomes (Aiken et al., 2018; He et al., 2016; Penoyer, 2010). From economic and business perspectives, the shortage of nurses in hospitals increases overall costs due to the high cost of patient treatment and labour and operational expenditures (Aiken & Fagin, 2018; Dewanto & Wardhani, 2018; Jinhyun et al., 2017). However, some analysts have argued that investing in nurse staffing levels is a cost-effective solution for patients and hospitals alike (Amiri & Solankallio-Vahteri, 2020; Twigg et al., 2015).

In relation to the critical shortage of nursing staff, more recent attention has focused on recruitment and retention. The World Health Organization (2016a, 2016b) has stated the importance of nursing recruitment and retention in order to have a sufficient number of qualified nurses by 2030. This approach is believed to be a way to meet the needs of the national population and health systems in each country and to support the United Nations (UN) Sustainable Development Goals (SDGs) and universal health coverage initiative (ICN, 2017; World Health Organization, 2016a, 2016b, 2020b).

Several recruitment and retention strategies are in place to meet the aim for a sufficient number of nursing professionals. The first common strategy is to increase the number of nursing education institutions and nursing graduates (Squires et al., 2017; World Health Organization, 2013). This strategy has commonly been implemented in Indonesia (Efendi et al., 2018; Gunawan, 2016) and in certain other countries, such as Saudi Arabia and Singapore (Aboshaiqah, 2016; Goh et al., 2019). Another strategy focuses on managing nurse turnover

by improving efforts on staff retention (Buchan et al., 2018; Squires et al., 2017). The International Council of Nurses (ICN) suggests policy interventions at the level of the organisation, health system and country regarding nurse workforce retention based on an analysis of the impact of staff turnover on costs, productivity and care quality, and on nursing workloads and working conditions (Buchan et al., 2018). A policy on nursing workforce retention may reduce turnover while maintaining a qualified and skilled workforce (Buchan et al., 2018; World Health Organization, 2016b).

A high rate of turnover of nurses has been found in speciality areas, particularly in EDs. Concerns about nursing turnover have been raised due to the ongoing and escalating international turnover rate (Bruyneel et al., 2017b; Emergency Nurses Association, 2017; McDermid et al., 2019). For example, in the United States. emergency services experience the highest registered nurse turnover rate of 97.7% (Nursing Solutions Incorporated, 2020). Furthermore, Adriaenssens et al. (2015) conducted a longitudinal study of Belgian EDs and reported that one out of 15 emergency nurses left their job after working for 18 months.

However, there are no recent data on the turnover rate for Indonesian emergency nurses. What is known is that Indonesia has a high number of emergency patients and a shortage of emergency nursing personnel. For example, a study of a general hospital in the East Java Province reported that the ratio of emergency triage nurses to patients is one nurse for approximately 25 to 35 patients (Fathoni et al., 2013). In a study of Indonesian emergency nurses in West Java Province, Trisyani (2016) reported that the ratio in a provincial referral centre hospital was one nurse per 14 to 17 patients in emergency observation rooms, and one nurse per three patients in resuscitation rooms. This finding exposes the insufficient number of emergency nurses in Indonesia.

The management of EDs is particularly sensitive to staffing and workforce issues due to their unique working conditions (Hall et al., 2018; Johnston et al., 2016). The ED is considered a stressful workplace which may contribute to staff physical and psychological fatigue (Basu et al., 2017; Bragard et al., 2015). The effect of stress and anxiety on emergency nurses makes them more prone to making errors or failing to prevent them, both of which affect patient safety (Farag et al., 2017; Guise et al., 2017). They can also cause low job satisfaction, which is associated with an increased intention to leave and a high turnover rate (Li et al., 2019; Suárez et al., 2017). However, there may also be nurses who have no intention to leave but who experience a loss of motivation at work and thus underperform (Suárez et al., 2017).

Burnout and demotivation among emergency nurses appear to be relatively common and related to a multi-factorial array of issues, all impacting individual nurses' work, and potentially patient outcomes (Copanitsanou et al., 2017; de Oliveira et al., 2019). The working life and

work-related burnout and stress also have repercussions for the personal lives and wellbeing of emergency nurses (Adriaenssens et al., 2015b; Bragard et al., 2015).

In an effort to address burnout, researchers have increasingly focused on studying and promoting nurses' resilience while working in EDs (Allen & Palk, 2018; Lin et al., 2019a; Tubbert, 2016). Generally, resilience is defined as the ability to bounce back or to recover positively from adversity (Southwick et al., 2014). In nursing research, resilience is often perceived as a nurse's capacity to cope with workplace demands (Hart et al., 2014; Tubbert, 2016).

A study conducted in an Indonesian ED to measure the resiliency levels of nurses using the Resiliency Attitudes Scale (Biscoe & Harris, 1994) reported that of the 19 emergency nurses who participated, 11 nurses showed high resilience levels, and eight nurses showed low resilience levels (Pragholapati et al., 2020). The authors argued that the differences may be related to personality types and gender (Pragholapati et al., 2020). Studies from different countries, such as Taiwan (Hsieh et al., 2016) and the USA (Lin et al., 2019b), confirm the tendency for experienced emergency nurses to have moderate to high resiliency levels.

It is believed that resiliency in emergency nurses contributes positively to patient care (Delgado et al., 2017; Hollywood & Phillips, 2020), and resilience is one of the predictors of the workplace engagement of emergency nurses (Clark et al., 2020; Yu et al., 2019). However, in his study in the USA, Tubbert (2016) indicated that resiliency does not have a strong link with the retention of emergency nurses.

Despite the recent emphasis on the promotion of resilience, little research has focused on the sustainability of the emergency nursing workforce (Gorman, 2019). Sustainability is an emergent concept in the nursing discipline and is often linked with environmental sustainability (Anåker et al., 2014). According to the Longman Dictionary of Contemporary English (2019), the term "sustainability" is the adjective form of the word sustain, which means "making something continue to exist or happen for a period of time", and can also be interpreted as making someone feel strong and hopeful. Although the word "sustain" can be interpreted in different ways according to the context, in relation to individuals, such as nurses, the definition provided by Dahl (2013) is useful. He describes sustainability as "the ability to keep up, maintain, continue to function, perform essential processes, preserve a dynamic balance, and adapt to changing conditions". In this thesis, I use the term 'sustainable' as meaning nurses' ability to stay in emergency nursing for a long period and demonstrate the power to thrive, engage, and be motivated in their work while being committed to providing effective care to their patients.

It has commonly been assumed that to sustain their work for the longest time, emergency nurses need to remain adaptable and resilient while maintaining the passion that brought them to the job (Crilly et al., 2017). Indeed, regardless of the challenges and uncertainties emergency nurses encounter, there are many things to enjoy and be proud of in their work. However, there is still uncertainty in relation to how emergency nurses sustain themselves personally and professionally in their work. Understanding nurses' strategies to stay in their careers for a long period of time and thrive in their professional and personal lives is needed. This area of study has not been investigated previously.

In the next sections, the settings of the study are outlined. The sections include an overview of the Indonesian context, as well as an introduction to international and Indonesian emergency care.

1.1.1 Context of Indonesia

A brief overview of the research context, and the geography, cultures, languages, and economic status of Indonesia is provided in this section. This section also includes information on conditions in Indonesia, where the study was carried out. The information is important for readers to understand how the findings, especially those on social-cultural elements, correlate with the context.

Geographically, Indonesia is the world's largest archipelago and is also the world's fourth most populous country (World Health Organization, 2014). Indonesia's archipelago is considerable, extending 5,120 kilometres from east to west and 1,760 kilometres from north to south, and is located between Asia and Australia, and between the Indian and Pacific Oceans (Ministry of Social Affairs, Ministry of Health, & Ministry of Manpower & Transmigration of the Republic of Indonesia, 2012). It is a tropical country and a maritime nation comprising over 17,000 islands, only 6,000 of which are inhabited (Tumonggor et al., 2013). There are five main islands, namely Sumatra, Java, Kalimantan, Sulawesi, and Irian Jaya, as well as groups of islands such as Maluku, Nusa Tenggara, Bali and Timor.

This country is divided into 34 provinces inhabited by 300 ethnic groups and a total population of 268,583,016 (Budijanto et al., 2017; BPS, 2020). Based on the latest census data conducted every ten years, Indonesia's population is relatively young, the median age being 27 years. In the 2020 census, most Indonesians identified themselves as Muslim (87.54%), 6.96% as Protestant, 2.91% as Catholic, 1.69% as Hindu, 0.71% as Buddhist, and 0.05% as Confucianist. 0.14% stated they had no religion (BPS, 2020).

Indonesia is not only a multi-ethnic but also a multilingual country. More than 1,400 languages are spoken daily at home, more than the number of ethnic categories. *Bahasa Indonesia* is the national language, the language of education, literacy and modernisation and social mobility (Ananta et al., 2015).

Indonesia ranks as the third-largest democracy, offering political stability, a large domestic market and rich and diversified natural resources (OECD, 2018). Indonesia is the largest economy in the rapidly growing region of south-east Asia. The population in the working-age group has been rising, which means that more people are working, impacting the increasing Gross Domestic Product (GDP) and boosting Indonesian economic performance (OECD, 2018). Indonesia has made great strides in improving its economic and social outcomes. Poverty has markedly declined, although it remains a major challenge for the country (OECD, 2018).

1.1.2 Emergency care: A global perspective

A general description of emergency care is presented in this section, emphasising the context of EDs. A medical emergency is defined as a serious and unforeseen condition involving illness or injury (Stevenson, 2015). EDs are frequently the entry point to a hospital, providing initial treatment to patients in need of immediate care (Crane & Noon, 2020; Solheim, 2016). EDs responsible for delivering urgent medical and surgical care to patients experiencing a broad range of diseases, injuries and traumatic events (Buettner, 2017; Shiber & Weingart, 2020). The ED is known as the Emergency Room (ER) in the United States, Accident and Emergency (A&E) in England, and Casualty in Scotland. While the terms differ and are often used interchangeably, the care provided is similar (Crouch & Dawood, 2018; Shiber & Weingart, 2020).

Emergency care in most health care organisations delivers both inpatient and outpatient services (ACEP, 2015; Hansen et al., 2020). This service is often offered by EDs, and is an important aspect of most health care systems, and EDs are frequently open 24 hours a day (Hansen et al., 2020). EDs can also provide primary care and behavioural health care services in situations when these services are unavailable or inaccessible after hours (Heisler & Tyler, 2014; MacKichan et al., 2017). In many countries, including China (Xu & Zeng, 2016), Japan (Inokuchi et al., 2013), and Indonesia (Rai et al., 2020), EDs also play a vital role in disaster response strategies (Veenema, 2019).

Internationally, EDs can be divided into three categories: basic emergency care in smaller hospitals, specialised care in larger teaching hospitals, and comprehensive and complete

emergency care in university medical centres and trauma centres (Shiber & Weingart, 2020). A hospital-based emergency service must have higher-quality amenities and equipment for life-saving and stabilisation, and these are governed by the policies of each country (ACEM & CENA, 2015; Hansen et al., 2020).

EDs are staffed by multidisciplinary teams, including medical doctors or physicians, nurses and allied health personnel (Seuren et al., 2019; Solheim, 2016). Indeed, the professional roles in EDs may include emergency care practitioners, emergency physicians, emergency nurse practitioners, advanced clinical nurses, clinical initiative nurses, non-medical technicians, communication clerks, support officers, and equipment coordinators (Schofield & Callander, 2009; Stoutenburg & Solheim, 2016). ED staff also collaborate with pre-hospital care providers, which are independent institutions in most developed countries (Al-Shaqsi, 2010; Martin & Ciurzynski, 2015).

Nurses who work in EDs need to be proficient in assessing and caring for emergency patients of all ages (Mollaoğlu & Çelik, 2016; Solheim, 2016). Indeed, they are required to possess considerable knowledge to facilitate decision-making, often in time-pressured situations (Alba, 2018; Han & Roh, 2020), with a range of roles including assessment, diagnosis, patient care and management, referral, education, consultation, advocacy and research (Curtis & Ramsden, 2016). Moreover, emergency nurses need to consider not only patients' physical needs but also their psychological, social and spiritual needs (Picton, 2017). For example, Cypress (2014) revealed that patients and family perceive communication, critical thinking, sensitivity and care as essential to the role. Therefore, advanced knowledge, high-level skill sets, emotional intelligence, spiritual intelligence and psychological ownership, are essential to emergency nurses' successful management of patients and families (Kim & Shin, 2016; Nespereira-Campuzano & Vázquez-Campo, 2017). Continuing education and training are vital to equip emergency personnel, including nurses, to deliver competent and efficient emergency care (Crane & Noon, 2020; Hansen et al., 2020).

In the last decade, there has been a significant increase in demand for emergency care worldwide (Carlson, 2016; Santana et al., 2020). For example, in the United Kingdom, there has been an increase in attendance at EDs by at least 5.5%, or more than 50% in ten years (Baker, 2017). Likewise, in Australia, over 8.4 million patients were referred to public hospital EDs in 2018-2019, with an average of around 23,000 patients per day. This number was 4.2% more than the year before (Australian Institute of Health and Welfare (AIHW), 2020).

Increasing pressure due to the high demand for emergency care has led to overcrowding and the inability to gain access to emergency care (Lindner & Woitok, 2020). This situation results in prolonged patient waiting time and overcrowding being some of the most common

challenges worldwide, and this has become increasingly prevalent for over 20 years (Lindner & Woitok, 2020; Salway et al., 2017). Furthermore, these aspects cause the quality of care to be reduced due to lack of adequate resources (Ahsan et al., 2019; Carlson, 2016), and this has only been exacerbated by growing populations and workforce issues such as burnout, high turnover, and a shortage of emergency staff (Di Somma et al., 2015; Durand et al., 2019). This phenomenon is widespread, also occurring in Indonesia (Budiarsana, 2015; Kusumawati et al., 2019). The global pressures currently facing EDs are also reflected in Indonesia. To complete setting the scene for the present study, additional insights into Indonesian EDs and emergency nursing are required. This information is provided in the following section.

1.1.3 Emergency departments and emergency nursing in Indonesia

Emergency departments in Indonesia are an integral part of hospitals. These departments provide emergency care 24 hours per day and seven days per week. Indonesian EDs are categorised into four levels. The highest is level four EDS (ED-IV), which act as referral centres for district hospitals, followed by level three (ED-III), level two (ED-II) and level one (ED I), with the latter receiving the least resources (Ministry of Health of The Republic of Indonesia, 2009). The classification is determined according to the types of services and facilities (Table 1.1) and the human resources available to provide emergency care (Table 1.2).

Table 1.1: Emergency Department Classifications and Types of Service and Facilities

ED-IV	**ED-III**	**ED-II**	**ED-I**
Diagnosis & Treatment			
Ventilator available		Not available	
Assessment with advanced equipment			Not available
High Care Observation			Not available
Resuscitation Room		Not available	
Emergency surgery			Stabilisation & evacuation

Table 1.2: Human Resources in EDs

Human Resources	**ED-IV**	**ED-III**	**ED-II**	**ED-I**
Subspecialist Doctor	On-Call	Not available	Not available	Not available
Specialist Doctor	Internist, Surgeon, Obsgyn, Paediatrician – On-site		On-Call	Not available
General Practitioner	On-site 24 hours			
Head Nurse	On-site 24 hours			
Staff Nurse	On-site 24 hours			

ED-Is provide only basic emergency diagnosis and treatment. Their function is to determine patients' conditions, perform patient stabilisation, and if required, refer patients to a higher

level of care. ED-I capacities are limited to basic life support (BLS). Usually, ED-Is are staffed by general practitioners and nurses.

ED-IIs usually have on-call medical specialists, on-site general practitioners, and emergency nurses, and ED-II health professionals are usually qualified to provide advanced life support and emergency surgery. However, these EDs have no resuscitation areas or ventilators for prolonged mechanical ventilation.

EDs-III and IV deliver higher-level resuscitation, and they have on-site observation facilities. In addition to nurses and general practitioners, ED-IIIs are staffed by on-site specialists, usually including an internist, surgeon, obstetrician, and paediatrician. In comparison, ED-IVs are characterised by having a medical sub-specialist (on-call), on-site medical specialists, residents, general practitioners and nurses (Ministry of Health of The Republic of Indonesia, 2009).

In addition to providing emergency care services and treating life-threatening problems, Indonesian EDs are commonly the entry point to inpatient wards (Ministry of Health of The Republic of Indonesia, 2018). In Jakarta, for example, more than 60% of inpatient admissions come from EDs (Yusvirazi et al., 2020). Further, it is often the case that patients referred from other hospitals must pass through EDs before being admitted to a ward or an intensive care unit.

The average length of stay in an Indonesian ED is between 1 and 6 hours (Yusvirazi et al., 2020), with acuity levels, bed availability, the requirement for specialist consultation, and admission significant factors contributing to extended lengths of stay (Kusumawati et al., 2019). Furthermore, Budiarsana (2015) reported that prolonged length of stay may also be associated with long waiting times for laboratory testing, radiology and/or doctors' assessments.

Pre-hospital care services, such as ambulance services, are not widely available as yet in Indonesia. Most ambulances in Indonesia are staffed by emergency nurses from hospital EDs or nursing staff from community health clinics (Boyle et al., 2016). Despite this, in several major cities in Indonesia, people can access emergency services by calling 118 or 119 to call for an ambulance. Like other emergency numbers worldwide, operators can provide first aid guidance and help find the nearest health care facility that suits patients' needs (Ministry of Health of The Republic of Indonesia, 2018). However, Yusvirazi et al. (2020) reported that less than 20% of patients in Jakarta arrive in EDs by ambulance, with the rest (86%) arriving by independent means. A possible explanation for the low incidence of ambulance use in Indonesia may be due to the cost of service, which is not covered by Indonesian universal health insurance (Suryanto et al., 2017).

As explained above, emergency doctors or general practitioners and nurses are the primary workers in EDs. They are on the front line in the provision of emergency health services to the community in Indonesia. This demanding environment means that emergency doctors need to have a general practitioner degree as a minimum qualification. Likewise, emergency nurses, they are required to have either a bachelor degree or diploma III in nursing. Further, nurses with master's degrees in critical care or emergency nursing usually become nurse educators or supervisors in EDs; alternatively, they may take a position in management. However, formal recognition of advanced nursing roles or emergency nursing practitioners has not yet been implemented in Indonesia (Trisyani & Windsor, 2019). Both professional groups are required to have a foundation in emergency competencies and hold minimum qualifications for Basic Cardiac Life Support (BCLS) or Basic Trauma Life Support (BTLS) (Ministry of Health of The Republic of Indonesia, 2015, 2018).

Emergency nurses are expected to be able to perform triage, resuscitate with or without equipment and understand the principles of stabilisation and definitive therapy. They must also be able to work in teams and communicate with their medical colleagues, as well as with patients and family members (Direktorat Bina Pelayanan Keperawatan dan Keteknisian Medik (DBPKKM) & Direktorat Bina Pelayanan Keperawatan dan Teknis Medik, 2011).

However, as Trisyani (2016) noted, limitations in human resources may result in a shifting of boundaries in emergency nursing practice to more complex responsibilities. Indeed, she reported that the emergency nurse's roles in some Indonesian hospitals range from that of a receptionist or administrator to one which requires medical and advanced intervention, such as suturing, venepuncture, intubation, and defibrillation (Trisyani, 2016; Trisyani & Windsor, 2019). In settings where these extensions to work have occurred, emergency nurses have reported increased workloads and struggles in performing some core responsibilities, such as caring for patients and keeping up documentation (Ariyanti et al., 2019; Muskananfola et al., 2019). High levels of fatigue and low job-satisfaction among Indonesian emergency nurses have been reported by Yudiah et al. (2018). Indeed, the excessive workload of emergency nurses is one of the main causes of job-related stress reported in several Indonesian studies (Juniartha et al., 2018; Suprapto et al., 2018; Vanchapo et al., 2019).

An introduction and background to emergency care, particularly in relation to Indonesian emergency nursing, have been presented in this and previous sections. Thus far, it has been shown that the most challenging issue in the emergency nursing workforce globally and in Indonesia is related to high work demands and stressful work environments. How Indonesian emergency nurses sustain themselves as workforce members in these circumstances remains largely unknown. In addition, it is important to determine how they understand and define their

work and thrive on being effective in their roles and care. In the next section, details of the study are provided, including the research question, the study aims and the potential significance of the findings.

1.2 Research question and aims

The research question is: How do emergency nurses in Indonesia sustain themselves personally and professionally in their work?

The aims of the study are to:

1. Explore how emergency nurses sustain themselves personally and professionally.
2. Explain the meanings that emergency nurses attach to being effective in their work.
3. Theorise the social processes that emergency nurses use to sustain themselves in their practice.

1.3 Significance of the study

It is important to establish an understanding of how emergency nurses sustain themselves. Insights into how emergency nurses stay in the profession for long periods and how they grow professionally and personally while maintaining effective care delivery to their patients are also important. However, the literature highlights a paucity of data specifically addressing this topic in any context, either in Indonesia or internationally.

This present study provides information about Indonesian emergency nurses' strategies and processes to sustain themselves in their practice. A better understanding of how to juggle personal and professional lives and knowledge of what helps nurses be motivated, equipped in their practice, and effective in their work may lead to emergency nursing sustainability. All information reported in this study comes from Indonesian emergency nurses' perspectives and experiences, but it is hoped that it may also be of significance for, and interest to, other groups of emergency nurses in other countries.

This kind of information will enable health administrators to understand what might support nurses generally, and emergency nurses specifically, to thrive and excel in their profession. For educators, this study's findings may enable them to prepare student nurses at graduate or post-graduate levels on how nurses can sustain themselves in their work. The findings may potentially become a reference for the development of policies and regulations on future strategies for the development of Indonesian nursing and emergency nursing workforces. This

knowledge is essential because it may improve retention strategies and lead to improved workplace performance and care in EDs.

1.4 Thesis structure

The thesis is presented in ten chapters. Chapter One provides an overview of the study and the background to the study and its context, as well as the research question, the aims, and the significance of the study.

In keeping with the principles of grounded theory, a literature review is presented in Chapter Two. The review integrates the best available evidence from existing research to provide a comprehensive understanding of how emergency nurses sustain themselves and provide effective care. The literature review is an important aspect of the research process to support and inform the researcher's theoretical sensitivity.

Grounded theory is used as the research methodology for this research project. A commentary and outline of grounded theory are presented in Chapter Three. This chapter's content includes the history and evolution of grounded theory, a discussion of the constructivist grounded theory approach and situational analysis, and the accompanying philosophical underpinnings.

The methods used in this study are described in Chapter Four. The methods of coding in constructivist grounded theory and situational mapping are also discussed. Further, an explanation of how constructivist grounded theory methods are combined with situational mapping methods is provided.

In Chapters Five and Six, the research findings are reported. Four emerging categories, along with their sub-categories, are identified and discussed in detail in these chapters. In Chapter Five, two categories are presented: 'Driving forces' and 'Developing and using armouries'. This chapter also includes an overview of the participants' characteristics, as well as an overview of the Indonesian emergency nurses' social worlds and arenas (derived from situational analysis mapping). The other two categories, 'Balancing-work and life' and 'Making emergency work effective', are explained in Chapter Six.

The core category is presented in Chapter Seven, with a focus on its properties. Two properties of the core category, 'Constructing and evolving professional identities', and 'Perceiving and reshaping the meaning of effective work and care' are explained. In Chapter Eight, the grounded theory and the associated theoretical model are presented. The theory centred on the core category 'Achieving personal and professional sustainability' explains the

embedded social processes. The theory answers the research question of how emergency nurses sustain themselves and provide care in their work. This chapter is built on further theorising of the results presented in Chapters Five, Six and Seven. In the theory chapter, the dynamic interchange between the four emerging categories is explained, along with the continual properties and the elements influential in emergency nurses' actions and behaviours.

The significant findings and an overall discussion of the findings are presented in Chapter Nine. Finally, a conclusion to the research is reported in Chapter Ten. The chapter includes the implications and limitations of the study and concludes with recommendations for practice, education, management, and future research.

1.5 Concluding remarks

In order to have a sufficient number of qualified emergency nurses in Indonesia who can provide effective care to their patients, nurses with particular characteristics and skillsets are required. Knowledge of how nurses can sustain themselves in their career and their care is needed, but not yet available. This study is important as it may shed light on the retention of emergency nurses and strategies of workforce development. In this introductory chapter, the scene has been set for the study. The justification of and need for the study have been provided along with the research question and aims. This chapter has also provided the study's context by describing the Indonesian setting, including specific features such as its geography, cultures, languages, and economic status, followed by the context of emergency care services internationally, and EDs and emergency nursing in Indonesia. Finally, the significance of the study, and the thesis structure have been outlined.

Chapter Two: Review of the Literature

Chapter One presented the background and context of the study and this chapter provides 'the final version' of the literature review, as suggested by Charmaz (2014a) who argued for a re-visit of the literature. An integrative review of a range of relevant literature was undertaken to gain in-depth insight into current knowledge of the topic and to obtain theoretical sensitivity. In the chapter, the existing literature concerning the ways in which emergency nurses sustain themselves and provide care are described and evaluated.

The chapter begins with a discussion of the literature review from grounded theory perspectives. The research aim, strategy, outcome, data abstraction and synthesis follow. The reviewed papers are discussed in three sections. The first section describes how emergency nurses motivate themselves for their work, the second section considers how emergency nurses perceive effective care and sustain caring practice, and the third section explores how emergency nurses sustain themselves in their workplaces and careers. Each section focuses on one review question. Finally, a summary of the literature on all three areas is provided.

2.1 Literature review of grounded theory

Grounded theory has been evolving since the publication of the original monograph in the 1960s (Charmaz, 2014a; Redman-MacLaren & Mills, 2015). The method changes and has multiple modes to choose from (see Section 3.3 below). The classic, the Straussian, and the constructivist grounded theory have their own concerns regarding how researchers approach and use the existing literature (Bryant & Charmaz, 2010). Indeed, it is a problem for current researchers to decide how and when to use existing literature in a grounded theory study. Therefore, in this section, the approach to the literature review is explained, particularly from the standpoint of constructivist grounded theory, as applied in this study.

Some grounded theorists suggest that the grounded theory approach has moved to the agreement that a literature review should be conducted in the early stage of a study (Birks & Mills, 2015). This standpoint is consistent with Strauss and Corbin's approaches (Strauss & Corbin, 1990). In contrast, Glaser advocated shedding all preconceptions, suspending all previous knowledge and avoiding engagement with the relevant literature until the very end of the study or after the theory has emerged (Bryant, 2017; Glaser, 2013). Both of these writers agree that a review of the literature is a technique to increase theoretical sensitivity (Glaser & Strauss, 2017; Strauss & Corbin, 1990; Thornberg & Dunne, 2019).

In contrast to the Glaserian and Straussian position on searching the literature, Charmaz (2014), in her constructivist mode, suggested engaging with literature critically and comparatively. Specifically, this should occur after the categories and the relationships between categories have been developed. This timing ensures that the research findings emerge from the data, rather than being influenced by extant literature. Charmaz (2014) argued that the crucial point of delaying the literature review was because "a researcher should tailor the final version of the literature review to fit the specific purpose and argument of his or her research report" (p.307).

In regard to how to conduct a literature review, Charmaz (2014a) argued that researchers should 1) enlist the conceptual argument to frame, integrate, and assess the literature, 2) evaluate earlier studies, 3) specify who did what, when, why and how, 4) identify gaps in current knowledge, and 5) position your study and clarify its contribution (p.310). This literature review approach facilitates a constant comparative method and abduction logic, which is important to support the construction of the emerging grounded theory (Charmaz, 2014a). A further description of the utilisation of literature in data analysis is presented in Chapter Four.

Consistent with constructivist grounded theory methodology, the present researcher did not start the data collection with 'an empty head'. The background review and contextual reading were done as a form of familiarisation and orientation to learn about the situation of the study area. The initial review addressed topics related to EDs and emergency nursing from Indonesian and global perspectives, which are presented in Chapter One. When the data collection had been completed, and categories were developed, a pertinent and focused literature review was performed and the results are presented in this chapter. The search strategy for identifying relevant studies, the methods for retrieval of relevant reviews and the criteria for inclusion and exclusion of studies in the review are discussed in the following section.

2.2 Search strategy

An integrative literature review consistent with the process outlined by Whittemore and Knafl (2005) was conducted. The process advocated by Whittemore and Knafl (2005) to enhance the rigour of integrative reviews has four steps: 1) clarity of review purpose and problem identification, 2) well-defined and systematic searching, 3) integrative data sampling which is inclusive of diversity, and 4) diverse data are codified to achieve integrated conclusions.

The integrative review method allows for literature based on various methodologies to be included in the review. Both quantitative and qualitative studies were systematically examined to provide a comprehensive understanding of the identified issues.

The following questions were formed to guide the review process:

1. What is known about how emergency nurses motivate themselves for their work?
2. What is known about how emergency nurses view effective care and sustain caring practice in their work?
3. What is known about how emergency nurses sustain themselves in their workplaces and careers?

The literature search was conducted in November 2018 using four electronic databases: Cumulative Index to Nursing and Allied Health Literature Plus (CINAHL Plus), Embase, Medline, and Psychinfo. The search for the research evidence in the literature was undertaken using keywords related to emergency nursing, work motivation, nursing care, and retention. Search terms and strategies are summarised as an example in Table 2.1. Searching involved a PICo framework, MeSH and Boolean operators.

Table 2.1: Search Terms and Strategies

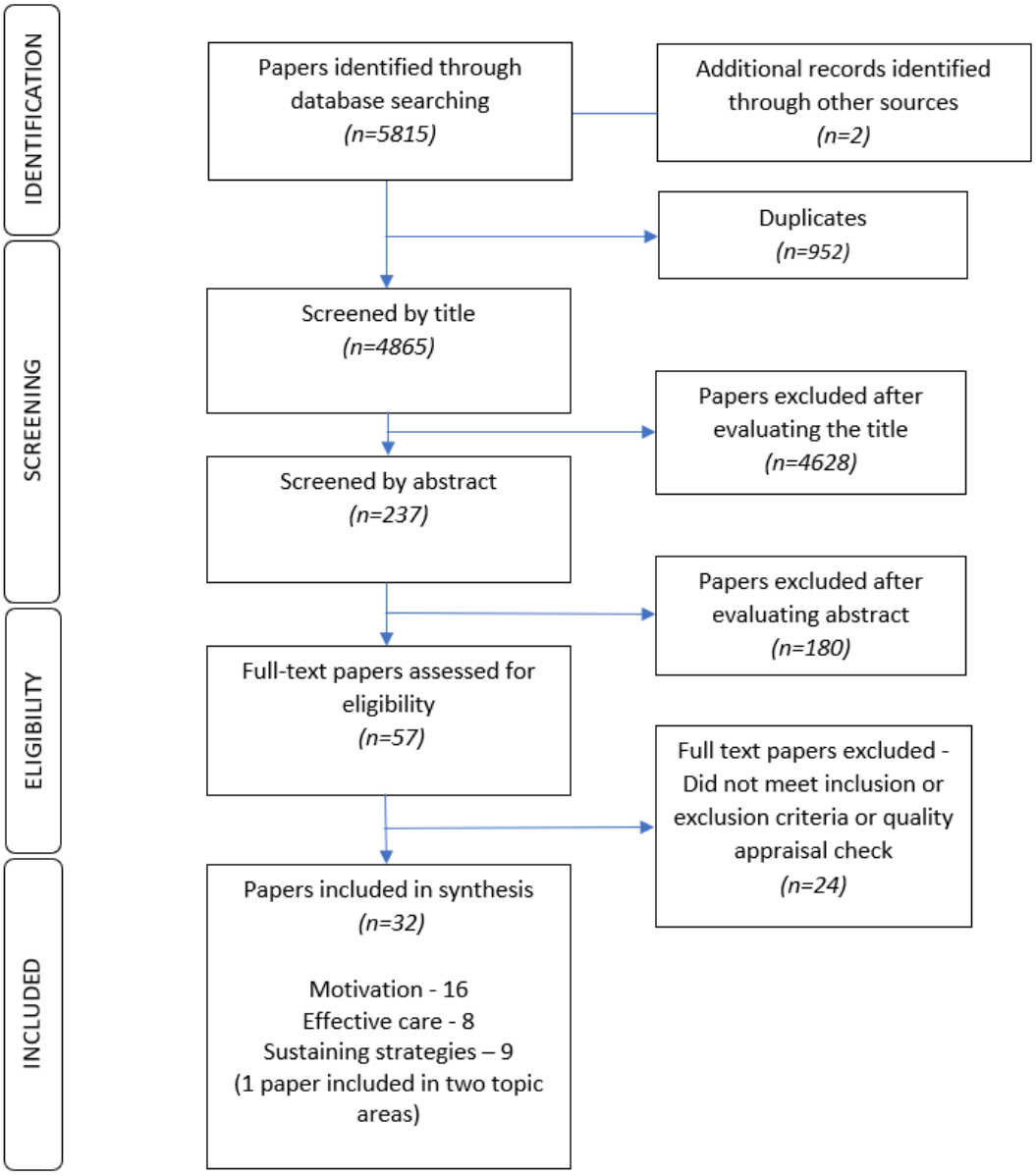
S1	exp Emergency nursing/ or Emergency nurs*.mp.
S2	("Sustain*" or "retain*" or "personnel retention").mp.
S3	1 and 2
S4	(“Motivation” or "work motivation" or "work intention" or "intention to stay").mp.
S5	1 and 4
S6	("Effective care" or "quality care" or "nursing care" or "patient care").mp.
S7	1 and 6
S8	3 or 5 or 7
S9	limit 8 to (English language and yr="2008 -Current")

Since the aim of this review was to obtain the best available evidence in the area of study, there was no specific limitation on study designs. Databases were searched for papers that had been published in a peer-reviewed journal within the ten year period 2008-2018. The search was limited to English-language papers which were available as full texts. Subsequently, exclusion criteria were applied as follows: non-empirical studies, participants are not emergency nurses (e.g. paramedics, students, patients, patients’ family), studies where emergency nurses are the minority of participants, studies conducted outside hospital EDs, abstract and full text are not available, and studies reported in a language other than English. The outcomes of the search are discussed in the next section.

2.3 Search outcomes

Using the search strategy described in the previous section, a total of 5817 papers were identified through database searching. After duplicate papers were removed, 4865 papers were screened for relevance by title and abstract. After reviewing the titles, 4628 papers were excluded; most were excluded because they focused on describing 'care', that is, treatments and management of specific emergency cases. After evaluating the abstracts, a further 180 papers were eliminated, which left 57 potential papers for full-text assessment. After quality appraisal by two reviewers (GR and CM) using Joanna Briggs Institute critical appraisal checklists (Joanna Briggs Institute, 2017c, 2017a, 2017b), 24 full-text papers were excluded. The remaining 32 papers were included in the review for analysis and thematic integration of the research findings (Figure 2.1).

Figure 2.1: PRISMA Flow Chart



2.4 Data abstraction and synthesis

Data abstraction involved a thorough and iterative process of reading the papers and examining the data (Whittemore & Knafl, 2005). The remaining 32 papers were abstracted using the four-step process of analysis described by Whittemore & Knafl (2005). The steps are 1) data reduction, 2) data display, 3) data comparison, 4) drawing conclusion and verification (Whittemore & Knafl, 2005). These processes are explained below.

Data reduction is the first step in analysis, and involves grouping papers according to a logical system (Whittemore & Knafl, 2005). In the present literature review, each paper was initially classified based on the review topics (work motivation, care and sustaining strategies). Next, data from primary sources were extracted and coded into sub-categories.

Data display involves converting the data extracted from individual sources into a display which assembles the data from multiple primary sources around particular variables or sub-groups (Whittemore & Knafl, 2005). To facilitate data synthesis, in this second step of data analysis, all primary data sources were compiled into a matrix to enable full immersion in the literature and aid constant comparison. The matrix contained detailed information on individual papers, such as study aims, research design, sample size, country of origin, and summary of key findings (see Appendix 1).

The third step is the starting point for interpretation as it aims to identify patterns, themes or relationships. This step is undertaken in an iterative and constant comparative examination of data displays of primary source data (Whittemore & Knafl, 2005). Data from the sub-group classification with similar variables were clustered and thematically coded. The final step is integrating a description and conclusion of each theme into a brief account of the main points portrayed in the result sections (Whittemore & Knafl, 2005). Study characteristics are described in the next section.

2.5 Characteristic of the studies

The papers included in this review were 18 quantitative studies and 14 qualitative studies. The studies were conducted in 12 different countries, including the United States of America (9), Australia (2), Belgium (4), Brazil (2), Canada (4), China (2), Ghana (2), Iran (3), Korea (1), Sweden (1), Taiwan (1), and Turkey (1). Sample sizes varied across studies, from a minimum of seven participants to a maximum of 976 respondents. Although most of the participants/respondents were emergency nurses, four studies included emergency nurses amongst multiple respondents (Abraham et al., 2018; Blank et al., 2014; Elmqvist, Fridlund, & Ekebergh, 2012) and informants (Person, Spiva, & Hart, 2013), and included for example

physicians, patients and other emergency staff. One study (Van Osch et al., 2018) involved participants from both EDs and critical care settings. Table 2.2 provides a summary of the characteristics of the studies.

Table 2.2: Study Characteristics (Alphabetically by Author)

No	Papers	Study participants	Country	Study design
1.	Abraham et al. (2018)	80 emergency nurses, 43 physicians	Australia	Cross-sectional
2.	Adriaenssens et al. (2011)	254 emergency nurses	Belgium	Cross-sectional
3.	Adriaenssens et al. (2015a)	170 emergency nurses	Belgium	Cross-sectional
4.	Adriaenssens et al. (2015b)	297 emergency nurses	Belgium	Longitudinal study
5.	Atakro (2017)	30 emergency nurses	Ghana	Exploratory
6.	Atakro et al. (2016)	20 emergency nurses	Ghana	Phenomenology
7.	Blank et al. (2014)	50 emergency nurse, 50 patients	USA	Cross-sectional
8.	Bruyneel et al. (2017)	294 emergency nurses	Belgium	Cross-sectional
9.	dos Santos et al. (2013)	20 emergency nurses	Brazil	Exploratory
10.	Elmqvist et al. (2012)	1 Nurse assistant, 4 emergency nurses, 3 physicians	Sweden	Phenomenology
11.	Enns and Sawatzky (2016)	17 emergency nurses	Canada	Qualitative Descriptive
12.	Grover et al. (2017)	12 emergency nurses	Australia	Exploratory
13	Helbing et al. (2017)	89 emergency nurses	USA	Cross-sectional
14.	Howlett et al. (2015)	616 emergency nurses	Canada	Cross-sectional
15.	Jiang et al. (2017)	976 emergency nurses	China	Cross-sectional
16.	Li et al. (2018)	123 emergency nurses	Taiwan	Cross-sectional
17.	Lu et al. (2015)	127 emergency nurses	China	Cross-sectional
18.	Mahmoudi et al. (2013)	18 emergency nurses	Iran	Qualitative descriptive
19.	Mahmoudi et al. (2017)	17 emergency nurses	Iran	Exploratory
20.	Palazoğlu and Koç (2017)	236 emergency nurses	Turkey	Cross-sectional
21.	Person et al. (2013)	22 emergency nurses, 4 physician, 3 clinical care partners, and 3 emergency staff	USA	Ethnographic
22.	Ribeiro et al. (2015)	89 emergency nurses	Brazil	Cross-sectional
23.	Robinson and Stinson (2016)	8 emergency nurses	USA	Phenomenology
24.	Sawatzky and Enns (2012)	261 emergency nurses	Canada	Cross-sectional
25.	Sheikhbardsiri et al. (2018)	275 emergency nurses	Iran	Cross-sectional
26.	Siller et al. (2016)	43 emergency nurses	USA	Cross-sectional
27.	Van Osch et al. (2018)	13 emergency and critical care nurses	Canada	Interpretive description
28.	Winters (2016)	7 emergency nurses	USA	Grounded theory
29.	Wolf et al. (2016)	16 emergency nurses	USA	Exploratory
30.	Wolf et al. (2017)	16 emergency nurses	USA	Exploratory
31.	Yoon and Sok (2016)	236 emergency nurses	Korea	Cross-sectional
32.	Zavotsky and Chan (2016)	198 emergency nurses	USA	Cross-sectional

In the next sections, a review of the related literature is presented to answer the review questions.

2.6 How emergency nurses motivate themselves for their work

Sixteen research papers including quantitative and qualitative studies described what is known about how emergency nurses motivate themselves for their work. Only two papers specifically addressed the motivation of emergency nurses in relation to their work. The other 19 research papers addressed factors related to motivation or impacting on it. Four key factors were addressed. The factors are 1) emergency nurses' job satisfaction, 2) their intention to stay/leave, 3) their engagement, and 4) their retention in the workforce (Table 2.2). The results are presented in two sections. Section 2.6.1 described the findings from quantitative studies, and Section 2.6.2 describes the findings from qualitative studies.

Table 2.2: List of Identified Papers and Topic Area Addressed

Studies		Topic Areas				
		Motivation	Job satisfaction	Engagement	Intention to stay/leave	Retention
Quantitative	Adriaenssens et al. (2011)		√	√	√	
	Adriaenssens et al. (2015a)			√		
	Adriaenssens et al. (2015b)		√	√	√	
	Bruyneel et al. (2017)		√		√	
	Helbing et al. (2017)		√			
	Jiang et al. (2017)		√		√	
	Li et al. (2018)				√	
	Palazoğlu and Koç (2017)		√			
	Sawatzky & Enns (2012)			√	√	√
	Sheikhbardsiri et al. (2018)	√				
	Siller et al. (2016)			√	√	
	Yoon and Sok (2016)		√			
Qualitative	Atakro (2017)	√				
	Grover et al. (2017)		√			
	Person et al. (2013)		√			√
	Van Osch et al. (2018)				√	

2.6.1 Findings from quantitative studies

Twelve quantitative studies gathered evidence about how emergency nurses motivate themselves for their work (Adriaenssens et al., 2011, 2015a, 2015b; Bruyneel et al., 2017a; Helbing et al., 2017; Jiang et al., 2017; Y. F. Li et al., 2018; Palazoğlu & Koç, 2017; Sawatzky & Enns, 2012; Sheikhbardsiri et al., 2018; Siller et al., 2016; Yoon & Sok, 2016). Four of the studies were conducted in Belgium, and involved multiple studies by the same authors (Adriaenssens et al., 2011, 2015b, 2015a; Bruyneel et al., 2017a). The remaining studies were conducted in Canada (1), China (1), Iran (1), Korea (1), Taiwan (1), Turkey (1), and the USA (2).

The quantitative studies included in this review utilised various scales to measure constructs (Table 2.3) and multiple methods of analysis (Table 2.4). The research approaches encompassed a descriptive study, cross-sectional studies, and a longitudinal study. Various statistical analysis methods were used, including descriptive univariate statistics (mean, standard deviation, percentage), Pearson correlations, Kolmogorov-Smirnov, analysis of variance (ANOVA), t-tests, chi-square tests, and regression analysis.

Table 2.3: Measures and Reliability Values

	Scales	**Studies**	**Cronbach's α***
Motivation	Motivation questionnaire by Vali and Ravangard (2009)	Sheikhbardsiri et al. (2018)	α= 0.84; 31 items
Job Satisfaction	The Leiden Quality of Work Questionnaire for Nurses (LQWQ-N) by Maes et al. (1999)	Adriaenssens et al. (2015b)	α=0.74; 3 items
		Adriaenssens et al. (2011)	α=0.75; 3 items
		Bruyneel et al. (2017)	α=0.70-0.93; 3 items
	McCloskey-Mueller Satisfaction Scale	Helbing et al. (2017)	Not reported
	Nurse satisfaction questionnaire by Jiang et al. (2017)	Jiang et al. (2017)	α= 0.94; 16 items
	Minnesota Job Satisfaction Scale by Weiss et al. (1967)	Palazoğlu and Koç (2017)	α= 0.78; 20 items
		Yoon & Sok (2016)	α= 0.92; 19 items
Engagement	Utrecht Work Engagement Scale (UWES) by Schaufeli and Bakker (2003)	Adriaenssens et al. (2015a)	α=0.95; 9 items
		Adriaenssens et al. (2015b)	Vigour (α=0.74; 3 items) Dedication (α=0.81; 3 items) Absorption (α=0.82; 3 items)
		Adriaenssens et al. (2011)	α=0.93; 9 items
		Siller et al. (2016)	α= 0.93; 9 items
	Engagement composite questionnaire by Hewitt Associates (2008)	Sawatzky and Enns (2012)	Not reported
Turnover intention	The Leiden Quality of Work Questionnaire for Nurses (LQWQ-N) by Maes et al. (1999)	Adriaenssens et al. (2015b)	α=0.77; 3 items
		Adriaenssens et al. (2011)	α=0.85; 3 items
		Bruyneel et al. (2017)	α=0.70-0.93; 3 items
	Two questions about intention to stay and tendency for turnover	Jiang et al. (2017)	Not reported
	One question asked "to what extent do you intend to leave after experiencing violence?"	Li et al. (2018)	Not reported
Burnout	Maslach Burnout Inventory for Human Services Survey (MBI-HSS) by Maslach and Jackson (1981)	Adriaenssens et al. (2015a)	α=0.72; 20 items
		Bruyneel et al. (2017)	Not reported
		Jiang et al. (2017)	α= 0.789; 22 items
		Li et al. (2018)	emotional exhaustion (α= .92; 10 items); depersonalization (α= .87; 5 items); personal achievement (α= .90; 5 items)
		Palazoğlu and Koç (2017)	α= 0.82; 22 items
		Yoon and Sok (2016)	α= 0.82; 21 items
***Cronbach's α acceptable α ≥ 0.7**			

The only quantitative study of emergency nurses' motivation identified and included in this review was a study by Sheikhbardsiri et al. (2018). A motivational questionnaire measured factors related to 'occupational motivation', including 'psychological', 'welfare', 'educational', 'financial', and 'administrative' factors of emergency nurses (n=70) and pre-hospital nurses (n=80) in Iran. Based on the frequency distribution of motivational factors of emergency nurses, 84% had intermediate 'psychological motivation', 95% had 'intermediate welfare' motivation, 92% had intermediate 'educational motivation', 50% had intermediate and weak 'financial motivation', and 67% had appropriate 'administrative motivation' (Sheikhbardsiri et al., 2018).

Table 2.4: Type of Quantitative Study and Statistical Analysis

Type of study	Studies	Statistical Analysis
Cross-sectional study	Adriaenssens et al. (2011)	Chi-square test, independent sample t-test, Pearson correlations, hierarchical regression analyses
	Adriaenssens et al. (2015a)	Pearson correlations, ANOVA, independent sample t-test, hierarchical regression analyses
	Bruyneel et al. (2017)	Simple two-level and multiple regression analyses, structural equation modelling
	Jiang et al. (2017)	Non-paired t-tests, ANOVA, multiple logistic regression
	Li et al. (2018)	Moderated mediation model, Bootstrapping technique
	Palazoğlu and Koç (2017)	Kruskal-Wallis, Mann-Whitney U test, Spearman correlation test
	Sawatzky and Enns (2012)	Contingency table analyses, ANOVA, proportional odds logistic regression (OLR) models
	Siller et al. (2016)	Pearson correlation coefficients
	Sheikhbardsiri et al. (2018)	Kolmogorov-Smirnov, ANOVA, t-test, X2, Pearson correlations, multivariate regression tests
	Yoon and Sok (2016)	Pearson's correlation coefficient, Multiple regression analysis
Descriptive study (only)	Helbing et al. (2017)	Univariate descriptive statistic
Longitudinal study	Adriaenssens et al. (2015b)	Pearson correlations, Cohen's delta, Multiple linear regression

There was no significant relationship between occupational motivation and demographic characteristics of the participants based on the Chi-square (X^2 test) and ANOVA. No regression result of the emergency nurses' group was reported in the study. However, Pearson correlational tests (with no R-value reported in the paper) revealed a significant relationship between psychological factors and welfare factors (p=0.000), educational factors (p=0.004), and administrative factors (p=0.005). In addition, a significant relationship was reported between welfare factors and education factors (p=0.005) (Sheikhbardsiri et al., 2018).

Although Sheikhbardsiri et al. (2018) provide insight into the classification of occupational motivation, their report does not present specific information about what comprised psychological, welfare, educational, financial and administrative motivations. The study reports the percentage of participants' motivational scores, and the relationship between those motivational factors and demographic factors. However, it provides no evidence of the factors which generate higher and lower levels of occupational motivation, or how nurses maintain their motivation at work. The findings are too broad to describe the process of how emergency nurses motivate themselves in their work.

The aim of the first study reported by Adriaenssens et al. (2011) was to compare 'job and organisational characteristics' of emergency nurses (n= 254) from 15 EDs and general nurses (n=669) from one large hospital in Belgium. The other objectives were to measure levels and aspects of 'job satisfaction', 'turnover intention', 'work engagement', 'fatigue', and 'psychosomatic distress' among the emergency nurses.

The study found that when comparing emergency nurses and general nurses, there were significant differences in the level of 'job characteristics' and 'organisational factors' between the two groups. Emergency nurses had significant higher 'time pressure' (p<0.001), more 'physical demands' (p<0.001), lower 'decision authority' (p<0.001), less adequate 'work procedures' (p<0.001), less 'reward' (p<0.001), more opportunities for 'skill discretion '(p<0.001) and a higher level of 'social support from colleagues' (p<0.05) than the general nurses (Adriaenssens et al., 2011).

The hierarchical regression analysis confirmed a positive association between emergency nurses' 'job satisfaction' and 'skill discretion' (β=0.17, p<0.01), 'decision authority' (β=0.13, p<0.05), 'social support from colleagues' (β=0.16, p<0.01), and 'rewards or appreciation' (β=0.25, p<0.001). All accounted for 40% of the variance and were therefore considered as important factors influencing job satisfaction in emergency nurses.

In terms of work engagement, a positive relationship was shown in some variables such as 'skill discretion' (β=0.32, p<0.001), 'social support from the supervisor' (β=0.17, p<0.01), 'rewards and appreciation' (β=0.13, p<0.05), and 'work procedures' (β=0.18, p<0.01) which all accounted for a total of 41% variance in 'work engagement'. In this regard, having 'skill discretion', having 'decision authority', having 'social support from supervisor', positive perception of 'reward and appreciation', and good quality and feasibility of 'work procedures' were all identified as contributing to the positive 'work engagement' of the emergency nurses and increasing their job satisfaction (Adriaenssens et al., 2011).

Moreover, a negative correlation was identified between 'turnover intention' and predictors including 'skill discretion' (β=-0.20, p<0.01), 'rewards' (β =-0.16, p < 0.01), older 'age' (β=-

0.18, p<0.01) and female 'gender' (β=-0.30, p<0.001). Having 'skill discretion', positive perception of 'rewards', older 'age' and female 'gender' were reported as predictive of lower 'turnover intention', whereas higher 'work and time demands' in the ED were associated with higher 'psychosomatic distress' (β=-0.31, p<0.001) and levels of 'fatigue' (β=-0.21, p<0.01). In contrast, positive perception of 'rewards', good quality and feasibility of 'work procedures', as well as 'social support from the supervisor', predicted less 'psychosomatic distress' and 'fatigue' among emergency nurses (β=-0.17, p<0.05; β=-0.17, p<0.05; β=-0.27, p<0.001, respectively) (Adriaenssens et al., 2011).

Despite the fact that Adriaenssens et al. (2011) did not specifically examine emergency nurses' motivations, the findings revealed substantial information on factors which may improve work satisfaction and commitment of emergency nurses, and reduce nurses' turnover intention. However, most of the predictors identified were related to extrinsic factors and did not indicate nurses' internal motivation which may increase job satisfaction and engagement, and decrease turnover intention.

In 2015, Adriaenssens et al. (2015a, 2015b) reported two studies with two different research purposes, but collected from the same sample of emergency nurses in Belgium (n=170). The first paper by Adriaenssens et al. (2015a) was a cross-sectional study which reported results related to 'goal orientation', 'work engagement', and 'burnout' in Belgian emergency nurses. The study found that 'age' had a significant negative correlation with 'work engagement' (r=-0.17, p=0.03), and women were found to have significantly higher levels of 'work engagement' than men (β=0.17, p=0.006). 'Job demands' were found to be negatively related to 'burnout' (β=-0.26, p≤0.001), and high 'social support 'was related to increased 'work engagement' (β=0.17, p≤0.05). Furthermore, perceived high 'job control' was predictive of 'work engagement' (β=0.24, p≤0.001) and lower levels of 'burnout' (β=-0.24, p≤0.001). Correspondingly, a 'mastery-approach to goal orientation' was significantly related to an increase in 'work engagement' (β=0.30, p≤0.001) and to a decrease in 'burnout' (β=0.18, p≤0.01) (Adriaenssens et al., 2015a).

Different from their previous research (Adriaenssens et al., 2011), Adriaenssens et al. (2015a) indicated the importance of mastery-approach goal orientation as an indicator of work engagement and lower burnout among emergency nurses. This finding revealed one nurse's internal motivation, but is insufficient to provide a complete picture of how emergency nurses motivate themselves in their work.

In their second paper, Adriaenssens et al. (2015b) reported findings from a longitudinal study designed to examine the effects of changes in 'work and organisational characteristics' on 'job satisfaction', 'work engagement', 'emotional exhaustion', 'turnover intention' and

‘psychosomatic distress’ among emergency nurses in Belgium. It was reported that over a period of 18 months, there were considerable changes, both in positive and negative directions. Depending on the predictors, 18-38% (SD≥0.5) of the respondents had an improved score, while 20-31% (SD≥0.5) had a negative (worsening) score. Using the same criteria, 21-31% (SD≥0.5) of the respondents had positive changes in their scores, while 20-40% (SD≥0.5) of the respondents had negative changes in their scores for the outcome variables. The most stable characteristic was ‘job demands’, with 61% (SD<0.5) of the sample indicating that this had remained stable over the time of the study. In contrast, participants indicated that ‘material resources’, ‘levels of social support’, and their ‘intentions to leave’ had all varied over the time of the study (Adriaenssens et al., 2015b).

‘Job satisfaction’ and ‘work engagement’ at the beginning of data collection (T1) were strong predictors of ‘job satisfaction’ and ‘work engagement’ at the end of data collection (T2). More specifically, a gradual positive perception of ‘job demands’ (β=0.18, p<0.05), higher perceived ‘job control’ (β=0.25, p<0.001) and ‘social support’ (β=0.22, p<0.01) were significantly associated with an increase in ‘job satisfaction ‘at T2. A higher perceived ‘job control’ (β=0.21, p<0.01) and a positive perception of ‘reward’ (β=0.14, p<0.05) were significantly related to an increase in ‘work engagement’ at T2. The model, consisting of all variables, explained 45% and 51% of the variance in ‘job satisfaction’ and ‘work engagement’ at T2, respectively (Adriaenssens et al., 2015b).

Furthermore, more positive perceptions of ‘job demand’ (β=-0.17, *p*<0.05), ‘social support’ (β=-0.24, *p*<0.01) and more positive perceptions over time regarding ‘social harassment’ (β=-0.14, *p*<0.05) were significantly associated with a decrease in ‘emotional exhaustion’ at T2. Only a positive change over time in ‘work agreements’ (β=-0.22, *p*<0.05) was related to a decrease in ‘turnover intention’ at T2. Conversely, a more positive perception over time regarding ‘social harassment’ (β=-0.17, *p*<0.01) and ‘material resources’ (β = -0.17, *p*<0.05) were significantly associated with a decrease in ‘psychosomatic distress’ at T2 (Adriaenssens et al., 2015b).

Consistent with the previous study (Adriaenssens et al., 2011), in this longitudinal study, Adriaenssens et al. (2015b) reported factors related to job satisfaction, engagement and turnover intention, with further details provided on emotional exhaustion and psychosomatic distress. New evidence identified in their study was that current job satisfaction and engagement were strong predictors for future work job satisfaction and engagement.

Two additional studies investigated factors related to emergency nurses “job satisfaction’ and ‘turnover intention’ (Bruyneel et al., 2017a; Jiang et al., 2017). Using a cross-sectional survey of 294 emergency nurses in Belgium, Bruyneel et al. (2017) undertook a structural equation

analysis of the relationships between ‘job satisfaction’, ‘turnover intention’, and ‘emotional exhaustion’. They found that 86.55% of participants were satisfied with their job. However, 31.71% or almost one in three nurses were thinking about working in another hospital. The ‘turnover intention’ rate was significantly higher among female nurses (39.55%) than male nurses (25%) a with t-value of 2.66 and a *p*-value of 0.0083 (Bruyneel et al., 2017a).

The multiple regression model indicated that ‘nurse foundation in quality for care’ (estimate 0.240, p=0.005), ‘nurse participation in hospital affairs’ (estimate 0.258, p=0.003), the positive role of ‘nurse management and leadership’ (estimate 0.213, p=0.001), having ‘skill discretion’ (estimate 0.449; p<0.0001), and having ‘social support from a supervisor’ (estimate 0.210, p<0.0001) were positively associated with ‘job satisfaction’. Moreover, good ‘nurse staffing’ (estimate -0.160, p=0.014), well-planned ‘career development and opportunities’ (estimate -0.189, p=0.031), having ‘decision authority’ (estimate -0.223, p=0.016), having ‘skill discretion’ (estimate -0.318, p<0.0001), and having ‘social support from supervisor’ (estimate -0.146, p=0.021) were negatively related to ‘turnover intention’, and therefore predicted less turnover intention.

In addition, having a positive perception of ‘collegial nurse-physician relationship’ (estimate -4.916, p<0.0001), appropriate ‘nurse staffing’ (estimate -2.897, p=0.001), reasonable ‘work time demands’ (estimate -7.159, p<0.0001), having ‘decision authority’ (estimate -2,760, p=0.015), having ‘skill discretion’ (estimate -3.527, p=0,000), and having ‘social support from supervisor’ (estimate -1.554, p=0.049), ‘physical demands’ (estimate -2.894, p=0.004) had inverse relationships with ‘emotional exhaustion’. The multilevel structural equation model confirmed that the effect of job satisfaction on turnover intention was only partially mediated by emotional exhaustion. The finding was supported by a strong negative correlation between job satisfaction and burnout (estimate -6.421) and a weak negative correlation between burnout and turnover intention (estimate -0.015) (Bruyneel et al., 2017a).

Since Bruyneel et al. (2017) and Adriaenssens et al. (2015b, 2011) utilised the same instrument to measure job satisfaction and turnover intention, it is not surprising that their studies showed similar evidence of external grounds for job satisfaction and turnover intention. However, no emphasis was placed on nurses’ intrinsic motives, which may have an impact on preventing turnover intention and increasing job satisfaction.

Jiang et al. (2017). in an investigation of ‘satisfaction’, ‘burnout’ and ‘intention to stay’ of 976 emergency nurses in 30 hospitals in Shanghai, reported that 42.8% of participants were satisfied with their work (mean, 3.2 out of 5; SD, 0,9). However, 24.6% were dissatisfied, and 32.6% were neutral. The highest score of job satisfaction was for ‘teamwork and group cohesion’ (mean, 3.9; SD, 1.0). In comparison, the lowest score was ‘current salary’ (mean,

2.7; SD, 1.1), ‘nurse-patient relationship’ (mean, 2.8; SD, 1.1), ‘nurse staffing’ (mean, 2.8; SD, 1.1), and ‘working environment’ (mean, 2.9; SD, 1.1) (Jiang et al., 2017).

A high level of ‘burnout’ was demonstrated in the study based on the three sub-scales of the Maslach Burnout Inventory (MBI), including ‘emotional exhaustion’ (mean, 31.0; SD, 12.0; range 0-54), ‘depersonalisation’ (mean, 12.2; SD, 7.1; range 0-30), and ‘reduced personal accomplishment’ (mean, 20.5; SD 9.1, range: 0-48). In addition, the study revealed that 22.5% and 24.8% of emergency nurses expressed their ‘intention to leave’ within the following year and ‘unwillingness to stay in their work’, respectively. The regression analysis of the study demonstrated a significant negative correlation between ‘satisfaction’ and ‘intention to leave’ (β=-0.61, p=0.000), meaning that nurses’ ‘satisfaction’ was a protective factor for nurse ‘intention to leave’. However, nurse’s ‘burnout’, both in ‘emotional exhaustion’ (β=0.04, p=0.001) and ‘depersonalisation’ (β=0.07, p=0.000) was a risk factor for nurses’ ‘intention to leave’ (Jiang et al., 2017).

Jiang et al. (2017) disclosed information on the highest and lowest factors contributing to job satisfaction and revealed a tendency for turnover intention among emergency nurses. In this descriptive study, they highlighted satisfaction as an independent predictor of nurses’ turnover intention. However, they provided only limited evidence on factors associated with nurses’ job satisfaction.

Helbing et al. (2017) conducted a descriptive study to determine overall ‘job satisfaction’ among 89 emergency nurses in the USA. The ‘job satisfaction’ findings revealed no statistically significant total score difference between male nurses (71%) and female nurses (72%). Higher levels of ‘job satisfaction’ were experienced by younger (75%) and middle-aged (79%) emergency nurses. Nurses with 1-5 years of emergency experience had the highest level of overall ‘job satisfaction’ (77%). The factors with the highest ‘job satisfaction’ scores were the ‘working relationship’ (82%) and the ‘work itself’ (74%), followed by ‘salary and benefits’ (44%), ‘company policies’ (39%), ‘achievement and recognition’ (37%) and ‘working conditions’ (31%) (Helbing et al., 2017).

Based on the survey findings, Helbing et al. (2017) considered that the love of the nature of emergency work or ‘the work itself’ was an intrinsic factor that had the highest job satisfaction score. However, the highest extrinsic factor of the satisfaction score was ‘working relationships’. These data provide important information on how emergency nurses motivate themselves in their work.

One study from Turkey studied 236 emergency nurses’ level of ‘ethical sensitivity’ and its relationship with the levels of ‘burnout’ and ‘job satisfaction’ (Palazoğlu & Koç, 2017). It was found that 78.4% of the participants had faced ‘workplace ethical dilemmas’. Compared with

nurses with high ‘ethical sensitivity’, nurses with low ‘ethical sensitivity’ had significantly lower ‘burnout’ levels (r = -0.158, p = 0.015). However, no relationship was found between ‘ethical sensitivity’ and ‘job satisfaction’ (r = -0.040, p = 0.537). ‘Job satisfaction’ scores of the nurses decreased to the extent that their ‘burnout’ level increased (r = -0.335, p < 0.001). In this respect, nurses with a high level of ‘burnout’ had low ‘job satisfaction’. In addition, the authors reported significant differences in the median score of ‘job satisfaction’ among the Turkish emergency nurses according to ‘age’ (X^2 = 11.9, p = 0.003), ‘love for the profession’ (X^2 = 19.0, $p \leq 0.0001$), ‘satisfaction with current department’ (X^2 = 11.0, p = 0.003), ‘quality of work-life balance’ (X^2 = 20.3, $p \leq 0.001$), ‘satisfaction at current institution’ (X^2 = 21.6, $p \leq 0.001$), and ‘training’ (U = 4316.5, $p \leq 0.001$) (Palazoğlu & Koç, 2017). This study detailed both extrinsic and intrinsic factors related to job satisfaction. Therefore, the findings provide evidence of how emergency nurses are motivated in their work.

Yoon and Sok (2016) and Li et al. (2018) highlighted how ‘violence’ impacted ‘job satisfaction’. Yoon and Sok's (2016) study involved 236 Korean emergency nurses, and found that 53% of participants reported experiencing violence two to five times per month, mostly during the evening (52.5%) and night shifts (30.5%). It was also emphasised that there were no security guards present in 66.1% of incidents (Yoon & Sok, 2016). ‘Job satisfaction’ had a significant, negative correlation with ‘verbal abuse’, ‘physical threats’ and ‘physical violence’ (r=-0.226, p=0.049; r=-0.355, p=0.024; r=-0.393, p=0.018, respectively). Moreover, a significant negative correlation was found between ‘burnout’ and ‘job satisfaction’ (r=-0.435, p<0.001) (Yoon & Sok, 2016). Although the study did not provide detailed data on emergency nurses’ work motivation, they provide insight into how violent incidents and burnout may result in lower job satisfaction.

Li et al. (2018) analysed ‘intention to resign’ and its correlation with emergency nurses’ (n=123) ‘experience of violent incidents’ in Taiwan. The study found that ‘occupational violence’ significantly increased emergency nurses’ ‘intention to leave’ by increasing levels of ‘negative feelings toward work’ (β=.76; p<0.001). The results showed that emergency nurses with low ‘burnout’ levels expressed stronger ‘intention to resign’ after ‘violent incidents’ (β=0.34 > β = 0.24) (Li et al., 2018). This finding provides additional information to Yoon & Sok's (2016) result, showing that occupational violence is a predictor of emergency nurses’ ‘intention to leave’.

Regarding ‘intention to leave’, Sawatzky and Enns (2012) explored key predictors of emergency nurses’ ‘retention’ in Canada. Based on a cross-sectional survey of 261 emergency nurses in 12 hospitals, it was revealed that 43% of the participants who worked in tertiary centres, 26% in urban centres, and 23% in rural centres were intending to leave their

current position within the coming year. Furthermore, lower 'engagement' (OR=0.857, p<0.0001) and higher 'burnout' scores (OR=1.060, p=0.009) were predictors of 'intention to leave', influenced by lower 'income' (OR=0.572, p=0.02) and 'employment status' (OR=2.401, p=0.002). Using the ordinal logistic regression (OLR) model, engagement was reported in this study as a convincing predictor for each of the intermediary factors by increasing 'job satisfaction' (estimate 1.593, p<0.0001) and 'compassion satisfaction' (estimate 0.491, p< 0.0001), and also lowering the risk of 'burnout' (estimate -0.700, p<0.0001) (Sawatzky & Enns, 2012).

In their study, Sawatzky and Enns (2012) highlighted the importance of engagement for retention and reported the intermediary factors for emergency nurses' retention. However, again, the facts were limited to certain external factors, such as income and employment status, and did not present nurses' inner desire to motivate themselves and remain in their work.

Siller et al. (2016) conducted a study of 'work engagement' among emergency nurses, which examined the relationship between the 'perceptions of shared governance' and 'work engagement' of 43 emergency nurses in the USA. The findings revealed a significant positive relationship between 'shared governance' and 'work engagement' (r = 0.62, p < 0.001). When the 'perception of shared governance' increased, 'work engagement' also increased (Siller et al., 2016).

Despite the limited description of engagement this study provide, the findings give insights into the significance of shared governance on work engagement. Indeed, it suggests that emergency nurses with a positive perception of shared governance are more motivated to engage with their work.

This sub-section has presented factors associated with emergency nurses' motivation based on correlations and regression analyses, and descriptive statistics were also reported to provide more understanding and further interpretation of emergency nursing work. However, most of these quantitative studies indicated extrinsic work motivation, and only two studies described intrinsic motivation. These are consistent with the nature of emergency work (Helbing et al., 2017) and love for the profession (Palazoğlu & Koç, 2017) and indicate how emergency nurses motivate themselves in their work. The lack of data related to intrinsic motivation is possibly due to the methods and rigid instruments used in these studies. Qualitative evidence in this area of study is presented in the following sub-section.

2.6.2 Findings from qualitative studies

The search for research papers resulted in the identification of four qualitative research papers that could provide information on 'what is known about how emergency nurses motivate themselves for their work?' The relevant results from the five studies (Atakro, 2017; Grover et al., 2017; Person et al., 2013; Van Osch et al., 2018) were extrapolated and are reported in this sub-section.

These four research papers used a range of methodologies: case study, ethnography, exploratory and interpretive descriptive and exploratory (Table 2.5). The study by Person et al. (2013) was conducted in the USA and the other studies are from Australia (Grover et al., 2017), Canada (Van Osch et al., 2018), and Ghana (Atakro, 2017).

Table 2.5: Qualitative Methodology, Data Collection and Analysis Methods

Methodology	Study	Data Collection Technique	Data Analysis Methods
Ethnographic	Person et al. (2013)	Structured interview and observation	Constant comparative analysis, coding, categorising
Exploratory	Atakro (2017)	Semi-structured interview	Content analysis
	Grover et al. (2017)	Semi-structured interview	Thematic analysis
Interpretive Descriptive	Van Osch et al. (2018)	Focus group	Thematic analysis

Atakro (2017) is the only qualitative study which focuses on emergency nurses' motivation. The aim of the study was to explore the motivating and demotivating factors which influence emergency nurses in Ghana. Thirty nurses from selected rural and urban EDs participated in semi-structured interviews. Four thematic categories of data were identified and described: 'support from the management for the provision of material resources', 'task shifting to nurses', 'stimulants for learning', and 'interpersonal relations' (Atakro, 2017).

Atakro's (2017) study details motivating and demotivating factors for emergency nurses in Ghana. The study suggests that nurses are driven by stimulating work environments which allow them to learn, by excellent interpersonal relationships, and by support from management. On the other hand, nurses are demotivated by task-shifting from doctors to nurses and the lack of material resources in emergency units.

Person, Spiva, and Hart (2013) examined the workplace culture of an ED in the USA. They argue that the study of workplace culture is important to foster employee job satisfaction and retention. Utilising an ethnographic approach, they gathered qualitative data from interviews with 34 employees and undertook 120 observation periods of 250 staff working in a Level II trauma centre ED. The majority of the interviewees were nurses (n=22), followed by

physicians (n=4), clinical care partners (n=3), support staff (n=3), and managers (n=2) (Person et al., 2013).

The study used four categories of attributes (cognitive, environmental, linguistic, and social) to describe the workplace culture of EDs. The first category, 'cognitive attributes', was described as gratifying, rewarding, and punctual. Emergency staff gained gratification through their abilities to make a difference in a patient's life. The attribute of being gratified made it easier for staff to return to work. Moreover, staff also felt a sense of reward when they were able to intervene for a patient and visualise a positive patient outcome (Person et al., 2013).

The second category of attributes in the culture was 'environmental influences'. This category identified the high volume, stressful, fast-paced, and unpredictable social and physical environment, of EDs. The participants' described their experiences as both stressful and frustrating. The concerns and frustration were mainly about physical space, workflow, equipment and technology (Person et al., 2013).

'Linguistic attributes or communication' was the third category of workplace cultural attributes. Communication can affect team performance, regardless of the extent of their clinical skills. It was reported that emergency staff members were often on the edge of effective communication and miscommunication. Occasionally, technology limited communication between staff. The digitalised nature of medical records appeared to decrease human-to-human communication and contact between physicians, patients, and nurses (Person et al., 2013).

The fourth category of workplace cultural attributes described by Person et al. (2013) was 'social attributes'. The participants described sub-groups within the work environment, the importance of teamwork, concerns about onboarding junior staff, and working in silos. The study of ED culture revealed that environmental influences contribute to shaping the culture, and cultural influences shape patterns of behaviour in care delivery (Person et al., 2013).

The major contribution of Person's et al. (2013) study is that it demonstrates that certain attributes of workplace culture, particularly 'cognitive' and 'social' attributes, in EDs influence emergency nurses' job satisfaction and intention to stay in their jobs. Despite the intense and stressful work environment, nurses display satisfaction with teamwork and express gratification when successfully caring for emergency patients. These were the reasons why emergency nurses were motivated to remain in their work.

Another study included in this review which assisted with understanding emergency nurses' intentions to stay in their jobs was a study by Van Osch et al. (2018). The aim of this descriptive-interpretive study was to explore the influential factors and strategies which

promote experienced emergency and critical care nurses' intentions to stay. Using a semi-structured focus group guide, the study gathered data from 13 nurses from large tertiary hospitals and smaller community hospitals in Canada. The participants included ten emergency nurses, two critical care nurses, and one nurse who worked in both clinical areas. The results revealed four themes and highlighted positive aspects motivating the nurses to stay in their current speciality (Van Osch et al., 2018).

The first theme of factors influencing emergency nurses' intention to stay was 'leadership'. Leaders included managers, clinical nurse educators, and charge nurses. Leadership was the main reason why participants remained in their current position. Specific leadership features valued by participants were openness, active involvement in the unit, and communication. These features resulted in staff nurses feeling valued, respected, and acknowledged (Van Osch et al., 2018).

'Interprofessional relationships' was the second theme influencing nurses' intention to stay in EDs. Participants decided to stay in their unit when they were trusted and respected by their colleagues, especially senior nurses and physicians. Relationships with physicians were unique in both the emergency and critical care settings. Since there was a closer working partnership with physicians than in other areas of the hospital, they experienced a sense of camaraderie. Moreover, friendship, humour, and laughter in the social connections with their nursing peers were also valued as important. Therefore, social relationships create a place of work where nurses choose to stay (Van Osch et al., 2018).

The third theme identified as influencing emergency nurses' intentions to stay was the 'practice environment'. Many participants described that the nature of the practice environment was a factor in their decision to remain in their current position. It was highlighted that emergency nurses liked the fast pace and the continual variation in their work environment. In addition, participants from both emergency and critical care settings respected the complexities of the work environment as well as the autonomy of nurses and the ability to use their advanced expertise and skills. The participants cited several different features of their practice environments, including the nature of the work, mentorship, and teamwork (Van Osch et al., 2018).

The fourth factor influencing emergency nurses' intention to stay was 'personal lifestyle/job fit'. Participants reported that personal reasons for staying in their workplace included lifestyle considerations and the 'good fit' of their job. Lifestyle considerations for wanting to stay at their place of employment included proximity to home and being able to maintain work-life balance due to flexible work schedules. In addition, some participants stated that they worked in small hospitals because they enjoyed the sense of community and the patient population in these

contexts. However, other nurses enjoyed the complexity and acuity associated with working in large tertiary hospitals.

Van Osch et al. (2018) highlight that the aspects motivating emergency nurses to stay in their work include supportive nursing leadership, the interpersonal relationships with other members of the team, the practice environment and the characteristics of the job. However, no aspects of intrinsic motivation regarding nurses' retention are identified in this study.

Grover et al. (2017) reported an exploratory study of Australian emergency nurses' perceptions, attitudes and experiences of teamwork in EDs. Semi-structured interviews were conducted with 12 emergency nurses. Three themes emerged from the data: 'when teamwork works', 'team support', and 'no time for teamwork'. Four sub-themes were incorporated into the first theme: 'teamwork worked well in resuscitation', 'simulation and training increased confidence in team performance', 'teamwork may improve patient outcomes', and 'teamwork improves job satisfaction' (Grover et al., 2017).

Grover et al. (2017) found that emergency nurses had increased job satisfaction and decreased stress when teamwork was present and well-organised. A positive and caring attitude and willingness to support each other were the nursing attributes found to improve job satisfaction (Grover et al., 2017). This study is important as it is the only one focusing on how experiences of teamwork affect emergency nurses' job satisfaction and act as motivation to stay in their workplace. The finding corresponds with that of Person et al. (2013), who also emphasise the importance of teamwork in emergency nurses' job satisfaction and intention to stay in their jobs.

The four qualitative studies presented in this sub-section reveal insights into aspects of nurses' work motivations. Key motivational factors identified in the papers are teamwork (Grover et al., 2017; Person et al., 2013), management and leadership (Atakro, 2017; Van Osch et al., 2018), interpersonal relationships (Atakro, 2017; Van Osch et al., 2018), the practice environment (Atakro, 2017; Van Osch et al., 2018), and the characteristics of the job (Person et al., 2013; Van Osch et al., 2018).

2.6.3 Summary

Papers addressed in the quantitative and qualitative studies reviewed (Section 2.6.1 and Section 2.6.2) highlight factors which impact on emergency nurses' motivation at work. The factors are either intrinsic, meaning the stimuli come from within the nurse as an individual, or extrinsic, meaning the stimuli come from outside the nurse. The intrinsic factors identified are mastery-oriented goals (Adriaenssens et al., 2015a; Atakro, 2017; Sheikhbardsiri et al., 2018),

loving the profession (Palazoğlu & Koç, 2017), and fitting with the nature of emergency work (Helbing et al., 2017; Van Osch et al., 2018). These are the only answers found to the question of how emergency nurses motivate themselves in their work.

In addition, emergency nurses' extrinsic motivational factors are skill discretion (Adriaenssens et al., 2011; Bruyneel et al., 2017; Van Osch et al., 2018), decision authority/autonomy (Adriaenssens et al., 2011, 2015a, 2015b; Bruyneel et al., 2017a; Van Osch et al., 2018), support from colleagues and supervisors (Adriaenssens et al., 2011, 2015b, 2015a; Atakro, 2017; Bruyneel et al., 2017a; Van Osch et al., 2018), interpersonal relationships at work (Atakro, 2017; Helbing et al., 2017; Jiang et al., 2017; Van Osch et al., 2018), effective teamwork (Grover et al., 2017; Jiang et al., 2017; Van Osch et al., 2018), appropriate job demands (Adriaenssens et al., 2015b; Atakro, 2017), secure employment status (Adriaenssens et al., 2015b; Palazoğlu & Koç, 2017; Sawatzky & Enns, 2012), appropriate workplace policies and procedures (Adriaenssens et al., 2011; Helbing et al., 2017; Sheikhbardsiri et al., 2018), and adequate nurse staff (Bruyneel et al., 2017a; Jiang et al., 2017). Moreover, extrinsic motivation is also influenced by strong leadership (Atakro, 2017; Bruyneel et al., 2017a; Van Osch et al., 2018), a decent income (Helbing et al., 2017; Jiang et al., 2017; Sawatzky & Enns, 2012; Sheikhbardsiri et al., 2018), demonstrated rewards and appreciation (Adriaenssens et al., 2011, 2015b; Helbing et al., 2017; Jiang et al., 2017; Sheikhbardsiri et al., 2018), sufficient professional development opportunities (Bruyneel et al., 2017a; Palazoğlu & Koç, 2017), access to career development (Bruyneel et al., 2017a), and shared governance activities (Bruyneel et al., 2017a; Siller et al., 2016).

Of all 16 papers, no single paper explored emergency nurses' intrinsic motivational factors, or revealed intrinsic motivation. It is noted that intrinsic and extrinsic motivational factors are intertwined with each other, and the combination of these factors contributes to emergency nurses' job satisfaction, engagement, and retention. This evidence enlightened the researcher's understanding of the occupational motivation concept and increased the researcher's theoretical sensitivity to the analysis. Section 2.7 explores how emergency nurses see effective care and sustain caring practice in their work.

2.7 How emergency nurses see effective care and sustain caring practice in their work

In this section, key findings of eight papers are presented to answer the question of how emergency nurses see effective care and sustain caring practice in their work (Atakro et al., 2016; Blank et al., 2014; dos Santos et al., 2013; Enns & Sawatzky, 2016; Mahmoudi et al.,

2013, 2017; Wolf et al., 2016, 2017). These papers encompass two main topics related to the meaning of care, and factors affecting care in EDs (Table 2.6).

Unlike Sections 2.6 and 2.8, this section is not divided into quantitative and qualitative sub-sections. Of the eight papers included, seven are qualitative studies, and only one survey (Blank et al., 2014) includes both descriptive quantitative and qualitative data. The eight qualitative papers used different methodologies: descriptive, exploratory, and phenomenological. Data analyses were conducted using content analysis, as reported in all the qualitative papers included in this section (Table 2.7). Two studies obtained data from nurses and patients in EDs (Blank et al., 2014; Mahmoudi et al., 2013). However, the data presented in this section represents only emergency nurses' opinions. The studies were performed in Brazil (dos Santos et al., 2013), Canada (Enns & Sawatzky, 2016), Ghana (Atakro et al., 2016), Iran (Mahmoudi et al., 2013, 2017), and the USA (Blank et al., 2014; Wolf et al., 2016; Wolf, Perhats, Delao, & Clark, 2017b).

Table 2.6: List of Identified Papers and Topic Areas Addressed

Studies		**Topic Areas**	
		Meaning of Care	Factors Affecting Care
	Atakro et al. (2016)		√
	Blank et al. (2014)		√
	dos Santos et al. (2013)		√
	Enns et al. (2016)	√	√
	Mahmoudi et al. (2013)		√
	Mahmoudi et al. (2017)	√	
	Wolf et al. (2016)		√
	Wolf et al. (2017)		√

Table 2.7: Qualitative Methods and Data Collection Techniques

Methodology	**Studies**	**Data Collection Technique**	**Data Analysis Methods**
Exploratory design	dos Santos et al. (2013)	Semi-structured interview	Content analysis
	Mahmoudi et al. (2017)	Interview	Content analysis
	Wolf et al. (2016)	Semi-structured focus group	Content analysis
	Wolf et al. (2017)	Semi-structured focus group	Content analysis
Phenomenology	Atakro et al. (2016)	Semi-structured interview	Content analysis
Qualitative descriptive	Enns & Sawatzky (2016)	Person-centred interview	Content analysis
	Mahmoudi et al. (2013)	Non-structured interview	Content analysis

Table 2.8: Type of Quantitative Study and Statistical Analysis

Type of study	**Studies**	**Statistical Analysis**
Cross-sectional	Blank et al. (2014)	Paired T-test, sign test, Wilcoxon rank-sum test

Two papers (Enns & Sawatzky, 2016; Mahmoudi et al., 2017) report nurses' perspectives on caring in EDs. Mahmoudi et al.'s (2017) exploratory study involved 17 nurses from two military emergency hospitals in Iran. The participants were interviewed, and three main categories emerged from the data: 'accuracy', 'speed', and 'comprehensive action and caring attention'.

The first category of the meaning of care was 'accuracy'. The Iran emergency nurses understood accuracy as an important aspect of care. The specific dimension of accuracy described included accuracy in triage, accuracy in reporting, accuracy in communication, and accuracy to protect patients. Nurses realised that inaccuracies in their work could lead to adverse effects on patient care (Mahmoudi et al., 2017).

The second category of the meaning of care was 'speed'. Speed is required when caring for patients in emergencies and critical conditions. Participants comprehended speed as 'to be quick in caring actions', to be 'quick in calmness and reducing stress in the patient and accompanying person', and to be 'quick in coordination' (Mahmoudi et al., 2017).

'Comprehensive action and caring attention' was the third category of the meaning of emergency care. This category represents nurses' beliefs about care in the ED, which should include demonstrating a wide range of skills and abilities to provide the best care without disregarding any detail of caring (Mahmoudi et al., 2017).

Mahmoudi et al. (2017) provided significant evidence on the notion of care in the context of emergency nursing. The study underlined the meaning of effective care from emergency nurses' viewpoint as accurate, prompt, and comprehensive nursing action.

Another study exploring emergency nurses' perception of care was conducted by Enns and Sawatzky (2016). Their study outlined the meaning of caring and delineated factors which affect caring from the perspective of emergency nurses. The study involved 17 emergency nurses who worked in urban and rural EDs in Canada. Two major themes emerged regarding the meaning of caring: 'patient advocacy' and 'holistic care' (Enns & Sawatzky, 2016). However, limited information regarding the meaning of care was provided, as the researchers' focus was on factors affecting care.

Enns and Sawatzky (2016) identified six factors affecting care in EDs. The first factor affecting caring capacity in the ED was 'heavy workload'. The second factor contributing to the emergency nurse's inability to provide care for patients in the ED was 'lack of time'. Emergency nurses reported their concerns about the lack of time spent with patients to address patient's needs adequately (Enns & Sawatzky, 2016).

'Staffing issues' was the third-factor affecting care in EDs. Staff shortages and working with inexperienced junior staff affected both optimal nursing care and nurse's self-care. An

increasing number of junior staffs working in the ED created a generational gap and developed feelings of discontent among the staff. The senior nurses' resented that new graduates were not interested in working full time or developing professionally as emergency nurses (Enns & Sawatzky, 2016). Participants also described the need to feel supported and listened to by management, and it was important for a manager to be visible in the unit and to assist with patient care decisions. The fourth factor, 'lack of management support', was consider by participants to affect their ability to care for patients (Enns & Sawatzky, 2016).

The fifth factor affecting emergency nursing care was 'shift work'. Emergency nurses in Canada have a preference to work either eight or twelve hours per day. However, the major issue of working in the ED was the mandated overtime, and nurses felt they were forced to work beyond scheduled shift times (Enns & Sawatzky, 2016). The last factor related to nursing care in the ED was 'lack of self-care'. Emergency nurses realised that in order to care effectively, they needed to stay healthy and required self-care (Enns & Sawatzky, 2016).

Enns and Sawatzky's (2016) study provides an underpinning to the discussion of the meaning of care and factors affecting care from emergency nurses' perspectives. The study also addresses challenges in the emergency work environment which affect nurses' ability to sustain caring practice.

Other studies have referred to emergency nurses' perspectives on challenges of care in EDs (Atakro et al., 2016; dos Santos et al., 2013; Mahmoudi et al., 2013). For example, Atakro et al. (2016) examined challenges in emergency care experienced by nurses (n=20). The study was conducted in three EDs in Ghana. Five thematic categories were derived.

The first category of challenges in emergency care was 'lack of preparation for emergency role'. It was reported that many deaths in EDs could be prevented by the presence of well-educated emergency nurses and physicians. Participants also reported an absence of formal emergency nursing education in Ghana or workshops before placement in EDs (Atakro et al., 2016). The second category of emergency care challenges was 'verbal abuse from relatives'. This category was based on nurses reporting that patients' relatives were sometimes aggressive and verbally abused them. In these situations, nurses were unable to provide optimal care (Atakro et al., 2016).

'Lack of resources in the ED' was the third category of challenges in emergency care. Lack of resources was a challenge which nurses thought must be addressed for the provision of quality emergency nursing care. The need for materials and staff shortage appeared as challenges to the provision of timely patient care (Atakro et al., 2016). The fourth category of challenges in emergency nursing care was 'stress and time-consuming nature of the ED'. Emergency nurses indicated that they need to work overtime, and often experienced

occupational stress. These conditions prevented some nurses from taking care of themselves and participating in social activities (Atakro et al., 2016). The last challenge in emergency care as experienced by emergency nurses in Ghana was overcrowding in EDs. Lack of space and a messy or disorganised environment were identified as causes of overcrowding, and it compromised the care of patients in the ED (Atakro et al., 2016).

Atakro et al. (2016) has revealed various challenges of nursing care in EDs in Ghana. Factors affecting care identified by this study are lack of formal education and training to equip nurses in emergency care, acts of violence by patients' relatives, lack of resources in terms of materials and staff, work demands and self-care, and overcrowded work environments. These factors may impact on how emergency nurses sustain caring practice in their work.

A study exploring emergency nurses' perspectives on challenges in emergency care was reported by dos Santos et al. (2013). Questions regarding the challenges of care management in hospital EDs and suggestions to overcome the challenges were asked of 20 emergency nurses from a hospital in Brazil. Three categories emerged from the interviews (dos Santos et al., 2013).

The first category showing the challenge for emergency nurses care is 'management of overcrowding'. Although the ED was arranged for urgent patients, emergency nurses in Brazil also provide care for low-risk non-urgent patients. The overcrowding and demands for care by non-emergency patients burdened the nursing staff and made effective patient care difficult. The emergency nurses indicated that a strategy to avoid overcrowding was a reorganisation of the entire healthcare system to focus on emergencies (dos Santos et al., 2013).

'Maintaining the quality of care', the second category of challenges faced in emergency care, was caused by an excessive number of patients who stayed in the ED after initial care and inadequate physical space for the maintenance of quality care in the ED. A suggestion provided by emergency nurses to achieve higher quality of care was the expansion of the ED's physical structure and a change in patient flow (dos Santos et al., 2013).

The third category identified by dos Santos et al. (2013) was 'use of leadership as management tool'. Nurse leadership plays an important role in improved emergency care. However, practising the role was a challenge for them, particularly the resistance of staff to new actions or change. Training focusing on nursing management was considered to be a solution to the issue related to leadership in the ED.

The challenges of emergency care described by dos Santos et al. (2013) were informative, as the study indicates not only the challenges but also suggestions to overcome the challenges

from nurses' perspectives. Important factors affecting optimal care in the ED identified in this study are overcrowding, physical structure, patient flow, and the role of nurse leadership.

Mahmoudi et al. (2013) conducted a study to identify barriers to care for emergency patients. Eighteen Iranian nurses and seven patients were interviewed. Seven categories of barriers in providing optimal care were obtained. 'Stress' was identified as the first barrier to emergency nursing care. Occupational stress caused nurses to lose their function and efficiency at work (Mahmoudi et al., 2013). The second barrier to care in EDs was 'crowding'. EDs are naturally crowded with patients and their relatives. Crowding results in a lack of quality care, reduced accuracy and increased errors, confusion for patients and relatives, and even deaths of patients (Mahmoudi et al., 2013).

'Conflict' was identified as the third obstacle in the provision of care. Conflict in the form of arguments between nurses and patients or patient's relatives often occurs in EDs, sometimes leading to verbal and physical abuse of nurses. In conflict situations, nurses were unable to provide timely care (Mahmoudi et al., 2013). The fourth barrier to caring practice for emergency nurses was 'fatigue'. Nurses in EDs experienced physical and emotional fatigue, which impact on nurse's accuracy in caring and effectiveness of care (Mahmoudi et al., 2013). 'Ineffective triage' was the fifth barrier to caring. When a triage error occurred, necessary care was delayed or disrupted (Mahmoudi et al., 2013).

The sixth category was 'ineffective management', including lack of management support and deficiencies in performance evaluation (Mahmoudi et al., 2013). The last barrier to care in emergency nursing was 'low salary'. The nurses who participated in the study expressed their dissatisfaction with the salary they received. From their perspective, the pay was inappropriate compared to the level of stress they experienced. The level of salary paid to nurses influenced their work motivation and according to this study, low salary may indirectly affect emergency nurses' caring practice (Mahmoudi et al., 2013).

Mahmoudi et al. (2013) presented further evidence regarding factors affecting care. They identified that nurses who experienced stress, fatigue, and conflict might not be able to deliver effective patient care. Moreover, overcrowding, ineffective triage, and ineffective management were significant barriers to the provision of emergency care. Finally, the researchers highlighted the importance of adequate salary, as it may affect nurses' motivation to deliver quality care.

Wolf et al. (2017, 2016) published two papers on emergency nursing care and its relationship to moral distress and work fatigue. Both were exploratory studies with different research aims and numbers of participants. The first paper (Wolf et al., 2016) was a study of the moral distress experiences of emergency nurses in the USA. According to Jameton (1984), who first

introduced the term ‘moral distress’ in nursing, moral distress can be defined as a condition in which one knows the right action to take, but is bound in some way from taking the action.

Seventeen emergency nurses participated in a focus group discussion, and Wolf et al. (2016) identified three themes which emerged: challenges of the emergency care environment, being overwhelmed, and adaptive or maladaptive coping (Wolf et al., 2016). The coping mechanism is described in Section 2.8.

The challenges of the emergency care environment include three sub-themes: ‘quality and safety of patient care’, ‘use of technology’, and ‘conflicting expectations of the nursing role’. In ‘quality and safety of patient care’, nurses expressed concerns about the quality of patient care, which they believed was compromised and sometimes made unsafe because of the work environment and administrative decisions, particularly regarding the lack of nursing staff (Wolf et al., 2016).

‘Use of technology’ was identified as a persistent challenge. In emergency work, nurses are required to complete excessive documentation within time constraints. In doing so, they often relied on insufficient resources or technological resources which were not reliable and compromised patient care (Wolf et al., 2016).

Nurses also expressed ‘conflicting expectations of their role’ which caused moral distress and undermined patient safety and outcomes. The role conflicts arose from differing expectations of nurses, physicians, and hospital administrators. Their particular concerns were manager unresponsiveness and unrealistic expectations focussing on performance measures, which outweighed patient safety and outcomes (Wolf et al., 2016).

Wolf et al. (2016) have provided an additional overview of challenges in emergency care, which trigger emergency nurses’ moral distress. Challenges to the provision of effective emergency care identified in the study were insufficient nursing staff, insufficient technology for documentation, and ineffective leadership to manage nurses’ role conflicts.

Wolf et al. (2017) examined emergency nurses’ experiences of work fatigue. Five themes were identified after examining focus group data provided by 16 emergency nurses who worked in various roles in EDs in the USA. The main themes identified were: ‘it’s a weight on your back’, ‘competitive nursing’, ‘it’s never enough’, ‘you have to get away’, and ‘engagement as a solution’. The first theme ‘it’s a weight on your back’, was a definition of fatigue as described by participants. The nurses characterised fatigue as physical, mental and emotional exhaustion (Wolf, Perhats, Delao, & Clark, 2017b).

In the second theme, ‘competitive nursing’, participants described being overworked and nurses competing as causes of fatigue. ‘Competitive nursing’ was a phenomenon described

by emergency nurses, where nurses compared themselves and their colleagues to those who had worked many shifts in a row (Wolf, Perhats, Delao, & Clark, 2017b). The third theme of nurses' experiences of working fatigue, 'It is never enough', was an explanation of the impact of work fatigue. The impact of overwork and fatigue caused nurses to be ineffective, both personally and professionally. The participants expressed their frustration due to their inability to manage both self-care and patient care (Wolf, Perhats, Delao, & Clark, 2017b). Moreover, it was identified that nurses who experienced fatigue were often forgetful, inaccurate, inefficient, and had a lack of motivation which negatively affected patient care. The negative effects included medication errors, delayed care, and other safety infractions (Wolf, Perhats, Delao, & Clark, 2017b).

The fourth and fifth themes of nurses' experiences of working fatigue, 'you have to get away', and 'engagement as a solution', were potential options offered by participants to minimise fatigue. According to Wolf et al.'s (2017b) participants, nurses need to have breaks during a shift to have time to get away from work or remove themselves both physically and emotionally from EDs. They also suggested that engagement between nurses meant working together in a common endeavour to improve the culture and practice of the department. When nurses work together, they may feel less tired (Wolf, Perhats, Delao, & Clark, 2017b).

Wolf et al. (2017) showed evidence of how working fatigue could impede safe and effective emergency care, because nurses with work fatigue have a greater tendency to make errors. The two reasons for work fatigue described in the study are overwork and internal competition among nurses. The authors also provided some solutions to overcome work fatigue, including work engagement and having breaks.

A survey to compare patients' (n=50) and nurses' (n=50) expectations of care was conducted in an ED in the USA by Blank et al. (2014). This institutional review board-exempt survey assessed three nursing care performance attributes: (1) friendliness, courtesy, and respectfulness; (2) comfort measures; and (3) degree of information sharing (no Cronbach α was reported). The findings showed a significant difference ($p \leq 0.002$) between patients' and nurses' expectations of care ratings. Patients rated the care they received higher than nurses in all three attributes, meaning that patients perceived their nursing care as better and more satisfying than how the nurses perceived the care they provided. Moreover, patients who knew their nurse's name had a significantly higher rating of care expectations ($p=0.02$).

The survey allowed participants to comment on each performance attribute. Regarding the care provided, the nurses expressed a desire to "do a good job", interpreted as "helping patients in some way, either by providing physical comfort or emotional support or by sharing information" (Blank et al., 2014). The nurses also indicated that to provide excellent care, they

need more time with patients. They also provided suggestions for making nursing care extraordinary. Most of the nurses suggested increased staff numbers and improved physician-nurse communication (Blank et al., 2014).

Blank et al. (2014) survey showed how patients and nurses had different expectations of care. The qualitative suggestions provided by nurses are significant, as they advise that adequate staffing and interprofessional communication are important elements in effective emergency nursing care.

Overall, the eight studies reviewed in this section are important, and provide insights to the researcher about what is known and what has been previously studied about how emergency nurses see effective care and sustain caring practice. However, only two studies present the 'meaning of care in EDs', whereas most studies describe factors affecting emergency nursing care. Five concepts of effective care in EDs from the studies of Enns and Sawatzky (2016) and Mahmoudi et al. (2017) are advocacy (Enns & Sawatzky, 2016), holistic care(Enns & Sawatzky, 2016), accuracy (Mahmoudi et al., 2017), prompt action (Mahmoudi et al., 2017), and comprehensive care (Mahmoudi et al., 2017).

Factors affecting care derived from other included studies are staffing (Atakro et al., 2016; Blank et al., 2014; Enns & Sawatzky, 2016; Wolf et al., 2016), overcrowding (Atakro et al., 2016; Blank et al., 2014; dos Santos et al., 2013), workload (Enns & Sawatzky, 2016; Wolf et al., 2016; Wolf, Perhats, Delao, & Clark, 2017b), management support and leadership (dos Santos et al., 2013; Enns & Sawatzky, 2016; Wolf et al., 2016), physical structures and facilities (Atakro et al., 2016; dos Santos et al., 2013; Wolf et al., 2016), effective triage (Mahmoudi et al., 2013), and patient flow (dos Santos et al., 2013). In addition, nurses with stress (Mahmoudi et al., 2013; Wolf, Perhats, Delao, & Clark, 2017b), fatigue (Mahmoudi et al., 2013; Wolf, Perhats, Delao, & Clark, 2017b), and conflict (Atakro et al., 2016; Mahmoudi et al., 2013) are unable to provide effective care. On the other hand, adequate formal education and training for nurses (Atakro et al., 2016), excellent interpersonal communication (Blank et al., 2014), and adequate salary (Mahmoudi et al., 2013) are important factors influencing emergency nurses' caring practice.

Although the studies included in this review provide interesting evidence of the meaning of effective emergency care and factors affecting care, they do not provide information on how emergency nurses sustain caring practice, and processes or actions undertaken by emergency nurses to provide effective care to their patients are not addressed. Further studies are needed in this area. The next section discusses how emergency nurses sustain themselves in their workplaces and careers.

2.8 How emergency nurses sustain themselves in their workplaces and careers.

In the two previous sections, the best available evidence regarding factors which motivate emergency nurses in relation to their work and what they consider as effective nursing care in the ED was presented. In this section, the findings of nine investigations of emergency nurses' strategies to sustain themselves in their workplaces and careers are discussed (Abraham et al., 2018; Elmqvist et al., 2012; Howlett et al., 2015; Lu et al., 2015; Ribeiro et al., 2015; Robinson & Stinson, 2016; Winters, 2016; Wolf et al., 2016; Zavotsky & Chan, 2016).

None of these studies directly asked the question about how emergency nurses sustain themselves. However, the five quantitative studies and four qualitative studies provide information on emergency nurses' coping strategies and insights into the strategies used by these nurses to sustain themselves in their workplaces and careers (Table 2.9). The findings are presented in two sub-sections: Section 2.8.1 reports the findings from quantitative studies, and Section 2.8.2 reports the findings from qualitative studies.

Table 2.9: List of Papers and Type of Strategies Informed

	Studies	Coping strategies	Strategies to sustain themselves in their workplaces	Strategies to sustain themselves in their careers
Quantitative	Abraham et al. (2018)	√	√	
	Howlett et al. (2015)	√	√	
	Lu et al. (2015)	√	√	
	Ribeiro et al. (2015)	√	√	
	Zavotsky and Chan (2016)	√	√	
Qualitative	Elmqvist et al. (2012)		√	
	Robinson and Stinson (2016)	√	√	
	Winters (2016)			√
	Wolf et al. (2016)	√	√	

2.8.1 Findings from quantitative studies

Five quantitative studies from five different countries reported how emergency nurses cope with workplace stress (Abraham et al., 2018; Howlett et al., 2015; Lu et al., 2015; Ribeiro et al., 2015; Zavotsky & Chan, 2016). These studies were undertaken in Australia, Brazil, Canada, China, and the USA. None of the studies asked similar questions or used the same instrument (Table 2.10). All of the studies used cross-sectional analysis with various statistical tests (Table 2.11).

Two of these five papers studied other health professionals as well as emergency nurses (Abraham et al., 2018; Howlett et al., 2015). Results were reported overall, and findings based

on the professional group were not presented. However, as nurses were the majority of participants in these studies, the findings are included as evidence in this review.

Table 2.10: Scales to Measure Coping Strategies and their Reliability Values

Scales	Studies	Cronbach's α*
Coping Inventory for Stressful Situations (CISS) by Endler and Parker (1990)	Howlett et al. (2015)	Not reported
COPE Inventory by Carver, Scheier, and Weintraub (1989)	Zavotsky & Chan (2016)	Not reported
Coping strategies questionnaire (Xie, 1998)	Lu et al. (2015)	α=0.90; 20 items
Jalowiec Coping Scale part A (JCS-A) (Jalowiec et al. 1984)	Abraham et al. (2018)	Not reported
Ways of Coping (Folkman et al. 1986)	Ribeiro et al. (2015)	α=0.85; 66 items
***Cronbach's α acceptable α ≥ 0.7**		

Table 2.11: Type of Quantitative Study and Statistical Analysis

Type of study	Studies	Statistical Analysis
Cross-sectional	Abraham et al. (2018)	Mann-Whitney U-test, Chi-square test, Fisher's exact test
	Howlett et al. (2015)	Linear regression
	Lu et al. (2015)	Multiple regression
	Ribeiro et al. (2015)	Mann-Whitney test, Kruskal-Wallis, post-hoc Dunn's test
	Zavotsky and Chan (2016)	Pearson product-moment, multiple regression analyses

Ribeiro et al. (2015) undertook their study in Brazil and used Folkman and Lazarus' Ways of Coping questionnaire (1986) to identify emergency nurses' coping strategies (n=89). The instrument measures eight different types of coping strategies: confrontation (mean, 0.78, SD=0.87), distancing (mean, 1.02, SD=0.91), self-control (mean, 1.41, SD=0.97), social support (mean, 1.50, SD=0.91), acceptance of responsibility (mean, 1.44, SD=0.92), escape-avoidance (mean, 1.15, SD=0.95), problem-solving (mean, 1.85, SD=0.924) , and positive reappraisal (mean, 1.55, SD=0.952). The findings revealed that problem-solving, positive reappraisal and social support were the most commonly-used coping strategies; while confrontation was the least used strategy in this Brazilian context; and participants could use more than one strategy concurrently (Ribeiro et al., 2015). This study shows how emergency nurses deal with workplace circumstances and sustain themselves in their workplaces.

Lu et al. (2015) examined the relationship between occupational stress and coping strategies in emergency nurses (n=127) in China. The coping strategies questionnaire (Xie, 1998) was used to identify positive and negative coping strategies employed by individuals in stressful conditions. The highest scores among the positive coping strategies were 'thinking of the good side of things' (mean, 2.55, *SD*=0.59); 'change own idea to discover in the life what is most important' (mean, 2.42, *SD*=0.66); 'talk with others to pour out innermost sad feelings' (mean, 2.31, *SD*=0.76); 'seek suggestions from family members relatives and friends' (mean, 2.28,

SD=0.69); ‘changes the original procedure or corrects own problems’ (mean, 2.27, *SD*=0.62); ‘seeks the hobby or participates in the recreational activity positively to gets rid of the worry’ (mean, 2.23, *SD*=0.83); ‘try to contain anger, disappointment, regret and sad feelings’ (mean, 2.21, *SD*=0.83); and ‘extricate through learning or some other activities’ (mean, 2.21, *SD*=0.83).

The negative coping strategies with the highest scores were ‘comforting oneself’ (mean, 2.20, *SD*=0.86), ‘accept reality’ (mean, 1.54, *SD*=1.02), ‘attempt to forget the entire matter’ (mean, 1.32, *SD*=1.03), and ‘waiting to change the status’ (mean, 1.11, *SD*=1.00). Although the mean score was lowest among other negative coping strategies, ‘smoking, drinking alcohol, taking medicines, or eating to relieve the worry’ (mean, 0.43, *SD*=0.86) was used by emergency nurses in the study to cope with work stressors. While the findings highlighted that occupational stressors such as ‘too much work documents’ (*t*=-2590, *p*=0.011) and ‘too much criticism’ (*t*=-2.098, *p*=0.038) lead to more negative coping, instrument equipment shortage (*t*=2.650, *p*=0.009) lead to positive coping style in emergency nurses (Lu et al., 2015).

The coping strategies identified in Lu et al.’s (2015) study provide insights into how emergency nurses sustain themselves in their workplaces. They also report positive and negative behavioural reactions of emergency nurses dealing with workplace issues.

A study by Abraham et al. (2018) compared work environment stressors in two Australian EDs and examined emergency staff (n=123; nurses n=80, doctors n=43) coping strategies. The study reported that nurses often had higher work-related stressors than doctors. Significant statistical differences were found in the following stressors ($p<0.05$): workplace violence (M=12, range:10-13), heavy workload (M=13, range:12-14), high acuity patients (M=10, range:7-12), inability to provide optimal care (M=12, range:10-14), environmental concerns (M=12, range:9-13.5), infectious disease exposure (M=8.5, range:5-10.5), and concerns about a critically injured or dying family member (M=12, range:8-14). Results from the Jalowiec Coping Scale part A (JCS-A) measure of emergency nurse coping revealed that the most frequently reported coping strategies were ‘thinking out different ways to handle the situation’ (58.9%), ‘talking the problem over with family or friends’ (57.4%), ‘trying to keep a sense of humour’ (56.5%), ‘trying to look at the problem objectively and see all sides’ (51.2%), and ‘trying to keep life as normal as possible and not let the problem interfere’ (48.8%) (Abraham et al., 2018). This study provides information about strategies used by nurses to sustain themselves in their workplaces.

Zavotsky and Chan (2016) examined the relationship between moral distress and coping among emergency nurses (n=198) in the USA, and discovered that 30.3% of the participants were considering leaving their current position because of moral distress. In order to determine

emergency nurses' coping mechanisms in relation to distress, the COPE Inventory questionnaire was used (Carver et al., 1989). The COPE comprises 15 sub-scales: self-distraction, active coping, denial, substance use, emotional support, behavioural disengagement, emotion-focused coping, instrumental support, venting, positive reframing, planning, humour, acceptance, religion, and self-blame. The study identified that emergency nurses commonly cope by using positive reframing and growth (M=11.7, SD=2.4), seeking social support (M=11.6, SD=2.8), and planning (M=11.6, SD=2.8). In addition, significant positive correlations between moral distress and the coping sub-scales were reported as follows: mental disengagement (r=-0.29, p<0.001), ventilation of emotion (r=0.27, p<0.001), denial (r=0.27, p<0.001), behavioural disengagement (r=0.35, p<0.001), substance abuse (r=0.28, p<0.001), suppression of competing activity (r=0.19, p<0.001), acceptance (r = 0.19, p < 0.001), and humour (r=0.16, p<0.05) (Zavotsky & Chan, 2016). The findings of this study reveal some strategies adopted by emergency nurses to sustain themselves in their workplaces.

Howlett et al. (2015) evaluated the relationship between emergency staff coping styles and burnout levels. The Canadian study involved 616 emergency staff members, of whom 74.8% of participants were nurses, 13.7% were physicians, and 11.5% were emergency support staff. It was found that task- or problem-focused coping was associated with decreased risk of burnout. Task- or problem-focused coping were associated with lower emotional exhaustion (effect=-0.25, p<0.001), lower depersonalisation (effect=-0.25, p<0.001), and higher personal accomplishment (effect = 0.21, p<0.001). On the other hand, emotion-oriented coping was significantly associated with increased risk of burnout, as indicated by higher emotional exhaustion (effect=0.22, p<0.001), higher depersonalisation (effect=0.18, p<0.001) and lower personal accomplishment (effect =0.13, p<0.001) (Howlett et al., 2015). This study revealed that certain coping strategies may affect burnout levels. Although it is informative, this study did not provide details of what task/problem-focused coping and emotional-focus coping entail.

Various emergency nurses' coping strategies and approaches to sustaining themselves in their workplaces are described in the quantitative studies described above. The strategies include solving the problem (Howlett et al., 2015; Ribeiro et al., 2015), planning (Zavotsky & Chan, 2016), thinking out different ways to handle the situation (Abraham et al., 2018), trying to look at the problem objectively and see all sides (Abraham et al., 2018), positive reappraisal (Ribeiro, et al., 2015), positive reframing and growth (Zavotsky & Chan, 2016), and thinking about the good side of things (Lu et al., 2015).

Other strategies used by emergency nurses to sustain themselves in their workplaces are seeking social support (Ribeiro et al., 2015; Zavotsky & Chan, 2016), and talking the problem

over with family or friends and asking for their suggestions (Abraham et al., 2018; Lu et al., 2015). Emergency nurses also use strategies such as comforting oneself (Lu et al., 2015), accepting reality (Lu et al., 2015), attempting to forget the entire matter (Lu et al., 2015), waiting to change status (Lu et al., 2015), changing own ideas to discover what is most important in life (Lu et al., 2015), trying to contain anger and disappointment, regret and sad feelings (Lu et al., 2015), trying to keep a sense of humour (Abraham et al., 2018), and trying to keep life as normal as possible and not let the problem interfere (Abraham et al., 2018).

All of the strategies described above are based on quantitative studies mainly focussing on emergency nurses' coping strategies in relation to workplace stress, and reflect some approaches to how emergency nurses sustain themselves in their workplaces. The following sub-section provides descriptions of the strategies used by emergency nurses to sustain themselves in their workplaces and careers based on qualitative approaches.

2.8.2 Findings from qualitative studies

Four qualitative studies (Elmqvist et al., 2012; Robinson & Stinson, 2016; Winters, 2016; Wolf et al., 2016), using different methodologies but similar data collection procedures (Table 2.12), give some insights into the question 'what is known about how emergency nurses sustain themselves in their workplaces and careers?' Three of the research papers describe the way nurses sustain themselves in their work environment (Elmqvist et al., 2012; Robinson & Stinson, 2016; Wolf et al., 2016). The remaining research paper reveals more details of professional issues associated with emergency nurses sustaining themselves in their careers and/or their work roles (Winters, 2016).

Table 2.12: Qualitative Methodology, Data Collection and Analysis Methods

Methodology	Studies	Data collection technique	Data analysis method
Exploratory	Wolf et al. (2016)	Focus group interview	Thematic analysis
Classic grounded theory	Winters (2016)	Semi-structured interview	Grounded theory analysis (Glaser 1978)
Phenomenology	Elmqvist et al. (2012)	In-depth interview	Reflective lifeworld approach (Dahlberg et al. 2008)
	Robinson & Stinson (2016)	Structured interview	Phenomenological analysis (Colaizzi et al. 1978)

Winters (2016) employed a classic grounded theory approach to explore the process and strategies of becoming and remaining an emergency nurse. Data from seven emergency nurses were collected through semi-structured interviews and analysed using grounded theory analysis. The results explain a process identified as 'seeking status', which includes five

phases: ‘joining the troops’, ‘working in the trenches’, ‘passing muster’, ‘earning stripes’, and ‘looking ahead’.

The first phase in the process of seeking status is ‘joining the troops’. This phase describes the factors which led them to become emergency nurses and recognise the opportunities for working in EDs (Winters, 2016). ‘Working in the trenches’ is the second phase. This phase is when emergency nurses feel that they are being treated differently because they are new recruits, and they have to learn and understand the hierarchy. One nurse participant stated that they did not speak up and sometimes they felt that they were not allowed to talk with physicians, which added to their feeling of being on the low end of a hierarchy (Winters, 2016).

‘Passing muster’ is the third phase and the major category of the study as it explains a turning point in the process of seeking status. This phase shows the approval and acceptance by senior nurses of new nurses as they are recognised for their readiness to be part of the emergency team (Winters, 2016). The fourth phase is ‘earning stripes’. During this phase, nurses start to feel like emergency nurses. It is marked by developing friendships and identifying themselves as an asset to the department. Autonomy and self-confidence are also important factors in this phase (Winters, 2016).

The first four phases are related to the process of becoming an emergency nurse, and the last phase, ‘looking ahead’, addresses the process of remaining an emergency nurse. This last phase reveals the situation where a current senior nurse is left with the choice to ‘entertain a change’ or ‘stay on the course’. For senior nurses, the reason to remain in the ED includes anxious feelings and fear of being bored working somewhere else, and leaving their current work meaning that they would have to start from the beginning. On the other hand, new emergency nurses adopt the strategy of focusing on gaining experience and exposure to stay working in the ED (Winters, 2016).

Winters's (2016) grounded theory study, particularly the last phase ‘looking ahead’, outlines nurses’ strategies to remain in their emergency nursing positions. The significance of this study is that it is the only study found that identifies emergency nurses’ reasons to stay in their careers and it addresses two reasons distinguishing senior and junior nurses. The motives of senior nurses to sustain their career include being reluctant to leave their “comfort zone” at work and start a new career, while junior nurses remain employed to gain more experience and develop their skill sets.

Elmqvist et al. (2012) conducted a phenomenological study of first providers’ (including one nurse assistant, four registered nurses and three physicians) experiences of working in a Swedish ED. Five themes emerged in relation to ‘being the first provider on the front line’:

‘ambiguous feelings towards the assessment’, ‘an expected role model’, ‘the double purpose waiting room’, ‘lack of time for communication’, and ‘a way of speaking’.

The first theme, ‘ambiguous feelings toward the assessment’, refers to the experience of a situation when first providers need to sort patients and discriminate higher priorities from lower ones. The experience helps nurses to be able to do these assessment tasks (Elmqvist et al., 2012). ‘An expected role model’ is the second theme. The first provider is expected to adopt a traditional role or custom by prioritising the work, saving lives and focusing on patients rather than themselves (Elmqvist et al., 2012).

The third theme is ‘the double purpose of the waiting room’. This situation is when the nurse and the patient are waiting for the physician to arrive, and at the same time, nurses are waiting for the next acutely ill patient to come. The situation is identified as frustrating. One strategy described was to keep a certain distance from the patient to avoid unanswerable question(s) (Elmqvist et al., 2012). The last theme identified in Elmqvist et al.'s (2012) study is ‘a way of speaking’. The first provider in the ED needs to have a way of speaking to balance the perceived stress of time pressure. The nurses’ strategy is giving brief and the most relevant information to patients by controlling both the content and the length of conversations (Elmqvist et al., 2012).

Elmqvist et al. (2012) describe some strategies used by nurses in a busy work environment to balance the perceived stress of time pressure in the ED. Three strategies emerged from the study in relation to how nurses sustain themselves in their workplaces: prioritising patients and work, keeping a certain distance from patients, and using communication strategies.

A study of the moral distress experiences of emergency nurses (n=17) in the USA was undertaken by Wolf et al. (2016). This qualitative exploratory study identified three themes: ‘the challenges of the emergency care environment’, ‘being overwhelmed’, and ‘adaptive or maladaptive coping’. In this section, only ‘adaptive or maladaptive coping’ is described. The first three themes were identified previously in Section 2.8.

Semi-structured interviews were conducted and revealed that participants applied both adaptive and maladaptive coping strategies to reduce moral distress. Exercise, psychological counselling, and staff debriefings are some of the adaptive coping strategies described in the paper. Alternatively, maladaptive coping was used by participants, including the use of alcohol, food, or medication (Wolf et al., 2016).

Wolf et al.'s (2016) study highlights positive and negative coping strategies used by emergency nurses to sustain themselves in their workplaces. The first strategy is seeking support from psychological counselling and staff debriefing, which is considered a positive

strategy. The second strategy is distracting themselves from distress by either doing positive things, such as exercise, or negative, such as using alcohol, food and medication.

Another study of emergency nurses' moral distress in the USA was conducted by Robinson and Stinson (2016). Using a different methodological approach from Wolf et al. (2016), Robinson and Stinson (2016) employed a phenomenological study to describe emergency nurses' moral distress experiences and identify strategies to manage moral distress. Based on structured interviews with eight participants, the study identified four key themes: 'there was no face of the family', 'asking God for forgiveness', 'flipping the switch', and 'it changes who we are'.

The first theme, 'there was no face of the family', refers to situations when patients arrive in the ED without family members. This is particularly distressing when it occurs with elderly patients or with patients who are unable to speak for themselves. The interviewees perceived it as an impediment to care and a source of moral distress (Robinson & Stinson, 2016).

'Asking God for forgiveness' is the second theme. Nurses expressed regret and feelings of guilt for the improper care they had provided, and they felt the need to be forgiven (Robinson & Stinson, 2016). The third theme was termed 'Flipping the switch'. The emergency nurses described that they 'shut off' their emotions and feelings, and experienced denial as a defence mechanism (Robinson & Stinson, 2016). Finally, the fourth theme was 'it changes who we are'. The interviewees described that moral distress had changed them personally and professionally, and many thought that 'getting out' of the environment would be the only way to recover (Robinson & Stinson, 2016). In addition, it was identified that emergency nurses used inappropriate jokes and substance abuse as strategies to compensate for moral distress in the ED (Robinson & Stinson, 2016).

Robinson and Stinson (2016) emphasised the coping strategies adopted by ED nurses to manage moral distress and to sustain themselves in their workplaces. Emergency nurses cope by self-soothing strategies and distracting themselves, such as asking God for forgiveness, making jokes, and substance abuse. Substance abuse is consistent with Wolf et al.'s (2016) findings. Nurses also suppress their emotions and feelings and apply various avoidance strategies, such as denial and keeping a certain distance from the stressor (Robinson & Stinson, 2016).

The qualitative studies included in this section provide supplementary information and reveal new strategies in addition to the quantitative findings elucidated in the previous section. Most studies identify emergency nurses' coping strategies to sustain themselves in their workplaces, and only one study (Winters, 2016) addresses emergency nurses' strategies to sustain themselves in their careers. The strategies used to keep themselves in their careers

are avoiding new stressors by being reluctant to move from their comfort zone, and focusing on gaining experience and exposure to different cases (Winters, 2016).

Furthermore, the qualitative data revealed that nurses cope with work stressors and sustain themselves in their workplaces by using communication strategies (Elmqvist et al., 2012), doing staff debriefing (Wolf et al., 2016), and seeking psychological counselling (Wolf et al., 2016). Other strategies are asking God for forgiveness (Robinson & Stinson, 2016), exercising (Wolf et al., 2016), making jokes (Robinson & Stinson, 2016), consuming alcohol, food, or medication (Robinson & Stinson, 2016; Wolf et al., 2016), shutting down their emotions and feelings (Robinson & Stinson, 2016), keeping a certain distance from patients (Elmqvist et al., 2012; Robinson & Stinson, 2016), and using denial (Robinson & Stinson, 2016).

2.8.3 Summary

The seven main strategies identified after integrating data from nine papers are as follows: problem-solving (Abraham et al., 2018; Elmqvist et al., 2012; Howlett et al., 2015; Ribeiro et al., 2015; Zavotsky & Chan, 2016), positive reappraisal (Abraham et al., 2018; Lu et al., 2015; Ribeiro et al., 2015; Winters, 2016; Zavotsky & Chan, 2016), seeking support (Abraham et al., 2018; Lu et al., 2015; Ribeiro et al., 2015; Wolf et al., 2016; Zavotsky & Chan, 2016), distraction and self-soothing (Lu et al., 2015; Robinson & Stinson, 2016; Wolf et al., 2016), suppressing emotion (Abraham et al., 2018; Lu et al., 2015; Robinson & Stinson, 2016), and avoidance (Elmqvist et al., 2012; Robinson & Stinson, 2016; Winters, 2016).

The review has outlined an extensive range of strategies used by emergency nurses to sustain themselves in their workplaces. However, little is understood about how they sustain themselves in their careers, due to limited research in this area. Further qualitative studies, incorporating observations and interviews are required to capture more information in this area. The findings of the integrative review are summarised in the following section.

2.9 Summary of findings

The literature review increased the researcher's theoretical sensitivity through the process of integrating the best available research evidence in relation to how emergency nurses sustain themselves and provide effective care. A detailed list and an evaluation of the earlier studies are provided in this chapter, as suggested by Charmaz (2014). This is important to aid the recognition of gaps in current knowledge, and to determine the position and contribution of this grounded theory study.

The three key findings of this integrative literature review are as follows: 1) the nature of the motivational factors for emergency nurses' work, 2) the meaning of effective care and factors affecting nursing care in the ED, and 3) emergency nurses' strategies to sustain themselves in their workplaces and careers.

The first question was 'what is known about how emergency nurses motivate themselves for their work?', and the motivational factors identified from the literature were divided into two types: extrinsic and intrinsic. Emergency nurses' intrinsic motivational factors were identified as mastery-oriented goals, loving the profession, and how well they thought they fitted in with the nature of emergency work. In contrast, the extrinsic motivational factors were having skill discretion, decision authority/autonomy, social support from colleagues and supervisors, interpersonal work relationships, effective teamwork, appropriate job demands, secure employment status, and appropriate workplace policies and procedures. Furthermore, emergency nurses were motivated by adequate nurse staffing, effective leadership, decent income, rewards and appreciation, sufficient professional development opportunities, access to career development, and shared governance activities. Both intrinsic and extrinsic motivation were held to be important and might be seen as having a motivating effect on emergency nurses' work.

Five concepts of effective nursing care in EDs were established in the review: advocacy, holisticness, accuracy, promptness and comprehensiveness. In addition, factors affecting care were staffing, overcrowding, workload, management support and leadership, physical structures and facilities, effective triage, patient flow, stress, fatigue, conflict, education and training, interpersonal communication and salary.

Strategies used by emergency nurses to sustain themselves in their workplaces and careers included problem-solving, positive reappraisal, seeking support, distraction and self-soothing, suppressing emotion and avoidance. When confronted with workplace circumstances, emergency nurses were not limited to the use of one strategy; different strategies were used simultaneously to overcome workplace issues and stress.

Although the review has enhanced the researcher's theoretical sensitivity, gaps were identified. The main gaps include the scarcity of evidence on emergency nurses' intrinsic or internal motivations related to emergency work, insufficient research exploring how emergency nurses define effective care and the absence of information in the literature about emergency nurses' actions to provide effective care to their patients. Moreover, there is very limited understanding of how emergency nurses sustain themselves in their careers, and no studies of this topic were found in relation to Indonesian nurses. Gaps in knowledge are addressed in the present study using a grounded theory approach. Chapter Three presents a

detailed description of the methodology selected and the theoretical underpinning employed to investigate the study question and aims.

Chapter Three: Grounded Theory Methodology

An essential component of any research study is careful consideration of the methodology, because it underpins the principles and philosophy utilised by the researcher. The methodology guides the researcher's assumptions and the nature of the research study, and forms the basis for the research procedures and strategies. This chapter provides the reasons why constructivist grounded theory was selected as the primary approach and why situational analysis was employed to strengthen the research strategy.

This chapter begins with a brief explanation of the preference for a grounded theory methodology for the current study. Following the explanation, the three types of grounded theory, including the originators' principle and practice iterations, are discussed. The constructivist grounded theory and situational analysis applied to this grounded theory study are also further discussed. A discussion of the underpinning philosophies of social constructionism, constructivism and symbolic interactionism is then provided. The chapter concludes with a consideration of the essential strategies of constructivist grounded theory as the most appropriate methodology for the present study.

3.1 Rationale for selection of grounded theory methodology

The choice of grounded theory over other forms of methodology was directly related to the purpose of the study, which was to answer the research question: 'How do emergency nurses in Indonesia sustain themselves personally and professionally in their work?' and to achieve the study aims. The aims were to: 1) explore how emergency nurses sustain themselves personally and professionally, 2) explain the meanings that emergency nurses attach to being effective in their work, and 3) theorise the social processes that emergency nurses use to sustain themselves in their practice.

It is clear from the research question and aims that the focus of this study is to identify and explicate contextualised social processes undertaken by Indonesian emergency nurses. Grounded theory is a suitable method for the identification and description of phenomena, including the attributes, processes, actions and interactions of social groups (Morse et al., 2016). The second aim of this study is related to meaning-making and how meanings influence actions. Grounded theory can also be used to study meanings and actions and determine how

meanings are formed through participants' cultures and experiences (Charmaz, 2017a; Corbin & Strauss, 2008a).

Grounded theory is applicable when limited information is available about the area of the study, and when the development of a theory is the desired outcome (Birks & Mills, 2015; Corbin & Strauss, 2015). To date, no theory exists with explanatory power regarding the process of how emergency nurses sustain themselves personally and professionally in their work while providing what they consider to be effective care. Furthermore, the third aim of the study is related to theory construction, which is consistent with the fundamental aim of grounded theory, which is to identify and then construct fresh concepts and explanatory theories grounded in rich and complex data, rather than using existing theories (Charmaz, 2014a; Holloway & Galvin, 2017). Conducting a grounded theory study in this area, where little is known, will potentially contribute to the development of new knowledge.

Systematic guidelines and strategies in grounded theory are provided for the collection, management, and analysis of qualitative data, and the development of a conceptual understanding of the studied data (Charmaz, 2014a). However, it is also an interpretive approach with flexible analytic methods (Glaser & Strauss, 1967, 2017; Urquhart, 2013). Corbin and Strauss (2008, p.16) suggested that a grounded theorist needs to have "an intuitive sense … and the ability to remain creative, flexible and true to the data at the same time". From my perspective, grounded theory is a method of choice as it offers focus and flexibility to conduct successful research.

Researchers undertaking a grounded theory study can use either or a combination of quantitative or qualitative data to generate a theory (Birks & Mills, 2015; Charmaz, 2014a; Glaser & Strauss, 2017b). However, in this study, I have adopted the qualitative approach exclusively and believe that the research question is best answered using qualitative data. The first reason to choose qualitative rather than quantitative data to analyse is that the area explored is not yet thoroughly research. Second, the aims of the study can be achieved if I as the researcher can connect with the research participants and understand social processes, a phenomenon and/or the meaning of things from participants' viewpoints (Corbin & Strauss, 2015). My interaction with study participants, through interviews and observations, is a form of application of symbolic interactionism and constructionism, and the philosophical positions to which I subscribe are discussed further in Section 3.4. I am confident that grounded theory is a powerful methodology to conduct a qualitative inquiry (Charmaz, 2014c; Clarke & Friese, 2011). Grounded theory is a popular approach which is widely used in many disciplines, including health care and social sciences, where research involves interaction with human

participants in a specific situation (Glaser, 2011; Bryant & Charmaz, 2011; Harris, 2014; Mills, Bonner, & Francis, 2006).

Grounded theory has different possible approaches to conducting a study and developing a theory. When selecting grounded theory as a methodology of a study, it is important for researchers to carefully choose which version of grounded theory best fits the research context, topic, and the philosophical positions which guide their research processes (Singh & Estefan, 2018). Prior to addressing the selected approaches and philosophical underpinning of the study, in the following section, I provide a discussion of the three primary approaches to grounded theory commonly used in nursing research. The differences between these three approaches are also explored in the following section.

3.2 Grounded theory approaches

As grounded theory methodology has changed over time, the methodology is not a unified framework and multiple versions exist (Denzin, 2019; Morse et al., 2016; Urquhart, 2013). There are three major variants of grounded theory: 1) Classic, 2) Straussian, and 3) Constructivist (Kenny & Fourie, 2015; Rieger, 2019; Singh & Estefan, 2018). Classic grounded theory refers to the work of Glaser and Strauss (1967), and is termed by some as the Glaserian approach to indicate Glaser's major studies after Glaser and Strauss ceased working together. However, in his more recent publications, Glaser refers to his version as classic grounded theory (Glaser, 2014, 2014). Straussian grounded theory was informed principally by Strauss and later in collaboration with Corbin (Corbin, 2016; Strauss & Corbin, 1990; Strauss, 1987). Constructivist grounded theory was developed by Charmaz (2006, 2014a).

Glaser and Strauss are the founders of grounded theory methodology. Their first book 'The Discovery of Grounded Theory' published in 1967, is the foundation of grounded theory methodology. Glaser and Strauss (1967) defined grounded theory as "the discovery of theory from data – systematically obtained and analysed in social research" (p.1). The theory produced is grounded in the data, which is the key point of this methodology (Glaser & Strauss, 1967; Urquhart, 2013).

According to students of Strauss and Glaser, who wrote the book 'Developing Grounded Theory: The Second Generation' (Morse et al., 2016), in their early studies, Glaser and Strauss brought together their two contrasting philosophical and methodological traditions. Glaser was devoted to Columbia University positivism, and Strauss to University of Chicago pragmatism (Glaser, 2005; Morse et al., 2016; Strauss, 1993). In the context of Glaser, the positivist tradition emphasises 'the scientific method' and he believed that researchers should remain neutral (objective) and let data speak for itself. Being neutral and in a passive position

are important aspects for researchers to generate theory from data (inductive approach) and help researchers to identify patterns in their data (Glaser & Strauss, 1967, 2017). The pragmatist tradition views reality as fluid where nothing is strictly determined (Strauss, 1993). Moreover, pragmatism acknowledges the multiple perspectives and interpretations which emerge from peoples' actions (Corbin & Strauss, 2015). The early works of Glaser and Strauss are argued by some as being a 'realist form of positivism' (Bryant & Charmaz, 2011), and considered to be a remnant of post-positivist positions (Bryant & Charmaz, 2010b; Crotty, 1998; Urquhart, 2013). However, Glaser has never yet stated his philosophical position. In fact, he has even denied having any philosophical orientation. He has argued that the "quest for an ontology and epistemology for justifying GT is not necessary" (Glaser, 2005, p.5).

In 1978, Glaser and Strauss adopted divergent directions in grounded theory (Glaser 1978). Glaser remained consistent with his explication of the method of discovery; while Strauss turned his attention to a symbolic interactionism perspective and together with Corbin moved to grounded theory as a method of verification (Bryant & Charmaz, 2010; Charmaz, 2014a; Morse et al., 2016). Strauss and Corbin's first guidelines for grounded theory study were published in 1990 (Strauss & Corbin, 1990). They endorsed pragmatism and symbolic interactionism as the philosophical foundations of grounded theory (Corbin & Strauss, 2008a). Glaser confirmed that their decision to cease working together was due to dissent about their philosophical stances. Later, Glaser said: "Yet the takeover of GT by Symbolic Interaction (SI) and all the departments and institutes that SI informs and resides in is massive and thereby replete with the remodelling of GT" (Glaser, 2005, p.1).

The students of Strauss and those who were mentored by Glaser at the University of California, San Francisco, developed different methodological branches of grounded theory based upon the original work of Glaser and Strauss (Corbin, 2016). They are called the second generation of grounded theorists. The second generation grounded theorists include Charmaz, who developed her own version of constructivist grounded theory, and Clarke, who developed the situational analysis method as an extension to grounded theory (Birks & Mills, 2015; Charmaz, 2014b; Clarke et al., 2018; Morse et al., 2016). Charmaz's approach was influenced by both Glaser and Strauss, while Clarke's situational analysis was prominently inspired by Strauss's work (Charmaz, 2014a; Clarke et al., 2018; Morse, 2016).

Many individuals of the second generation were also influenced by the revolution in social science research in the mid-20th century, which is called the interpretive turn (Clarke et al., 2018). The revolution was an epistemological shift away from positivism and towards interpretivism (Howe, 1998). The interpretive perspective believed that researcher subjectivity needs to be part of the research process (van Antwerpen & Oster, 2020), and interpretivists

endorse reflexivity as a way to manage and report researchers' subjectivity (Charmaz, 2014a; Clarke, 2019; Lichterman, 2017).

An extension of interpretivism is post-modernism. The post-modernist perspective rejects concepts of rationality, objectivity, and universal truth. Instead, post-modernism emphasises the multiplicity of human experience and multiple perspectives and embraces constructivist conceptions of knowledge (Clarke, 2017; Howe, 1998). Charmaz was the first grounded theorist to name her approach to grounded theory constructivist grounded theory (Mills et al., 2007).

Constructivist grounded theory embraces the theoretical perspective of symbolic interactionism and constructivist epistemology (Charmaz, 2006, 2014a). Symbolic interactionism assumes that society precedes the individual and social reality is constructed in each human interaction using symbols, such as words and gestures (Blumer, 1969; Charmaz, 2014a). Therefore, language is the essential medium of this interpersonal and interpretive process (Carter & Fuller, 2015; Charmaz, 2017; Delaney, 2005). Furthermore, the constructivist approach acknowledges the importance of subjectivity and researchers' involvement in the construction and interpretation of data (Charmaz, 2014a).

Charmaz (2006, 2014a) echoes classic grounded theory in relation to being flexible, but she assumes that neither data nor theories are discovered. Constructed grounded theory is provided either by the data or through researchers' analysis and interpretation. Researchers construct grounded theories through their past and present involvement and interaction with people, perspectives, and research practices (Charmaz, 2014a; Mills et al., 2006).

Following Strauss's death in 1996, Corbin, in the third edition of the book 'Basics of Qualitative Research', states that she had re-evaluated her position and changed her perception of qualitative research based on her new knowledge and experience. She stated:

> There is no doubt that I, Corbin, have been influenced to some degree by the writing of contemporary feminists, constructionists, and post-modernists. I especially admire the work of both Clarke and Charmaz and how they have applied post-modernist and post-constructivist paradigms to grounded theory methodology. (Corbin & Strauss, 2008b, p.9)

Corbin demonstrated a shift in thinking to multiple realities, and she rejected the rigid application of technical procedures. Instead, she moved the methodology in the direction of constructivist grounded theory and contemporary thought (Corbin, 2016; Corbin & Strauss, 2008a; Denzin & Lincoln, 2011). This change of approach suggests a shift of a leading grounded theorist to more flexibility and indeterminacy (Bryant & Charmaz, 2011; Clarke, 2003; Corbin, 2016b).

Classic, Straussian, and constructivist grounded theorists have their personal views on coding procedures, the use of literature, and quality evaluation (Charmaz, 2014a; Corbin & Strauss, 2015; Glaser & Strauss, 2017). These differences are due to the divergent philosophical stances and research logic of the three approaches discussed above. Table 3.1 summarises the main differences between the three most popular modes of grounded theory.

Table 3.1: Differentiating Principles of Classic, Straussian and Constructivist Grounded Theory

	Classic/Glaserian Glaser, (1978); Glaser & Strauss, (1967, 2017)	**Straussian** Corbin & Strauss, (2015); Strauss & Corbin, (1990a)	**Constructivist** Charmaz (2006, 2014a)
Philosophical stance	Positivism/ post-positivism	Pragmatist & Symbolic Interactionism	Constructivism & Symbolic Interactionism
	Researcher believes in one reality	Rejects one reality, and believes in multiple viewpoints	Believes in multiple realities
	Researcher remains neutral and objective	Maintains balance between objectivity and creativity	Acknowledges researcher subjectivity in interpretation
Research logic	Inductive	Inductive & deductive	Inductive & abductive
Use of literature	Abstain from literature until the very end	Use literature appropriately at every stage	Return to the literature or delay it until after data analysis
Coding conventions	Substantive coding (open and selective) and theoretical coding	Open coding, axial coding, selective coding, and conditional matrix	Open coding, focused coding, and theoretical coding
Quality evaluation	▪ Fit ▪ Work ▪ Relevance ▪ Modifiable	▪ Research process ▪ Empirical grounding of findings	▪ Credibility ▪ Originality ▪ Resonance ▪ Usefulness

In relation to the role of existing theories, Glaser embraces the inductive approach to grounded theory, while Strauss and Corbin incorporate inductive and deductive analysis (Corbin & Strauss, 2015; Glaser & Strauss, 1967, 2017). Inductive logic is the opposite of the deductive approach, which begins with a set of hypotheses (Bryant, 2017a). Therefore, the inductive analyst explores the data to assess what unexpected relationships or issues emerge from the data, whereas the deductive analyst confirms relationship information for researchers (Gerrish & Lathlean, 2015).

According to Charmaz (2017), constructivist grounded theory goes further than other approaches and moves beyond inductive logic. She explains that grounded theory is not exclusively an inductive method, but is also abductive (Charmaz, 2014b). She also emphasises that “abductive inference entails considering all possible theoretical explanations from the data, forming hypotheses for each possible explanation, checking them empirically

by examining data, and pursuing the most plausible explanation" (Charmaz, 2014a, p.201). As explained later in this chapter the abduction logic is important in generating theoretical interpretations.

The disagreement among the theorists influenced how they see and use existing literature, and these three approaches of grounded theory have divergent stances on the use of literature. Glaser emphasises that researchers need to abstain from literature to make the data objective (Glaser, 2013), while Strauss and Corbin encourage the appropriate use of literature in all phases of a study (Strauss & Corbin, 1990). In contrast, Charmaz acknowledges that researcher might need to do a literature review in the early stage for research or grant proposals, but researchers need to be careful of preconceived ideas which reviewing the literature may impose on their work. She suggests delaying reviewing the literature and producing a final literature review which reflects the analytical categories (Charmaz, 2014a).

With regard to data analysis, Glaser, Strauss and Corbin and Charmaz agreed to use coding to analyse and synthesise data and recognise coding as an initial opportunity for researchers to contemplate social processes of interest (Singh & Estefan, 2018). However, they have different methods and different terms of coding (Table 3.1). Strauss and Corbin developed a procedure of coding, using open coding, axial coding, selective coding, and conditional matrix, which is more meticulous and specific than the classic version (Strauss & Corbin, 1990). Grounded theorists argue that Strauss and Corbin's reformation of grounded theory is very distinctive and highly prescriptive and seems particularly complicated for some second-generation grounded theorists (Bryant & Charmaz, 2011; Glaser, 2013; Morse et al., 2016). Charmaz offers a systematic and simplified coding process which was influenced by the early version of grounded theory. In her constructivist coding, she offers three steps of coding: open, focused, and theoretical (see Section 3.5.3).

As a result of coding, the end-product of grounded theory is the theory itself. Glaser and Strauss (1967) identified four quality indicators for the evaluation of a theory. First, the theory must fit with the substantive field. Second, the theory needs to be workable. Third, the theory must be relevant to the basic social process in the field. Fourth, the theory must be able to be modified to be applicable in everyday situations (Glaser, 1978).

However, Strauss and Corbin (2008) provided criteria for judging the quality of grounded theory based on the empirical grounding of findings and the research process, including fit, applicability, concepts, contextualisation of concepts, logic, depth, variation, creativity, sensitivity and evidence of memos. The criteria build on previous evaluative criteria, while Charmaz (2006, 2014a) offers the notions of credibility, originality, resonance and usefulness.

Charmaz's criteria for evaluating constructivist grounded theory address both scientific and creative aspects of conducting grounded theory studies.

From the discussion above, it is clear that grounded theory can be seen as both a methodology, a way of thinking, and as a method, a way of conducting a study (Bakker, 2019; Charmaz, 2014a). The three most popular grounded theory approaches discussed in this section have several different philosophical stances in their methodology and recommend differing methods for managing and analysing data. In this section, the merits of each version have been highlighted. In the next section, I describe and explain why the constructivist grounded theory approach was selected for this research project and why the situational analysis method was chosen as an extension to grounded theory analysis.

3.3 Selected approaches

This section includes a discussion regarding the decision the researcher made to use constructivist grounded theory methodology and methods primarily informed by Charmaz (2014a), and situational analysis (Clarke, 2005b; Clarke, Friese, & Washburn, 2018) as a supplementary method.

Constructivist grounded theory represents a contemporary approach. The constructivist approach makes some attempt at the renewal and revitalisation of previous methods, providing a practical new paradigm to facilitate theory construction. At the same time, it also resolves contradictions in the method and strengthens it. The result makes the method more flexible, places it in the constructionist tradition, brings reflexivity to the forefront and opens a path to critical inquiry (Charmaz, 2017a).

In addition to constructivist grounded theory as a methodology guiding the study, I utilised situational analysis (Clarke et al., 2018) to support the data analysis process. Constructivist grounded theory aligns well with situational analysis as both come from the same methodological roots in constructivist/relativist and interpretivist epistemological stances (Clarke et al., 2018). Both propose flexibility and abductive logic in analysis (Clarke & Charmaz, 2014).

However, grounded theory and situational analysis have distinctive analytic approaches. Grounded theory utilises coding to analyse action and interaction, while situational analysis utilises cartographic approaches to frame and analyse the situation of the inquiry. Despite this difference, I argue that it is advantageous to combine the two.

It is important to combine constructivist grounded theory and situational analysis in this current study, because they provide a set of analytic methods that support the researcher to pursue both the processual or social processes and the relational analytics of the multiple elements in a situation (Clarke et al., 2018). In the present study, the combination of constructivist grounded theory and situational analysis assists in explaining the research findings and the theory more comprehensively. The theory constructed exposes the social processes undertaken by Indonesian emergency nurses and specifies all elements involved in the process.

The conceptual understanding of constructivist grounded theory and situational analysis is presented in the following sub-sections, whereas the implementation of grounded theory and situational analysis in this study is discussed in Chapter Four.

3.3.1 Constructivist grounded theory

Constructivist grounded theory was conceptualised by Charmaz (2006, 2014a). This method is a route to conducting a critical qualitative inquiry, and its aim is theory construction rather than theory description, and emphasises abstract understanding rather than explanation and prediction (Charmaz, 2008, 2017a).

The constructivist version of grounded theory is a highly interactive approach. Charmaz (2014a) views "grounded theories as products of an emergent process that occurs through interaction" (p.320). This interactive method starts from the beginning of the research through to the last draft of the report (Charmaz, 2017a). Researchers are required to interact multiple times with participants' texts to understand participants' views and actions from their perspectives. The interaction is achieved by listening to and analysing their statements, observing their actions, and re-envisioning the scenes (Charmaz, 2006). The interactive nature of the method prompts researchers to keep interacting with the data (Charmaz, 2014a).

By using a constructivist approach to grounded theory, researchers rely on developing and maintaining methodological self-consciousness, also called deep reflexivity (Charmaz, 2017). Charmaz (2017) outlines that "by developing a new methodological self-consciousness, we can interrogate how, when, and to what extent taken-for-granted individualism shapes our assumptions and actions" (p.23). She suggests that researchers engage in reflexivity throughout the research process (Charmaz, 2014a). Methodological self-consciousness means that researchers are detecting and dissecting their worldviews, language, and meanings and revealing how they enter their research in ways they had previously not realised. Thus, tacit individualism becomes visible. Methodological self-consciousness means

examining ourselves in the research process, the meanings we make and the actions we take each step along the way (Charmaz, 2017).

The constructivist approach is a combination of inductive and deductive or 'to-and-fro' work, which is known as an abductive method (Charmaz, 2006). Abduction is "a type of reasoning that begins by examining data and after scrutiny of these data, entertains all possible explanations for the observed data, and then forms hypotheses to confirm or disconfirm until researchers arrive at the most plausible interpretation of the observed data" (Charmaz, 2006, p.186). Abductive reasoning exists in the core of grounded theory logic. It combines empirical observation with imaginative interpretation and seeking theoretical accountability by returning through the empirical world (Bryant & Charmaz, 2011). This particular form of reasoning reflects how researchers go back and forth between data collection and analysis, the utilisation of theoretical sampling, and the constant comparative method (Charmaz, 2006; 2017).

Research processes and products are constructed under certain conditions and are influenced by researchers' perspectives, positions, beliefs and interactions. According to Charmaz (2006), "we construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices" (p.10). Hence, the role of researchers in interpreting how and why participants construct meaning from their experiences is another key feature of constructivist grounded theory (Charmaz, 2009; Charmaz, 2006). It should be acknowledged that grounded theory research is a construction between participants and researchers and between the researchers and their interpretations of the data (Charmaz, 2008, 2014b).

The constructivist methodological stance is summarised as follows: 1) it is a research process that is fluid, interactive, and open-ended; 2) the research problem informs initial methodological choices for data collection; 3) researchers are part of what they study; 4) the analysis shapes the conceptual content and direction of the study; 5) the emerging analysis may lead to adopting multiple methods of data collection and to pursuing inquiry in several sites; 6) successive levels of abstraction through comparative analysis constitute the core of grounded theory analysis; and 7) analytic directions arise from how researchers interact with and interpret their comparisons and emerging analyses rather than from external prescriptions (Charmaz, 2006, 2014a).

3.3.2 Situational analysis

Situational analysis, a methodology developed by Clarke (2003), is an extension of grounded theory (Clarke & Charmaz, 2014; Clarke et al., 2018; Morse et al., 2016; Whisker, 2016). Clarke emphasises that "the core methodological strategy for pushing grounded theory around

the interpretive turn into the situational analysis is shifting the primary focus from action to analytically foreground the broader situation being researched" (Clarke et al., 2018, p.47). This means that situational analysis can be used to complement the grounded theory analysis, enabling both processual and analytic processes (Clarke et al., 2018).

Clarke et al. (2018) realised that the concept of the situation is often confused and seems elusive. Her situational analysis was influenced by the pragmatist philosopher John Dewey who defined the word "situation" as "an environing experienced world" (Dewey, 1938, p.67). According to Clarke et al. (2018):

> In situation analysis, a situation is not merely a moment in time, a narrow spatial or temporal unit or a brief encounter or event (or at least rarely so). Rather it usually involves a somewhat enduring arrangement of relations among many different kinds and categories of elements that have their own ecology. The situation usually includes a number of events over at least a short period of time, and can endure considerably longer. (p.17)

Drawing on the premises of being 'coconstitutive', Clarke (2005b, 2017) acknowledges that human and non-human elements together constitute the world and are involved in a situation. Simply put, situational analysis analytically attends to what is in the situation as a whole. Clarke et al. (2016, 2018) argued that this approach be used as a relational ecological framework for understanding social life.

Based on her interest in broad ecological relations, Clarke's situational analysis helps to push grounded theory further around the interpretive turn. Her main strategies of inquiry are constructed through the making of three analytical maps (discussed in Section 3.5.7), following by analytical work and memos. The strategy of incorporating empirical analytic maps of situations and doing the analyses acknowledges the situatedness of phenomena which are often ignored by other grounded theory perspectives (Clarke et al., 2018).

Situational analysis can be used on its own in studies centred on analysing and interpreting situations. Alternatively, it can be used as a method along with constructivist grounded theory methods in the same project to analyse and portray the basic social processes operating in the social situation under study (Clarke et al., 2018).

3.4 Philosophical and theoretical underpinnings of the study

It is important for researchers to acknowledge their philosophical position and how it is consistent with the approach selected to conduct the study (Birks & Mills, 2015; Harris, 2014; Singh & Estefan, 2018; Urquhart, 2013). In this section, the theoretical underpinnings of the study are explained and how they influenced decisions regarding the empirical results of this study. Table 3.2 encapsulates the philosophical and theoretical framework of the study.

Table 3.2: Overview of Philosophical and Theoretical Framework

Philosophical paradigm	Interpretivism
Ontological basis	Relativist
Epistemological basis	Subjectivist
Underpinning theoretical perspectives	Constructionism Constructivism Symbolic interactionism
Research methodology	Constructivist grounded theory
Research methods	Constructivist grounded theory Situational analysis mapping techniques

Both constructivist grounded theory and situational analysis have roots in constructionism, constructivism and symbolic interactionism (Charmaz, 2014c; Clarke et al., 2015, 2016). The theoretical perspective of constructionism (also known as social constructionism) provides assumptions regarding knowledge and reality in this grounded theory study. Crotty (1998) defines constructionism as:

> …the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of the interaction between human being and their world, and developed and transmitted within an essentially social context. (p.12)

Social constructionism is part of the interpretivist approach to thinking (Creswell & Poth, 2018; O'Reilly et al., 2015), and means that the way that the world is understood is unique to individuals, and meaning is constructed through social relationships (Burr, 2003, 2015; Charmaz, 2008). In addition to social relationships, individuals construct their perspectives and meanings based upon their cultural traditions and historical experiences (Burr, 2003; Creswell & Poth, 2018). The concept of constructionism underlines the importance of the construction of reality that is embedded in social processes and in the historical and cultural context within which a society exists (Burr, 2015; Charmaz, 2014a).

Reflecting on the basis and processes of social constructionism, I assumed that emergency nurses have social and mental constructions about being emergency nurses, about the way they sustain themselves in their practice, and the ways in which they strive to care for their patients. These social constructions would be reflected in conversations with them. I further assumed that their individual perceptions would reflect these constructions and be influenced by their beliefs, experiences and cultural realities.

These factors and processes, along with participants' personalities, individual traits, intelligence, and creativity, are carried into their social interactions with other members of the community. Emergency nurses interact with other people inside and outside their workplaces. Through these interactions, emergency nurses are likely to develop their perceptions of care, develop their motivations to stay in their emergency nursing work, and maintain their

commitment and persistence to sustain their roles. Based on this applied thinking about social constructionism, constructivist grounded theory as a methodology and methods of data collection such as interviews and observations seemed appropriate to the achievement of the research aim.

Social constructionism assumes the ontological position of relativism (Mills et al., 2006). The relativist position is concerned with what constitutes reality, perceptions of how things are, and how things works (Scotland, 2012). The relativist appreciates multiple realities and multiple interpretations of those realities. This assumption leads to the claim that nothing can be known definitely, and none have precedence over others regarding claims to represent the truth about social phenomena (Andrews, 2012; Kusch, 2020).

Consistent with relativism as an ontological basis (the philosophy of existence and reality), it is recognised that individuals are likely to have different perceptions and opinions regarding particular situations and how they react to those situations. In daily life, I encounter different perspectives in relation to simple things such the taste of a food or the quality of a movie. Holding this relativist view as a grounded theory researcher has made me more open to criticism, and caused me to seek to be unprejudiced and respectful of other people's opinions. I designed the study to obtain a rich data set, and analysed it by grasping the variety in the information obtained from study participants and by observation. I recognise that the interpretation of the data and the creation of the grounded theory, while grounded in the broad data, still contain some relativist and subjective positioning.

The term 'constructionism' has been used interchangeably with 'constructivism' by both Charmaz (2006, 2009) and Clarke and colleagues (2020; Clarke et al., 2016). However, others contend that constructivism is distinct from constructionism (Andrews, 2012). Charmaz (2014a) argues that "strong currents of social constructionism are apparent in constructivist grounded theory, as are its links to social constructivism" (p.14). For Charmaz (2014a), constructivism is a perspective that brings together the multiple subjectivities of participants and the researcher as the data are collected and analysed (Charmaz, 2014a). Recognising the co-construction in the interpretation of meanings between researchers and participants is a key aspect of the constructivist approach (Charmaz, 2014a, 2015; Mills et al., 2006). Throughout the research, I used my subjectivities, cognitive processing and the research processes as I attempted to maintain consistency with the assumptions of constructivism. As the researcher, I actively participated in data generation with participants and acknowledged their and our multiple standpoints, roles and realities. While I was the researcher, the participants lived emergency nursing, and together we were involved in the construction of

reality which led to the development of a grounded theory regarding the sustainability of working in emergency nursing.

The core assumption of constructionism that reality is constructed through human interaction is a key basis of symbolic interactionism (Carter & Fuller, 2015; Chamberlain-Salaun et al., 2013). Symbolic interactionism is a philosophical basis for many grounded theory studies (Chamberlain-Salaun et al., 2013). The basic assumptions of symbolic interactionism were initially described by Blumer (1969). Symbolic interactionism assumes that human beings act towards things based on the meaning they have from them, that the meanings of things arise out of human interaction, and that the meanings are handled and modified through interpretive processes people use as they deal with things they encounter (Blumer, 1969). According to Blumer (1969), "all human behaviour is the result of vast interpretive processes in which people singly and collectively guide themselves by defining the objects, events and situations they encounter" (p.132). When humans interact, they find meanings in the situation, which in turn influence their actions and behaviour. In Charmaz's opinion, symbolic interactionism is a perspective that assumes that interaction with others can create reality for an individual, and that "individuals are active, creative, and reflective, and that social life consists of processes" (Charmaz, 2014a, p.345). Interaction is inherently dynamic and interpretive and addresses how people create, enact, and change meanings and actions (Charmaz, 2014a).

Clarke's method of situational analysis mapping signifies her use of Blumer's symbolic interactionism (Clarke et al., 2018). She argues that mapping is a useful analytical exercise to show human and non-human elements, including the researcher, and their connections within the broader social context (Chamberlain-Salaun et al., 2013a; Clarke et al., 2018).

Symbolic interactionism assumes that society precedes the individual, and social reality is constructed in each human interaction using symbols, such as words and gestures (Delaney, 2005). Interview and observation are two methods that I used to explore the meaning and the process of personal and professional sustainability based on the perspectives and experiences of Indonesian emergency nurses. The shared meanings that were manifest through interviews and observations between myself as the researcher and the participants were articulated as narratives. As I engaged with the world of the participants, I gained insights in their lived and social realities through the cognitive, personal and professional constructions of how they sustained themselves in their work.

To conclude this section, the guiding philosophies behind this current grounded theory study are interlinked and drawn from constructionism, constructivism, and symbolic interactionism. The philosophical assumptions of the methodology and the underpinning theoretical philosophies influenced the strategies, the design and methods used in the grounded theory

study (Charmaz, 2017a; Creswell & Poth, 2018; Mills & Birks, 2014). In the following section, the key strategies of constructivist grounded theory are discussed.

3.5 The essential strategies of constructivist grounded theory

In undertaking constructivist grounded theory, as the researcher, I needed to be aware of, and understand, the strategies used to construct a grounded theory. An important part of the process was the need to ensure that the analytic strategies refine the findings and could increase the comprehensiveness of the theory. Charmaz (2014a) sees grounded theory as a 'constellation of methods'. Influenced by Glaser and Strauss' work on the early version of grounded theory, Charmaz (2006) offers a set of strategies to frame and guide the research process in her constructivist approach. The strategies of constructivist grounded theory discussed in this section are initial and theoretical sampling, theoretical sensitivity, coding, constant comparative analysis, memo writing, theoretical integration, and diagramming and mapping. The applications of these strategies in the present study are described in Chapter Four.

3.5.1 Initial and theoretical sampling

The two types of sampling in constructivist grounded theory are initial sampling and theoretical sampling (Bryant, 2017b; Charmaz, 2014a). Charmaz (2014a) characterises initial sampling as a starting point in grounded theory and theoretical sampling as a later way to achieve the development of the properties of categories. Constructivist grounded theory researchers begin their investigation with initial sampling and then proceed to theoretical sampling in order to develop a theory (Bryant, 2017a).

Initial sampling, also known as the initial data collection phase, is undertaken with a purpose or target context (Bryant, 2017b; Strauss & Corbin, 1998; Watling et al., 2017). Usually, researchers establish sampling criteria for the participants, cases, situations, and/or settings (Charmaz, 2014a). Researchers may use many methods in the initial data collection, such as observing participants in general ways and/or encouraging them to talk freely (Corbin & Strauss, 2015). These strategies are important to gain ideas about what is happening and begin to develop concepts and categories (Charmaz, 2014a; Harris, 2014).

Birks and Mills (2015) argue that theoretical sampling assists researchers to identify and pursue clues and gaps that arise during and after the initial sampling process. The main purpose of theoretical sampling is to support elaboration within the data and to assist refinement of the analytic categories. Charmaz (2014a) argues that undertaking theoretical

sampling assists researchers to refine their theorising by 1) specifying the relevant properties of categories; 2) increasing the precision of categories; providing the substance for moving material from description to analysis; saturating the properties of a category; 3) making analysis more abstract and generalisable; 4) grounding conjectures in data; 5) explicating the analytic links between or among emerging categories; 6) identifying variation in a process.

As a research process, theoretical sampling helps to achieve further saturation of the data and to strengthen the emergent theory (Glaser, 2013; Oktay, 2012). Researchers continue with the process of theoretical sampling until no new properties emerge within the categories, or what is called in grounded theory "theoretical saturation" (Birks & Mills, 2015; Charmaz, 2014a).

3.5.2 Theoretical sensitivity

The interpretive approach to qualitative inquiry requires researchers to be sensitive to the subtleties and issues inherent in the data. According to Glaser (1978), theoretical sensitivity relates to researchers' ability to generate concepts and theory from data, and systematically work with data throughout the research process. Through their theoretical sensitivity, researchers can develop insight and understanding, give meaning to abstract phenomena and demonstrate abstract relationships between phenomena (Charmaz, 2014a). It also means that researchers can differentiate between significant and less important data (Holloway & Galvin, 2017). With this type of sensitivity, grounded theorists discern meanings in the emergent patterns and define the distinctive properties of their constructed categories concerning these patterns (Charmaz, 2014a). Strauss and Corbin (1990) stated that theoretical sensitivity comes from several sources, including literature and researchers' professional and personal experiences.

3.5.3 Coding

Coding is a way of engaging with data. It is used to extend and expand researchers' understanding and knowledge and helps in triggering further theoretical questions (Charmaz, 2017a). There are different approaches to coding in grounded theory methodology (see Table 3.1). Coding in constructivist grounded theory is discussed in this section.

The three phases of coding are open, focused, and theoretical coding (Charmaz, 2006, 2014a). When undertaking open coding, researchers study fragments of data (words, lines, segments, and incidents). To advance from open coding to focus coding, researchers select the most significant initial codes and then sort, synthesise and organise them into larger

segments of data and then categorise the data judiciously and comprehensively. The next process in focus coding is comparing data with data, and also comparing data with codes. Focused coding is the phase where researchers identify sub-categories and categories (Charmaz, 2014a).

After focused coding, researchers undertake theoretical coding. To achieve theoretical coding, researchers raise the data to an abstract level that specifies the possible relationships between the categories until the theoretical propositions have the power to tell an analytic story. This can be demonstrated by data coherence. Theoretical codes help researchers to clarify the relationships between categories and thus develop theoretical links between categories in a core category, and, eventually, these links can be integrated into a theory (Glaser, 1978a; Hernandez, 2009). In other words, the core category explains the grounded theory as a whole (Birks & Mills, 2015; Polit & Beck, 2018). Theoretical saturation is reached in the final phase when the categories reveal no new properties and yield no further theoretical insights (Charmaz, 2014a).

3.5.4 Constant comparative analysis

A central feature of grounded theory analysis is the use of constant comparative analysis. This is a fundamental method in the construction of categories (Strauss & Corbin, 2014). The constant comparative method involves comparing data with initial codes, followed by comparing the data with the categories. The emerging codes and categories are constantly checked against the data that are collected, allowing researchers to analyse the information interpretively (Charmaz, 2006). The objective of constant comparative analysis is to link and integrate categories and capture the variation through inter-subjective concepts and multiple perspectives (Charmaz, 2006; Glaser, 2013). Ultimately, the iterative nature of data collection and constant comparative analysis raise the basic concepts to a higher level of abstraction, which offers explanation and interpretation of participants' worlds (Birks & Mills, 2015).

3.5.5 Memo writing

The memo is a versatile narrative tool for developing ideas and elaborating the social worlds of research sites (Lempert, 2011). It is a fundamental analytical process, as it prompts researchers to analyse data and codes early in the process (Birks & Mills, 2015; Charmaz, 2014a). It is part of a discovery phase that should be treated as partial preliminary and provisional (Charmaz, 2014a).

The practice of memo writing supports the development of theoretical sensitivity. Memo writing provides researchers with a mechanism for contemporaneously recording and reflecting on their thoughts, feelings, and actions, thus providing insight into themselves (Chamberlain-Salaun et al., 2013). Clarke and colleagues describe memos as 'notes to self' which include "the basic facts plus all kinds of analytic ideas and thoughts, and possible theoretical, methodological, or data collection directions to take next" (Clarke et al., 2018, p.106). Memoing enables researchers to keep track of thoughts or ideas that might be relevant later in the study. The process should begin early on as the codes begin to merge, and continue until the theory is developed (Birks & Mills, 2015; Charmaz, 2014a). Memo writing is continually carried out throughout a study.

3.5.6 Theoretical integration

The primary reason for the development and study of nursing theory is to improve nursing practice, and therefore, health and quality of life (Smith & Parker, 2015). Successful grounded research must develop and/or refine a theory. A grounded theory with an explanatory framework to understand the phenomenon must be the end-product of this process (Glaser, 2013).

There are four different phases in developing concepts and theoretical frameworks: 1) creating and refining the research and data collection procedures; 2) raising terms for the concept; 3) asking conceptual questions, and 4) clarifications of concepts through writing and re-writing. The flexibility in the constructivist grounded theory approach allows researchers to interweave the steps and not keep them distinct (Charmaz, 2014a).

Concurrent data analysis allows researchers to become theoretically sensitive to the data. Developing theoretical sensitivity is a process described in grounded theory research of incorporating researchers' personal and intellectual history and insights as knowledge in their ways of thinking (Birks & Mills, 2015).

Researchers engage with the data by asking questions, making comparisons and looking for opposites (Glaser, 2013). These processes involve going back to the source to collect further data (theoretical sampling) and stopping when saturation of the theoretical category is reached. Theoretical sorting, diagramming, and integrating are the last steps before researchers start writing the theoretical framework (Charmaz, 2006).

3.5.7 Diagramming and mapping

Diagrams are visual devices that show links between analytical concepts (Strauss & Corbin, 2007, p.118). Diagrams may be used in addition to written memos and also help to illustrate categories (Glaser, 2013). They are useful in identifying the properties and dimensions of categories and their sub-categories. They may assist researchers to find gaps in the emerging theory (Birks & Mills, 2015; Charmaz, 2014a). Therefore, diagramming is the creative tool to use when operationalising the logic of abduction. It should be done while concurrently generating and analysing data (Birks & Mills, 2015).

Various types of diagrams are used in grounded theory, including maps, charts, and figures, to 'tease out' the relationships of categories and their properties in the analysis and to demonstrate the relationships in the report (Charmaz, 2014a). Charmaz (2006, 2014a, 2016) suggests a mapping technique informed by Clarke's situational analysis, which can be used together to analyse data in constructivist grounded theory. According to Clarke (2005a), mapping is an interactive and ongoing process that enables researchers to continuously analyse data, refine emerging theories, and track the analytical process. Cartographic approaches can provide a visual aid to open researchers' minds to view the data from an alternative perspective, enhancing the explication of links to construct the data into a robust and refined grounded theory (Clarke, 2005b;Clarke et al., 2018).

Three cartographic approaches are used in situational analysis: 1) situational maps, 2) social world/arena maps, and 3) positional maps (Clarke et al., 2018). Situational mapping is used as a strategy to articulate the elements in the situation under study and to examine the relationships among them. The maps outline the major human, non-human, discursive, and other elements in the research situation of concern. Social world/arena maps are used as cartographies of collective commitments, relations, and sites of action. The maps lay out the collective actors and the arena(s) of commitment and discourse within which they are engaged in an ongoing negotiation. The social world/arena maps are acknowledged as 'meso-level' interpretations of the situation. The positional maps are used as simplification strategies for plotting positions articulated and not articulated in discourses. The maps lay out the major positions taken and not taken in the data of difference, concern, and controversy around issues in the situation of inquiry (Clarke et al., 2018).

Since each of the maps above is slightly different in purpose and approach, the maps can potentially be used together or individually. Situational mapping, in particular, broadens the analytic focus of grounded theory (Clarke et al., 2018). In the present study, I utilised situational mapping and social world arena mapping to supplement the grounded theory framework. The application of these mapping strategies is described in Chapter Four.

3.6 Concluding remarks

This chapter has presented a discussion of grounded theory methodology. Of the three most popular grounded theory approaches: classic, Straussian, and constructivist, Charmaz's (2014a) constructivist approach was selected as the methodological framework to inform all aspects of research design. Data analysis relied on methods from both constructivist grounded theory and situational analysis to make meaning of the data in multiple ways in order to establish a theoretical model of how Indonesian emergency nurses sustain themselves personally and professionally in their work. The next chapter outlines the methods and the processes of inquiry, as well as how I applied a constructivist approach and adopted situational mapping in the process of analysis.

Chapter Four: Methods

This chapter details the methods implemented in the study based on the methodological approach described in Chapter Three. A reflexive stance to the research process and products is taken in the reporting of the methods.

The chapter commences with an explanation of the process of data generation. A description of the research project, including ethical approval, participant recruitment and data collection is provided, followed by a discussion of the data analysis process. Finally, the evaluation of the quality of the grounded theory is explicated.

4.1 The process of inquiry

As the researcher, I commenced this study with a certain empirical interest based on my experience as an emergency nurse and lecturer at a university in Indonesia, my anecdotal observations and reflections prior to commencing PhD study, and an initial literature review conducted at the beginning of the study. These led me to sensitise initial concepts, and I started a reflective inquiry which led to the exploration of concepts such as nursing engagement, workforce retention, work-life balance, effective work and care, and workforce development for emergency nurses in Indonesia. These concepts were used by my research supervisors as points of interest to assist the shaping of the research question, 'how do emergency nurses in Indonesia sustain themselves personally and professionally in their work?'

The purpose of inquiry of this study was to gain insights from participants' perspectives and experiences as emergency nurses in Indonesia. The process included gaining insights into what the types of activities and strategies they undertake to sustain themselves in their personal and professional lives, and how they react to their personal and professional environment to enable them to sustain themselves in their careers and in the care they provide to their patients. The meaning of work and care in the ED was also explored to determine how emergency nurses perceived and applied these concepts to empower and sustain themselves in their careers and practices. Finally, the aim was to construct a grounded theory which explores and explains the social processes used by emergency nurses to sustain themselves in their practice. The social processes were explored by scrutinising and describing participants' statements, stories and actions. In order to address the objectives, constructivist

grounded theory was employed as the main approach, and mapping techniques from situational analysis were adopted as a supplement to data analysis.

The research process in this study is illustrated in Figure 4.1. The study started with asking a research question, followed by gathering and analysing data, and ended with theory construction.

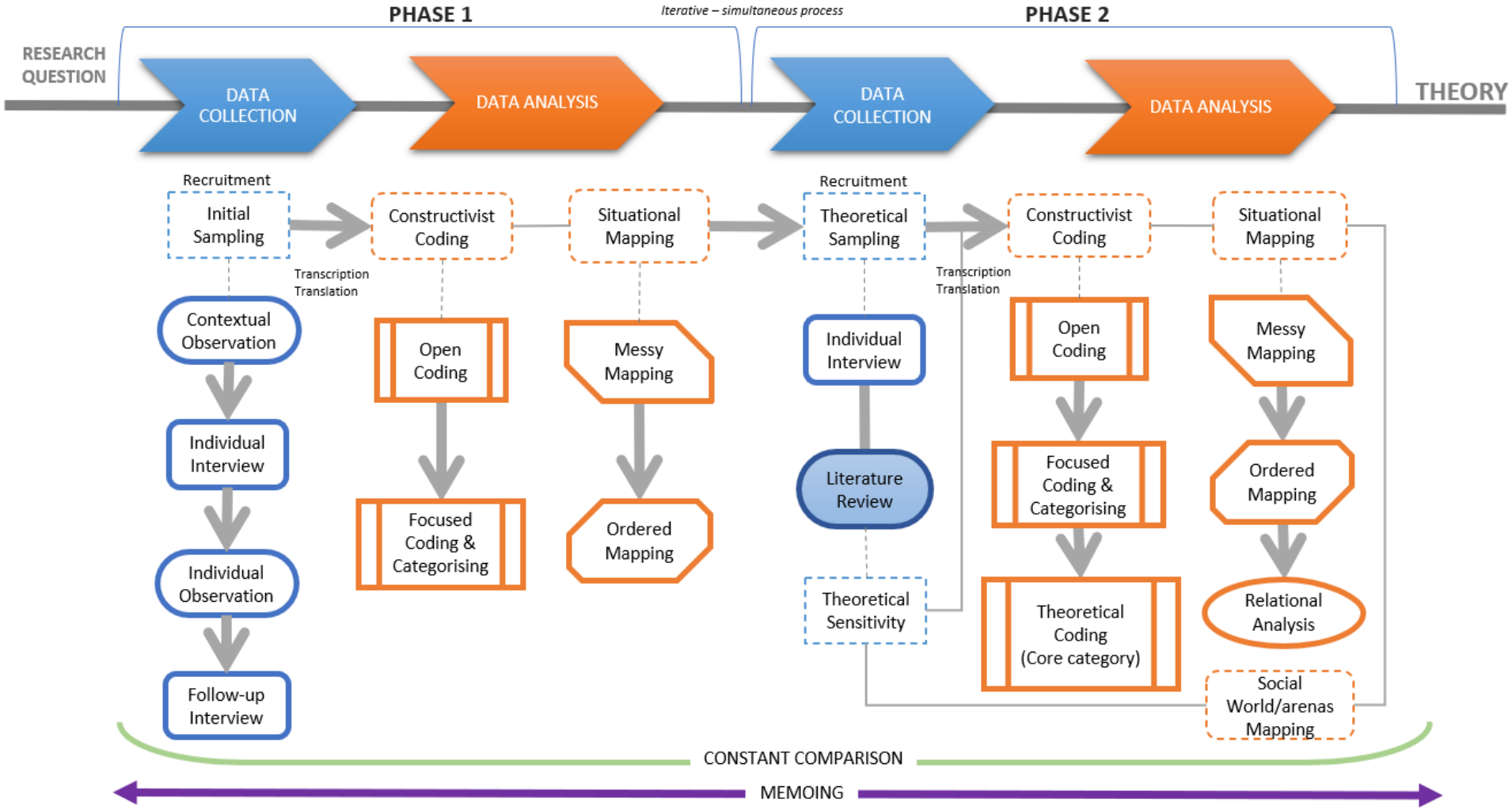
The research process was divided into two major phases. Phase one was the initial process, where the focus was to gain as much information as possible from participants in regard to the research question. In phase two, the focus was on gathering and strengthening the data to achieve more comprehensive detail for theory construction. Each phase included data collection (Section 4.4) and data analysis (Section 4.5), and involved different participant recruitment strategies (Section 4.3). The data generated from each phase were constantly compared and analysed using constructivist coding and situational analysis mapping.

The research processes were reflexive and iterative, and entailed moving back and forth between the data and the analysis throughout the inquiry. I wrote memos throughout the study to elaborate on ideas, impressions, field data and codes. Data collection and analysis co-occurred initially to provide me with insights into the experiences of the participants and this enabled me to return to further explore emerging concepts as they appeared in the data (Charmaz, 2014a). As the researcher, I was immersed in the simultaneous processes of data generation, and I was then able to inductively and abductively derive the grounded theory. Descriptions of ethical approval, participant recruitment, data collection and data analysis are provided in the following sub-sections.

4.2 Ethical approval

Several steps were taken to ensure that the study was conducted according to ethical principles. Principal ethical approval for the study was obtained from the Monash University Human Research Ethics Committee (MUHREC) number 11274 (Appendix 2). Following receipt of ethical approval, the researcher applied to obtain ethics approval from the secondary Human Research Ethics Committee, *Komisi Nasional Etik Penelitian Kesehatan,* a national health research ethics committee in Indonesia. However, the national health research ethics committee verbally delegated the application to the province, and the province ethics committee assigned it to the local teaching hospital's ethics committee (Appendix 3). Final site approval was also obtained from the director of each hospital (Appendix 4).

Figure 4.1: Research Process



As the study progressed, the researcher expanded the research context and invited more participants from other provinces in Indonesia. For this purpose, a support letter from the Indonesian Emergency and Disaster Nurses Association (HIPGABI) was obtained (Appendix 5), and amendment approval from MUHREC was also secured.

Throughout the study, as the researcher, my aim was to protect the well-being of participants by upholding the ethical values of autonomy, beneficence, fairness and non-maleficence. I ensured that informed consent forms were signed and that participants' contributions to the study were voluntary, their right to withdraw from the study was respected and the risk of harm to participants minimised. In this study, careful data storage was maintained, and participants' privacy and confidentiality were always protected (Urquhart, 2013).

Obtaining a voluntarily signed informed consent from participants is essential for the conduct of ethical research. Consent is an agreement given by research participants without any threat or fear to induce their involvement in the study. Informed consent usually comprises three elements in the documents: 1) the core study elements, comprising the rationale, procedures, risks and benefits, 2) specific rights, such as the right to withdraw at any time and protection of confidentiality and 3) formatting recommendations such as readability and non-technical language (Brehaut et al., 2015).

Based on these important aspects of informed consent, an explanatory statement (Appendix 6) and consent form (Appendix 7) were given to potential participants. Prior to the interviews and observations, the researcher ensured that participants had read and understood the explanatory statement, and she elucidated any concerns if they were raised. If participants were not clear about the study, the researcher shared the essential aspects of the study and gained their consent to begin the interview/observation. During this process, the participants were assured that participation was voluntary and that they had the right to withdraw from the study at any time.

In this study, the researcher offered a $20-equivalent shopping voucher to each participant. This gift was not an effort to induce participants to be involved in the research because of the benefits, but an appreciation of their contribution to the interview, which occurred outside their working hours. Participants were not forced to participate and were free to make a decision based on their willingness to participate upon receiving the study information. It was also made clear to all participants that they were free to withdraw from the study at any time. The prospective participants were interviewed and observed individually if s/he agreed with all the circumstances described in the information sheet and if the participant had signed the consent form.

All information provided and the identities of research participants were kept confidential. Pseudonyms were used in the transcripts, translations and quotations. The participants chose their own pseudonyms. However, I addressed participants using their real names to maintain a close connection during data collection. The responses given by participants remained completely confidential, and it was stated that they would only be disclosed with the participant's permission, except if required by law.

All research data are stored in LabArchives. This is a cloud-based collaboration and data storage service endorsed by Monash University. All data will be kept at the university for five years upon completion of the study. Participants have the right to access the results of the study. However, only the researcher and her supervisors have access to the data.

4.3 Recruitment of participants

Indonesian emergency nurses were involved as participants in the study. As noted in Figure 4.1, the two phases of data generation included two stages of participant recruitment. The first stage was to recruit what is referred to in grounded theory as the initial sample, whereas the second stage was to gain theoretical samples (Section 3.5.1). The first stage involved participants from two hospital EDs in Bandung, and the second stage included members of HIPGABI. A total of 29 participants were involved in this study (Section 4.3.3).

4.3.1 First stage recruitment

Two research sites for the first stage of participant recruitment were selected: a general (public) hospital ED and a private hospital ED (Table 4.1). Both hospitals are well-known leading hospitals in West Java Province, and are nationally accredited with Plenary Accreditation by the Commission for Accreditation of Hospitals (KARS).

Table 4.1: Hospital Data

Hospital	Sector	Beds	ED Level
Hospital 1	Public	1141	IV
Hospital 2	Private	300	III

I utilised flyers displayed in the staff room of both hospitals to invite emergency nurses who met the inclusion criteria to participate in the study, and conducted an information session for nurses during their daily briefing for further explanation of the research project.

Purposive sampling is a non-probability sampling approach in which the researcher sets the criteria for participants who will be most informative (Polit & Beck, 2018). This sampling

technique was the method used in the initial process of inviting participants (Birks & Mills, 2015; Bryant, 2017c).

The inclusion criteria required participants to be registered nurses who had been working in EDs in Indonesia for a minimum of one year and who were currently practising in EDs in Indonesia. Both male and female emergency nurses were recruited. The exclusion criteria included non-emergency nurses and nurses who had worked in EDs for less than one year. Interested individuals returned consent forms agreeing to participate in interviews or observations or both.

Fifteen emergency nurses from both hospitals volunteered to participate in the study. These participants participated in the observation and interview process. While the participants were recruited from a private hospital and a general hospital, the number of emergency nurses from the private hospital (n=10) outnumbered those from the general hospital (n=5).

4.3.2 Second stage recruitment

After careful deliberation and analysis of data from the initial participants, the decision was made to invite additional participants. The objectives were to gain a rich data set in the context of broader Indonesian emergency nurses, attain theoretical sampling, and achieve data saturation. Data saturation from the utmost variation is important for theory development.

During the second stage of participant recruitment for data generation, the sampling technique also included snowball sampling, that is the selection of participants through referrals from earlier participants (Polit & Beck, 2018). I implemented snowball sampling by soliciting the assistance of HIPGABI to share the recruitment flyers and explanatory statements via their group email and WhatsApp group chat. Interested nurses opted in by contacting me for more information. I subsequently sent an explanatory statement and a consent form to these nurses, who returned them by email before the interviews began. Emergency nurses (n=14) who were members of HIPGABI agreed to participate. These nurses came from 11 provinces in Indonesia. The following is an overview of participants' demographic and professional characteristics.

4.3.3 Participants' demographic and professional characteristics

Of the 29 participants recruited in the first and second stages, the cohort comprised 6 (55%) females and 13 (45%) males. More than two-thirds of the participants (n=20, 69%) were in the 31-40 age range, two participants (7%) were under 30 years old, and seven (24%) were in the

41-50 age range. Most participants were married (n=25, 86%) and parents (n=24; 82%). A summary of participants characteristics is provided in Table 4.2.

Table 4.2: Participants' Characteristics

		N	%
Gender	Female	16	55
	Male	13	45
Age (years)	<30	2	7
	31-40	20	69
	41-50	7	24
Employment	Private	12	41
	Government	17	59
Education	Diploma III	6	21
	BN	23	79
ED experience (years)	1-5	6	21
	6-10	11	38
	11-15	5	17
	16-20	5	17
	>20	2	7
Job rank	Staff nurse	18	62
	Head nurse/team leader/charge nurse	6	21
	Nursing coordinator/ unit coordinator	5	17
Marital status	Single	4	14
	Married	25	86
Parental status	No children	5	17
	Has child(ren)	24	82
Territory/Province	West Java	15	52
	Bali	2	7
	Bengkulu	1	3
	East Java	2	7
	East Kalimantan	2	7
	East Nusa Tenggara	1	3
	Lampung	1	3
	North Sulawesi	1	3
	Papua	1	3
	South Sulawesi	2	7
	South Sumatra	1	3

Approximately three-quarters of the participants had a Bachelor of Nursing (BN) degree (n=23, 79%) and six (21%) had a Diploma III nursing qualification. Over half of the participants (n=17, 58%) worked in government hospitals, with the others (n=12, 41%) worked in private hospitals. Different terms were used to describe the job rank and function of emergency nurses in leadership roles in the private and government hospitals, such as head nurse, charge nurse, and team leader. However, the leadership roles were essentially similar, and they are referred to as charge nurses in this study. 18 (62%) of the participants were staff nurses, six (21%) were charge nurses, and five (17%) were coordinators. Of the coordinators, one was an ambulance coordinator, one was a training coordinator, one was an operational coordinator, and two were unit coordinators.

Two participants (7%) had over 20 years of experience in the ED, five (17%) participants had 16-20 years, and another five (17%) had 11-15 years of experience. These were followed by 11 (38%) participants who had six to ten years experience and six (21%) participants who had one to five years experience. With regard to their current location, just over half (n=15, 52%) were located in West Java province, others were located in Bali (n=2, 7%), Bengkulu (n=1, 3%), East Java (n=2, 7%), East Kalimantan (n=2, 7%), East Nusa Tenggara (n=1, 3%), Lampung (n=1, 3%), North Sulawesi (n=1, 3%), Papua (n=1, 3%), South Sulawesi (n=2, 7 %), and South Sumatra (n=1, 3%). How the data were collected from study participants is described in some depth in Section 4.4.

4.4 Data collection

To obtain rich data sets to analyse, I required multiple sources and methods of data collection. In this study, participant interviews were the main source of data. Other forms of data included contextual observations and participant observations. The observational data in conjunction with interview data made multiple data sets to provide an in-depth understanding of the phenomena being studied. The observations were also used to assist me to understand the context in order to be able to work with the interview transcripts and contextualise them.

In addition to interviews and observations as sources of data, in grounded theory study, literature reviews and memos are important sources of data (Charmaz, 2014a). Data generated from the literature review enhanced my theoretical sensitivity, and data in the researcher's memos were used to explore and note my subjectivity and reflexivity.

While memo writing was conducted throughout the study and participants' interviews were carried out in both phases of the study, the contextual observations and individual observations were conducted only in the first phase, and a focused literature review in the form of an integrative review was undertaken during the second phase, as explained in Chapter Two. How I undertook the contextual observations, participant interviews and individual observations is described in the following sections.

4.4.1 Contextual observation

I conducted general contextual observations in two EDs as an initial step in the data collection process. In grounded theory studies, site observations are considered important as they help to stimulate thinking about the standpoint specific to the researcher and aid sensitisation of the researcher to the nuanced context (Corbin & Strauss, 2012; Glaser, 2013). In other words,

the purpose of the contextual observations was to develop an analytical sensitivity that would inform the interviews.

Although I am an experienced emergency nurse, returning to EDs and re-examining the context helped me to understand the current situation in emergency nursing work which I had left several years previously. By undertaking general observation of the research context, I gained a global understanding of the ED environment and the physical setting where contextual observations were conducted and where participants in the first phase of data collection worked. I also noted that there had been some changes in government and hospital regulations related to patient care and workforce development compared with what I had previously known and experienced. The changes related particularly to new regulations and implementations of universal health care programs, known as Indonesian national health insurance and social security (BPJS), and national regulations on clinical nurses' level of expertise.

I undertook some contextual observations before commencing interviews and undertaking participant observation. Contextual observations were conducted after Indonesian ethics approvals were granted, and site approval was obtained from the Director of each hospital. General ED environment observations were conducted during morning and afternoon shifts. Two days were spent on the general contextual observations of each ED, including four site observation episodes of six to eight hours in length. During the observations, I recorded the information obtained as field notes in memos.

4.4.2 Participant interviews

After I had conducted contextual observations in each ED, I proceeded with interviewing the participants. As Charmaz (2014a) emphasises, intensive interviewing is used in grounded theory studies as a major tool for generating focused data. Intensive interviewing is a "gently guided, one-sided conversation" purposely designed to generate exploration of participants' perspectives regarding their personal experiences and insights relative to the research topic (Charmaz, 2014a, p.72; Kenny & Fourie, 2015).

Participant interviews were conducted following the completion of each participant's informed consent form. Twenty-nine participants participated in the interview process, either a single interview or multiple interview sections at their convenience. All were conducted in the Indonesian language (*Bahasa Indonesia*) (See Section 4.5.3).

The interviews were conversational in tone and while semi-structured questions were open-ended to support the participants reflections and thinking. As a novice researcher, I was

concerned that I may be easily distracted and lost in the conversations, and to prevent this from happening, an aide-memoire was used to guide the interview process and areas for probing (Appendix 8).

The interview questions were constructed to reflect social constructionism and the symbolic interactionist approach, and had an emphasis on learning about participants' views, historical events and actions. Some examples of the interview questions and the interview process are provided in Appendix 8. Following Charmaz's (2014a) advice, the interview questions included questioning how and why participants constructed meanings and actions in specific situations.

Open-ended questions were used to prompt discussion. I directed the questions to general topics first. For example, "How long have you been working in emergency nursing?" and "How do you feel about being an emergency nurse?". Later, questions were more focused on participants' individual perspectives and experiences in relation to their emergency nursing work, and how they sustain themselves in their work.

In addition, the sensitisation I developed during my general contextual observations helped me to pose specific questions such as "How do the new BPJS regulations affect your work as an emergency nurse?" and "How do the clinical nurse career-path or level of expertise regulations make a difference to how you sustain your work in emergency nursing?" As the interviews progressed, and as I made observations, I posed further 'theoretically-driven' questions (Corbin & Strauss, 2015; A. Galletta, 2013). Theoretically-driven questions are questions that are not limited to 'how' questions, but also include 'what', 'who' and 'why' questions, related to the participants' experiences and perspectives on emergency nursing sustainability (Charmaz, 2014a).

Participants who took part on the first phase of data collection were interviewed at a suitable, mutually agreed location. The time of each interview was scheduled to suit the participants, and took place outside the participants' working hours. Of the 15 emergency nurses who participated in the first phase of data collection, 11 were interviewed in a separate private room on the hospital premises, and four were interviewed in areas away from hospital buildings.

With their consent, the emergency nurses who participated in the second phase of data collection were interviewed from a distance using video or telephone calls. Only the audio was recorded. Since Facebook and WhatsApp are the most popular media used in Indonesia today for communication and are suitable for interviews, I utilised Facebook Messenger and WhatsApp for interviewing participants, which are secure as a result of end-to-end encryption. The duration of these video interviews was approximately 45 to 90 minutes.

In the second phase of data collection, a common problem I encountered with some participants during the video interviews was poor network connections. This issue was resolved by switching off the camera. When the camera was off, only the participants' voices were recorded. This meant that I could not observe their faces and gestures. The participants' intonations were used as clues to their emotions, which were clarified by further questions, such as "How do you feel when you talk about this matter?" Participants in the first and second phases of data collection could decline to answer a specific question if they considered it to be too sensitive and/or distressing to answer (Brinkmann & Kvale, 2018; Charmaz, 2014a). With the participants' permission, the interviews were recorded on two digital audio recorders, with one recording to be used as a backup if any technical failure occurred.

4.4.3 Participant observation

My intention was to understand the implicit meanings and actions of emergency nurses by undertaking participant observation, and observation enabled me to gain insights which were often not recalled in interviews. These insights concerned events which occurred in their work environments, as well as their interactions with their nursing colleagues, doctors, and patients. Participant observation allowed me to see their work unfold, who or what was involved, when and where things happened, and how they occurred and why.

Participant observation was conducted overtly following the interview(s). The collection of data via observation in grounded theory most commonly requires the researcher to be transparent about their intention to view and consider participants' actions, ensuring that the participants know that they are involved (Booth, 2015). Participants were observed after they consented.

Thirteen observations were undertaken in the two hospitals. Each observation was of at least six hours in duration and involved 78 hours of individual observations in total. The data from the observations provided detailed descriptions of events, individual activities, their behaviours and actions and their interpersonal interactions, all of which were recorded in the researcher's memos.

During the observation, I shadowed each participant during his/her work activities. Due to the hectic work environment of EDs, I maintained a reasonable distance to observe and avoided any interference with participants. However, I actively listened to participants' conversations and also attended carefully to what was happening.

To gain further insights, following each observation session, a second debriefing interview with each participant was conducted. In the debriefing interview, I shared and discussed the

observation findings with participants and asked some further questions to help clarify and interpret the events and actions which were observed.

A difficulty in conducting participant observations was associated with obtaining informed consent, and this was related to their willingness to be observed. Two of the fifteen participants in the first phase of data collection explicitly said in advance that they felt uncomfortable with the observation activities. Out of respect for their feelings, therefore, these two subjects did not participate in individual observations. However, there were no complaints from the other thirteen participants regarding the observations. They were comfortable to be observed and debriefed afterwards.

4.5 Data analysis

Data analysis for this study relied on strategies of analysis based on constructivist grounded theory (Charmaz, 2014a), while situational analysis, as proposed by Clarke (2005b, 2018), was utilised as a supplementary approach. Data from participants' interviews and observations were coded and mapped concurrently throughout the process of analysis. The constructivist approach to analysis focused on coding actions and the situational analysis focused on relationality (by mapping the ecologies of relations) among the various elements in the situation.

I sought to understand participants' viewpoints and situations and their actions in the setting, by reading through the interview transcripts and memos. When I was confident that I had grasped the intended meanings, I began to make analytic interpretations and to transform these and example texts into codes and maps. Inductive and abductive logic were employed to construct abstract analytical and theoretical codes and categories.

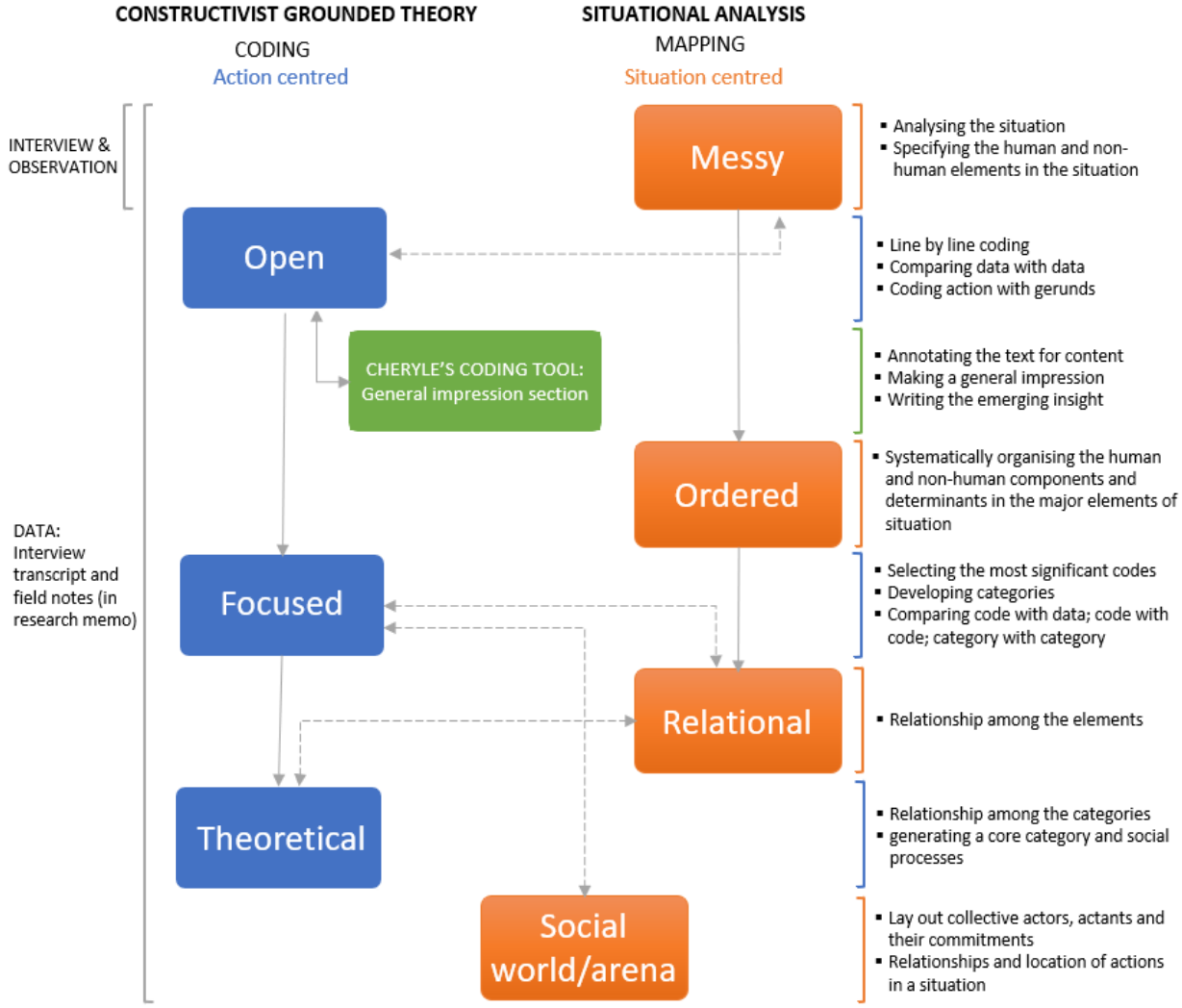
Figure 4.2 shows the coding and mapping strategies utilised in this study. More detailed descriptions of the use of constructivist grounded theory coding and situational analysis mapping in the current research analysis, and the use of language and technology in the analysis, are presented in the following sections.

4.5.1 Constructivist coding

This research involved three phases of coding: open, focus and theoretical (Charmaz, 2014a). A code is a short label constructed in the form of a word or phrase to represent a piece of data. It is the product of coding processes in which data are sorted, defined, and labelled

(Charmaz, 2014a). I coded using words that reflect action by using gerunds, which showed and described what was happening and what actions or reactions participants displayed.

Figure 4.2: The Process of Analysis



Open coding was the researcher's first interaction with and immersion in the data. In this initial step of coding, I adopted line-by-line coding to help me observe the data closely and note every single instance in every line of the data (Charmaz & Keller, 2016).

Due to the length of the interview transcripts, during the process of line-by-line coding, in the beginning, the researcher was inundated with codes and became somewhat disorientated. Using the manual coding framework provided by the researcher's supervisor, Associate Professor Cheryle Moss, the researcher was aided in the development of a deeper understanding of and active engagement with the data. I utilised the general impression section of the coding framework, and then annotated the text for content and noted the line

numbers. Using the framework, I was able to reflect on the interview structure, format, process and outcomes and note the insights which emerged from the transcript. From my perspective, this coding framework was a heuristic device to assist with initial coding.

In the process of open coding, I compared data with data and was able to recognise the gap in the data at the earliest stage of this research. I treated the initial open codes as provisional, and remained open-minded and flexible with the initial coding, which allowed other analytic ideas to emerge for the rewording of codes so that they fitted tightly with the data.

Next, focus coding was performed to determine the most useful open codes or codes with most analytical/theoretical sense to categorise the extensive data. Here, I scrutinised and constantly compared the data within the same interview and across interviews. This constant comparative process was employed to group focus codes and develop categories. Codes were subsequently organised into categories. The researcher categorised focus codes according to their patterns, which moved the coding process to a higher level of abstraction. Four categories emerged from the data: 1) Driving forces, 2) Developing and using armouries, 3) Balancing work and life, and 4) Making emergency work effective. These categories are detailed in Chapter Five and Chapter Six. Table 4.2 is an example of how I labelled data using open coding and focused coding and developed a category from the focused codes.

Table 4.2: Example of Open and Focused Coding Example

Transcript (Raw data)	**Open coding**	**Focused coding**	**Category**
To maintain myself to do this job, sometimes I take some days off, and then I go travelling, strolling. Because the pressure here is quite high, so we have to keep the balance in life, do not let the high pressures make us have no time for ourselves, we'll be stressed out. I always try my best to have me-time at least once a month, by travelling to a certain place or do something with my friends. I think that's important.	Having a day off to maintain himself at work Keeping a work-life balance Having 'me-time' Travelling and socialising	Unplugging from work	Balancing work and life
Well, it happened that my husband understands my job as a nurse. So we both are doing household tasks together, so that our kids won't be abandoned. Both of us are working, my husband is working, and I also am working on shift. So it is our consensus to do the household task together, especially in taking care of the kids. No major problem so far, I can manage my time. It's how we manage our time. If I am on night shift, it means I would have to take my rest time when the kids are at school. We need a strategy on this. And we have to be able to do it.	Having support from significant other Sharing household task with spouse Managing time effectively between family and work	Managing domestic work, childcare, and careers	

Following focus coding, the researcher engaged in theoretical coding, which involved analytically examining the possible relationships between and among the four categories, and developing theoretical links between these categories (Charmaz, 2014a; Glaser, 1978). Two theoretical codes were identified: 1) Constructing and evolving professional identities and 2) Perceiving and reshaping the meaning of effective work and care.

Although Charmaz (2014) has a flexible approach to the identification of a core category as a particular phenomenon (Birks & Mills, 2015), the analysis led to a selection of a core category: 'Achieving personal and professional sustainability'. The theoretical codes were integrated into the core category and referred to as properties of the core category (Chapter 7). The substantive grounded theory is based on the findings related to the core category and the component aspects (Chapter 8).

Finally, a diagram of the categories and their properties was drawn in the form of a theoretical model to illustrate social processes. Theoretical saturation was reached in this final phase when the categories revealed no new properties and yielded no further theoretical insights.

4.5.2 Situational analysis mapping

Clarke et al.'s situational analysis employs three mapping techniques: situational map, social world/arenas map and positional map (Clarke et al., 2018). According to these authors, situational mapping offers relational ecological overviews of the situation, but it can also be expanded in a variety of ways, including "making linkages to coding diagrams or maps and producing project-specific maps that capture and articulate these analyses" (Clarke, 2005a, p.54). Situational analysis mapping techniques are useful for brainstorming exercises and enabling researchers to observe heterogeneous data (Whisker, 2016). Each of the maps is slightly different in purpose and approach, and the maps can potentially be used together or individually (Clarke et al., 2018).

Situational mapping and social world and arena mapping were used in the present research based on data generated from interviews and observations. The main aim of a situational map is to articulate all elements of the situation (human and non-human) and investigate the relationships that exist between them, whereas social world and arena mapping focus on collective commitments, their relationships and the locations of actions in a situation (Clarke et al., 2018). Similar to Mills et al. (2007), who incorporated situational and social world mapping techniques in their study, the present study also found that the use of these two mapping techniques increased awareness of how external actors influence participants'

actions. The results of the maps also substantiated Clarke et al.'s stance regarding how a situation shapes and influences participants' actions (Clarke et al., 2018). In the present study, positional maps were not employed, because they focus on the positioning of discursive materials in regard to debated issues in the situation, meaning that they would not be in accordance with the study aims.

Situational mapping, the first mapping technique in situational analysis, comprises three phases undertaken concurrently with coding. The first phase is 'messy/abstract maps' in which the 'keywords' including all analytically pertinent human and non-human elements of a situation are descriptively laid out (Clarke et al., 2018). I began analysing the situation early in the process of data generation. Throughout and following the interview and observations, I mapped out preliminary participants' situations depicted in the messy situational map version in my notes (see Appendix 9 for an example of a messy map).

The second phase is to draw an ordered map. Here, the initial messy maps become focused as convergences and divergences come into view within the organising structure and groupings. Similar elements found in the messy maps were grouped together into an ordered map (see Appendix 10). Clarke et al. (2018) suggests types of grouping (e.g. individual, organisational/institutional, sociocultural/symbolic, political/economic) as an initial guiding template, but stresses that they need not be pre-assigned. As they are constructed, elements are organised systematically and filled out in no particular order and with no narrative intent so that they remain provisional and fluid over the course of the analysis. They also provide a visual representation useful for post-mapping memo-ing of new insights, signalling shifts of emphasis or direction, and detailing further directions for theoretical sampling (Clarke et al., 2018).

Both messy mapping and ordered mapping were undertaken during the first and second phases of data analysis, whereas relational mapping was conducted in the second phase of data analysis. This relational mapping technique served the simultaneous functions of broadening and deepening the researcher's understanding of the situation, enabling the relations among the various elements to be explored (Clarke et al., 2018). To help me understand my data, I utilised relational mapping and divided the relational maps into four maps. Each map represented the elements and the relationships between the elements of each categorical finding. When a relationship was thought to be found, a circle was drawn from the foundational element and a line drawn to that with which it was associated. The relational maps are presented and described in Chapters Five and Six.

When the data from the constructivist focus codes, categories, and situational maps were analysed, I then proceeded to map the social world and arena of Indonesian emergency

nurses. The social world and arena map helped with the analysis of individual and collective structuring and action in the situation. As suggested by Clarke et al. (2018), I took several steps back from the phenomena of interest when analysing the social world and arena in order to position the research project in its broader situation. The sustainability arena of Indonesian emergency nurses was drawn. Attempts were also made to capture multiple social worlds, indicating who and what were involved in collective worlds that may influence participants' actions, reactions, and meaning-making. An overview of the Indonesian emergency nurses' social worlds and arenas is described and illustrated in Section 5.2. The elements identified through situational analysis mapping were held in consideration when developing core categories and constructing the grounded theory.

4.5.3 Language and technology in data analysis

Language and technical tools are central to the analytical process. Language shapes the meaning of data (Charmaz, 2014d), while some software technology can be useful for organising and analysing data (Clarke et al., 2018).

This study involved two languages: Indonesian and English. Indonesian *(Bahasa Indonesia)* is the researcher's and participants' primary language, and all interviews were conducted in Indonesian. I transcribed the original interview recordings in the Indonesian language, and the transcriptions were later translated into English by a professional translator. All personal details related to participants' identity (e.g., participant's name, hospital's name, specific locations, or any name mentioned by participants) were not revealed.

Five participants who understood English checked the original interview transcripts and English translations. To maintain language consistency, accuracy, and nuance, I repeatedly compared the meanings generated by the two languages during line-by-line and initial coding using NVivo software.

Computer technology played an important role in this study, particularly during data collection and data analysis. In addition to NVivo versions 11 and 12, I also utilised several other computer software programs, which I found useful and user-friendly. These software products included Microsoft OneNote, Microsoft Word, Microsoft PowerPoint, and LabArchives (Table 4.3). All digital data storage systems and access to the data were password-protected.

Table 4.3: Software Utilised in Analysis

No	Software	Typical use
1.	NVivo 11 and 12	▪ Organising the data ▪ Transcribing the interviews ▪ Analysing data from interviews and memo into codings and categories ▪ Clustering/Mapping
2.	Microsoft OneNote	▪ Memo-writing
3.	Microsoft Word and PowerPoint	▪ Reporting and Illustrating the relationships between codes and between categories ▪ Mapping
4.	LabArchives	▪ Storing audio files, transcripts and meeting notes, and other research documents

4.6 Evaluation of quality of the grounded theory study

Evaluating a study's quality is an important part of the research process. Since constructivist grounded theory guided the analysis, Charmaz's (2006, 2014) criteria were used to evaluate the quality of the grounded theory study. Charmaz (2006, 2014) recommends four criteria for evaluating the quality of a grounded theory study: 1) credibility, 2) originality, 3) resonance, and 4) usefulness. In the sections below, I describe my evaluation and make general reflexive comments about my position as researcher.

4.6.1 Credibility

According to Charmaz (2014), credibility is achieved when the researcher is familiar with the topic, and sufficient data are provided to merit the findings. Several strategies were used to enhance the credibility of the present study. First, in relation to the extent to which I achieved familiarity with the setting or topic, I acknowledged and considered my experience in emergency nursing in Indonesia. In addition, my involvement in nursing for more than ten years established my familiarity with the topic and the setting. This experience, combined with my educational background, provided a comprehensive basis for my understanding of the study context.

Second, credibility was established by triangulation of data. Triangulation was achieved as I used a variety of data collection methods, including contextual observation, participant interviews and individual observations in order to increase the credibility of the study findings.

The credibility of the data was also assured by peer debriefing, which included regular consultations with the supervisory team who had expertise in grounded theory and the field of research. The composition of the supervisory team helped to address the areas in which the researcher lacked expertise, such as nursing workforce management and qualitative research

methods, grounded theory and situational analysis. All categories and the theory were critically examined and openly discussed with the team, and this improved the quality of the analysis and enhanced its credibility. Progress reports and the results of the study were presented to a panel of experts in the university during the researcher's PhD candidature. The expert panel provided additional valued feedback which has been integrated into the thesis. In addition, an audit trail was maintained throughout the study to enhance credibility, which involved keeping accurate records of the research processes, writing and reflecting on the research memos, and the evolving analysis, and noting the supporting files.

4.6.2 Originality

In relation to originality, Charmaz (2014a) recommended that researchers to reflect on these questions: “Are your categories fresh? Do they offer new insights? Does your analysis provide a new conceptual rendering of the data?” (p.337).

Prior to the last decade (since 2008), it appears that no original research study has comprehensively examined and explored the social processes of emergency nurses as they seek to sustain themselves in their careers and to sustain their caring practices. The closest work to the current study was conducted in the USA by Winters (2016), and that study focused on the processes and strategies used to become and remain an emergency nurse. This author’s grounded theory study identified five phases of 'seeking status': 1) 'joining the troops', 2) 'working in the trenches', 3) 'passing muster’, 4) 'earning stripes' and 5) 'looking ahead' (Winters, 2016).

Other factors affecting practice or professional role sustainability, particularly for emergency nurse practitioners, have been examined in hospital and community settings, and in countries with different health care systems (Calvello et al., 2013; Fox et al., 2018; Keating et al., 2010). In Africa, Australia, and United Kingdom, organisational support factors which sustainability, including funding, training and infrastructure (Calvello et al., 2013; Fox et al., 2018; Keating et al., 2010; NHS Improvement, 2018) have been studied. However, these reports differ from the scope, question and aims of the present study.

This present study claims originality, as the theory 'Achieving personal and professional sustainability' offers a possible explanation of the social processes undertaken by Indonesian emergency nurses to remain sustained and providing care effectively to their patients. The resulting theory also provides broad perspectives on Indonesian emergency nurses’ distinctive behaviours in, and their actions and reactions to their emergency work environments as they seek to achieve sustainability. To date, this has not been reported in the nursing literature.

4.6.3 Resonance

The resonance criterion involves the degree to which the categories emerging from the data portray participants' perspectives, experiences, and implicit meanings (Charmaz, 2014a). Resonance in the present study was ensured by simultaneous data collection and analysis until theoretical saturation was reached. I engaged in theoretical sampling using iterative and interactive methods, which resulted in the articulation of four categories. These methods, through resonance, led me to construct the theory and elaborate the properties of the theory.

Twenty-nine participants were involved in the study; thirteen were observed individually. Fifteen emergency nurses from two selected hospitals in West Java participated in the first phase of data collection. In addition, another 14 emergency nurses from other provinces participated in the second phase of data collection. Based on these approaches to data collection, I was able to identify connections between collective and individual lives.

Throughout data collection, I actively sought to develop trust and rapport with the participants by being friendly and respectful, and by listening with sympathy. The intention was to support the participants to be open and engaged in the data collection process. Most participants had a long conversation/interview (one to two hours) and multiple debriefs with the researcher. This resulted in a rich and detailed description of the phenomena occurring in Indonesia, in general, and provided deep insights into participants' lives and worlds.

To ensure detailed representations of participants' perceptions and experiences, and in order to reveal tacit or taken-for-granted meanings, I used the 'member check' technique to seek participant's feedback or validation. The interview process allowed the researcher the opportunity to explore if what she understood from the conversation or observation was the actual meaning. Being able to debrief after observation and returning to participants during the analysis to clarify meaning also aided in promoting a co-constructed meaning. Member checking also involved reviewing the collected data with the study participants. After each interview was transcribed and analysed, participants were asked to review their interview transcripts to ensure the accuracy of the data. Participants approved the transcripts and did not have any suggestions to add to or change the interview transcripts. In addition, the diagrammatic representation of the theory was shared with participants for comment, clarification, amendment, or agreement.

4.6.4 Usefulness

Charmaz (2014) recommends that to establish usefulness, researchers are required to construct a grounded theory which has practicality in the everyday social world and contributes to the existing body of knowledge. She further explains that to claim a study's contribution requires a careful study of the relevant literature (Charmaz, 2014a). A literature search revealed no study addressing this topic in emergency nursing in any context, nationally or internationally. This findings and the theory of the present study illuminate many aspects which were previously unclear and under-explored regarding emergency nurses' retention and emergency nursing care. The study also offers insights into some new strategies for emergency nursing sustainability in each of the categories. Hence, the constructed theory not only contributes to the body of knowledge but is also practical. Study implications and recommendations for practice, education and research are outlined in Sections 10.1 and 10.3.

As the researcher, I acknowledge the importance of disseminating the findings to academics, nurses, and the general public with interest in emergency nursing and/or workforce sustainability. Early research findings were presented at the 17th International Conference of Emergency Nursing (ICEN) in Adelaide, Australia, on 18 October 2019. The findings will continue to be disseminated in a number of ways, including journal articles, a dissertation chapter, conference presentations, and updates.

4.6.5 General reflexive comments

Reflexivity is the awareness of the influence the researcher has on the research process and outcomes (Charmaz, 2014a; Charmaz et al., 2018). In grounded theory studies, reflexivity is an integral part of implementing robust research practices and, ultimately, improving trustworthiness.

Throughout this study, reflexivity was used on an ongoing basis to support decision making and enhance the credibility and trustworthiness of the study. Chapter Four, in particular, is a description of the practice of reflexivity in data collection and data analysis. It is a reflection on a variety of issues that occurred during the research journey. I started the chapter with reflexivity on the process of inquiry and how I became interested in the topic. The processes of data collection and analysis followed. Chapter Four also includes a reflective evaluation of the quality of this grounded theory study.

Assuming a reflexive approach to clarify and acknowledge the researcher’s position in the research was vital at the outset of the journey. In this section, I discuss my position in this research project. Reflexivity is important as it acknowledges the influences and processes of

the researcher when integrating the research findings and constructing the substantive grounded theory.

Corresponding with the philosophy of constructivist grounded theory, I acknowledge my subjectivity in data interpretation. My subjective views are influenced by my personal experiences and knowledge as a former emergency nurse and as a lecturer teaching emergency nursing. I also realise that my experiences as a wife, a working mother and as a first-born with two siblings also affect my point of view and how I empathise with participants' perspectives, experiences and opinions.

It was beyond my expectations that some participants were very open about their personal problems and family issues. Some of them even cried while telling me their stories. They used the interview as a way to pour their hearts out because they knew that I would keep their information safe. Therefore, I had to be conscious of managing my own emotions and responses to the interactions that occurred, and I had to be mindful of what my own views and beliefs might bring to the research encounter. I also employed memo writing as a reflexive tool to ensure the rigour of the study.

Clarke et al. (2018) assert that all those involved in the research process are embodied by their very existence in the social world. This includes participants and research supervisors, who have existing knowledge, experience and insight, which also has the potential to influence research outcomes. It is essential to stress that the constructed substantive grounded theory is grounded entirely in the research data collected during the study. This affirmation is made without disregarding the fact that the production of shared meaning and knowledge is the result of mutual construction and mutual interpretation among the participants, the research supervisors, and the researcher.

The constructivist grounded theory approach accepts that mutual construction and interpretation are an integral component of the research process (Charmaz, 2014a). Drawing upon my prior knowledge has been important for my understanding of the complex myriad of concepts that have been aroused by this study. Without it, it would be impossible to comprehend and represent the complexity of participant perceptions, and attain the insights required to support the construction of the substantive grounded theory.

4.7 Concluding remarks

This chapter has presented a detailed discussion of the research methods implemented throughout the research journey. The process of inquiry, recruitment of participants, data generation, data analysis and ethical considerations have been explored in detail to provide a

comprehensive insight into my research journey. The reflexive activity has also been considered. Engaging in reflexivity, I have presented the issues I faced in data generation and data analysis and elaborated the evaluation of this grounded theory study.

Methods used by constructivist grounded theory and situational analysis were beneficial as a way to answer the research question. Combining the two approaches enabled me to investigate processes and produce the study findings, which are explored in detail in the following chapters.

Chapter Five: Results – Driving Forces, Developing and Using Armouries

Constructivist grounded theory methods and situational analysis were both utilised in this study to answer the research question: 'How do emergency nurses in Indonesia sustain themselves personally and professionally in their work?'

In this and the following chapter, the key categorical findings from the interviews with participants, participant observations, and relational mapping, are reported. Four categories emerged from the data: 'Driving forces', and 'Developing and using armouries' are discussed in this chapter and 'Balancing work and life', and 'Making emergency work effective' are discussed in Chapter Six. All four categories are closely interlinked and contained by the core category. Most of the participants used and engaged in activities or behaviours that embodied the associated social processes, and between them, their data provided evidence that could be allocated to all four categories. Each category is presented with a relational map to visually depict associations among the elements of phenomena, specifically, behaviours or situations, that exist in the category. The relation of elements described in each category can be seen in the relational map. The core category, 'Achieving personal and professional sustainability' is presented in Chapter Seven.

In order to create space for participants' voices in the interpretation of data and events, and to ensure that their individual and collective perspectives are heard, Chapters Five and Six do not draw upon extant literature. Rather, the interpretations are supported by evidence extracted from the data in the form of participant quotations and observation notes. Presenting the findings in this format provides value to the participants' narratives and furthermore, supports the credibility of the research (Charmaz, 2006, 2014). The sources of quotations used throughout this chapter are identified by participant pseudonym, number, type of hospital where participants work, type of interview, interview number and box number location in the data transcript. For example, [Wenwen, 17/GH/OL, interview 1, box 17], is used to communicate that Wenwen is the participant's pseudonym, 17 is the participant's number, GH is the abbreviation for general hospital, OL is the contraction for on-line interview, Interview 1 means that it is the participant's first interview, and box 17 is the location of the excerpt in the transcript. Similarly, [Bunga, 02/PH/FF, interview 1, box 24] conveys that Bunga is the participant's pseudonym, 02 is the participant's number, PH is the abbreviation for private hospital, FF is the acronym for face-to-face interview, Interview 1 means that it is the participant's first interview, and box 24 is the location of data in the transcript.

In this chapter, an overview of the Indonesian emergency nurses' social worlds and arena and the first two categories 'Driving forces' and 'Developing and using armouries', and their associated sub-categories (Table 5.1) are delineated to provide in-depth insights into and a critical analysis of the emerging categories.

Table 5.1: Categories and Sub-categories

Category	Sub-category
Driving forces	▪ Possessing inherent inspiration ▪ Being extrinsically motivated ▪ Possessing professional expectations
Developing and using armouries	▪ Developing skillsets and expertise ▪ Integrating religious values into work ▪ Utilising regional languages and dialects ▪ Staying healthy ▪ Building collegiality and workplace connectedness

5.1 Overview of the Indonesian emergency nurses' social worlds and arena

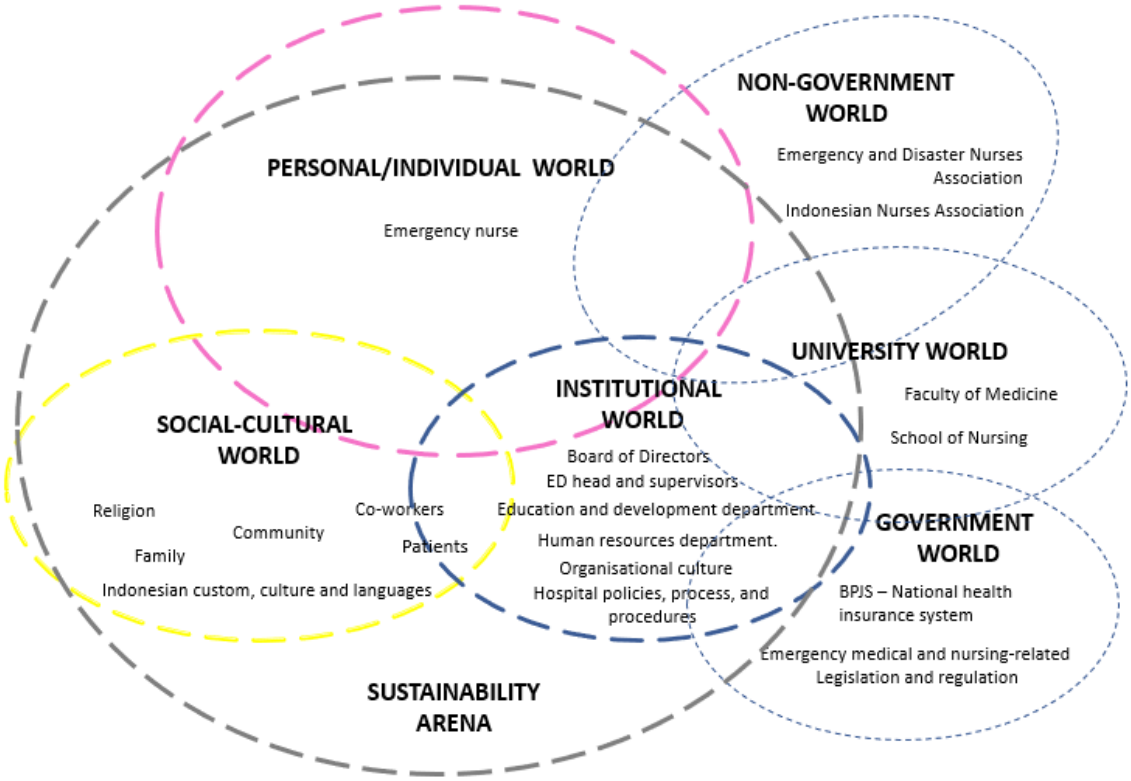
Data from interviews with and observations of emergency nurses in Indonesia were used to construct social worlds and arena maps as part of situational analysis. Social world and arena mapping is a meso-level of interpretation of the situation where constant engagement with data is required as the researcher seeks to define these worlds and arenas.

In this study, social world and arena mapping was incorporated into data analysis as a tool to identify which individual or collectives, as well as non-human elements, influence Indonesian emergency nurses' actions and interactions. In keeping with the theory of this form of analysis, the human and non-human elements also include implicated actors and actants. The implicated actors (e.g. patients, co-workers, family, board of directors) were not research participants, and they could not lend their voices to the action within the social world and arena. In comparison, the implicated actions are non-human elements that play roles in the situation through the way human actors construct them.

The arena of Indonesian emergency nurses is depicted in Figure 5.1. The diagram depicts that this arena is made up of multiple and overlapping social worlds with fluid boundaries, indicated by the dashed lines surrounding each world. Six worlds are identified on the map: the 'personal/individual world,' the 'social-cultural world,' the 'institutional world,' the 'government world,' the 'non-government world,' and the 'university world.' However, based on data provided by the participants and participant observations, only three worlds were found to have a significant and direct influence on sustainability: the 'personal/individual world,' the 'social-cultural world,' and the 'institutional world.' The remaining three worlds: the

'government world,' the 'non-government world,' and the 'university world,' did not have a strong and direct influence on the sustainability arena. This may be related to the types of data attained and to the foci that were central in the participants' narratives about how they sustain themselves personally and professionally while providing effective emergency nursing care. All components of the social worlds present in the arena of emergency nurses' sustainability are listed inside the circle.

Figure 5.1: Social Worlds and Arena Map

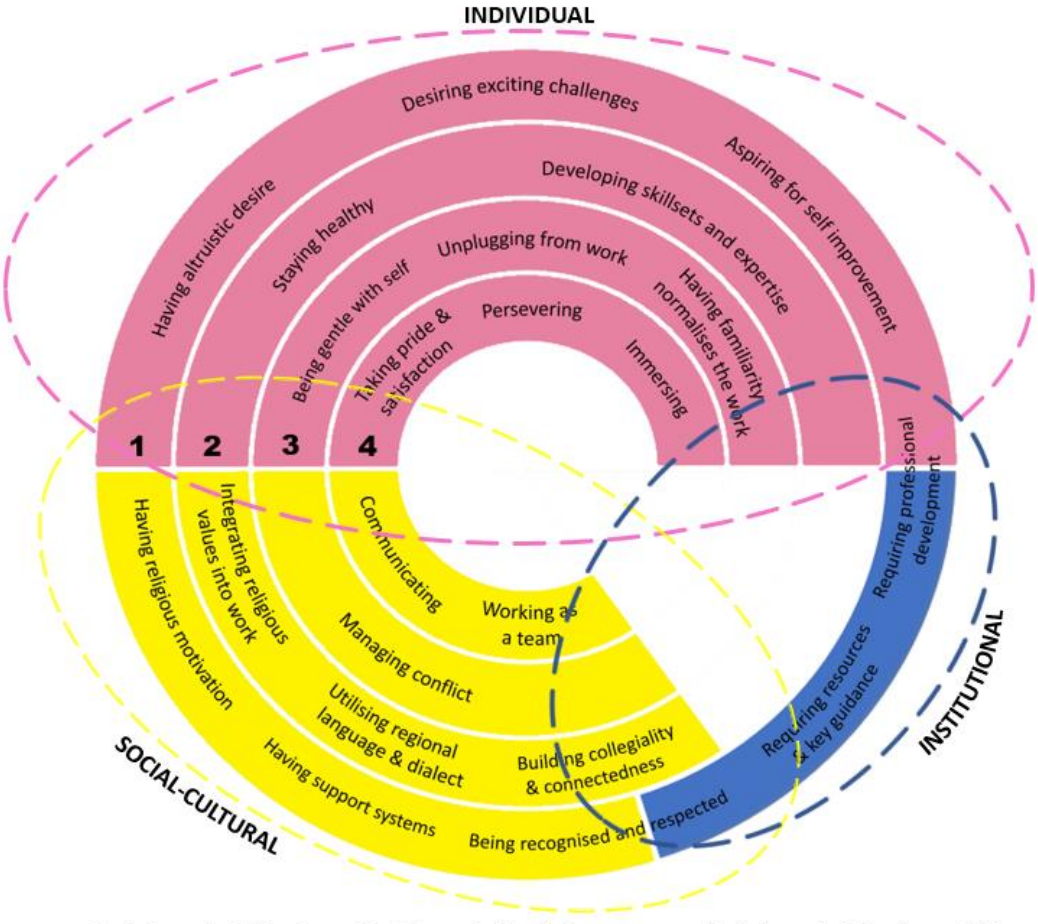


According to Figure 5.1, the emergency nurses 'personal/individual world' is connected to the 'university world' and the 'non-government world', because these are related to where the participants received their formal and informal education, training, and certification. The 'non-government world,' the 'university world', and the 'institutional world' coalesce as the nursing association and universities collaborate with hospitals for research and employee education. Universities also send their medical and nursing students to hospitals, including EDs, for clinical placement. The 'government world' is linked to the 'institutional world' and the 'university world', and these intersections are related to practice legislation and regulations which influence the nurses and the settings in which they work.

The emergency nurse is the main 'actor' in this study and was observed as an individual with personal aspects situated in their 'personal/individual world'. The 'social-cultural world'

includes patients, family, co-workers and communities as implicated actors, while religion and Indonesian customs, cultures, and languages were considered implicated actants. For the 'institutional world', the implicated actors include the board of hospital directors, ED heads and supervisors, education and development departments, and human resources departments; whereas the implicated actants are organisational cultures, hospital policies, processes and procedures. Both the 'social-cultural world' and the 'institutional world' overlap in some respects with the 'personal/individual world'. These three worlds are situated in the 'Sustainability arena' where activities intersect. This also indicates that emergency nurses' actions and behaviours are influenced by those in their social-cultural and work 'institutional' environments as well as their own personal aspects (see Figure 5.2).

Figure 5.2: Elements Influencing Emergency Nurses' Actions and Interactions



1 = Category 1 – Driving Forces; 2 = Category 2 – Developing an armoury; 3 = Category 3 – Balancing work life; 4 = Category 4 – Making emergency work effective

To provide an overall picture of the structuring of action in the situation, the focus codes that emerged from the constructivist grounded theory analysis, and the social worlds and arena mapping of situational analysis, were integrated and the result is illustrated in Figure 5.2. Four layers are illustrated in the figure. Each layer represents a category in which participants'

actions are embedded. The various colours distinguish which focus codes belong to which elements: pink represents the individual elements, yellow illustrates the social-cultural elements, and blue signifies the institutional elements. The three loops from the social worlds and arena map are placed in the foreground of the diagram. This is to allow for the visualisation of those actions influenced by elements in the 'personal/individual world', 'social-cultural world', and 'institutional world'. Participants' actions are predominantly influenced by personal/individual elements. In the following sections, the first and second emerging categories are discussed.

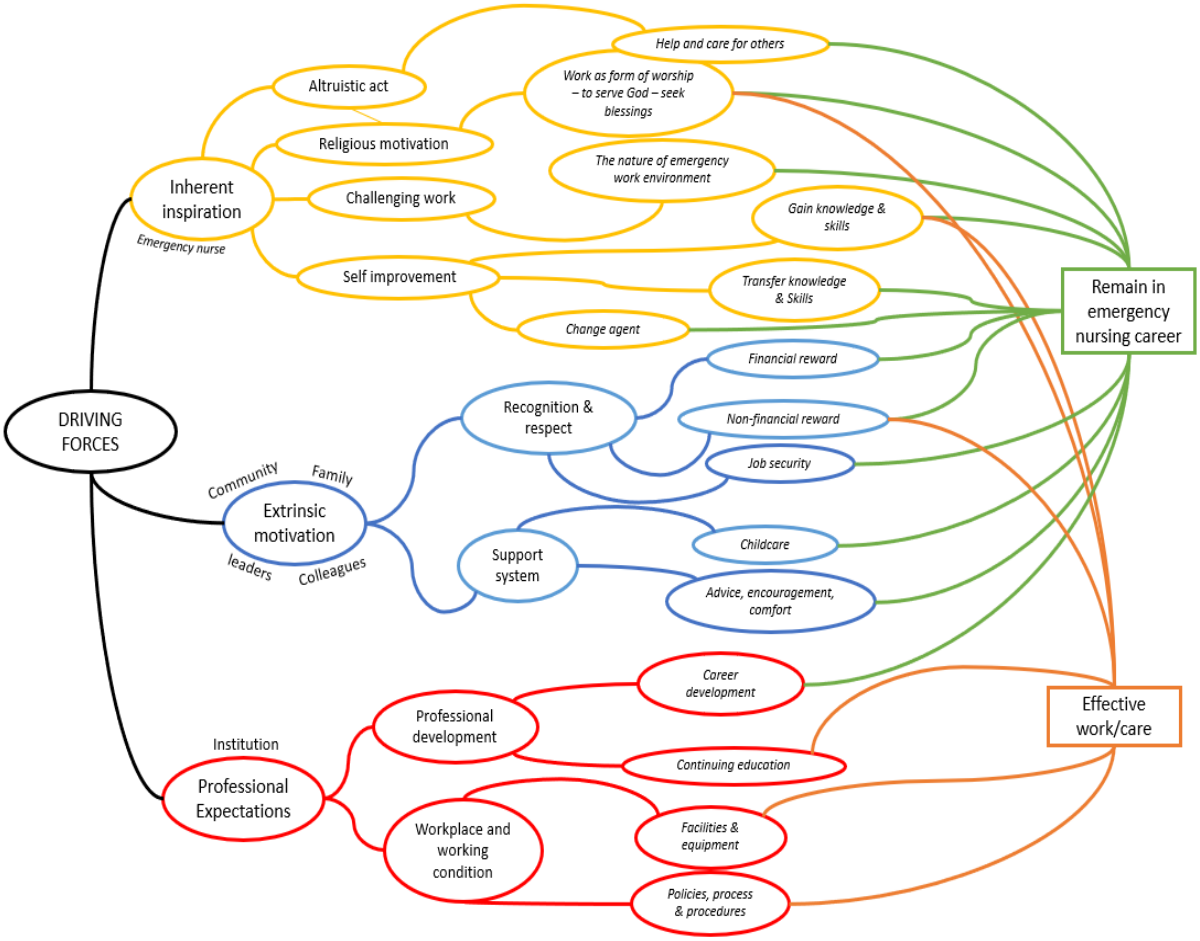
5.2 Category 1 – Driving forces

The data revealed multiple personal and social forces which 'drive' emergency nurses in their practices and careers. The inspirations to sustain themselves as emergency nurses were derived from inherent and external factors. Nearly all participants expressed professional expectations regarding their careers and what they required from their work environments and work situations which influenced their motivations. Three sub-categories of driving forces are 'Having inherent inspiration', 'Being extrinsically motivated', and 'Having professional expectations.' The phenomena depicted in these three sub-categories were important to how the emergency nurses sustained themselves personally and professionally, and as the social mechanisms that sustained and motivated their practice.

Figure 5.3 is a relational map illustrating participants' personal accounts of the motivating factors and professional expectations to sustain themselves. The results indicate that this drive comes partially from within, an element internal aspect specific to those in the emergency nursing profession, while extrinsic motivations are attributed to interactions with people in their lives, specifically family members, their community, professional colleagues and leaders. The map also shows that their professional expectations are tied directly to their work institutions.

All other elements shown in the map are further described in the following sub-sections on sub-categories. It is important to note, that as they are based on participants' descriptions of their motivation, as well as from the mapping technique, some elements may stem from an intention to remain in the profession, while others may be linked to the practice of effective caregiving. Other elements, such as non-financial rewards, may be connected to both. The following sections explain the phenomena, and the elements identified in this study related to 'Driving forces'.

Figure 5.3: Relational Map: Driving Forces



5.2.1 Possessing inherent inspiration

The subcategory 'having inherent inspiration' in this study was revealed by participants' 'having altruistic desires and religious motivations', 'desiring for exciting challenges', and 'having aspirations for self-improvement.' Driven by the internal rewards associated with inherent inspiration, participants were able to remain working in the ED and provide effective emergency care.

5.2.1.1 Having altruistic desires and religious motivations

Many participants (n=17) reported that they were altruistically motivated. These participants experienced a calling (meaning a sense of a deep internal desire) to help and care for other people due to their recognition of the value of humanity and/or their religious beliefs. One participant said, "I have had a strong call to help others, that's why I chose to be a nurse, and remain as an emergency nurse" [Wenwen, 17/GH/OL, interview 1, box 17]. Likewise, Aisyah was inspired by the selfless acts of her late grandmother, who was a midwife. Following her grandmother's example, Aisyah said that her work caring for others as an emergency nurse is "Based on compassion and humanity" [12/GH/FF, interview 1, box 68].

Compassion and altruism were what drove participants to sustain their work, and they discovered joy and satisfaction in helping those in need of emergency care. Andre affirmed, “My biggest motivation is how I can help people. That’s my satisfaction” [03/PH/FF, interview 1, box 46]. Likewise, Bunga exclaimed, “… I feel happy to be a blessing for others, to be able to help others” [Bunga, 02/PH/FF, interview 1, box 24].

Religions encourage altruism as a principal moral value, and religious values also shaped participants’ perspectives on and attitudes to their work and care. Driven by their various religious faiths, participants (n=16) were determined to provide the best quality of care possible, and this was identified as an important rationale for remaining in the ED workforce. Several participants viewed their work as a way to serve other people, which indirectly also serves God. Ari, a Hindu, said, “I believe that those patients that we serve are God’s creation … meaning that I serve God, too. This is one of my motivations” [19/GH/OL, interview 1, box 10]. Serving God motivated Samuel, a Christian, to do his work more effectively. He affirmed, “I’m certain that doing this work is not merely for myself, nor to serve the leaders, but for God. …so, I tried my very best” [04/PH/FF, interview 1, box 112]. This value was endorsed by a Muslim participant, Mawar, who said, “… if we hold on to those values, *Insha’Allah* we will do the best that we can” [11/GH/FF, interview 1, box 76].

Others considered work as a form of worship. For those possessing faith, it is a full-time responsibility which should be done with a joyful heart and gladness. A Muslim participant, Syarif, stated, “Work is a form of worship, there is no burden on it. I enjoy my work” [interview 1, box 11]. This motivation was also held resolutely by Luna to overcome her work-related stress. She said, “My intention is devotion to God. If I am upset or tired, I take a breath, [and] remember devotion, devotion” [Luna, 15/GH/FF, interview 1, box 37].

Many participants believed that by being earnest and sincere in their work and dedication, they would receive God’s blessings. Bunga, a Christian, claimed, “I believe that I will have more blessings from God because of working earnestly” [02/PH/FF, interview 1, box 66]. This statement was endorsed by a Muslim participant, Maya, who stated, “The work is hard, demanding, [and] stressful, but I’m here today because I’m looking for the blessings from Allah” [14/GH/FF, interview 1, box 26]. This spiritual conviction was continuously used by Umi, a unit coordinator in a general hospital ED, to remind and motivate her staff nurses. She stated, “I motivated them: we are working just because of Allah, we are working to seek blessing, and *Insha’Allah* we will help many people” [Umi, 29/GH/OL, interview 1, box 13].

Another motivation predicated on religious and moral teaching was to treat others as one would wish to be treated. Luna, a Muslim, said, “What we did to our patients, Allah will return it to us. So, if we treat our patients with the good care and kindness they deserved, we also

will receive kindness from others" [15/GH/FF, interview 1, box 38]. A Christian, Merry, echoed the comment:

> …I treat my patients the way I want to be treated. I provide fast and accurate treatment to my patients, I treat them with compassion and respect. One day, I wanted someone else to do the same to me. … we reap what we sow. [Interview 1, box 133]

In regard to workforce sustainability, Ari expressed his belief: "Financial motivation, or professional motivation, all else is just temporary. But the spiritual reason is considered a lasting motivation… spiritual motivation is the basis for nurses to sustain their careers" [19/GH/OL, interview 1, box 62 & 77].

5.2.1.2 Desiring exciting challenges

Challenging and exciting work was a great motivating force for some participants (n=14), as it kept them engaged and interested in their role. Indeed, overcoming a degree of difficulty is preferable to the boredom of an easy, unchallenging job. Participants reported that they found their work in the ED challenging, and this was one of the reasons why they remained in the workforce. This was clearly explained by Rama: "Personally, the reason why I remain working there [in the ED], as I said, I love challenges… that's what makes me happy to stay [working] in ED" [24/GH/OL, interview 1, box 16]. Some participants, including Merry, considered the constant challenges in emergency care as fun and exciting. Merry said, "Yeah, it is fun…. Because there are always challenges…" [07/PH/FF, interview 1, box 18].

Participants expressed their preference for working in the ED by virtue of the nature of emergency work, including the fast-paced and dynamic work environment with a high throughput of patients. One participant explained:

> … because most of the patients in ED require fast actions and treatments, I enjoy the adrenaline rush … and the rapid patient-turnovers. Every patient who comes in is a different case, so it's changing all the time. That's what makes me feel passionate about my work; [it] keeps me feeling excited about going to work every day. [Sunny, 18/GH/OL, interview 1, box 7]

In addition, many participants identified that particularly when dealing with patients with life-threatening or complicated cases, they experienced the feeling of excitement from the urge to tackle the challenges and save lives. TR exemplified this notion: "… For example, when we treat a patient with a cardiac arrest … CPR … It's an exciting challenge" [26/GH/OL, interview 1, box 3].

5.2.1.3 Aspiring to self-improvement

Working in EDs provided participants with opportunities to learn and share their knowledge and skills, and, in turn, make their work more interesting. A majority of participants (n=22) were motivated to reach their maximum potential in terms of their emergency nursing capabilities and competencies. Having a passion for improving themselves and being motivating by other nurses assisted them to sustain their careers and practice.

Participants reported that they were inspired to work in EDs because they were willing to develop their knowledge and skills and gain clinical competence and exposure to more complex clinical problems not found in the wards. A young emergency nurse stated:

> In ER, we get many experiences here, we get to know many kinds of disease, and we get a better understanding and comprehension of subjects we have learned before … We do not only handle one or two diseases here, many kinds of disease, thus we get to know many things, and we become more skilled at deciding what we have to give to the patient. [Meycan, 06/PH/FF, interview 1, box 20]

However, for the participants who were senior emergency nurses, their motivations had shifted from gaining to transferring knowledge and skills. For example, Andre and TR, who each had 23 years of emergency experience explained: "… I also help my younger colleagues. I train them to be skilful and show them how to be professional nurses" [Andre, 03/PH/FF, interview 1, box 34]; and "… now I have the knowledge and skills... to implement with my patients, I share it with my colleagues, young doctors or nurses, with newcomers and senior staff alike, as well as with the nursing students" [TR, 26/GH/OL, interview 1, box 12].

Observational data revealed that new emergency nurses often sought help and learned from their seniors or from doctors, including how to interpret 12-lead ECGs, prepare complex medication calculations, and many more areas. Senior nurses would accompany new or student nurses when making difficult nursing interventions, such as intravenous catheter insertions with infants and children. One participant, Andre, spent some of his work time with nursing students discussing emergency cases and initial treatments. It was evident from the observation that Andre was passionate and enthusiastic when sharing his knowledge [Field note 25/01/2018].

In addition, a few participants (n=5) stated that with their knowledge and capabilities, they could contribute, and in the future, they could have a chance to make a difference in emergency nursing care. Mawar stated, "My vision is to change the working system… to make it better for nurses and patients… that's what keeps me here… I want to make a change [11/GH/FF, interview 1, box 74 & 76]. Similarly, Aisyah said, "With the current condition of ED like I mentioned before, I hope, one day, I can make some little changes, I keep it as

motivation" [12/GH/FF, interview 1, box 54]. Therefore, aspirations for self-improvement were also linked to a vision of advancing emergency nursing practice.

5.2.2 Being extrinsically motivated

In addition to intrinsic factors, participants highlighted numerous motivating factors that emerged from their work environment. Extrinsic motivations identified from participants' interviews were 'being recognised and respected', 'having support systems', and 'having professional expectations.'

5.2.2.1 Being recognised and respected

To be recognised and respected by others was a motivating factor for the participants as they continued to work as emergency nurses. Two main sources of recognition and respect were identified; the first from the community, and the second from their employers and/or leaders. With this recognition and respect, participants reported feeling self-actualised and satisfied, and thereby motivated to stay in their careers.

Participants perceived that emergency nurses gained recognition and respect from the community and from their family members. Bunga explained how her family members often expected a degree of involvement and information from her when they experienced a health issue. She stated: "I became an important person at home, they ask me about their health problems. When they get sick, they call me wherever they are … So I gladly carry on with this job" [02/PH/FF, interview 1, box 50]. Likewise, Samuel revealed his experience of being treated respectfully by the community on account of his occupation as an emergency nurse, as portrayed in the following statement:

> … and indeed, when people out there know that we are emergency nurses, they see us more positively. It's different from a ward nurse or [nurses work] somewhere else. They [the public] must assume that we [emergency nurses] have more abilities [in emergency care/treatments] than other nurses…. [Samuel, 04/PH/FF, interview 1, box 26]

Through community acknowledgement of their emergency nursing competencies, participants were able to acknowledge self-recognition; they considered themselves professional and competent nurses in the emergency field. One participant stated:

> As people say, those who work in the ED are highly competent people. I believe so. … I have attended many training sessions and courses, and I also gain many bits of knowledge day by day… I feel competent and professional. [Bunga, 02/PH/FF, interview 1, box 32]

The participants were also motivated by gaining recognition and respect for their achievements and performance from their employers and leaders. Recognition involved both

financial and non-financial rewards. Financial rewards included increased salaries and incentives, and non-monetary rewards encompassed more opportunities, praise, and commendations.

Many participants (n=18) mentioned money or salary as a key motivation to work. For a few participants, finance was their principal motivation, but for others, while it was motivating, it was not considered to be of primary importance. They perceived that their motivation to work was to fulfil the basic needs of living their lives. For some participants, the salary they received on a monthly basis signified the appreciation and compensation obtained from the organisation. For example, Ximen described the motive to work as to: “Earn a living. I get paid monthly… so when I get paid, I feel like this is the reward for my hard work” [13/GH/FF, interview 1, box 52].

Salaries and incentives differed from one organisation to another. For a few participants, their motivation to work in the ED was related to the extra rewards and bonuses they received. Dedi explained, “Frankly, because here [the ED], the competencies are different … so the reward is also different, it is higher than the inpatient ward … higher in terms of income, the take-home pay” [20/GH/OL, interview 1, box 12]. Surprisingly, of all 12 hospitals where the participants worked, only one hospital provided salary incentives for emergency nurses, while other hospitals paid emergency nurses the same wage as ward and/or outpatient department (OPD) nurses. This was demotivating for some participants, including Aisyah. Aisyah stated with resentment:

> … on sensitive issues, incentive, remuneration. It is the same between the polyclinic [OPD] nurses and us [emergency nurses]. So what’s the difference? We think we are special, but not for them [management]… they know our duties are far more complicated. That’s why we became demotivated…. it requires special competence to work in ED. If we do have that special competence, then why they give us the same incentives as other nurses? So, in my opinion, there’s a system in this hospital that needs to be reviewed. [12/GH/FF, interview 1, box 38]

Consistent with being respected, some participants reported being motivated and empowered when they were given a job promotion, extra authority at work, or a different responsibility aside from their regular duties. The data revealed that the feeling of empowerment was derived from being trusted and respected, and that advancements created enthusiasm and motivation in participants’ work and care. Sammy, who was recently assigned the position of being in-charge during shifts was content with his career development. He said, “Why I was happy and motivated is because there was task delegation: I had the authority as a nurse in-charge. I was happy because it means they trust me because they have given me a new responsibility” [08/PH/FF, interview 3, box 4].

Likewise, Rama also expressed his contentment when he was selected among other emergency nurses to be one of the members of the first responders' team for the head of the government or guests of the government, and he stated: "…I have been assigned and trusted to be part of a healthcare team for government-distinguished guests, government VVIPs, and VIPs. I feel proud and respected as a nurse … that makes me more motivated" [24/GH/OL, interview 1, box 2]. Empowerment was experienced not only when they received a formal advancement to lead others, but also when they were given an informal delegation and responsibility, as well as when they were trusted to accomplish a delegated task. TR expressed his satisfaction when his supervisor gave him extra responsibility. TR expressed his satisfaction when his supervisor gave him extra responsibility. He commented, "I have been entrusted to care for all the equipment here in ED. That makes me happy" [26/GH/OL, interview 1, box 9].

Non-financial rewards such as acknowledgement or appreciation by leaders were valued by participants and had a positive effect on their work motivations. TR provided some examples: "Expression of appreciation for the leaders, …sponsored to attend a seminar or training or special course: they have a big influence on our motivation" [26/GH/OL, interview 1, box 38]. Participants believed that when they received appreciation from their management or leaders, they worked more passionately and exerted more effort in their duties. Mawar asserted, "We have done a lot, please appreciate us, … I don't ask much, simply say 'thank you' - if they [management/leaders] treat us better, we'll provide the best services" [11/GH/FF, interview 1, box 118].

5.2.2.2 Supporting systems

Many participants reported that 'having support systems' was pivotal to sustaining themselves in their careers as emergency nurses and remaining in their workplaces. Commonly, sources of support were family members, co-workers, and leaders. This sub-category highlights that receiving social support both at home and in the work domain helped participants in their intentions to stay and to maintain their work motivations.

The support of their spouses and family was very important in motivating participants to remain in their work. Participants reported that their families provided encouragement and comfort, and supported their career decision-making, particularly when work problems occurred.

There were times when work problems developed, and some participants sought advice from their spouses. In this situation, they accepted genuine encouragement and comfort from their partner. Ari stated, "There are times when I feel annoyed [at work] … but I understand that burying feelings are dangerous … when I get home, I tell my wife what happened … she

consoles me" [19/GH/OL, interview 1, box 34]. From time to time, partners' opinions were taken into consideration when making a decision to sustain/remain in current employment or leave. One participant stated, "My wife said, "Let's just stay [working] here", so I stay. … The same thing happened to my friend, anyway, he was considering working abroad, … but he didn't go, because his wife refused to let him go" [Andre, 03/PH/FF, interview 3, box 10].

For some of the participants, who were single, their parents played an important role, providing advice and encouragement when the nurses felt discouraged and overwhelmed at work. The support of their parents gave them strength and perseverance at work and helped them to remain in the emergency nursing workforce. For example, Ximen said, "… but my father always reminds me 'do it in the name of God, we help people sincerely.' So I obey him, … that's what keeps me going" [13/GH/FF, interview 1, box 18].

Many participants (n=12) highlighted that the impact of colleagues could be profound, and could influence how the participants perceived their work and affected their motivations to remain in their workplaces. To some, the existence of colleagues who have similar viewpoints and share similar interests was one of the main reasons why they remained working in the ED. The following statement came from a young, single participant:

> …and what makes me stay here [in the ED] is because of my friends [colleagues] are awesome... And they support me to stay here ... we strengthen one another, [when] I share my problem, then they will give their reassurance. Some of us are in the same age group, so we can feel each other and have fun together. [Samuel, 04/PH/PP, interview 1, box 38]

Another believed that the presence of colleagues developed enthusiasm and motivation at work. Lili said, "I met some people with similar interests and views in ED, that's what makes me feel enthusiastic … friends [colleagues] that can motivate me again and again in my work" [23/GH/OL, interview 1, box 14].

A few participants drew on the experience and advice of their co-workers and used it as a reference in decision making. For example, Luna, a participant who was confused and intended to leave the job as she struggled with work and home issues, received encouragement from her co-workers which influenced her to decide to remain in her role. She described, "During those difficult times, … because my friends [colleagues] in ED were supporting me 'you should not [resign], you will get through the hard times', so I carry through…" [15/GH/FF, interview 1, box 52].

Participants also embraced supportive work environments and reported that these improved their motivation to stay in their current job. Being surrounded by helpful and thoughtful colleagues made a difference. It was identified that colleagues could be the most

approachable persons to provide technical support while working. A nurse reflecting on her arrival as a team member to the ED recalled:

> They [colleagues] are very supportive and welcoming. If there is something I don't understand here [in the ED], they will explain, give me some help, and show me how the procedure is or what I should do for the patients. They will tell me things that I don't understand or comprehend… I'm happy to be around them. I can see myself working here for a long time. [Meycan, 06/PH/FF, interview 2, box 6]

To some participants (n=11), a supportive leader (including a unit manager and/or a supervisor), was one of the reasons why they remained in and felt confident in emergency care. In the following example, Mawar commented on how her supervisor listened to her concerns and provided counsel. This motivated her to remain in the ED when she was in distress, "So, I was stressed out at that time. Then I talked to my supervisor, I told her that I want to move to another department. She encouraged me, motivated me, …that's why I tried to remain…" [11/GH/FF, interview 1, box 52].

Participants also consulted their supervisors to guide and advise them when they experienced challenges in emergency care. Leader support helped participants to excel and remain in their emergency work. For example,

> I was confused, too many patients … it was so crowded here, I even cried on my first day. I told my supervisor, 'I am confused about which one I should do first?' and she told me 'just calm down, do it one by one until it's done, then you can turn to the next patient, don't be confused'. I followed her advice, … and here I am still. [Aisyah, 12/GH/FF, interview 1, box 70]

Some participants recognised the quality and characteristics of good leaders. Ari and Sammy testified:

> For me, my manager is very communicative … tolerant and so on. So if there's a problem, he will coordinate, accommodating, solving the problem amicably, that is fantastic … that kind of approach encourages me to stay. [Ari, 19/GH/OL, interview 1, box 28]

> My boss is a great guy, … he accepts and appreciates my input, that's what makes me comfortable to remain here. When I was in HCU, they never accepted my ideas or input. That's what had happened to me several times. They had never appreciated me as a staff, that's why I left the HCU. They asked me to stay, I told them I couldn't, and I requested to be relocated to ED. [Sammy, 08/PH/FF, interview 1, box 50]

A good leader gained participants respect and trust, and made them feel enthusiastic about their work and about staying in the organisation.

5.2.3 Possessing professional expectations

Interview data revealed that participants had strong professional expectations, which were important in assisting them to sustain their work and care. Professional expectations involved

identifying opportunities for career advancement and development, particularly in regard to their professional knowledge and skills. In addition, participants identified what they expected from their work environments and working conditions, as these assisted them to sustain themselves and provide effective emergency care. Working conditions included the provision of health care facilities and equipment, as well as well-defined policies, processes and procedures.

5.2.3.1 Requiring professional development

Career promotion and a clear career path were identified by participants as motivating forces which supported them to remain in the emergency nursing workforce. Several participants [n=3] had started considering their career progression as early as in the third year of emergency nursing. Many participants [n=10] desired career promotion, and this was particularly prevalent in participants who had five or six years of emergency nursing work experience, as in the following example:

> It was in the fifth year. I started to consider that I deserve a promotion … I began to contemplate because I saw it [career-path] was unclear here. In another place [department/unit], they got promoted after three years of service, a career advancement. It's different here. [Dan, 09/PH, FF, interview 2, box 20 and 28]

Slow career advancement in the ED was also highlighted by some participants from the general hospital, as Luna remarked:

> Yes, it is slower [career-progression] … for example, my colleague who works in the ward has already become a ward manager, though I was recruited and graduated ahead of her. In the ED, the highest position [for Bachelor qualification] is only as nurse-in-charge. [15/GH/FF, interview 1, box 66]

Kasih highlighted that a clear career path was an important driver for nurse retention. She said, "One thing that gives us the strength to sustain is when treated fairly and given a clear career path based on our abilities and our commitment in the workplace…" [05/PH/FF, interview 3, box 32].

In addition, many participants (n=18) reported that there were unequal opportunities for training and continuing higher education. For example, Andre said it was a matter of "like and dislike" [03/PH/FF, interview 1, box 64], meaning that sometimes the manager or supervisor will choose those nurses with whom they have good rapport to be upgraded or promoted. Likewise, Lili observed that "training opportunities always go to the same person, again and again" [23/GH/OL, interview 1, box 51], while Sunny asserted that "senior nurses were prioritised" [18/GH/OL, interview 1, box 23].

The interviews showed that participants expected professional development opportunities, such as informal and formal training, conferences or seminars, and obtaining specialist/advanced certifications. The following statement from Ayu highlighted experienced nurses' aspirations for retraining:

> I wish the institution will provide us with continuous training, even though we already attended a specific training years ago, we need to have it again. Knowledge and procedures change over time, and we need to be updated….[10/PH/FF, interview 1, box 142]

The chance for emergency nurses to have professional development was perceived as essential to the effective delivery of emergency care and patient safety. Tono stated, "I wish that the institution will financially support us to attend training and seminars… or provide more in-house training to advance our care" [22/GH/OL, interview 1, box 75]. Moreover, it will increase nurses' motivation and empower them in their practice, as Ari stated, "Training, particularly the new one, that we have never attended before, will provide new insight and make us enthusiastic about our work. The opportunity to learn, to upgrade our knowledge and skills will absolutely motivate us" [19/GH/OL, interview 1, box 59].

5.2.3.2 Requiring resources and key guidance

Many participants (n=14) indicated that limitations in facilities and equipment create barriers to their effective work and care. They strongly desired the provision of healthcare facilities and equipment, such as beds and stretchers, multi-monitoring, blood gas analysis (BGA) tools and computer-based documentation systems, to enhance efficiency at work. Dueren commented, "Infrastructure is our number one support to do the work. Infrastructure and technology that makes our work easier" [01/PH/FF, interview 2, box 62]. Moreover, Bunga explained, "We need appropriate equipment, to be honest, there is some of our equipment needs to be replaced with the new ones" [02/PH/FF, interview 1, box 82].

Participants working in both private and general hospitals also expressed the need for well-defined healthcare policies, processes, procedures, and guidelines for their practices, which they believed facilitated their care for emergency patients. In Indonesia, and possibly in other countries, emergency nurses are the most common source of information to emergency patients and their relatives. The information sought by patients and relatives is not only about illness and treatment, but also includes administrative matters such as private and government insurance coverage, referral and admission, as well as costs and charges. Unclear hospital-wide and government healthcare policies, processes, and regulations often caused confusion among the nurses when dealing with patients. As one participant said, "Regulations set by the management remain unclear, it's confusing..." [Lili, 23/GH/OL, interview 1, box 12].

Specifically, in regards to the Indonesian National Health Insurance Systems (BPJS) which were described by one participant, “It’s dilemmatic, often we [nurses] clashed with BPJS regulations” [Dedi, 20/GH/OL, interview 1, box 49].

Several participants considered that the policies, regulations, or procedures in the hospital were not well-formulated and often changed without notice to employees. Dan, in the following excerpt, illustrates the situation:

> As far as I concern, ER is the front gate, so we have to understand the regulations, clearly and precisely. But the information has not shared directly. It keeps on changing …it’s unclear and we don’t have any written guidelines or information regarding administration. We can only explain verbally. And that becomes a problem. [09/PH/FF, interview 1, box 34]

Ayu endorsed this sentiment, saying, “everything [regarding regulations, policies, or procedures] supposed to be written and clear. So, this will help to ease the workload” [10/PH/FF, interview 1, box 116]. Moreover, participants noticed that some out-dated procedures needed to be upgraded. Mawar said, “Our SOP [Standard Operating Procedure] is out of date. It needs to be updated” [11/GH/FF, interview 1, box 144].

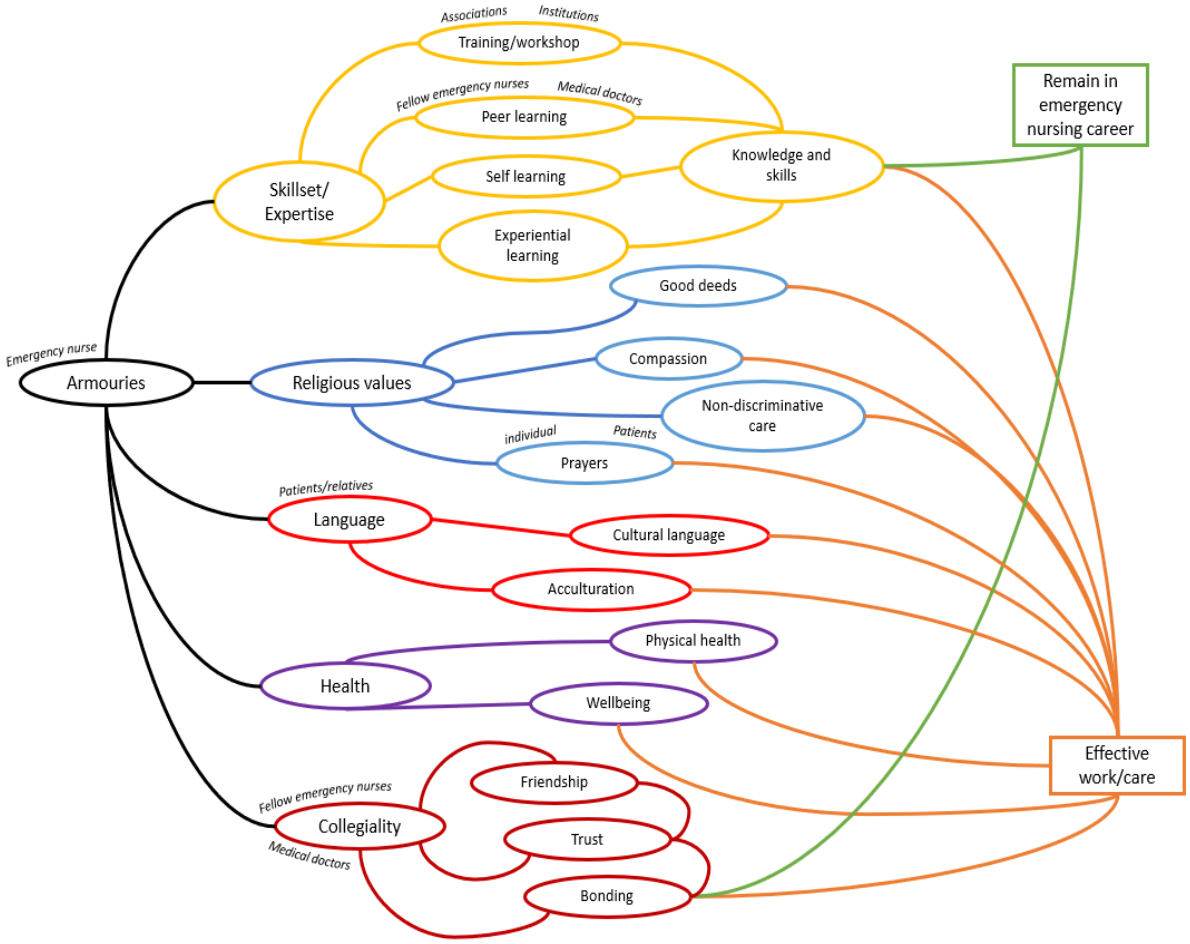
Clear administrative procedures enable nurses to work effectively and increase patients’ satisfaction. According to Andre, “In order to provide timely emergency services and avoid potential problems, we need clear administrative procedures as well. So patients will feel satisfied and won’t feel neglected. It makes us [emergency nurses] happy too” [03/PH/FF, interview 2, box 19]. In the following section, the second category, ‘Developing and using armouries’ is identified and discussed.

5.3 Category 2 – Developing and using armouries

The category ‘Developing and using an armouries’ is about emergency nurses creating and employing the ‘right’ package of skillsets and qualities to integrate themselves in their practice. The participants reported using strategies to sustain themselves in their careers and their emergency nursing practice. During the data analysis, I likened these strategies to creating personal-professional armouries in which social and personal strategies were identified. Five key sets of armouries were identified from the data, and these were further divided into the following sub-categories: ‘Developing skillsets and expertise’, ‘Integrating religious values into work’, ‘Utilising regional languages and dialects in work’, ‘Staying healthy’, and ‘Building collegiality and workplace connectedness’. Although the data revealed that individual participants used combinations of these strategies, no participants reported using all five strategies to create their personal-professional armouries.

The relationships among elements identified in this category are illustrated in Figure 5.4. Emergency nurses' skillsets and expertise, religious values, languages, health and collegiality are connected to 'sets of armouries'. Other than the emergency nurses, individual human elements identified in this category are medical doctors and patients and their relatives, while professional associations and hospital institutions are part of the collective human elements. Most of the identified elements are related to effective work and care. Only skillsets/expertise and collegiality elements are connected to emergency nurses remaining in their careers. All other elements and strategies used by participants related to emergency nurses' armouries are further described in the following sub-sections.

Figure 5.4: Relational Map: Nurses' Armouries



5.3.1 Developing skillsets and expertise

Emergency nurses need an armoury of skillsets and expertise, not only to be able to remain in their careers but also to develop and strengthen themselves for their practice. Most participants (n=28) reported their commitment to continually update their knowledge and skills,

learn and grow from experiences, and develop their emergency nursing skills and clinical judgement.

Continually updating their knowledge and skills enabled participants to optimally contribute to, and to sustain themselves, in the emergency workforce. The importance of this is indicated by the following quotation:

> If you don't get proper training, automatically your knowledge and skills are limited… if we never update our knowledge… we definitely will be outdated … you won't be able to give proper care to your patients, and you won't survive here [working in ED]. [Dueren, 01/PH/FF, interview 1, box 14]

Most participants reported that they require a specific skillset which applies to emergency work; therefore, it is important for them to attend training sessions and workshops, and update their certification. At the very least, they need to undertake ambulance training, basic life support (BLS), and advanced life support (ALS) courses to underpin their practices. Participants believed that their involvement in training and professional development programs had sustained and further developed their professional competence. They believed that they were "equipped to work in the ED" [Syarif, 25/GH/OL, interview 1, box 30] and able to "confidently implement it [knowledge and skills gained from the training] in my job" [Rama, 24/GH/OL, interview 1, box 2]. Some participants (n=5) were sufficiently motivated to expend their own funds and time to update their education. Tono stated: "At times, I attend seminars or training with my own expense" [22/GH/OL, interview 1, box 45].

Other ways that participants advanced their knowledge and skills were "brainstorming with doctors and colleagues" [Elijah, 27/PH/OL, interview 1, box 47], "reading books … and journals" [TR, 26/GH/OL, interview 1, box 43], and accessing the internet or "Googling" [Bunga, 02/PH/FF, interview 1, box 40] to retrieve information related to clinical practice. In addition, peer learning was used to transfer and develop knowledge in the team, as stated by one participant, "I learned many procedural skills from my seniors" [Sunny, 18/GH/OL, interview 1, box 71]. Andre acknowledged that he learned from his co-workers. He explained, "As a nurse, I'm never too shy to learn from the younger ones. I pay attention to their techniques, which might be more updated than my technique, and I follow it. So, I keep learning…" [Andre, 03/PH/FF, interview 1, box 36].

Several participants viewed that "…theories and practice are two different things [Dan, 09/PH/FF, interview 1, box 142], and what they learned in their course was not exactly what happened in the field. Experiential learning was identified as a key way of gaining clinical proficiency. Samuel highlighted the importance of "learning your skills from your daily work experience" [04/PH/FF, interview 1, box 146]. Participants reported that experiential learning advanced their clinical judgment and increased their proficiency in their work and their care.

Reflecting on her experience, Aisyah said, “As we become more familiar with our work, with all the nursing procedures, we will be more effective… and proficient” [12/GH/FF, interview 1, box 112]; Kasih considered that based on her experience she was able to “… quickly make the correct clinical judgement” [05/PH/FF, interview 1, box 16].

5.3.2 Integrating religious values into work

Participants’ (n=21) religious beliefs and values were an essential component of the emergency nurses’ armouries, as they greatly influenced the way they delivered and perceived the quality of nursing care. One participant said, “As a Muslim, if I am not doing my best in helping the patients, it is a sin” [Mawar, 11/GH/FF, interview 1, box 100]. This statement highlights caring as a good deed, and how for Muslim nurses it is considered a responsibility and commitment to act in the right manner and achieve perfection in their work, so as to avoid sinning.

Similarly, Christian participants’ caring practices were inspired prominently by the life and teachings of Jesus and the Holy Bible. Eli commented, “Jesus teaches us to love one another with no partiality, that is why I treat patients equally whether he is a governor or commoner, reach or poor, I regard them in the same way” [28/PH/OL, interview 1, box 39]. Likewise, Tono stated, “It is not enough to have skills; we need to have compassion, build upon the fear of God. …my religious belief is the principal guide to provide the best quality care” [22/GH/OL, interview 1, box 53].

The concept of being close to God through work and seeing their patients as God’s creation influenced how Hindu nurses valued their role toward their patients and their determination in the workplace. Ari said, “… one of which is ‘*Kriya Marga*’ [a Hinduism terminology], [means that] we draw close to God by working according to our profession” [Ari, 19/GH/OL, interview 1, box 61]. He added, “… This spiritual concept is important to increase work discipline…. When we possess spiritual intelligence, we know how to do good things, we know how to treat our patients sincerely, patiently, and respectfully” [box 62].

A way of practising religious beliefs and values in nursing work is through prayer. Observations and interviews in the general and private hospitals revealed that the nurses as a group commenced and ended their duty with prayers. Kasih said: “We start and finish our work with a prayer” [05/PH/FF, interview 1, box 56]. The Muslim nurses performed *Salat* (Muslim prayer) before, during and after their shift to fulfil the principle of five daily prayers [Field note 18/02/2018].

A number of participants remarked on the importance of prayers in strengthening themselves spiritually. Participants prayed for the wisdom and understanding needed to meet their work demands, for confidence to make appropriate decisions, and for no harm to occur to patients in their care. Merry, a Christian, said, “I always pray, asking for wisdom that I will avoid making any error. I pray God will lead me as I care for my patients” [07/PH/FF, interview 1, box 25]. Muslim participants made similar statements. For example, Maya stated, “I pray to Allah that I can get through the day nicely and at ease” [14/GH/FF, Interview 1, box 27]. Some participants also used prayer as a strategy to overcome stress and anxiety in the workplace. One participant commented: “When I feel fed-up or struggle at work, I pray” [Samuel, 04/PH/FF, interview 1, box 76].

During participant observation, short prayers by nurses were heard. For example, when undertaking procedures such as cannulation, several Muslim participants were heard to say “*Bismillah*”, by which they asked for Allah’s guidance and blessing” [Field note 18/02/2018]. Andre, a Christian, confirmed during his interview that he prayed silently before conducting any procedure: “I pray in my heart every time I am about to do a procedure to my patient … after all, it’s not my own effort; God gives us [nurses] the ability to help them [patients]” [03/PH/FF, interview 1, box 16].

Most participants reported using spiritual awareness in their everyday practice. For example, they understood that prayers were a source of solace and inner strength during health crises for patients and relatives. In difficult, life-threatening conditions, nurses arrange for a chaplain or patient’s relatives to pray and/or conduct a religious ritual for the patient. Lili explained, “I let patient’s relatives ‘*dhikr*’ at the bedside, to pray for the patient who’s in pain or on death throes” [23/GH/OL, interview 1, box 39]. A participant working in a Christian private hospital explained the practice of praying for their patients as follows:

> We do pray for the patients, even though we have a different religion. We always ask the patients, do they want us to pray for them or not? If they allowed us to pray for them and said yes for Christian prayer, we’ll pray together. Most of them are willing to be prayed for, no objection. That is an application of holistic care. We are incorporating spiritual care in ER. [Bunga, 02/PH/FF, interview 1, box 88]

This quotation indicates that some nurses considered prayer as part of their practice and voluntarily initiated prayers with their patients after receiving consent from the patients or their family.

5.3.3 Utilising regional languages and dialects

Some participants (n=8) believed that utilising regional languages and dialects in their practice was an important addition to their nursing when interacting with and caring for emergency

patients. This was an important strategy that sustained the emergency nurses' personal-professional armour. Indonesia has more than 300 ethnic groups, each with its own set of traditions, rules of etiquette and distinctive indigenous languages and dialects. Although Bahasa Indonesia is the national language, most people use regional dialects, and some people are not fluent in the national language.

Participant observation revealed that most of the emergency nurses observed used the local language to communicate with patients and relatives [Field note, 19/02/2018]. As Samuel explained, "When we talk in the same language, patients are open and entrust themselves to our care" [04/PH/FF, interview 1, box 104b]. Several participants identified that language differences between nurses and patients or relatives risks the quality of emergency care. As Andre said:

> *Knowledge of local language is very important. When there are too many patients, the tension also increases, both nurses and patients are anxious. And if we don't master the language properly, there will be a misunderstanding, we will end up arguing with the patients… or it can be fatal to patients.* [03/PH/FF, interview 1, box 29]

Participants also identified that because of regional diversity, they needed to acculturate when working in different regions. Sammy, an emergency nurse who originated from a different region, said, "Working in this land [area], I must learn the customs and local languages …" [08/PH/FF, interview 1, box 132]. Some participants identified how their own cultural backgrounds and values affected the ways in which they approached their patients. For example, Samuel stated, "I am a Sundanese. Sundanese people are gentle, friendly, easy to smile, and polite. And that is how I behave toward my patients…" [04/PH/FF, interview 1, box 104a]. Other participants reported being sensitive to the cultural values of their patients and modifying their practice as a consequence. For example: "Balinese…manners are very important… very careful with the tone and intonation" [Ari, 19/GH/OL, interview 1, box 42].

The excerpts provided exemplify that participants' cultural awareness and language acquisition act as crucial armour that strengthens their emergency nursing practices. Cultural awareness and language acquisition also support some collaboration with patients, which may advance their positive healthcare outcomes.

5.3.4 Staying healthy

Strategies for maintaining their personal physical health and wellness were utilised by the emergency nurse participants to armour themselves for their practice. The data revealed that the nurses believed that when they were committed to their own health they were better able

to care for their patients. The data also revealed that peak times in the ED could result in the nurses neglecting their hydration and nutritional needs.

The participant observation revealed that during periods of overcrowding, many of the emergency nurses did not take scheduled drink and meal breaks, but skipped them in favour of work [Field note 20/02/2018]. Interviews confirmed these observations as participants stated “We don’t have time to eat” [Aisyah, 12/GH/FF, interview 2, box 18] and “I didn’t drink anything the past eight hours” [Samuel, 04/PH/FF, interview 2, box 8]. Shift work created other health risks. For instance, participants from both private and general hospitals felt working night shift caused them health problems. Merry commented, “After two or three days working at night, we only have one day off…. We don’t have enough rest” [Merry, 07/PH/FF, interview 1, box 50], Aisyah added, “Ten hours for night shift… I got sick easily” [12/GH/FF, interview 1, box 72].

Most participants (n=22) were aware of the importance of keeping well and healthy, so that they could work effectively. Strategies undertaken by participants included healthy eating, regular exercise and adequate sleep, as Ximen and Sammy’s comments highlight:

> …but as time goes by, I realised I must take charge of my life, because if I got sick how can I give my maximum effort at work? Proper meals and proper rest are a must. [Ximen, 13/GH/FF, interview 1, box 52]

> I tried getting enough sleep before going to work and eating healthy foods. I also workout, I run or brisk walk whenever I can. I need to take care of my own health, to have full energy to work. [Sammy, 08/PH/FF, interview 1, box 64]

To improve overall fitness, in addition to having enough sleep and exercising regularly, a few participants reported practising yoga: “I do yoga and meditations to keep my mental and physical health” [Dedi, interview 1, box 29]. Other participants hydrated themselves before and after work. As Sunny said, “When I wake up, the first thing I do in the morning is drink water at least 600 cc” [interview 1, box 40]. Kasih stated, “I drink coconut water after work” [interview 2, box 33]. Consuming supplements to stay healthy was also a strategy used by some participants, for example: “To maintain my stamina, I consume fermented black garlic regularly” [TR, 26/GH/OL, interview 1, box 24]. Another interviewee stated, “I take daily multivitamins as one of the ways to shield me from being infected with communicable diseases” [Maya, 14/GH/FF, interview 1, box 99].

5.3.5 Building collegiality and workplace connectedness

Collegiality and workplace connectedness were a form of social armoury for the emergency nurse participants. In order to foster collegiality and relationship building, most participants

(n=28) expressed the importance of creating friendship, trust, and bonds with their colleagues. Interviewees reported that if they developed and maintained collegiality in their workplace, they were able to decrease work-related stress. The participants believed that this led to the creation of a respectful and comfortable social environment, and this in turn related to the nurses' intention to stay. More importantly, collegiality and workplace connectedness were believed to facilitate teamwork dynamics, and strengthen the participants' work and care.

Work-based friendships can develop when nurses spend most of their time together and share similar interests and values. Some participants reported that they connected with colleagues inside and outside work, for social gatherings and for celebrating special events such as marriages or birthdays. For example, Luna commented, "We often go for culinary [meals], …chit-chat, sharing stories" [15/GH/FF, interview 1, box 32b]. Participants reported that because of the friendliness of the workplace, they shared humour and laughter, which in turn decreased stress at work. Wenwen stated, "We make jokes and laugh… it relieves the stress" [17/GH/OL, interview 1, box 44]. For Kasih, togetherness evoked a sense of comfort at work: "Here we feel at home because of our togetherness" [15/PH/FF, interview 1, box 40].

Trust develops over time. Some participants revealed that they confided in colleagues when trust levels were high. Ayu stated, "A person or two… I share some of my stories with when I'm upset or …happy" [10/PH/FF, interview 1, box 56]. This was also evident during the observation phase when nurses were seen sharing experiences with together [Field note 25/01/2018]. Such sharing was also seen to support team bonding as indicated by Dueren and Rama:

> Oh, yes, that's necessary. It makes us closer to our co-workers. …so, one way to get us closer is by opening up, sharing what we've been through. If we are not open to them, they will not open to us too. We will not have good bonding. And I think bonding is important because we work in a team. [Dueren, 01/PH/FF, interview 2, box 36]

> I sense a thick camaraderie… mutual bond, not just as co-worker… we help and respect each other. [Rama, 24/GH/OL, interview 1, box 30]

In addition to camaraderie with their nursing peers, a number of participants highlighted the positive work relationships they have with doctors in the ED. Participants articulated doctor-nurse work relationships as being a unique partnership where interprofessional relationships build based upon mutual respect and trust. Sammy expressed his feelings towards the doctors with whom he works as follows, "The approach with the doctor is great, …with consultants, specialist, we have an excellent relationship, we respect each other, and we enjoy it" [08/PH/FF, Interview 1, box 28b]. Elijah explained, "As time progresses, you get familiar with the doctors, they [medical doctors] trusted you more … your opinion matters, this is quite different from what happened in the wards…" [27/PH/OL, Interview 1, box 39].

Some participants, including Samuel, affirmed that workplace connectedness was one of the reasons why he continues working in the ED. He said, "…The longer I get closer to the co-workers here, the more difficult it is to leave them. They are my friends…. That is what keeps me here, personally" [04/PH/FF, interview 1, box 92]. Participants also understood that working in EDs means that they do not work individually, but as a team. Therefore, maintaining good relationships with their colleagues, including doctors, facilitates teamwork (see Section 5.5.1). According to Andre, "A good connection and relation with fellow nurses and doctors is important, otherwise, we [as a team] can't function properly" [03/PH/FF, interview 1, box 12].

5.4 Concluding remarks

This chapter has presented the social worlds and arena map and two categorical findings. Three social worlds were found to have a significant influence on the arena of sustainability: the 'personal/individual', the 'social-cultural' and the 'institutional'. Two categories were detailed: 'Driving forces' and 'Developing and using armouries'. Findings from these categories provide evidence as to how participants used motivation and career expectations and how they used armouries to generate prolonged engagement in emergency work. Also evident in these findings were culturally embedded elements drawn from country and workplace contexts, local languages, and spiritual beliefs that influenced these participants' views, actions and behaviour. The remaining two categories are covered in the next chapter.

Chapter Six: Results – Balancing Work and Life, Making Emergency Work Effective

This chapter presents the results for the two remaining categories: 'Balancing work and life' and 'Making emergency work effective'. For each category, a relational map and a detailed outline and depiction of the strategies embedded in the sub-categories are provided (Table 6.1). At the end of the chapter, the core category 'Achieving personal and professional sustainability' is presented, and the links of this core category to the other four categories are explicated.

Table 6.1: Categories and Sub-categories

Category	Sub-category
Balancing work and life	▪ Being gentle with self ▪ Unplugging from work ▪ Managing domestic work and childcare ▪ Having familiarity normalises the work ▪ Managing conflict
Making emergency work effective	▪ Working as a team ▪ Communicating effectively with patients and relatives ▪ Immersing professionally ▪ Persevering ▪ Taking pride

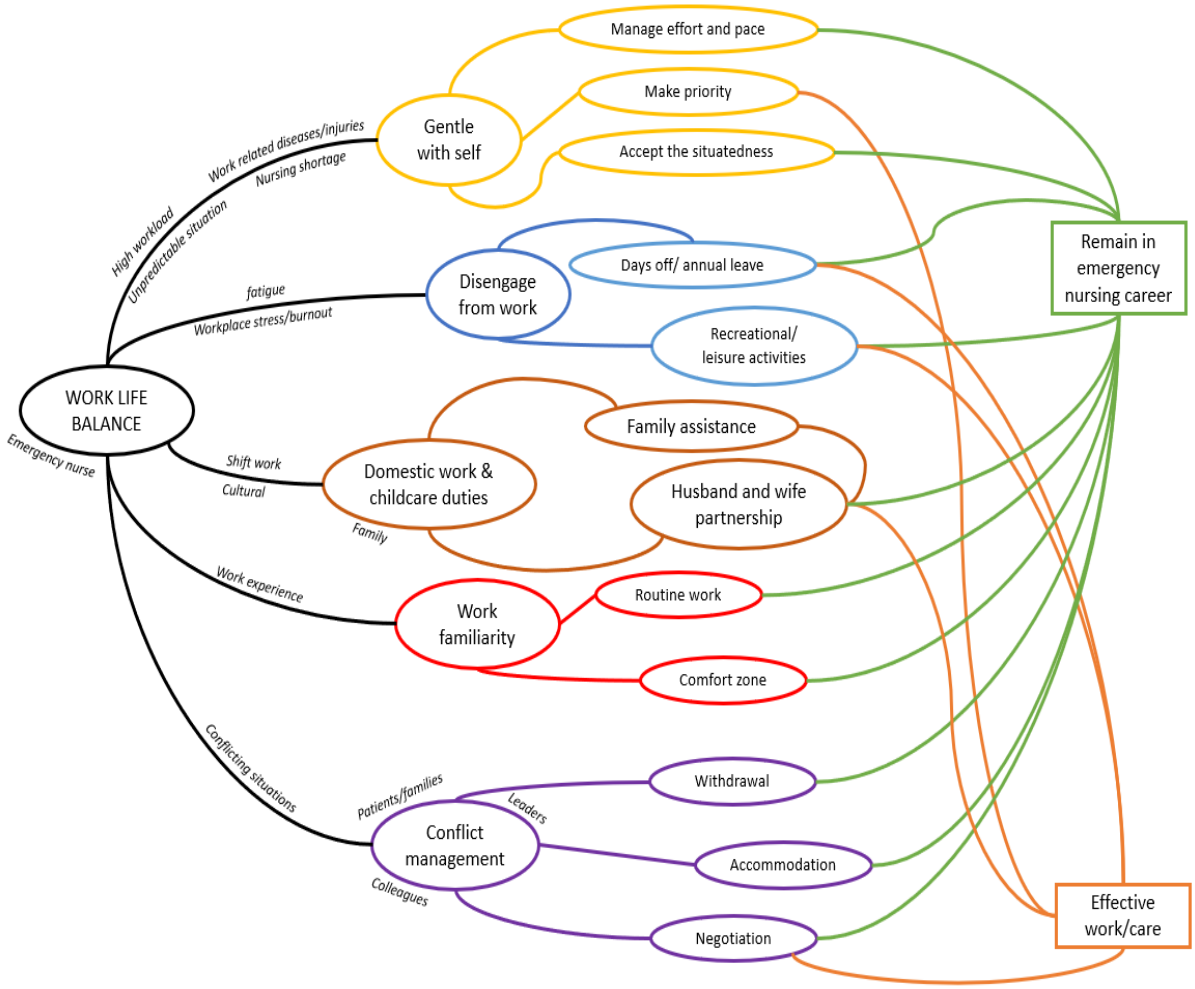
6.1 Category 3 – Balancing work and life

Data revealed that participants remained and thrived working in EDs by undertaking a strategy named 'Balancing work and life'. This category reflects that the participants endeavoured to manage their professional and personal lives. The capacity to protect themselves as professionals emerged from experience, and from their insights into how to balance the pace and flow of ED work to meet the needs of the patients, of team members, and of themselves. This category was typified by actions described in five sub-categories: 'Being gentle with self', 'Unplugging from work', 'Managing domestic work, childcare and careers', 'Having familiarity normalises the work', and 'Avoiding conflict'.

The relational map in Figure 6.1 represents the complexity of participants' understanding and experiences in balancing their work and lives. Whilst the strategies in balancing work and life such as gentleness with self, being able to disengage from work and normalising work through familiarity are results of self-referential processes, other strategies such as managing

domestic work and childcare duties and avoiding conflict are processes involving emergency nurses and other individuals, such as nurses' family members, patients or patients' families, professional colleagues and leaders. It is apparent from the map that the vast majority of the elements are linked to nurses staying in their emergency careers, and some elements are associated with 'effective work/care' or both. The temporal (e.g. shift work, work experience) and spatial elements (e.g. high workload, staff shortage, cultural values) identified from the data are attached to the connecting lines of the map, and show the links between 'work-life balance' and other elements. For example, fatigue and workplace stress/burnout cause participants to disengage from work, and experience creates work familiarity. The relationships between the elements and the strategies employed by participants to balance their work and life are discussed in the following sections.

Figure 6.1: Relational Map: Work-Life Balance



6.1.1 Being gentle with self

Many participants indicated that in order to sustain themselves in their work, they had to learn to be gentle with themselves. The use of this strategy meant that the participants knew their own limits and were able to adjust their practice to accommodate their working conditions and to make their work sustainable.

Several participants (n=7) indicated that one approach to being gentle with self involved identifying their limitations and adjusting to what was possible with "the high workload… lack of personnel, and the unpredictable number of patients" [Maya, 14/GH/FF, interview 1, box 98]. Work-related diseases or injuries were conditions that required nurses to change and manage their pace and effort. For example, Aisyah identified her limitations regarding her back issues and took care to prioritise her work. She said:

> When there are too many patients, I will not push myself too hard to get everything done because it is impossible. Therefore, I have to reconsider which [tasks] can be postponed and which need to be done right away. [12/GH/FF, interview 1, box 50]

A few participants (n=3) identified that in their early careers they had work expectations of themselves that were too idealistic. They worked too hard, forgot about taking breaks, neglected their own health and disregarded their wellbeing to achieve their goals. Over time, by their own means or following other nurses' suggestions they adapted to the work at hand and set priorities based on what was realistic. Mawar explained:

> … my supervisor told me 'lower your standard! [self-set expectations] that's how we work here'. So, I'm no longer thinking about it [initial work expectations] that much. If we need a break, take a break, no need to push ourselves too hard, just do what you can. [Mawar, 11/GH/FF, interview 1, box 52]

While some participants had high desires and expectations for career promotion (see Section 5.3.3.1), other participants chose to accept work within the situatedness of their current roles. The participants (n=5) who were working within their role situatedness used the metaphor of 'flow' to describe the way they worked and they were 'gentle' with themselves. 'Letting life flow' was used by participants at times when they were not trying to control what happened to them personally and professionally, or when they had no specific target regarding their work or career ambitions. The following excerpts provide examples of this:

> I simply go along with the flow of life. I don't have a specific goal. Life just flows, according to the provision from Above (God). Whether I am going to stay or not? If I'm still here, it means that I am still appointed to be an emergency nurse. [Wenwen, 17/GH/OL, interview 1, box 22]

> My principle is to let things flow naturally, like this, in my lifetime, maybe other people want to have a position, for me is slightly different …. Meaning, if one day I was given a position, it's because people really see that I am able and capable to do it well. Not because I beg for it… [Ari, 19/GH/OL, interview 1, box 19]

By this attitude, participants demonstrated personal, professional and career flexibility, which in turn helped them to feel happy instead of feeling burdened by having excessively high ambitions and expectations. For example, “I’m happy where I’m right now. You don’t really have the big goals when you have peace of mind… I think that’s enough already” [Dueren, interview 1, box 36].

Participants had found, for different reasons, that being gentle with self was an important strategy for prioritising and managing their work, and adopting the strategy made their work more sustainable. This strategy had evolved due to participants’ self-awareness and level of experience in EDs. It was interesting to note that during participant observation I was unable to detect any obvious difference in performance between the participants who adopted the practice of being gentle with self and those who did not.

6.1.2 Unplugging from work

Most participants (n=18) tried to reduce stress by finding ways of ‘unplugging’ themselves from their work, which involved the participants removing themselves physically, mentally and emotionally from their work. This strategy helped them to deal with workplace stress and fatigue, and to sustain themselves as emergency nurses.

Participants commonly ‘unplugged’ themselves from their work by having a rostered day off or by taking annual leave. Tono commented, “Occasionally if I feel boredom or stress with my work, I take [annual] leave or day(s) off up to three days” [22/GH/OL, interview 1, box 39]. Andre explained what he did while on vacation leave: “Usually I do some fun, wander around, visiting places” [03/PH/FF, interview 1, box 6]. Samuel explained: “So when I have an off-day, or I’m on leave, I really forget anything about ED … that is the first [strategy], I leave the ED and I do my hobby” [04/PH/FF, interview 1, box 69].

Participants addressed the importance of having recreational leave, of getting away from the work environment to relieve work stress. They recognised that vacations reduced the psychological and behavioural strains caused by the job, and enabled them to sustain themselves in their work and careers. Ximen shared her experience when she had left and how it affected her work greatly: “Last year I took my leave. I visited Bromo and Yogyakarta with my family. It was refreshing, I enjoyed it very much, so when I got back to work, I become more spirited. More refreshed” [13/GH/FF, interview 1, box 31].

Likewise, Mawar, who returned from maternity leave a few months before the interview, explained how being away from work changed her intention to leave to the intention to remain in the workforce. She explained: “I am just back from my maternity leave. So, my mind is at

peace now. Before the leave, I was at the peak, and I intended to propose [apply] for rotation or relocation…" [Mawar, 11/GH/FF, interview 1, box 52]. For other participants, hibernating at home was an option to overcome work-related burnout. Rest helped them to restore themselves both physically and mentally. Eli said, "I take a day off, to rest at home… regenerate my physical and mental energy" [28/PH/OL, interview 1, box 28].

Recreational and leisure activities of participants such as leisure walking, watching a movie, grocery shopping, and picnics helped participants to draw their attention to non-work activities for a while. For example, Ximen explained, "when I'm fed up, I will look for another activity like watching a movie or hang out with friends, anything to get me out from the routines, find a different environment to refresh myself" [13/GH/FF, interview 1, box 36]. Maya reported that she spent her leisure time with her family to relieve work stress and boredom. She said, "well, I overcome it by playing with my kids, we went for a picnic or shopping…" [14/GH/FF, interview 1, box 38]. Participants who engaged in hobbies such as sport, travelling and gaming were able to release work tensions in their minds and to focus on things other than work. Ari commented on a regular activity he did after work to switch off from work-related stress: "I do physical exercise... badminton, taking up a sport, all [stress] gone" [19/GH/OL, interview 1, box 36].

6.1.3 Managing domestic work and childcare

Many participants who are married and have children (n = 16) commented on the importance of managing domestic work and childcare together with their partners and/or parents in order to balance their work and life. Family assistance gave participants 'peace of mind' throughout their long day at work and enabled them to be more focused when undertaking their emergency work. This assistance made it possible for participants to remain in the emergency nursing workforce.

A social custom that exists in some local communities in Indonesia is that the wife is obliged to take responsibility for the children and the house. For example, Sammy stated, "I leave the house matters to my wife because she's not working, so she can take care of the kids" [08/PH/FF, interview 1, box 32]. However, many of the female nurses were placed in a dilemma, as they felt they had to choose between family and work. As some participants reported, this could eventually result in some of them considering resigning because they were obliged to care for their children. One participant said:

> I often felt guilty. I left my son with someone else in a childcare facility… Oh my God, why should I do this work when I'm not able to take care of my own son?... That's what made me think of resigning. [Mawar, 11/GH/FF interview 1, box 56]

Emergency nurses work in constantly changing environments, particularly with shift work. Married participants were required to make arrangements with their partners in regard to home and children, requiring a degree of flexibility and cooperation with their spouses. Bunga shared her story of how she managed domestic work and childcare with her husband as follows:

> Well, it happened that my husband understands my job as a nurse… Both of us are working, my husband is working, and I also am working on shift. So, it is our consensus to do the household tasks together, especially in taking care of the kids. [02/PH/FF, interview 1, box 60]

Some other participants had access to nearby relatives and often received childcare assistance from participants' parents and in-law. Aisyah stated, "While I work… I have someone who takes care of my kid. I live near to my parents, and my husband also helps take care of my boy, so I'm not worried about domestic and family matters [at work]" [12/GH/FF, interview 1, box 26]. Participants with this support believed that this helped them to stay working without worrying about their children and the housework.

6.1.4 Having familiarity normalises the work

As they had years of experience and exposure to a wide range of emergency nursing situations, some participants (n=14) were able to routinise their practice, that is the work had become normalised and natural, and eventually, they were working in their comfort zones. The participants reported that they were likely to remain in their work when they were sufficiently familiar with their roles and work environments. Ximen echoed this sentiment and did not want to be rotated to another department:

> If it is my turn to be rotated, I will say no. Because if they assign me to another unit, I must adapt to a new work environment, adapt to new people…. I'm more comfortable here, I think, no matter how hard the [emergency] work is, but I'm already familiar with it… so I can just live with it. [13/GH/FF, interview 1, box 24]

As a result of work familiarity, participants considered that emergency work became less challenging when it involved routine and regular daily activities, which were easily performed. However, the participants held divergent views regarding how routines affected their job satisfaction. Those who felt comfortable with the routines understood that their experience and familiarisation contributed to their ease of working. Wenwen explained, "after the third year, everything was just like a routine…because it is less challenging" [17/GH/OL, Interview 1, box 47,48].

Similarly, Andre, with 23 years' experience in emergency nursing, stated that after ten years working in the ED, he began to relish the routine. He said: "… when you have been working

for more than ten years, things will change, because you started to enjoy your work… your routine" [03/PH/FF, Interview 3, box 3].

Conversely, some other participants, like Luna, who had been working in EDs for 17 years, felt that routine work caused them to lose their initial work enthusiasm. Recollecting her experience, she said: "…it's different from the beginning where we were so excited. Today everything is [a bit more] indifferent, it is only routine, you know. Doing something normal" [5/GH/FF, interview 1, box 54]. Luna's sentiment was echoed by Dan, an emergency nurse with seven years experience, when he said: "… now it is not as exciting as before. Because now I feel this is my daily activity" [09/PH/FF, interview 1, box 124].

As time passed and they gained experience in the ED, participants became more familiar with the work and the workplace. Dan commented: "because we already know what to do, the job descriptions. And we don't need to make any more adjustment from the beginning …. For now, yes, I'm in my comfort zone" [09/PH/FF, interview 1, box 14]. Several participants who had been working for a long period of time indicated that they enjoyed the 'comfort zone' because they did not have to adjust their ways of working and the people with whom they work.

6.1.5 Managing conflict

Most participants reported that they had encountered some discomfort in workplace interactions with their leaders and co-workers, and/or with patients and their families. A number of participants (n=14) commented on situations of conflict and their strategies for managing them. Various strategies to manage conflict in their workplaces were used, the main ones being: withdrawing, accommodating and negotiating.

When tensions were high and potential conflict was encountered, many participants chose to withdraw or keep a distance from the person/s with whom they had a problem. For instance, one participant stated that he avoided engagement with his supervisor, and endeavoured to maintain a distance by changing his shift, from a day shift to an afternoon or night shift. He remarked: "…sometimes, I try to avoid meeting my boss, I change shifts, not keen to see her… I'm not comfortable with her leadership. So, I prefer to work in the afternoon or night shift" [Dedi, 20/GH/OL, Interview 1, box 20].

Another participant who experienced a conflict with her co-workers also tried to distance herself from the uncomfortable work environment and the people she worked with by 'chilling herself down' at home when she was distressed. She said: "… I'm fed up not with the job itself,

but more with the surroundings … I just don't want to see their faces for a while. I just want to stay at home to chill myself down" [Ayu, 10/PH/FF, Interview 1, box 62].

Some participants reported that extended periods of waiting time in the emergency waiting rooms could create conflict with patients and their relatives. For example, Rama, a senior nurse, reported that he chose to escape from conflicts and stressful interactions with patients in the waiting room by withdrawing himself from the situation:

> … based on what I saw and experienced, we better avoid them [angry patient/relatives in the waiting room]. … I already explained [what is happening to the patient] but the family didn't understand … we're tired, we don't want to confront the patient, … we're better doing something else, let my workmates handle it. … leaving doesn't mean we accept that we are guilty [have done something wrong], no. But because we sense the patient is labile, patient's family is confused…. [Rama, 24/GH/OL, box 22]

Some participants also reported that when they encountered conflict or a negative event at work, they needed to 'tranquillise their intense emotions' by removing themselves physically from the situation. These actions created small periods of 'time out' for the participants, giving them time to reduce their emotional arousal, regain clarity in their thinking, and recover their executive functioning. One participant provided the following example:

> For example, I go to a regular place for a break, drink water and cool off, after five minutes I come out again. Or if I really feel terribly sad, really hurt, I will only take prayer water, I calm my heart, calm my mind, then I come out again. [Wenwen, 17/GH/OL, interview 1, box 27]

Some participants reported the use of accommodation strategies to avoid conflicts and to maintain good relationships, particularly with their leaders. For example, participants tried to maintain goodwill with their leaders because they assumed that if they did not have a good relationship with the supervisor or the manager, they would be rotated to another department, which was not desirable. Dedi said: "…then, any task was given from the leadership or from the hospital [management], we must do so, very rarely rotated [to another department]" [20/GH/OL, interview 1, box 25].

By accommodating, they gave in to their leaders and avoided stating their needs, beliefs, or opinions. One participant stated: "…there is something that is not in accordance with our conscience too, some are not in-line with our expectations. Whether we want it or not, keep it, buried it deep in our heart. Don't create a conflict" [Rama, 24/GH/OL, interview 1, box 3].

Another strategy to manage conflict was negotiating to reach a compromise. For example, when confronted with conflict with a colleague or a leader, Wenwen stated that she would ask the person to: "…sit down and talk. Try to find out what the problem is. …to resolve any misunderstanding …" [17/GH/OL, interview1, box 62].

Another interviewee, Sunny, emphasised the importance of negotiation and how it can negatively affect nurses individually and professionally if it is not achieved within a certain timeframe. In her opinion: "…it's better to speak up, and discuss, and fix the problem, so we can feel comfortable working…. Otherwise, we will be frustrated, and it will impact our productivity" [18/GH/OL, interview 1, box 56].

For some, including Eli, compromising enabled her to have a healthier mindset and helped her to sustain herself in her work as she was "not carrying around all this resentment all the time" [28/PH/OL, interview 1, box 28]. The ways that the participants acted and strategised to make their emergency work effective are detailed in the next section.

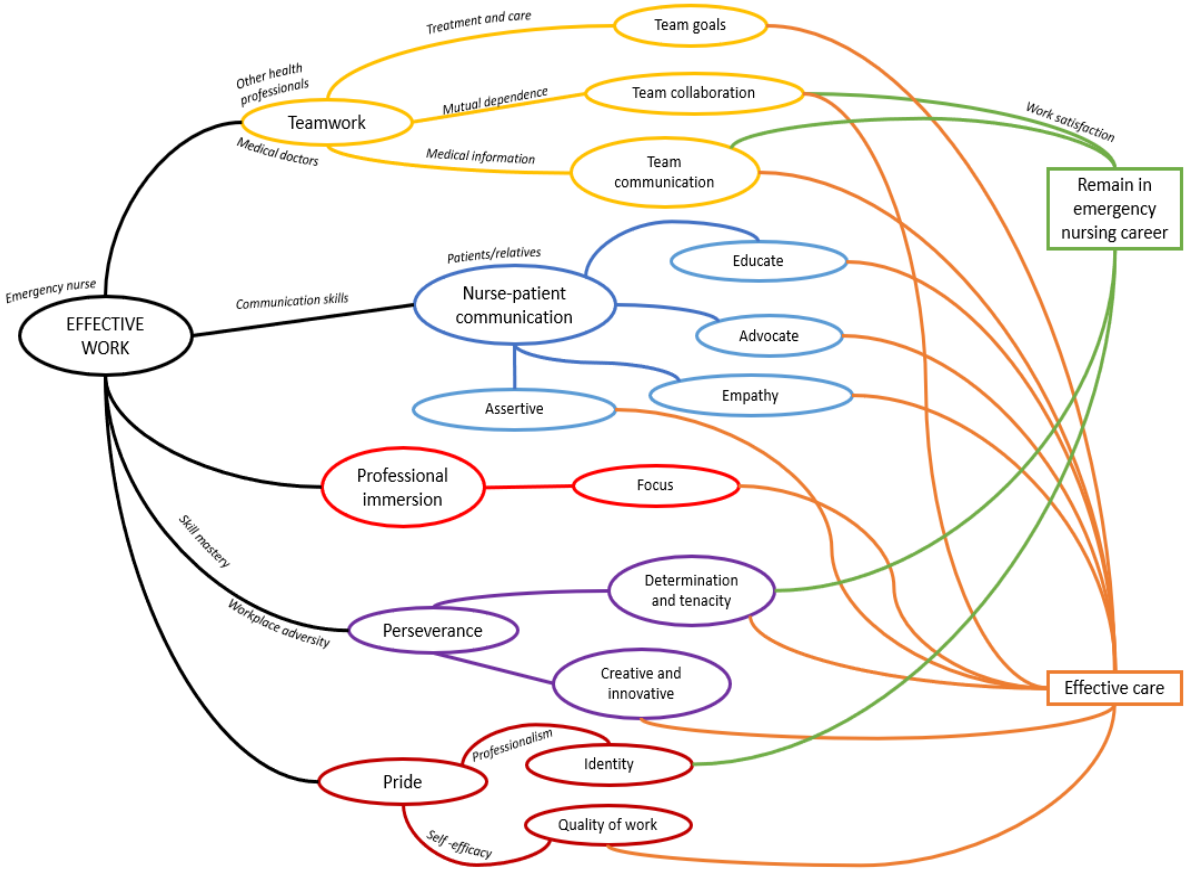
6.2 Category 4 – Making emergency work effective

The participants revealed that they used advanced skills and knowledge as they worked to be effective as emergency nurses in their workplaces. Five key practices were used by the participants as they sought to make emergency nursing work effective: being effective in teamwork; communicating effectively with patients and relatives; having the ability to immerse themselves in their work; having and maintaining perseverance; and taking pride in emergency nursing work. These practices to make their emergency nursing work effective revealed higher-order cognition and understanding, beyond the undertaking of technical tasks, but considering emergency nursing through a more sophisticated lens.

The relational map in Figure 6.2 presents the range of elements focussing on 'effective work' and their relationships. Most of the elements are connected to 'effective care', while four elements: team collaboration, team communication, determination, and tenacity, are linked directly to both emergency nurses' retention and 'effective care'. Only one element, 'identity', is associated with emergency nurses continuing their careers but is not connected to 'effective care'. The individual human elements identified from the data are the emergency nurse, other health professionals, medical doctors, patients, and relatives.

Some discursive, spatial, and non-human elements are placed in the diagram over the connecting lines to depict how elements may stimulate the relationship between one element and another. For example, 'mutual dependence' discourse bridges 'teamwork' and 'team collaboration'. Another example is that workplace adversity (a spatial element) and skill mastery (a non-human element) stimulate perseverance. Further descriptions, quotations and examples of the elements and their relationships are presented and explained in the following sub-sections, along with an explanation of each sub-category.

Figure 6.2: Relational Map: Effective Work



6.2.1 Working as a team

Many participants (n=18) used teamwork skills as a strategy to make their work of providing care to emergency patients more effective. Three main elements of teamwork (particularly between nurses and with doctors) identified from the data were team goals, team communication, and team collaboration.

The most important factor in achieving teamwork was sharing the same goal to provide the best quality emergency care to their patients. One participant stated: "… we [nurses and doctors] are partners … we share the same goal, to save our patients' lives and provide optimal emergency care" [Gendhis, 16GH/FF, interview 1, box 23].

Even when negative issues arose in the workplace, and when relationships were strained, good teamwork was seen as a means of attaining their shared clinical and professional goals. Tono emphasised: "…. never let the differences we have between team members impact negatively on patient care" [Tono, 22/GH/OL, interview 1, box 35].

Participants reported that once the team had set their goals, they could begin to progress towards the completion of those goals by collaborating with each other. Effective teamwork

was premised on the belief of mutual dependence between doctors and nurses in the provision of emergency care. One participant commented: "…we [doctors and nurses] all want what's best for the patient, but we all have different responsibilities and different skills. The best way to maximise patient's care is to use our different skills and work together" [Eli, 28/PH/OL, interview 1, box 18]. Likewise, Gendhis considered that "…we must remember that we work in a team, and we need each other to ensure patients get the care they need" [16/GH/FF, interview 1, box 23].

Participants valued collaboration as a way to provide treatment and care for emergency patients and to solve problems related to emergency services, as illustrated by the following statements:

> For example, when a critical patient comes, I will check his condition, report to the doctor, asking the doctor to respond quickly… I put on the oxygen, insert the IV cannula, draw blood for examination. Meanwhile, the doctor will order treatment, medications, or other tests. If there is something wrong with the patient's vital signs, ECG, or unexpected deterioration, I will call on the team for assistance. [Sammy, 08/PH/FF, interview 1, box 56]

> Honestly, it's impossible to work here without teamwork. I'm not able to work alone. I'm a part of the team … we need each other. Particularly to solve the problem, we need to collaborate. I can't make a decision by myself... I need to hear inputs from others. [Rama, 24/GH/OL, interview 1, box 19]

To enable successful collaboration, participants recognised the team members' characters and made some adjustments to their communication and collaborative processes when necessary. The participants reported that they believed that once nurses adjusted to the team, they were more productive in their work and care. As Aisyah explained:

> … we already understand each other well. If I work with A, I have to be this way, when I work with B, I have to be that way… But if they reassign me to another team, and I have not known my new teammate's characters, I will observe how they do their work, what's her preference, and I will adjust to her. So we can finish the job well and fast. Let's say I am working with someone who prefers doing the writing tasks, then I will do the bedside one; or if we are working with someone who needs to be told more often, I have to find out how to tell her to do things. [12/GH/FF, Interview 1, box 24]

Aisyah added:

> … sometimes even for the slightest matters like filling out patient's documents. Let's say the other nurse in my team is the one who administered, still I'll have to check on it. Just to make sure she doesn't miss anything. Because as partners we have to cover up each other weakness to avoid problems should anything happens. [12/GH/FF, Interview 1, box 30]

Ayu made a similar comment: "…if the other nurse has difficulties, or is unable to do the work. I will back her up if I can. …if you're done with your work, you go help someone else" [Ayu, 10/PH/FF, interview 1, box 108]. Both Aisyah and Ayu's comments highlight mutual support

and backup behaviours among team members, for example, by filling in or helping each other as collaborative practices.

Other common elements of good teamwork included effective communication within a team. The participants clearly understood the importance of communication among appropriate members of the team to make their collaboration successful. In this two-way communication, the participants reported that they needed to receive information from the doctors or other health professionals regarding patient treatment. Much of the teamwork communication involved verbal and written reports. Mawar offered the following opinion:

> Communication is very important in teamwork. Someone has to pass the information along; doctor needs to communicate what he wanted to do to the patient. Nurses need to report and document what she found from the assessment, what medications she gave the patient and notes how the patient responded to the treatment. [Mawar, 11/GH/FF, interview 1, box 160]

Participants who reported working in teams with excellent collaboration expressed their satisfaction with work and implicitly indicated their intention to stay. One participant from a general hospital said:

> This is one of the busiest ER in West Java, and required a great team to be able to do the work. We do have a great team collaboration, which is one of the reasons why I love working in ED, and never think about leaving. [Maya, 14/GH/FF, interview 1, box 96]

This feeling was echoed by another participant who worked in a private hospital: “it’s a great place to work. I enjoy the positive vibes from our team. We help each other, and I cherish our togetherness” [Kasih, 05/PH/FF, interview 1, box 38].

6.2.2 Communicating effectively with patients and relatives

Communicating effectively involves emergency nurses passing information to and connecting with patients and relatives. Many participants (n=22) reported that through effective communication, nurses were able to educate and show empathy to their clients, which they believed resulted in enhanced nurse-patient collaboration and effective care.

Participants comprehended that in order to communicate effectively with patients or their relatives in emergency situations, it was necessary that nurses have and use verbal and non-verbal communication skills, such as “plain and clear [language]” [Bunga, 02/PH/FF, interview 2, box 34], “communicating the information concisely and accurately” [Dan, interview 1, box 33] and “speaking in a calm voice” [Samuel, 04/PH/FF, interview 1, box 103]. Another participant stated that nurses with a natural professional demeanour are “more appreciated and heard by their patients” [Dueren, 01/PH/FF, interview 2, box 42].

Participants used their communication skills to support patient education: “I try to educate them [patients] … regarding their health and their current condition/disease. Even though our time is limited …, but each time we interact with patients is always an opportunity to educate” [Sammy, 08/PH/FF, interview 1, box 58].

Some participants reported that educating patients and their families was a compelling way to ease their anxiety and improve nurse-patient collaboration. Jordan asserted: “... we [nurses] educate them [patients/relatives], so they’re not stressed out about being in the dark and [are] voluntarily willing to cooperate with the nurse” [Jordan, 21/GH/OL, interview 1, box 18].

From the participants’ perspectives, patients and their relatives looked to nurses as sources of information and found them to be most approachable health professionals in the ED. According to Eli: “…they [patients] are more comfortable speaking to us [nurses], because we are the ones who always there with the patients” [28/PH/OL, Interview 1, box 27]. The nurses reported that they provided advocacy to patients and their relatives by providing information and helping them understand the choices and options they have: “… about the procedures, treatments or preventions to recurrent disease” [Umi, 29/GH/OL, interview 1, box 21]. Mawar made a similar comment:

> We pretty much need to know about everything. Patients can ask you about medical procedures, diagnostic tests, medications, treatments. Even if there’s issues related to administration, admission, and insurance they [patients/relatives] will come to us. [11/GH/FF, interview 1, box 38]

Participants also acknowledged the importance of empathetic communication with patients and their relatives, as it helps them to “understand my patients’ feelings… [and] their family too, what they going through” [Rama, 24/GH/OL, interview 1, box 38]. Therefore, they expressed their empathy for patients and relatives’ feelings, experiences and perspectives in emergencies. Sammy commented: “… I try to put myself in their [the patient’s/relatives] position. If I am in their shoes, I probably will do and feel the same …” [08/PH/FF, interview 1, box 22]. Similarly, Bunga explained:

> I totally understand, I work in this industry and have to deal with people that may stress out because of the cost, stress with the condition of their loved ones… So I try to understand their [patients and relatives] predicament. [02/PH/FF, Interview 1, box 62]

Many participants used “treating patients like family” as a key way to provide empathetic care. For example, Duren said: “I treat them [patients] like family members…” [01/PH/FF, interview 1, box 44]. Empathy involves compassion and leads to caring responses and benevolence from the nurses. For example, Ayu said, “I work sincerely, and I have genuine empathy for the patients that I serve” [10/PH/FF, interview 1, box 54].

Participant observation revealed that within the constraints of their workload, participants regularly and briefly checked the patients to reassure them that they had not been forgotten. In a caring and friendly manner, participants kept patients informed about what tests and treatments had been done, answered questions and listened to patients' concerns, and provided comfort and explained why delays were occurring [Field notes 2/2/2018]. One participant stated that maintaining communication with patients signified caring behaviour:

> I will pop in regularly to my patients, just to inform them [the patients] that the doctor is still handling another emergency patient, his lab test is underway, or just to check if they are all right… Sometimes we forget to deliver the message, that's not caring. [Kasih, 05/PH/FF, interview 1, box 80].

However, at certain times, emergency nurses also demonstrated assertiveness when interacting with patients or their relatives. For example, Bunga was involved in an incident when some patients and their relatives arrived in the ED. Although they were assessed as being in a non-emergency category, they were insistent and tried to compel staff to provide treatment for unacceptable reasons, such as they were in a hurry or needed a space to lie down. Bunga, who happened to be the triage nurse that day, was firm and confident when undertaking the screening examinations. With a respectful manner, she refused the patients who did not warrant emergency treatment. Afterwards, she provided instructions and explanations about which patients needed to be referred to the Outpatient Department (OPD) [Field notes, 18/01/2018]. In a debriefing interview, Bunga remarked:

> Can you imagine how overcrowded it will be if we accept non-emergency patients inside? It will disrupt care for patients who really need emergency treatment. I need to be assertive to say "no" without insulting them. [02/PH/FF, interview 2, box 20]

Bunga's action also demonstrated her capacity to undertake efficient triage and manage the presentation load, which reduces overcrowding. This skill is central to the effective operation of the ED.

6.2.3 Immersing professionally

The interviews highlighted that some participants (n=10) used professional immersion when they were performing their work. Professional immersion occurred in circumstances when the participants felt completely absorbed with and focussed on what they were doing. During this time, participants were fully involved and were sometimes were unaware of themselves and the passing of time, as they were being productive in their practice.

One participant said: "when I'm working, I am like being in my own world" [Aisyah, 12/GH/FF, interview 1, box 26b]. They believed that they were totally absorbed with giving their full attention to patient care. For example, Mawar said: "I only focus on the task at hand, everything

else just disappears… I forget that my child is sick. I just forget … I get carried away" [11/GH/FF, interview 1, box 62].

Many participants stated that time can feel condensed and pass quickly when they are fully engaged with work that they know, is interesting, and enjoyable; and this happens mostly when the ED is full of patients. Dueren reported: "I lose track of time. Time flies really fast, suddenly it's time to go home" [01/PH/FF, interview 2, box 10].

Work in the ED requires nurses to be "vigilant, accurate, [and] fast…" [Tono, interview 1, box 66]. Several participants acknowledged that being cognitively focused on their work is one of the keys to effective work and care, while a lack of concentration at work may harm patients. Dueren made the following comment:

> If you are out of focus because you are thinking about your personal problems, you will be unable to think how much Herbesser [medication used to treat hypertension or chest pain] you give the patient, what is the target blood pressure, or how much Dopamine [medication used to treat hypotension] is running… you may kill the patient! [01/PH/FF, interview 3, box 13]

This comment indicates that when participants are fully immersed in their work, they place their patients and the necessary treatment at the centre of their professional attention.

6.2.4 Persevering

Participants described processes akin to 'persevering' when faced with adversity; this appeared to be a strategy linked to surviving and succeeding in emergency nursing work. Persevering enabled participants (n=21) to continue to do their tasks with determination and tenacity, and to be creative and innovative in their work and care.

Participants reflected on how having a career in emergency nursing obliged them to master requisite skillsets. In the course of their endeavours to be proficient in emergency nursing skills, some participants admitted that there had been times when they had experienced failures and setbacks which left them feeling disappointed and wanting to give up their careers. While giving up is an option, Andre, one of the senior nurses, confirmed that perseverance is important, based on his experience which he conveyed as a legacy to his juniors. He said:

> New nurses these days, easily give up, quitting… [because] the [emergency] work is hard… require skill above and beyond the standard… I remind them again and again: If you failed, don't give up, keep doing, so you'll get used to it… learn from the experience, that's what I did. [03/PH/FF, interview 2, box 24]

To other participants, perseverance involved an unwavering commitment to their initial motivation. Perseverance allowed them to have the strength to keep going and always come back to work the next day to do their job all over again. One participant stated: "...no matter how tired we are, how bad our mood is, remember that we have committed to this work and it

is of the utmost importance to sustain" [Aisyah, 12/GH/FF, interview 2, box 28]. According to Jordan, an emergency nurse with 18 years experience: "I can always defeat boredom [at work - for working the same job at the same place for many years], because I'm determined to carry out my duties with dedication and passion" [21/GH/OL, interview 1, box 14].

Participants also emphasised that nurses who persevere always look for alternatives and arrive at solutions when confronted with impediments. Barriers to effective care may include when there is "not enough equipment for all patients" [Sammy, 08/PH/FF, interview 1, box 120], or when "patients can't afford [health-care] cost and payments…" [Samuel, 04/PH/FF, interview 1, box 29].

However, with perseverance, nurses reported that they worked through the challenges by being innovative and creative in their care. Dueren illustrated how emergency nurses are creative and innovative to attain effectiveness in their care, if cost is the problem. He said: "We are trying to find new ideas … create something more affordable, …be more creative, so we can still provide treatment with lower cost for the patient, without inflicting a financial loss for the hospital" [01/PH/FF, interview 1, box 66]. In Samuel's opinion: "… we [emergency nurses] need to take charge, … the initiative to remove obstacles … nurse should act to do something amid the limitations" [04/PH/FF, Interview 1, box 128].

6.2.5 Taking pride

The sub-category 'Taking pride' is related to participants' identity as emergency nurses and the associated quality of their work. When asked about how they see themselves as emergency nurses, and how this related to their job satisfaction and the effectiveness of care they provided, many participants (n=18) spoke of having professional pride in what they do as emergency nurses. The sense of pride was mainly relevant to their "distinctive and unique" [Andre, 03/PH/FF, interview 1, box 10] skills and knowledge, which enabled them to help and care for emergency patients and to 'save lives'. This sentiment was expressed by both experienced and less experienced emergency nurses. For example, Samuel said: "I feel proud. There is a pride in being an emergency nurse because our job is indeed saving people's lives. Not all nurses can do that, we are here every day performing a life-saving job" [04/PH/FF, interview 1, box 26].

Pride usually appeared along with satisfaction, particularly when participants achieved their work goals, most often when they saw their patients' progress and recovery. Ximen commented: "when we were succeeding in helping a patient who was unresponsive at all before, and then he became responsive… he had a second life. He survived. Then I felt a sense of pride and contentment" [13/GH/FF, interview 1 box14].

The observation highlights that the sense of pride and satisfaction was clearly evident amongst nurses who had successfully performed life-saving and challenging procedures, such as resuscitation or inserting an intra-venous (IV) catheter in an infant with dehydration. Notably, as the researcher observed during an act of resuscitation, as members of the emergency team the nurses focussed all their efforts on saving the patient's life. When that patient was eventually in a stable condition and was transferred from the ED to intensive care, the sense of achievement and satisfaction could be felt in the room. The nurses had smiles on their faces, and their expressions confirmed that they had feelings of satisfaction [Field notes 21/01/2018].

Pride based on previous success often causes feelings of self-efficacy. Participants believed that they were capable in their work and had confidence to complete the tasks assigned. Reflecting on his early years working in the ED, one participant said: "… when I succeed doing a difficult procedure … like inserting an IV, NGT or Foley catheter … I feel satisfied and happy. I am proud of myself and felt confident that I can do it again" [Samuel, 04/PH/FF, interview 1, box 25].

Taking pride in a job well done increased participants intention to stay in their work. As Ayu explained:

> A patient comes, and we handle them properly and send them to the ward or intensive care. We have a sense of pride there… I finished my shift and I went home feeling satisfied. No complaints from patients, I made no mistake, all went very smoothly… I prefer working more than staying at home… [because] I know that I did many things at work that are worthwhile. [10/PH/FF, interview 1, box 62 & 90]

Some participants also believed that because of their feelings of professional pride as emergency nurses, they could overcome stressful work situations and continue working in the ED. Kasih said:

> It gives me a sense of pride to wear the uniform. Once I put it on, it becomes my identity. This is the identity of a professional nurse who will try to do their best for their patients, delivers care with knowledge and compassion, and also is able to overcome problems and find the right solution. I'm not a quitter because I am proud of being an emergency nurse. [Kasih, 05/PH/FF, interview 1, box 36a]

By taking pride in their job, participants kept high working standards and maintained their enthusiasm for their work. Dueren said: "I don't know about others, but I do it according to the standard that I know, the high standard" [01/PH/FF, interview 1, box 34]. Similarly, Luna commented: "I'm proud of my job… therefore, I try my very best to deliver the highest quality care I could to my patients" [15/GH/FF, interview 1, box 14].

The four categories explained in Chapter Five and Six are included in the core category. In the next chapter, the core category ‘Achieving personal and professional sustainability’ and its properties are identified and discussed.

6.3 Concluding remarks

Together with categorical findings presented in Chapter Five, the focus of Chapter Six has been on presenting the findings related to the ‘actions’ and ‘interactions’ of the emergency nurses based on multiple datasets (interviews with the participants, participant observations, and relational mapping). The two categories reported in this chapter were ‘Balancing work and life’, and ‘Making emergency work effective’. The categories reveal how emergency nurses in Indonesia maintain their careers and practices.

Although the emerging categories: ‘Driving forces’, ‘Developing and using armouries’, ‘Balancing work and life’ and ‘Making emergency work effective’ have been presented in two separate chapters (Chapters Five and Six), each is interconnected and embedded within the core category: ‘Achieving personal and professional sustainability’. The core category is presented in the next chapter.

Chapter Seven: The Core Category

The four interrelated emerging categories, 'Driving forces', 'Developing and using armouries', 'Balancing work and life', and 'Making emergency work effective', which represent all of the major activities that emergency nurses utilised, were reported in Chapters Five and Six. In the final phases of analysis, one core category became evident: 'Achieving personal and professional sustainability'. The core category encapsulates the basic social processes apparent in all categories (Table 7.1).

'Constructing and evolving professional identities' and 'Perceiving and reshaping the meaning of effective work and care' are the properties of the core category. In this chapter, how the properties of the core category overarch and embody each of the categories to a greater or lesser extent is explained. At the beginning of each section, relevant quotations from participants which reflect their perceptions and experiences of the processes of 'Constructing and evolving professional identities' and 'Perceiving and reshaping the meaning of effective work and care' are provided. Each of the properties is explicated further below.

Table 7.1: The Core Category, the Properties of the Core Category, and the Emerging Categories

Core Category:			
Achieving personal and professional sustainability			
Constructing and evolving professional identities		Perceiving and reshaping the meaning of effective work and care	
Categories:			
Driving forces	Developing and using armouries	Balancing work and life	Making emergency work effective

7.1 Constructing and evolving professional identities

The first property of the core category is 'Constructing and evolving professional identities'. Emergency nurses' professional identity changes and evolves as a result of self-reflection. A degree of self-reflection is associated with participants' experiences of their positions and roles. The way in which they reflect on the work and on themselves continues to support the evolution of their identity.

Based on the emerging categories, it was possible to consider how the emergency nurses perceived their identities based on their attributes, values, beliefs, motives, and experiences. Such identity gives meaning to individuals' lives and guides their actions and behaviour. Their

professional identities developed and evolved continuously throughout their journey from new nurses to qualified and experienced nurses.

Participants brought with them their past personal and professional identities when they first entered the emergency nursing workforce. Over time, they altered their perspectives on who they believed they were. These shifts and differences were illustrated in the participants' transcripts. For example, Ari's interview revealed that his personal identity attributes, for example, as a son, differed considerably from his professional attributes as a nurse working in an ED. Over time, he reshaped his identity as a 'spoiled child' to that of a professional who was compassionate and helpful. He stated:

> Looking back, I'm surprised that working as a nurse in ED can change my identity and my character. I never imagined doing what I do now. As a son, I used to be spoiled and served by my mother. But once I became a nurse, I'm the one who has to serve my patients. Slowly, I changed the way I see myself and my surroundings. [Ari, 19/GH/OL, interview 1, box 40]

A second example is illustrated by Kasih's story. Kasih had experience working as a nurse in a ward before working as an emergency nurse. She acknowledged transitions in her professional identity both before and since she began work in the ED:

> Often people assume nurses are doctor's helpers and that nurses are doing things according to a doctor's order. That's so discouraging…. But here [in the ED], I'm acknowledged as a doctor's partner… Personally, I have changed, evolved like a butterfly… I have gained self-confidence, knowing I'm professionally competent. I'm a completely different person from who I was before. [Kasih, 05/PH/FF, interview 1, box 47-49]

Developing a professional identity may require a degree of professional adaptation. Reshaping their past identity in EDs may be a form of adaptation to meet the work expectations and achieve acceptance in their workplaces. It might also be important to meet the qualities of participants' new identities as professional emergency nurses. For example, shaped by the work they do, many participants believed that they have developed into being quicker workers. They felt they were more likely to remain composed under pressure, and believed that they were more attentive in their work. For some participants, these professional characteristics sustained them personally, outside their work. For example, Tono remarked:

> I just realised that the job I do every day influences me. For example, I now move and work faster, and I keep calm in critical situations, I'm also becoming more vigilant, not only at work and practice, but also in my daily life outside the ED. [22/GH/OL, Interview 1, box 48]

Participants also reported that their professional identities evolved relative to their clinical expertise, which progressed over time. They felt themselves changing as they became more expert and confident in emergency care. For example, Luna commented:

> Now I feel more expert in this area [emergency nursing] … In my first year I was not confident of what to do to my patients. But as time goes by I have a better understanding and am more confident in making [clinical] decisions. [15/GH/FF, interview 1, box 46]

Identity is continually evolving and many participants experienced that their professional identity was continually developed through social interactions. In the following quote, Dedi explained how he positioned his professional self and identity to fit with the social discourse and expectations of the group he worked with. For example, on one occasion he was regarded as a colleague by fellow nurses, and in another context at work, he was considered to be subordinate to the doctors and supervisors. He asserted that the need to adapt to interact with different work colleagues was an ongoing and lifelong process that enabled him to sustain his emergency nursing:

> When I started working in ED, I needed to change and adapt to the work, to the colleagues, patients, doctors … to the systems, and the leaders…. Five or ten years later, I still need to adapt... maybe until I have retired. This is because things change, people change, and, thus, we need to be flexible and adapt to the changes to thrive in this work. [20/GH/OL, interview 1, box 33]

The property, 'Constructing and evolving professional identities' is grounded in the data on the four emerging categories: 'Driving forces', 'Developing and using armouries', 'Balancing work and life' and 'Making emergency work effective'. Various factors may help participants to develop their professional identities and motivate them to remain in their emergency nursing careers. This was explained in the category 'Driving forces'. For example, the respect and recognition they received from the community and their families for their identity as emergency nurses (Section 5.2.2.1) has been identified as one factor. Another factor to influence and mould identity was identified as holding altruistic desires to help other people in emergency situations (Section 5.2.1.1).

The qualities and abilities described in the category, 'Developing and using armouries', could determine a strong identity as a professional emergency nurse (Section 5.3). Nursing skillsets and clinical knowledge, religious, cultural, and linguistic competence in clinical practice, and the ability to maintain health and collegiality contribute to the formation of participants' professional identities. The data showed that participants continuously updated their knowledge and skills (Section 5.3.1), integrated religious values and regional languages in their work (Section 5.3.2 and 5.3.3), kept healthy lifestyles (Section 5.3.4), and fostered interpersonal relationships (Section 5.3.5), all of which contributed to the development of appropriate professional identities.

Participants acknowledged that they should be able to allocate enough time for both work and life in order to manage their professional identities and avoid professional burnout and internal

divisiveness. The transcripts revealed that balance is critically important in ensuring that participants achieve and exhibit professionalism at work. For example, in order to reduce workplace stress, participants took time off to relax and unwind, which enabled them to come back to work feeling re-invigorated and ready for professional practice (Section 6.1.2). As professionals, emergency nurse participants are required to act professionally during conflicts. For instance, sometimes they have to avoid conflict with patients or relatives in order to maintain their professional identity (Section 6.1.5).

Participants' professionalism was demonstrated and verified in the category 'Making emergency work effective' (Section 6.2). Participants' professional identities were established in their professional behaviours. It was identified that as professionals, the participants could work as a team, communicate with patients and relatives effectively, immerse themselves in work, and take pride in their emergency nursing profession.

7.2 Perceiving and reshaping the meaning of effective work and care

The meaning of effective work and care formed a fundamental basis to guide emergency nurses in their practice. These meanings influenced the participants' chosen strategies, actions and behaviours, highlighted in the four categories. In the context of this study, effectiveness was perceived as the ability of the emergency nurses to accomplish the desired goals and outcomes related to their practice. Participants identified a range of perceived meanings regarding effectiveness in work and care, as they articulated what it means in their day-to-day work.

Effective emergency nursing work was defined as "providing complete and responsive nursing care" [Aisyah, 12/GH/FF, interview 1, box 102]. Nurses "work in accordance with knowledge and skills" [Lili, 23/GH/OL, interview 1, box 45], and in "accordance with job descriptions and SOP [Standard Operating Procedures]" [Maya, 14/GH/FF, interview 1, box 76]. Participants comprehended that effective work should "have measurable objectives" [Kasih, 05/PH/FF, interview 1, box 60] without neglecting the essence of "responsibility and accountability" [Jordan, 21/GH/OL, interview 1, box 32] and the value of "working from the heart" [Bunga, 02/PH/FF, interview 1, box 68].

For many participants, effective care meant that as emergency nurses they were "providing comprehensive and appropriate care" [Dedi, 20/GH/OL, interview 1, box 46] and "delivering targeted-oriented nursing care" [Dueren, 01/PH/FF, interview 1, box 56] to their patients. It was important for nurses to "see positive improvement in patients' outcomes" [Dan, 09/PH/FF, interview 1, box 154b] and "obtain[ing] patients health progression as an indicator of effective care" [Kasih, 05/PH/FF, interview 1, box 74].

Participants' ability to express their meaning of what amounts to effective work and care, highlighted their underpinning values. Ayu, a nurse-in-charge, provided an example illustrating the fact that the perceived meaning of effective work and care could also help nurses to continuously reflect on their purpose and evaluate their work performance. She stated:

> … I become conscious of the meaning of it [effective work and care]. Often, before I go to sleep, I contemplate on what is the purpose of my work… did I perform well today? Was I being effective for my patients? [10/PH/FF, Interview 1, box 51]

The meaning of effective work and care may develop over time as participants continue their journey as emergency nurses. They may obtain meaning from formal education, or it may emerge from the experiences and activities in which they engage. The more experienced the participants are, the more that knowledge changes and shifts, which creates a nuanced understanding of what they are doing and how they are doing their caring work. The following quotes exemplify this:

> For me, it takes time to figure out how to work effectively [and] how to care for patients with certain emergency conditions… Our experience [and] knowledge of the current evidence will cause us to be more insightful in our practice. [Sunny, 18/GH/OL, interview 1, box 94]

> I feel confident that the experiences I have accumulated over the years and the inferences from everything I've learned help me understand my work better as well as help me to know how to treat my patients. [Tono, interview 1, box 61]

Participants' perceived meaning of emergency work and care underpinned the four emerging categories. For example, in the category, 'Driving forces', as a result of their understanding and knowledge of effective work and care, participants envisaged the provision of adequate healthcare facilities and equipment (including technology), and clear guidelines of practice at the institutions where they worked. These equipment and tools were believed to facilitate nurses in their work and care (Section 5.2.3.2).

For participants to undertake what they believe to be effective care and work, it is necessary for them to have the essential armouries. The armouries comprise their nursing knowledge and skills, spiritual engagement, a healthy body, and sociability reflected by workplace camaraderie. This was manifested in the category 'Developing and using armouries' (Section 5.3). Participants also needed to generate a level of equilibrium in their work-life balance. The category, 'Balancing work and life' illustrated how participants tried to be gentle with themselves, unplug from work, routinise their practice, and manage conflicts (Section 6.1).

Participants put meaning into practice by making teamwork work, making communication with patients more effective, and immersing themselves in their work activities during their shift. Becoming determined and tenacious in their work enabled them to be creative and innovative in their work and care. When participants saw themselves accomplishing successful work and

care, they took pride and satisfaction in their practice. These approaches were exemplified in the category ‘Making emergency work effective’ (Section 6.2).

7.3 Concluding remarks

The core category ‘Achieving personal and professional sustainability’ provides a conceptual abstraction of data. The properties in the core category, ‘Constructing and evolving professional identities’ and ‘Perceiving and reshaping the meaning of effective work and care’ represent the interrelationship of the four emerging categories. The two properties shaped the core category of the research. In the next chapter, a higher level of abstract explanation of the core category in the form of a substantive theory is presented in its entirety.

Chapter Eight: The Theory

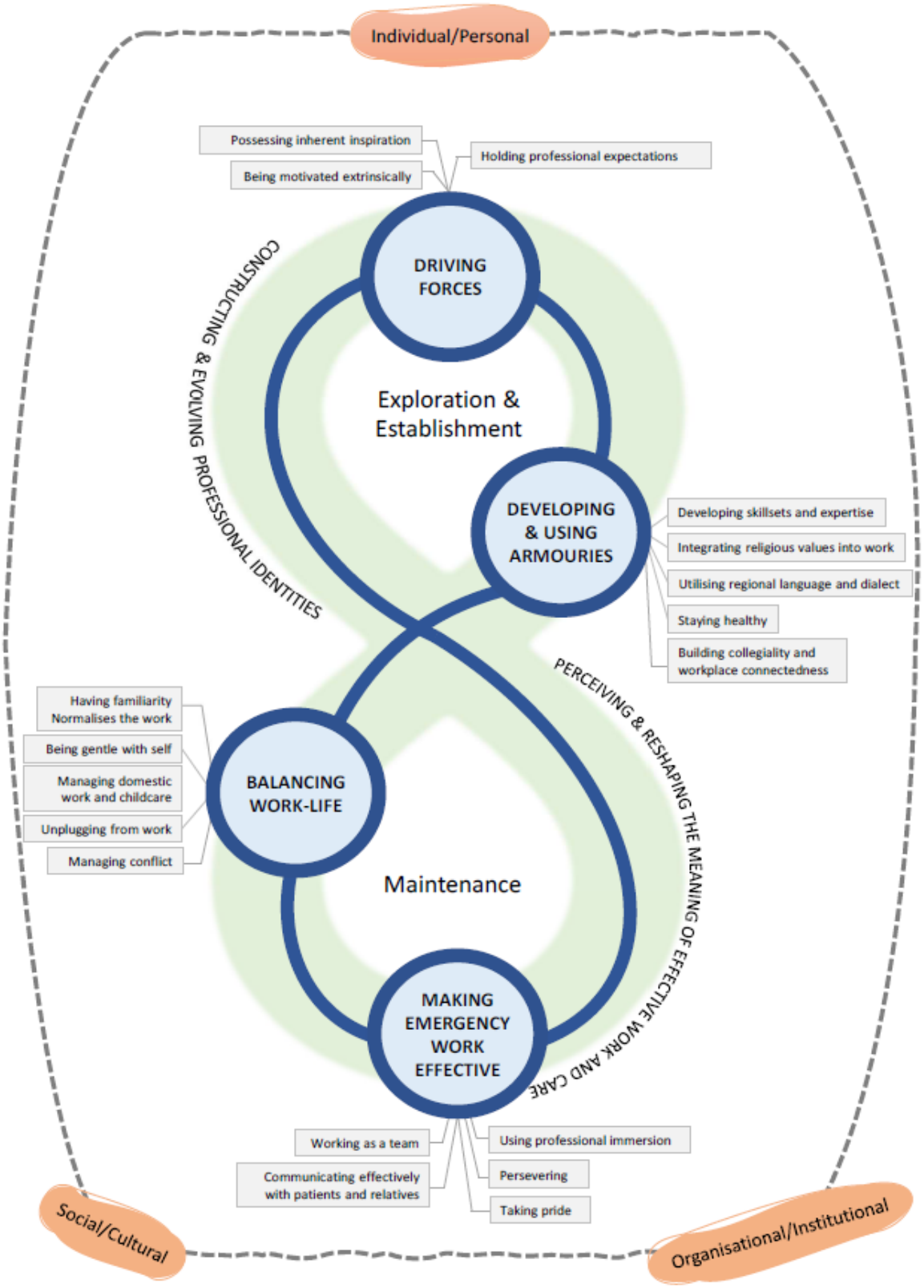
This chapter presents an explanation of the social processes identified from the findings centred on the core category ‘Achieving personal and professional sustainability’ as a substantive grounded theory. The abstract theoretical explanation described in this chapter was the outcome of inductive and abductive reasoning applied throughout the research process. The resultant theoretical explanation was formed conceptually from the grounded theory understandings in general, the four emerging categories (‘Driving forces’, ‘Developing and using an armoury’, ‘Balancing work and life’, ‘Making emergency work effective’) and the core category. This chapter is commenced with an overview of the substantive grounded theory, followed by an explication of the embedded social processes, identified as dynamic interchanges, continual properties, and influential elements.

8.1 Overview of the theory

Based on the findings presented in previous chapters, the grounded theory ‘Achieving personal and professional sustainability’ is depicted as both dynamic and iterative processes which occur over time. The theory was developed from this grounded data derived from participant observation and from the interviews of twenty-nine emergency nurses who worked in private and general hospitals in different regions of Indonesia. The participants shared their experiences and concerns about how they sustain themselves and provide effective care. The theoretical model of the grounded theory presented in Figure 8.1 provides a visual representation of the relationships between the categories, the properties, and the elements in the social processes.

The processes are a recurring movement between all four interrelated categories, comprising ‘Driving forces’, ‘Developing and using armouries’, ‘Balancing work and life’, and ‘Making emergency work effective’. Both ‘Driving forces’ and ‘Developing and using armouries’ are stages where nurses explore and establish their careers. The other two categories, “Balancing work and life’ and ’Making emergency work effective’ represent maintenance phases in the processes. Each of the four categories reflects an important component of how emergency nurses achieve personal and professional sustainability of themselves and their care, and these are likened to ‘nodes’. The features and the characteristics described as sub-categories in Chapters Five and Six cluster as identifiable components of the social processes for achieving sustainability.

Figure 8.1: The Theoretical Model for Achieving Personal and Professional Sustainability



In Figure 8.1, these nodal components are each placed in a circle. Together the four categories create an image of multiple nodal points which are identifiable, yet linked to each other as the emergency nurses pursue their personal and professional goals. The four categories are important strategies for emergency nurses' sustainability. The curves in Figure 8.1 are joined to each other and to depict the connections between categories and the flexibility of flow in the process. As emergency nurses seek to achieve a level of sustainability in their roles, the four categories continue, both as important nodal places to be re-visited and in dynamic interaction with each other.

The infinity model in the figure acts as a backdrop to the four categories, and is intended to depict the two continual properties ('Constructing and evolving professional identities', and 'Perceiving and reshaping the meaning of effective work and care') in the core category. The two properties reflect the social processes that support the integrated development and sustainability of the nurses. They are linked together in dynamic interaction, ongoing and continuous throughout the participants' journeys as emergency nurses. All of the categories and the continual properties create and support the sustainability of the emergency nurses, both personally and professionally within the workforce.

The social processes are moderated by the interplay between three main elements: the individual, the social-cultural, and the institutional elements. These three elements were found to be influential for emergency nurses' actions and behaviours. In the figure, the connection between the three elements is illustrated by the use of a dashed line encasing the categories. The intention is to depict the porous nature of the boundaries and to expose the fluidity of the elements. Further, this demonstrates the possibilities that all of the strategies, actions and reactions may not always be influenced only by personal, social-cultural and institutional elements. Rather, they are likely to always be changing as emergency nurses interact with and respond to their social world/arenas.

The key elements to this theory are the dynamic interchange and the continual properties. However, it is important to recognise that individual, social-cultural, and institutional elements form the basis upon which the theory is constructed. A more detailed explanation of the theory is presented in the following sections.

8.2 The dynamic interchange

In this section, the relationship between the emerging categories is elucidated. The researcher provides an abstract explanation of the social processes, illustrating each category as a focal point or a stage reached in emergency nurses' journey of 'Achieving personal and professional sustainability'.

The focal points depicted as circles in Figure 8.1 create a node where individuals can restore, engage, or think about how things come together. Emergency nurses participating in this study engaged in some or all nodes over the period of time. For some nurses 'Achieving personal and professional sustainability' is a journey between the four nodes, and it may be sequential or developmental. For other nurses, the relationship between the four nodes is more dynamic and might occur as they become more experienced or according to changes in their personal circumstances.

The first node, 'Driving forces' is a key component of how emergency nurses sustain themselves and their care. 'Driving forces' support the motivations of the nurses to achieve their professional vision at work and their career goals. This category is also central to many nurses, meaning that they can always start from another point of departure along the process but will always revisit this category. For example, when nurses are new to an ED, 'Driving forces' may be the reason why nurses decide to work in the emergency field. Nevertheless, for more experienced emergency nurses, the dynamic and fast-paced environment continues to inspire, motivate and stimulate them and their careers. This enables them to take themselves forward and further their professional careers.

Emergency nurses are driven by both intrinsic and extrinsic motivations. The intrinsic motivations identified in the analysis included altruistic desire, religious commitment, attraction to the challenging nature of emergency work, and the goal to learn and master particular nursing skills. Extrinsic motivations were enhanced when emergency nurses experienced recognition and respect, and had support systems in their working environments and in their private lives. It was evident from the data that recognition can be demonstrated by both financial and non-financial rewards deriving from employers, leaders, family members and society, whereas support systems can include key relationships with family, colleagues, and leaders.

The findings in the category 'Driving forces' revealed that emergency nurses also developed professional expectations as a result of their work and the culture of the ED. For example, factors such as a clear career path, opportunities to engage in professional development programs, the provision of health care facilities and equipment, well-defined workplace policies, processes and procedures, all created driving forces. Such driving forces motivated them and supported them to remain in their careers and workplaces and to provide care.

When emergency nurses identified a level of motivation and associated expectations they revealed the next nodal point, 'Developing and using an armoury'. Nurses then started to re-establish a set of qualities and to attain new proficiencies in their practices. These practices may include the development of ways of advancing their professional armoury, balancing their

working lives as they increase their understanding of emergency nursing work or develop their capacities and skills in caring for patients and families. All of these supports professional sustainability.

Once emergency nurses have developed their professional armouries, they need to sustain them and keep building them up. Here, the emergency nurses reported undertaking a comprehensive strategy to strengthen their practice. Throughout their careers, nurses persistently upgrade, update, and utilise their skill sets and expertise, integrating religious values and different cultures and languages in their practice, and endeavouring to stay healthy and build collegiality in their workplaces.

However, 'Developing and using an armoury' is not always a process following 'Driving forces'. Nurses may find themselves in the ED by default, not at their request, such as by being assigned by management to work in the ED because they have a lack of nursing personnel. These individuals might start their journey in the process from 'Developing and using armouries'. Nevertheless, this does not mean that nurses do not need the 'Driving forces', because they have a reason to agree to work in an ED, in this case, possibly because of an extrinsic motive, such as financial incentives. It is clear that 'Driving forces' and 'Developing and using armouries' can be phases of exploration and establishment for emergency nurses, before they move to the other nodal points. Both nodal points ('Driving forces' and 'Developing and using armouries') are where nurses begin, and to which they will constantly return, along the journey. From there, they can proceed to 'Balancing work and life'.

Theoretically, as the emergency nurses are equipped with their armouries, they can learn to apply these as they seek to balance their efforts and work. Emergency nurses undertake some strategies to cope with and control work situations or circumstances, such as conflicts, boredom, physical limitations, and experiences. As implied by the interviews, such situations may often arise in the context of emergency work, and some instances may affect their retention and the effectiveness of their work and care.

As they become motivated and equipped with their armouries, they learn that to give effective care they need to create sustainability for themselves, by balancing their work and life. This is where the participants endeavoured to manage their work-life balance, in order to sustain themselves, personally and professionally. Together with 'Making emergency work effective', 'Balancing work and life' is the maintenance phase of the process. Participants reported undertaking some strategies to cope with and control work situations or circumstances, such as conflict, boredom, physical limitations, and stressful work experiences. Such situations often arise in the context of emergency work and in instances may significantly impact nurses' retention and the effectiveness of their work and care.

In order to sustain themselves and their caring practices, emergency nurses seek to maintain their professionalism and create harmony between their personal lives and professional roles and between their families and careers. A strategy in balancing work-life, being gentle with self, is one of several ways by which nurses achieve a degree of alignment between work and their personal life. In order to be gentle with themselves, they need to know their limits, manage their effort and pace, make priorities and be realistic about their self-set expectations.

Unplugging from work is another approach used by emergency nurses to achieve a work-life balance. Most of the nurses interviewed revealed that they accomplish this by having a day off, taking annual leave or engaging with recreational activities. When they return to work, they indicated a level of invigoration and felt more energised and ready to provide the best quality care possible. Temporarily disconnecting oneself physically, mentally, and emotionally from a stressful and unpredictable work environment, may also help emergency nurses sustain themselves in their careers. Balancing work and life enabled the emergency nurses to attain focus at work and achieve sustainability.

Data revealed that emergency nurses routinised their practice as they gained more work experience and had more familiarity with their work environment and role. To some degree it may be an expected part of the processes to sustain their work and care, because it makes their work less effort and less challenging. Conversely, based on the data, routine jobs possibly cause nurses to lose their initial work enthusiasm, that is, the desire to experience exciting challenges. Balancing work and life also includes an effort to manage conflict in their workplaces, both with regard to their patients, patient's relatives, their leaders, and their colleagues. As illustrated in the data, all emergency nurses have their own styles of conflict management. However, in order to resolve conflicts, they should be mindful of their professional position. For example, none of the emergency nurses participating in the study reported confronting or arguing with patients or relatives. The majority of nurses indicated a professional approach to explain and demonstrate the importance of a level of understanding to the patients. Some nurses referred patients or relatives to a more senior nurse or head nurse when they felt the possibility of conflict, or thought that they could not solve a problem.

From the 'Balancing work and life' nodal point, participants could always shift to any other nodes in the process. Emergency nurses who create a degree of harmony between their personal and professional lives appear to move with more ease to the next nodal point, "Making emergency work effective'. At this point, emergency nurses are working effectively in the team, share the same goals, and collaborate and communicate with each other. They also interact and communicate with patients and their relatives efficaciously, which facilitates

patient-nurse collaboration, education, and advocacy. They use empathy in communication, but are also assertive to ensure compliance with policies and procedures.

In ‘Making emergency work effective’, nurses are professionally immersed in their work and tasks. They show perseverance, determination, and creativity in their work and care. They take pride in their profession and in the care they deliver. From this focal point, nurses could always retreat to the previous node points, ‘Developing and using an armoury’ or ‘Driving forces,’ or even depart to another point; “Balancing work and life’, creating an ongoing cyclical process.

A key insight is that the relationships between these four categories or nodal points are dynamic. The nodal point enables identification of the features of the category and the sub-categories, but the flow and flux between the categories mean that the learning and experience of the nurses can stimulate and cross-stimulate the multiple categories or nodal points. For example, experienced emergency nurses may use their skills by developing their armoury, balancing effort, and delivering care which they believe is central while keeping themselves goal-driven and motivated to remain in the job and continue to advance their professional capacities. As they do this, they are likely to use the elements identified in each category.

The four categories are intertwined with each other. No one category can stand alone and function independently in order for nurses to achieve sustainability or effective work. Depending on the specific circumstances and context, emergency nurses oscillate between the categories and strategies over time. The processes of sustaining themselves personally and professionally might be a sequence or may change over time due to different situations and conditions. These differences may lead to different orderings or different paths being taken by emergency nurses within the processes, and the four nodes can be in interaction with each other at any point in a nurse’s career.

8.3 The continual properties

‘Constructing and evolving professional identity’ and ‘Perceiving and reshaping the meaning of effective work and care’ are two properties in the core social processes. As highlighted in Chapter Seven, these properties are the outcome of emergency nurses who constantly reflect, adapt and evolve throughout their journey and career as emergency nurses. Both are the cognitive part of the process grounded in emergency nurses’ actions and behaviours to achieve personal and professional sustainability. The actions were described in Sections 8.2 and 8.3 and Chapters Five and Six as categories and sub-categories. In Figure 8.1

professional identity and meaning of effective work and care create a connecting circle forming an infinite shape. They are the foundation which continuously guides the dynamic interchange between the categories.

According to the data, new graduate nurses, and nurses with years of experience outside EDs, start to see their professional identities as ‘emergency nurses’ when they become part of the setting. Theoretically, they are aware of their professional role and how their attitude can reflect it. Therefore, emergency nurses guard their actions and reactions to what is happening to them and events around them.

As emergency nurses become more experienced, they continue to develop their identities as a way of adapting to their surroundings. They alter their previous habits or attributes in order to meet the qualities of their new professional identities, such as becoming faster in their skillsets and decisions, or focusing on their own mindset to remain calm under pressure. In addition to their work, emergency nurses also need to adjust to the people they work with, including their colleagues, doctors, patients, and relatives. Being unable to adapt successfully to the emergency work culture can be perceived as a lack of effectiveness in their care, and this can make it difficult for nurses to be accepted as a member of the team. In fact, the data revealed that teamwork is an important aspect of emergency nursing sustainability.

According to the data, emergency nurses are proud of their professional identities as emergency nurses. They also receive respect and acknowledgement from the community and from their families because of their profession. This may influence emergency nurses’ motivations and decisions to remain working in the ED. Their beliefs and values shape their identities and guide their professional actions and behaviour, creating sustainability. The internalisation of emergency nursing knowledge and skills, and the integration of their religious values and social and cultural competencies in their clinical practices, are ways to develop professional identities. Emergency nurses also endeavour to strive for a balance in their work and life, to be able to work within their professional capacities and with their full potential make their work productive and effective.

Likewise, emergency nurses attribute the meaning of emergency work and care to their actions and the consequences of these actions. As highlighted in Chapter Seven, emergency nurses define their work as ensuring that patients receive comprehensive and responsive care. They are well aware that their work should be in accordance with their job description and the standards set by the institution; therefore, a high level of competence is required. Emergency nurses work with measurable objectives and expect positive outcomes for their patients. They believe that patient health progression can be seen as an indicator of effective care.

The meaning of effective work and care continuously guides emergency nurses in their practices. It also establishes a purpose with regard to their expected goals. Emergency nurses perceive that the meaning of effectiveness in their work and care might also constantly encourage their motivation and expectations. They become more committed that in order to be effective, emergency nurses must continually endeavour to build their professional qualities and balance their work and life. The perceived meaning is likely to be focused on nurses making an effort to be effective in their work.

Both ‘Constructing and evolving professional identity’ and ‘Perceiving and reshaping the meaning of effective work and care’ are the bases of emergency nurses’ actions in ‘Achieving personal and professional sustainability’. They interact simultaneously with the categories. As a whole, ‘Driving forces’, ‘Developing and using armouries’, ‘Balancing work and life’ and ‘Making emergency work effective’ together with the continual properties support the sustainability of emergency nursing.

8.4 The influential elements

The influential elements are based on the situational analysis, which highlights the social world/arena mapping explained in Section 5.3. In the conceptual model of the theory (Figure 8.1), the influential elements are positioned in the outer part, circling the categories and continual properties. The elements are set as a stage on which all basic social processes unfold. The data revealed that emergency nurses’ chosen strategies and approaches in relation to their ability to ‘Achieve personal and professional sustainability’ are likely shaped by the interplay between individual, social-cultural, and institutional elements.

Individual emergency nurses are part of multi-dimensional worlds. Their ways of thinking and behaving through which they try to make sense of themselves and their experiences are influenced by the relationships they have, the cultural context in which they live, and the institutional structures and cultures. Individual’s identities and meaning-making are shaped and reshaped every day as they contemplate their social worlds.

The emergency nurses in this study are seen as the main actors who construct strategies and perform particular actions in certain ways, based on their needs, interests, and abilities, in order to sustain and support themselves personally and professionally while providing effective care. Each emergency nurse has individual emotions and feelings, and these are attributed to particular behaviours, and commonly motivated by certain events. The individual elements relate to an emergency nurse’s personal autonomy, that is, the capacity to decide what course of actions she/he needs to take without being subject to the will of others. Aspiring

to self-improvement, staying healthy, being gentle with themselves, and taking pride and satisfaction in their work are some examples of categories which reflect individual elements.

In their daily lives, emergency nurses constantly interact with other people in their social and cultural environments. Therefore, sociocultural factors influence the nurses' choice of strategies and actions. Many emergency nurses' actions and strategies are reactions to and interactions with others. As social beings, emergency nurses live in social relationships with the wider community in which they live. These include their family and other people in society and their work circle (co-workers and their patients). Culturally, emergency nurses' actions are influenced by their religions and their Indonesian traditions and languages. Emergency nurses instil their beliefs and values into their strategies, actions, and interactions to achieve personal and professional sustainability. Examples include being motivated by religious belief, building collegiality and connectedness, managing conflict, and working as a team.

Moreover, as employees in hospital-based organisations in both private and public/general institutions, emergency nurses' choice of strategies is influenced by the organisation's culture and environment. The strategies are reactions to work policies and regulations, and to the work facilities provided by the institution. For example, emergency nurses require professional development programs, resources and key guidance as drivers to make their work more effective.

The categories and their properties appear to be affected by three overarching elements: individual, social-cultural, and institutional. These elements mediate the social processes of 'Achieving personal and professional sustainability' and play an important role in social processes.

8.5 Concluding remarks

In this chapter, the grounded theory 'Achieving personal and professional sustainability' is discussed. The dynamic interchange between categories and how the categories shape the theory through the continual properties have been presented. The interplay between individual, social-cultural and institutional elements was considered in the development of the theory. In Chapter Nine, an overall discussion of the main findings is provided.

Chapter Nine: Discussion

The key purpose of this research was to investigate and explain the social processes which emergency nurses experience as they seek to sustain themselves in their work. The findings and the theory 'Achieving personal and professional sustainability' have been presented in the preceding chapters. A discussion of the findings is now presented.

The discussion makes links with existing knowledge and provides new insights into the strategies emergency nurses use to sustain themselves personally and professionally in their work. The aim of the following discussion is to provide an exploration of the motivational factors influencing sustainability for emergency nurses, and the personal and professional qualities which support their sustainability, including the work-life balance for sustainability in the emergency nursing profession, effective working practices of emergency nurses, and the dynamics affecting sustainability in emergency nursing.

9.1 Motivational factors which help to sustain emergency nurses

The findings suggest that both motivations and expectations are driving forces of emergency nurses' behaviour, actions, and reactions in relation to their practice and their careers. As identified in Chapter Two, various motivational factors are related to emergency nurses' job satisfaction, engagement, and intention to stay. Motivations which may be affected by personal and professional (organisational) factors were identified from both the literature review and the study findings. In the present study, motivation was reported under two sub-classifications: intrinsic and extrinsic.

According to Ryan and Deci (2000, p.56), intrinsic motivation is defined as "the doing of an activity for its inherent satisfactions rather than for some separable consequence". This inherent propensity was reflected when study participants reported being driven by internal rewards when they help and care for patients. Participants also reported that they were motivated because they find their work exciting when they face frequent challenges, and have the opportunity to develop their mastery of emergency nursing practices. The findings related to internal motives derived from the field research in this study were consistent with those reported in the literature review (Chapter Two), with the exception of one area related to emergency nurses' religious motives, which has not been noted in previous research.

In this study, religious motivation was a central impetus for many participants as a means to sustain themselves in their professional work and lives. Religious motivation refers to how their faith values influence their motivation to care for their patients and help those needing their expertise. Participants reported that their religious motivations influence their commitment to work and motivate them to care to the very best of their ability. The possession of religious beliefs is consistent with the findings of previous studies in general nursing contexts (Taylor & Carr, 2009; Zamanzadeh et al., 2018) and other non-emergency nursing studies have identified that spiritual motivation and religious beliefs foster Indonesian nurses' caring practices (Ardiana, 2018; Mayasari, 2013; Nuraini et al., 2019). The importance of perceived religious endorsement and its impact on career commitment was acknowledged in Azim and Islam's (2018) study of Saudi Muslim nurses. Furthermore, studies in Malta, Iran, the United States, and Indonesia have found that nurses with religious beliefs are less likely to experience burnout and have higher levels of job satisfaction than non-believers (Galea, 2014; Ravari et al., 2012; Rushton et al., 2015; Sunaryo et al., 2018). Similarly, a study of Indonesian health care workers and medicine and health sciences faculty members revealed that religious beliefs are an internal motivator and contribute to individuals' professional behaviour (Kusumawati et al., 2015).

This finding regarding intrinsic motivation is also consistent with a study by Moody and Pesut (2006), who generated a model of the motivation to care for nurses derived from classic and contemporary motivation theory. They emphasised that nurses' intentions of human caring and their value systems served to sustain nurses' intrinsic work motivation (Moody & Pesut, 2006). Similarly, a study in Ghana reported that health workers are motivated by vocation, religion, humanity and self-efficacy (Bhatnagar et al., 2017).

Previous studies have mostly focused on the importance of the extrinsic elements of emergency nursing motivation and job satisfaction (Adriaenssens et al., 2011; Sheikhbardsiri et al., 2018; Van Osch et al., 2018). However, in addition to external factors, the present study emphasises the significance of intrinsic factors to emergency nurses' motivation at work. Intrinsic factors are a substantial basis to how emergency nurses sustain themselves in their work. This finding corroborates the findings of other studies in both workforce management and organisational psychology, which have highlighted the importance of intrinsic motivation as a major determinant of employee performance (Dysvik & Kuvaas, 2011; Zarei et al., 2016) and work commitment (Galletta et al., 2011; Schopman et al., 2017). A low level of intrinsic motivation is related to a low level of engagement and a high level of burnout (Rawolle et al., 2016; Van Beek et al., 2012; Van den Broeck et al., 2011). Other studies have found that intrinsic elements may help nurses overcome challenges (such as high workloads due to staff shortages) that negatively impact their care (Luhalima et al., 2014) and may provide a buffer

against the negative effects of stressful work environments (Isoard-Gautheur et al., 2019; Thomas, 2009).

In contrast, extrinsic motivation and expectations include elements external to individuals which drive their behaviour. One of the extrinsic elements of motivation identified in this study is the importance of receiving recognition and respect from others. Many of the emergency nurses who participated in the study were motivated to sustain their careers because they considered that their work was recognised and respected by people around them, including their families. However, there is a paucity of research on emergency nurses' need for external recognition and its importance for their motivation. What has often been revealed regarding respect and recognition for emergency nurses is the opposite. For example, some recent studies have reported that emergency nurses are often treated with disrespect and are exposed to workplace violence (Aharon et al., 2020; Ramacciati et al., 2019). Moreover, studies in Brazil, Europe, and Singapore have revealed that the nursing profession is still struggling and expecting for social recognition (Liaw et al., 2016; Manzano-García & Ayala-Calvo, 2014; Teixeira et al., 2017). A recent employment survey by the Royal College of Nursing reported that nursing staff in the United Kingdom felt most valued by their patients and their nursing colleagues, but least valued by the government and the media (McIlroy, 2019). In relation to the importance of social respect and recognition for the motivation and sustainability of the nursing workforce, including emergency nurses, the present study found that nursing leaders and educators play an important role in bringing about change and raising the status and profile of the nursing profession.

Regarding financial aspects as fundamental drivers of emergency nurses' motivations and professional sustainability, the present study has highlighted that both financial and non-financial rewards motivate nurses in their work and enhance their work commitment. This finding is consistent with other research which has reported that a combination of financial and non-financial rewards motivates healthcare workers, including nurses, in their work (c.f. Avelar Ferreira et al., 2016; Baljoon et al., 2018; Bhatnagar et al., 2017; Seitovirta et al., 2018). Studies in Indonesia have revealed that, although financial incentives are important motivators, financial reward alone is insufficient to motivate members of the healthcare workforce to remain in their careers (Efendi et al., 2012; Kartika, 2019), or provide good quality services (Gunawaty & Utama, 2020). According to Efendi et al. (2012) and Kartika (2019), some local governments in Indonesia have implemented non-monetary incentives, including training and educational upgrading, housing support, transportation, and medical insurance, and these have been linked to the retention of Indonesian health workers, particularly in rural areas.

The present study also identified that non-financial rewards such as social support from colleagues and leaders motivate emergency nurses to thrive and remain in their careers and workplaces. This finding is consistent with that of Van Osch et al. (2018), who reported that emergency nurses stay longer in their jobs if they receive support from their leaders. This finding is also consistent with studies in Australia, Belgium and Ghana, which have reported that social support from colleagues and supervisors influences emergency nurses' job satisfaction and engagement (Adriaenssens et al., 2011, 2015b, 2015a; Atakro, 2017; Bruyneel et al., 2017a; Van Osch et al., 2018).

9.2 Personal and professional qualities which support sustainability in emergency nurses

The present study has identified that the emergency nurse participants had personal and professional qualities which enabled them to sustain themselves in emergency work and care. The qualities of a person are characteristics or features which can be developed over time (*Cambridge Dictionary*, 2021). Findings related to personal qualities include acknowledging their religious beliefs and values and how these influence the nurses to work and maintain their health while working in demanding, high-pressure roles. In contrast, findings related to the professional qualities of emergency nurses which support sustainability include clinical expertise, collegiality and cultural competency. Indeed, it appears that the combination of these qualities provides a comprehensive understanding of how these emergency nurses sustain themselves and their work.

Qualities which support the sustainability of emergency nursing in Indonesia were depicted in the second category of findings, 'Developing and using armouries', where nurses reported that they continuously develop, sustain, and apply their skillsets and expertise. The following sub-sections discuss why emergency nurses' personal and professional qualities are important and how they affect sustainability.

9.2.1 Personal qualities

The findings of this study provide evidence that personal qualities, including their religious beliefs and their ability to maintain their health, are central to emergency nurses' ability to sustain themselves. This finding is important because there have been few studies of the personal qualities which support the sustainability of emergency nurses.

Although Indonesia has a predominantly Muslim population, it is religiously pluralistic. The findings arising from this study in relation to Muslim, Christian and Hindu nurses, reveal that religious values are important to Indonesian emergency nurses' work, and this result was consistent for most study participants. Indeed, religious orientation shapes Indonesian emergency nurses' perspectives on caring, and is considered by participants to be an important attribute of their practice. This finding is in accord that of Sastrawan (2019), who identified religious values as being a part of Indonesian nurses' personal value systems, and important in establishing nurses' practical agency. The present study also reflects participants' sensitivity to their patients' spiritual needs and wellbeing. This finding is consistent with that of McBrien (2010), who stressed Irish nurses' provision of spiritual care in the ED and found that emergency nurses facilitated patients' need to practise their religion and access chaplains or other religious advisors, and prayed with patients. However, spiritual care has not been described in the context of Indonesian emergency nursing, and more investigation of this topic is needed.

The results of the present study, those of previous studies in Uganda and Sweden (Bakibinga et al., 2014; Ekedahl & Wengström, 2010), and a literature review by Perera et al. (2018), indicate that nurses' religious faiths and beliefs also facilitate positive coping. For example, many religious individuals attempt to direct their soul's desire and striving to seek God's blessings, approval, help, forgiveness, or protection to cope with work circumstances instead of engaging in negative actions (Oman, 2011). Robinson and Stinson (2016) also found that emergency nurses in the USA are likely to ask God for forgiveness if they feel moral distress in their practice. Likewise, praying to find relief is reported in the present study. This finding is consistent with that of Ibrahim et al. (2020), who reported that emergency nurses in Brunei Darussalam use spiritual coping rooted in their religious practices as a strategy to manage work stress. According to Clarke and Baume (2019) and Pinto and Pinto (2020), nurses who use religious approaches are more resilient and optimistic in managing their work lives, and these characteristics assist emergency nurses in making their work and careers sustainable.

The present study reveals that another personal quality supporting the sustainability of emergency nurses is related to the drive for and capacity to maintain their health. In this study, emergency nurses reported that they seek to be physically and mentally healthy and identify this as important for sustaining their work and assisting them to provide optimum care to emergency patients. This result is in accord with a study by Letvak et al. (2011) and a literature review by Wijaya and Damayanti (2017), both of which reported that nurses who are healthy and have a healthy lifestyle and behaviour are more likely to be productive, and that this affects the quality of patient care they provide.

Despite the demanding work environment and high workload, staying healthy was one of the strategies used by some of the participants to sustain themselves in their profession. This finding is consistent with that of Perry et al. (2016), who reported that healthy nurses and midwives are more likely to remain in their current position than those who are not healthy. However, there is a paucity of literature on how emergency nurses maintain their health and how health influences their sustainability. This present study has generated important insights into how Indonesian emergency nurses approach their health, and this finding may be useful to emergency nurses internationally.

Participants in the present study reported activities such as undertaking regular exercise, yoga, eating healthily, having adequate sleep, staying hydrated, and taking multivitamins to sustain themselves in their work. These results corroborate the findings of Seychell and Reeves' (2017), who suggested that emergency nurses should aim to maintain their health by exercising regularly, achieving good-quality sleep, eating healthily, and quitting smoking in order to reduce health risks that have the potential to disrupt their work continuity. According to Xu and Zeng (2016), workforce physical preparedness is important for emergency nurse rescue teams. They emphasised the importance of exercise for enhancing nurses' physical fitness, so that they are ready to engage in rescue work (Xu & Zeng, 2016). Other studies have also demonstrated that nurses who choose the best nutritional options and those who optimise their health are better at coping with long work hours, stressful days, and work challenges (Criscitelli, 2017; Reed, 2014). Indeed, maintaining a healthy lifestyle enables nurses to better care for their patients and themselves (Reed, 2014) and may influence their future employment intentions (Perry et al., 2016).

9.2.2 Professional qualities

Clinical expertise, collegiality and cultural competency are important qualities identified in this study to support emergency nurses' professional practices and work sustainability. The importance of these qualities to emergency work has been discussed elsewhere (c.f. Bruyneel et al., 2019; Ghanbari et al., 2017; Sharifi et al., 2019). However, knowledge and application of these findings to emergency nurses' retention and sustainability have been limited to date.

As professionals, emergency nurses are required to have clinical expertise, which is "a hybrid of practical and theoretical knowledge" (Benner, 1984, p. 294). Knowledge and skills enable nurses to make correct clinical judgments at the right time in the most appropriate ways, and to deliver quality care to their patients (Schuster, 2020; van Graan et al., 2016). In the present study, clinical expertise is one of the qualities identified by nurses as contributing to their personal and professional sustainability, and by implication to a sustainable emergency

nursing workforce. Most participants believed that it would be impossible to sustain their profession and care for patients effectively without detailed knowledge and clinical competence. This finding supports Buchan and Perfilieva's (2015) report on the sustainability of the health workforce in Europe, which highlighted effective workforce planning, including education and training, as the core of an approach to workforce sustainability.

According to Buettner (2017) and Solheim (2016), emergency nurses require breadth and depth in their clinical knowledge and skillsets to meet the needs of different patient groups and presentations. What emergency nurses need to know and do is set out in their practice and competency standards. A literature review of international practice and competency standards for Australia, Canada, New Zealand, the United Kingdom, and the United States found that clinical expertise is an important feature of emergency nursing practices (Jones et al., 2015). These countries' practice standards specify that clinical expertise in emergency nursing care involves prioritising, evaluating, coordinating, and implementing appropriate evidence-based care (CENA, 2014; CENNZ, 2007; ECA, 2017; ENA, 2017; Jones et al., 2015; NENA, 2017). The rationalisation of patient care and the recognition of deteriorating patients are also important components of clinical expertise (CENA, 2014; CENNZ, 2007; ECA, 2017; Jones et al., 2015). Similarly, in Indonesia, emergency nurses' clinical competencies include the ability to complete advanced clinical assessments, make decisive triage decisions, plan, implement and evaluate emergency nursing care, and perform life-saving procedures (DBPKKM, 2011).

However, procedures in and knowledge of, emergency care are constantly evolving following the latest scientific recommendations. Care and treatment in EDs are regularly reviewed by emergency medical and nursing experts to attain the highest standards and guidelines for safe and high-quality emergency care. As the present study has found, the dynamic evolution of knowledge in medical and nursing care places great emphasis on emergency nurses maintaining their competencies and professional credentials and continuously learning to achieve emergency nursing expertise (Harding et al., 2013; Jones et al., 2015).

The present study has revealed that emergency nurses in Indonesia seek to develop and update their professional emergency nursing skillsets, repertoires and understandings. One way to acquire and update the knowledge and skills necessary in clinical practice is achieved through Continuing Professional Development (CPD) programs (Dulandas & Brysiewicz, 2018; Thawley et al., 2020). This finding corroborates the findings of other studies conducted in China, Indonesia, and Malaysia, which have found that nurses understand the importance of CPD to improve and update their clinical competencies and to sustain safe care delivery (Chong et al., 2011; Hariyati & Safril, 2018; Ni et al., 2014). Training and education are designed to enable professionals to further their expertise and reach their potential by

practising to the full extent of their education and training (All-Party Parliamentary Group on Global Health, 2016; Powers, 2013).

Learning activities for professionals in the form of CPD programs are employed by institutions and organisations to educate and update nurses on the most current emergency practices and procedural competencies (Fowler, 2011). However, the present study has revealed that learning opportunities are not always adequately facilitated in health services or organisations, an opinion also espoused by nurses in China, Iran, Malaysia, and the United Kingdom, who considered training programs to be overpriced, suffered time and location constraints, and lacked managerial support (Chong et al., 2011; McIlroy, 2019; Ni et al., 2014; Shahhosseini & Hamzehgardeshi, 2015). Consequently, nurses often need to use their own money and time to attend seminars or training programs (McIlroy, 2019).

The present study has highlighted participants' efforts to update their skills and knowledge as they consider them as being important to their sustainability in their work. Consistent with this finding, Spivak et al. (2011b) suggested that the development of competence in the clinical area is the first and most crucial step in emergency nurse retention. Without detailed and current skills and knowledge in their clinical practice, nurses may not be able to care effectively and may easily become frustrated with the work demands (Ross et al., 2013; Winters, 2016). Since the development of nurses' competence in the clinical area may have implications for emergency nurse retention (Spivak et al., 2011), nurse leaders play an important role in supporting nurses' educational needs and planning for their continuing professional education (Lunden et al., 2017; Vaismoradi et al., 2014).

In addition to clinical expertise, cultural awareness and competency in emergency nursing practice are important, particularly in culturally diverse populations. Cultural competence is the ability to understand diverse cultural groups, allowing healthcare professionals to provide cultural care (Giger et al., 2007). As stated in the introductory chapter, Indonesia is a multiethnic and multilingual country, and the provision of care to patients from various cultural backgrounds is one of the standard competencies for professional nurses at all levels (PPNI et al., 2013) in accordance with the ICN (2013) position statement: "nurses should be culturally and linguistically competent to understand and respond effectively to the cultural and linguistic needs of clients, families and communities" (p.1).

The most prominent finding related to cultural competence in the present study is related to language for communication and participants' ability to acculturate. The ability to acculturate is an important professional quality which supports emergency nurses' sustainability. In their everyday practice, emergency nurses deal with people from different cultures who speak languages different from their own. In emergency nursing practice, it is important to use a

language that is easily understood by patients or relatives, particularly when taking emergency patients' histories and discharging them (Karliner et al., 2012; Litzau et al., 2018; Samuels-Kalow et al., 2012). For that reason, participants in the present study reported that they had learned to speak different languages and understand patients' diverse cultural needs. The participants in this study believed that the ability to adapt to differing cultures and to be multi-lingual enable improves communication with individual patients and families, and assists nurses to fully engage in the provision of care. This finding is consistent with the study of Saputro et al. (2017), who reported that the use of local languages in Indonesia is important for nurses in order to be successful in managing emergency patient care (Saputro et al., 2017). However, Ardiana (2018) reported that language is one of the major barriers to caring for diverse patients in multicultural societies such as Indonesia. Therefore, if nurses fail to master the local language and culture, studies of international and immigrant nurses have reported that they are unable to express themselves and may become frustrated with their work, which may influence the quality of care and their retention in the profession (Goh & Lopez, 2016; Liou et al., 2013). Further research regarding cultural competence in the context of emergency nursing and how it influences sustainability needs to be undertaken.

In addition to having clinical knowledge and skills and cultural competency for their practice, most study participants also believed that maintaining interpersonal relationships and collegiality in their work is central to their sustainability. Emergency nurses most commonly work with nurses and other health professionals. When strong collegiality exists in emergency nurses' relationships, and when positive social connections are maintained, these professional qualities support the sustainability of their work.

The importance of the interprofessional relationships between emergency nurses, physicians and other nursing colleagues was identified in Chapter Two as a key factor in emergency nurses' job satisfaction and retention (Atakro, 2017; Helbing et al., 2017; Jiang et al., 2017; Van Osch et al., 2018). The present study revealed that most participants reported that they had made friends, built trust and respect, and bonded with colleagues in their workplaces. These findings correspond with those of a Canadian study by Van Osh et al. (2018), who found that, compared with other areas of hospitals, emergency nurses experience a unique camaraderie and have close connections, not only with their nursing peers, but also with doctors.

Another important finding of the present study is that interpersonal connections with their colleagues facilitate team dynamics, help participants to be less stressed, and support role sustainability and the care provided to patients. This finding supports evidence from other research, such as Feltrin et al.'s (2018) study, which identified that the quality of interpersonal

connection is important in defining how well nurses adapt to the units or wards to which they are assigned. According to a study in Japan conducted by Niitsuma et al. (2012), nurses with fewer social connections with their colleagues are more likely to leave their job than those who have more social bonding. Similarly, in a study of Poland's medical workers, Mroczek et al. (2017) reported that participants with greater collegiality demonstrate lower levels of burnout.

9.3 Work-life balance for sustainability in the emergency nursing profession

An outcome of this study is that work-life balance is central to the personal and professional sustainability of emergency nurses. Work-life balance is a concept which describes how individuals sustain high-level role engagement to achieve harmony between their working and non-working lives (Sirgy & Lee, 2018). Achieving this balance appears to be a common challenge in nursing careers, including emergency nursing (Mullen, 2015). The struggle to achieve work-life balance for nurses may be because nurses spend considerable time at work, which competes with their private lives (Kowitlawkul et al., 2019). Moreover, according to Subramaniam and Ramli (2019), barriers to work-life balance for Indonesian nurses are generally due to high workloads and work stress, which may also result in them leaving the profession. Such barriers to work-life balance have been reported in several studies in other countries, including Bangladesh, Italy and Taiwan (Akter et al., 2019; Lee et al., 2015; Shiffer et al., 2018). Barriers to nurses' achievement of work-life balance include inadequate staffing, long hours of work, high workloads, irregular work schedules, and job pressures (Akter et al., 2019; Lee et al., 2015; Mullen, 2015; Shiffer et al., 2018).

Despite the barriers to achieving work-life balance, the present study has revealed that the balance between work and life is a key component of emergency nurses' ability to sustain themselves. However, no research appears to have been undertaken in the last ten years in which the work-life balance of emergency nurses globally or in Indonesia has been investigated. Few emergency nursing studies have reported on the work-life balance as part of their findings (Palazoğlu & Koç, 2017; Van Osch et al., 2018). For example, Palazoğlu and Koç (2017) reported that a poor balance between work and private life among emergency nurses in Turkey caused a higher level of burnout, and Van Osch et al. (2018) indicated that the work-life balance of Canadian emergency nurses could be achieved by flexible work schedules.

In the present study, work-life balance, as described in the category 'Balancing work and life' is a set of efforts or actions conducted by Indonesian emergency nurses to maintain their

personal and professional lives. The participants reported seeking to improve their work-life balance by using various strategies, such as establishing priorities and being gentle with themselves, and ensuring that they had days off and 'unplugged themselves' from work. In addition, some emergency nurses managed to contain the burden of domestic work and childcare, supported by their spouse or parents. Other emergency nurses sought to routinise their work, some sought to preserve themselves in the presence of conflict in the workplace, both actions being considered as efforts by emergency nurses to balance their work and lives.

The findings of the present study are consistent with those of other nursing studies in which positive correlations between employees' work-life balance and retention are demonstrated (Dousin et al., 2019; Higgins, 2020). Hypothetically, achieving a reasonable work-life balance helps prevent workplace and professional burnout (Nicklin et al., 2019).

Being gentle with oneself, the first strategy in work-life balance identified in the present study, is often referred to as self-compassion in other studies (c.f. Andrews et al., 2020; Butterfield et al., 2017; Nicklin et al., 2019). Self-compassion involves an awareness of one's strengths and limitations without being excessively critical and judgemental (Germer & Neff, 2013; Olson et al., 2015). The present study indicates that nurses prioritise and manage their work efforts when they have compassionate self-awareness, which makes their work more convenient and sustainable. From a psychological perspective, individuals with self-compassion understand their strengths and limitations, value their needs and desires, and are better at adapting to life's daily hardships (Nicklin et al., 2019). It was reported in a study of medical professionals that self-compassion is associated with greater resilience and less emotional exhaustion (Olson et al., 2015).

Through self-compassion, people may recognise that failure and imperfections are part of being human (Smit, 2017). Germer and Neff (2013) emphasised the importance of self-compassion, including being kind to oneself and sharing a sense of common humanity and mindfulness. Theoretically, self-compassion acts as a buffer against the negative effects of stress and reduces the risk of compassion fatigue and burnout among healthcare workers (Olson et al., 2015; Smit, 2017).

Unplugging from work is identified in the present study as another strategy used by emergency nurses to achieve work-life balance. In a previous study, Jamieson et al. (2013) reported that nurses try to balance their work and life by separating themselves from work matters when they are not at work and having days off or holidays to spend time with family and friends or practise self-care. Personal and recreational time refuels nurses' physical well-being and enables them to perform effectively and safely at work (Higgins, 2020; Jamieson et al., 2013).

For married participants with children, achieving work-family balance is challenging, especially for women. As an Indonesian case study reported, despite often having domestic helpers, female employees face more challenges than their male counterparts as they manage work, parenting and household responsibilities (Semwal, 2018). This situation is considered to be one reason for female nurses' absenteeism and/or resignation (Ticharwa et al., 2019; Yamaguchi et al., 2016).

To achieve balance in their work and life, some participants in the present study reported that they manage their domestic work and childcare with their partner's and/or parents' help. Nurses living in the eastern world have also acknowledged that close relatives, such as sisters, parents and in-laws, are their most supportive resources for housework and childcare (Lagerström et al., 2010; Lim et al., 2011; Okonkwo, 2014). In addition, spouses also help participants with domestic work. This reduces the amount of household work participants have to do, which in turn provides them with more time and potential energy to work more effectively (Amin et al., 2017). However, in some more conventional countries, such as Iran and India, female nurses feel that their husbands are not cooperative and expect them to organise and do the housework, which leaves the women with no choice other than to rely on their personal resources. These personal social conditions lead to fatigue and frustration, and create an imbalance between nurses' working and personal lives (Rathore et al., 2012). Nurses with fatigue and frustration may not be able to fully sustain safe and effective care in their work (Knupp et al., 2018; Smith-Miller et al., 2014).

Frustration may also be felt by employees who experience conflict in the workplace (Howard III, 2015; Patton, 2020). From a human resource management perspective, employees will not achieve a proper work-life balance if they experience the negative impacts of conflict in their personal and professional lives (Howard III, 2015; Singh & Kumar, 2011). Negative consequences of conflict in the workplace for employees may include stress, anxiety, behaviour changes, and loss of self-esteem (Howard III, 2015). Some employees working in health care even leave their jobs because of conflict in the workplace (Kfouri & Lee, 2019; Palancı et al., 2020).

As the present study has identified, managing conflict is one of the strategies used by participants to balance their work and life, and this process also supports the efforts of the nurses to sustain themselves in their work and profession. Participants reported responding to conflict in several ways. Some participants indicated that they withdrew from the conflict situation; some nurses found it easier to accommodate a request that they did not fully agree with, to avoid conflict. Other participants used negotiation to solve problems and resolve

conflict in their workplaces. This key finding has been identified under the sub-category ‘managing conflict’.

Nurses’ behaviour in response to conflict and how they manage it has been reported in several studies (Chan et al., 2014; Labrague et al., 2018; Lahana et al., 2019). Labrague et al. (2018) conducted an integrative review and reported that nurses use positive conflict management styles, such as collaboration, rather than negative approaches such as avoidance, to manage conflict. According to their findings, nurses work together to solve problems and create a win-win solution for both parties, analogous to the negotiating approach (Labrague et al., 2018). The finding was confirmed by Ferro et al.'s (2018) qualitative study of emergency nurses in Sao Paulo, in which the participants reported using communication to resolve conflicts.

Another study identified emergency nurses’ conflict management styles and exposed interesting findings (Johansen & Cadmus, 2016). These researchers reported that the most used conflict management strategy for emergency nurses in the USA is an avoidance of conflict management style, which is a significant predictor of work stress (Johansen & Cadmus, 2016). No reasons were found as to why these nurses avoid rather than resolve conflicts. Although the focus of the present study is not on participants’ personalities, it is possible that the variety of strategies used to manage conflict is related to personality and emotional intelligence, as has been revealed in previous sociology and management studies (Hopkins & Yonker, 2015; Tehrani & Yamini, 2020; Zhang et al., 2015).

In addition to the strategies discussed above, in the present study, emergency nurses with extensive work experience considered that familiarity with routines and regular activities normalises their work. From a psychological perspective, performing routine work may involve unconscious cognitive processing (Otani et al., 2005). This condition occurs when individuals develop their routines with purpose, and over time, as they perform routine tasks frequently in a given context, the tasks become familiar and automatic (Ersche et al., 2019). Difficult and challenging tasks which are regularly performed and have become established are less stressful and create less pressure (Matthews et al., 2019). More work-life balance may be achieved when nurses can control their workloads and have fewer stressful job demands, particularly psychological demands (Ng et al., 2017).

Interestingly, two different ways in which participants viewed routine practice are identified in the present study. Some participants suggest that familiarity makes the work seem effortless, while others perceive that work becomes uninteresting. These phenomena reflect those of Armstrong-Stassen and Stassen (2013), who also found that experienced nurses are inclined to see their job as routine and boring. Indeed, when staff education and skills increase and exceed the requirements of a position or role, there is a tendency for them to experience

workplace boredom (Skowronski, 2012). Some nurses remain in their job even though they are bored, or burn out because they fear change or believe that they have no other work options (Cardillo, 2018). Monotonous work and employee boredom can have negative consequences, such as contributing to negative work attitudes and decreasing intrinsic motivation (van Hooff & van Hooft, 2017). Cleary et al. (2016) indicated a balance between stimulating/challenging and repetitive tasks is believed to minimise nurses' boredom.

However, this finding is contrary to that of Robinson and Stinson (2016), who reported that EDs in the USA have very few routines, and there are continuous daily changes, making it impossible for emergency nurses to become bored with their work. In contrast, Kogien and Cedaro (2014) identified that emergency nurses in Brazil who perceived themselves as having passive work, experienced high levels of boredom and dissatisfaction related mainly to repetitive tasks. Therefore, the findings related to routines must be approached with some caution. Although routinised work may facilitate a work-life balance, it may also contribute to either sustaining emergency nurses in their work or causing them to leave their profession due to boredom.

9.4 Effective working practices of emergency nurses

For the nurses who participated in the present study, being able to work effectively is a crucial social process important to the achievement of personal and professional sustainability in their work and careers. The processes the emergency nurses reported using for ‘making emergency work effective’ involve five key components: teamwork, communication, immersion, perseverance, and professional pride. In this section, the findings related to these key elements of effective nursing work are discussed. These results further support some initiatives and guidelines in regard to nursing workforce sustainability (Buchan & Perfilieva, 2015; HWA, 2014; ICN, 2018). These initiatives and guidelines emphasise that, in addition to retention programs, nurses’ ability to work effectively and the quality of care they deliver are essential keys to nursing sustainability (Buchan & Perfilieva, 2015; HWA, 2014; ICN, 2018).

EDs consist of multidisciplinary team members. Internationally, emergency nurses work with a range of health professionals, while in Indonesia nurses mainly collaborate in a team with emergency doctors. Research in Australia, Korea, and the USA has shown that effective teamwork in EDs can reduce and prevent medical errors and increase operational efficiencies, timelines and quality of patient care (Grover et al., 2017; Han & Roh, 2020; Kipnis et al., 2013). For many years, teamwork has been considered to be the key to effective work and quality care (Rosen et al., 2018). The present study identifies three main elements of teamwork in

EDs which help nurses work effectively and sustain their practice: team goals, collaboration, and communication.

Participants in this study recognise that the common goal of the ED team is to save lives and provide quality emergency patient care. This objective is consistent with those in Australia, and according to Grover et al. (2017), the teamwork goal in EDs is to “better manage and execute patient care” (p.94). They suggest that to achieve the goals, team members should be connected together and collaborate (Grover et al., 2017).

In the present study, the participants reported that they understand the importance of interdisciplinary collaboration to make their work more effective and sustainable. This finding is consistent with that of Nursalam et al. (2018), who noted the significance of interdisciplinary teams for Indonesian nurses, as they support them and provide guidance and constructive feedback, all of which assist nurses in their duties. However, the Indonesian nurses also feel that the hierarchical structure of the work environment and sociocultural factors, notably between nurses and physicians, are barriers to interprofessional collaboration (Claramita et al., 2016; Susilo et al., 2013). However, this may not be the case for nurses who work in Indonesian EDs. The findings of the present study are consistent with those of Suryanto, Plummer, and Copnell (2016), in which Indonesian emergency nurses express positive attitudes and value working in collaboration with emergency physicians.

The present study found that participants value teamwork collaboration as more than a way to provide effective care in practice; it is also useful for solving problems related to emergency services. Similarly, in the USA, collaborative practice teams reported meeting regularly to share issues and develop strategies focussing on quality, safety, and evidence-based care of emergency patients (Williams & Binkley, 2017).

It is almost impossible to achieve collaborative goals if emergency team members do not communicate with each other (Kilner et al., 2010; Slade et al., 2015). Participants in the present study regard communication among team members as central to sustaining the quality of their work and delivering safe care. Consonant with the literature, participants acknowledge that the exchange of information in EDs usually involves verbal and non-verbal (e.g. documentation or patient records) communication (Pun et al., 2015; Solheim, 2016). They believe that in order to provide safe and effective care, all means of communication need to be taken seriously and be free of delay. This result is consistent with studies indicating that delaying and failing to pass on information related to patients may increase the potential for error and have adverse effects on patient safety (Pun et al., 2015; Slade et al., 2015). Moreover, when teams collaborate and communicate effectively, the nurses in the present study reported feeling satisfaction at work, which is one basis for them to sustain their practice.

This result is consistent with an Australian study by Grover et al. (2017), in which it was reported that teamwork in EDs made emergency nurses' work more enjoyable and improved their job satisfaction.

In addition to communicating and collaborating in teams, participants also reported that they endeavour to maintain and build communication with patients and their relatives. These findings support evidence from previous observations of Indonesian emergency nurses (Lukmanulhakim et al., 2016). Lukmanulhakim et al. (2016) observed that Indonesian emergency nurses usually start a conversation by introducing themselves, keep eye contact when communicating, obtain informed consent before undertaking a procedure, use clear and understandable language, actively listen and demonstrate empathy and respond to their clients in a calm and friendly way. Lukmanulhakim et al. (2016) also argued that effective communication between emergency nurses and their clients (patients/relatives) reduces clients' anxiety.

Participants in the present study consider communication with patients to be an essential element of their work practices, and being effective in this makes practice and work more sustainable. The emergency nurses highlighted that for them being effective in care means utilising communication to educate, advocate for, and show empathy to their patients and/or relatives. This finding is consistent with Nsiah et al.'s (2019) study, which refers to nurse-patient communication as key support in enlightening patients about their care and their condition, and suggests that communication to educate patients is a form of advocacy. Another study by Pehrson et al. (2016) highlighted that it is important for nurses to communicate and respond to patients empathically. Individuals may express their empathy in verbal and non-verbal ways (Vogel et al., 2018). The expression of empathy in nurse-patient communication fosters trusting relationships (Davies, 2014; Lorié et al., 2017). Therefore, when patients understand the information given and when trust between nurse and patient develops, nurse-patient cooperation is enhanced (Nsiah et al., 2019; Rutherford, 2014). Cooperation is important for the management of care, enables nurses to work efficaciously and helps the prompt recovery of patients (Lorié et al., 2017; Nsiah et al., 2019; Zha et al., 2020). Moreover, studies have reported that a good nurse-patient relationship and successful nurse-patient cooperation improve both patient and nurse satisfaction (East et al., 2020; Molina-mula & Gallo-estrada, 2020). Nurses' satisfaction is related to patients' feelings about their care, and therefore, when patients are satisfied, nurses also gain job satisfaction, which may enhance their sustainability (Efendi et al., 2019; Meier et al., 2019).

In addition to teamwork and communication, work immersion is considered by participants in the current study as both an aspect of effective work and a significant way to sustain

themselves. When the emergency nurses found themselves professionally immersed in their duties, they enjoyed and were fully focused on the work. This condition is consistent with what has been referred to by Csikszentmihalyi (1990, 2017) as the 'flow state': a psychological state in which an individual "feels completely engaged, immersed, and enjoys what he or she is doing" (Csikszentmihalyi et al., 2017, p.100).

The concept of flow has been studied in several nursing contexts, showing that flow at work can also be experienced in nursing (Bringsén et al., 2011; Colombo & Zito, 2014; Martínez-Zaragoza et al., 2017). When they achieve flow in workplace situations and care, nurses show high cognitive resources, including the experience of concentration, being inventive, interested, dedicated and efficient in their work (Bringsén et al., 2011). However, no research has been found on this phenomenon in emergency nursing. Considering the importance of this psychological state for the sustainability of emergency nurses' work and effective care delivery, further research is needed.

The perseverance of participants is another important finding related to being able to sustain effective practice. Nightingale, in her 'notes on nursing' (circa 1859), claimed that perseverance, along with observation and ingenuity, are the attributes that constitute "the good nurse" (Nightingale, 1969, p.65). Some researchers have investigated the role of perseverance in work behaviours and found an association between perseverance and work performance (Duckworth et al., 2009; Littman-Ovadia & Lavy, 2015). Perseverance is often used interchangeably with grit. Duckworth et al. (2009) explained grit as perseverance and passion for long-term goals. It has been reported that individuals who possess grit push themselves to their limits and do not easily give up (Duckworth, 2016; Duckworth et al., 2009).

The present study has revealed some strategies used by emergency nurses in Indonesia which reflect perseverance. By showing determination and tenacity, they believe that they can overcome adversity and be creative and innovative in their practice. This finding is in accord with the results of a study involving emergency nurses in New York which describes how expert nurses with confidence and perseverance complete tasks while providing excellent care (Tubbert, 2014). Through perseverance, emergency nurses proceed through many challenges and attempt alternative solutions on the journey to achieve their goals (Tubbert, 2014). It is almost certain that perseverance helps emergency nurses sustain effective work practices and thrive in their profession.

Moreover, for the participants in the present study, effective work in EDs requires professional pride by the nurses themselves. Possessing professional pride is another means by which the emergency nurses sustain themselves and their practice. In the present study, professional pride enables emergency nurses to thrive and survive in stressful work situations. This finding

is congruent with existing literature (such as Lin et al., 2019; Wu et al., 2019) showing that the feeling of pride contributes to emergency nurses remaining in their profession. However, these studies do not explain the extent to which professional pride influences nurses' work. In the present study, the influence of professional pride on emergency nurses' work sustainability is clarified.

This study has revealed that maintaining work enthusiasm and taking pride in emergency work positively affect effective practice. This result further supports Lu and Roto's (2016) view from the perspective of psychology that professional pride is a driver of employees' work performance. Participants also reported that they are proud of their profession and their work achievements. Self-efficacy gradually develops as these nurses see their work of caring for emergency patients as being effective and successful. They become more confident in completing other challenging tasks and more assured that they will stay in their profession. This result is in accordance with earlier emergency nursing studies conducted in Taiwan (Lin et al., 2019a; Wu et al., 2019), which indicated the ability to exhibit professionalism at work by resolving patients' problems quickly and appropriately. As well as seeing positive outcomes from their care, the nurses reported a sense of accomplishment and professional pride. Other studies have investigated pride in the nursing profession and found that pride supports professional commitment and the desire of nurses to maintain their professional connectedness and affiliations (Chang et al., 2015, 2017).

9.5 The dynamic process, influential factors and elements affecting sustainability in emergency nursing

The theoretical construct, 'Achieving personal and professional sustainability,' explains the overarching social processes which the Indonesian nurses reported using to sustain themselves as emergency nurses. The constructed grounded theory generated important insights into and understanding of the conceptual links and the interplay between the strategies that the nurses use to sustain themselves. These are described in the categories: 'Driving forces', 'Developing an armoury', 'Balancing work and life', and 'Making emergency work effective'.

An important feature of the theory is the proposition that a dynamic interchange exists between all categories, and that this is a malleable movement path. The importance of the dynamic interchange feature is that emergency nurses may use different routes and movements between categories as they seek sustainability. In addition, these routes between categories can shift flexibly over time, as the nurses use these processes to achieve sustainability. For

example, ‘Driving forces’ and ‘Developing and using an armoury’ can be used at the beginning of the sustainability process and the nurses may then move through efforts to balance their work and lives, and then progress to seeking to make their emergency work as effective as possible in the circumstances. For example, it is likely that emergency nurses who enter at the ‘Making work effective’ point will also employ ‘Driving forces’ and ‘Developing and armoury’ or ‘Balancing work-life’ strategies at different times in their emergency nursing journey to achieve and maintain sustainability. The relationship and the movement between categories are modulated according to the dynamics of the situated context, event, people, or time.

The assumptions of the dynamic process depicted in this study's grounded theory have some coherence with Max Weber's (1978) Theory of Social Action (circa 1920). Weber (1978) emphasised that humans modify and change their actions according to the social context and how it affects other people, and when a potential reaction is not desirable, the action is altered accordingly. In addition, the construct of dynamic interchange is consistent with symbolic interactionist perspectives, which argue that the social world is dynamic, and human lives are “always in the process of shifting and becoming, never fixed and immutable” (Blumer, 1969; Scott, 2014).

As the theory highlights, the participants’ ‘professional identity’ and their understanding of ‘the meaning of effective work and care’ are two properties of the core social processes which continuously guide the dynamic interchange between the categories as the emergency nurses seek personal and professional sustainability in their work and care. Professional identity is the basis for the emergency nurses in this study to act and behave to sustain themselves in their practices. This result has some resonance with the work of Kerr and Macaskill (2020), who regard professional identity as the key enabler which ensures that emergency nurse practitioners enact their advanced practice attributes.

No research on the influence of professional identity on emergency nursing retention was identified. However, this topic has been studied in some general nursing areas. For example, a study conducted in Turkey found a significant relationship between nurses’ professional identity and job satisfaction (Sabanciogullari & Dogan, 2015). These researchers reported that nurses with low job satisfaction and low professional identity may leave the profession (Sabanciogullari & Dogan, 2015). In Rasmussen et al.'s (2018) literature review of factors influencing registered nurses’ perceptions of their professional identity, they reported that poor perceptions of professional identity lead to stress, tension, and uncertainty, which in turn affect nursing retention. Considered with the above findings, the present study also provides information about the likely importance of professional identity to emergency nurses’ sustainability.

Similarly, the emergency nurses who participated in this study are attached to what they seek to achieve as effective work and care. The nurses' beliefs regarding what constitutes effectiveness in their work and care continuously guide their actions to make their emergency nursing practice more sustainable. In conformity with the present results, psychological studies have argued that the meaning attached to work by an individual employee is the basis of work engagement (Anthun & Innstrand, 2016; Petrou et al., 2017). This finding is important for the emergency nursing workforce, as there is insufficient information concerning nurses' perspectives on the meaning of emergency care in their work and there are no details of how this meaning-making affects their sustainability.

Moreover, the theory underscores the importance of the interplay between individual, social-cultural, and institutional elements as they relate to the perceptions and actions of emergency nurses as they seek to achieve personal and professional sustainability. This finding appears to be consistent with the basic premises of symbolic interactionism, which posits that individuals act based on their objectives and meanings which arise from interaction within social and cultural contexts (Blumer, 1969). The elements are congruent with Clarke et al.'s (2018) concept of situational analysis which emphasises that multiple discursive constructions flow between human and non-human actors, and that there are always human and non-human elements influencing a situation. The interplay between these social elements also reflects the findings of Moloney et al.'s (2020) integrative review of the synthesis of institutions (or organisations), social embeddedness in nurses' work environments, and nurses' personal enablers as factors which assist nurses to thrive in their work.

Together, the dynamic interchange and influential factors and elements explicated in the substantive theory generate new insights into and evidence of how emergency nurses seek and achieve personal and professional sustainability and care.

9.6 Concluding remarks

This chapter has discussed the key research findings related to the substantive grounded theory and the thematic categories. Throughout the discussion, links with existing research evidence have been highlighted. Four areas of discussion formed the focus: motivational factors, comprehensive qualities, work-life balance, and effective working practices. The chapter has also discussed dynamic processes, and factors and elements identified in the substantive grounded theory.

The findings of this study are significant, as they reveal new and important knowledge of the factors and social processes which affect emergency nurses' personal and professional sustainability. The implications of these findings are discussed in the next chapter. Chapter

Ten concludes with an outline of the study's limitations and a series of recommendations for practice, education, management and policy, and further research.

Chapter Ten: Conclusion

Although working in the ED can be very rewarding for nurses, studies and reports have demonstrated that retaining nurses in the emergency environment is problematic. Therefore, it is important to understand the strategies and processes used by emergency nurses to remain in this field without losing their motivation, while providing effective care.

This research was undertaken within the confines of a PhD study. Data were collected from interviews with and observations of 29 emergency nurses. The participants had wide-ranging experience in emergency nursing, the majority having worked for six to ten years in EDs. Using a constructivist grounded theory methodology, this study has resulted in the generation of new evidence to answer the question 'How do emergency nurses in Indonesia sustain themselves personally and professionally in their work?'

The methodology was sufficiently robust to support the identification of categories and construct the substantive grounded theory 'Achieving personal and professional sustainability'.

To the author's knowledge, this is the first study to explore the social processes of how Indonesian emergency nurses sustain themselves and their practices, and no similar studies were found in the international emergency nursing context. To date, most studies have focused on the identifying of the determinants of nurse retention and turnover (c.f. Ahlstedt et al., 2019; Bugajski et al., 2017; Carter & Tourangeau, 2012; Cope, Jones, & Hendricks, 2016; Nunstedt et al., 2020). Other studies have focused on emergency nurses' coping strategies when dealing with work circumstances, burnout, and stress (Fathi & Simamora, 2019; Gifkins, Loudoun, & Johnston, 2017; Trifiletti, Di Bernardo, Falvo, & Capozza, 2014). This study extends knowledge by considering emergency nurses' perspectives and experiences regarding how they achieve personal and professional sustainability and continue to care effectively. This study's findings have generated new and important evidence on the subject, which has ongoing implications.

In this final chapter of the thesis, the implications of the study and its limitations are outlined, followed by recommendations for nursing practice, education, management and policy, and future research.

10.1 Study implications

The findings of this study provide insights into the Indonesian emergency nursing context, and there are some implications for the international nursing profession. One of the key implications identified in the study is related to the substantive theory constructed during this study. The 'Achieving personal and professional sustainability' theory gives insights into the dynamic interchange between the four strategies depicted in the categories, and includes data related to factors and elements which influence emergency nurses' thinking and actions as they seek sustainability. From this study, emergency nurses can learn about the processes and factors which influence personal and professional sustainability for other emergency nurses. Knowledge of these processes may enable nurses to keep themselves at work and caring for their patients effectively. By implication, assisting nurses to become aware and to manage these processes in their lives is likely to be important. Nurses who gain insights from the theory may be able to know what to do when they want to keep themselves in their profession or if they feel that they need to move to alternative jobs or roles. This theory may be useful in helping nurses to determine proactively what they want to do and become.

The findings generally and the theory specifically have implications for nursing education. Early exposure to the processes that can be used to sustain themselves personally and professionally as they work is essential for student nurses. Nursing educators in university settings could use the theory to equip future nurses with strategies to sustain themselves in their careers. Nursing educators in hospital settings, those in hospital training and education departments, and educators in graduate education may use the theory and the insights derived from the findings to design educational programs. In addition, in-service or staff development strategies could be designed to support emergency nurses in their careers, and structured learning programs could be designed for both new and experienced nurses.

The categorical findings and the grounded theory have implications for nursing leaders and managers who wish to create strategies to manage workplace issues which are likely to influence the personal and professional sustainability of the emergency nursing workforce. Understanding the theory may help leaders and managers to encourage the expression and the enculturation of personal and professional factors which positively influence the sustainability of emergency nurses in the workplace. Indirectly, the findings may inform nursing managers and policymakers as they fashion nursing policies and regulations, specifically with regard to emergency nursing. These initiatives may include regulations or policies related to workforce development strategies, and nursing recruitment and retention strategies. The theory may also be used as a basis for future research in Indonesian or other emergency nursing contexts.

The findings of this research have also generated deep insights into emergency nurses' motivations, and the implications for their intentions to sustain themselves in their work. The findings have shown that emergency nurses are motivated not only extrinsically, but also intrinsically. Knowing and understanding the motivational factors that nurses can use to stay in their ED careers is important for nurses, educators, and managers. Based on the findings, prospective and current emergency nurses may explore their motives to work in EDs, acknowledge their internal and external drivers, and continuously embrace their reasons to be emergency nurses throughout their careers. These approaches may improve nurses' commitment and intention to remain in the profession.

The research finding regarding emergency nurses' motivations is likely to have implications for educators. Educators can use the information to explore nurses' intrinsic and extrinsic motivations to work, and use nurses' motivations as the basis for supporting their commitment to and love of the profession. The implication for nursing managers is to strengthen nursing retention strategies by supporting and motivating nurses personally and professionally.

Another implication of this study is that the results may contribute to an understanding of the skillsets and qualities required for emergency nurses' personal and professional sustainability. The findings suggest that nurses require some balance between sustaining clinical competence, engaging spiritual and cultural cognition, using high quality interpersonal skills, and using their capacities to preserve their health. This finding may be useful for managers, leaders and educators in the development of comprehensive professional development programs to support nursing retention and care improvement. It may also give educators insights into the development of curricula for the preparation of future nurses who can sustain their work and care despite challenging work circumstances. Finally, for nurses, this finding may give them insights into the skills or qualities they need to continue to develop or improve so that they can succeed in sustaining themselves and their careers.

This present study also highlights the importance of a work-life balance in assisting emergency nurses to achieve personal and professional sustainability. This finding provides information rarely acknowledged in emergency nursing literature to date. It may be of interest to emergency nurses in managing their professional lives at work, and their personal or family lives outside work. Managers and hospital administrators may use the findings as a reference to develop workplace guidance to support the work-life balance of emergency nurses. This study potentially gives educators insights into the preparation of student nurses and new graduates for their clinical practice and future nursing careers, possibly by creating induction programs for student nurses or new graduate nurses which include an introduction to how nurses strive in work and life and create an equilibrium between them.

An additional implication of this study is knowledge of aspects that can help nurses to be effective in their practice. The aspects identified are teamwork, communication, immersion, perseverance, and professional pride. Knowing and understanding these aspects may help nurses to be more effective and to sustain their caring practices. These aspects may indirectly inform nursing leaders as to what aspects need to be assessed, particularly when developing performance appraisals for emergency nurses. This assessment may be important in the goal to achieve a sustainable emergency nursing workforce.

These findings on how participants make their work effective may also indicate how educators in undergraduate and graduate programs may coach and support these aspects in their students. Educators can use role-playing and case studies to practise and assess nurses' ability to perform teamwork and collaborative practice, engage in therapeutic communication, concentrate and focus during their work activities, persevere, and feel proud of their profession. These may support the effectiveness and sustainability of their future work.

Finally, from the methodological perspective, the study contributes to understanding how to conduct a grounded theory study using both constructivist grounded theory and situational analysis. This study can be used as an example for future grounded theory studies where researchers are interested in studying emergency nursing behaviours in the workplace. Indirectly, both nursing researchers and other social researchers interested in studying social phenomena and human behaviour may benefit from this study’s description of the methods used.

10.2 Study limitations

It is acknowledged that this grounded theory study has limitations which need to be taken into account when considering the study findings and implications. Some key limitations of this study are stated below.

This grounded theory study was conducted in the context of EDs in Indonesia. Grounded theory places emphasis on processes and meanings within a local context, and the findings cannot be generalised. However, based on the premise of transferability, it is important that nurses can see the relevance of the study and interpret the findings for their own contexts. Therefore, transferability is limited to the extent that readers can make sense of the findings and can consider the fit with their own cultures and workplace contexts.

Moreover, in this grounded theory study, the findings are mainly drawn from observations and participants’ perspectives and experiences. The context of the participants in terms of their experiences and their demographics may have influenced the way in which they provided and

discussed their views. As the researcher, I attempted to listen to their stories and work with their stories, taking into account their personal and professional contexts. However, some meaningful information may have been omitted. Furthermore, while saturation was achieved related to the data provided by the participants, it may have been possible to derive other insights from nurses who did not participate in the study.

Due to time constraints associated with the timeframes and practicalities of doctoral research and the time and space limits of where and when the interviews and observations could be undertaken, only twenty-nine emergency nurses were interviewed, and ten emergency nurses were observed. For the purposes of the present study, this number provided sufficient data to enable coding and category identification, reach saturation, and construct a substantive theory. However, more participants in other ED contexts may have produced more data and variation in the theory.

In addition to constructivist grounded theory analysis, this study also analysed data using situational analysis and the associated mapping techniques. The mapping enabled greater depth in the data analysis and is believed to have assisted theorisation. However, this study did not deploy all situational analysis mapping techniques. The use of other situational analysis mapping techniques may have led to other findings and variations in the grounded theory.

10.3 Study recommendations

As a result of the implications of the discussion in the previous chapter and identified in Section 10.1, and the consideration of the study limitations in Section 10.2, a series of recommendations is proposed. These brief recommendations highlight potential strategies for practice, education, management and policy, and future research.

10.3.1 Recommendations for practice

Emergency nurses need to be supported and encouraged to sustain themselves personally and professionally in their work. As a group, nurses in EDs could acknowledge and share with their colleagues what motivates them intrinsically and extrinsically. They could discuss as a group how these motivations work in sustaining themselves in their roles and practices. The authenticity and the sharing of their views are likely to inspire conversations in the group which could further inspire and motivate each other as they seek personal and professional sustainability. If some nurses are experiencing difficulties with their own motivations, other

nurses could support and assist by sharing strategies that could help them to improve their motivation.

Nurses could use some of their time to share and discuss with their colleagues aspects of their armouries that enable them to sustain their practice and caring for emergency patients. In sharing and discussion sessions, they could learn from each other the importance of armouries, and actively choose the armouries they might use in their workplace. Sharing and reinforcing the armouries that emergency nurses use are likely to realise the valuing and support of these in the workplace culture.

The work-life balance could be formally recognised in the department, and nurses should support initiatives for this. For example, the use of workplace posters could reinforce the message and remind nurses of the importance of balancing their work and life. Nurses and their colleagues need to remind each other of the importance of self-care, taking some breaks, supporting the development of effective work routines, and reducing the likelihood of workplace conflict in order to assist the achievement of this balance. In addition, nurses could support each other and share the ways that they manage their personal space and priorities while working.

Aspects that may help nurses in EDs to make their work more effective should be acknowledged and valued. These aspects may include initiatives to support teamwork, sharing and effective communication, professional perseverance, focus and immersion in work, and the development of professional pride. Where there are agreements and coalescence of values in the group, these should be promoted within the workplace culture. All of these activities will support the sustainability of work and practice and effective care in the emergency nursing team.

A “Nurse of the week program” may be interesting and useful to motivate nurses and to encourage them to ‘unpack’ and share how they achieve and sustain their professional identities. The selected nurse of the week could also debrief with other nurses on how they construct and evolve their professional identity, as well as how they perceive and reshape the meaning of effective work and care in relation to sustaining themselves in their emergency nursing career. The information provided could enhance nurses’ intentions to stay and to work more effectively in their emergency practices.

10.3.2 Recommendations for education

Education of both undergraduate and graduate students needs to ensure that students understand the process of being sustainable in their nursing career. It is strongly recommended that nurse educators create space for specific pedagogy in their nursing

curricula to promote their students' motivations to achieve competencies and care, particularly those that may drive inherent motivation such as altruism and aspiration for self-improvement. Pedagogical strategies may include educators emphasising these types of motivation every time they discuss care management. Small group reflections could also be used as a way of probing and discussing students' motivations.

Introductions to stress management, time management, self care, mindfulness, and work-life balance strategies are recommended, as these may be useful for nurses to manage and achieve longevity in their profession. Pedagogical strategies to support the value of teamwork and cooperation, the generation of a sense of pride in their nursing identities, and to support the qualities of resilience and perseverance are needed. These aspects are important to prepare students as they embark on a nursing career and build and sustain effective practices, but are also useful and need to be emphasised for graduate nurses. These objectives can be implemented using teaching strategies such as simulation, case-based learning, virtual reality, and group discussion. In addition, educators can organise training programs, short courses, seminars, and certifications for senior nursing students who are interested in emergency care and want to build their careers as emergency nurses. This approach will help students with their transition into the emergency nursing profession and enhance work readiness and sustainability.

Professional development programs designed for new and experienced emergency nurses that aim to retain and advance the emergency nursing workforce are needed. Through such programs, emergency nurses' personal and professional sustainability can be supported. As part of these development programs, an educational plan that meets each emergency nurse's learning needs for a certain level of experience and expertise needs to be created. Professional development targeting emergency nurses' physical health and well-being may be needed. This type of program could include exercise and mindfulness or meditation training. In addition, short courses or seminars on ways of managing work and family or personal lives effectively may be useful. These educational activities may help nurses' work readiness and reduce work stress and anxiety, which are important for their sustainability.

10.3.3 Recommendations for management and policy

Arising from the findings on personal and professional sustainability for emergency nurses, the goal of creating a healthy working environment should be pursued by nurse managers. For example, nurse managers could ensure that drinking water is within reach, and that nurses have adequate rest and meal breaks, and that they are taken as appropriate. In addition to what was mentioned earlier, striving for a healthy working environment also includes

supportive leadership and peers who help and encourage each other in times of need. This may include learning needs as well as emotional support. Nurse leaders could target areas that support emergency nurses to remain in their career, such as encouraging their motivation, supporting their work-life balance, and having nurses share their success stories about when nurses feel that their practice is going well. It is possible that if nurse leaders support these aspects of workplace culture, emergency nurses will be more likely to sustain themselves in their roles and their everyday work.

Given the importance of achieving the sustainability of emergency nurses, managers need to ensure that work effort is not burdensome and workloads are manageable Adequate staffing and resources, healthcare facilities and equipment, are necessary for nurses to sustain their practice and ensure that their work and care are effective and efficient.

As spirituality was identified as an important aspect of nurses achieving personal and professional sustainability, nurse leaders need to consider how this could be best supported. In the Indonesian context, nurse leaders and managers may culturally sanction nurses' spiritual activities, particularly related to prayer. Managerial backing for nurses' activities of caring that involve providing spiritual support to patients in the ED is likely to be appropriate in the cultural context of Indonesia. Beyond Indonesia, other countries may determine the relevance of supporting emergency nurses spirituality and providing spiritual care in their own contexts.

Nurse leaders and managers could encourage the maintenance and ongoing development of effective interpersonal relationships between nurses and other professional workers in their EDs. This is because the quality of communication and relationships matters to emergency nurses and affects their role and their work sustainability. Furthermore, nurse leaders could support activities that seek to assist nurses' social interactions and connectedness. Such social approaches could include team-building activities and recreational events to facilitate teamwork and collegiality in EDs, as these may influence nurses' levels of satisfaction and their retention in the workforce.

Financial and non-financial rewards were identified as important motivational factors for emergency nurses as they seek to sustain their careers, and these should be acknowledged by nurse leaders and managers. Nurse leaders in the workplace could use their awareness of the importance of rewards to find practical ways of rewarding nurses in the team. Non-financial rewards may include appreciation and recognition of the expertise and work of individual members. Nurse leaders could engage in fostering an active culture of general acknowledgement and support, and seek to reverse any culture where these aspects might not be recognised.

It is important for policymakers to recognise factors which may affect the sustainability of emergency nurses. They also need to ensure that nursing leaders and managers engage in workplace practices to support emergency nurses, and ensure that strategies for emergency nursing workforce sustainability are in place.

10.3.4 Recommendations for future research

It is recommended that the substantive grounded theory 'Achieving personal and professional sustainability' should be tested in theory and application. The need for the theory to be further developed is acknowledged. Further work using action research or translational research could be used to validate, refine, and expand the theory. A study similar to this should be carried out to establish the implications for other nursing work contexts in Indonesia, or indeed for other emergency nurses and healthcare workers internationally.

There is abundant room for further progress in determining emergency nurses' personal and professional sustainability which can be investigated using qualitative, quantitative, or mixed-method approaches. There could be a major research study of each of the categorical findings, including motivational factors for emergency nurses, qualities and skillsets of emergency nurses, work-life balance for emergency nurses, and factors that may enhance effective emergency nursing work. Further studies with more focus on emergency nurses' professional identities, how they are developed, constructed and evolve for sustainability in their careers and their practices are needed. Further research on how emergency nurses' perceptions of effective work and care influence their personal and professional sustainability needs to be undertaken. Moreover, the data generated by the present study could be used to generate a survey or questionnaire to investigate more fully the importance of and relationships between variables related to nursing workforce sustainability.

Finally, the use of both constructivist grounded theory and situational analysis is recommended for future grounded theory studies. This combination is useful, as it facilitates the exploration of both human actions and elements, and will contribute to the development of a more comprehensive theory.

10.4 Closing remarks

I have always had a passion for improving the quality of nursing practice and raising the profile of nursing in Indonesia. My background as an emergency nurse and an academic has led me to study nurses working in EDs, with the aim of improving the sustainability of the profession.

With this grounded theory study, I had the opportunity to explore Indonesian emergency nurses' perspectives and actions in order to remain in their career, and to thrive and stay motivated, while providing effective care to their patients. The result is a substantive grounded theory which explains the social processes of achieving personal and professional sustainability.

It was a privilege to listen to, observe and learn from the study participants. Through their contributions, I have achieved my purpose of understanding the strategies they use to sustain themselves personally and professionally. I truly believe that this understanding will also belong to the readers and contribute to the development of new knowledge and new approaches to emergency nursing workforce sustainability.

I look forward to disseminating the research findings through publications, presentations, and discussions with relevant stakeholders, in the hope that as many people and nurses as possible know the implications of this study. Moreover, I hope that other researchers interested in nursing workforce sustainability, specifically emergency nursing, will further these findings and bring them to another level.

Finally, achieving personal and professional sustainability for emergency nurses is an ongoing effort. It is a continuous and dynamic process, in which motivations, skillsets and qualities, work-life balance, and the ability to work effectively are important. Professional identity and understandings about effective work and care are central to the sustainability of emergency nurses. Emergency nurses also achieve sustainability through the influence of their personal, social-cultural and institutional structures. Therefore, sustainability is not merely each nurse's personal effort but requires support from their personal and professional surroundings.

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Appendices

Appendix 1: Literature Review Matrix

Summary of included quantitative papers

Reference	Study Aim/s	Study design/data collection tool	Sample/location	Key findings
Abraham et al. (2018)	To describe and compare clinical staff perceptions of their ED's working environment across two different Australian EDs.	Cross-sectional	Emergency nurses (n=80) and doctors (n=43) *Australia*	Most frequently reported coping strategies were 'thought out different ways to handle the situation', 'talked the problem over with family or friends', 'tried to keep a sense of humour', 'tried to look at the problem objectively and see all sides' and 'tried to keep your life as normal as possible and not let the problem interfere'.
Adriaenssens et al. (2011)	To examine (1) whether emergency nurses differ from a general hospital nursing comparison group in terms of job and organizational characteristics and (2) to what extent these characteristics predict job satisfaction, turnover intention, work engagement, fatigue and psychosomatic distress in emergency nurses.	Cross-sectional	254 emergency nurses 15 general hospital *Belgium*	Decision authority, skill discretion, adequate work procedures, perceived reward and social support by supervisors prove to be strong determinants of job satisfaction, work engagement and lower turnover intention in emergency nurses.
Adriaenssens et al. (2015a)	To explore to what extent the 4-dimensional model of goal orientation adds additional variance to explaining burnout and work engagement in emergency nurses.	Cross-sectional	170 emergency nurses 13 general hospital *Belgium*	Job control was predictive of both burnout and work engagement. Job demands was a predictor of burnout, social support predicted work engagement. Reward was related to work engagement; mastery approach goal orientation was strongly related to increased work engagement and decreased burnout.
Adriaenssens et al. (2015b)	To examine the influence of changes over time in work and organisational characteristics on job satisfaction, work engagement, emotional exhaustion,	Longitudinal	170 emergency nurses 15 general hospital *Belgium*	Changes in job demand, control and social support predicted job satisfaction, work engagement and emotional exhaustion. Changes in reward, social harassment and work agreements predicted work engagement, emotional exhaustion and intention to leave.

	turnover intention and psychosomatic distress in emergency room nurses.			
Atakro et al. (2016)	To explore challenges experienced by nurses working in EDs.	Phenomenology	20 emergency nurses 3 public hospital *Ghana*	The categories of challenges experienced by emergency nurses were 'lack of preparation for ED role', 'verbal abuse from relatives toward emergency nurses', 'lack of resources in ED', 'stressful and time consuming nature of ED', and 'overcrowding in ED'.
Blank et al. (2014)	To compare the expectations of patients and nurses using three nursing care attributes.	Cross-sectional	100 participants: 50 patients 50 emergency nurses *USA*	The average rating for each of the three attributes showed that patients rated their experience consistently higher than nurses; ratings of the same attribute. 'Knowing who your nurse is' was associated with a positive perception of care.
Bruyneel et al. (2017)	To explore the association between the quality of the work environment, job characteristics, demographic characteristics and a pathway of job satisfaction, emotional exhaustion and turnover intention.	Cross-sectional	294 emergency nurses 11 hospitals *Belgium*	Components from both the work environment (nurse foundations in quality for care, nurse participation in hospital affairs, collegial nurse-physician relations, nurse staffing, career development and opportunities, nurse management and leadership) as well as job characteristics (work/time demands, decision authority, skill discretion, social support from supervisor, social support from colleagues, and physical demands) were related to job satisfaction and emotional exhaustion and this explained the association with turnover intention.
dos Santos et al. (2013)	To analyse the challenges for the management of care in a hospital ED, based on nurses' perspectives.	Exploratory	20 emergency nurses *Brazil*	The main challenges of nursing in managing care in emergency units were 'management of overcrowding', 'maintaining quality of care', and 'utilisation of leadership as a management tool'.
Enns et al. (2016)	To explore nurses' perspectives of caring and the factors that affect caring for emergency nurses.	Qualitative descriptive	17 emergency nurses *Canada*	Two themes for the meaning of caring were 'advocacy' and 'holistic care'. Five themes for factors affecting caring were 'workload', 'lack of time', 'staffing issues', 'shift work', 'lack of self-care'.
Helbing et al. (2017)	To determine the overall job satisfaction among ED nurses.	Quantitative descriptive	89 emergency nurses 31 states *USA*	Intrinsic factors of job satisfaction were 'achievement and recognition' and 'the job-itself'. 74% of respondents revealed they were satisfied with 'the job-itself' while only 37% were satisfied with 'achievement and recognition'. Extrinsic factor with the highest satisfaction score was 'work relationships' at 82% while only 31% of respondents were satisfied with 'working conditions', 39% with 'company policies' and 44% with 'salary and benefits'.
Howlett et l. (2015)	To evaluate the effect of coping style on levels of burnout.	Cross-sectional	616 emergency staff members, (nurse: 234;	'Task or problem-focused coping' was a significant univariate predictor of lower 'emotional exhaustion', lower 'depersonalisation' and higher 'personal accomplishment'. In

			Physician:43; Other=36), *Canada*	the final multivariate models, 'task-oriented coping' was only associated with higher 'personal accomplishment' and lower levels of 'burnout'. 'Emotion-oriented coping responses' were significant univariate and multivariate linear predictors of higher 'emotional exhaustion', higher 'depersonalisation' and lower 'personal accomplishment'.
Jiang et al. (2017)	To investigate the satisfaction and burnout of ED nurses in Shanghai and the association of these factors with their intention to stay on the job.	Cross-sectional	976 emergency nurses 30 hospitals *China*	Nurses satisfaction and burnout were associated with 'intention to leave'. 'Salary', 'nurse-patient relationships', 'nurse staffing' and 'work environment' were areas where nurses were less satisfied, while 'group cohesion' was associated with greater satisfaction.
Li et al. (2018)	To determine how violence affected emergency nurses' intention to resign and avoidance tendencies via emotional reactions to violence.	Cross-sectional	123 emergency nurses *Taiwan*	Violence increased nurses' intention to resign by increasing levels of negative feelings toward work rather than negative emotions. Physical symptoms did not affect intent to resign. Emergency nurses with low burnout levels exhibited stronger intent to resign when experiencing negative feelings toward work following violent incidents.
Lu et al. (2015)	To describe the relationship between coping strategies and occupational stress among ED nurses in China.	Cross-sectional	127 emergency nurses *China*	The highest scores in the positive coping strategies were 'thinking of the good side of things', 'changes own idea to discover in the life what is most important', 'talk with others to pour out innermost sad feelings', 'seek suggestions from family members, relatives and friends or schoolmates', and 'try to contain anger and disappointment regret sad feelings'. The highest scores in the negative coping strategies were 'comfort oneself', 'accept reality', 'attempt to forget the entire matter', and 'waiting to change the status'.
Mahmoudi et al. (2013)	To identify barriers to care in emergency patients from the views of nurses and patients.	Descriptive qualitative	18 emergency nurses 7 patients *Iran*	Three themes regarding barriers to care were 'the nature of critical ward', 'performance weakness of nurses', and 'deficiency in clinical management'.
Mahmoudi et al. (2017)	To explore the nurses' perception of care at EDs.	Exploratory	17 emergency nurses 2 hospitals ED *Iran*	Three major categories regarding the perception of care were 'accuracy', 'speed', and 'comprehensive action and caring attention'.
Palazoğlu et al. (2017)	To determine the relationship between the level of ethical sensitivity in emergency service nurses and their burnout and job satisfaction levels.	Cross-sectional	236 emergency nurses 13 hospitals *Turkey*	There were significant differences in the median score of job satisfaction among the Turkish emergency nurses according to age, love for the profession, satisfaction with the current department, quality of work-life balance, satisfaction at current institution, and training.
Ribeiro et al. (2015)	To identify nurses' coping strategies in hospital emergency services and relate	Cross-sectional	89 emergency nurses *Brazil*	Participants were not limited to using only one coping strategy. The functional coping strategies with the highest

	them to socio-demographic and professional variables.			score were 'problem-solving', 'positive reappraisal', and 'social support'. Whereas the least used strategy was 'confrontation'.
Sawatzky et al. (2012)	To explore the factors that predict the retention of nurses working in EDs.	Cross-sectional	261 emergency nurses 12 EDs *Canada*	'Nursing management', 'professional practice', 'collaboration with physicians', 'staffing resources' and 'shift work' significantly influencing factor for 'engagement'. 'Engagement' was the key predictor of 'intention to leave'
Sheikhbardsiri et al. (2018)	To determine job motivation of the nurses in pre-hospital and educational hospitals emergency in the southeast of Iran.	Cross-sectional	150 nurses 4 EDs (n=70) and a Pre-hospital emergency system (n=80) *Iran*	Two groups of nurses were at the intermediate level of job motivation. Based on the frequency distribution of motivational factors in emergency nurses, 84% had intermediate 'psychological motivation', 95% had 'intermediate welfare' motivation, 92% had intermediate 'educational motivation', 50% had intermediate and weak 'financial motivation', and 67% had appropriate 'administrative motivation'.
Siller et al. (2016)	To examine the relationship between ED nurses' perceptions of shared governance and work engagement.	Cross-sectional	43 emergency nurses *USA*	A significant positive relationship was found between 'shared governance' and 'work engagement', indicating that as perceptions of shared governance increase, work engagement increases.
Yoon and Sok (2016)	To examine correlations among experience of violence, burnout and job satisfaction.	Cross-sectional	236 female emergency nurses *Korea*	'Job satisfaction' had a significant, negative correlation with 'verbal abuse', 'physical threats' and 'violence'. 'Burnout' had a negative correlation with 'job satisfaction'.
Zavotsky and Chan (2016)	To examine moral distress in ED nurses and its relationship to coping in that speciality group.	Cross-sectional	198 emergency nurses *USA*	The most frequently reported coping mechanism used by this sample were 'positive reframing and growth', 'social support', and 'planning'.

Summary of included qualitative papers

Reference	Study Aim/s	Study design/data collection tool	Sample/location	Key findings
Atakro (2017)	To explore differences and similarities of motivating and demotivating factors of emergency nursing care in selected rural and urban emergency units in the Volta Region of Ghana.	Qualitative exploratory	30 emergency nurses Rural and urban hospital *Ghana*	Four thematic categories were 'support from hospital management for provision of material resources', 'task shifting to nurses', 'stimulant for learning', and 'interpersonal relations'.
Elmqvist et al. (2012)	To describe and understand experiences of being the first provider on the 'front line'.	Phenomenology	1 nurse assistant, 4 registered nurses and 3 physicians. *Sweden*	Five constituents of phenomenon were 'ambiguous feelings towards the assessment', 'an expected role model', 'the double purpose waiting room', 'lack of time for communication', and 'a way of speaking'.
Grover et al. (2017)	To explore emergency nurses' perceptions, attitudes and experience of teamwork in the ED.	Exploratory	12 Emergency Nurses *Australia*	Sub-themes for the first theme 'when teamwork works' were 'teamwork worked well in resuscitation', 'simulation and training increased confidence in team performance'; 'teamwork may improve patient outcomes' and 'teamwork improves job satisfaction'.
Person et al. (2013)	To examine the culture in an ED.	Ethnographic	34 employees working in an ED, level II trauma center (n=22, nurses) *USA*	Four categories that described the culture of ED related to job satisfaction and retention were cognitive, environmental, linguistic, social attributes.
Robinson et al. (2016)	To determine how emergency nurses define moral distress, describe the experiences of moral distress by emergency nurses and its impact, and identify possible strategies to combat moral distress.	Phenomenology	8 emergency nurses *USA*	Four identified themes were 'there was no face of the family', 'asking God for forgiveness', 'flipping the switch', and 'it changes who we are'.

Van Osch et al. (2018)	To explore the influential factors and strategies that promote an experienced nurse's intent to stay in their emergency or critical care area.	Qualitative interpretive descriptive	13 emergency and critical care nurses, *Canada*	Four identified themes were 'leadership', 'interprofessional relationships', 'job fit', and 'practice environment'.
Winters (2016)	To explore process and strategies that nurses use throughout the process of becoming and remaining an emergency nurse.	Classic grounded theory methods	7 emergency nurses *USA*	The 5 phases of 'seeking status' were 'joining the troops', 'working in the trenches', 'passing muster', 'earning stripes', and 'looking ahead'.
Wolf et al. (2016)	To explore the nature of moral distress as it is experienced and described by emergency nurses.	Exploratory design	17 emergency nurses *USA*	Themes from the data were 'challenges of the emergency care environment', 'being overwhelmed', and 'adaptive/maladaptive coping'. Participants using various maladaptive coping mechanisms to reduce their moral distress, including 'the use of alcohol, food, or medication'. However, some participants reported using adaptive coping mechanisms such as 'exercise', 'psychological counselling', 'staff debriefings', and 'stress management'.
Wolf et al. (2017)	To explore the effects of fatigue in emergency nurses on both cognition and work experience	Exploratory	41 emergency nurses *USA*	Five themes identified were 'it's a weight on your back', 'competitive nursing', 'it's never enough', 'you have to get away', 'engagement as a solution'.

Appendix 2: MUHREC Ethical Approval Certificate

MONASH University

Monash University Human Research Ethics Committee

Approval Certificate

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

Project Number: 11274
Project Title: How Emergency Nurses Sustain Themselves and Provide Effective Care in Indonesia: A Grounded Theory Study
Chief Investigator: Assoc Professor Virginia Plummer
Expiry Date: 06/12/2022

Terms of approval - failure to comply with the terms below is in breach of your approval and the *Australian Code for the Responsible Conduct of Research*.

1. The Chief Investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organisation.
2. Approval is only valid whilst you hold a position at Monash University.
3. It is responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash letterhead and the Monash University complaints clause must include your project number.
6. Amendments to approved projects including changes to personnel must not commence without written approval from MHUREC.
7. Annual Report - continued approval of this project is dependent on the submission of an Annual Report.
8. Final Report - should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected completion date.
9. Monitoring - project may be subject to an audit or any other form of monitoring by MUHREC at any time.
10. Retention and storage of data - The Chief Investigator is responsible for the storage and retention of the original data pertaining to the project for a minimum period of five years.

Thank you for your assistance.

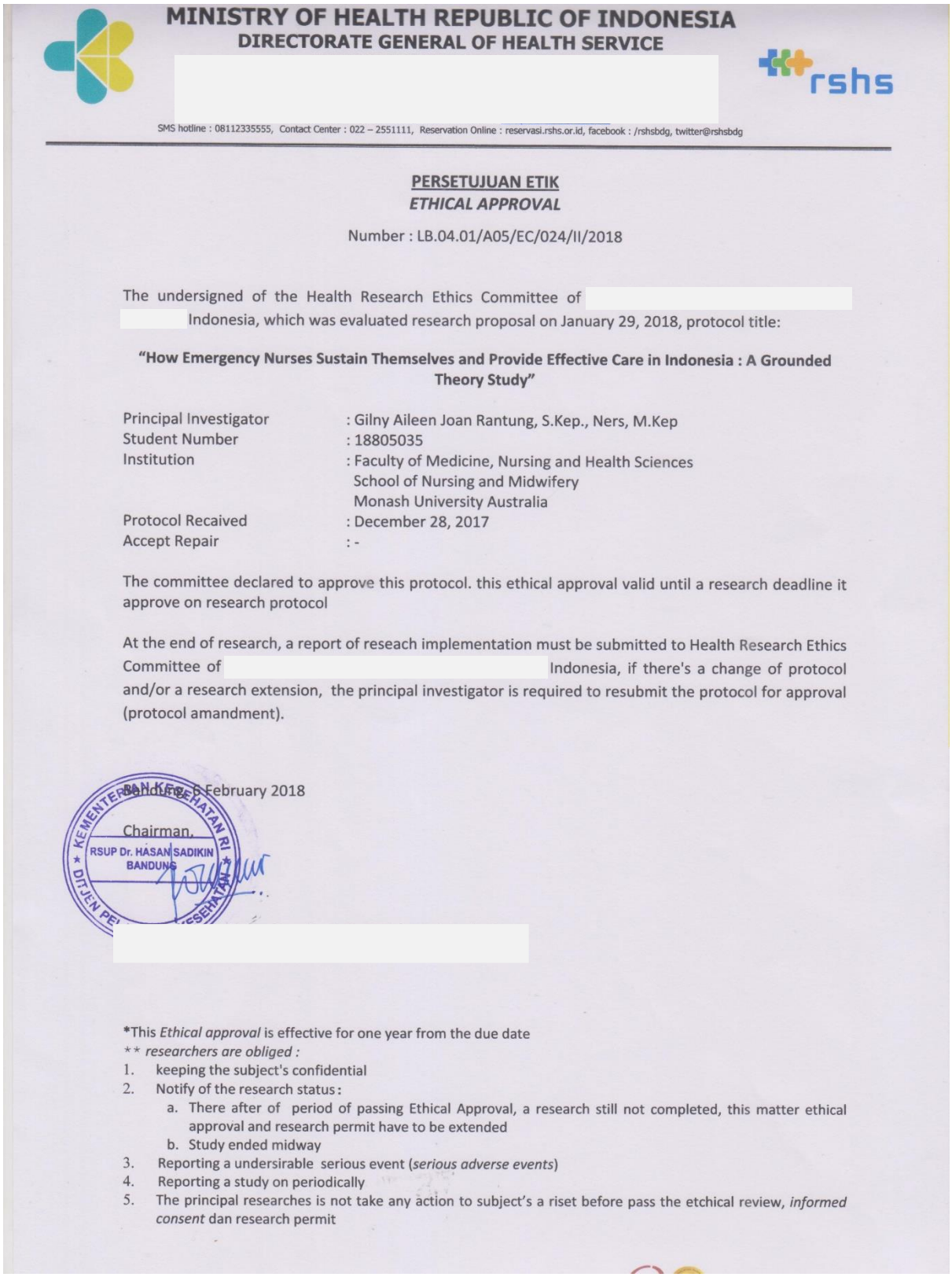
Chair, MUHREC

CC: Professor Debra Griffiths, Assoc Professor Cheryle Moss, Ms Gilny Rantung

List of approved documents:

Document Type	File Name	Date	Version
Explanatory Statement	Explanatory statement English Version (Gilny) Revised (2)	13/11/2017	2
Explanatory Statement	Explanatory statement Bahasa Indonesia Version (Gilny)	13/11/2017	2
Consent Form	Consent form English Version (Gilny) Revised (1)	27/11/2017	3
Consent Form	Consent Form Bahasa Indonesia Version (Gilny) Revised	27/11/2017	3
Supporting Documentation	Aide Memoire for Interviews (Gilny) Revised	27/11/2017	2
Supporting Documentation	Flyers (Gilny) Revised	27/11/2017	3
Supporting Documentation	Overall Reviewer Panel Comments + Gilny (2) VP	27/11/2017	2

Appendix 3: Indonesian Ethical Clearance



MINISTRY OF HEALTH REPUBLIC OF INDONESIA
DIRECTORATE GENERAL OF HEALTH SERVICE

rshs

SMS hotline : 08112335555, Contact Center : 022 – 2551111, Reservation Online : reservasi.rshs.or.id, facebook : /rshsbdg, twitter@rshsbdg

PERSETUJUAN ETIK
ETHICAL APPROVAL

Number : LB.04.01/A05/EC/024/II/2018

The undersigned of the Health Research Ethics Committee of Indonesia, which was evaluated research proposal on January 29, 2018, protocol title:

"How Emergency Nurses Sustain Themselves and Provide Effective Care in Indonesia : A Grounded Theory Study"

Principal Investigator	: Gilny Aileen Joan Rantung, S.Kep., Ners, M.Kep
Student Number	: 18805035
Institution	: Faculty of Medicine, Nursing and Health Sciences School of Nursing and Midwifery Monash University Australia
Protocol Recaived	: December 28, 2017
Accept Repair	: -

The committee declared to approve this protocol. this ethical approval valid until a research deadline it approve on research protocol

At the end of research, a report of reseach implementation must be submitted to Health Research Ethics Committee of Indonesia, if there's a change of protocol and/or a research extension, the principal investigator is required to resubmit the protocol for approval (protocol amandment).

Bandung, 6 February 2018

Chairman,

KEMENTERIAN KESEHATAN RI * DITJEN PE * KOMISI ETIK PENELITIAN KESEHATAN * RSUP Dr. HASAN SADIKIN BANDUNG

*This *Ethical approval* is effective for one year from the due date
** *researchers are obliged :*
1. keeping the subject's confidential
2. Notify of the research status :
   a. There after of period of passing Ethical Approval, a research still not completed, this matter ethical approval and research permit have to be extended
   b. Study ended midway
3. Reporting a undersirable serious event (*serious adverse events*)
4. Reporting a study on periodically
5. The principal researches is not take any action to subject's a riset before pass the etchical review, *informed consent* dan research permit

Appendix 4: Research Site Approval

SMS Hotline : 08112333000, Contact Center : 022 – 2551111, Reservasi Online : reservasi.rshs.or.id, Facebook : /rshasan, Instagram

Nomor : LB.02.01/X.2.2.2/ 386 /2018 12 Februari 2018
Hal : Izin Penelitian

Yth. *HDR Student Supervisor*
and Chief Investigator
Faculty of Medicine, Nursing
and Health Sciences
School of Nursing and Midwifery
Monash University
Australia

Sehubungan dengan surat dari *HDR Student Supervisor and Chief Investigator, Faculty of Medicine, Nursing and Health Sciences, School of Nursing and Midwifery, Monash University*, tanggal 13 Desember 2017 perihal Permohonan Izin Penelitian, dengan ini disampaikan bahwa pada prinsipnya kami dapat memberikan izin kepada:

Gilny Aileen Joan Rantung

Untuk melaksanakan kegiatan penelitian tentang ***"How Emergency Nurses Sustain Themselves and Provide Effective Care in Indonesia: a Grounded Theory Study"***.

Kegiatan tersebut dapat dilaksanakan dengan ketentuan sebagai berikut :

1. Tidak mengganggu pelayanan di
2. Mematuhi ketentuan/prosedur yang telah ditentukan oleh Bandung.
3. Hasil dari kegiatan hanya untuk tujuan akademik, apabila akan dipublikasikan harus mendapat persetujuan dari
4. Menyerahkan laporan hasil kegiatan kepada , melalui Bagian Pendidikan & Penelitian yang disetujui oleh Sub *Ethical Clearance*, Bidang Keperawatan, Instalasi Gawat Darurat, serta diketahui oleh Bagian Pendidikan & Penelitian sebanyak 2 (dua) eksemplar paling lambat satu bulan setelah selesai pelaksanaan.
5. Kegiatan tersebut dimulai pada tanggal **13 Februari s.d. 13 Maret 2018**.
6. Untuk pelaksanaannya dilaksanakan berdasarkan kesepakatan Saudara dengan unit terkait.
7. Bersedia mempresentasikan hasil penelitian (apabila diperlukan oleh
8. Membawa pas foto 1 (satu) lembar ukuran 2x3 cm (hitam putih/berwarna dengan latar merah).

Untuk memperoleh keterangan lebih lanjut sebelum melaksanakan kegiatan, kami harap yang bersangkutan dapat menghubungi Ka. Bagian Pendidikan & Penelitian melalui Ka. Sub. Bag. Pendidikan dan Penelitian Keperawatan dan Non Medik [redacted] di Nomor Hp. 081221558405 guna penyelesaian administrasi.

Atas perhatian dan kerjasamanya kami ucapkan terima kasih.

A.n. Direktur Utama
Direktur SDM dan Pendidikan,

[redacted]

Tembusan :

[redacted]

Kesehatan Anda Menjadi Prioritas Kami

Bandung, 19 Januari 2018

Nomor : 043/EXCOM/RSAB/I/2018
Lampiran : Unit Terkait
Perihal : **IZIN PENGUMPULAN DATA**

Kepada Yth.
Ns. Aileen Rantung SKep
Di tempat

Dengan hormat,

Dengan ini kami menyampaikan keputusan rapat Executive Committee sebagai berikut:

Hari / Tanggal : Jumat, 19 Januari 2018

No. Keputusan : 2018-043

Isi Keputusan : **MENYETUJUI**, memutuskan memberikan Izin kepada Ns. Aileen Rantung MKep, untuk Penelitian dan pengumpulan data, pada bulan Januari-Februari 2018, dengan biaya Rp.600.000.

Demikianlah surat keputusan ini kami sampaikan dan apabila di kemudian hari didapati adanya kekeliruan dalam keputusan ini maka akan dilakukan perubahan seperlunya. Atas perhatiannya kami ucapkan terimakasih.

Hormat kami,
DIREKTUR

RUMAH SAKIT ADVENT
JLN. CIHAMPELAS 161
BANDUNG

Tembusan:
1. Diklatlit, 2. Pembukuan, 3. Arsip

lad

Menuju Sehat Seutuhnya

Appendix 5: HIPGABI Support Letter

PENGURUS PUSAT
HIMPUNAN PERAWAT GAWAT DARURAT DAN BENCANA INDONESIA
(Indonesian Emergency and Disaster Nurses Association – IEDNA)
Sekretariat : Jl.Pisangan Baru Utara No 2.RT8/ RW14.Kel.Pisangan Baru. Kec. Matraman. Jakarta Timur. 13110
Email : hipgabi_pusat@yahoo.com ; Hotline : 08128757844, 087878218916 (WA), 08880154823. PIN BB: 314000ob

Nomor : 022/PP HIPGABI/B/IV/2018 Jakarta, April 30Th 2018
Subject : Letter of Support

To Whom It May Concern,

On behalf of Indonesian Emergency and Disaster Nurses Association (HIPGABI), I write to extent our support of the research project entitled "How Emergency Nurses Sustain Themselves and Provide Effective Care in Indonesia : A Grounded Theory Study" to be conducted. The project will be done by Ms Gilny Rantung, PhD Student in the Faculty of Medicine, Nursing and Health Sciences, Monash University.

After careful consideration, we agreed and believe that this studywould contribute to knowledge and practice in the emergency nursing field and bring benefits to the emergency nursing society in Indonesia.

HIPGABI will also contributeto the project byassisting research advertisement diffusion to HIPGABI members. All documents and other material used in recruiting potential research participants, including advertisements, information sheets and consent form are the full responsibilityof the research team.

Sincerely,
HIPGABI - President

Cc:
Associate Professor Virginia Plummer–HDR Student Supervisor &Chief Investigator
Gilny Rantung – Student Researcher

Appendix 6: Explanatory Statement

MONASH University

EXPLANATORY STATEMENT

(Emergency Nurses)

Project: How Emergency Nurses Sustain Themselves and Provide Effective Care: A Grounded Theory Study

A/Professor Virginia Plummer
School of Nursing & Midwifery
Phone: +61 399044064
email: virginia.plummer@monash.edu

Gilny Aileen Joan Rantung
Phone: +61 414447811; +62 8179228661
email: gilny.rantung@monash.edu

You are invited to take part in this study. Please read this Explanatory Statement in full before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the phone numbers or email addresses listed above.

What does the research involve?

The main purpose of this research is to generate a theoretical explaination about how Emergency Nurses in Indonesia sustain themselves personally and professionally and provide effective care. You will be asked to answer some questions regarding your experience and views about how you sustained yourself, your motivation to work and provide care in the Emergency Department and the meaning of effective emergency nursing work. This study will require involvement in several phases of interview and two days observation. The interviews will be conducted according to the participant's convenient time and the location of the interview will be arranged to suit participant. The observation will focus on the daily activities of nurses working in Emergency Departments.

Why were you chosen for this research?

We consider you as a potential participant in the research because you are a registered nurses who had been working in Emergency Department in Indonesia for more than a year and because you are considered able to contribute in the form of information regarding emergency nursing work in Indonesia. These qualities are viewed to be unique with the potential of introducing valuable insights into nursing work in the Emergency Department in Indonesia.

Consenting to participate in the project and withdrawing from the research

You will be provided with a consent form with which you are requested to sign and return prior to the interviews and observation. Your participation in this project is voluntary. If you agree to participate, you can withdraw from participation at any time during the project without comment or penalty. During the interview, there is no correct answer to any question and that all responses are equally valid, and you have the right to refuse to answer any question(s) that you are not comfortable with. Should you feel discomfort, you can either take a break during the interview or quit at any time. During the observation, if you experience a sense of discomfort at being observed, the researcher will cease observation and arrange a time with you to debrief. If you feel comfortable to continue, the period of observation will continue or a more suitable time will be arranged.

Possible benefits and risks to participants

The benefit that you may gain from this study include insights into how emergency nurses sustained themselves, and remain motivated in their work and care. This may lead to an improved performance in your work and subsequently the effectiveness of care that you provide.

The potential discomfort for you as an interviewee is that you might share unpleasant nursing events that you have gone through. The interviewer may ask you about some personal experiences/feelings toward the less desirable in the past. Observation will be done after the interview, and the student researcher will be engaging with you during

your shift work. For this reason, you may or may not feel discomfort in recounting such events or being observed . However, discomfort is likely to be at the minimum.
We will do our best to keep the interview, your details, and the venue of the interview confidential and leave no way for others, except for the research team members, to identify you as a participant.

Services on offer if adversely affected
In the case where the observation and interview induces significant psychological impact on you, and if you agree to, we will refer you to a qualified counselling service for support.

Payment
As a participant, you will be awarded a shopping voucher worth Rp. 200,000 (AU$ 20) in appreciation of your contribution at completion of the last phase of the interview.

Confidentiality
We will take all necessary steps to ensure confidentiality of your data. You are not required to disclose your name or any other form of identification. However, we will use a pseydonym in the transcripts, translations, and in quotes. You will be able to choose any name that you would like as your pseudonym. Meanwhile, we will address you with your real name to maintain a close connection between you and the student reseacher. While the nature of this study may deal with potentially sensitive information, your responses will remain completely confidential. It will only disclose with your permission, except as required by law.

Storage of data
All data will be stored in LabArchives. This is a cloud-based collaboration and data storage service endorsed by Monash University.

Use of data for other purposes
Data from this study may be used as examples in a methodological book in the further time. We will, however, maintain the confidentiality of those who are involved in this study.

Results
The result of this study will be published in a journal article and in a thesis. Both forms of publication will be made available to public through databases. You will be given a copy of the article should you request it.

Complaints
Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Room 111, Chancellery Building E,
24 Sports Walk, Clayton Campus
Research Office
Monash University VIC 3800
Tel: +61 3 9905 2052 Email: muhrec@monash.edu
Fax: +61 3 9905 3831

Or,

Thank you,

Gilny Rantung
Student Researcher

A/Professor Virginia Plummer
Chief Investigator

Appendix 7: Consent Form

MONASH University

CONSENT FORM

(Emergency Nurses)

Project:
How Emergency Nurses in Indonesia Sustain Themselves and Provide Effective Care: A Grounded Theory Study

Chief Investigator: Associate Professor Virginia Plummer

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Two phases of individual interview with the student researcher	☐	☐
An observation on the daily activities of nurses working in Emergency Department	☐	☐
Audio recording during the interview	☐	☐
Contact from the student researcher to clarify the data that I have provided from the interview	☐	☐
Participate in checking and acknowledging the transcript from the interview	☐	☐

Name of Participant _____

Participant Signature _____ Date _____

Appendix 8: Aide Memoire

AIDE MEMOIRE USED FOR SEMI STRUCTURED INTERVIEWS WITH PARTICIPANT

Introduction

- Introduce the researcher.
- Provide participant with a brief explanation of the study, including some examples of what may constitute effectiveness at work.
- Ensure that written explanatory information is provided to the participant and the appropriate consent form is completed.
- Demographic data of the participant.

Body of Interview

I am interested to understand how you sustain yourselves and provide effective care.

Examples of general or opening questions

- Could you explain your work as an emergency nurse?
- How does it feel like to be an emergency nurse in Indonesia?
- Does your work change you personally and professionally? If so, could you explain the changes?

Example of probing questions

- What causes you to sustain yourselves in your work as an emergency nurse in Indonesia?
- Could you describe the process or strategies you use to sustain yourselves personally and professionally as an emergency nurse in Indonesia?
- How does the practice of sustaining yourselves gives you motivation at work and care you provided to your patients?
- In your perspective, what is effective work and care meaning in your working context?
- Do you find any barrier to provide effective care or to do effective work? What are the facilitators?
- Despite all the barrier explained, what efforts you do to keep your work and care effective to your patient?

Conclude

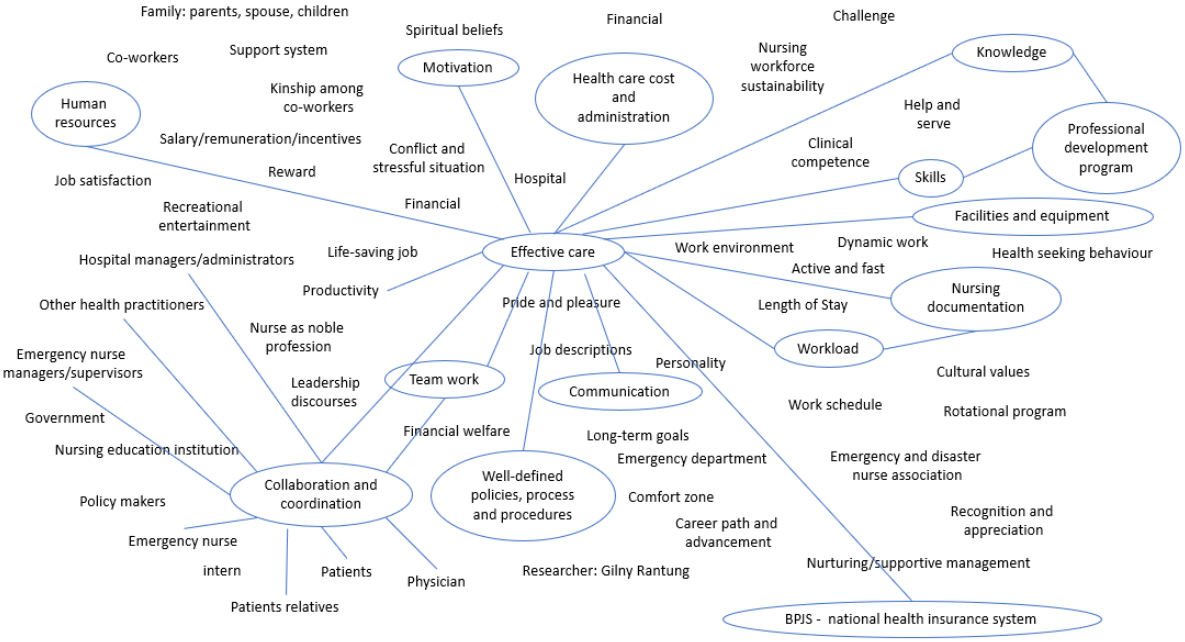
- Do you have any further questions or queries?
- May I have your permission to contact you again should I require further clarification of the data?
- Would you like a summary of this study when it is completed?

Thank the participant.

Appendix 9: Messy Map Example

The messy map is the first phase of mapping in the situational analysis. In this map, the keyword, including all analytically pertinent human and non-human elements of a situation, are descriptively laid out. Below is an example of the messy map in this study.

Later, the messy map is useful to analyse relations among all the various elements, which is called relational mapping. Below is an example of the early phase relational map regarding effective care.



Appendix 10: Ordered Map

An ordered map is the second phase of situational mapping. The ordered version is used to listing and grouping the elements that were indicated in messy maps. Bellow is the ordered map created in this study.

Individual Human Elements/Actors	**Nonhuman Elements/Actants**
[e.g., key individuals and significant (unorganized) people in the situation, including the researcher (s)]	*[e.g., technologies; material infrastructures; specialized information and/or knowledges; material "things"*
Emergency nurse	Effective care
Emergency nurse managers	Productivity: Effective (and efficient) work
Researcher: Gilny Rantung	Workforce sustainability
	Procedures and job description
Collective Human Elements/Actors	**Implicated/Silent Actors/Actants**
[e.g., particular groups; specific organizations]	*[as found in the situation]*
Emergency department	Patients and their relatives
General/public hospital	Physician and other health practitioner
Private hospital	Hospital managers, administrators/supervisors
Emergency and disaster nurse association	Family: Parents, spouses, and children
	Nursing education institution
	Policy makers
	Government
	Intern: Student nurse, doctor
Discursive Construction of Individual and/or Human Actors	**Discursive Constructions of Nonhuman Actants**
[as found in the situation]	*[as found in the situation]*
Nurses are maids	Private hospital provides better care than government hospital
Nurses are subordinates to doctors	Comfort zone
Nurse as noble profession	
Life-saving job	
Working at doctor's order	
Political/Economic Elements	**Sociocultural/Symbolic Elements**
[e.g., the state; particular industry/ies; local/regional/global orders; political parties; NGOs; politicized issues]	*[e.g., religion; race; sexuality; gender; ethnicity; nationality; logos; icons; other visual and/or aural symbols]*
National health insurance systems	Spiritual beliefs (Religion)
Expense of technology	Cultural values and custom
Expense of continuous education and training	
Health care cost and administration	
Temporal Elements	**Spatial Elements**
[e.g, historical, seasonal, crisis, and/or trajectory aspects]	*[e.g., spaces in the situation, geographical aspects, local, regional, national, global spatial issues]* -
Long term goals	Work environment and situation
Length of Stay (LOS)	Workplace culture
	Facilities and equipment
	Conflict and stressful situation

Major Issues/Debates (Usually Contested)	Related discourses (Historical, Narrative and/or visual)
[as found in the situation; and see positional map]	*[e.g., normative expectations of actors, actants, and/or other specified elements; moral/ethical elements; mass media and other popular cultural discourses; situation specific discourses]*
Culture of blame	Job satisfaction discourse
Multiple paper documentation	Financial welfare
Scheduling problems	Leadership discourses
Salary/remuneration/incentives	
Unclear career path	
Unequal opportunity for training /continuing education	
Management disregarding employee's wellness	
Other kinds of Elements	
Personality/Characteristic	
Motivation	