




Job Satisfaction Audit in Hospital: Qualitative Case Study

Adéla Michková¹^{*}, Jana Holá¹, Monika Kopecká¹

¹ University of Pardubice, Pardubice, Czechia

* adela.michkova@upce.cz

Abstract

Introduction: The shortage of healthcare professionals, their turnover, and the risk of burnout are critical issues in healthcare organizations, impacting the quality and safety of care. This study, based on contractual research, aimed to identify the factors influencing employee satisfaction in new hospital facilities. **Aim:** This article presents an audit of job satisfaction using the JD-R model in a healthcare facility to improve employee stability and well-being, thus improving quality and safety of care. It aims to show a methodological approach applicable in healthcare management and other services. **Methods:** The extended JD-R model (Job Demands-Resources model) was used as the theoretical framework. The analysis of negative and positive factors that influence job satisfaction was based on data collected from anonymous semi-structured interviews. Thematic and narrative analysis, as well as the study of internal documents, was also used, and evidence-based results were presented in a final synthesis. **Results:** The methodological approach provided valuable findings to improve care. The key positive factors that influenced job satisfaction included the prospects for permanent employment and the levels of salary. Significant negative factors were concerns about personal safety and dissatisfaction with medical personnel. **Conclusions:** The study's final report, presented to top management, outlined the positive and negative factors affecting job satisfaction and well-being. Management expressed willingness to act on the findings and provided specific examples during the presentation of the results. Although the transferability of results is limited, the methodological approach is inspiring and applicable in healthcare organizations.

Keywords

job satisfaction survey, well-being, quality care

1 INTRODUCTION

If healthcare workers perform tasks that are not aligned with their personal values and beliefs, they can experience internal conflict and dissatisfaction. This misalignment can lead to feelings of work being meaningless, loss of motivation, and ultimately burnout. Another key factor is the mismatch between responsibility and authority. Healthcare workers are often responsible for the lives and health of patients but may not have sufficient authority to act and make decisions effectively. This imbalance can cause feelings of helplessness and loss of control, which are major symptoms leading to burnout, directly affecting the quality and safety of medical care provided. Monitoring the risk of burnout should be part of employee satisfaction tracking. A suitable tool for this monitoring appears to be the JR-D model.

The employee satisfaction audit was based on the demand for hospital management. Its agreed goal was to describe the level of employee satisfaction through the factors that influence it, including the new facility environment. The hospital management's intention was to use the audit findings to plan and implement measures to increase employee satisfaction. The final report was the basis for any objective intervention in the functioning of the hospital with the aim of increasing the quality and safety of the care provided.

2 THEORETICAL BASIS

The JD-R model (Job Demands-Resources model) according to Tummers & Bakker (2021) is a theoretical framework used to understand the interaction between job demands and resources and their impact on employees' job performance, satisfaction, and well-being. This model is often used within the field of work psychology and human resource management to optimize the work environment and support employee health and performance.

Job Demands:

The job demands include physical, emotional, mental, or social requirements associated with the job. These may include work pressure, time constraints, workload, or conflicts at work, as well as the structure of work processes. The JDR model suggests that job demands can lead to burnout syndrome, which can negatively affect employees' well-being and performance.

Job Resources:

Job resources are factors in the work environment that can help employees cope with job demands and achieve optimal performance. These may include support from supervisors, opportunities for skill development, recognition for work, control over the work process, participation in decision-making, and the social climate, trust, and loyalty within the organization. Job resources can serve as a protective mechanism against the negative effects of job demands and support the well-being and performance of employees.

3 RESEARCH METHODOLOGY

The study is based on a combination of qualitative research techniques. Data collected through exploratory interviews were analysed and subsequently validated through a companion study of internal documents.

Qualitative research focuses on the obtaining of data in interconnectedness and allows for a deeper understanding of the researched topic. Qualitative research aims to understand the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings (Braun & Clarke, 2006); thus, it is characterized by its subjectivity. The analysis of the interview transcripts was conducted using thematic and narrative analysis.

The research took place in several stages:

1. Defining the research objectives and setting goals that involve stakeholders.
2. Introduction to the research by presenting the objectives and the planned process to the involved employees.
3. Data collection through exploratory interviews.
4. Thematic analysis of interview data, followed by synthesis of results using the JD-R model and other analyses.
5. Study of internal documents and confirmation of the integrity of conclusions with top management
6. Presentation of the findings to the research participants.

There have been published surveys with similar research design that inspired this research design in studies by Gauche, DeBeer, and Brink (2017), Ahmed (2017), or Blagg and Petty (2015). COREQ (COnsolidated criteria for REporting Qualitative research) Checklist (Tong et al., 2007) was used to report the study.

3.1 Research Setting and Participants

The hospital has 90 beds for post-acute care and also provides outpatient services, including rehabilitation care. Before data collection, there was a meeting between employees and the research team, where employees were briefed on the research objectives and the interviewers could ask questions, discuss and express concerns. The hospital management, along with the interviewers, stated that participation in the study is voluntary, open to all employees, and the results will be anonymized. Before each interview, employees were reminded of the purpose of the interview, the voluntariness and the level of anonymity, and asked if they were genuinely interested in conducting the interview with the researcher. By participating in the interview, they expressed their informed consent to anonymous processing of their statements. Interviews with employees who decided to participate in the investigation were conducted in two sessions spaced 14 days apart. Out of a total of 90 employees, 34 participated, including employees from all three ward departments, catering services, rehabilitation, and middle and senior management. Professionally, the participants included doctors, nurses, other nonphysician healthcare workers and non-health care staff.

3.2 Data collection

Data collection was carried out through semi structured individual interviews, which allow the researcher to cover the anticipated areas of interest while also enabling flexibility to explore additional topics brought up by the participant and relevant to the research objective.

Given the nature of the research, the research team decided not to use recording devices during data collection, nor did they ask about the potential use of recording devices from the participants. The goal was to minimize the obvious concern of some employees about the identification of their statements during the initial meeting. For this reason, the research team devel-

oped a structured recording sheet where participants' statements were recorded. The recording sheet contained five main areas of interest defined using the JD-R model and space for additional unclassified statements. The areas of interest were as follows:

1. the participant's relationship to their own work,
2. perception of working conditions through workplace processes, material and personnel support, and communication settings,
3. satisfaction with salary and benefits,
4. level of trust and cooperation with colleagues and management,
5. space for additional topics, specific examples, or situations.

The open space in the recording sheet was used to capture statements that could not be included in the interview process (covering multiple areas or none at all) and to record specific examples and situations presented by the participant.

The recording sheet served as a supporting material for conducting the interview; the course of the interview, the sequence of topics, and the space allocated to each topic were determined by the participant.

The research team consisted of three experienced social and health practice consultants, before starting the interviews, agreed on the structure of the interview, and the pilot took place as part of a discussion with a selected hospital manager. The duration of the interviews ranged from 40 to 90 minutes and always took place at the workplace in a quiet, soundproof room that provided comfort and anonymity safety to the participants, only face-to-face between the participant and the researcher.

3.3 Data Analysis

3.3.1 Thematic Analysis

For data analysis, the thematic analysis (TA) method according to Braun & Clark (2006, 2021, 2023) was utilized, applying a combination of inductive (bottom-up, data-driven) and deductive (top-down, researcher-driven) approaches. The first two steps of TA (familiarization with the data, coding) were conducted individually by the researchers, with consultation and revision by the second researcher. In the third step (searching for themes) and subsequent ones (reviewing themes, defining and naming themes), the team worked together and, over several meetings, created a thematic map presented below, which was then viewed through the lens of the JD-R model to formulate conclusions and recommendations for hospital management.

In the TA process, the statements of 34 participants captured on the recording sheets were processed, totalling 102 pages. The researchers created materials for the coding of topics from interview recordings and agreed on data saturation. No software was used in the analysis, the researchers drew on large sheets of paper and sequentially coded themes.

3.3.2 Narrative analysis

Narrative analysis was supplementary to data processing, based on becoming acquainted with the data during the initial phases of thematic analysis. The captured stories were processed using the interpretative framework by Hájek, Havlík, and Nekvapil (2012), which combines structuralist, hermeneutic, and interactionist approaches. This framework not only views narrative as a verbalized record of individual or collective life experiences, but also focuses on its actor dimension. Narrative analysis is a methodology in the field of social sciences and humanities that deals with the study of stories, narratives, and narrative structures. This analysis is often used to understand how people interpret events, construct their identities, and express their experiences through stories (Smith, 2016).

3.3.3 Study of internal documents

As part of the audit study, relevant internal norms and the hospital website were examined, particularly the quality improvement program and the organization's vision declared there. All internal standards, regulations, and procedures were available for review. The provided documents were examined in terms of the themes identified as key based on the first part of the investigation, semi-structured interviews, and their thematic analysis. These themes were deemed crucial in the context of the task, that is, identifying factors that influence current and long-term satisfaction / disappointment, trust / mistrust and employee performance.

Twenty-three relevant documents related to quality and safety were studied, including adverse event monitoring, quality indicators, quality improvement program, trauma plan and emergencies, patient rights and responsibilities (hospital regulations), patient satisfaction, employee evaluations, employee education, adaptation process, and employee benefits. The vision, mission, goals, and core values of the hospital were also reviewed on the hospital website.

3.4 Ethical issues

During the research preparation, several ethical issues were identified. In the context of this specific case study, we consider the most significant issue to be the transparency of communication among the researchers, the client's representatives and the hospital employees (i.e., the research participants), particularly in the following areas: the purpose and use of the research, the voluntary nature of participation, and the anonymity of responses. The researcher assumes responsibility for ensuring the anonymity of the data, while the client assumes responsibility for the voluntary nature of participation (i.e., that nonparticipation will not result in any sanctions), as well as for using the research findings in accordance with the declared purpose.

4 FINDINGS

The aim of the research was to map job satisfaction and the factors influencing it from the employee's perspective. In the process of thematic analysis, a total of 10 themes were identified, whose relationships are represented in Figure 1 and are presented in the following paragraphs.

The main themes are Belongingness, Trust in provided care, Perceived management approach, and Participation in processes, with the nature of the latter two being significantly determined primarily by associated and subthemes captured in the upper part of the diagram.

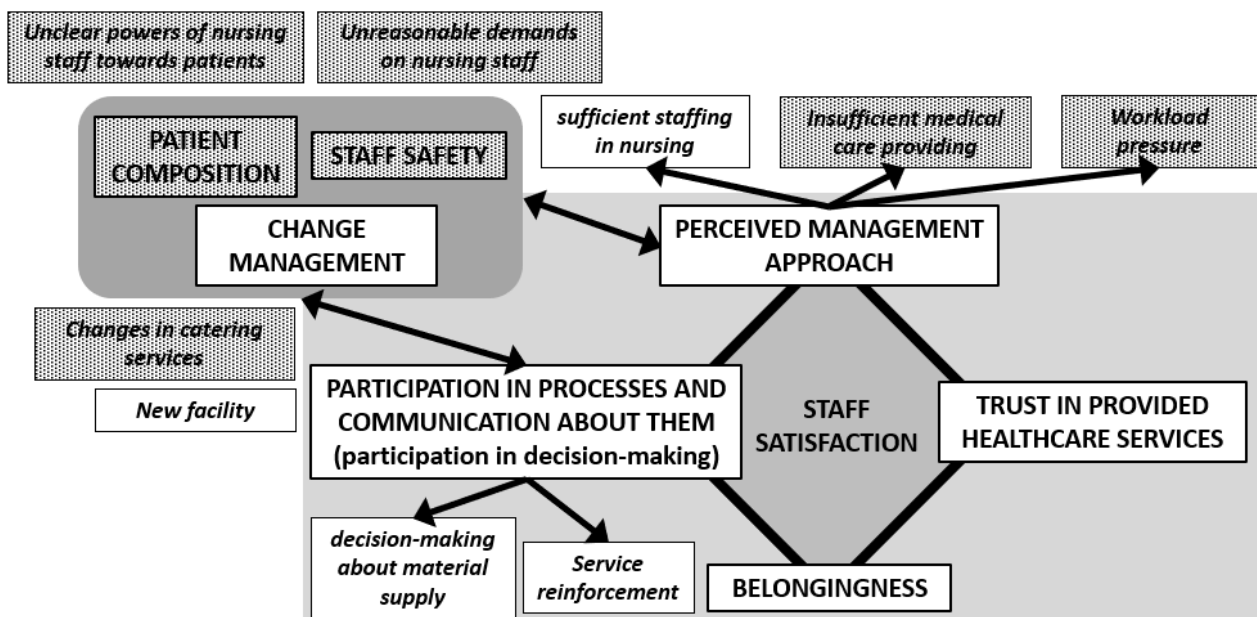


Figure 1. Figure 1 A thematic map of main topics as a result of the survey.

4.1 Trust in the healthcare care provided services

Trust in the care and belonging provided were two key themes significantly driven by codes with a positive charge in terms of job satisfaction. The dominant subthemes within these topics are providing care by us, being a healthcare professional in our hospital, trustworthy persons, and departments boundaries of cooperation.

4.1.1 Trust in provided healthcare care

Participants expressed their trust in the services through statements indicating that, if hospitalization was needed for their loved ones, their hospital would be their first choice. Many shared short stories about having their parents treated there or made declarations about the quality of care, such as *"I would stake my life on it,"* and emphasized the human approach.

4.1.2 Belongingness

Belonging was largely fuelled by identification with the healthcare profession and its values and acceptance (with a sense of pride) of the demands that hospital work entails: *"It's a demanding job", "You take care of people", "Work is for working"*. However, there was also a notable thread of cohesion and collegiality: *"I can rely on the girls," "We stand up for each other," "The girls are good; they are accommodating," "We stick together"* and the need to maintain this through perspective and tolerance: *"Those who always complain should reflect on it,"* or *"It's not a problem that they don't want to be helpful; the willingness is there."*

Some statements captured generational differences and their acceptance. Younger participants predominantly expressed positive sentiments: *"I am grateful to the team", "It's great here", "Adaptation is good"*, supported by comparisons to previous work experiences. Participants with longer work experience at this hospital (the longest reported being 40 years) sometimes critically evaluated the younger generation: *"Young colleagues lack respect for patients; they dismiss them, saying they will not do this or that for them."* This criticism can also (or primarily) be understood in the context of the changing role of nurses in the hospital, where younger colleagues no longer accept the role that older colleagues verbalize as *"we are all here for everything"* (see the topic *Staff Competence* later).

In both themes, it was evident that participants related their statements only to the department they were part of, with a limited sense of belonging to the hospital. Some explicitly expressed this, with varying degrees of distinction or distrust towards other departments: *"We are not in contact with other departments, but they are probably okay," "We are kind in our department; others are stricter, stern," "We are okay; there, they are lax and have a quarrelsome team," "I wouldn't place my dad (as a patient) there."*

Trust and belongingness were also captured in the identification of trustworthy individuals/specific authorities from management, whom participants appreciated: *"I can come to her with anything," "They listen when we need something", "I have their support"*. Positive feedback from these individuals was also significant for the participants: *"They are glad to have us here"* and the need for recognition from them: fulfilled by some, *"They know how to praise,"* and partially or not at all by others, *"They should appreciate us, we have been here for years."* The broader context of these statements is captured in the theme *Perceived Management Approach*.

4.2 Perceived Management Approach

The participants reflect on the work of hospital management in a very diverse way, based on their own experiences (or their understanding of these experiences) with the management as a whole and with individual persons. A significant subtheme is the Expression of Personal Interest (see the paragraph above). Participants significantly build their view of management on personal contact and interest – they trust more those individuals who show them personal interest, believing that they also care about their job satisfaction. The absence of interest from management is closely linked in participants' statements to the image of a lack of concern for employee needs. The contrasting poles can be illustrated by these statements: *"She listens to me. I can go to her with anything."* *"He doesn't come, he doesn't praise, he doesn't ask. We are a small hospital, so he could. If you asked: Is everything okay? What do you need? Yes, we would tell him"*.

The second significant thread in this theme is the connection between missing information and assumptions. In the participants' statements, it was possible to identify two specific related themes that significantly influence their view of management and are largely built on assumptions. These assumptions are formed by participants individually or collectively (shared) from the need to understand the situation and take a stance on it. A neutral position was expressed more marginally as *"I don't evaluate, I don't understand it and don't know the context"*.

4.2.1 Insufficient medical care

This theme was among the topics that the participants most associated with expressions of dissatisfaction and, above all, mistrust regarding whether management is doing enough to ensure optimal medical care. The participants in the conversations shared their speculations about the causes, motivations, and other influences that contribute to the lack of resolution of the unsatisfactory situation, which they substituted for missing information.

4.2.2 Pressure on occupancy

This theme is characterized by a variety of subcodes that refer to how participants understand the management's responsibility for patient composition (separately, see below). There is a one-sided view of this issue, tied to missing information, as well as the limited ability or capacity of participants to understand the broader context (even with sufficient information).

4.2.3 Sufficient staffing in nursing

A positively inclined associated theme. Participants appreciated the management's decision to strengthen shifts in response to staff requests: *"There are enough of us; we fought for it, and we succeeded."* The quality being evaluated here is not just the adequacy of the number of staff, but the fact that management positively responded to a request initiated by the staff.

4.3 Participation in decision-making

The theme of participation has a strong connection to the previous theme, mediated through associated themes processed below. Participation in the context of conducted interviews refers to the perceived ability of participants to influence processes or changes in the hospital. This subjectively perceived influence is partially related to competencies, whether formally given or informally attributed and experienced. In the statements, conflicts between them were captured, for example: *"We agree on something, it works for a while, then it doesn't anymore... It's supposed to be the doctor's job, but they throw it on us (nurses, note by the author). We keep telling them."* In the area of competencies, there was also a noticeable difference in the views of general and practical nurses (mentioned above) on the nature of the nursing profession and the role of the nurse. On the one hand, there was dismay from the "old school" about younger colleagues not accepting any work (belonging to other professions); on the other hand, there was dissonance among younger colleagues stemming from pressure both from patients (*"Patients treat us like servants"*) and from the interpretation of management rhetoric (*"They have demands to meet individual patient needs, but that is not realistic"*).

A significant associated theme was *Change Management*, which was addressed due to changes implemented in the previous period (especially the relocation of the hospital to new premises and changes in the catering system). In addition to the communication themes (Assumptions, Missing Information, and Expression of Personal Interest), the factor of time and individual pace of adjustment to new conditions played a role here.

4.4 Patient composition and staff safety

The themes of patient composition and staff safety resonated uniformly throughout the research sample. The data was dominated by the narrative of the homeless alcoholic, portrayed by participants as ungrateful, aggressive, insolent; they get drunk and don't address it; they invent problems. Participants verbalize an internal conflict about whether to provide care to these patients: *"We are a hospital for old people who deserve it."* The dominant emotions are fear and apprehension, with uncertainty prevailing on a cognitive level about how to proceed due to the absence of clear rules (*"I don't know how it should be addressed"*) and the conflict between existing formal and informal rules: *"Don't write it down"* so there will be no trouble, *"Just handle it somehow. I looked in the guidelines; it's set up well, but it is not being followed"*. Participants express frustration and anger. Their expressions, more than in other topics with negative connotations, have a tone of reproach, for example: *"They don't want adverse events to be recorded; it is being swept under the rug. We have a panic button for security, but it is not there, why?"* Fear and apprehension can be traced on a situational level (encounters with aggressive patients) and on a competency level (how to behave and whether, for example, to record adverse events: they are afraid of losing their jobs).

4.5 An alcoholic patient

In the analysis process, a shared narrative was captured: a story about a specific alcoholic patient, his behaviour, and the demands this behaviour places on nursing staff in the hospital environment. The study of internal norms and documents to objective to findings revealed inadequately defined frameworks for addressing issues, particularly situations involving the management of patients under the influence of addictive substances, the establishment of procedures and training of employees to handle these situations. It was also found that incidents involving intoxicated patients are not treated as adverse events. This issue is either completely missing from internal documents or inadequately described.

5 DISCUSSION

Although the research conclusions of this study cannot be generalized, it is possible to observe similarities with similar research based on both quantitative and qualitative methods. All the main identified themes can be defined as factors influencing employee satisfaction and performance, and thus the quality of care provided. The topics discovered that affect job satisfaction and therefore the quality of care provided correspond to the results of other studies. Moloney et al. (2020) conducted an integrative review of publications on this topic from 2005-2019, including 20 studies, and identified five overarching themes: Empowerment, Organization mood, An enabling environment, Collaboration with colleagues, and Leaders' connectivity. The authors conclude that managerial strategies to support nurses are significant in improving work engagement, performance, and their well-being. In this context, there is no doubt about the benefits of monitoring work well-being and preventing burnout syndrome, or employee job satisfaction, as input information for choosing managerial strategies. For this reason, satisfaction monitoring has become a standard in personnel management. Most organizations choose questionnaire

surveys, which provide results more quickly and can be repeated over time. The authors of this article chose a qualitative approach, like the authors of the study by Gauche et al. (2017), who investigated work and personal resources as factors influencing the well-being of 26 employees in one organization. The chosen approach resulted from the management's request for a deeper understanding and discovery of themes that could be measured quantitatively in the future.

Promoting well-being and job satisfaction among healthcare personnel is not only in the interests of these professionals themselves but is also important for standards of care and service delivery (Berlanda et al., 2020). A systematic review by Hall et al. (2016) states that the conclusion that poor health is, in most of the studies reviewed, associated with poorer patient safety has significant implications for hospital management.

The job satisfaction audit also demonstrated to the staff that management cares about employee well-being, which, to some extent, influenced their participation in the audit as well as their perception of management's interest. Perceived Management Approach - The approach of management, particularly evident in leadership and management style, significantly influences job satisfaction, and thereby the quality of care. This finding is in support of research by Arnold et al. (2007) who confirmed a positive relationship between transformational leadership and psychological well-being of employees. The importance of managerial competencies engaged in innovation action is highlighted by Oliveira et al. (2023).

One of the main themes identified in the analysis process was participation in decision making. Participation is understood as the subjectively perceived ability of employees to effectively engage and influence processes and changes that affect them. Active participation in organizational matters and decisions builds new skills and positively impacts employees' competence and job outcomes (Brown et al., 2017; Sharif et al., 2018).

Change management and participation in decision making, based on managerial communication to increase participation during the implementation of changes, are components of leadership (Pihlainen et al., 2016) and open communication, which affect the perception of a safe environment as noted by Gauche (2017): "Management style was experienced by participants in the perception that it was unsafe for participants to openly share feedback with management." Boies, Fiset, and Gill (2015) also view communication as a pathway to trust in collaboration and leadership.

Insufficient medical care provision and inadequate staffing in nursing issues related to adequate personnel support in conjunction with the quality of care provided are also addressed in studies by Aiken et al. (2023). Along with the discussion of workload, insufficient staffing is a significant factor influencing burnout syndrome (Aiken, 2002).

Trust in provided health care services and trust in the meaning of one's work are fundamental conditions for engagement and influence job quality, as noted by Arnold et al. (2007). Building relationships is identified as a key competency for nurse managers (IHF, 2023), and collaboration within a multidisciplinary team is considered crucial (ANOE, 2015).

Nurses play a critically important role in ensuring patient safety while providing care directly to patients. They must feel safe at work, and it is the management's responsibility to create a safe environment for them (Philips J. et al.; 2021). In the case of an "alcoholic patient", the management must respond to the concerns of the staff, as a safe working environment has a great influence on the staff (Spence Laschinger, H.K. & Finegan, J., 2005).

All of these are related to leadership competencies for management and present significant challenges for management. The audit identified specific topics that could be used in the future for simpler monitoring of well-being, such as a questionnaire that could show measurable improvements over time. The aim of the article is not only to present the research findings, whose transferability is limited, but to show a methodological approach that is inspiring and applicable within healthcare management and other services in general.

The study resulted in a final report presented to the top management. The report provided an overview of the negative and positive factors that influence employee job satisfaction and well-being. The management accepted the final report and subsequently presented it to the employees, including the planned changes. Changes mainly concern solutions to issues of intoxicated patients as an adverse event, developing documents to handle such situations, and educating employees. Another area was the streamlining of internal communication as the beginning of the journey towards greater participation in decision-making. The planned activities comply with the declared core values:

- Quality patient care and satisfaction
- Employee satisfaction, their education, and motivation
- Patient safety
- Respect for the patient
- Professional and ethical behaviour of staff
- Collaboration and teamwork across all departments
- Economic stability and operational efficiency

For these values to be met, it is necessary to systematically establish the conditions for them. There was also a lack of a basic code of ethics and there is no unified internal document that refers to the application of ethical standards in the workplace. The hospital is not accredited for a quality certificate, which could be one way to better systematize continuous improvement in care, especially by motivating and ensuring the safety of employees.

5.1 Limitations of study

The data and outcomes presented pertain to a specific workplace at a specific time. Therefore, they are not generalizable or transferable, which is inherent in the nature of the research, that is, a case study. It is also important to keep in mind that the interpretation of data in this type of research is always influenced to some extent by the subjective perspective and preconceptions of the researcher (Gerrish, Lacey, 2009).

6 CONCLUSION

The transferability of the results of this study is limited, but the presentation of the methodological procedure is inspiring and applicable in healthcare organizations as a way to monitor job satisfaction. Job satisfaction is reflected in staff stabilization, protection against burnout syndrome, and, as a result, in increasing the quality and safety of care provided with the aim of increasing quality.

The top management declared their willingness to work with the results and gave some concrete examples when presenting the results to all employees. This is one of the critical conditions for the success of the implementation of the results. Knowledge that the conditions to achieve the declared values were not systematically established in the audit period is essential for top management. The study provided enough information for management strategies in the next period. Whether the declared improvements will be fulfilled is only up to the will of the management.

References

- Ahmed, I. (2017). Staff well-being in high-risk operating room environment: Definition, facilitators, stressors, leadership, and team-working: A case study from a large teaching hospital. *International Journal of Healthcare Management*, 1-17. <https://doi.org/10.1080/20479700.2017.1298228>
- Aiken, L.H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987-1993. <https://doi.org/10.1001/jama.288.16.1987>
- Aiken, L.H. et al. (2023). Well-being of physicians and nurses and preferred interventions to address burnout in hospital practice. *JAMA Health Forum*, 4(7), e231809. <https://doi.org/10.1001/jamahealthforum.2023.1809>
- AONE American Organization of Nurse Executives. (2015). *AONE nurse executive competencies*. Chicago, IL: Author. Available from: <http://www.aone.org/resources/nurse-leader-competencies.shtml>
- Arnold, K. A., Turner, N., Barling, J., Kelloway, E. K. & McKee, M. C. (2007). Transformational leadership and psychological well-being: The mediating role of meaningful work. *Journal of Occupational Health Psychology*, 12(3), 193-203. <https://doi.org/10.1037/1076-8998.12.3.193>
- Berlanda, S., de Cordova, F., Fraizzoli, M., & Pedrazza, M. (2020). Risk and protective factors of well-being among healthcare staff: A thematic analysis. *International Journal of Environmental Research and Public Health*, 17(18), 6651. <https://doi.org/10.3390/ijerph17186651>
- Blagg, R. & Petty, S. (2015). Sustainable staff well-being within older adult mental health. *Mental Health Review Journal*, 20(2), 92-104. <https://doi.org/10.1108/MHRJ-08-2014-0027>

- Boies, K., Fiset, J., & Gill, H. (2015). Communication and trust are key: Unlocking the relationship between leadership and team performance and creativity. *Leadership Quarterly*. <https://doi.org/10.1016/j.leaqua.2015.07.007>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling & Psychotherapy Research*, 21(1), 37-47. <https://doi.org/10.1002/capr.12360>
- Braun, V. & Clarke, V. (2023). Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting. *Health Psychology Review*, 17(4), 695-718. <https://doi.org/10.1080/17437199.2022.2161594>
- Brown, D. J., Arnold, R., Fletcher, D., & Standage, M. (2017). Human thriving. *European Psychologist*, 22(3), 167-179. <https://doi.org/10.1027/1016-9040/a000294>
- Gauche, C., de Beer, L. T., & Brink, L. (2017). Exploring demands from the perspective of employees identified as being at risk of burnout. *International Journal of Qualitative Studies on Health and Well-being*, 12(1), 1361783. <https://doi.org/10.1080/17482631.2017.1361783>
- Gerrish, K., & Lacey, A. (2009). *The research process in nursing*. Oxford: Blackwell Publishing. ISBN 978-1-4051-3013-4
- Hájek, M., Havlík, M., & Nekvapil, J. (2012). Narrative analysis in sociological research: Main approaches and a unifying frame. *Sociologický časopis*, 48(2), 199-224. <https://doi.org/10.13060/00380288.2012.48.2.01>
- Hall, L. H., Johnson, J., Watt, I., Tsipa, A. & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLOS ONE*, 11(7), e0159015. <https://doi.org/10.1371/journal.pone.0159015>
- IHF International Hospital Federation. (2023). *Global healthcare leadership competency model*. Available from: <https://ihf-fih.org/what-we-do/global-healthcare-leadership-competency-model/>
- Moloney, W., Fieldes, J., & Jacobs, S. (2020). An integrative review of how healthcare organizations can support hospital nurses to thrive at work. *International Journal of Environmental Research and Public Health*, 17(23), 8757. <https://doi.org/10.3390/ijerph17238757>
- Oliveira, I. B. de, Peres, A. M., Almeida Bastos, R., Casey, M., Timmins, F., & Malak, M. (2023). Managerial competencies engaged in innovative actions in primary health care: A qualitative study of Brazilian nurses. *Journal of Nursing Management*, 2023, 8746398. <https://doi.org/10.1155/2023/8746398>
- Pahlevan Sharif, S., Ahadzadeh, A. S., & Sharif Nia, H. (2018). Mediating role of psychological well-being in the relationship between organizational support and nurses' outcomes: A cross-sectional study. *Journal of Advanced Nursing*, 74(4), 887-899. <https://doi.org/10.1111/jan.13501>

- Pihlainen, V., Kivinen, T. & Lammintakanen, J. (2016). Management and leadership competence in hospitals: A systematic literature review. *Leadership in Health Services*, 29(1), 95-110. <https://search.proquest.com/docview/1756462461?accountid=17239>
- Sharif, S. P., Ahadzadeh, A. S., & Nia, H. S. (2018). Mediating role of psychological well-being in the relationship between organizational support and nurses' outcomes: A cross-sectional study. *Journal of Advanced Nursing*, 74(4), 887-899. <https://doi.org/10.1111/jan.13501>
- Smith, B. (2016). Narrative analysis. In E. Lyons & A. Coyle (Eds.), *Analysing qualitative data in psychology* (2nd ed., pp. 202-221). London: Sage. ISBN 978-1-4462-7374-6
- Spence Laschinger, H. K., & Finegan, J. (2005). Empowering nurses for work engagement and health in hospital settings. *JONA: The Journal of Nursing Administration*, 35(10), 439-449. <https://doi.org/10.1097/00005110-200510000-00005>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357. <https://doi.org/10.1093/intqhc/mzm042>
- Tummers, L. G., & Bakker, A.B. (2021). Leadership and job demand-resources theory: A systematic review. *Frontiers in Psychology*, 12, 722080. <https://doi.org/10.3389/fpsyg.2021.722080>