LUND UNIVERSITY

SCHOOL OF ECONOMICS AND MANAGEMENT

Master's Programme in Managing People, Knowledge and Change

May 2020

# Constructing the Best of Both Worlds

*A Case Study of Nurses' Identification with Their Organisation and Profession*

*By*

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# Abstract


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| **Title** | Constructing the Best of Both Worlds: A Case Study of Nurses' Identification with Their Organisation and Profession |
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| **Course** | BUSN49, Degree Project in Master's Programme Managing People, Knowledge and Change, Business Administration, 15 ECTS |
| **Submission Date** | May 22nd, 2020 |
| **Purpose** | The purpose of our study is to examine how nurses as professionals identify with their profession as well as their organisation and how these phenomena can be related. We further aim to challenge the traditional view of the external image of both the organisation and profession in order to modernise the theoretical concepts within identification. Therefore, we argue that it can be possible for professionals today to construct their profession's and organisation's external image, particularly with the help of social media. |
| **Methodology** | This research is a single case study of qualitative character that followed an interpretative and abductive research approach. The empirical data consists of thirteen semi-structured interviews at our case organisation. |
| **Theoretical Perspectives** | The main theoretical framework used is literature within organisational identification, in particular Dutton, Dukerich and Harquail's (1994) model. Additionally, the study draws upon the theory of professional identification and the existing, although limited, research on the interrelation between organisational identification and professional identification. |
| **Contributions** | Our study contributes to the literature by giving a deeper insight into how nurses' organisational identification and professional identification are interrelated. We also contribute to the research field by reconceptualising Dutton, Dukerich and Harquail's (1994) model by adding a new dimension that allows nurses to construct their external image, namely social media. |
| **Keywords** | organisational identification, professional identification, nurse, external image, social media |

# Acknowledgements

First and foremost, we want to thank our supervisor, Monika Müller. Dear Monika, we would like to express how deeply grateful we are for all your encouraging words, helpful insights, and your neverending enthusiasm throughout this semester. Your support made writing our master thesis a grace, despite the chaos around us created by the ongoing pandemic. We are truly lucky that you picked us to supervise! Thank you!

Secondly, we want to show our gratitude to Eva, the chief of Delta and our contact person, who from the first contact was so enthusiastic and engaged to make our research possible at the department. Although the outbreak of COVID-19 resulted in much uncertainty and stressful times, we were always welcomed with the biggest smiles by Eva and everyone we had the joy to meet and interview. The eagerness, genuineness, and kindness of everyone made our time at the department a delight. Thank you for welcoming us with open arms and providing us with riveting insights into the fantastic work you do - without you our research would not have been possible!

Lastly, we want to thank each other for this unforgettable time together. Never did we think we would go through this experience amidst such challenging times. Thanks for all the support and the laughter throughout the whole writing process - it has been a blast!

We hope that you will enjoy the reading and find our study eye-opening!

*Elin Gabrielsson & Paulina Pennanen*
Lund, May 22nd 2020

# Abbreviations

| | |
|---|---|
| OI | Organisational Identification |
| PI | Professional Identification |
| POC | Professional-Organisational Conflict |
| SI | Symbolic Interactionism |
| SIT | Social Identity Theory |

# Definitions

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|---|---|
| COVID-19 | The global pandemic of the coronavirus. *"COVID-19 is the official name, decided by the WHO, for the disease caused by the new coronavirus SARS-CoV-2. COVID-19 is an acronym for coronavirus disease 2019"* (Public Health Agency of Sweden, 2020). It is mentioned as *COVID-19*, *corona*, *coronavirus*, *pandemic* or *coronavirus pandemic* in this study. The outbreak of the coronavirus pandemic has caused a tremendous strain on Swedish healthcare (Gustafsson, 2020). |
| Department Delta | Refers to the case organisation where the study was conducted, which is an inpatient care department at a Swedish hospital. This department is referred to as the department, department Delta, or just Delta. |

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# 1 Introduction

## 1.1 Background

*"You notice how much a reputation does, if you get a bad reputation it can ruin a whole department, it goes quickly, especially if it spreads to the students who are starting to enter the job market. If a department has a severe or a bad reputation, it becomes difficult to recruit new people."* - Caroline, nurse at Delta (interview, April 8, 2020)

In today's highly competitive labour market, it is important that employees are attracted and eager to stay at an organisation. If an organisation has a bad image, it will become difficult to recruit new employees. Moreover, a bad reputation is likely to affect current employees since how others perceive the organisation will affect how employees view themselves as organisational members. How others perceive an organisation is according to Dutton, Dukerich and Harquail (1994) a central part of organisational identification, consisting of the organisational members' perceived organisational identity and construed external image. Further, identification is defined by Ashforth and Mael (1989) as "*the perception of oneness with or belongingness to a group, involving direct or vicarious experience of its successes and failures."* (p. 34). Ashforth and Mael (1989) further distinguish that organisational commitment and loyalty is a consequence of organisational identification. Thus, employees who feel a strong commitment and are loyal to their organisations are likely to exhibit organisational citizenship behaviours, hence staying at their organisation. Along with organisational identification, professional identification and attachment to their profession are proven to be essential for professional employees when deciding whether or not to leave their organisation or profession (Lee, Carswell & Allen, 2000).

Professional identification has been researched within various professions such as teaching, law, and healthcare (Hall, 1968). Within healthcare, we find several professions such as physicians, nurses, and nurse assistants. In recent years healthcare systems in many countries have received a lot of media attention. In Sweden, the media's attention is focused on a healthcare crisis consisting of long waiting times, queues and overcrowded facilities due to the number of patients increasing continuously. The current outbreak of the coronavirus is further overcrowding the healthcare

facilities across Sweden, for instance, a hospital in Stockholm normally has 16 intensive care beds whereas during the pandemic they have been forced to open up 60 intensive care patient beds in order to be able to take care of the severely sick COVID-19 patients (Gustafsson, 2020). Further, the COVID-19 pandemic results in a heavier pressure on Swedish healthcare and requires nurses to take longer and additional shifts in order to cover for the lack of nurses (Eva, chief of department Delta, interview March 27, 2020).

In addition to the crisis COVID-19 imposes on Swedish healthcare, the adversity of lack of nurses has for many decades impacted healthcare in Sweden (Mellgren, 2017). Patients' safety is being at risk due to nurses deciding to leave their organisation or their profession, consequently creating a lack of nurses (Mellgren, 2017). The adversity of lack of nurses is viewed as one of the most significant challenges Swedish healthcare is enduring and will endure in the future (Mellgren, 2017). According to Statistics Sweden (2019) around 80 per cent of healthcare employers in Sweden recognised in 2019 that there is a lack of newly graduated nurses, experienced nurses as well as specialist nurses on the labour market. The reasons for why nurses leaving their organisation or their profession are aspects such as the stress, work conditions, and difficulties in affecting their work situation (Karlsson, 2019; Larsson, 2017), as well as receiving little appreciation and worrying about that there are not enough resources to give good care for patients (Karlsson, 2019).

To conquer both crises of COVID-19 and the lack of nurses, employers seek to strengthen the nurses' commitment to both the organisation and profession in order for them to find working as a nurse at an organisation attractive, thus, staying in an organisation and within the profession. Accordingly, both organisational and professional identification is paramount for employees' loyalty and desire to stay. However, incompatibilities between the two types of identification can result in a conflict that may oppose detrimental effects, such as employees leaving the organisation or profession as well as work-related stress and lower quality of performance (Aranya & Ferris, 1984). Although such a conflict can have harmful effects, the interrelation or interplay between organisational and professional identification has received little to none attention within social science research (e.g. see Russo, 1998; Bamber & Ilyer, 2002). Especially now, as healthcare plays

such a vital role in society, we find it highly relevant to study how nurses identify with their organisation and profession together with how these identifications are related.

As earlier described, others' perception of an organisation is a central part of organisational identification, which consists of the organisational members' perceived organisational identity and their construed external image (Dutton, Dukerich & Harquail, 1994). Although organisational identification has been researched for over half a century, the established and prevalent literature (e.g. see Ashforth & Mael, 1989; Dutton, Dukerich & Harquail, 1994) is many decades old, thus, modern aspects of today's society, such as social media, has not been taken into account. Today any rumour or reputation can spread like wildfire as a result of digitalisation that enables extensive networks such as social media. Thus, social media cannot be ignored since it can have substantial effects on an organisation's reputation, revenue and indeed their survival (Kietzmann, Hermkens, McCarthy & Silvestre, 2011). In other words, the external image of an organisation or profession can change more rapidly than before due to social media spreading reputations easily to a vast audience. Hence, social media might not only impact the actual external image of an organisation, for instance a scandal spreading on social media could affect an organisation's revenue - but also the construed external image, which is according to Dutton, Dukerich and Harquail (1994) what the organisational members believe that outsiders think about them. Considering that the external image plays a vital role in identification (Dutton, Dukerich & Harquail, 1994), we need to advance our knowledge in the field of organisational research on modern communication tools that can influence the external image of an organisation - the aspect of social media and its effects are thus highly relevant to research.

## 1.2 Purpose and Research Questions

The concepts of organisational identification and professional identification have existed and been studied for over half a century, however, the literature has not kept pace with the rapidly changing modern society. Thus, we find that it is of importance to revisit and reexamine the theoretical concepts of organisational identification and professional identification. Moreover, the relationship between organisational identification and professional identification has received little attention in research (e.g. Bamber & Iyer, 2002; Hekman, Bigley, Steensma, & Hereford, 2008; Johnson, Morgeson, Ilgen, Meyer, & Lloyd, 2006; Russo, 1998). The limited research results in

narrow knowledge, thus a study focusing on the interrelation between organisational identification and professional identification is of relevance.

As previously stated, the prevalent organisational identification literature has not considered the communication tools, such as social media, available today. Further, since social media could be used to influence an organisation's actual and construed external image, we find it relevant to add a modern twist to the organisational identification research field by exploring the role of social media in organisational identification.

The aim of this case study is thus to examine how nurses as professionals identify with their profession as well as their organisation and how these phenomena can be linked or interrelated. We also want to challenge the traditional view of the external image of both the organisation and profession in order to modernise the theoretical concepts. Thus, we aim to examine the possibility for professionals to construct their organisation's and profession's external image, particularly with the help of social media. The new possibilities that arise with social media, to influence the external image (whether construed or actual) of an organisation, alongside with the limited knowledge concerning the relationship between organisational identification and professional identification leads to our research questions.

We therefore propose the following research questions:

1. *How can nurses' organisational identification and professional identification be related?*

2. *How does the nurses' use of social media influence their organisational identification and professional identification?*

## 1.3 Research Outline

The following section presents an outline of our thesis by describing the layout of all chapters. After this introductory chapter, we move on to **Chapter 2** which provides a literature review of theoretical concepts that are relevant for our study. This chapter provides the theoretical framework that will be channelled throughout the discussion (chapter 5). In **Chapter 3** we discuss the methodology of the study including how we approached the research and how the empirical data was collected and analysed. In addition, we also highlight the importance of reflexivity in our study as well as the ethical principles we ensured to follow. We conclude by reflecting upon the critique and the limitations of the study. In **Chapter 4** we portray our empirical findings and analysis as we present the ways the nurses view the structure and atmosphere of their department. Moreover, we also explore how the nurses construe others' perception of the case department and how the nurses regard the perceived reputation. **Chapter 5** consists of a discussion where the empirical findings are interpreted and connected to our theoretical framework. Moreover, we reconceptualise the organisational identification literature by adding the dimension of social media. To conclude, in **Chapter 6**, we summarise our main findings and theoretical contributions. Additionally, we reflect upon the limitations of the study and discuss future research possibilities. Finally, we portray our findings' relevance by discussing practical implications.

# 2 Literature Review

*This chapter examines the most relevant literature used in our case study analysis. The core of our theoretical framework is, firstly, based upon the literature of organisational identification, whereas a subchapter describes perceived organisational identity and construed external image as a part of the organisational identification. Secondly, we focus on the role of professional identification. Thirdly, we emphasise the literature of the close relationship, as well as potential conflicts, between organisational identification and professional identification. Finally, we conclude with a short summary.*

## 2.1 Organisational Identification

To begin with, for the fundamentals of organisational identification, henceforth OI, Edwards (2005) presents a review of how OI has been researched, defined, and measured by several authors over the last couple of decades. His review is acknowledged by several preeminent researchers (e.g. Ashforth, Harrison & Corley, 2008; Homburg, Wieseke & Hoyer, 2009; Van Dick, Van Knippenberg, Hägele, Guillaume, & Brodbeck, 2008) and described as an *"excellent review of the history and conceptualizations"* of OI (Ashforth, Harrison & Corley, 2008, p. 328). Hence, our grounding theory for this research builds upon Edwards (2005) among others.

Social identity theory (SIT), originally coined by Tajfel (1978) and Tajfel and Turner (1979), is one of the most dominant approaches to OI (Edwards, 2005). Authors such as Dutton, Dukerich and Harquail (1994) and Van Dick (2001), among many others are included in this approach (Edwards, 2005). One of the most preeminent researchers within SIT is Ashforth and Mael (1989). They define identification as "*the perception of oneness with or belongingness to a group, involving direct or vicarious experience of its successes and failures."* (Ashforth & Mael, 1989, p. 34). In contrast to some previous research, Ashforth and Mael (1989) argue that organisational commitment (OC), as well as loyalty, should be seen as an antecedent or a consequence of OI. This results in one of their main takeaways that *"the concept of identification, however, describes*

*only the cognition of oneness, of the behaviors and affect that may serve as antecedents or consequences of the cognition."* (Ashforth & Mael, 1989, p. 35).

Moreover, Ashforth and Mael (1989) argue identification makes individuals engage in activities that are related to their identity in order to emphasise the feeling of belongingness to a group - hence self-categorisation to a social group or social identification. The authors highlight the fact that individuals can identify with parts of an organisation, such as their department, work group or lunch group. However, Ashforth and Mael (1989) state that if there is a lack of strong OI, SIT argues that the desire to connect via intergroup relations may cause conflicts between subunits, especially if the subunit has low status. Although, if the members of the subunits are aware of the different dimensions that may be legitimised or institutionalised, the conflicts between the subunits may not be as destructive since the subunits compare themselves with the knowledge of different dimensions (Ashforth & Mael, 1989). However, this indicates that strong OI can minimise conflicts between subunits.

Further, Ashforth and Mael (1989) highlight how group identification can occur even if members do not depend on each other, as well as it can occur with or without strong leadership. Additionally, Dutton, Dukerich and Harquail (1994) argue that *"the psychology of social identity theory is powerful because it implies that members may change their behavior by merely thinking differently about their employing organization"* (p. 256). The authors suggest that in order to change behaviour the members only need to change their own way of perceiving the organisation, thus, no interaction with others, such as with colleagues or bosses is necessary.

### 2.1.1 Organisational Identification's Impact on Employees' Behaviour

Brown (1969) is one of the elementary researchers of OI and he connects OI to several factors such as organisational commitment (OC), involvement, and loyalty. Reichers (1985) further reconceptualises OC, nevertheless, there is no clear definition of OC. The closest to a definition described by Reichers (1985) is that *"commitment occurs when individuals identify with and extend effort towards organizational goals and values"* (p. 468). Moreover, as one of Edwards' (2005) key takeaways, several researchers suggest that OI increases an employee's willingness to act in a way that strategically will benefit the organisation, as well as the likelihood that the

employee will stay at the organisation, and also to cooperate well with colleagues (Ashforth & Mael, 1989; Cheney, 1983b; Dutton, Dukerich & Harquail, 1994; Elsbach, 1999; Rousseau, 1998; Van Dick, 2001; Van Knippenberg & Van Schie, 2000; Whetton & Godfrey, 1998, cited in Edwards, 2005). Edwards (2005) examines how OI can make employees approve and support the organisation's activities and via the strong identification of the organisation feel like the organisational goals are the employees' own goals. Further, Edwards (2005) states that those who feel a stronger OI are more motivated and work harder in order to fulfil the organisational goals. Moreover, Hall, Schneider and Nygren (1970) and Schneider, Hall and Nygren (1971) conceptualise the fact that an employee recognises the organisational goals as their own, to an emotional commitment to the organisation. The authors were pioneering at their time to relate the organisational commitment to employees' emotions (Edwards, 2005).

Furthermore, Tompkins and Cheney build upon the connection to the emotional commitment and argue that OI could be seen as a mechanism to influence organisational members to act in a desirable way (Cheney, 1983; Cheney & Tompkins, 1987; Tompkins & Cheney, 1985). Cheney and Tompkins (1987) further argue that OI is considered to be both a process and a product. The process of OI refers to the development and preservation of the employees' emotions in order to shape the values to match the organisational values. Whereas the product of OI refers to the outcome of the process, hence the results of identifying with the organisation. In contrast to other mainstream, positivist approaches, this discursive perspective by Cheney and Tompkins (1987) is considered as distinctive as it is initiating persuasion in terms of constructing and shaping the employees' values towards being aligned with the organisational values (Edwards, 2005).

Although OI has been linked to positive factors such as employees working towards organisational goals and loyalty, there can also be downsides of organisational identification. Avanzi, van Dick, Fraccaroli and Sarchielli (2012) were one of the first to research and empirically connect the downsides of over-identification to employees' well-being. Their study supported previous research of how identification either with an organisation or a subgroup within it increased employees' well-being, however, their research connected too strong identification to increased workaholism. Avanzi et al. (2012) argued that over-identification increased workaholism, resulting in working too much and less recovering time causing decreased well-being.

### 2.1.2 Perceived Organisational Identity and Construed External Image

Along with Ashforth and Mael (1989), Dutton, Dukerich and Harquail (1994) are considered as one of the key contributors to the research of SIT and OI (Edwards, 2005). Prior studies of OI have mainly focused on social science, however, Dutton, Dukerich and Harquail (1994) pioneered to link OI to the field of management. Hence, we find this theory as relevant in our analysis of OI at our case organisation.

Dutton, Dukerich and Harquail (1994) develop a model that explains how images of an individual's work organisation will affect how strongly she identifies with her organisation. The organisational image is made up of internal and external perspectives: firstly, the internal perspective, defined as *perceived organisational identity*, is *"based on what a member believes is distinctive, central, and enduring about his or her organization"*; secondly, the *construed external image* is *"based on a member's beliefs about what outsiders think about the organization"* (Dutton, Dukerich & Harquail, 1994, p. 239). Dutton, Dukerich and Harquail (1994) further examine how the perceived organisational identity and the construed external image can influence a member's OI. As previously presented, OI is defined by various authors in several ways. Dutton, Dukerich and Harquail (1994) define OI as follows: *"Organizational identification is the degree to which a member defines him- or herself by the same attributes that he or she believes define the organization."* (p. 239). The authors further discuss the degree of identification as they argue that strong OI could be distinguished if an employee considers that *"(1) his or her identity as an organization member is more salient than alternative identities, and (2) his or her self-concept has many of the same characteristics he or she believes define the organization as a social group."* (Dutton, Dukerich & Harquail, 1994, p. 239).

Furthermore, the authors acknowledge that all employees within an organisation can perceive the organisational image in a unique way, hence some employees' perception of what is *distinctive, central, and enduring* about the organisation might differ from the collective image of the organisational identity. Moreover, each individual has their unique perception of the construed external image, which might differ from what outsiders actually think about the organisation. Instead of analysing the collective image, Dutton, Dukerich and Harquail (1994) focus on *"the relationship between a member's individual images of his or her organization as a social group*

*and the effects of those images on the strength of organizational identification and member behavior."* (p. 240).

Dutton, Dukerich and Harquail's (1994) research has several findings conceptualised in a model. This study will only touch upon some of those findings, which are explained briefly in the following paragraphs. To begin with, Dutton, Dukerich and Harquail (1994) examine how shared values with the organisation result in satisfaction, thus the employee wants to stay at the organisation. This leads to one of their findings as formulated in the following way: *"The greater the consistency between the attributes members use to define themselves and the attributes used to define an organizational image (e.g., perceived organizational identity), the stronger a member's organizational identification."* (Dutton, Dukerich & Harquail, 1994, p. 245).

Further, Dutton, Dukerich and Harquail (1994) argue the greater a member's perception of his or her organisation's distinctiveness relative to other organisations, the stronger is his or her organisational identification. Moreover, the authors examine how comparisons with other organisations, might enhance the construed external image as well as the organisational members' self-esteem, whereas self-esteem is defined as *"the degree to which one likes oneself"*. (Dutton, Dukerich & Harquail, 1994, p. 246). Accordingly, *"the more an organizational image (e.g., perceived organizational identity) enhances a member's self-esteem, the stronger his or her organizational identification."* (Dutton, Dukerich & Harquail, 1994, p. 247). Moreover, whether a construed external image is seen as positive or negative depends on how the organisational member perceives the external image (Dukerich, Golden & Shortell, 2002). Thus, the individual will find the external image attractive if it conforms to the individual's self-definition of what attributes are attractive and what strengthens their self-esteem (Dukerich, Golden & Shortell, 2002).

Furthermore, Dutton, Dukerich and Harquail's (1994) model implies how greater strength of OI results in more competitive behaviour against out-group members. Conclusively, Dutton, Dukerich and Harquail (1994) examine how stronger OI make the organisational members to behave in a desirable way that will benefit the organisational goals, which is described as organisational citizenship behaviours. When a member exhibits behaviour that is beyond their

work tasks, thus, benefiting the organisational goals rather than their self-interest, such behaviour is called organisational citizenship behaviour (Dutton, Dukerich & Harquail, 1994). Accordingly, an organisation will benefit if a member has strong OI and exhibits organisational citizenship behaviour.

## 2.2 Professionalism and Professional Identification

Individuals commonly identify themselves with either target groups or reference groups (Russo, 1998). Whilst an organisation is a prevalent reference group to identify with, many individuals identify with their profession as well (Apker, Zabava Ford & Fox, 2003). When compared to organisational membership, which is construed by where an individual works, professionals define themselves according to what they do (Pratt, Rockman & Kaufmann, 2006). What is then the difference between profession, occupation, and career? All three terms have been used synonymously in identification literature, however, although there are slight differences between the terms it is a matter of preference to which term to use (Lee, Carswell & Allen, 2000). Considering our research focus on a certain group of professionals, nurses, we find the term *profession* more adequate than occupation since Lee, Carswell and Allen (2000) suggest that *occupation* is more general and includes both professionals and non-professionals. Moreover, we find *profession* more appropriate than *career* due to career can be defined as *"patterns of education and work experiences that evolve over time"* (Carter & Hedge, 2020, p. 2). In other words, an individual can have a career consisting of multiple occupations and professions until they retire, and thus, we find that career is too vague of a concept for our study.

Similarly to organisational identification, professional identification (PI) can be defined as *"professional employees' sense of oneness with their profession"* (Hekman, Bigley, Steensma & Hereford, 2009, p. 510) which results in professionalism, or the professional's attitudes due to *"identification with and commitment to a particular profession"* (Wynd, 2003, p. 252). In order to understand how professionals perceive their work and their degree of professionalism, Hall (1968) researched many professions, such as teaching, law, medicine, and nursing, the latter being the most relevant for this study. He assumed that levels of professionalism would differ between respective professions, which was supported by his research where he studied the strength of

attitudinal attributes which he argued to strengthen professionalism. Nevertheless, these attitudinal attributes are applicable to most professions.

One important attitudinal attribute Hall (1968) found with regard to PI was a sense of calling to the field, which he defined to reflect *"the dedication of the professional to his work and the feeling that he would probably want to do the work even if fewer extrinsic rewards were available"* (Hall, 1968, p.93). In his research, he found that nurses had a high sense of calling in contrast to other professions. He mentioned that it can be due to the dedication needed to continue working within the profession since the financial compensation was low. As another central attribute, Hall defined autonomy by explaining that it *"involves the feeling that the practitioner ought to be able to make his own decisions without external pressures from clients, those who are not members of his profession, or from his employing organizations"* (Hall, 1968, p. 93). In contrast to a sense of calling, nurses scored low on autonomy in his study, which he indicated was due to nurses being subordinated to physicians, thus, having a lower status.

Similar to OI, the status of the profession (similar to the external image of the organisation) is essential for professionals due to self-enhancement (Liu, Lam & Loi, 2014). An individual interprets its own status by comparing to the status of others, which Liu, Lam and Loi (2014) suggest results in professionals with a lower status finding a work-unit more significant than the whole organisation. They argue that it is a result of professionals not receiving self-enhancement due to a lower status, seeking self-enhancement through the closer interactions with other professionals in their work-unit. Professionals finding their work-unit as more immediate in contrast to the whole organisation is also suggested by Ashforth and Johnson (2001). Moreover, Ashforth, Joshi, Anand and O'Leary-Kelly (2013) suggest that individuals' PI is typically influenced by how the individual perceives the profession's reputation. Considering that a positive reputation enhances self-esteem, a main factor of identification (Dutton, Dukerich & Harquail, 1994), Ashforth et al. (2013) propose that a positive reputation should predict PI.

Professionalism can also be defined as professionals belonging *"to occupations with high levels of specialised, theoretical knowledge and strong intra-occupational norms"* (Andersen & Pedersen, 2012, p. 46). Andersen and Pedersen (2012) indicate that specialised knowledge

culminates from the profession being the only one with the particular knowledge whilst theoretical knowledge stems from the knowledge being intangible, complex and non-codable. Furthermore, norms within the profession are often institutionalised due to the need for set professional standards. Although information asymmetry will exist between professionals and non-professionals, there is a need for standards to ensure quality practices in order to uphold the profession's status (Andersen & Pedersen, 2012). The institutionalising of professional norms and standards tend to begin already during the education and the norms and values are further reinforced when the individual starts working in their profession at an organisation (Lui, Ngo & Tsang, 2003).

In contrast to organisational identification, professional identification is likely to remain throughout an individual's career (Vough, 2012). Therefore, Vough (2012) argues that ignoring a professional identity may be strenuous resulting in that professionals may identify strongly with some aspects of a profession, whilst distancing themselves from characteristics they find negative. The author suggests that as a result, professionals may create more complex professional identities.

## 2.3 Organisational Identification and Professional Identification

Individuals' social identification, and in particular organisational identification, has received much attention within research during the past half a century, however, the connection between OI and PI has only received attention in a few studies, such as Russo (1998) studying journalists, Bamber and Iyer (2002) researching auditors, and Hekman et al. (2009) studying physicians. Russo (1998) argued that if the organisation provides the means needed for journalists to work as a journalist, the journalists' professional identity will be strengthened which on the other hand will increase their OI. The author also found a high correlation between the respective identifications. In addition to Russo (1998), Bamber and Iyer (2002) found a moderate correlation between OI and PI. They also argued that organisations that align with professional expectations and thus, enhance professional identity, will promote organisational identification. Hekman et al. (2009) researched physicians' identification and they found a high correlation between their OI and PI. Moreover, they suggest that physicians can exhibit both strong OI and strong PI, however, this can result in an identity conflict due to organisations tend to value efficiency whilst physicians tend to care for high quality service.

Similarly, Johnson, Morgeson, Ilgen, Meyer and Lloyd (2006) argue that professionals can simultaneously identify with their organisation and profession. Further, Johnson et al. (2006) suggest that although possible to identify with both equally, professionals are likely to prioritise one identification over the other. Therefore, potential conflicts between OI and PI can arise. Organisational-professional conflict, henceforth OPC, can be distinguished by the assumption of existing incompatibilities between organisational and professional norms and values (Blau & Scott, 1962). When the norms are differing, a professional tends to be in a compromising conflict of which loyalty to choose (Aranya & Ferris, 1984). For instance, a conflict can arise between the pressure to finish tasks during a certain time and following strict professional standards (Bierley, 1998). The key factor that controls OPC is to what degree organisations support behaviour that aligns with the professionals' judgement of applicable behaviour (Aranya & Ferris, 1984). If alignment cannot be achieved, OPC can have detrimental effects such as work-related stress, lower quality of performance, and a higher risk of turnover (Aranya & Ferris, 1984).

## 2.4 Summary of Theoretical Concepts

We began this chapter by examining the essential literature of organisational identification (OI) where Ashforth and Mael (1989) are considered as preeminent researchers in the literature of Social Identity Theory (SIT). Ashforth and Mael (1989) conclude that organisational commitment, as well as loyalty, should be seen as an antecedent or a consequence of OI. Additionally, in the subchapter of OI, we examined Dutton, Dukerich and Harquail's (1994) concept of *perceived organisational identity* and *construed external image*, and gave several, to our research relevant, examples of how stronger OI might result in for example organisational citizenship behaviours. Moreover, related to the *construed external image* presented by Dutton, Dukerich and Harquail (1994) we see a gap that no research, as to our knowledge, has implemented today's possibilities with social media. The second part of this chapter aims to increase the understanding of professionalism and professional identification (PI), mainly based upon literature of Hall (1968). Hall's (1968) research shows that nurses have a stronger sense of calling compared to other professions. Additionally, Hall (1968) indicates that nurses scoring low on autonomy is due to the nurses' status being lower compared to physicians' status. Thirdly, we examined the relationship, as well as potential conflicts, between OI and PI. As indicated, the existing research of the interrelation between OI and PI is limited, thus, creating a knowledge gap in need of more research.

# 3 Methodology

*In the methodology chapter we begin by describing the philosophical grounding followed by the chosen research approach. As a part of the research approach, we describe the research context and background to our case organisation. Further, we outline the process of data collection and data analysis. Lastly, we conclude by discussing the reflexivity and ethical principles endorsed during our research as well as the limitations of our study.*

## 3.1 Philosophical Grounding

Our aim of this study is to gain a deeper understanding of two complex phenomena: organisational identification and professional identification. The nature of identification is highly subjective and dependent on how individuals understand and create meaning of both their organisation and profession and the underlying norms and values. Thus, in order to be able to understand the organisational members and how they interpret factors, such as teamwork or atmosphere, that compose their identification, we found an interpretive approach applicable. A key principle of interpretive traditions is to gain insight into the subjective reality construction, the *verstehen,* that is greatly impacted by social dimensions (Prasad, 2018). The main interpretative tradition we have been influenced by is the Symbolic Interactionism (SI) tradition since it *"rests on the belief that objects and events have no intrinsic meaning apart from those assigned to them by individuals in the course of everyday social interaction"* (Prasad, 2018, p. 21). An assumption of the SI tradition is that individuals' behaviour differs in social situations depending on what identity is the most predominant, however, it is of importance to reflect that identities are fluid, thus individuals' meanings are multiple and constantly evolving (Prasad, 2018). As we hoped to gain insight in the nurses' different identifications, we were aware that their meanings might change when they change to another social situation, such as another department, a congress for nurses, or their home. In the SI tradition, in-depth interviews are common where the focus lies on discovering the meaning behind specific situations by asking more 'how' based questions than about 'what' (Prasad, 2018). This was a key element in our interviews because in order to understand the factors at the department that the nurses interpret as unique, 'how' questions are necessary. Additionally,

we also focused on asking the interviewees about how they view themselves, both as individuals and as a department, which according to Prasad (2018) is central within the SI tradition in order to explore self-identities.

In addition to the SI tradition, our study has also been influenced by hermeneutics, another interpretive tradition that focuses on textual interpretation (Prasad, 2018). The hermeneutics tradition was central in our analysis of the transcriptions from our interviews. When understanding the transcriptions, we shifted back and forth between the actual text, i.e. the transcription, and its context, such as the cultural context of a hospital, a process called the *hermeneutic circle* (Prasad, 2018). We hoped by alternating and connecting contexts, such as the history of the department, to the nurses' way of talking about the department would result in a deeper understanding. Moreover, we found it was essential to *delayer* the text, which within hermeneutics is a way to uncover a text's multiple meanings and find the subtext (Prasad, 2018). By doing so, we aimed to shed light on the nurses' underlying meanings when using specific language such as metaphors or expressive words that are not used in their literal meaning. Lastly, Prasad (2018) pinpoints that hermeneutics depends on the *imagination* of the researchers in order for texts to be interpreted in a creative way. We found that by being two researchers we were able to discuss our individual interpretations with each other. This prompted us to question each other's interpretations and reimagine more creative interpretations.

## 3.2 Research Approach

As earlier described, our research assumes an interpretive approach to gain insight into the nurses' reality construction, or their *verstehen*, in order to create a deeper understanding of *how nurses' organisational identification and professional identification can be related* and *how the nurses' use of social media influence their organisational identification and professional identification.* In order to answer our research questions and conduct a nuanced analysis, the research is best supported by in-depth interviews in a single case study of a qualitative character.

Moreover, there are three main ways to approach business research; induction, deduction, and abduction (Alvesson & Sköldberg, 2018; Bell, Bryman & Harley, 2019). An inductive approach aims to find theoretical concepts by analysing the empirical findings whilst deduction intends to

confirm a theory with the help of empirical findings (Bryman, 2012). Abduction can be viewed as a combination of both induction and deduction, however, Alvesson and Sköldberg (2018) suggest that abduction is not simply a mix of both, instead abduction adds an additional new element of understanding. They indicate that abduction is multifaceted and *"alternates between theory and empirical facts whereby both are successively reinterpreted in the light of each other"* (Alvesson & Sköldberg, 2018, p. 5). We opted for an abductive approach because not only did we want to have a basic understanding of relevant theories before entering the field to collect the data, but we also did not want to be influenced nor tethered by a particular theory when conducting our research. Nevertheless, we acknowledge that we could not be completely unbiased of existing theories, for instance, theories previously studied during our university education.

In order to conduct a nuanced analysis, a single case study with in-depth interviews is considered as the most suitable research approach. According to Bell, Bryman and Harley (2019) a single case study of one organisation, in our case, a department at a hospital, results in a deeper analysis of an organisational phenomenon, compared to a multiple case study. This is further supported by Yin (2012) who argue that a case study is well suited when the research question is constructed by explanatory questions such as *how, what,* or *why.* Further, Yin (1994) defines a case study as "*an empirical inquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident"* (p. 13). Thus, we found a case study to be the most suitable as our aim is to answer how nurses' organisational identification and professional identification can be related and how nurses can construct the external image of their organisation and profession.

### 3.2.1 Research Context - Background of Case Organisation

In order to answer our research questions, we have gained access to a department at a large Swedish hospital where we have collected all the empirical data that the analysis is built upon. Since hospitals are large and complex organisations, we decided to only focus on a single department in our study due to the time constraint. Henceforth, we have decided to use the pseudonym *Delta* when addressing the department in order to ensure the department's full anonymity. The pseudonym, Delta, was randomly chosen from the Greek alphabet. Thus, Delta has no underlying meaning, nor any affiliations with any organisations. Additionally, in order to maintain the

department's full anonymity, we have used the expression 'internal organ X' when referring to the department's area of specialisation.

Moreover, in order to understand the context of the research, some background information about Delta is necessary. Based upon the information we got during the interview with the chief of Delta, Eva, we will further present some essential background information. To begin with, Delta is an inpatient care department which means the patients are hospitalised overnight and to various extent need supervision every hour of the day. Hence, Delta is open all year round, every day, and every hour. Delta's specialisation of 'internal organ X' was originally built upon two departments, one surgical and one medical, which were merged into one single department about five years ago. There is a broad spectrum of different kinds of patients, from young patients getting aesthetic surgeries, to multimorbid cancer patients receiving palliative care. The specialisation of the department together with the broad patient group result in a demanding and tough department which is also difficult from a medical technological perspective. This broad variety of specialised healthcare is rare and unique for Delta, hence some patients are appointed from distant parts of Sweden over 200 km away. The main profession at Delta is the nurses, which is a group of more than 30 employees. Additionally, there is, in descending order, a number of nurse assistants, physicians, surgeons, physiotherapists, and medical secretaries. In order to become a nurse and obtain a license, one must study at least three years (or 180 ECTS) at university. The nurses at Delta work in three shifts and the nurses are expected to work two out of every five weekends. During a shift a nurse works together with a nurse assistant, forming a team of two who takes care of six patients. In contrast to nurse assistants, nurses have more responsibility by having more specialised tasks and administering medicine. The nurses need to make quick decisions in difficult situations where a patient's life could be at stake, therefore, their job requires a lot of expert knowledge. For instance, in their daily work the nurses at Delta have advanced tasks such as managing surgical drains[1] and tracheostomies[2]. As earlier mentioned, the patients at Delta can be

[1] A surgical drain is defined by Jain, Stoker and Tanwar (2013) as following: *"A surgical drain is a device to prevent collection of fluid in a cavity or a closed space. This space may be anatomical or created by surgical dissection. The fluid may be pus, blood, serum, urine, biliary or pancreatic secretions, intestinal contents, lymph or air. A drain is employed for continuous drainage of fluid outside the body as fluid is better outside than inside the body."* (p.70).

[2] Tracheostomy is defined by the United Kingdom's National Health Service (NHS) as following: *"A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator. The tube can also be used to remove any fluid that's built up in the throat and windpipe."* (NHS, 2019).

severely sick with multiple illnesses, thus resulting in the nurses often being exposed to difficult situations, such as taking care of palliative patients or the death of patients.

Due to the structure of Swedish healthcare hospitals in general, especially inpatient care departments as Delta, are mostly secluded from outsiders, meaning that all people who are neither working nor a patient are rarely allowed at the premises. As researchers, we gained access to conduct empirical material via interviews at Delta. However, due to the seclusion from outsiders, it is impossible to cover and get a deep insight into all aspects of Delta.

## 3.3 Data Collection

This section examines the collection of data. This qualitative study was conducted with semi-structured interviews as the main empirical data. According to Styhre (2013), data can be viewed as the 'raw material' that studies are based upon. However, interviews as data can be influenced by subjective beliefs, therefore how the empirical data was collected should be considered and presented clearly (Styhre, 2013).

### 3.3.1 Sample

At the beginning of our research process we contacted several large Swedish hospitals' Human Resources (HR) departments in order to gain access to a site. One of the hospitals' HR department was curious and positive to our research proposal and directed us to two departments that we had shown interest in. The chief of Delta was curious and quick to respond with their interest to participate in the study. Moreover, we had a brief meeting with the chief who ensured that they had time and resources to participate with nurses to all the needed interviews. Thus, we did not continue the contact with other departments and hospitals. Thereby, it is to some extent random that it turned out to be Delta as our case department in the end. The reason we contacted Delta in the first place was that we had seen the department on Instagram[3] where they have plenty of followers and interactions on their Instagram posts. The active use of social media was a requirement in order to collect empirical data to be able to answer our second research question.

[3] Instagram is defined by Instagram as *"a free photo and video sharing app available on Apple iOS, Android and Windows Phone. People can upload photos or videos to our service and share them with their followers or with a select group of friends. They can also view, comment and like posts shared by their friends on Instagram."* (Instagram, 2020).

In order to reach the goals of the research and conduct a feasible sample of interviewees to answer the research questions, several criteria were set up. This approach is described by Bell, Bryman and Harley (2019) as *purposive sampling* which means that the sample is *"conducted with reference to the goals of the research, so that units of analysis are selected in terms of criteria that will allow the research questions to be answered"* (p. 391). Firstly, we assured a varied group of nurses in terms of the length of their employment, from a couple of months to nine years. Secondly, we made sure that some of the nurses were returners. A returner means that the nurse has previously worked at the department and then returned after another position, or that the nurse had an internship at the department during their studies and returned after graduating. Thirdly, the sample of interviewees varied in gender and age. Finally, we also had two interviews with current nursing students who had their internship at the department. These criteria were set before the interviews were held and were not changed during the process, this is what Hood (2007) refers to as a *priori* purposive sample.

Moreover, the sample approach used for this research is not set as one single approach. Rather, the priori purposive sample approach was combined with the approach of snowball sampling. Bell, Bryman and Harley (2019) describe snowball sampling as the researchers begin with establishing contact with a small group of people that are relevant for the topic, in our case we made contact with the chief of the Delta, who helped us to establish contact with the rest of the interviewees. However, a critique of the snowball sampling approach is that it is in no sense random since the first contact is the one deciding and establishing the other contacts (Bell, Bryman & Harley, 2019). This comes with the risk of the chief favouring and only choosing nurses she prefers. In order to minimise this risk of bias, the chief made a list of 30 nurses that had given their consent to participate in the study, categorised after our different criteria, and out of that list, we selected nurses randomly. By this modified approach of snowball sampling, we aimed to minimise the risk of bias. The reason we used a version of the snowball sampling approach was mainly for logistic reasons to be able to schedule the interviews outside of the nurses' ordinary working schedule. Moreover, it also allowed us to conduct interviews based upon our prior set criteria with the help of the chief's knowledge of the nurses.

Regarding the sample size, Bell, Bryman and Harley (2019) discuss how one difficulty of qualitative studies is to set out the number of interviews before theoretical saturation has been achieved. Thus, we scheduled fourteen interviews (with twelve nurses and two nursing students) in order to be prepared for some cancellations due to the coronavirus pandemic. Four of the initial fourteen interviews were cancelled. With ten interviews in total, including the chief and the nursing students, we began to feel that there was a pattern of the respondents' answers, which according to Bell, Bryman and Harley (2019) is a sign of being close to theoretical saturation. However, in order to ensure that we had reached theoretical saturation and captured as representative and credible sample as possible, we scheduled three new interviews. Thus, the overall sample size was thirteen - the chief of the department, ten nurses, and two nursing students.

### 3.3.2 Semi-structured Interviews

Considering the qualitative nature of our research, we opted for semi-structured interviews. What characterises semi-structured interviews is that although an interview guide with prepared questions is used, the interview is flexible and additional questions can be included if needed during the interview (Bryman, 2012). We formulated three interview guides - one for the chief of the department, a second one for the nurses, and a third one for the nursing students. The first one for the chief of the department included 20 questions in order to gain a deeper understanding of the organisational phenomena at the department such as the atmosphere and the onboarding process. The interview with the chief was then used to create appropriate questions for the other respondents. The nurses' interview guide, consisting of 24 questions, and the nursing students', consisting of 21 questions, were similar except minor changes to make the interview guides relevant for both segments. For instance, the nursing students' interview guide focused more on their internship and what they have experienced so far as well as what image they have of the different phenomena, if they even have experienced them thus far. The list of interviewees as well as all interview guides can be found in the appendix.

The interviews lasted between 30 and 60 minutes, depending on the length of the respondent's answers. All interviewees' native language was Swedish and thus, to ensure that everyone could express themselves in a correct and nuanced way we carried out the interviews in Swedish.

We opted for conducting all interviews face-to-face at the hospital to ensure that the respondents felt comfortable and had a safe environment during the interviews. Most of the interviews were held in the chief's office to ensure a quiet setting where the respondent could not be overheard. However, we want to address that there is a risk that the respondents' answers can have been influenced, consciously or unconsciously, to some degree if they associate the environment with their chief. On the other hand, many of the interviewees illustrated clearly that they find that the chief's door is always open for them. This indicates that the office has a welcoming atmosphere, thus, the respondents' answers might not have been influenced negatively by the environment.

Moreover, conducting face-to-face interviews was also essential in order to be able to observe the interviewees' body language and facial expressions which Voegl (2013) suggests enhances interview quality. In order for us to be able to conduct the interviews in a professional manner whilst observing, we adopted different roles. One of us had the sole focus of observing the respondent during the interview and writing down notes. The other one adopted the role as the interviewer and had full attention on conducting the interview. By dividing tasks, we were able to ensure a successful interview by being able to focus on the ten criteria of being a successful interviewer proposed by Kvale (1996). Such criteria are, for instance, being sensitive and listening to what is being said whilst remembering everything and being critical if necessary and questioning the respondents if their answers are inconsistent (Kvale, 1996). All interviews were recorded to be able to transcribe the interviews in detail.

Lastly, we want to acknowledge how the COVID-19 pandemic created uncertainty during the data collection process. Not only were all interviews postponed for two weeks but the pandemic also resulted in four interviews getting cancelled last minute due to sickness. Considering the time constraint of the study, it was not possible to reschedule the interviews. Instead of the original four scheduled interviews, we were able to schedule interviews with three new respondents.

## 3.4 Data Analysis

As mentioned above, we recorded all the interviews in order to transcribe them afterwards and to not miss any details. In addition to the recordings, one of us had the task to observe and write down detailed notes of the respondents' way of talking and body language. Seeing that all interviews

were held in Swedish, we decided to transcribe the interviews in the original language. The citations used for the analysis were then translated into English, which has its disadvantages. For instance, some sayings such as idioms in Swedish are difficult to translate and do not necessarily end up having the exact same meaning in English. We have attempted to translate as accurately as possible, hence some modifications, such as the word order, have been necessary in order for the translation to maintain the meaning of the original quotation.

Our main focus during the analysis of empirical material was to use analytical bracketing to not only understand *what* is being communicated by the respondent but also to gain deeper insight by interpreting *how* the respondent is communicating (Gubrium & Holstein, 1997). By sorting and analysing both layers of how's and what's, the empirical analysis will be more nuanced (Rennstam & Wästerfors, 2018). Therefore, in the analysis, we presented quotes to portray *what* the nurses say as well as some observations of the nurses' use of language and body language in order to depict *how* they are talking about their department. We found that by analysing the *how's* aided us to delayer the text, an essential part of hermeneutics as previously mentioned, which allowed us to understand any potential underlying meanings. In addition to analysing the *what's* and *how's,* we opted to find central themes and subthemes by conducting the analysis at different levels. We opted to find key terms through open coding when transcribing the material, also called first-order analysis (Bell, Bryman & Harley, 2019). The first-order analysis was partly done during transcribing and when we had finished the transcriptions, we discussed the patterns and themes we had found. We found that although we had found similar themes and patterns, the importance of the themes differed between us. Therefore, during the second-order analysis, that focuses on interpreting the different dimensions and developing the main themes (Bell, Bryman & Harley, 2019), we linked our interpretations into broader themes by discussing and questioning each other. We found that being two researchers was beneficial for our analysis since it prompted us to be more creative.

In order to ensure a nuanced analysis, we have followed these steps thoroughly during the analysis of the empirical data. Additionally, we found that following the steps in detail allowed us to exercise reflexivity with less risk of using heuristics when analysing.

## 3.5 Reflexivity and Ethical Principles

Considering that interpretation is central in the study, we deemed early on that a high degree of reflexivity was fundamental. Reflexive research consists according to Alvesson and Sköldberg (2018) of two characteristics - careful interpretation and reflection. The first focuses on the importance of being aware of how interpretations are impacted by external factors to the empirical data such as theoretical assumptions, occurring pre-assumptions, and the significance of language. The other characteristic of reflection can be viewed as the interpretation of the interpretation which can be done by questioning how the researchers interpret the empirical data (Alvesson & Sköldberg, 2018). By being two researchers, we found that we encouraged each other to be more reflexive by challenging and questioning each other's way of thinking. In order to acknowledge existing pre-assumptions, we continuously discussed our interpretations of the empirical material. Moreover, we found that by having upbringings in different countries with different nationalities resulted in more diverse interpretations. Lastly, we realised that communicating with each other through our native language (Swedish) enhanced reflexivity due to our ability to describe interpretations in a more nuanced way which ensured that no details got lost in translation.

When conducting research, it is vital to be aware of the ethical principles during the whole research process in order to minimise ethical risks (Bell, Bryman & Harley, 2019). Before scheduling our interviews, we received a list from the chief of the department of nurses that had expressed their interest in participating in the study. Considering that the nurses were willing to participate we viewed it as they had given their consent to be interviewed by us. Although the initial consent, it was of importance for us to follow the ethical principle of informed consent which according to Bell, Bryman and Harley (2019) can be achieved by ensuring that the respondent receives as much information as possible to be able to make an informed decision. Therefore, before each interview, we explained who we are, what we are studying, and how the layout of the interview is going to be to the respondents. Moreover, we asked for permission to record the interview. Through open and honest communication, we wanted to ensure the respondent's consent was an informed one and thus, ethical.

Another ethical principle is to be aware of and minimise all possible ways that a participant could be harmed (Bell, Bryman & Harley, 2019). Particularly in qualitative research, confidentiality and

anonymity are of paramount importance considering how identifying the interviewees can likely be harmful to participants (Bell, Bryman & Harley, 2019). To assure no harm, we discussed and agreed with the chief of the department during our first meeting that all participants, the department and hospital would be anonymous. Before the interviews began, we promised all interviewees anonymity and informed them that if we were to use specific quotations, they would be assigned a pseudonym, i.e. a name that cannot be traced back to them.

## 3.6 Limitations and Critique of the Study

It is of importance to acknowledge the limitations of the study. Flyvbjerg (2006) argues that a common misunderstanding of case studies is that *"one cannot generalize on the basis of an individual case; therefore, the case study cannot contribute to scientific development."* (p. 119). This misunderstanding builds upon the belief that quantitative studies are the most suitable method in order to make generalisations that enable contribution of new knowledge. Instead, the author suggests that case studies are useful to get a deeper understanding and could indeed be a sufficient method for scientific innovation within the field of social sciences. Further, Flyvbjerg (2006) implies that although a case study might not be formally generalisable, a merely illustrative, phenomenological case study can in fact contribute with pioneering knowledge. Moreover, Flyvbjerg (2006) argues that context-dependent knowledge, as conducted with a case study, is indeed as valuable as context-independent knowledge, as conducted in a quantitative research, since it provides a deeper understanding of a complex phenomenon. Correspondingly, Prasad (2018) states that qualitative research with its complex nature should not be oversimplified. Hence, this study's findings are not meant to represent the entire hospital nor its departments, but instead, identify theoretical inferences that can possibly be applicable and to some extent generalised for other departments and hospitals.

An additional limitation of qualitative research is that the respondents' answers are subjective, thus, there might be a risk of misleading answers (Bell, Bryman & Harley, 2019). In order to maintain the study's validity, and make the respondents comfortable to express their opinions, we guaranteed total anonymity to all interviewees. By promising anonymity, the incentives for dishonest answers were minimised, thus, the validity of the research is higher (Bell, Bryman & Harley, 2019). By having all interviews recorded and transcribed thoroughly, no material was lost

due to subjective interpretation during interviews which strengthens the reliability of the study (Bell, Bryman & Harley, 2019). However, Bell, Bryman and Harley (2019) state that the criteria of evaluation for qualitative business research do not have to be based upon reliability nor validity. Instead, they argue that qualitative researchers should strive for authenticity. In order for our study to be authentic, we have presented necessary background information including the structure of Delta, as we believe this is an essential factor for the understanding of the empirical findings.

Another critique of qualitative research is that it might be too subjective due to the findings being dependent on what we as researchers analyse as significant (Bell, Bryman & Harley, 2019). In order to prevent subjectivity, in the empirical findings and analysis, we have strived to *show rather than tell* (Tracy, 2010). This approach enabled us to present the empirical findings whilst being aware of our potential subjectivity, hence applying reflexivity throughout our analysis. Our aim is that by *showing* the empirical findings along with our interpretation in the analysis we will enable the reader to understand the findings that will lead to our discussion, thus our empirical findings and analysis is lengthier.

Lastly, we find it essential to discuss the current situation of the coronavirus pandemic and its effects on the study. The outbreak of COVID-19 impacted primarily our data collection. During the first meeting with the chief of the department, we agreed upon conducting interviews as well as gaining access for multiple observations of social situations such as coffee breaks and after works. The purpose of conducting observations was to gather support for the interviewees' subjective thoughts and opinions since complex organisational phenomena such as the organisational atmosphere and leadership are intangible and often difficult to describe. By using multiple sources of data, also called *triangulation*, the intent was to cross-check the empirical findings to ensure the study's credibility (Bryman, Bell & Harley, 2019). However, due to the COVID-19 pandemic and the safety measures that had to be taken, it was not possible to carry out the planned observations. Thus, the credibility of the study is less desirable than what was intended. In addition to data collection, the pandemic can also have had an impact on the findings and the results of the study. What we were able to notice during the interviews was that many of the interviewees seemed not only worried about the pandemic but also stressed and tired due to working more and longer shifts than usual. Thus, the interviewees might not have been as alert as ordinarily.

# 4 Empirical Findings and Analysis

*In the following chapter we present the empirical findings in three themes. The first theme focuses on how the nurses perceived the specialised structure of Delta, followed by the second theme focusing on the atmosphere of the department. The third theme establishes how the nurses perceive the reputation and how others' view the department. Lastly, we conclude the chapter with a summary of the key factors in each theme.*

## 4.1 This is Delta

The first theme, which is divided into two subthemes, revolves around the interviewees' accounts of how they perceive the department internally. The first subtheme 'A Secure Start' examines the implementation and the importance of the long onboarding program as well as the relevance of welcoming students and ensuring that new employees match the environment at the department. The second subtheme 'No Day is Like the Other - The Uniqueness of Dual Specialisation', delves into Delta's dual specialisation and its implications for the nurses.

### 4.1.1 A Secure Start

A few years ago, Delta hit rock bottom as almost all nurses quit, leaving only six permanent nurses. However, they managed to turn things around. Eva, the chief of Delta explained how the two units, surgery and medicine, were merged and *"when that happens, people quit"*. She continued by describing how critical the situation was by revealing *"...when I started here [five years ago], it was disaster mode"*. Right away, Eva decided to figure out the direst problem:

> *"We started early, in 2016 when I arrived, there were hardly any nurses left, so we started digging in why we were only six permanent nurses and only staffing people. We started to look at why everyone had quit. And then it was precisely the onboarding that was the problem - that you would get an introduction which according to the paper would be four weeks but then you still had to go in and work already after two weeks because there were no people. So, the nurses became very very insecure and quit within about a year."* - Eva

Eva continued by describing the solution:

> *"So, what we started with was to look at the onboarding program and foremost we decided it would be eight weeks long, and no nurses would start working not a day before the eight weeks were up. (...) Because we thought you would then feel safe, which would benefit us in the long run - you would not escape from here due to insecurity."* - Eva

Eva explained that the strict schedule of eight weeks could be flexible due to sickness, or just feeling insecure: *"then we add a week. We need to be very flexible. The nurse's feeling of being secure needs to determine [how long the onboarding program should be]"*. Accordingly, Eva continued as she highlighted the importance of establishing a feeling of secureness:

> *"We have seen that the first couple of weeks right after the introduction are the most critical ones [in terms of feeling secure]. Because when the onboarding program ends, and you start to stand on your own, it is a huge adjustment in terms of having the courage to ask for help and prioritise tasks. (...) Withal, I believe that it is always important to work with security - even those who have worked for a long time need security."* - Eva

When asking about the introductory program, all nurses were aware of how the length of the introductory program is rare, Alex stated that *"it is completely unique to the entire hospital"*. The nurses agreed that a long introduction of eight weeks is necessary, especially if you were a recent graduate starting at the department since it can be both tough and terrifying in the beginning. Alex meant that because patients are very sick it is daunting as a new nurse to be responsible for six to eight patients and therefore the introduction program makes you feel comfortable and safe in your role. Emma also pointed out that although it was terrifying working as a nurse at Delta for the first half-year, she felt secure because she felt supported by her colleagues who helped her to plan and prioritise tasks. Additionally, many of her colleagues, still up to this day, ask her daily 'How are you?' and 'Can I help you with something?'. Moreover, feeling welcomed, supported and being able ask 'stupid' questions is reflected upon by many of the respondents. For instance, Andrea described that although the introduction program provided only a basis, she felt secure at Delta because she could ask *"stupid questions without feeling stupid because you feel safe at the*

*department"*. Similarly, when asking Elsa, who has only been at Delta for seven weeks as a nursing student, why she would recommend Delta, she responded:

> *"So, above all, the staff is so nice and welcoming. And so many opportunities exist here. And there are really chances to ask questions, no questions are stupid here. You feel secure here and they believe in you - that's what is so nice with Delta."* - Elsa

All in all, the need of security is clearly important for all nurses and necessary for them to enjoy working at Delta. What is interesting is that the respondents told us that they felt secure and welcomed early on, which is supported by the students feeling the same way although they are not employees.

Throughout our empirical data it has become evident that Department Delta has come a long way since their 'bad' years. Although lack of nurses is a critical adversity many healthcare providers across Sweden are experiencing, Delta is not encountering the same issue. This was illustrated by Robin:

> *"Delta is one of the few departments opening up more beds, whilst other departments need to shut down due to the lack of nurses. It is also quite cool how we don't have a lack of nurses at the department, we are actually too many nurses. (...) People are applying to work at this department even though we don't have any job ads out there. That is also quite special."* - Robin

Similarly, the chief of the department, Eva, explained with pride how they have not had a job ad for nurses for the past two years because there is simply no need. Eva expressed that when she took over as chief of Delta in 2016, she set the goal *"that people would like to work with us and come back. And that has a lot to do about the students and getting them to return"* in order to turn the department around. A few years later, in 2018, they achieved the goal as they had their first 'returner', and ever since, many nursing students have returned. Six out of the eleven respondents we interviewed (excluding the two students) are returners. Alice who started out as a nurse assistant during her studies and now works as a nurse at Delta, expressed proudly the reason she decided to return: *"I had fun here, it's a very exciting department so I thought 'why should I go somewhere else, when this is the best place to be at"*. During our interviews, it became clear that many decided

to return because they felt more welcomed as students at Delta than at other internships. Emma explained her experience at an internship at another department: *"I felt like the student who not so many were interested in talking to or getting to know. (...) I almost felt like a bit of a burden."*. The key to why students feel welcomed at Delta is, according to Jane, because *"we try to take good care of our students, we try to not see them as students but as future colleagues"*.

In addition to returning students, Eva explained that many of the new nurses starting at the department are friends, or friends of friends, of those working at Delta. Accordingly, half of the nurses we interviewed have started at Delta thanks to recommendations from their acquaintances working at the department. Interestingly, one of the five, Andrea, was recommended Delta by her supervisor at an internship at another hospital. According to Andrea, her supervisor, who had worked at Delta a few years ago, recommended Delta by saying how the department has *"cool work assignments, good atmosphere, and good colleagues"* and how she *"would fit well in the group, they are so good and lovely there and you are someone they would like to have as a colleague"*. Although the supervisor was not working at Delta anymore, it is evident that he still was committed to the department by recommending it to someone he found would be a good fit at the department, thus he was still loyal to Delta. When asking Eva about what her thoughts are about employees recommending Delta to their friends, she expressed:

> *"It is a good recruitment tool, partly because if someone wants their friend to join us, they have also made the assessment that the friend is a good colleague because you don't want to have an idiot here, so to speak. And then it is also that you know exactly who they are, and they have received some information from their friends so that they are prepared, they know a bit about what they are getting into."* - Eva

This would mean that the employees who are recommending Delta to their friends also analyse whether or not the person would be a good fit at the department. A personal and professional fit was something that Charlie brought up when asked if she would recommend Delta to her friends:

> *"Most people, yes. Some that you may know that don't have the right stress threshold or so. Given that it can turn around so quickly, and go on to be a very stressful day, you might not recommend [Delta] for their sake."* - Charlie

Moreover, Kim exemplified the importance of a good fit further when she was talking about the atmosphere at Delta and explained how *"here are no rotten eggs that can be found in other workplaces that ruin the entire atmosphere"*. Eva further endorsed the importance of bringing in the right people when she talked about the recruitment process:

> *"It is important that I present the situation [to a nurse during a job interview]: 'This is how we work here, it is a heavy department, medical technologically difficult department, and this is how we work, and these are our values. Go home and think and then you can come back and tell me if you want to work here or not'. You must contemplate these matters, it is very important. Because if you can't do it, I'm not going to take the risk, I don't want to take in any 'garbage' that causes trouble and make people feel uncomfortable. It is not worth it in any way. Then I'd rather wait another month or so for a better person to come along."* - Eva

By ensuring that employees are not only a good match with the atmosphere of the department but also aware of what is demanded of them both in a professional and organisational way, can be a reason why nurses stay at Delta, which was illustrated by Alice:

> *"... so far I have not met anyone who chooses to leave the department for anything other than to see something else. But it is also that we who are here want to be here because this is how we think a good workplace should be. There is a commitment beyond just coming here and doing their eight hours and going home, instead there is something special where everyone is willing to be engaged."* - Alice

When asked about the reasons why they might end up leaving Delta, the majority of the nurses said the reason to be, similarly to Alice's statement, changing specialisation by moving departments or enrolling in a specialisation education, such as within anaesthesia, midwifery or intensive care. However, many of the nurses also pinpointed salary being a reason they might leave. For instance, Caroline expressed the importance of salary by stating that *"somewhere you have to draw the line, I can't just come here [to work] because I think it's fun, it's not a charity either"*. The nurses were aware of the salary being outside of Delta's control because it is controlled by the regional council, however, Alex disagreed with the personnel politics by stating that the regional council *"are not aware of how important working conditions are for the retention*

*of people"*. Nevertheless, not one of the interviewees would leave due to the department itself, for reasons such as atmosphere or teamwork, indicating that the chief has achieved to completely turn the tables compared to the departmental crisis in 2016 by establishing commitment and loyalty amongst the employees.

### 4.1.2 No Day is Like the Other - The Uniqueness of Dual Specialisation

As mentioned in the background of the department, Delta consists of two units - medicine and surgery. Perhaps the most recurrent theme throughout the interviews was the uniqueness of the department, which is summarised by Alex:

> *"The most fun thing about Delta is that we do quite advanced care here, even though we are a regular care ward. After all, we have tracheostomy, surgical drains, and generally very sick people who require a lot of technical equipment."* - Alex

Not only do the employees appreciate the breadth of the patient group but also how advanced the department is both from a medical and medical technological perspective. Nine out of the thirteen respondents specified the dual specialisation of medicine and surgery being one of the best parts of Delta. When asked what the best thing about Delta is, Alice expressed how the variation of the patients' ages and how having both medical and surgical patients at the same department is *"a bit unusual"*. Alice concluded enthusiastically that *"there's a huge breadth of the patients I get to meet, whilst it is also super super specialized, it is the best of both worlds from a professional point of view"* indicating that the department is exactly what she wants when working as a nurse.

Moreover, all respondents mentioned the dual specialisation of the department during the interviews, indicating that it is something that they are both appreciative and proud of. A reason can be that the rareness of the department and the opportunity to develop exemplary skills, which is illustrated by Linda:

> *"It is a very exciting and unusual department, much of what we do here in surgical terms is not done anywhere else in Sweden. (...) A lot of those things are not done at other departments, and should those things come up at another department then I would definitely have the benefit of the skills I've learnt at Delta."* - Linda

The opportunities to gain meritorious knowledge is also highlighted by Emma as she described that she gets an extensive start in her career and the dual specialisation of the department gives her the opportunity to develop as a nurse in a broad way. When talking about the department, Caroline embodied how vast their area of expertise is by explaining how *"you are not an expert in any way, the more you work, the less you find out that you don't know. Even if you become more and more talented, you realise that the area is huge."*. Many of the respondents were using medical terms, such as tracheostomy and surgical drains when explaining the department, which we find as a sign of the nurses being proud of the specialisation and the more advanced tasks. The vast development opportunities together with the pride of the complex medical procedures are also recognised by students, which is pinpointed by Jessica:

> *"There are certainly greater opportunities in some departments to do certain things. Here we have surgical drains that we [students] have been drawing as well, you can't do that in all departments. Or take care of a trach [tracheostomy] as well and such."* - Jessica

When Elsa, also a nursing student, talked about the variation at Delta she also highlighted the competence and how the employees are *"knowledgeable people, they really have the skills here, they always have an answer as to why they are doing something"* whilst adding that she is excited to return as a summer worker *"because you just want to absorb all the knowledge"*. Moreover, Jessica has noticed that *"here [at Delta] you are not tired of the job, you just want to learn more"* which is also the reason why Charlie has decided to stay at Delta since *"there is so much new to give, and you learn something new every day, and I've been here for six years. And I'm not done."*.

It is clear that the nurses at Delta are driven to learn more and develop their competence. The hunger for knowledge was also the reason why Eva decided to start at Delta. She explained how *"it is a very broad and complex department where you can get a lot of knowledge. And many appreciate it."*. Accordingly, the majority of the nurses stated that the development opportunities, such as training days, courses, becoming a mentor, or responsible for a specific area, are essential for them to want to stay at a workplace. This could be seen as striving towards self-actualisation. Yearning for knowledge is thus a substantial part of Delta, which Alex expressed in the following way:

> *"There are very high demands on the staff that we should be able to know a lot. And it's a lot of fun - because we become specialists after all and it's very fun to be as knowledgeable as we possibly can. And it certainly contributes a lot to the culture we have."* - Alex

Although many of the nurses appreciated that *"no day is like the other"*, as expressed by Charlie, it can also be tough, especially if you are a recent graduate starting at the department, which according to Alice is due to:

> *"We work with really sick people so all of a sudden a lot of things happen so there can be quite quick twists and turns during a regular work session so it's pretty tough to be new here, even if you have been here as a student, it is still a tough department. We have difficult routines because we have the dual specialties of medicine and surgery, so it is a lot to get into."* - Alice

Therefore, the dual specialty of Delta demands that new nurses are eager to learn and thus, can handle the tough department. Although the department is tough and challenging, we find that most nurses indicated that the dual speciality allowed them to be both committed to their profession and the department, which was best illustrated by Jane:

> *"Sometimes when it is hard and there are periods when it is not a bed of roses, and then you think 'yes it might be better elsewhere', but then you always come back to that 'No it will never be better anywhere else'. I think my job as a nurse makes this workplace great fun."* – Jane

## 4.2 The Atmosphere of Delta

The second theme, which is divided into three subthemes, examines the nurses' perception of the atmosphere at Delta. The first subtheme 'Outliving Tragedy and the Need for Comfort' examines the tough work environment and its outcomes. The second subtheme 'Laughter and Tears Shared Between the Professions' revolve around how humour seems to be a tool to handle the tough work environment. The third subtheme 'What Does Not Kill Us Makes Us Stronger - An Atmosphere that Lasts' conclude the nurses' perception of the atmosphere as they are united in the battle of COVID-19.

### 4.2.1 Outliving Tragedy and the Need for Comfort

As described in the previous chapter, the onboarding program of eight weeks provides the nurses with safety and a feeling of being secure in their work. However, Eva, the chief, described that all nurses need support and comfort from their colleagues, despite how long she or he has worked there. Delta, with its dual specialisation and difficult procedures together with broad patient groups, can be a quite tough department to work at both physically and mentally, hence needing support and comfort. This is, more or less, highlighted by all respondents and Andrea described it with a somber voice in the following way:

> *"It can be very tough to work here some days, both physically and mentally. Patients who die can be young or the same age as my own parents (...) and it is very hard to meet those patients sometimes. And most of the time we take care of six patients at once. Some days it is physically very much to take care of one patient who just came out of surgery and is in a lot of pain (...) and at the same time, another patient is struggling to breathe. Then you feel that you want to divide yourself into two. And at the same time there are other patients who have to have their medications as well, that's when it is too much. That you simply are not enough."* - Andrea

The statement above implicates that some nurses feel that they are not enough because working at Delta is both physically and emotionally straining. The toughness of Delta is also suggested in the way Andrea talked about it. Andrea used a somber and lower voice which indicates that the toughness is a serious matter and has a great impact on her. Nursing itself is a tough profession, however, Delta seems to be a department that is extraordinarily heavy, in the sense of having several severely sick patients and many with anxiety when they are about to die. Alex explained it as the most difficult part of the job:

> *"The worst thing about Delta is that there are many patients dying here. I think our department has the most death cases at the whole hospital. (...) It is pretty strenuous for both patients and personnel. The patients often have a lot of anxiety until their last moment in life."* - Alex

The fact that Delta is a heavy department is further supported by all respondents who in different ways described the tough work environment at Delta with many severely sick patients. Andrea explained how the mentally heavy work requires the nurses to be mentally stable in order to be

able to support patients with anxiety. This, together with the statement of the feeling of not being enough, indicates that the nurses feel pressure to always be stable, professional, and supportive for the patients' sake. Hence, in order to ease the pressure of being stable, professional, supportive, and perform well - emotional support from colleagues seems to be necessary. Emma explained how she feels like there is a big pressure to keep up and that it often gets stressful, however, she described that *"I think it works well anyhow since we always support and help each other out"*. Further, Linda described that she believes that it is important to be supported by colleagues in difficult situations:

> *"Last week, I had a super tough situation where I had to spend all my time caring for a severely sick boy and therefore, I didn't have time to help any of my other patients for six hours. Then all my colleagues helped out to care for the rest of my patients that I didn't have time for as soon as they could. (...) so I just felt that, yes, even if we are divided to care for different patients, in the end we are all one team, and we help each other out in difficult situations - that's so important."*
> - Linda

Additionally, Linda stated that she believes that it is important to *"be able to express our true selves and be respected for whoever we are as individuals"*. Both statements indicate the need for support and mutual respect for each other. Further, the support from colleagues seems to not only be practical support, but also emotional support which leads to a feeling of being secure. Elsa, a nursing student, explained how a truly sad situation where a patient died ended up being a good experience where she felt uplifted and stronger out of it:

> *"It is so important with colleagues who support each other. I can always ask any colleague if I need support in tougher times. Like a week ago it was a very tragic situation (...). But I still went home after that day and was so happy. And I almost thought that "I can't go here and be happy about everything that has happened", but that's what I was because of the collaboration."* - Elsa

It could be considered as insensitive to be happy after such a tragic situation. However, we believe this indicates the magnitude of emotional support and caring for each other between the colleagues at Delta, which is further supported by Jessica, the other nursing student, who described the same

situation as *"everyone teamed up (...). It felt super beautiful that everyone supported each other"*. Moreover, the caring is supported by Eva, the chief of Delta:

> *"If anyone has had a tragic death on the night of Saturday, and then I come back on Monday morning, then I've been here for like five minutes before anyone says it the first time. For example, 'Kim had a really tough case where a patient died, you have to catch her'. Then I go out to the reception, then the next person notifies me, 'Hey, this Saturday, Kim had a really tough death case (...)'. 'Yes, I know, I've already heard it'. (...) So when I meet Kim, I have heard it seven times and then I can immediately say 'Hey, Kim, I heard about this weekend, what happened?'.(...) There is an incredible thought, and it is also an important part of the culture, that this is how we work, we care about each other."* - Eva

Accordingly, we argue that this care for each other and emotional support promotes stronger team spirit and creates a sense of belonging and inclusion within the department. Moreover, Alice acknowledged how she and all her colleagues support each other in difficult situations and stated that it is a *"really heavy job (...) everyone needs to go and cry in the drug storage room sometimes. You go in there, cry it out as much as you need, and then you can go back to work"*. This statement indicates the truly heavy department, and accordingly, emotional support and caring seem to be necessary in order for the nurses to cope with all the situations that can occur at Delta.

### 4.2.2 Laughter and Tears Shared Between the Professions

In order to cope with the tough environment at Delta, which seems to be both mentally and physically draining, ten out of thirteen respondents talked about the need for humour at the workplace. Charlie explained it as:

> *"We should be able to have fun together, but at the same time be serious when needed. You have to be yourself, not have to pretend to be someone else. We are only humans. You need to be able to show your feelings because everyone does not always just have good days. Sometimes you feel bad and then you need a shoulder to cry on. I think that is important."* - Charlie

It seems to be evident that humour is used as a tool to handle all the serious and tough cases at Delta. Humour seems to make the nurses feel more relaxed, thus, they feel like they can be

themselves and be respected for who they are. The comfort of being true to yourself may make the nurses feel like home, thus, enhancing self-esteem and a feeling of belonging. Charlie elaborated: *"With or without corona, it can be super tough to work here. Therefore, we need to be able to cheer each other up and have fun in order to be professional when we have to. We have to ease the tensions and have fun during work."*. It appears that humour helps the nurses to cope with the tough work environment. This is supported by the fact that even in such difficult times around the world with the coronavirus pandemic, Delta had several April fool's pranks and joked around, hence they had a lot of fun at work that day. Further, it can be viewed as the humour and jokes create a sense of belonging and even the nursing students acknowledged the casual atmosphere at Delta where they felt included in the team. Elsa explained it as *"it is super easy to get to know people (...) it is easy going and a lot of humour involved. (...) It creates such a lovely atmosphere. We joke around and hug each other. The positivity is contagious."*. Along with the need for humour, many of the respondents connected the need for humour to having an open environment without any hierarchy. Charlie explained it as Delta does not have any hierarchy at all and that she is able to joke around with everyone, both nurses, physicians, physiotherapists, and nurse assistants.

All respondents stated that Delta has little to none hierarchy. Charlie described how Delta does not have any segregation at all between any professions (physicians, nurses, nurse assistants et cetera) and elaborated that in the lunchroom everyone is sitting mixed with everyone else, and the physicians are joking around with nursing students. Further, Charlie described that she believes there is a huge difference compared to other departments since it feels like "*it is much better here. At other departments, it feels like they have this hierarchical ladder."*.

During the interviews, it became evident that all nurses acknowledged and highlighted the non-hierarchical structure as distinctive for Delta. In the middle of the interview with Alice, the attending physician at Delta interrupted by knocking at the door. He opened the door, and with a goofy expression, he stuck his head inside the room to ask for Eva, the chief (whose room we were sitting in). Alice laughed and answered him. Later in the interview, Alice started to talk about the hierarchy that she believes is non-existing at Delta:

> *"Just the fact that the attending physician pops his head into the room and by accident disturbs a meeting, yet he makes fun of himself and is pretty cool and relaxed about it. That contributes so much to the intimate atmosphere, being non-hierarchical with everyone. To compare to other departments that I had internships at during nursing school, the chief of the department was barely ever seen, and never ever said hi to a 'low-low' nursing student."* - Alice

Alice's example truly depicts the atmosphere of Delta being non-hierarchical. The non-hierarchical culture is further supported by all respondents in different ways. Contrarily, Alex recognised that the physicians at Delta have their own hierarchical culture among themselves, whereas the assistant physicians have to work harder than the attending physicians. However, the hierarchical culture does not apply to the relationship between physicians and nurses, nor nurse assistants, at Delta. Moreover, Linda explained how she feels like the physicians truly respect the nurses' input related to patient's treatment, and also recognises the nurses work by giving credits for the good work they are doing. She further explained it as *"there is no hierarchy here, we are all at the same level, and we all need each other"*. The mutual respect and inclusion to the department evidently contribute to the nurses feeling of belonging to a community. Moreover, the majority of the respondents compared the hierarchy to other departments and said that Delta is 'so special', thus, acknowledging the distinctiveness of the non-hierarchy at Delta. Linda addressed this as:

> *"I believe that many departments have... Or believe?! No, I KNOW that many departments have problems with the levels of hierarchy when physicians think that they are better and are more worthy than others just because they have a higher education."* - Linda

She further elaborated that the employees at Delta see each other as individuals, not as different professions. The united opinion of mutual respect and inclusion seems to create a feeling of oneness with the department. Additionally, everyone, including the nursing students who had only been at Delta for seven weeks, used the word *we* when they described things about Delta. Robin explained *"it is the feeling of being a team, the team spirit, that imprints the culture and creates the united 'we-mindset'"*.

Moreover, Charlie, who has been working at the department for several years, explained how the open atmosphere was the same even before Eva came in as a new leader to improve the department. Charlie explained that the department was in a chaotic situation back then, with a vast lack of nurses and a huge dissatisfaction of the leadership at the time. She described the situation in the following way:

> *"Even when I started here, the collaboration with colleagues has always been great! It is the same pattern as today - it was there back then as well. We were in such a bad place when I started and several of my colleagues quit at the same time. However, the atmosphere of helping each other out was here. People were able to ask any 'stupid questions', no one was afraid of asking physicians. It was still this open environment that we have today as well."* - Charlie

This is supported by the other nurses that had been working at Delta for several years. This indicates that leadership does not play a vital role in terms of creating an open environment and an atmosphere of helping each other. It could be argued that the atmosphere might depend on the structure of the department in terms of dual specialities and the leadership. However, even though Charlie stated that the atmosphere was the same before Eva came to Delta, at that time, there were only six full-time nurses, today they are more than thirty. Hence, the retention has certainly been affected tremendously since Charlie started at Delta. However, if the improvement of retention is due to the leadership or other factors at Delta, cannot be conducted in this study.

Furthermore, everyone mentioned the open environment, inclusion, the care for each other, along with the leadership, as distinctive for Delta. It seems to be evident that the atmosphere is built upon mutual respect and good leadership, which Linda described as *"the key to success"*. Alice described the distinctiveness of Delta as *"the intimacy and family-feeling. The feeling of intimacy and the lovely atmosphere is truly special. (...) The leadership conducted by Eva is truly amazing. (...) She is the ultimate 'chief-goal'."*.

Since all nurses spoke vastly, and to some extent even bragged, about how proud they are of the leadership at Delta, this might create a sense of solidarity. Not because of the effects of Eva's initiatives, but because of the unity of their admiration for Eva. The nurses have a natural connection to each other due to being a part of the same profession, however, the interviews

indicated that they feel united with the whole department, including physicians, nurse assistants and physiotherapists. The unity around the specialised competence at Delta might enhance the sense of oneness with the whole department. Moreover, the shared values of what is distinctive along with the admiration of good leadership seem to strengthen the sense of solidarity.

### 4.2.3 What Does Not Kill Us Makes Us Stronger - An Atmosphere that Lasts

During the interviews, it became evident that the respondents considered the leadership as distinctive at Delta. Eva explained her leadership approach as *"my goal is that I should not be needed. I should create a team that takes care of itself."*. She further explained that she has a lot of confidence in the nurses as they all have the authority to call in extra workforce if they consider there is a need for it. Accordingly, Eva is giving trust to the nurses which is evident from several interviews. When the nurses are given power and the freedom to influence the department, they accordingly feel independence and thus meaningfulness. Moreover, the feeling of being meaningful is connected to a feeling of belonging to the department which is supported by Caroline who said *"I feel like I belong here. I feel meaningful at the department."*.

The sense of belonging based upon trust seems to be strong. However, today (May 2020) Delta, along with the rest of the Swedish healthcare, is highly strained due to the outbreak of COVID-19. Eva explained how the outbreak of the coronavirus already (in March 2020, when interviews were conducted) had caused a vast amount of extra workload for the nurses at Delta. Firstly, because they need to maintain extra safety measures and stay home from work in case they have any symptoms at all in order to minimise the spread of the coronavirus. Hence, healthy nurses without symptoms have to work extra shifts, and yet, even then they are sometimes short of people. Secondly, Delta was, by the time when the interviews were conducted, in the middle of the creation of a whole new COVID-19 subdepartment, where the nurses at Delta will treat patients with COVID-19. Eva explained how she felt confident in all the employees at Delta:

> *"Now when it comes to a truly tough situation [coronavirus pandemic] that's [caring for each other] what counts - if we don't care for each other, we can't work. (...) And what we are now facing is the ultimate test. (...) Now it is 'make it or break it'. If what we have been working on for*

*four years is settled, this [coronavirus pandemic] will not be a problem. And I'm totally calm. (...) We have such amazing solidarity basically - it will be more of a proof."* - Eva

Eva was completely steady and convinced that Delta will handle this crisis in a good way and predicted the outcome of the crisis to be a proof that they are a strong team that can handle anything. This was supported by the nurses, for instance, Alice expressed:

*"No, I think this [Corona] is a small test for us who work here. I mean crises can do absolutely fantastic things with a team. It can also do some slightly less amazing things so... But I'm not worried at all that this department will have any negative effects from it, but it will be exciting to see what happens."* - Alice

Robin agreed with Alice and said:

*"The team spirit has become even stronger, because we are doing this together, we have to solve it. It feels very good to work at this particular department when this happens because we are preparing properly in case it goes to hell *laughs* and have a plan for all different possible scenarios."* - Robin

It seems to be evident that the nurses are convinced that the strong team spirit will only be enhanced due to coronavirus. Emma explained that they were given a lot of support and encouragement from the chief saying 'now we do this together' or 'we will manage this', hence the nurses feel psyched. Although, many of the respondents expressed that they to some extent are nervous that the heavy workload coming with the coronavirus might affect them on a personal level. One respondent expressed worries of not having time to pick up the children from preschool, another worried about the relationship with her partner and family, and also the risk of having to be isolated. Additionally, some nurses expressed their worry about a potential lack of protective equipment might jeopardise their own health and safety. However, even though the majority felt worried to some extent, they were all united upon the belief that their solidarity will not be changed in any negative way, merely their solidarity is believed to be enhanced. Moreover, the nurses seem to be committed to help out and support each other during these times. Nonetheless, they are not helping the hospital, nor Swedish healthcare, but their colleagues at Delta. Alice expressed this the following way:

> *"In order to make Delta function, ABSOLUTELY, I'll be here every other weekend if that's what's needed, and for my patients OF COURSE. For a period of time, that's no problem, I will without any doubt stand up for my colleagues and my patients and my department [Delta]. Absolutely."*
> - Alice

The willingness to stand up for each other and not for Swedish healthcare, nor the hospital, nor the society, indicates how strong their commitment and loyalty to the department is at a time like this. Even though some nurses are nervous about what will happen during the outbreak of the coronavirus, it seems like they are ready to take on the crisis as a challenge and some of them even seem to have a 'fear of missing out'. Jane expressed:

> *"Imagine if I had been on parental leave all this time and then I would come back and everyone at Delta has gone through this together without me - this is ridiculously selfish of me - but then everyone has gone through it together and got some kind of connection to each other. And I would have missed the whole thing!? How would the relationship between me and my colleagues become if they are in this together but without me? The outbreak of the coronavirus has resulted in more of Delta as we are saying 'let's do this together'. No matter how difficult it will be when it's at its worst, we will still get better out of this."* - Jane

Conclusively, it seems to be evident that the solidarity and team spirit of Delta is truly strong, as summarised by Alex, who expressed that *"there is probably no department that is better than Delta"*.

## 4.3 The Outsiders' View of Delta

In the third and final theme of our empirical findings and analysis, divided into two subthemes, we examine the role of outsiders' perception of Delta. The first subtheme 'What Others Think About Us' delves into the nurses' perception of Delta's reputation and image among outsiders. The last subtheme 'Making Justice for Nursing and Delta' revolves around the nurses' claim for justice as they feel that outsiders' perception of nurses as well as the department is wrongful.

### 4.3.1 What Others Think About Us

Only a few years ago during Delta's hardship, the department's reputation suffered. When talking about how they have managed to turn the reputation around, Kim described that during the hard times *"no one wanted to start working at Delta, due to you having heard so much crap [about Delta]. It was thought that Delta would be closed soon, there were only six nurses left."*. When Eva took over as chief, she instantly recognised Delta's bad reputation. She explained the reason for the bad reputation as:

> "*I think the reputation was bad because the new nurses had had a hard time, and not gotten a proper introduction program, and they were insecure and unhappy. And they talked a lot about how dissatisfied they were, both within the department but also on social media. The students felt it when they were here. The nurses talked about it [their dissatisfaction] when they were in the elevator. If you take the elevator down at around three p.m., then the elevator stops on all floors, so the whole hospital knew how bad it was here.*" - Eva

Talking badly about a department in the elevator is also something Kim highlighted by expressing how it is not professional and how quickly the rumours spread. Therefore, the solution was to stop talking badly about the department, which is illustrated by Eva when she understood how much power the employees have:

> *"And that's what we started talking about: how much power do we have over creating a good workplace? If I talk shit about my workplace in the elevator down, then no one will come here, then I will be affected by it myself [by contributing to a lack of nurses]. That being said, we should not ignore that there are problems - but we should talk about it here [at Delta], before we leave our workplace, with each other, because we can't solve it in the elevator down with anyone else, we can only solve it up here."* - Eva

Delta has since come a long way because Caroline, who has been working at Delta for over two years, pointed out that *"I rarely hear anyone talk badly about the workplace"* adding that if people are complaining about their workplace *"it becomes a vicious spiral of it all, people push each other down"*. Linda exemplified this by saying that she only talks positively about Delta, which is

also supported by Emma who highlighted how much the way both employees and students talk about Delta affects Delta's reputation:

> *"I think it has to do with the people working here talking about their workplace and also students like me interning here who go back to school and talk positively about the department. (...) Some of my friends did not like their internships at all, and when you asked them how their internship was and then said 'no it was very bad, don't start working there'. (...) It [the reputation] is through the students but then it is also us who work here, I really enjoy working here so I go around and say it."* - Emma

It is evident that both employees' and students' word of mouth is an essential part of how others view Delta. Delta's reputation is a good one amongst students because Eva enthusiastically pointed out how students are excited about getting an internship placement at Delta and the students even get envious comments from their study friends according to Charlie. Many new graduates also start working at Delta thanks to previous students' positive experiences, accordingly one of the interviewee's five friends started at Delta at the same time as her because she had spoken great things about Delta. Moreover, a good reputation is also apparent at the hospital, which is portrayed by Alice:

> *"We have a very good reputation. Our good atmosphere is heard about throughout the whole house [the hospital]. The rumour of Delta as a department that was terrible and then became good. Great chief of department, great colleagues, heavy but great. That is what we are trying to convey, too, that it is tough, super highly specialised but a blast."* - Alice

Although the respondents have a good idea about their reputation amongst local students and hospital employees because the reputation is confirmed by incoming students and by hearing other departments at the hospital saying how nice and helpful they are at Delta, the respondents are quite unsure about outsiders' view of them. This is indicated because when asking about what outsiders (such as followers on Instagram) think about Delta, all respondents began their answers with 'I think' or 'I hope'. For instance, Robin responded *"I hope they think Delta seems to be a nice department, because after all we think we have a very good department so that's what we want to convey"*. A reason for why it can be difficult to know what outsiders think about Delta is because

outsiders have little to no connections to neither Delta, nor the hospital. Thus, it is difficult for outsiders to have an opinion about something that they know so little about.

However, according to Eva, how Delta is viewed by outsiders such as potential colleagues (nurses and students) is of importance for Delta, hence, they have decided to use social media, in particular Instagram to reach them. Eva described how she was inspired by other departments' accounts and saw it instantly as *"a recruitment tool"*, which it also turned out to be because according to Eva some nurses started working at Delta after seeing the Instagram account. Eva expressed that it is essential to also make the 'internal organ X' Delta specialises in fascinating for potential employees because *"it [the internal organ X] might not be the sexiest thing you can work with"*. Therefore, according to Emma, the Instagram account can be used for *"reaching out to people and posting about what you can learn here, how we have it here [at Delta]. I also think that you can feel some kind of atmosphere too [through the posts on the account]. So, awaken people's curiosity so that they can apply here."*. It is intriguing that Emma pointed out that it can be possible to feel Delta's atmosphere through the Instagram account. How can it be possible to 'feel' the atmosphere, something that is intangible? A possible reason why Emma believes the atmosphere can be 'felt' is suggested by several of the respondents who meant that they are being truthful to the reality at Delta when posting on Instagram. Caroline expressed it the following way:

> *"It [the Instagram account] gives a good image outwards. Still, I feel that it reflects our department well, nothing false is posted which you sometimes think with social media, that some try to maintain a facade. Instead I think we are very honest in what it is like here."* - Caroline

As can be understood from the statement above is that the employees try to reflect the department accurately on social media. A reason to be authentic is to create trust not only between potential colleagues by not promising anything that is not true, but also between patients in order for them to feel safe being admitted to Delta, which is also illustrated by Caroline:

> *"I think they [outsiders] think Delta seems wonderful and that it feels that it would feel safe to be admitted to the ward because that is what it is about, the patients' opinions. It really doesn't matter what others think and believe. Although we have a purpose of recruiting people, it is above all that patients should feel safe when they come here."* - Caroline

However, words such as ‘giving a good image’ and ‘conveying’ (earlier used by both Alice and Robin when they talked about Delta’s reputation) suggest that although they are trying to be genuine, the employees at Delta are still in charge of what image they want to portray to those outside. One of the respondents touched upon this when we asked if the positive posts on Instagram gives a beautified image, Jane expressed that *“No, I don't think it is beautified. What is on Instagram is true, but it is not every day. It is a bit nuanced, since it is not milk and honey every day.”*. This indicates that the employees are in fact aware of what truth they want to portray to the public eye. On the other hand, choosing to portray more of the positive things happening at Delta on Instagram, such as posting a picture when they are celebrating new followers with cake, has also positive internal effects such as contributing to the good atmosphere and creating a sense of belonging. This was illustrated by Alice:

> *“Build hype within our own staff group ‘ahh 700 followers, now we will celebrate with cake!’. (...) The hype builds up a good mood. Just as we should be able to lean on each other when it is tough, we must be able to celebrate when things are going well and to have something external [Instagram account] that we can hype and celebrate. The amount of likes or followers is more fun to celebrate in contrast to if we’ve had a lot and that no one died, so it shifts focus to more fun things.”* - Alice

Something that cannot be ignored in the empirical data is the ‘hype’ within the staff group, as Jane puts it *“we are a little in love with Delta”*. Many of the respondents indicated that others are in fact jealous of them working at Delta. For instance, some friends have asked Alex to *“stop talking about how great everything is at Delta”* whilst Alice believed that others can find them conceited because *“everyone here [at the hospital] loves us [Delta]”*. Alice continued by reflecting that *“I would’ve also gotten really tired of myself if I had been someone else. How self-loving can you be? But it is something we [at Delta] have built and an atmosphere we are proud of.”*.

Moreover, Robin expressed that during her final internship placement at another department at the hospital, the employees there talked well about Delta whilst they also joked about Delta stealing all their staff. Although it was a joke, it indicates that the other department was envious of Delta and as Alex thought that *“there is some annoyance that things have been going very well for Delta”*. A reason why others might be jealous of Delta or get irritated when it goes well for Delta

can be according to Caroline because *"that feeling [jealousy] is reflecting how you feel about your own department"*. Therefore, other departments might feel envy due to having it 'worse' than Delta, which, on the other hand, might enhance the nurses' (at Delta) self-esteem and make them prouder of their department. Interestingly, Kim described how other departments criticise Delta's ways of doing things on Instagram such as *"Do you [employees at Delta] have the right protective equipment?"*. When pondering why other departments question the practices at Delta, Kim figured out it must be that *"there is a need for self-confirmation. They want to prove that they are better than us."*. These statements indicate that departments compare themselves to others and naturally as an individual or a group you will strive to be better than others.

### 4.3.2 Making Justice for Nursing and Delta

The last of our empirical findings is the differing views of whether or not the profession is a sense of calling. The transcripts highlighted how four of the respondents take pride in making a difference, as expressed by Linda, *"helping people and making a difference, you feel that you contribute to something positive"*. Similarly, Andrea appreciated when patients are grateful and Charlie indicated that *"we're all here for the same reason - the patients are everything. It is what we're all passionate about, and that's how it's supposed to be."*. Not only are they driven by helping the patients but also helping each other, as illustrated by Robin when asked what her thoughts are about the higher demands on the nurses (such as longer or double shifts) during the coronavirus pandemic: *"I have chosen this profession because I want to help people and in such a pandemic there's no question about it, you stand up and help each other"*. These statements indicate that the nurses feel a sense of calling to help people and their profession as a nurse that allows them to do so.

On the other hand, a couple of the respondents felt strongly about them choosing the profession was not due to a calling, which Jane illustrated by reminiscing *"it was first when I started to study nursing I really felt that I had found the right thing, so it is not a calling or such thing"*. Moreover, when talking about the higher demands due to COVID-19, Alice pointed out:

> *"You are still expected to live with some kind of imminent Florence Nightingale[4] sense of calling. I personally work for a living, I do not live to work. (...) You are expected to go there [to work] when there's not always reasonable protective equipment because like I would have some sort of higher standing morality just because I've studied 180 credits within nursing. It's not like I became a damn saint as a result of that education. So, this is really really complex like the ideal facing reality. I suppose if you have done military service then you are expected to fight in the war, so this [pandemic] is probably our war then."* - Alice

The statement indicates that the nurses feel that there is a wrongful image of their work and what is expected of them as a nurse. Accordingly, both Alice and Linda were appreciative but also cynical towards people clapping from their balconies[5] since they found that people are not aware of the nurses' daily work during the pandemic, as Linda expressed *"I think it's ridiculous that people are applauding healthcare providers, because I don't think they understand what some of us are exposing ourselves to"*. Indicating that outsiders have little to no idea of what the nurses do is further highlighted by Linda who explained how outsiders often believe that nurses only take samples. Similarly, Jane indicated the main purpose of their Instagram account to be:

> *"I think the purpose is that we want to show what we're doing within healthcare, and make it more visible, and show what happens in this big house [hospital], which no outsider really understands. (...) My friends, they think I take blood samples all day at work. Because they think that's what a nurse does. When in reality I can say that I do it perhaps one percent of my time. Yes, that's what people think a nurse does, they have a syringe or they take blood. (...) That's why we're there [on Instagram], to show 'this is what we really do'."* - Jane

Therefore, the empirical data suggests that the reason for having Instagram is to also give outsiders an insight to both the profession and department, hence make justice to what is actually being done. A reason for the need to open the public's eye can be that Delta is quite closed off, being that outsiders only have contact with Delta when either they or their closed ones need medical care. Hence, it is difficult for outsiders to create an image of nursing and Delta that matches reality.

[4] Florence Nightingale, born 1820, died 1910, was a British nurse, known as the founder of modern nursing (History.com, 2020).

[5] Clapping from balconies is a worldwide phenomenon where residents in cities are applauding from their balconies or windows in order to show their gratitude and support towards healthcare workers during the coronavirus pandemic (Johnson, 2020).

Interestingly, the interviews also suggested that nurses, and nursing students, themselves have limited knowledge of the department and its specialisation in the 'internal organ X'. For instance, when Elsa received the internship placement at Delta she thought *"oh, no, it will be an 'internal organ X' disease, and just ugh no they're going to be so so sick'. I had a very negative picture."*. She added that after she started the internship everything changed and how *"now I just have a positive feeling and think that the 'internal organ X' is so much fun"*. Likewise, Alex illustrated how Instagram can be used to awake the interest for the 'internal organ X':

> *"When you think about how it is working as a nurse at an 'internal organ X' medicine department [Delta], it actually sounds really boring. (...) With the help of Instagram, I think many people get a different picture of an 'internal organ X' ward and see it as a specialist ward since we also do surgery which is quite unique. So, I also believe it's about building a positive image of something that has a name that doesn't sound as good but is actually really interesting and fun."* - Alex

Using Instagram to give an insight into the day-to-day indicates not only that the nurses want to improve outsiders' image of them, but it also signals strong pride in both their profession and department. This pride is further strengthened during the coronavirus pandemic as a result of healthcare providers receiving more appreciation, since according to Eva *"there is a pride in that now when everything else is falling, it depends on us [to maintain good healthcare]."*. Although the nurses feel a stronger sense of pride in their profession, the pandemic does not strengthen their sense of belonging or pride with neither the hospital nor the regional council, as demonstrated by Linda:

> *"It is very nice that people applaud, you get emotionally touched by how people are so involved and that you are a part of healthcare during this time. But it's not like just 'oh now it's us, we are the hospital' - instead, it's us up here. I feel that it is us [Delta] against the world."* - Linda

Above all, it is evident that the nurses' sense of pride is connected to Delta:

> *"I don't have this badge *shows the name tag* because it says the regional council's name on it, I have it because it has the name Delta on it. That's where my pride lies."* - Alice

## 4.4 Summary of Empirical Findings and Analysis

Throughout our analysis, we found that the dual specialisation together with the toughness of the department was a central factor impacting the nurses' perception of the organisation and their profession. Not only does the dual specialisation assure the nurses a challenging environment of continuous learning and development opportunities, but it is also both emotionally and physically strenuous. The empirical data uncovered that the nurses are proud of the dual specialisation since its complexity requires special expertise and advanced knowledge. On the other hand, the nurses' insights also revealed a feeling of not being enough due to the emotional and physical toughness of the department. In order to cope with the tough aspects, it became evident that the nurses are in need of security and support, which is accordingly integrated in the department's way of working. In order to make sure that nurses adopt the way of working, the nurses recommend friends they know would match the department, a match that the chief ensures during job interviews. Moreover, we identified that the nurses at Delta view their department's leadership, lack of hierarchy, use of humour, and solidarity to be special when compared to other departments. The last theme of our analysis found how the nurses were aware of Delta's reputation amongst students and staff at the hospital. However, being closed off from the public, resulted in the nurses' thoughts of the department's work and their profession being wrongfully depicted. In order to correct the wrongful images, the nurses use Instagram to open the public's eye. Further, the use of Instagram has the purpose to attract new employees, build trust between patients and Delta, and also to shift focus to more fun things amongst the employees.

# 5 Discussion

*In order to provide a clearer picture and deeper understanding of our research, the following chapter discusses the empirical findings and analysis through the lens of our theoretical framework. The discussion is divided into the two parts that Dutton, Dukerich and Harquail (1994) argue organisational identification comprises of: the perceived organisational identity, and the construed external image.*

## 5.1 Perceived Organisational Identity

We begin by analysing how organisational identification can be identified by examining the empirical findings to find out what the organisational members, the nurses, find as *distinctive, central* and *enduring* in order to understand their perceived organisational identity (Dutton, Dukerich & Harquail, 1994).

### 5.1.1 My Pride Lies in Delta - Organisational Identification at Delta

Before we delve into the discussion of nurses' organisational identification, we find it necessary to begin by specifying what is seen as the organisation in this study. Our empirical data suggests that when the nurses were talking about their organisation, they referred to the department, not the whole organisation as in the hospital nor the regional council. This is for instance supported by the statement where a respondent indicated that they wear the badge because it says Delta on it, not the hospital's or regional council's name. This is further supported by the fact that the nurses at Delta, particularly in times of crisis, such as the coronavirus pandemic, are taking extra shifts and standing up for each other as colleagues at Delta - not to support the hospital, nor Swedish healthcare. Identifying with a part of an organisation correlates with Ashforth and Mael's (1989) suggestion that organisational identification can occur with suborganisations such as departments or workgroups. Henceforth, when analysing the nurses' organisational identification, the organisation is in fact the department, Delta.

Based upon our empirical findings, it is evident that all the nurses acknowledged the fact that Delta has little to no hierarchy. Moreover, the relationship between all professions, including physicians, nurses, nurse assistants, and students, seems to involve mutual respect where everyone sees each other as individuals, not as professions at various hierarchical levels. Thus, there were no findings of any conflicts between the professions. This correlates with Ashforth and Mael (1989) as they state that strong OI can minimise conflicts between subunits. Hence, the good relationship between the professions might indicate that the nurses have stronger OI. Additionally, it became evident that all nurses acknowledged the non-existing hierarchy by comparing departments. The comparisons with other departments were brought up by the nurses on several occasions when they spoke about factors they perceive as positive about Delta such as the atmosphere, inclusion, the long onboarding program, the good leadership, et cetera. These comparisons with other departments are also in accordance with the view of Dutton, Dukerich and Harquail (1994) as they argue that the greater a member's perception of his or her organisation's distinctiveness is relative to other organisations, the stronger OI. Accordingly, the nurses perceive the organisational image of Delta to be truly distinctive relative to other departments, which indicates stronger OI.

Moreover, it can be argued that the comparisons with other departments make the nurses at Delta feel like they are better than the other departments. Hence, it enhances the nurses' self-esteem, which is further supported by one of the nurses saying that there is probably 'no department better than theirs'. This is aligned with Dutton, Dukerich and Harquail (1994) as they argue that the more the organisational image enhances the organisational members', in our case the nurses', self-esteem, the stronger their OI will be. Additionally, the stronger OI seems to encourage the nurses' competitiveness towards other departments at the hospital since the nurses felt that it is "Delta against the world". This is moreover aligned with Dutton, Dukerich and Harquail (1994) who argue that greater strength of OI results in more competitive behaviour against outsiders.

Based upon the united admiration and praise of Delta, it seems to be evident that the nurses' perceived organisational identity enhances the nurses' self-esteem. Moreover, the absence of hierarchy seems to enhance the nurses' feeling of solidarity. The solidarity along with the atmosphere of inclusion seem to be an important part for Delta in order to support each other and cope with the tough work environment. Undoubtedly, the nurses support each other, especially

now in times of crisis. Interestingly, they are definite about the fact that they support each other as colleagues at Delta, not the hospital, nor Swedish healthcare. We argue that this is a sign of stronger OI. This is also in line with Dutton, Dukerich and Harquail (1994) as they argue members who feel a stronger OI are more committed and work harder to pursue the organisational goals and are thereby exhibiting organisational citizenship behaviour. However, the commitment to support each other at Delta seems to be enduring with or without crises and is thus a part of the perceived organisational identity. The enduring support seems to be essential due to the mentally and physically tough department. Further, it became visible that humour is used as a tool to cope with the tough work environment. Additionally, humour seems to be enduring which is supported by the fact that even in difficult times, such as the current coronavirus pandemic, Delta still enhances humour and had several April fool's pranks. Further, the humour is considered as distinctive, central and enduring, which Dutton, Dukerich and Harquail (1994) argue strengthens the OI.

Furthermore, it is evident in the empirical findings that nurses are grateful of the existing strong leadership at Delta since the respondents praised the chief of the department for conducting 'truly amazing' leadership. However, we find it necessary to discuss whether leadership in fact has an impact on the nurses' organisational identification. Since our empirical findings indicate that all nurses considered the leadership at Delta to be distinctive and central it can be argued that the shared admiration of the leadership brings the nurses closer to the organisation. This is aligned with Dutton, Dukerich and Harquail (1994) who argue shared values with the organisation result in satisfaction and accordingly strengthens OI. Hence, the nurses perceive the strong leadership as a part of Delta's identity. The shared admiration of Eva's leadership is moreover aligned with the social identity theory (Ashforth & Mael, 1989), whereas the unity of admiration emphasises the feeling of belongingness to a group. However, nurses who have been at Delta for a longer time illustrated that the atmosphere and the sense of belongingness existed prior during the crisis when leadership was weaker. The fact that organisational identification might have also existed during weaker leadership is aligned with Ashforth and Mael (1989) who argue that identification can occur even without strong leadership. Therefore, it can be viewed as the chief's leadership style itself might not impact the atmosphere, and thus, has little to none effect on the nurses' organisational identification.

Additionally, the nurses that have been working at Delta for a long time categorised the prior lack of good leadership as a crisis. Thus, reconceptualising Ashforth and Mael's (1989) statement above, we argue that stronger identification can occur even in times of a crisis. This is further supported as the empirical findings revealed that the nurses are all united upon the belief that Delta's solidarity will not be changed in any negative way, due to the coronavirus outbreak, merely the solidarity is believed to be enhanced. Hence, the nurses' OI is likely to persist through crisis after crisis, and might even be strengthened.

Moreover, based upon our empirical findings, it is evident that people recommending Delta as an employer seem to be loyal and committed to Delta. Firstly, this correlates with Ashforth and Mael (1989) who argue that organisational commitment, as well as loyalty, should be seen as an antecedent or a consequence of OI. Secondly, it correlates with Dutton, Dukerich and Harquail (1994) who argue that members with stronger OI are more actively exhibiting organisational citizenship behaviour. Hence, this supports the fact that the nurses have stronger OI. Moreover, our empirical data revealed that the nurses only recommended people they believed would fit at the department. Additionally, the department chief secures the recommended nurse to be a good fit by being straightforward about the work environment during the job interview, thus, the chief is 'rather waiting another month' than 'having any garbage that causes trouble'. Conclusively, we argue that the nurses' selection of who they recommend to the department, along with the chief's aim to match the future employee to 'Delta's atmosphere', enhances the process of building stronger OI. Further, stronger OI makes the nurses exhibit more organisational citizenship behaviour. This might indicate an upward spiral of strengthened OI.

### 5.1.2 Best of Both Worlds - Organisational Identification and Professional Identification

In the previous section, we discussed what the nurses found distinctive, central and enduring within Delta, thus indicating what is their perceived organisational identity that results in their organisational identification. However, we want to acknowledge that these phenomena that can contribute to the nurses' OI might in first-hand be professional identification (PI). This is due to, as argued by Lui, Ngo and Tsang (2003), that an individual's PI can already occur during education, before ever being an employee and identifying with an organisation. Thus, the

distinctive factors, such as the open atmosphere, might in fact be values that the nurses as professionals find necessary within the profession in order to enjoy working. This is indicated by the students who were appreciative of both feeling secure since no questions were 'stupid' and of the emotional support. Since they value these factors already during their studies, implies that these attributes are connected to the profession, instead of the organisation. If this is the case, then Delta is aligning with the nurses' professional expectations which can reinforce their PI. This is aligned with Bambyer and Iyer (2002) who argue that such alignment will reinforce professional identification which on the other hand will promote organisational identification. The fact that professional identification is contributing to organisational identification is clear in the empirical findings since a nurse expressed that the job itself makes working at Delta a 'great fun'.

Moreover, a central part of the nurses' OI was in the preceding section discussed to be the absence of hierarchy, a factor that the nurses appreciated and found distinctive, i.e. strengthening their OI. The empirical findings further implied that the nurses valued that their chief has trust and confidence in them by allowing them to make decisions. Since the nurses value these factors it can be viewed as the nurses seem to perceive that they have a higher level of autonomy at Delta. This can be viewed as a sign of professionalism since it aligns with Hall (1968) who argues that the attribute of autonomy indicates professionalism. However, the fact that it seems that the nurses at Delta feel that they have a higher degree of autonomy is not in accordance to Hall (1968) who found that nurses showed a lower feeling of autonomy due to them being subordinates to physicians, thus, having a lower status. As autonomy is a central attribute of how professionals perceive their work (Hall, 1968), when Delta gives the nurses more autonomy it can be found to strengthen the nurses' PI. Moreover, giving autonomy might also strengthen the nurses' OI since Delta in contrast to other departments provides the means to acquire autonomy, once again aligning with Bambyer and Iyer (2002) as they argue it will reinforce the PI, and thus promote the OI.

Furthermore, the empirical findings highlighted how the department's structure of dual specialisation is central in how the nurses perceive Delta. Not only does the specialisation present many development opportunities but it also contributes to more advanced tasks, such as tracheostomies and surgical drains. Many of the nurses indicated that the procedures done at Delta are quite rare, which results in them learning skills that are advantageous to master as a nurse. It

is evident in the empirical findings that Delta by offering the thorough introduction program to not only encourage the learning process but also to create security to ensure that nurses feel confident in their professional role and at Delta. Nurses who hone and master knowledge that other nurses find in general to be advanced might enhance their self-esteem. Additionally, their perceived status as a nurse might be boosted since they appear to be more knowledgeable than others. As status is of importance for professionals (Liu, Lam & Loi, 2014), a boosted sense of status can be viewed as endorsing identification with the profession. Delta with its dual specialisation can therefore be viewed to strengthen the nurses' PI since they provide the means for the nurses to develop in their profession. The empirical findings indicate that Delta provides such means since a respondent described that the patient group together with the specialisation is 'the best of both worlds from a professional point of view'. This is in accordance to Russo (1998) who argues that when an organisation provides the means for professionals to work as their profession, it will reinforce their professional identification which will also strengthen their organisational identification.

It is evident in the empirical findings that the nurses have a multifaceted opinion about whether or not the profession is a sense of calling. This is intriguing since a sense of calling is one of the attributes that Hall (1968) argues to contribute to professionalism since it indicates dedication and implies that the professional would continue working even with less offered extrinsic rewards. Moreover, Hall (1968) also found that nurses as professionals have a higher sense of calling, which is contrasted by our empirical findings. Although some of the nurses indicated that they chose the profession due to a sense of calling to help people, some indicated that instead of a calling, nursing is like any other job and that they are 'no Florence Nightingale'. Such statements indicate that some of the nurses might view that others continue to expect them to sacrifice[6] in order to work as a nurse. The picture of Florence Nightingale is slightly different from modern medicine, since in the earlier days nurses were really just sacrificing in order to take care of patients, thus, there was no occupational pride nor any high level of expertise. They were simply putting bandages on wounds and giving water and food to the patients. Contrarily, today nurses are entitled to do a lot more. Moreover, the picture of a nurse being a 'hero', as often portrayed today as praise of nurses for their work to care for COVID-19 patients, gives a picture of superhuman abilities. However,

[6] Florence Nightingale, born 1820, died 1910, was a British nurse, known as the founder of modern nursing. She believed nursing was her calling and thus, committed and sacrificed her whole life to nursing (History.com, 2020).

nursing is neither-nor, it is a job with a lot of professional knowledge. Accordingly, the nurse profession has evolved and thus, the nurses find that the profession is wrongly portrayed. Therefore, it can be viewed as the nurses redefine the professional identity, which correlates with Vough (2012) who argues professionals tend to distance themselves from professional characteristics they find negative, thus, creating complex professional identities.

All in all, it can be argued that both types of identification exist simultaneously at Delta, which is in accordance to Johnson et al. (2006) who argue that professionals can identify with their organisation and profession at the same time. Moreover, at a first glance, it seems that the characteristics of both identifications align and are in harmony, thus, resulting in nurses feeling that working at Delta is the 'best of both worlds'. Although it is intriguing to reflect which type of identification existed prior to the other, it cannot be determined in this study which identification is dominant or an antecedent.

### 5.1.3 The Feeling of Not Being Enough - A Conflict Between Profession and Organisation

The nursing profession itself can be a tough profession, however, according to the empirical data Delta seems to be a department that is extraordinarily heavy due to the severely sick patients. Although the department's dual speciality enables the nurses' identification with both their profession and organisation through the more advanced tasks and development opportunities, it is also found physically and emotionally draining by the respondents. For instance, the nurses felt that they sometimes physically 'are not enough' because when taking care of six patients during their shift they need to prioritise who gets their undivided attention and sometimes they only have time to prioritise a few of the six patients. The feeling of not being enough suggests a conflict between the professional norms and the organisational norms. Such an incompatibility between the profession and organisation might result in a professional-organisational conflict (POC) if the individual identifies with both the organisation and profession (Blau & Scott, 1962).

A nurse is likely to follow the professional norms, which according to Andersen & Pedersen (2012) are standardised in order to maintain the profession's status through the assurance of quality practices. Therefore, the nurses are likely to feel that they need to uphold the norm of giving quality

care to their patients which can be time-consuming due to the very sick patients. Although the organisation must value quality care (in order to uphold a standard), the organisation also needs to use its resources wisely and value effectiveness. Hence, a nurse prioritising professional norms would likely prefer to take care of the amount of patients they determine they have time for depending on how sick the patients are whilst the organisational norm is giving care to all the assigned patients. In this case, the nurses feeling that they are not enough cannot entirely follow their professional norms due to the existing workload and pressure to finish all tasks during their shifts and thus, there is a conflict between their professional identification and organisational identification. This POC is aligned with Hekman et al. (2009) who argue that a POC can arise due to organisation often value efficiency whereas physicians value high quality care. When a conflict arises due to differing norms, it is common for professionals to prioritise the organisation or the profession (Johnson et al., 2006) and decide towards which norms they are more loyal towards (Aranya & Ferris, 1984). In this case, it seems that the nurses who feel that they are not enough are more loyal towards the professional norm, however, due to the workload and it possibly being a matter of life or death, they are obliged to follow the organisational norm. The following conflict is, however, not distinctive for Delta since concerns of not having enough resources to give good quality care for patients is a common reason for nurses to leave their organisation or profession in Sweden (Karlsson, 2019).

What is intriguing in the empirical findings is that Delta seems to have found ways to minimise this professional-organisational conflict. Firstly, the interviews revealed that nurses find that there is no question about whether or not they would help their colleagues, patients, and Delta by covering for shifts, in particular during the coronavirus pandemic when safety measures result in more employees taking sick days. The nurses showed strong feelings of solidarity and drew a parallel between nursing and military service as COVID-19 being their war to fight. By supporting colleagues and the department by taking extra shifts, the nurses are trying to minimise the workload for each other. Moreover, the interviews revealed that nurses tend to help each other out during shifts by working across teams. For instance, when one of the nurses had a severely sick patient who required full attention, the colleagues on other teams helped by caring for the nurse's other patients. Hence, as caring is the core of the profession the nurses do not only care for their patients, but they also care for each other by helping out in difficult situations. These physical ways of

supporting each other correlates with Aranya and Ferris (1984) who argue that POC can be decreased when organisations support behaviour that is in accordance with professionals' aspired behaviour. Although the support might minimise existing POC, it might also result in over-identification with the organisation which Avanzi et al. (2012) argue is the downside of OI and can result in workaholism which negatively impacts employees' well-being. Therefore, nurses supporting each other by working double shifts for a longer time period results in them having less time to relax and recover between shifts, which can cause stress and decreased well-being.

In addition to the physical feeling of not being enough, the empirical data also uncovered how emotionally draining working at Delta is with its severely sick patients. The nurses might feel that they are supposed to be able to handle the toughness because they have chosen the profession and the organisation, however, as highlighted by the interviews the nurses are 'only humans'. The interviews revealed the importance of the nurses feeling that they can be themselves and in order to be so they need emotional support when recovering from tragic situations. The respondents highlighted how they, for instance, can cry on each other's shoulders and how the chief finds out from multiple sources if one of them had a tragic death. By supporting each other, it encourages the nurse to feel that it is accepted to find it tough and that everyone feels similarly which lessens the feeling of not being enough. The atmosphere of caring about each other can be a way for Delta to diminish the feeling of not being enough, hence decreasing potential POCs which in worst case, if left unsolved, can lead to work-related stress, lower performance or even exiting the organisation (Aranya & Ferris, 1984). Perhaps the most captivating empirical finding supporting the need for support from colleagues, is that when one of the students experienced their first death, they did not feel emotionally drained, as one would expect, instead the student went home happy thanks to how everyone collaborated. By showing a nursing student early on during their career how tragic situations can be handled with collegial support, it can be viewed as Delta tries to hinder future POCs from arising through preventing the feeling of not being enough.

Another way of minimising potential POC, and its potential harmful effects, is indicated in the empirical findings through Delta's use of social media not only for an external reason but also for an internal purpose. By shifting the attention to more fun things, such as celebrating reaching a certain number of followers on Instagram instead of celebrating zero deaths in a week, it can be

viewed as a way to create solidarity throughout the department and brighten the mood. On the other hand, it can also be viewed as a mechanism to deviate and even distract the nurses from the tough aspects of working at the department.

Furthermore, the use of social media can also be seen as a tool to delay the potentially harmful effects of other POCs that Delta cannot solve. The empirical findings exposed two other POCs, namely two reasons why the respondents may leave Delta. Firstly, some of the nurses indicated a possible reason for leaving Delta to be if they decide to switch direction in their career and enrol in a specialisation education, such as within midwifery or anaesthesia. A conflict arises if they as a professional find that they want to move direction or specialisation to something that Delta cannot offer them, thus, they will end up leaving Delta in order to stay loyal to their professional identification. Secondly, some of the nurses found the salary as a potential reason for exiting, indicating that they as professionals find that they want to be appreciated and valued through compensation that matches the tasks and work conditions they have at Delta. The empirical data indicated that the respondents were aware of the difficulty to receive higher compensation due to the wage being controlled to a high degree by the regional council, not by their chief at Delta. However, having fun at work - which is further strengthened through the external image portrayed through Instagram - seems to compensate for the occurring POC of salary, hence delaying the nurses' organisational exit. Although the exit can thereby be delayed, the exit is likely inevitable which is implied by one of the nurses who stated that one cannot only go to work because it is fun since working is 'not a charity'.

## 5.2 Constructing the Construed External Image

The second part of the discussion focuses on the construed external image, as Dutton, Dukerich and Harquail (1994) argue is *"based on a member's beliefs about what outsiders think about the organization"* (p. 239). Firstly, our empirical findings implied that a good reputation is vital for a department to survive since it ensures that new nurses find the department as an attractive workplace. In accordance with Dutton, Dukerich and Harquail's (1994) concept of construed external image, our empirical data revealed that the nurses' construed external image consists of their reputation amongst the students and hospital employees which they get confirmed through having contact with both groups. It is evident in our analysis that the nurses' construed external

image is positive since the department is perceived to have a good reputation within the hospital and amongst students. The nurses being aware of others talking well about the department results in an enhancement of the nurses' self-esteem as previously argued in accordance to Dutton, Dukerich and Harquail (1994).

Moreover, the empirical findings indicated that the nurses are aware that some of their friends and employees at the hospital envy Delta and the nurses working there. In our analysis we argued that the nurses' knowledge of such jealousy enhances the nurses' self-esteem as well as their pride of being a part of Delta, which is further argued to strengthen the nurses' OI. Additionally, the empirical data revealed that other hospital staff tried to deem themselves superior to Delta by questioning Delta's practices. However, the nurses at Delta only perceived this as a sign of jealousy, which on the other hand is likely to enhance the nurse's PI since the jealousy is confirming the nurses' professional knowledge. The perceived jealousy from other departments could be argued as an enhancement of the nurses' self-esteem and thus their sense of professional status. This is further aligned with Liu, Lam and Loi (2014) who argue that a heightened sense of status can encourage PI.

However, since hospitals in general, and Delta as an inpatient care department in particular, are secluded from outsiders, e.g. potential employees or patients, the nurses find that the construed external image (Dutton, Dukerich & Harquail, 1994) is often misaligned with reality. Correspondingly, outsiders are rarely in contact with nurses, resulting in that they have little to no idea of neither what the profession entitles, nor the work done at a department. Some of the responding nurses expressed that their friends, as outsiders, believe that nurses only take samples all day long. Further, some of the nurses found the profession wrongly portrayed, as the image of being like Florence Nightingale is inaccurate. Accordingly, the nurses are frustrated that outsiders do not see the whole picture of their work. Moreover, our empirical data indicated how the nurses at Delta found Instagram to be a tool for not only attracting new nurses by creating a good image to become an attractive employer, but also with the purpose to justify the profession. Moreover, they also implied that it is necessary to make justice for their department as they are focusing on the 'internal organ X', which many outsiders have a wrongful picture of. Additionally, since many of the patients at Delta with an 'internal organ X' disease are hospitalised at Delta for a long period

of time, the nurses elaborated that the portraying of Delta on Instagram also aims to gain trust from patients.

We find that the empirical data indicated that the nurses at Delta use social media to reach out to the outsiders and portray an external image aligned with how they want the external image to be construed. Hence, we reconceptualise Dutton, Dukerich and Harquail (1994) by adding a new dimension to the concept of the construed external image as we argue that the nurses are capable of constructing their construed external image. In order to simplify the process of constructing the construed external image, we have created a model consisting of four steps as illustrated below.

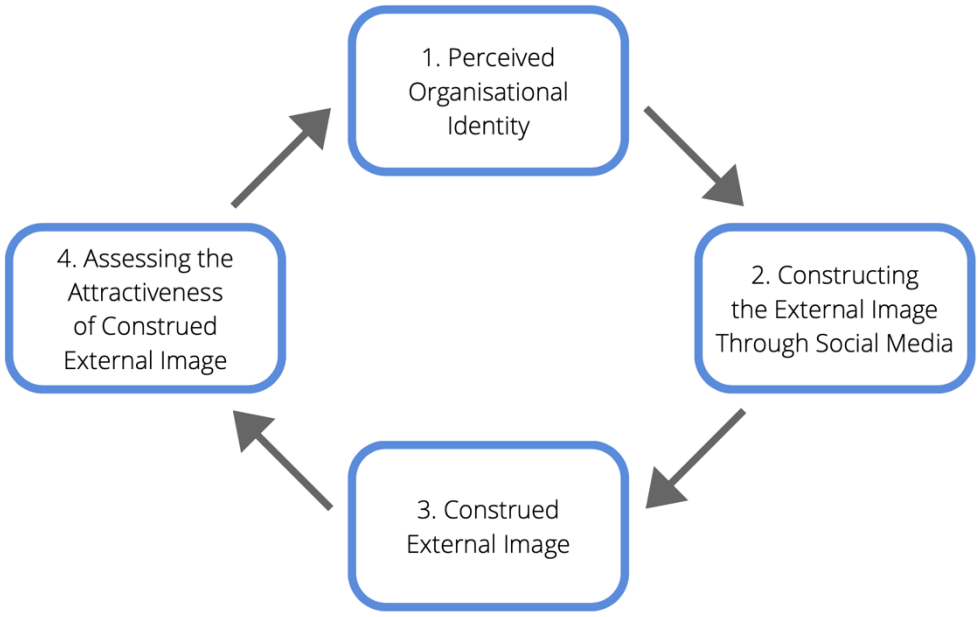


*Figure 1: Constructing the Construed External Image: a modification of the theory by Dutton, Dukerich and Harquail (1994) (Gabrielsson & Pennanen, 2020).*

Firstly, the nurses internalise the *perceived organisational identity* by their belief of what is *distinctive*, *central* and *enduring* about the organisation (Dutton, Dukerich & Harquail, 1994). The second step, *constructing the external image through social media,* consists of the nurses portraying themselves and their department in a positive manner that is aligned with their perceived organisational identity. Since the department is secluded from the public, the nurses are using social media which allows them to influence outsiders' image of them. Social media, in particular Instagram, is beneficial when constructing the external image since the department is

completely in charge of what they want to communicate to the outsiders in the form of pictures, videos, and text. The empirical findings indicated that the nurses perceived that the department's atmosphere could be 'felt' through Instagram which can be due to communicating the organisational identity through visual, audio, and language, hence making the atmosphere more concrete for the outsiders. Moreover, the nurses can actively engage with outsiders through encouraging discussions and answering comments on Instagram. Actively engaging with outsiders on social media can also be viewed as constructing the external image.

The third step is that the nurses *construe their external image* as a result of the constructed external image. As our empirical findings implied that the nurses are not certain of what image the outsiders, such as their Instagram followers, have of them, indicates that the nurses' will construe an external image that aligns with the image they tried to construct. However, if the nurses get their construed external image confirmed by the outsiders, they can perceive the construed external image in alternating ways, which results in the fourth and final step.

The final step is the nurses *assessing the attractiveness of the construed external image*. It is up to the nurse to decide whether or not the external image is positive. If the external image enhances the nurse's self-esteem, the nurse will find it attractive as argued by Dukerich, Golden and Shortell (2002). If the construed external image is determined as attractive, thus, likely to be aligned with their constructed image, it will strengthen the organisational identification as Dutton, Dukerich and Harquail (1994) argue. We find that it will further reinforce the perceived internal identity since it is aligned, thus, a circle has been created. However, if the construed external image is not attractive, the nurses find that it neither aligns with their constructed external image nor their perceived organisational identity. Therefore, we find that the nurses will recognise whether or not their perceived organisational identity might be incorrect due to the misalignment occurring between the constructed external image and perceived organisational identity. If the misalignment is not due to a wrongful perceived organisational identity, then the nurses can try to reconstruct the external image to better align with their perceived organisational identity. Our empirical findings suggested such reconstruction because the nurses felt that the purpose of Instagram was to make justice for the departments' work and specialisation since the nurses find that outsiders have a wrongful image of the 'internal organ X'.

The activities of constructing the external image and assessing the construed external image are both activities that impact the two sides of OI (perceived organisational identity and construed external image), thus, the model is depicted as a circle. Moreover, the activities have the intent to create a good image of the department in order to attract new nurses and trust between the department and patients, both organisational goals. Therefore, the activities are also signs of stronger OI in accordance to Dutton, Dukerich and Harquail (1994) who argue that organisational members who are engaged in achieving organisational goals, namely exhibiting organisational citizenship behaviour, have stronger OI.

To conclude, the reconceptualisation of the theory opens up a new dimension where the organisational members have more power over how their external image is portrayed. The element of social media as a mechanism allows organisational members to construct, thus control the construed external image, which on the other hand can reinforce the perceived organisational identity. Our analysis supported the construction of the construed external image since Instagram is used by Delta to portray a good image that aligns with their perceived organisational identity in order to make justice for profession and department, attract new employees, and build trust between patients and the department. All in all, we find that by incorporating the new dimension of social media in the theory of Dutton, Dukerich and Harquail (1994) results in not only a more modernised understanding of organisational identification, but also a powerful mechanism for organisations to enhance their external image as well as the organisational members' identification.

# 6 Conclusion

*We aimed in this study to examine nurses' organisational identification (OI) and professional identification (PI). Moreover, social media's role was scrutinized throughout the study. Our research questions were addressed to uncover the linkages between OI and PI as well as how the external image can be influenced to a higher degree with the modern tools available today. By drawing upon our research aim, the following chapter summarises our empirical findings in accordance with our contributions to the literature. Lastly, we address the limitations of our study, suggestions for future research, and conclude with practical implications.*

## 6.1 Empirical Findings

Our first finding shows that the nurses' OI is likely to persist and might even be strengthened through a crisis, such as the lack of nurses or the coronavirus pandemic. Further, the nurses stronger OI result in behaviour in accordance with the department's goals, thus being loyal and committed to the department which could be concluded as organisational citizenship behaviours. The stronger OI generates stronger loyalty and commitment, thus nurses recommend only people that are perceived to be a good fit at Delta, which creates an upward spiral of strengthened OI. Moreover, it was found that the nurses at Delta perceive their department's leadership, absence of hierarchy, humour, and solidarity to be distinctive in comparison with other departments which enhances their self-esteem, thus indicating a stronger OI. Further, the united admiration of the conducted leadership enhances belongingness.

In our second finding we identified the dual specialisation to be central in both the nurses' OI and PI. Accordingly, the tough environment at the case department requires emotional support. However, the dual specialisation and its complexity and special expertise enhances pride, which boosts both the nurses' OI and PI. The external perception of nurses being 'Florence Nightingale' or 'heroes' is, according to the nurses at Delta incorrect, hence the need for constructing the construed external image. Conclusively, nursing is a job with a lot of professional knowledge which is being enhanced at Delta, thus strengthening the nurses' PI. Above all, we found the

nurses' PI to enhance their OI and vice versa. Accordingly, we perceive that the nurses' OI and PI are intertwined.

The third finding uncovered an existing conflict between the nurses' OI and PI. This conflict became evident when nurses highlighted the feeling of not being enough due to the emotional and physical toughness of the department. Although the conflict is not unique to our case department, we interestingly found that it seems that Delta has found a way to solve the conflict through integrating care and emotional support in the department's way of working. In addition to promoting the employees to care and support each other, we discovered that the use of social media, in our case Instagram, has also an internal purpose of shifting the employees focus to more fun things, thus brightening up the mood and creating solidarity. By shifting the nurses' focus, the purpose of Instagram can further be viewed as delaying effects of conflicts with no direct solutions, such as conflicts arising due to salary or changing career path.

Our fourth and final finding is the social media dimension which gives the nurses the ability to influence the external image. Our empirical findings supported the construction of the construed external image since Instagram is used by Delta to create a good image that correlates with their perceived organisational identity. Managing the portrayal of an attractive image is done in order to make justice for the profession and department, attract new employees, and build trust between patients and the department. The tool of social media allows the nurses to construct, thus, manage the construed external image, which can enhance the status of both the 'internal organ X' and the profession, thus, enhancing the nurses' self-esteem. Improved self-esteem can be found to strengthen the nurses' OI and PI.

All in all, our empirical findings revealed that the department has a very tough environment with severely sick patients and high demand for specialised knowledge. The tough department results in the nurses experiencing unpleasant situations that are both physically and emotionally draining. In other words, working as a nurse at such a department cannot be found as pleasant. However, our empirical findings uncovered a department that easily facilitates both OI and PI amongst the nurses. The department successfully encourages both types of identification through creating solidarity and feelings of security and belongingness. Moreover, by providing development

opportunities and more advanced tasks, the department encourages the nurses to become experts whilst contributing to the nurses feeling a sense of pride of both the profession and the department. Above all, these factors as well as the nurses' OI and PI are further strengthened through using social media in order to depict the perceived organisational identity to the external environment. The department has therefore successfully created a cycle of organisational citizenship behaviour that enforces the nurses' identification time after time.

## 6.2 Theoretical Contribution

As indicated in our background and problematisation, how professionals' organisational and professional identification are related has received little to no attention within social science research (e.g. see Russo, 1998; Bamber & Ilyer, 2002). Moreover, we argued that although organisational identification has been researched for over half a century, most established and prevalent literature (e.g. see Ashforth & Mael, 1989; Dutton, Dukerich & Harquail, 1994) is many decades old, thus, might not have taken into account the modern aspects of today's society.

With our study we have gained an insight in how nurses identify with their organisation and profession, and how both types of identification can be found to be related. Our study adds to the research field by having similar findings than Russo (1998), Bamber and Ilyer (2002), Johnson et al. (2006), and Hekman et al. (2009) who all found the phenomena of OI and PI as interrelated. Although our study has similar findings, we add to the research field by studying the phenomena related to the nursing profession, which to our knowledge is very limited.

In addition to strengthening previous research, we also contribute to the research field with our reconceptualisation of the theory by Dutton, Dukerich and Harquail (1994), which is unique, as to our knowledge. Our reconceptualisation adds an additional dimension to the theory, namely that the construed external image can be constructed by organisational members through social media. Moreover, the portrayed external image strengthens the internal perceived organisational identity if the external image seems to align with the organisational identity. On the other hand, when the organisational members' construed external image is not aligned with their organisational identity (e.g. misrepresentation of the department's work) the organisational members can reconstruct the external image to enhance alignment. To be able to construct and reconstruct the external image,

the organisational members can use social media, in our case Instagram, as a tool to reach out to outsiders and influence the external image. As social media being a modern phenomenon, it was not taken into account in the prior literature. We propose that by integrating the new dimension of social media in the theory of Dutton, Dukerich and Harquail (1994) it results in not only a more modernised understanding of organisational identification but also a powerful tool for organisations to boost the external image as well as the organisational members' identification. Therefore, we believe our findings to bring a whole new dimension into the organisational identification research field.

## 6.3 Limitations

Our thesis revealed the multifaceted nature of how the nurses perceive Delta. We find that it is necessary to consider the impact the department's structure and high specialisation can have had on the results. Since the highly specialised nature of the department plays a vital part in the nurses' OI and PI, it can be questioned whether our results are generalisable across other departments that are not as specialised. Moreover, it also entails that our findings are likely to be limited to healthcare organisations, thus, a limitation is that the findings cannot merely be applicable across other industries. Despite this limitation, we believe that our findings of how the construed external image can in fact be constructed by organisational members, can be generalised across other organisations and industries and found equally as beneficial if such organisations or industries are, similarly to our study's organisation, closed off from the public's eye.

Another limitation is the sample size of the study, namely that our findings are composed of the nurses' subjective thoughts and opinions. Accordingly, their opinions might not be supported by other organisational members, such as nurse assistants or physicians, at the same department. Nevertheless, we found that the nurses had genuine responses, since many of them talked openly about more challenging themes, for instance the tough aspects of severely sick patients. Hence, we believe that the smaller sample size does not impact the credibility of our empirical data.

Lastly, we find that a limitation of this study is its qualitative character since we are unable to determine how strong the nurses' OI or PI are. Moreover, we cannot determine which identification is the antecedent to the other, nor which is the stronger one.

## 6.4 Future Research

Based on our findings and the limitations, we suggest that future research is necessary in order to reinforce the generalisability of our findings. Since the dual specialty is a central aspect of our case organisation, we find it of interest to research other departments with a similar structure to further strengthen our findings. Likewise, a department that is less specialised or has a completely different structure, such as a department with outpatient care, is also of interest when conducting future research in order to see if the findings are complementary. Moreover, as previously mentioned, we believe that our findings of constructing the construed external image can possibly be generalised to other organisations and industries. However, in order to determine the generalisability, we find further research to be necessary.

Lastly, as earlier described, a limitation of the study is the sample size consisting of only nurses. Thus, we find it of interest to further research a broader sample size in order to generate findings that are generalisable throughout a whole health care department, amongst all professions. Further, we believe that a more longitudinal study can be of interest for future research. Longitudinal research would give insight into how OI and PI is affected and changed during time, in particular before, during, and after a crisis such as the coronavirus pandemic.

## 6.5 Practical Implications

We believe our findings have practical implications, in particular managerial implications, since stronger OI and PI are likely to result in commitment to the organisation and profession. Thus, nurses will be likely to stay longer within the organisation and profession if both types of identification are stronger, i.e. when the employees feel that working at the organisation is the 'best of both worlds'. Since lack of nurses is a challenge many health care providers struggle with, any way of creating a higher retention is of interest for organisations, in particular for managers. Therefore, we propose that practitioners should strive for aiding the organisational members' identification, thus, strengthening their OI as well as PI. Moreover, due to our findings of nurses' OI and PI being intertwined, we suggest that it is not necessary for practitioners to distinguish the phenomena from each other. In other words, managers should instead focus on aligning the organisation's characteristics, since those can be controlled to a larger extent, with the professional

values and norms to assure that no conflict arises. Although solving some conflicts might be out of reach for managers, such as employees wanting to switch career paths, if a conflict is solvable, we suggest a manager should ought to find a solution. A potential solution can be social media, similarly to our case organisation, which can possibly solve the conflict or shift focus, thus, delaying the potential harmful effects of a conflict.

This study sheds light upon a new dimension of the construed external image, which can be constructed by organisational members to match their perceived organisational identity. Since constructing the external image will enhance stronger identification, we propose that practitioners use a mechanism, such as creating an organisational presence on social media similar to our case department, in order to create loyalty and commitment. After all, constructing the best of both worlds is likely to result in loyal and committed employees who will stay within the organisation even in times of a crisis.

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# Appendix

## Appendix A - List of Interviewees

| Pseudonym | Occupation |
|---|---|
| Eva | Chief of Delta |
| Linda | Nurse |
| Robin | Nurse |
| Alice | Nurse |
| Andrea | Nurse |
| Jane | Nurse |
| Charlie | Nurse |
| Emma | Nurse |
| Kim | Nurse |
| Alex | Nurse |
| Caroline | Nurse |
| Jessica | Nursing student |
| Elsa | Nursing student |

# Appendix B - Interview Guide - Chief of Department

*[Note: The interview guide has been translated from its original language, Swedish. Some words do not have the exact same clear meaning in English versus Swedish, thus, some words are written in brackets in Swedish.]*

**Preface**

[Note: The preface is not read word by word, but in a rather casual way when having small talk at the beginning in order to get the respondent to be relaxed.]

- *We are writing our master's thesis at Lund University and we want to get a deeper insight into how you work in department X. This will be completely anonymous (you will get a gender-neutral pseudonym), which means that no one will know what you said.*
- *This is an open dialogue and not an interrogation, so it should be relaxed, you do not need to be nervous, you can tell what you think, think and feel - there is no right or wrong and no one will know who said what.*
- *We have to ask if it is okay for us to record the interview and then be able to transcribe your answers. The audio file is only used by us as authors to simplify our work and ensure that your answers are interpreted correctly. No one but us will be able to access the recording.*

*Do we have your permission to record?*

**Background**

1. Tell us about your career in healthcare.
2. Tell us about your role as chief of Delta.
    a. How long have you been working at Delta?
    b. Why did you start working at Delta?
3. What do you think is the best/most fun thing about being chief of Delta?
4. What do you experience as differences if you compare your role at Delta with your previous jobs? [then we mean soft values, in addition to working with other types of patients].

**Recruitment**

5. How does the recruitment process look like for nurses at the department?
6. What is usually the main reasons why nurses apply to Delta?
7. How does the onboarding program look like?
8. How do you work with nursing-students as interns?
    a. Does the process look the same as for new employees?

**Social media and 'returners'**

9. Would you like to tell us about your department's use of social media?

10. What is the purpose of being active on Instagram for Delta?
11. We have seen on your Instagram account that you are proud of the fact that you have several returners. Can you tell us more about this?
12. What are the main reasons why they return?

**Culture**

13. Tell us about the culture in the department.
    a. Do you have any key values [Swedish: värdeord] or qualities you value more? Are these similar to the Hospital's or region council's key values [Swedish: värdeord]?
14. Do you have any special traditions in the department?
    (Birthdays, anniversaries, when someone leaves the department?)

**Retention**

15. What would you say is the average time nurses stay at Delta?
16. What are usually the main reasons nurses leave Delta?
17. Why do nurses stay in the department?

**Identity**

18. You as the department chief - how do you think the nurses identify themselves? (department, the Hospital, their specialisation, Swedish healthcare, etc?)
19. Do you consider that there is something distinctive about Delta compared to other departments at the hospital today? (or the Hospital as a whole)
20. In regard to the coronavirus pandemic - how has your work and the department been affected?
    a. How has the atmosphere [Swedish: stämningen] and the solidarity [Swedish: gemenskapen] at the department and the hospital been affected?
    b. Do you think corona will affect your recruitment at Delta in some way? How?

That was all of our questions - do you have something to add?

# Appendix C - Interview Guide - Nurses

*[Note: The interview guide has been translated from its original language, Swedish. Some words do not have the exact same clear meaning in English versus Swedish, thus, some words are written in brackets in Swedish.]*

**Preface**

[Note: The preface is not read word by word, but in a rather casual way when having small talk at the beginning in order to get the respondent to be relaxed.]

- *We are writing our master's thesis at Lund University and we want to get a deeper insight into how you work in department X. This will be completely anonymous (you will get a gender-neutral pseudonym), which means that no one will know what you said.*
- *This is an open dialogue and not an interrogation, so it should be relaxed, you do not need to be nervous, you can tell what you think, think and feel - there is no right or wrong and no one will know who said what.*
- *We have to ask if it is okay for us to record the interview and then be able to transcribe your answers. The audio file is only used by us as authors to simplify our work and ensure that your answers are interpreted correctly. No one but us will be able to access the recording.*

*Do we have your permission to record?*

**Background**

1. Tell us a little bit about your career within healthcare - how did you end up where you are today?
    a. Where did you have your 'hospital internship' during your education?
2. If a stranger or acquaintance you haven't met in years asks about your work - what do you answer briefly in a sentence? → Why?
    a. *Help:* [Works as a nurse/ as a specialist/ works at Delta/ works at hospital X/ etc.]
3. [if not already said] How long have you been working at Delta?
4. What do you think is the best/most fun thing about working at Delta?
5. What do you think is the worst/most boring thing about working at Delta?
6. What do you experience as differences in working at Delta compared to your previous jobs or internships? [then we mean soft values, in addition to working with other types of patients].

**Recruitment / first period at the department**

7. How come you started working at Delta?
    a. [in case the respondent is a returner]: What was the main reason you returned to Delta?
8. How was your onboarding program? Tell us about that.

9. Tell us more about your first time in the department and relationship and collaboration with colleagues in the beginning.
    a. Was it easy to get to know the colleagues at the department?
    *b.* (Did you feel welcome? In what way?)
10. How does it feel now, compared to the beginning? (relationship with colleagues, welcoming etc.)

**Social Media**

11. We have seen you use social media and Instagram. Have you been involved in that work or how does the department worked with Instagram?
    a. Would you like to tell us about the department's use of social media? Is there an opportunity for anyone who wants to be involved to contribute to the posts at social media?
    b. What do you think is the purpose of Delta being active on Instagram?
        i. Do you think this is also the reason why people follow you?
12. What do you think outsiders who follow you on social media think about your department?

**Culture/engagement**

13. What is important for you in order to be happy and stay at a workplace? [Swedish: en arbetsplats. Meaning, not specifically at Delta, but in general for a workplace.]
    - These qualities you describe, do you feel like this is the case at Delta?
    a. If you would like to change job, what would be the main reason?
14. Do you feel like you are a part of your department?
15. Tell us more about the culture at Delta?
    a. How is it to work in teams at the department?
    b. Do you feel secure/confident [Swedish: trygg] in your work at Delta? Or are there parts of your work where you feel insecure?
    c. We have heard that you have a group called 'X' that fixes different events, AWs, etc. Would you like to tell us more about this?
16. Do you feel that you have the opportunity to influence what happens or is decided at the department?
    a. How do you proceed if you have any improvement suggestions or opinions for the department?
17. Do you have any special traditions at the department?
    (Birthdays, anniversaries, when someone leaves the department?)
18. Do you think there are any differences between the Delta and other departments in the hospital? Do you have an example? (We think about the atmosphere, culture, hierarchy, work in teams etc.)
19. What do you think other people in the hospital building think about your department?

20. Would you recommend the department to your friends or acquaintances who work in healthcare?
    a. Have you done it?
    b. What did/would you tell us about the department then?

**Identity**

21. Do you feel that you identify most with your profession/specialization, your department, the hospital itself, or Swedish health care, or anything else? (where do you most belong?)
22. In regard to the coronavirus pandemic - how has your work and the department been affected?
    a. How has the atmosphere [Swedish: stämningen] and the solidarity [Swedish: gemenskapen] at the department and the hospital been affected?
    b. Probably, it will require more from the employees now, including spontaneous shift changes, longer work days etc. - How do you perceive/feel about this? Does the pandemic affect you personally through work?
23. Now after/during the outbreak of corona - Do you feel that you identify most with your profession/specialization, your department, the hospital itself, or Swedish health care, or anything else? (where do you most belong?)
24. How do you think Swedish healthcare will be affected or changed by corona? Do you want to see a change? Why? How?

That was all of our questions - do you have something to add?

# Appendix D - Interview Guide - Nursing Students

*[Note: The interview guide has been translated from its original language, Swedish. Some words do not have the exact same clear meaning in English versus Swedish, thus, some words are written in brackets in Swedish.]*

**Preface**

[Note: The preface is not read word by word, but in a rather casual way when having small talk at the beginning in order to get the respondent to be relaxed.]

- *We are writing our master's thesis at Lund University and we want to get a deeper insight into how you work in department X. This will be completely anonymous (you will get a gender-neutral pseudonym), which means that no one will know what you said.*
- *This is an open dialogue and not an interrogation, so it should be relaxed, you do not need to be nervous, you can tell what you think, think and feel - there is no right or wrong and no one will know who said what.*
- *We have to ask if it is okay for us to record the interview and then be able to transcribe your answers. The audio file is only used by us as authors to simplify our work and ensure that your answers are interpreted correctly. No one but us will be able to access the recording.*

*Do we have your permission to record?*

**Background**

1. Tell us a little about your interest in health care - Why did you start nursing school?
    a. Have you had any other internships at a hospital during your education?
2. Tell us what it is like to have an internship at Delta.
    a. When did you start here and how long will you be here?
3. What do you think is the best/most fun thing about having an internship at Delta?
4. What do you experience as differences in working at Delta compared to your previous jobs or internships? [then we mean soft values, in addition to working with other types of patients].

**Before/first period at the department**

5. What was your first reaction when you found out that you were placed at Delta for your internship this semester?
6. What information and contact did you get from Delta before you started your internship?
    a. Did you get any special introduction?
7. Tell us more about your first week at the department.
    a. Did you feel welcomed? How?
    b. Was/is it easy to get to know the people working at the department?

8. How does it feel at the end of the internship compared to the beginning? (relationship with colleagues, welcoming etc)

**Social media**

9. We have seen that Delta uses social media, primarily Instagram. Did you know this before your internship?
    a. If yes, what image did you have of the department before your internship here?
    b. Have you in any way gotten involved or seen the work with Instagram?
    c. What do you think is the purpose of Delta being active on Instagram?
10. What do you think outsiders who follow Delta on social media think about the department?
    a. What do you think is the reason why people follow Delta on Instagram?

**Culture/engagement**

11. What do you feel is important to you in order to thrive at a department?
    - These qualities you describe, do you feel like this is the case at Delta?
12. Do you feel any affiliation with the department?
13. What is your impression of the culture at Delta?
    a. We have heard that there is a group called 'X' that fixes different events, AWs, etc. Have you had the opportunity to attend any event? Would you like to tell us more about this?
    b. How is it to work in teams at the department?
14. Have you noticed any traditions in the department?
15. Do you think there is anything distinctive about Delta compared to other departments at the Hospital?
16. When you talk to classmates about you internships - what do you say? Have there been any major differences between the internships at different departments?
17. Would you recommend the department to your classmates or acquaintances within the healthcare sector?
    a. Have you done it?
    b. What did/would you tell about the department then?
18. Do you feel that you as a student/intern have any opportunity to influence what happens/is decided in the department?
    a. How do you proceed if you have any improvement suggestions for the department?

**Identity**

19. If a stranger or acquaintance you haven't met in a while asks you where you have your internship - what do you tell? → Why?

20. In regard to the coronavirus pandemic - how has your work and the department been affected the last weeks?
    a. How is the atmosphere [Swedish: stämningen] at the department now during this pandemic?
21. The last question. Do you want to return to the department after graduating? Why/why not?

That was all of our questions - do you have something to add?