

and contributions that exist between the employer and employee.

Methodology The study involved in-depth interviews following a modified constructivist grounded theory approach, using the model proposed by Charmaz (2006). Using a purposeful sample, 10 nurses from four hospices across North Wales and the North West participated in the study.

Findings Four main categories emerged within this study: type of psychological contract, how the contracts are formed, the contents and the breaches. The Psychological contracts held by hospice nurses appear to be complex, and analysis found potential multidimensional, multi-level and multi-agent contracting. The contents contained generic items, that is, items that may be seen with any employee in any organisation, however, there were idiosyncratic elements, these included detail of care, relieving distressing symptoms, recognising individual employees in the workplace, quality of care, time to care, and acceptance of reduced terms and conditions. Some of the more serious breaches/violations perceived by the nurses included: lack of access to education, inequitable treatment among staff, and some nurses felt undervalued with very little recognition of their contribution. Hospices should take these findings into account when considering the employer–employee relationship; failure to do so may lead to negative consequences for the organisation, for example reduced loyalty to the organisation, a desire to leave or a negative changes in the attitude or behaviour of staff.

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PSYCHOLOGICAL CONTRACTS OF HOSPICE NURSES

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Aim The aim of this research was to examine the context of psychological contracts of hospice nurses, to explore what they might contain, and also to establish how the contracts might be influenced, with a specific exploration of what may breach the contracts.

Background The psychological contract is a cognitive perceptual model, that is, the contract is in the minds of the employees, and consists of the reciprocated obligations, expectations