A COMPARISON OF FACTORS AFFECTING JOB

SATISFACTION OF NURSES IN OKLAHOMA

PUBLIC HOSPITALS WITH HOSPITALS'

RECRUITMENT AND RETENTION

PRIORITIES

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CHAPTER I

INTRODUCTION

The United States is currently experiencing a nursing shortage that is causing

significant problems for both hospitals and society. This shortage is not confined to the

United States, but is international in scope. For the purpose of this study, nursing

shortage is confined to Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).

As one approach to this problem, the United States has attempted to address its shortage

of RNs and LPNs by recruiting nurses from developing countries, creating a "brain drain"

from those countries to solve our own nursing shortage. The International Council of

Nurses (2004) asserted that this practice of recruiting from developing countries such as

Uganda, which has a ratio of six per 100,000 compared to the United States nurse

population ratio of 773 nurses per 100,000 of population, becomes an issue of ethics.

The Council pointed out that in rationalizing the recruiting of foreign nurses, some people

have argued that increasing the earning power of the recruited nurses leads to financial

returns to the underdeveloped country by way of the financial support the nurses send

back to their relatives in their home country. However, the Council (2004) reasoned that

this is hardly a satisfactory trade-off considering that in some cases such as the

Philippines', engineers, teachers, and doctors are retraining as nurses to be eligible for

recruitment in the United States, which contributes to an increase in the brain drain from

developing countries. The ethical issues raised by international recruitment of nurses to solve the American nursing shortage suggest the efficacy of finding a solution within our own borders.

The magnitude of the RN/LPN nursing shortage in the United States has been well documented. For example, in 2000, the Department of Health and Human Services (DHHS) predicted a shortage of nurses in America by the year 2010 of more than a quarter of a million unfilled nursing positions in the United States (DHHS, 2000). This number of unfilled nursing positions is complicated by the large group of "baby boomers" who are aging, living longer and accessing more health services. Powell (2007) estimated that 77 million baby boomers are planning to retire in the next 10 to 15 years, putting an enormous strain on the American health care system already in the midst of a serious shortage of nurses.

The literature clearly documents that there is a shortage of nurses to fill vacant positions, and that there is also a drop in the number of nurses under age 30 entering the profession who would have more years to work as nurses before retiring. The number of RNs under 30 years of age fell 41% between 1983 and 1998; during this same time, the rest of the US workforce only experienced a 1% decline in the number of workers under the age of 30 (Aiken et al., 2002). Further, in 2000 the National Sample Survey of Registered Nurses conducted by the U.S. Department of Health and Human Services, reported the average age of a nurse was 43.3, which was up from 36.3 years in 1980 (DHHS, 2000). A survey of 31,000 nurses by the New York State Blue Ribbon Task Force on the Future of Nursing (2003) found that only one-quarter would "strongly recommend" nursing as a career to their friends. Additionally, this survey determined

that nurses recommend nursing careers to others in accordance with their own level of global satisfaction with their profession. These findings appear to support two basic themes: (a) the nursing workforce is aging and new nurses are not replacing those who are retiring or leaving the

profession, and (b) recommendation to enter the nursing profession is related to personal perceptions of professional satisfaction.

Recent literature has documented the negative effects in American hospitals and the American public of failure to resolve the national nursing shortage. To understand the negative effects of the nursing shortage on hospitals, it is necessary to consider the financial cost of replacing nurses and also to examine the reduction of health services when units must close due to a lack of nursing staff. The cost of personnel leaving an organization has been estimated in a hospital system of 5,000 employees to be between $17 and $29 million, with the replacement of nurses being the highest contributor to those costs (Waldman, 2004). Other estimates such as those of the Nursing Executive Committee Advisory Board (2000) placed the costs of replacing each nurse between $42,000 and $64,000. Clearly, financial impacts of this magnitude affect the ability of hospitals to provide quality health services.

The nursing shortage negatively affects American society through reduced quality of care which leads not simply to reductions in services, but also to life-threatening problems. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) stated that patient safety is directly linked to the number of registered nurses caring for patients on any unit. The Joint Commission of Hospital Accreditations (2002) reported that when there are severe nursing shortages, patient mortality increases from situations that would not usually lead

to death of the patient. The American Organization of Nurse Executives (2000) identified another problem for society associated with the nursing shortage, which is reduction of medical services as departments must limit or close units based on the number of nurses available to work, leading to overcrowding or even diverting ambulances from emergency rooms.

A study published in the *Journal of Health Affairs* (McKeon, 2006) addressed the issues of public dangers relating to the shortage of nurses and determined that if hospitals made appropriate Registered Nurse staffing and adequate nurse-to-patient ratios a priority, 6,700 patient deaths and four million days of care in hospitals could be avoided each year. Another study by Aiken, et al. (2002) reported 20,000 people die each year because they went to a hospital that was severely understaffed by nurses and that lack of nurses causes Americans a 31% greater risk of dying from a scheduled, routine procedure. Anecdotally, they found that every patient added to a 4:1 nurse to patient ratio increased a nurse's dissatisfaction by 15% and nurse burnout by 23%.

Current literature supports a connection between nurses' dissatisfaction and their intent to leave a job. Aiken, et al. (2002) reported a study by the American Medical Association that found job satisfaction to be four times greater for hospital nurses than for the average occupation in the US. This study also revealed that one in five nurses surveyed intended to leave their job within one year. Rust, Stewart, Miller, and Pielack (1996) studied employee satisfaction in the service industry professions in the U.S. and found work environment to be the best predictor of employee satisfaction. Following this logic, one might hypothesize that nurses' perception of their work environment may be a strong predictor of job satisfaction and ultimately of intent to leave a job, thus

contributing to the already problematic nursing shortage.

The Oklahoma Health Care Workforce Center (2007) recently predicted a shortfall of 3,000 nurses in the state by 2012, which will decrease or delay public access to healthcare. The center was established in 2006 by Oklahoma legislation with goals that included increasing job satisfaction and retention rates of current healthcare workers.

This researcher personally noted, while working as a clinical nurse manager in a large city in Oklahoma, that when comparing the number of applicants applying for open nursing positions, there was a significant decrease from 2000 to 2007.   Concerns for a growing shortage of RNs/LPNs in Oklahoma and a possible relationship between nurses' work environment and their job satisfaction and retention provided the impetus for this study.

Statement of the Problem

The literature shows clearly that the health profession is losing too many RNs and LPNs, creating a negative effect on hospitals and American society, and that this loss is related to nurses' dissatisfaction with their job. It is not fully understood why the nursing profession is four times more dissatisfying than other occupations in the United States (Aiken, et al. 2002). What is known is the nursing level of dissatisfaction is universal regardless of age, years of experience or level of education, according to a survey by the Nursing Executive Committee Advisory Board (2000). With this negative perception of job conditions, it is difficult to recruit new students into nursing programs, and 55% of nurses surveyed by the American Nurses Association (2001) said they would not recommend their profession to children or friends. The number of RNs less than 30 years of age fell 41% between 1983 and 1998, while the rest of the U.S. workforce only

experienced a 1% decline in the same time frame (Joint Commission on Accreditation of Healthcare Organizations (JACHO), 2001). The problem is that the factors that relate to nurses' perception of their work environment and their job satisfaction are not fully understood or acted upon by hospitals in recruiting and retaining nursing personnel. Without knowledge of nurses' satisfaction factors, it is unlikely that hospitals can effectively use their limited resources to accurately incentivize nurses and facilitate their recruitment and retention.

Purpose of the Study

The purpose of this study was to describe the environmental/external and motivational/internal factors identified by nurses in public hospitals in Oklahoma, and their relationships to perceived job satisfaction. Specifically the study (a) identified job satisfiers among nurses with working experience in Oklahoma public hospitals; (b) examined relationships among job satisfaction, and job retention; (c) compared job satisfiers across several demographic variables; and (d) examine congruence between job satisfiers identified by nurses and recruitment/retention priorities in Oklahoma public hospitals. It was intended to include both RNs and LPNs in the study. However, no LPNs responded to the survey, so the study was limited to the perception of RNs in Oklahoma public hospitals. LPNs may have responded differently from RNs but that could not be determined in this study.

Research Questions

This study addresses the following research questions.

1. What environmental/ external and motivational/ internal variables do nurses (i.e. RNs) in Oklahoma public hospitals identify as important to their job satisfaction?

2. What proportion of nurses in Oklahoma public hospitals report intention to leave their current job within one year?

3. What is the overall job satisfaction level of nurses in Oklahoma public hospitals?

4. Is there a relationship between overall job satisfaction level and reported intention to leave their current job among nurses in Oklahoma public hospitals?

5. What relationships exist among job satisfiers, job satisfaction levels, and the demographic variables of gender, age, and experience in Oklahoma public hospitals?

6. What job satisfiers are being targeted by Oklahoma public hospitals in their nurse recruitment and retention policies and practice?

7. How closely do the job satisfiers being targeted by Oklahoma public hospitals match those identified by nurses who work in the hospitals?

Table 1 summarizes the research questions and the data sources and analyses used to address each question.

Table 1: Research Questions, Data Sources, and Data Analyses

Research Questions	Data Source and Analysis
1. What environmental and motivational variables do nurses in Oklahoma public hospitals identify as important to their job satisfaction.	1. Ratings of questionnaire on 5-point Likert-like scales analyzed with descriptive statistics; rank ordering and Σ Rank-Point analysis;Qualitative anaylsis of open-ended questions.
2. What proportion of nurses in Oklahoma public	2. Percentage calculation based on a question item.

hospitals report intention to leave their current job within one year?	
3. What is the overall job satisfaction level of nurses in Oklahoma public hospitals?	3. Ratings of questionnaire items on a 5-point Likert-like scale on survey, analyzed with descriptive statistics.
4. Is there a relationship between overall job satisfaction level and reported intention to leave current job among nurses in Oklahoma public hospitals?	4. Correlation analysis of satisfaction and leave intention rating items on survey.
5. What relationships exist among job satisfiers, job satisfaction levels, and the demographic variables of gender, age, and experiences in Oklahoma public hospitals?	5. Demographic questions and Likert-like scales on survey questions, analyzed with descriptive statistics, cross-tabulation, and chi-squares.
6. What job satisfiers are being targeted by Oklahoma public hospitals in their nurse recruitment & retention policies & practices?	6. Rankings by Oklahoma public hospital personnel.
7. How closely do the job satisfiers being targeted by Oklahoma public hospitals match those identified by nurses who work in the hospitals?	7. Comparison of survey statistical data and hospital data.

Theoretical and Conceptual Framework

This study was supported by the theoretical perspectives of Herzberg (1959), and Maslow (1943), two theorists who addressed the effects of external and internal factors as they relate to motivation or satisfaction of workers. The study examined the external and internal factors identified by nurses as contributors to their job satisfaction and how they related to their intention to remain or depart from their jobs. The theories of Maslow and Herzberg suggest that a disconnect between the needs and motivators of nurses and the strategies used by organizations for recruitment and retention of nurses may contribute to

job dissatisfaction and departure by failing to address or capitalize on the needs and motivational factors of satisfaction which are described by these theories.

Numerous researchers have demonstrated a connection between external/extrinsic and internal/intrinsic work values and job satisfaction (Dunbar, 2003; Herzberg, Mausner, & Snyderman, 1959; Manisera, Dusseldorp, & van der Kooij, 2005). Recent studies have made this connection specifically in the nursing profession. As an example of a study identifying the connection between extrinsic and intrinsic factors in the nursing profession, Hegney, Plank and Parker (2006) found that intrinsic and extrinsic work values directly impact nurses' job satisfaction and therefore their intention to leave a job. This supported an earlier study by Taris and Feij (2001) which found similar results of decreased job satisfaction when intrinsic and extrinsic work values were not met.

Maslow's Needs Hierarchy Theory of Human Motivation

In 1943, Maslow published his theory of motivation. Through Maslow's research on human behavior, he developed a hierarchical scale of human needs. On this scale, Maslow proposed that only when the lower order of physical needs for survival and emotional needs are met can people look toward satisfying the higher order of needs. On the lowest level of Maslow's scale is the drive to secure the basic *physiological* needs of food, water, sleep, warmth and shelter. According to Maslow's theory, humans are consumed with these needs until they are satisfied. Once these needs are satisfied, the person begins to look towards satisfying the need of being in a safe environment which includes security, law and order. When the *safety* needs are met, the person looks toward meeting other needs of love and affection found in a work group, family, or relationships.

After these *belongingness* needs are met, the next step on the scale would be satisfying

the *self-esteem* as in managerial responsibility, achievement, prestige, or status. The

highest level Maslow calls the *self-actualization* needs which motivate a person to seek

personal growth, personal potential, and self fulfillment. This is the level from which

most philanthropy endeavors are derived. In summation of Maslow's theory, he

proposed these different levels of unsatisfied needs motivate behavior to satisfy the needs

and move up the needs scale to the next level of need (Maslow, 1943).

Herzberg's Motivator-Hygiene Theoryof Human Motivation

   In Herzberg's theory of motivation which he developed in the late 1950s, there are two

dimensions of job satisfaction: motivation and hygiene. Another name for *hygiene* is

external or extrinsic motivation, which comes from sources outside of an individual and

related to the organizational environment such as salary, company policy, work

conditions, and relationships with supervisors and peers. By contrast, Herzberg's

motivational factors are internal or intrinsic to the individual and are related to the work

itself, recognition, advancement and achievement (Herzberg, Mausner, & Snyderman,

1959).

   Herzberg's theory parallels Maslow's by separating basic motivation needs from the

stronger self-actualizing drives of personal fulfillment. Herzberg's research showed that

employees strived to obtain hygiene or external/extrinsic needs because they believed

fulfilling these needs would create happiness, but once they were satisfied with that need

being met, the effect wore off. From his research, Herzberg postulated that adding

extrinsic factors to a job were most beneficial when the factors were combined with

internal/ intrinsic factors of a job to make the job more satisfying. According to

Herzberg, extrinsic factors did not motivate employees by themselves without intrinsic

factors as the basis of satisfaction, but without the hygiene factors employees would be

dissatisfied with their job. Or put another way, Herzberg believed that while hygiene

factors cannot motivate employees, they can minimize dissatisfaction among workers

when used correctly. Herzberg further identified achievement as the greatest motivator

and asserted that employers should provide job enrichment for the greatest employee

satisfaction (Herzberg, Mausner, & Snyderman, 1959).

Conceptual Framework for the Study

Several lines of available research allow the construction of a conceptual or logic model

for this study that proceeds from the dominant theories of human needs and motivation as

presented by Maslow and Herzberg. The needs theories of both Maslow and Herzberg

address the enormous complexity of the motivation and satisfaction of workers. The

success of motivating workers depends on where they are in meeting the most basic

needs. There are many levels of motivation as described by Maslow's hierarchy of

needs, and once the lower needs are met, sustaining employee satisfaction requires that

the factors of internal motivation be met, which are described by Herzberg's theory.

Because of their educational, economic, and social status, it would be logical to assume

nurses would be operating somewhere in the upper three levels of the Maslow's hierarchy

of needs scale.

   Continuing with this line of logic, if the main strategies used by hospitals for

recruitment and retention of nurses is focused on the lower two needs of Maslow's scale

with external or hygiene factors, they may not be satisfying a large portion of nurses who would be more motivated to stay in their jobs by other factors related to the working environment which are more internal in nature and higher up Maslow's scale. In terms of Herzberg's theory, the ability of compensation and other external factors to motivate employees is short-lived and doomed to fail if relied on exclusively. If other job factors that impede nurses' ability to perform their nursing duties which are more internally motivating to nurses cannot be met, then job dissatisfaction is likely to arise despite efforts to improve external working conditions.

Several lines of research support the application of the needs and motivation theories of Maslow and Herzberg in predicting job satisfaction and persistence and also extend and detail a more complete theoretical model of nurses' job persistence behavior in which to situate this study.

Relationships of job satisfaction of nurses to job commitment and persistence. Several studies (e.g. Adams & Bond, 2000; Aiken et al, 2002; Mackay, 1991; Lacey & Shaver, 2002; Shortel , Zimmerman, & Lousseau, 1994) have indicated a positive relationship between nurses' job satisfaction and job persistence and identified factors that contribute to nurses' satisfaction. This literature is reviewed in Chapter II. The general conclusion of these studies was that high levels of satisfaction are associated with job persistence by nurses, while low satisfaction is associated with leaving nursing jobs.

Negative impacts of nurse job departure and nurse shortage. A growing body of literature (e.g. Aiken et al, 2002; Aiken, Clark, Sloane , Sochalski & Siber, 2002; Aiken,

Smith & Lake, 1994; Waldman, 2004) has documented that dissatisfaction leading nurses to leave their jobs creates negative effects on both hospitals and society. These studies indicate the potential negative impacts of nursing shortages from contemplated job departures when nurses actually leave their jobs due to dissatisfaction of environment. This literature is further described in Chapter II.

Intervening factors not related to job satisfaction that influence nurse departures. While job satisfaction has a direct relationship to nurses' wishes to leave or remain in their jobs, the actual departure or staying can be determined by other factors (Lacey & Shaver, 2002). For several reasons, some nurses may stay in their jobs in which they are dissatisfied or leave jobs in which they are happy. These reasons are presented in Chapter II.

The Herzberg and Maslow theories of human motivation can be combined with these related lines of research to create a conceptual/logical framework for the job persistence/departure behavior of a nurse and the impacts of this behavior and situate this study in the framework. This framework can be presented as a conceptual model that begins with the major motivation theories and proceeds logically through a series of steps supported by published research literature. This theoretical and conceptual framework model is presented in Figure 1. Organizations that are looking at new strategies to improve nurse recruitment and retention can use the conceptual framework which directs the focus and concentration to motivational/internal factors supplemented with environmental/external factors.
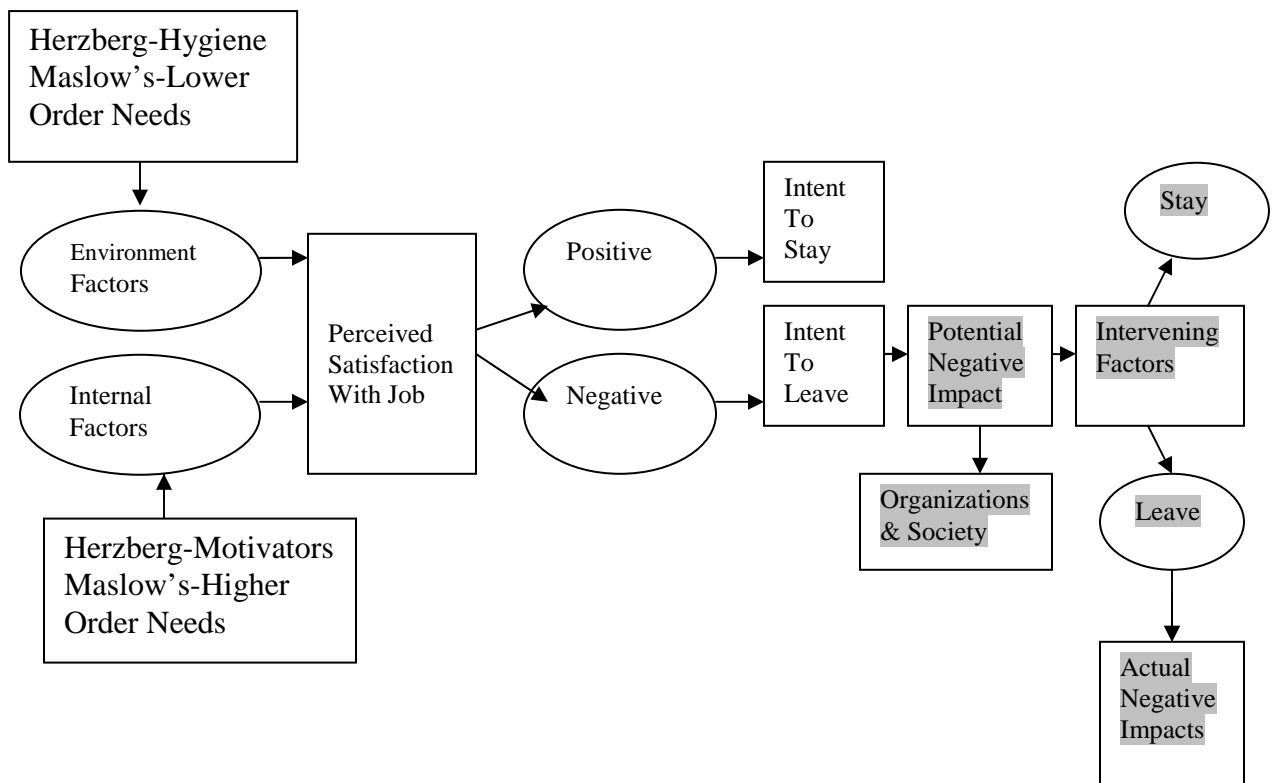
Figure 1. Theoretical and conceptual framework for nurse job dissatisfaction/satisfaction and the effects on nurse job persistence behavior.

This study focused on the left side of this theoretical and conceptual framework; the shaded parts to the right of *intent to stay or leave a nursing job* were beyond the scope of this study. This study placed the issue of nurse's job persistence intentions, which can contribute to the nursing shortage problem, in the context of public hospitals in Oklahoma. It examined the external and internal job satisfiers as defined by Herzberg

and Maslow which nurses in these hospitals identify as important, their relationship to the nurses' perceived job satisfaction, and the relationships of satisfaction to reported intention to stay in or leave a current job. Finally, the study compared the job factors currently being emphasized by public hospitals in Oklahoma with those identified as important by the nurses who work there in order to examine the hospitals' possible effects on the nurses' perceived job satisfaction, intention to stay in or leave a current job.

Overview of the Study

This study was descriptive and employed survey methods to address the research questions of the study. The convenience sample was 62 Registered Nurses from four public hospitals. A "snowballing" effect during the survey process and the assistance of an Oklahoma professional organization assisted in recruiting Oklahoma nurses to participate in the survey.

From a review of the literature, a survey questionnaire was developed to collect data for the study. This questionnaire was created by combining elements from recent published nursing surveys. Demographic questions and some self-report indices relating to the study's research questions were added. The questionnaire also asked participants to rate and rank a number of items relating to their job satisfaction and their intent to stay at the job.

Using this questionnaire, the data for this research study were collected through the use of printed surveys that were hand-delivered to hospitals or mailed to participants. Data related to nurse recruitment and retention practice were collected from public hospitals

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through ranking nine statements to prioritize retention and recruitment methods used by their organization.

<center>Definition of Terms</center>

<u>Conceptual Definitions</u>

<u>Compensation</u>: Benefits, such as, medical insurance, life insurance, dental insurance, paid vacation time and retirement programs (Department of Health and Human Services, 2000).

<u>Extrinsic Rewards</u>: Also referred to as 'hygiene' factors of motivation. These involve direct compensation as pay, supervision, physical working conditions and interpersonal relationships (Herzberg, 1959).

<u>Intrinsic Rewards</u>: Rewards that are non-monetary in nature such as public or peer recognition, letters of recognition, certificates of accomplishments, sense of autonomy to arrange work tasks of the job, continuing education and job development (Herzberg, 1959).

<u>Job Satisfaction</u>: An individual's perception of his/her employment experience with factors known to increase job satisfaction such as recognition, increased responsibility, continuing education or potential for growth, and flexibility (Herzberg, 1959).

<u>Motivation:</u> The inner force that drives individuals to accomplish personal and organizational goals (Lindner, 1998)

<u>Retention:</u> Activities to retain valuable nurses to an organization or from leaving nursing as a profession.

Staffing- ratio: The number of patients being cared for by one nurse (Aiken & Patrician, 2000).

Turn-over: Replacement of employees to an organization for voluntary, involuntary or other reasons (DHHS, 2000).

Operational Definitions

Associate Degree (ADN) nurses: A Registered Nurse who completed a two-year associate degree nursing program and passed a National Registered Nursing Board test.

Bachelor Degree (BSN) nurses: A Registered Nurse who completed a four-year bachelor degree and passed the same National Registered Nursing Board test as the ADN nurse.

Licensed Practical Nurse: A nurse who has completed a one-year program as an LPN or in some states Licensed Vocational Nurse (LVN) and taken National Licensed Practical Nursing Board.

Intention to stay in current job: Respondents' self-assessment on a 5-point Likert- like scale.

Job satisfaction: Respondents' self-assessment on a 5-point Likert- like scale.

Nurses: RNs or LPNs who are currently employed in Oklahoma public hospitals, for the purpose of this study.

Nurse manager: A RN whose job includes managing the nursing staff on a unit. Some of the responsibilities of the manager include; scheduling staff for their working shifts as well as the time off for staff, meeting budget requirements of the hospital, ensuring staff is properly trained for their duties and assigns the duties for the staff.

Oklahoma public hospitals: Acute care hospitals in Oklahoma, which accept patients regardless of their ability to pay, with or without insurance coverage. In this study, these hospitals were represented by four hospitals located in Oklahoma City, Tulsa, and Muskogee, Oklahoma.

Environmental/External job variables: Factors which affect the environment of a person's job, such as company policy and administration, supervision, working relationships, status and monetary incentives.

Motivational/Internal job variables: Factors that relate to what a person does in their job, such as achievement, recognition, the work itself, responsibility, advancement and growth.

Job Satisfiers targeted by Oklahoma public hospitals: Factors used by hospitals to promote recruitment and retention of nurses and encourage nurses to work at their facility, or to stay at their facility instead of leaving a job; self-assessed by hospitals in this study through a rank-ordering activity.

Assumptions and Limitations of the Study

The following assumptions and limitations were accepted for this study.

Assumptions

1. The participants in this study were assumed to have understood all the survey questions.

2. The participants in this study were assumed to have answered all the survey questions honestly and accurately according to their personal opinions and perceptions.

1. This survey was given only to a small convenience sample of nurses working in large Oklahoma public hospitals. While the results of this survey may be applicable to other populations of nurses, this generalization should not be assumed. The results would most likely apply to those in close geographical proximity to the area in which the survey was conducted and those who work in large hospitals of over 100 patient beds. Where the shortage of nurses is greater or lesser than the population surveyed, the nurses may answer the questions differently based on their greatest need in their particular region of employment.

2. This study was limited to RNs in the participating hospitals because no LPNs responded to the survey. It should not be assumed that the results apply to LPNs, who may have responded differently.

3. Necessity to use drop box in Human Resource department- may have influenced responses or nature of response by nurses in ways it was impossible to know.

4. The researcher has been a nurse for over 25 years, working in hospitals on the East and West Coast, mid and southwest United States. Additionally, the researcher has worked as a nurse manager for over 15 of the 25 years. This work-life experience of the researcher may have introduced bias to the study through observations and conversations with nurses and physicians dealing with a multitude of problems over the years. This experience has probably influenced the researcher toward certain assumptions and bias to the nursing shortage problem. While the researcher made every effort to control these

biases through careful review of the literature and objective analysis of the survey

and hospital data, it is not possible to guarantee that personal expectations did

not influence the researcher's interpretations.

Significance of the Study

In a recent article in the *Journal of Nursing Management,* "Do We Really Understand

How to Retain Nurses," Hayes, O' Brien-Pallas, and Duffield (2006) addressed the

importance of a manager's role in creating an environment for nurse retention that values

staff and promotes good working relationships. The article also cited research by

Trehearne (2000) that differentiated between the insights of the manager and those of

executive leadership. According to these authors, while executive leadership is

concerned with global operations and organizational management, the nurse manager is

closer to the issues of the nursing staff and may better understand what is important to

nurses when looking at retention issues and methods (2006). This study can inform nurse

managers about the job satisfiers valued by their nursing staff and help them to be more

effective in providing job stability and persistence.

As the nursing shortage deepens in Oklahoma and there are both reduced numbers of

nurses to apply for open positions and a reduction in nursing school graduates, there is

ironically an increase in the number of facilities opening even though there is not an

increase in population. This situation appears to be spreading the available nurses over a

larger area. This increase in demand for nurses appears in most states for a variety of

reasons as noted by Mercer (1999) who asserted that the primary reason for nurse

turnover was an increase in market demand. Mercer also stated that the underlying cause

of turnover was dissatisfaction with the job, supervisor, or career prospects (1999). By 2001, industry in the United States dropped 1.2 million jobs, while healthcare added 200,000 new jobs (Neuhauser, 2002). According to Neuhauser (2002) it is not a mystery why people stay in an organization: They stay because they like it. He also reported 89% of managers believe retention is primarily tied to money, but when nurses respond to survey questions salary is not usually in the top three responses. Neuhauser (2002) also supported the importance of organizational culture in retaining employees and outlined 15 strategies to help create organizational cultures where employees feel respected and can have pride in their work. In a time when fewer numbers of nurses are available to fill an increasing number of jobs and nurses have increased marketability, this study can help healthcare facilities and managers develop and maintain organizational cultures that support retention of valuable nursing personnel.

Remuneration is an extrinsic factor which, according to Herzberg's theory, cannot create satisfaction in a job. Reliance on remuneration to retain nurses can remove the focus from other, possibly more important, factors such as the relationship with the manager/supervisor or job advancement as more productive approaches to nursing job dissatisfaction. A primary focus by an organization on salary, sign-on bonuses and other financial incentives, rather than on what studies such as the landmark North Carolina survey of 2001 (Lacey & Shaver, 2002) have shown nurses are saying is important to them may contribute to a lack of improvement of nurse retention except in organizations that do look at other intrinsic issues which support nurses to help them feel successful in their job in providing excellent patient care. This study may help healthcare organizations focus on other organizational culture issues and promote organizational

change. Such change has been noted as successful in obtaining *magnate status* in hospitals that improve recruitment and retention of nurses compared to non-magnate hospitals (Neuhauser, 2002). Obtaining magnate status is a rigorous undertaking that is based upon facilities having processes focusing on treatment of employees and their role in the decision-making within an organization, as well as other considerations of the employees' environment. It is changes made by organizations required to become magnate hospitals that are more intrinsic in nature that encourage nurses to be recruited and retained, supporting the idea that the work environment is important to job satisfaction (Neuhauser, 2002). In the literature review of chapter two, the description of the magnate process for hospital certification is outlined with more detail. This study may be useful to hospitals seeking magnet certification.

   This study addressed whether nurses in public hospitals in Oklahoma actually value the factors of job satisfaction noted in the review of literature. An understanding of what nurses actually believe is important to job satisfaction and ultimately to job persistence compared to what hospitals may believe will retain nurses may change the policies impacting nurse retention in Oklahoma public hospitals and encourage looking beyond extrinsic factors to intrinsic factors as major retention and recruitment factors. By identifying the perceived job satisfaction factors for nurses in Oklahoma public hospitals, it may be possible to help the hospitals improve nurses' job persistence and encourage recommendation by nurses of nursing as a career to their friends and family members. The outcome could be improving the staffing of nurses, which can ultimately result in a safer environment for patients receiving care.

CHAPTER II

REVIEW OF LITERATURE

Relationship of Nurses' Job Satisfaction of Nurses to Job Commitment and Persistence

The research literature supports a positive relationship between nurses' job satisfaction and job persistence. Several studies have reported this relationship and identified factors that contribute to nurses' satisfaction. A study by Adams and Bond (2000), which was organized in England, examined hospital nurses' job satisfaction with characteristics of the organization in which they worked. Their analysis recognized the importance of interpersonal relationships to nurses' job satisfaction and cited a 1986 study from the United States by Knaus, Draper, Wagner, and Zimmerman, which found that the pattern of communication between physicians and nurses in the intensive care ward was the most important factor associated with patient mortality. Adams and Bond's (2000) study concluded that when nurses were committed to the organization and have job satisfaction, their staying with the hospital was high.

Several studies have suggested job factors that contribute to job satisfaction in nurses. The study by Adams and Bond (2000) found that job autonomy and good interpersonal relationships with the manager and colleagues were causes of job satisfaction. Studies by Mackey (1991) and Shortel, Zimmerman, and Rosseau (1994) reported that the type and significance of interactions with the medical staff was related to nurses' perceived job

satisfaction. Similar reasons for satisfaction were presented in a North Carolina study on

nurse retention by Lacey and Shaver (2002). This study identified four reasons that

nurses consistently stated would contribute to job retention. The four reasons were:

1. The availability of good benefits,

2. Collegial relations with physicians,

3.   Perception of support by mentors or peers, and

4.   Adequate staffing levels.

This North Carolina study, conducted in 2001 and published in 2002, surveyed

nurses about their perceptions of their work environments. Specifically, the

researchers wanted to understand why nurses were staying or leaving the workforce in

hopes of gaining an effective strategy to reduce the turnover rate of nurses. The survey

asked nurses who had been with the same employer for over five years, why they had

stayed. Of the 171 nurses in this category who responded, their top five answers in

order of significance were:

1. Good benefits,

2. Good relations with MDs,

3. Good mentors,

4. Management accommodating flexible scheduling, and

5. Good pay (Lacey & Shaver, 2002).

The results of the North Carolina study on retention of nurses who had stayed at a hospital five years or more showed a correlation between satisfaction with the organization environment and job persistence when no intervening factors were present (Lacey & Shaver, 2002). Specific reasons nurses in this study gave for staying with their employer were good pay and benefits; adequate staffing levels; collegial environments with peers and physicians; education opportunities; and management that is responsive to need, including flexible scheduling. Nurses working in organizations with these characteristics expressed satisfaction with their environment. The nurses who were satisfied with their employment also reported patient care was rarely affected by short staffing (2002).

The North Carolina findings supported the conclusion of Adams et al. (2000) that when nurses have job satisfaction, they are committed to the organization and tend to stay with the hospital. Aiken and Patrician (2000) also reported that hospitals that employ supportive managers and give employees more autonomy over decisions that affect their job experience lower incidence of nurses leaving that organization. Understanding this relationship-centered leadership connection with organizational culture is not a new concept, nor is it confined to the nursing profession. Littell (1995) found organizational climate to be the most important predictor of job satisfaction in service occupations.

Just as high levels of satisfaction have been associated with nurses' job persistence, low satisfaction has been related in the literature to leaving nursing jobs. One reason cited for dissatisfaction for nurses is working understaffed (Aiken et al., 2002). This can create a "vicious circle" phenomenon. Whatever factors in the work environment cause a nurse to become dissatisfied and leave, when the nurse leaves the other nurses

remaining on a unit have a greater workload of patients per nurse to whom they will need to provide care. This can create a work environment where the nurses are understaffed, creating dissatisfaction for the nurses remaining on a unit which may in turn result in more nurses on that unit quitting their jobs.

While many nurses leave their jobs due to dissatisfaction, a study by AFT Healthcare (2001) found that the majority of nurses who intend to leave because they are unsatisfied with their current working condition, report that they still like being nurses. According to this survey study, 71% of the nurses who reported they were planning to leave their job said the most enjoyable part of nursing was helping patients and their families. This raises the question of how many nurses might be retained if their work environment better met their needs.

Negative Impacts of Nurses' Job Departures and Nurse Shortage

When dissatisfaction leads nurses to leave their jobs thus worsening the nursing shortage, the results are negative for both hospitals and society. Negative impacts move from potential to actual when nurses go beyond contemplation of job departure and actually leave their jobs. Nurses leaving an organization threaten the financial stability of a hospital in terms of the cost of replacing these employees. Besides threatening the viability of the hospital, funneling dollars into recruiting nurses prevents reinvesting dollars into capital equipment or technology purchases for the organization. Large hospitals are spending between $17 and $29 million yearly (depending on their percentage of turnover rates) replacing employees and primarily nurses (Waldman, 2004). Every time a nurse leaves a hospital, the costs to replace the nurse works out to their yearly salary, with the cost difference being if the nurse who left was a staff nurse or

a specialty nurse like an intensive care nurse (Nursing Executive Committee Advisory Board, 2000). Part of the reason these figures are so significant to organizations is because, according to the Hospital and Healthcare Compensation service reports (2001), the hospital turnover rates for nurses has risen from 11.7% in 1998 to 26.2% in 2000. Some indirect costs of employee loss are the reduction of efficiency of the new staff, decreased morale of the remaining employees, and a loss of group productivity.

When hospitals are negatively impacted by nurse job departures, research indicates that the results spread to society in general. The potential negative impact to society can be best understood by the research of Aiken, et al. (2002) which examined the interrelationships of hospital nurse staffing and patient mortality, combining these factors to help explain the phenomenon of nurse burnout that appears to lead to nurse job dissatisfaction. This research confirmed that nurses respond with higher stress and emotional exhaustion or burnout when they are required to care for more patients than they feel they can adequately provide care for at the level needed by a patient to be safe. The study supported the idea that if nurses cannot safely give patient care, they feel stress or become burned out, which leads to dissatisfaction in their jobs from not being able to adequately perform their nursing duties to the level of their training and expectation.

A study by Aiken, Smith, and Lake (1994) reinforced the vicious circle effect of nurses leaving their jobs. This study reported that when nurses leave an organization, the unit suffers due to an increased stress for the rest of the staff who have an increased workload until another person is hired and trained to the level of the person who left. Further, a newer study by Aiken, et al. (2002) found that when there is temporary agency staff, untrained staff or limited staff on a unit, the potential for medical errors is increased.

Additionally, this study found that for every patient added to a 4:1 patient-to-nurse ratio, nurses' dissatisfaction increased by 15% and nurses' burnout by 23% and that for each additional patient over the nurse-patient ratio of 4:1, there was an increase of 7% likelihood of the patient dying within 30 days of admission (2002).

One of the most problematic results of the nursing shortage is the fact that patient safety is directly linked to the number of registered nurses caring for patients on any unit (Aiken et al., 2002). Furthermore, a study reported in the *Journal of Health Affairs* (McKeon, 2006) reported that if hospitals made appropriate RN staffing and hours of nursing care a priority, 6,700 patient deaths and four million days of care in hospitals would be prevented each year.

A similar report by Aiken et al. (2002) found that 20,000 people die each year because they checked into a hospital with a severe staffing shortage of nurses and that understaffing causes Americans a 31% greater risk of dying from a scheduled, routine procedure. This study and the study mentioned in the previous paragraph describe the impact when hospitals have a shortage of nurses and the negative outcome to society.

Intervening Factors Not Related to Job Satisfaction That Influence Nurse Departure

While job satisfaction has a direct relationship to nurses' wishes to leave or remain in their jobs, research indicates that the actual departure or staying can be determined by other factors. Some factors can cause nurses to stay in an organization, even though they may be dissatisfied with their job. The North Carolina survey of staff nurses that examined job retention strategies (Lacey & Shaver, 2002) found that nurses who stayed with a hospital even though their ability to perform adequate nursing care was limited due

to the effects of short staffing (which was a source of dissatisfaction), did so because their facility was the only hospital in town.   Other intervening factors that may influence nurses to stay even though they are dissatisfied in their job may relate to a benefit as health insurance coverage when the nurse or a family member has a medical problem that requires a specific or increased coverage that another hospital may not cover. Other intervening factors can arise when employees who are close to retirement and the hospital where they are currently working offers matching funds into their retirement plan, or the fear that another hospital may be reluctant to hire an employee who will be retiring soon. Similarly, if nurses are not able to pass a physical in another facility due to a pre-existing problem, whether handled as a workman's compensation injury or personal injury, they may stay with a facility even though they are dissatisfied with their current job (Anthony, Kacmar, & Perrewé, 1996).

Just as there are intervening factors that can cause nurses to remain in jobs they find unsatisfying, there are also intervening factors that can cause them to leave which are beyond organization factors of the hospital environment. One such factor could be declining health or an inability to keep up with the physical demands of hospital nursing. Nurses are required to stand, bend and assist patients with their activities of daily living which is incorporated into the patient care plan. Statistical data taken in 2000, from the Department of Health and Human Services reported that the average age of nurses was up to 45.2 years. An aging nurse population increases the potential that a nurse may be limited in their physical abilities. Other intervening factors that may influence a nurse to leave a job other than dissatisfaction could be related to family commitments such as

taking care of parents with declining health or taking care of children with or without

disabilities (Anthony, Kacmar, & Perrewé ,1996).

Further examples of intervening factors where a nurse might leave a job without regard

to job satisfaction include accepting employment for career advancement, moving with a

spouse who has been required to transfer due to a job commitment, or an early retirement

to join a spouse who has already retired. Going back to school to gain a higher degree

might be another intervening factor for a nurse to leave an organization even though not

unhappy with the conditions and work environment of the current job (Lacey & Shaver,

2002).

Applications of Maslow and Herzberg Motivation Theories to Nursing Job Satisfaction

The theories of human motivation posited by Maslow and Herzberg provided

theoretical support for this study. These two theories can both be effectively applied to

job satisfaction issues common to nurses and demonstrated in research literature.

Through his research on human behavior, Maslow (1943) developed a theoretical

model of human motivation based on satisfaction of a hierarchy of needs. On Maslow's

needs hierarchy, he proposed that only when the lower order of physical needs for

survival and emotional needs are met can people look toward satisfying the higher order

of needs.   On the lowest level of Maslow's scale is the drive to secure the basic

physiological needs of food, water, sleep, warmth and shelter. According to Maslow's

theory, humans are consumed with these needs until they are satisfied and so forth

through the next order of *safety*, then *belongingness, self-esteem* and the highest order of

needs which is *self-actualization.* Figure 2 shows the Maslow hierarchy of needs scale.

Maslow's Hierarchy of Needs

Self- actualization **Personal growth, and self-fulfillment**
Self-esteem **Achievement, prestige or status**
Belongingness needs **Love and affection from work-group, family or relationships**
Safety needs **Safe environment as security, law and order**
Physiological needs **Basic life needs of food, sleep, warmth and shelter**
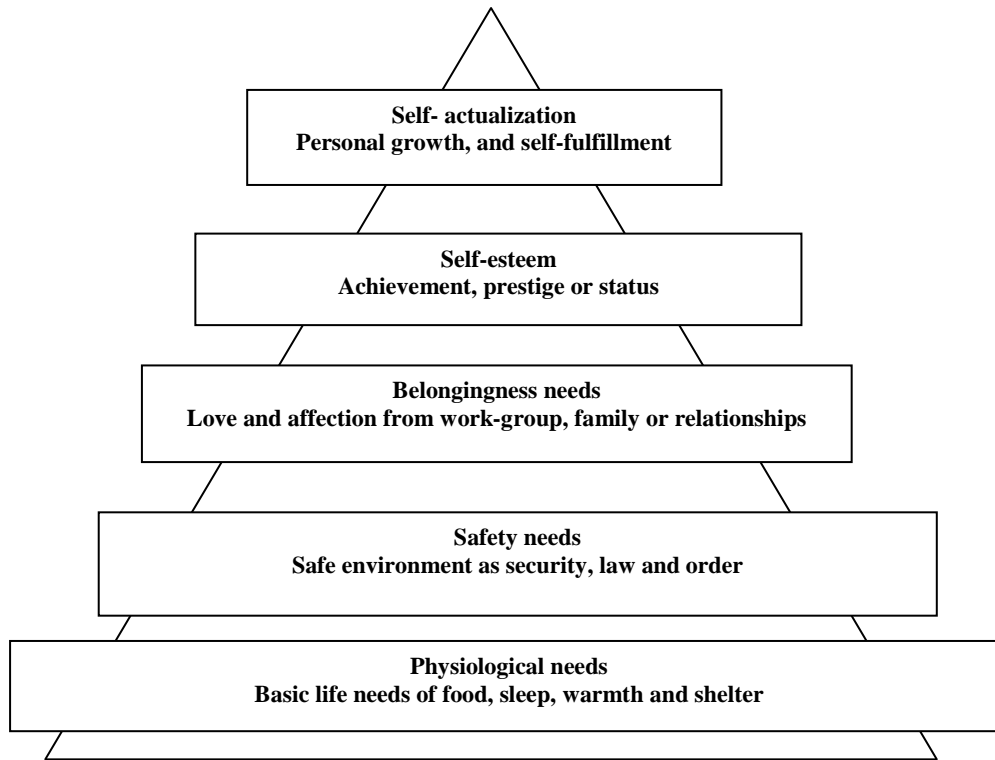
Figure 2. Maslow's hierarchy of needs scale. Source: Adapted from Maslow (1943).

Maslow (1943) believed employees are motivated by meeting unsatisfied needs from the most basic physiological needs, and, as these are met, progressing to the higher-level needs of self-actualization. Herzberg, on the other hand, in his theory of human motivation (1959), believed employees had two types of factors that determined their satisfaction in a job: intrinsic or motivational factors and extrinsic or hygienic factors. He asserted that the intrinsic factors were the only truly motivating factors to an employee.

Herzberg outlined five intrinsic factors which, as elements to a person's job, produced satisfaction for an employee and these were: achievement, recognition, the work itself, responsibility and advancement. The motivating factors had positive long-term effects on

an employee's job performance, while the extrinsic or hygiene job factors produced only short-term changes in employee performance. Herzberg's research (1959) showed that employees strived to obtain hygiene needs because they believed fulfilling those needs would make them happy, but once they were satisfied with those needs being met, the effect wore off. Herzberg described the hygiene factors as the employee's relationship with job environment which can minimize dissatisfaction but not produce job satisfaction. His hygiene factors related to salary, benefits as a retirement fund, insurance, company policy, supervision and interpersonal relationships. Herzberg postulated that adding those hygiene factors to a job was most beneficial when combined with his internal/motivational factors to make the job more satisfying. In summary, Herzberg believed that while hygiene factors cannot motivate employees, they can maximize worker satisfaction if used correctly with his internal/motivation factors. He felt the greatest internal motivator was *achievement* (1959).

Numerous researchers have demonstrated a connection between external/extrinsic and internal/intrinsic work values and job satisfaction (Dunbar, 2003; Herzberg, Mausner, & Synderman, 1959; Manisera, Dusseldorp, & van der Kooij, 2005). Recent studies have made this connection specifically in the nursing profession. As an example of a study identifying the connection between extrinsic and intrinsic factors in the nursing profession, Hegney, Plank and Parker (2006) found that intrinsic and extrinsic work values directly impact nurses' job satisfaction and therefore their intention to leave a job. This supported an earlier study by Taris and Feji (2001) which found similar results of decreased job satisfaction when intrinsic and extrinsic work values were not met.

If retention of nurses is related to their job satisfaction, then Herzberg's theory (1959) suggests that primary organizational focus for recruitment and retainment of nurses on providing hygiene factors such as competitive salary and environmental issues cannot produce job satisfaction, but can only reduce dissatisfaction. Furthermore, according to Herzberg's theory, focusing on extrinsic rewards cannot be successful in recruitment and retention of nurses unless efforts to improve the five motivating factors of job satisfaction are enhanced as well, because it is the motivating factors that actually create job satisfaction. This suggests that organizations cannot ignore hygiene factors, but should understand that hygiene factors do not create job satisfaction unless used to enhance intrinsic values. The critical importance of Herzberg's intrinsic motivators in nurses' job satisfaction is documented in several studies reviewed and cited below.

Herzberg's theory (1959) supports an organizational culture that allows nurses to meet their intrinsic need to do an excellent job for patients. For nurses, feeling that they have helped a patient or his/her families overcome an illness or procedure would equate to employees in a business that produce a finished product where part of their satisfaction is tied to reflection of the finished product. This relates directly to Herzberg's claim that achievement is the greatest motivator. The literature shows that when nurses express job dissatisfaction, they assert that the best part of the job is helping patients and that tasks that are not patient-related are dissatisfiers. For example, in the New York State survey of Registered Professional Nurses, The Blue Ribbon Task Force (2003) found that job satisfaction was highest among nurses who spent a significant amount of their day in direct patient care and lowest among nurses who spent more time on paperwork than patient care.

Maslow's hierarchy of needs theory (1943) was developed by his observations as a humanistic psychologist. He examined how people satisfy their needs in relation to their work and noticed a pattern of needs and satisfaction that people follow in sequence. His theory of prepotency stated that a person could not pursue a higher need in the hierarchy until the current or lower level need was satisfied.

Applying this aspect of Maslow's theory (1943) to a nurses' job satisfaction can help organizations to be fluid in their plans of recruitment and retention of nurses. Nurses come to an organization needing a job to meet their basic physiological needs. After a few paydays, this need is being met, and following the Maslow hierarchy model would move the nurse up to the safety needs level which are met by living in a safe area, having medical insurance and job security. When this level is met, the nurse moves up the model to the social needs of friendships, the need to give and receive love and to belong. For nurses this may include their relationships with patients, physicians and their supervisors. Assuming this level is satisfied, the nurse moves to issues of esteem which include achievement in their job, a good reputation, recognition for the job they do and self-respect. This level would seem to correlate with Herzberg's motivators as the job itself. If nurses cannot attain this level, there is dissatisfaction with the job. If the nurse succeeds in this level, the next step in Maslow's model would be self-actualization. On this level, the nurse is looking for truth, justice, wisdom and meaning with their job (Maslow, 1943).

Applying Maslow's theory, organizations may need to support new nurses with mentors to help them feel "safe" with their duties as a nurse and for social needs. Tailoring the organization to meet the needs of experienced nurses may require

considering the need to provide inservices or clinical ladders for nurses to obtain

recognition and achievement to keep them motivated and engaged with the organization.

If there was an incident with a disruptive physician or a supervisor who damaged the

esteem of a nurse, the organization would need to have processes in place to help the

nurse recover from the emotional stress and keep the nurse from leaving the organization.

The nurse may no longer feel "safe" or that his/her job is secure after an incident and

his/her level of achievement and recognition may be diminished, propelling the nurse

toward job dissatisfaction (Maslow, 1943).

Creating a Culture of Nurse Satisfaction

Several factors and aspects of organizational culture or climate have been studied in

the research literature and shown to have a bearing on nurses' job satisfaction. This is

extremely important because job dissatisfaction has been identified as the highest

predictor of nurses' intention to leave a job. In 1999, the turnover rate for nurses was

15% and in 2000 the rate had increased to 26.2% and even higher in selected cities. In

2001, there were over 126,000 unfilled nursing positions in the U.S. with a 20% decline

in nursing school graduates since 1996 (Buerhaus,2001).

Nurse-to-Patient Staffing Ratios

Survey after survey received from nurses in the research literature has indicated their

belief that the best part of their job is helping patients and families. This suggests that

nurses want to be satisfied with their ability to perform their job at the highest possible

level. Satisfaction with the care they give to patients and their families represents the

highest form of intrinsic motivation and achievement as presented by the theories of

Maslow and Herzberg.

Low ratios of nurses to patients prevent the level of care desired by nurses. Lower numbers of professional staff compared to the patient numbers have been linked to higher medication errors and wound infections (Whitman et al., 2002). Aiken (2002) found a correlation between high patient-to-staff ratios and nurse dissatisfaction. One reason nurse-to-patient staffing ratios are continually attached in the literature to job satisfaction could be a result of the "stress of conscience" as reported by Yarbrough, Alfred and Martin (2008). They described this phenomenon as occurring when nurses cannot provide the quality of care associated with their practice. When nurses' professional values are in conflict with their employing organization's ability to provide the resources enabling them to perform their duties to patients to the level of the nurse code of ethics, nurses become dissatisfied with the job. Yarbrough, Alfred and Martin asserted that in essence, nurses want to be nurses as long as they can be good nurses and provide the level of patient care they were taught and universally accept as a standard for the nursing profession. Nurses feel a genuine responsibility to provide patients a safe environment without negative outcomes. When this is not possible, the conflict causes nurses to have excessive stress to the point of feeling that they must quit their job (2008).

Organizational Support and Culture and Job Design

Results of the well-known New York State survey by the New York State Blue Ribbon Task force (2003) of over 31,000 nurses in which two-thirds stated they were more satisfied with their "career" as a nurse than with their current specific job suggest a need for job and culture redesign by organizations. In this survey, if nurses were required to work overtime, this increased the nurses' intention to leave the organization. Additionally, 50 percent of the nurses between 19 and 30 years of age indicated an

expectation to change jobs within the next five years, but to remain in nursing. Nurses also expressed great stress in their workplace, with one-third experiencing great stress every day. Adding to the stress of their job was the inpatient nurses' dissatisfaction with the quality of nurse-physician interaction in their work setting (2002). Another study by Aiken et al., (2002) linked nurses' job dissatisfaction with the effects of hospital culture or managerial decisions to patient outcomes. Using the *Maslach Burnout Inventory* (Maslach et al., 1996), Aiken found that nurses were twice as likely to be dissatisfied with their job if they felt the organization did not support their employees (2002). In terms of Maslow's theory, these results might indicate that nurses cannot successfully obtain levels of safety, relationships, or a feeling of achieving the satisfaction of success as a nurse in an organizational culture where they perceive stress, overwork, and poor collegial relationships and lack of working as a team with physicians, leading to frustration and dissatisfaction with their job.

Another organizational culture factor that can improve nurses' job satisfaction is tailoring retention strategies to individual needs. Kuhar et al., (2004) developed a tool called *The Meaningful Retention Strategy Inventory* to guide decisions of implementing site-specific nurse retention strategies. They reviewed other surveys and studies and found numerous commonalities associated with nurses' job satisfaction. These commonalities included:

1. autonomy,
2. communication,
3. interpersonal relationships,
4. the structure of leadership styles,

5. recognition,

6. working conditions,

7. professional practice,

8. pay/benefits, and

9. staffing/scheduling issues. (Kuhar et al., (2004).

In the design of their study, Kuher et al., (2004) used these commonalities to develop their *Meaningful Retention Strategy Inventory.* They gave this tool to nurse leaders and staff nurses. They found that the staff nurses gave more importance to staffing issues while the nurse leaders gave more importance to autonomy, communication and recognition items. Younger staff nurses valued pay/benefits more, while the oldest age groups were more concerned with respect from others and increased educational opportunities. The results of the Kuhar et al., study suggests a need for organizations to listen to their staff's concerns expect a difference in the rating of importance of various satisfaction factors depending on their current stage of life, and tailor retention and support strategies appropriately (2004).

Team Building

Another important factor in the literature relating to improving nurse job satisfaction through a culture of targeted, unit-based strategies to reduce turnover was discussed by DiMeglio et al.,(2005). The basis of this study was to create a culture of nurse satisfaction through team-building intervention, thereby reducing nursing turnover rates. By recognizing the importance of collegial relationships which help to create a commitment of engagement in the workplace, the researchers gave three team-building sessions designed to identify the cultural personality and promote cohesive teams on each

of the nine hospital units over a one-year period. At the beginning and end of the study

the nurses took a *National Database of Nursing Quality Indicators* (NDNQI) survey of

nurse satisfaction. The NDNQI is a national database maintained at the University of

Kansas Medical Center, and under contract to the American Nurses Association. In this

study, as a result of the interventions, the nurse turnover rate after six months decreased

by 27%. Information collected from the interventions helped guide the nurse managers to

tailor teamwork-building plans for their individual units. Another result of the

interventions directed the managers to address retention issues that were specific to new

nurses such as the need to feel supported and respected in their environment. Nationally,

new nurses have a higher turnover rate compared to more experienced nurses. In the

conclusion section of this study, it was noted that the interventions improved nurses'

satisfaction and reduced turnover without adding staff or increasing pay. The researchers

concluded that the reason the team-building interventions were successful seemed to be

in the structure and process interaction with the staff about identified issues, along with

developing the leadership skills of the nurse managers (2005).

Magnet Hospitals Concept and Environment

The American Academy of Nursing named 41 hospitals in the 1990s as "Magnet

Hospitals" because of their success in recruiting and retaining nurses. Magnet hospitals

identified professional factors and recognition that nurses considered important to their

job satisfaction and created a rigorous "process template" for certification based on

adding those factors of excellence into their organizational culture. The premise of this

program was to establish processes directed at the improvement of creative and positive

collaboration between the nursing staff and management on environmental issues.   Some

of these cultural attributes created an environment in which nurses had collegial

relationships with physicians, autonomy, control over practice, and therapeutic nurse-

patient relationships. The number of magnet hospitals has grown to over 200 in the

United States and these still boast greater retention and recruitment rates for nurses than

non-magnet hospitals (Aiken & Patrician, 2000).

Magnet hospitals have several characteristics of their cultural environment. These

include:

1. employ participatory and supportive management styles,

2. have well prepared and qualified nurse executives,

3. maintain flexible working schedules,

4. provide clinical career enhancements, and

5. place emphasis on providing nurses with continuing education opportunities.

   (Clarke, Laschinger, Giovannetti, et al., 2001).

The magnate hospital environment is supported by research by Aiken and colleagues

on the subject of nurses working in institutions where these attributes are in place. This

research demonstrated lower mortality rates when the nurses believed they had greater

professional control within their environment (Aiken, Smith, & Lake, 1994).

Nurse/Physician Relationships

One aspect of organization culture that appears to be extremely important for nurses'

job satisfaction is the nurse/physician relationship. There have been multiple research

efforts studying the effects of these relationships. A study by Aiken and Sloane (1997)

supported the case for nurses' professional self-control by demonstrating that better

patient outcomes and job satisfaction occurred when the nurses' autonomy, control and

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status were enhanced when collaborative and good relations with the physician existed. Following this line of support for collegial relationships, it was demonstrated in research by Rosenstein (2002) that collaborative relationships between nurses and physicians can enhance nurses' job satisfaction, while disruptive behavior by physicians to nurses can cause nurses to resign, switch shifts, or change departments to avoid contact with those physicians who engage in such behavior.

   In a recent study, Martin, Gray and Adam (2007) examined the effects of workplace verbal abuse in 62 research participants based on the attribution theory.   Fritz Heider was the first person to describe attribution theory as it relates to behaviors in conflict situations, in his book, *The Psychology of Interpersonal Relations* (1958).   Heider's theory posits that behaviors of conflict exhibited by a person are either a function of personal disposition (an internal attribution) or a result of a situation in which the behavior occurred (external attribution). When a conflict between individuals occurs, the affected person will analyze the cause of the other person's behavior. If he or she perceives the behavior was a response to external factors as in the case of an emergency, the recipient will assume the intent was less focused at the recipient and there will be more acceptability of the behavior. However, if the verbal attack is viewed by the recipient as the behavior based on a personal disposition by the perpetrator, the level of emotions such as anger would be different than if there was external circumstances prompting the behavior (1958)   The importance of the Martin et al. (2007) study was that it demonstrated for organizations the reduced productivity, low morale, increased absenteeism, and nurse turnover rates associated with workplace verbal abuse, perceived as disposition. In this study, the authors cited work by Paterson, McCornish and Bradley

(1999) which stated that nurses are subjected to up to three times more violence in the workplace than any other profession. Their study also referenced work from Vogt, Cox Velthouse and Thames (1983), Bush and Gilliland (1995), Smith (1997), and Sofield and Salmond (2003), which all supported a correlation between high rates of dissatisfaction leading to attrition of nurses and workplace violence in the form of verbal abuse. While physicians are the major contributor of verbal abuse, other employees and patients can also be sources of abuse that nurses encounter in their jobs (2007).

CHAPTER III

METHODOLOGY

The purpose of this study was to describe the environmental/external and motivational/internal factors identified by RNs with experience in public hospitals in Oklahoma and their relationships to perceived job satisfaction. The study also examined congruence between job satisfiers identified by Registered Nurses and recruitment/retention priorities in Oklahoma public hospitals.

This study addressed the following research questions:

1. What environmental and motivational variables do nurses in Oklahoma public hospitals identify as important to their job satisfaction?

2. What proportion of nurses in Oklahoma public hospitals report intention to leave their current job within one year?

3. What is the overall job satisfaction level of nurses in Oklahoma public hospitals?

4. Is there a relationship between overall job satisfaction level and reported intention to leave current job among nurses in Oklahoma public hospitals?

5. What relationships exist among job satisfiers, job satisfaction levels, and the demographic variables of gender, age and experiences in Oklahoma public hospitals?

6. What job satisfiers are being targeted by Oklahoma public hospitals in their nurse recruitment and retention policies and practices?

7. How closely do the job satisfiers being targeted by Oklahoma public hospitals match those identified by nurses who work in the hospitals?

<u>Research Design and Methodology</u>

The research design for this study was descriptive. Descriptive research was identified

by Babbie (2001) as a way of presenting data in a manageable form, using quantitative

methods to describe single variables but also describe the associations that connect one

variable to another (p. 435). Bless and Higson-Smith (1995) stated descriptive statistics

are used in a study when a researcher was to understand the opinions of a group of people

towards a particular issue at a particular time.   This study used descriptive survey

method to address its research questions. Descriptive surveys are used to describe what

opinions exist in general or in specific populations. Using a survey in research is an

efficient tool to obtain a large amount of data in a short period of time and is a relatively

inexpensive but effective method of data collection (Nardi, 2003). The collection of data

in the study came from a specific population and from a single point in time, thus

creating a "snap shot" of participants' responses at the designated time.

<div align="center">Instrumentation</div>

The primary instrument for this study was a researcher-developed questionnaire based

on modification of elements from recent surveys of nurses. Research by Hayes, O'Brien,

and Duffield (2006) and Lacey and Shaver (2002) in the North Carolina nursing

survey provided the basis of the survey questionnaire. Additional questions were added

by the researcher to help answer the research question, address the problem statement,

and meet the specific purpose and objectives of this research.

Content validity of the questionnaire was established through a pilot test of the first

draft given to a panel of experts consisting of seven professional nurses in Oklahoma who

were not included in the final survey. The researcher took the comments from the pilot

survey panel of experts and incorporated the changes to a revised survey. Some of the

<div align="center">44</div>

changes included changing the wording of a question of which many nurses could not understand the intent. There was one question in which the Likert scoring selection was missing and so was added. Other suggestions made by the panel pertained to the instructions for ranking the top eight items considered most important to the nurse filling out the instrument from the previous section of the survey. These instructions on the instrument had to be rewritten for clarity and understanding, by the survey respondents. The overall format of the survey was enhanced by "graying" every other question in Section II. This section consisted of 29 questions and the shading of every other question was to help keep the eye following the question all the way across to the Likert scoring scale and not skip to the next question.

A second pilot survey for validity was conducted, this time using a panel of 10 professional nurses from another state who were not included in the final survey and outside of the determination of eligibility for the study. The second pilot study tested the comments by the first pilot study regarding the placement of questions and general understanding of the flow of the survey. According to the comments made by the second panel, the instrument was clear in instructions in Section III, regarding the selection of the top eight items of importance in Section II and ranking them in descending order of importance. The overall intent and ease of selecting the Likert-like scoring for the questions was improved with the graying of every other question. No further changes were made after the second panel of experts tested the instrument.

Prior to implementing the survey, the Oklahoma State University Institutional Review Board approved the research protocol, the final survey instrument, and the participant consent document.

The questionnaire was primarily quantitative based on structured responses. There were three additional qualitative open-ended questions that solicited further information about the participating nurses' job satisfaction and dissatisfactions. A copy of the complete questionnaire appears in Appendix B. The IRB approval document can be found in its entirety in Appendix A.

The research questionnaire consisted of five parts with a total of 54 questions. Part I consisted of eight questions collecting demographic information about the nurses participating in the study and the public hospitals in which they worked. Specific information collected from these eight questions included:

1. Nursing status (RN/LPN)

2. Year first licensed as RN/LPN

3. Year in which born

4. Gender

5. Size of hospital in which employed (greater than 100 beds)

6. Number of years worked as a public hospital nurse

7. Number of years in current job

8. Location of hospital in which employed (urban/rural)

Part II of the questionnaire included 29 questions which related to specific intrinsic and extrinsic factors of a nurse's job. Participants gave their personal opinion of the level of importance of each listed job satisfier/dissatisfied by rating the item using a Likert-type five-point scale. The Likert attitude-scaling technique was developed by Renis Likert in 1932 as part of his dissertation survey process and published in his book, *A Technique for the Measurment of Attitudes* (1932).   Likert scaling requires individuals to make

decisions about their level of agreement with or attitudes about statements on a questionnaire. The 29 job items in Part II of the research questionnaire used five-point Likert-type scales with the following numeric values:

1. No effect on job satisfaction
2. Slight effect on job satisfaction
3. Moderate effect on job satisfaction
4. Strong effect on job satisfaction
5. Extremely strong effect on job satisfaction

Sigma Rank points or ∑Rank Point scores were calculated for each of the 29 items in Section II of the questionnaire. ∑Rank Point scores are the summation of points assigned to the ranking of importance of items by respondents. In this analysis, ranking and points are reversed, e.g. item ranked number one is assigned eight points and rank 8 is assigned one point. When an item is not selected in the top eight by a respondent, it is assigned zero points. Then, ∑Rank Point is calculated for each item by summing its assigned points across all respondents. This protocol was patterned after one recommended by Ausburn (2002, 2003) and used by Brown (2007) in her dissertation study that also used an item selection and ranking procedure. After ∑Rank Point scores were calculated for all 29 items in Section II of the questionnaire, the items were arranged by ranking based on descending ∑Rank Point scores. A tier analysis was then conducted based on the procedures used by Ausburn (2002, 2003) and Brown (2007). In this analysis, several clusters or "tiers" of items were identified based on major break points in the ∑Rank Point scores.

By this method of aggregating the points, item number 1 or ∑Rank Point score would be the item with the highest number of points associated with this rank. If an item was ranked number 1 in importance to job satisfaction for the nurse, it would be given 8

points. The item ranked number 2 out of the 29 question choices would have a value of 7

points and so on until the least ranked item, or 8 would be assigned a value of 1 (Brown,

2007).

Part IV of the questionnaire contained six general questions about the nurses' overall

job satisfaction, also measured by a five-point Likert-type scale with the following

numerical values:

1. Strongly disagree
2. Disagree
3. Neutral or undecided
4. Agree
5. Strongly Agree

Part V of the survey presented three open-ended questions in which the respondents

could add information regarding the sources of dissatisfaction in their job not mentioned

on the survey, items that would make their job more satisfying, and reasons they have left

a hospital job or are considering leaving their current hospital job.

The final part of the research used a second shot questionnaire that was administered to

two public hospitals in Oklahoma. This questionnaire asked Human Resource personnel

in the hospital to rank order nine strategies for recruiting and retaining nurses listed in the

North Carolina nursing study (Lacey & Shaver, 2002). They were asked to rank the

strategies in order of importance in their facility, with the strategy they believed most

important according to usage as number one, least important as number nine, and no tied

ranks. A copy of this short ranking questionnaire appears in Appendix B.

Population and Sample

Nurse Participants

The target population for this study was RNs in Oklahoma who were either currently employed in public hospitals or had been employed in public hospitals. According to the Oklahoma Board of Nursing in 2000, the approximate number of registered nurses working in public/acute care hospitals was 13,668 which is 55.2% of the total number licensed by the Oklahoma Board of Nursing and who were employed in Oklahoma. There were 3,736 licensed practical nurses working in public hospitals (2000). While Oklahoma ranks third in the United States in per capita employment of LPNs per 100,000 in population, only 30 % work in public hospitals in Oklahoma (2000) and no LPN returned a survey in this study. There were four participants who had been an LPN before continuing training to become licensed as an RN, worked longer as an RN and were demographically counted in the survey as an RN. A total of 214 surveys were distributed to registered nurses in Oklahoma through methods described in the procedures section. The 214 nurses to whom questionnaires were distributed represented the target sample for the study. A total of 62 questionaires were returned that met the inclusion criteria of the study. The 62 nurses who returned completed questionnaires were the obtained sample for the study; this was a convenience sample, based on availability and willingness to particitate. Sample and Population were defined by Gay and Airasian (1996) as follows:

> Sampling is the process of selecting a number of individuals for a study in such a way that the individuals represent the larger group from which they were selected. The individuals selected comprise a sample and the larger group referred to as a population… The population is the group of interest to the researcher, the group to which she or he would like the results of the study to be generalizable (pp. 111-112).

Only three males returned surveys out of the total number of respondents. This was not problematic because in Oklahoma, 92.5% of RNs are female and 7.5% are male. (Oklahoma Board of Nursing, 2000).

The demographic and institutional description of the obtained sample of 62 RNs was established by the first eight questions on the questionnaire. The demographic characteristics of the sample are summarized in Table 2. The nurses marked whether they were LPNs or RNs. The next demographic question asked what year they were first licensed. The year they were first licensed was subtracted from the year the questionnaire was taken which was, 2008 to establish years as a licensed nurse. The nurses were asked the year they were born which was subtracted from 2008 to establish current age. These two variables were then converted to groups or categories as shown in Table 2. The number of years respondents worked in their current job was calculated from a direct response on the survey questionnaire.

Table 2. Descriptive Demographic Profile of Nurse Sample (*N=62)*

Variable	n(%)*	Mean	Mode	Median	Range (min-max)	Standard Deviation
Qualification						
RN	62(100%)					
LPN	0					
Years as Licensed Nurse		17.3	23.0 (n=6)	17.0	1-40	10.43
5 or less	11 (18%)					
6-10	11 (18%)					
11-20	18 (29%)					
21-30	17 (27%)					
31-40	5 (8%)					
Age		44.9	45.0 (n=6)	47.0	24-63	10.11
20-29	8 (13%)					
30-39	10 (16%)					
40-49	19 (31%)					
50-59	21 (34%)					
60 or older	4 (6%)					
Gender						

Male	3 (5%)					
Female	59 (95%)					

Size of Hospital Where Worked						
>100	62 (100%)					
100 or less	0					

Years worked as a public hospital nurse	n(%) *					
		15.2	23.0 (n=5)	15.0	1-40	10.03
5 or less	12 (19.4%)					
6-10	13 (21.0%)					
11-20	20 (32.3%)					
21-30	12 (19.4%)					
31-40	5 (8.1%)					

Years worked in current job	n(%)					
		7.10	1,4 (Bi-modal) (n=9)	5.00	.75-33	6.77
5 or less	34 (54.8%)					
6-10	16 (25.8%)					
11-20	8 (12.9%)					
21-30	3 (4.8%)					
31-40	1 (1.6%)					

Hospital Location						
Urban	62 (100%)					
Rural	0					

*Percentages may not add up to 100% due to rounding.

As mentioned previously, there were no LPNs who returned a questionnaire; it is unknown whether an LPN received a survey other than the four who were dual licensed as an LPN and an RN. Because LPNs only represent 3,736 of the total 13,668 nurses working in Oklahoma public hospitals in 2000, it is not entirely unexpected not to have any other than the four out of a sample of 62. In this study there were three males who returned a questionnaire, making up 5% of the respondents. In Oklahoma, the percent of male nurses is 7.5% and it is unknown how many of those are included in the 13,668 nurses working in public hospitals (Oklahoma Board of Nursing, 2000). The median age of nurses answering the questionnaire was 47 years with a mode of 45 and a mean of 44.9, which was older than the average age of 43.3 among nurses in the United States in

2000 (DHHS, 2000). All the nurses counted in this study were from public, urban

hospitals of greater than 100 beds.

Hospital Participants

There were two human resource managers in public hospitals in one of the largest

cities of Oklahoma who agreed to answer nine questions on a questionnaire about

hospital recruiting practices. The nine questions were derived from a questionnaire from

the North Carolina study by Lacey and Shaver (2002). The nine questions were sent by

email to the two human resource managers, which was the method of participation they

requested, and returned after completed directly to the researcher's email address. These

two hospitals were chosen because of their urban setting, the size of their hospitals

greater than 100 beds, and their interest in reducing nurse turnover and increasing nurse

retention. Both hospitals were considered public hospitals.

<div align="center">Procedures</div>

Nurses Survey

The data collected from nurses for this research study were collected via a written

questionnaire, using three different methods. Copies of the questionnaire were hand-

delivered by a courier to the Human Resource Director of a major public hospital in a

large city in Oklahoma for distribution to participants in the individual nursing units.

At the request of the participating hospital, a courier delivered the blank questionnaires

to the human resources department. The human resource department gave the

questionnaires out to the nursing unit.   When the questionnaires were completed, the

hospital employees were instructed to return them to a box outside of the human resource

department. The courier came back to the hospital human resource department to collect

the questionnaires from the box. They were not ready when the courier returned as directed, so the human resource department mailed the questionnaires in bulk to the researcher at a later date.

Copies were also sent by direct mail out to nurses in Oklahoma from a mailing list obtained by the researcher while working as a nursing professional in Oklahoma.   One of the respondents who received a direct mailing met the researcher at a nursing convention and asked permission to give the survey to other Oklahoma nurses working on her unit in another large city in Oklahoma. The respondent from the nurse convention was given additional questionnaires to hand out on her unit in another large public hospital, thus using a snowballing technique to increase the obtained sample size. The questionnaires were distributed to nurses working on the unit and collected by the nurse who requested the copies.

As the questionnaires came back to the researcher through the U.S. Post Office or by fax, the demographic page was reviewed to determine if the respondent met the criteria for inclusion in the study.   The required criteria were status as an RN/LPN, who had worked in an Oklahoma public hospital. The respondents who were employed by the hospital where the questionnaires were handed out on the unit after being delivered by the hospital courier were asked to return their completed surveys to a box in the Human Resource Department. These surveys were then group-mailed to the researcher by the Human Resource Department of the hospital. This was the procedure requested by the hospital.

<u>Hospital RankingQuestionaires</u>

Data were collected from two large Oklahoma public hospitals regarding their rankings of a set of nine nurse recruiting/retention strategies. The ranking questionnaire was delivered to the human resource departments by email and returned to the researcher by email. The Human Resources personnel were asked to rank nine statements of nurse recruitment/retention strategies in the order they felt represent the strongest to weakest methods used by their own organization.   The ranking question for this activity is shown in Appendix B.

Data Analysis

Data were processed through the SPSS computer program. According to Westbrook (1994), by quantifying observations using statistical analysis one can reduce complicated phenomena to basic summaries and relationships between concepts. The statistical techniques used to examine the research questions for this study are summarized in Table 3.

Table 3. Research Questions, Data Source and Data Analysis

Research Questions	Data Source and Analysis
1. What environmental and motivational variables do nurses in Oklahoma public hospitals identify as important to their job satisfaction?	1. Ratings of questionnaire on 5-point Likert-like scales analyzed with descriptive statistics; rank ordering and Σ Rank-Point analysis; Qualitative analysis of open-ended questions.
2. What proportion of nurses in Oklahoma public hospitals report intention to leave their current job within one year?	2. Percentage calculation based on a question item.
3. What is the overall job satisfaction level of nurses in Oklahoma public hospitals?	3. Ratings of questionnaire items on a 5-point Likert-like scale on survey, analyzed with descriptive statistics.
4. Is there a relationship between overall job satisfaction	4. Correlation analysis of satisfaction and leave intention

level and reported intention to leave current job among nurses in Oklahoma public hospitals?	rating items on survey.
5. What relationships exist among job satisfiers, job satisfaction levels, and the demographic variables of gender, age, and experiences in Oklahoma public hospitals?	5. Demographic questions and Likert-like scales on survey questions, analyzed with descriptive statistics, cross-tabulation, and chi-squares.
6. What job satisfiers are being targeted by Oklahoma public hospitals in their nurse recruitment & retention policies & practices?	6. Rankings by Oklahoma public hospital personnel.
7. How closely do the job satisfiers being targeted by Oklahoma public hospitals match those identified by nurses who work in the hospitals?	7. Comparison of survey statistical data and hospital data.

All quantitative data were coded and entered into an SPSS data file, and calculated by SPSS using basic descriptive statistics and Pearson correlations. Ranking data were handled with a ∑Rank Point procedure. The six questions of global satisfaction were correlated against each other to determine if there was a predictive relationship between the variables.

Research question number one was analyzed by three different methods, the first method using descriptive statistics. Secondly, the method of analysis for question one examined the sigma rank point. ∑Rank Point scores were calculated as described previously on all 29 environmental and motivational satisfaction questions, then put in descending order. A tier analysis was then performed as described previously.

Qualitative data were obtained from the open-ended questions on the survey questionnaire. The first open ended question asked the nurses if there was a source of dissatisfaction with their current or a past hospital job that was not on the questionnaire.

Question number two asked the nurses to describe what would make or would have made their hospital job or working environment more satisfying. Question number three asked nurses to give reasons why they had left a previous hospital job or were considering leaving their present job. To analyze the quantitative data the researcher typed all the comments from these open-ended questions on note cards and synthesized the data to identify emerging themes (Gay, 2000). This thematic analysis identified 11 broad categories. The comments were then added to a chart in descending order of the number of respondents whose comments fit in a particular theme. Those comments that did not fit into larger themes were also listed in chapter IV, for viewing.

CHAPTER IV

FINDINGS

The purpose of this study was to describe the environmental/external and

motivational/internal factors identified by nurses in public hospitals in Oklahoma, and

their relationships to perceived job satisfaction. Specifically the study (a) identified job

satisfiers among nurses with working experience in Oklahoma public hospitals; (b)

examined relationships among job satisfaction, and job retention; (c) compared job

satisfiers across several demographic variables; and (d) examine congruence between job

satisfiers identified by nurses and recruitment/retention priorities in Oklahoma public

hospitals. Participants included 62 nurses from at least 4 hospitals and human resource

managers from 2 public hospitals.

All data were collected by means of a survey questionnaire answered by the nurse

participants and a rank-ordering of nurses' recruitment/retention strategies answered by

hospital Human Resource staff. Quantitative and qualitative data analysis techniques

included descriptive statistics, correlation coefficients, $\sum$Rank point analysis, and

thematic coding. Findings are reported in this chapter, arranged and grouped by specific

research questions.

Research Question Number One

1. What environmental and motivational variables do nurses in Oklahoma public

hospitals identify as important to their job satisfaction?

Table 4 shows the 29 items in Section II of the questionnaire and descriptive data on 5-point Likert-like ratings of the environmental and motivational items. To describe the results from the respondents, Table 4 lists the results in order of descending mean values and secondly, lists in order of the number of respondents who gave a particular question a Likert-scale rating of five. When the respondents chose a five, this indicated "extremely strong effect in job satisfaction". Rating the mean scores was influenced in some cases by the combining of low scores with high scores. By also looking at questions with the highest frequency of choosing a five, there is a summation of questions where the most respondents thought a particular question was an extremely strong effect to their job satisfaction. Reporting results of the table in two different ways changes the way the results could be interpreted. Since the goal of the study was to understand how the nurse respondents consider items of job satisfaction and the extent of that emotion to a particular question, both tables will be discussed with their high scores.

Table 4: Descriptive Data for 29 Environmental and Motivational Variables *(N=62)*, in Descending Order by Mean.

Variable	Mean	Mode	Range (min-max)	S.D.
Good nurse manager/leader	4.66	5(n=43)	3-5	.54
Fair salary for job market	4.60	5(n=40)	3-5	.59
Adequate staffing on unit	4.58	5(n=40)	3-5	.62
Supported by manager	4.55	5(n=36)	3-5	.56
Safe work environment	4.50	5(n=42)	2-5	.80
Teamwork on unit	4.50	5(n=37)	3-5	.67
Teamwork nurse/physician	4.48	5(n=38)	3-5	.72
Valued as health professional	4.47	5(n=37)	2-5	.74
Inadequate time for patient care	4.44	5(n=40)	1-5	.93
No tolerance/intimidating behavior	4.40	5(n=36)	2-5	.84
Flexible work schedule	4.39	5(n=31)	2-5	.71
Good relationship with manager	4.39	4-5(n=29)	2-5	.66
Pressure to accept Dr. order	4.39	5(n=37)	1-5	.97
Experience abuse by physician	4.32	5(n=37)	1-5	1.04
Mentor new employees	4.26	5(n=30)	1-5	.89
Valued by organization	4.21	5(n=27)	1-5	.85

Paperwork interferes w/patient care	4.16	5(n=26)	2-5	.87
Good relationship w/physicians	4.12	4(n=31)	3-5	.69
Career development/promotion	4.11	4(n=26)	2-5	.85
Required to work doubles	4.10	5(n=36)	1-5	1.32
Bullying in workplace	4.08	5(n=29)	1-5	1.11
Feeling stressed 3X's week on job	4.08	5(n=27)	2-5	.98
Autonomy in job	4.06	4(n=31)	2-5	.74
Supported by Chief Nurse	3.98	5(n=27)	1-5	1.08
Work faster/more patient turnover	3.98	5(n=25)	1-5	1.08
Education paid time off	3.95	4-5(n=21)	2-5	.93
Floating to other units	3.80	5(n=29)	1-5	1.08
Influence policy development	3.49	3(n=22)	1-5	1.05
Park close to work	3.33	3(n=24)	1-5	1.08

Table 4 shows that the top eight items in descending order based on mean rating score were:

1. Having a nurse manager who is a good manager and leader.

2. Having a fair salary for the job market in my area.

3. Having adequate nurse staffing on my unit.

4. Feeling supported by my manager.

5. Feeling safe in my work environment.

6. Having a feeling of teamwork on my unit.

7. Having teamwork on my unit between nurses and physicians.

8. Being valued by my organization.

The 29 questions were then arranged in descending order based on the mode values. The results are shown in Table 5.

Table 5. Descriptive Data for 29 Environmental and Motivational Variables in Descending Order by Number of Respondents who Chose a Number Five for a Variable in Section II.*(N=62)*

Variable	Mean	Mode	Range (min-max)	S.D.
Good nurse manager/leader	4.66	5(n=43)	3-5	.54
Safe work environment	4.50	5(n=42)	2-5	.80
Fair salary for job market	4.60	5(n=40)	3-5	.59
Adequate staffing on unit	4.58	5(n=40)	3-5	.62
Inadequate time for patient care	4.44	5(n=40)	1-5	.93
Teamwork nurse/physician	4.48	5(n=38)	3-5	.72
Teamwork on unit	4.50	5(n=37)	3-5	.67
Valued as health professional	4.47	5(n=37)	2-5	.74
Pressure to accept Dr. orders	4.34	5(n=37)	1-5	.97
Experience abuse by physician	4.32	5(n=37)	1-5	1.04
Supported by manager	4.55	5(n=36)	3-5	.56
No tolerance/intimidating behavior	4.40	5(n=36)	2-5	.84
Required to work doubles	4.10	5(n=36)	1-5	1.32
Flexible work schedule	4.39	5(n=31)	2-5	.71
Good relations w/physicians	4.12	4(n=31)	3-5	.69
Autonomy in job	4.06	4(n=31)	2-5	.74
Mentor new employees	4.26	5(n=30)	1-5	.89
Good relationship w/manager	4.39	4-5(n=29)	2-5	.66
Bullying in workplace	4.08	5(n=29)	1-5	1.11
Floating to other units	3.80	5(n=29)	1-5	1.08
Valued by organization	4.21	5(n=27)	1-5	.85
Feeling stressed 3X's week on job	4.08	5(n=27)	2-5	.98
Supported by Chief Nurse	3.98	5(n=27)	1-5	1.08
Paperwork interferes patient care	4.16	5(n=26)	2-5	.87
Career development/promotion	4.11	4(n=26)	2-5	.85
Work faster/more patient turnover	3.98	5(n=25)	1-5	1.08
Park close to work	3.33	3(n=24)	1-5	1.08
Influence policy development	3.49	3(n=22)	1-5	1.05
Education paid time off	3.95	4-5(n=21)	2-5	.93

Table 5 shows that the top eight factors based on rating five on the Likert scale,

denoting "extremely strong effect in job satisfaction" were as follows:

1. Having a nurse manager who is a good leader and manager.

2. Feeling safe in my work environment.

3. Having a fair salary for the job market in my area.

4. Having adequate nurse staffing on my unit.

5. Having inadequate time to provide time to provide adequate level of patient care.

6. Having teamwork on my unit between nurses and physicians.

7. Having a feeling of teamwork on my unit.

8. *(a). Being treated as a valued health professional. (Same number of respondents for a, b, &c.)
(b). Feeling pressured to accept a doctor's order that was against my judgment.
(c). Experiencing verbal or non-verbal abuse by physicians.
*Tie, with (a) having highest mean.

The next statistics derived from the data in section III of the questionnaire was ∑Rank Point for the 29 motivational items. These scores for the top eight items are shown in Table 6. Items are shown in descending rank order. Dotted lines show tiers of items based on major break point patterns in ∑Rank Point scores.

Table 6. ∑ Rank Point Scores and Rank Order for Environmental and Motivational Variables (*N=62*).

Variable	∑Rank Point	Tier Level	Rank Order
Having a fair salary for the job market	293.0	1	1
Having adequate staffing on unit	189.0	2	2
Having a good relationship with manager	152.0	3	3
Having inadequate time to provide pt. care	149.		4
Having teamwork on my unit	140.0		5
Being treated as a valued professional	132.0	4	6
Having flexible work scheduling	128.0		7
Feeling supported by my manager	123.0		8

Between tier one and tier two break was a difference of 104 points. There was a 37 point break between tier two and tier three and a 12 point spread between tier three and tier four. This tier analysis procedure for identifying breaks or clusters ranking items was patterned after Ausburn (2002, 2003).

The third method of addressing research question number one was analyzing the qualitative data from the three open ended questions allowing the respondents to (1) add sources of dissatisfaction important to them but not included in the survey, (2) list items that would contribute to their environment which would make the job more satisfying, and (3) describe the reason they were contemplating leaving or had left a job. Only 48 survey respondents chose to write additional answers in the three open ended questions and in some cases answered only one or two of the questions.   These data were transcribed and then placed in categories by the predominate themes. Table 7 lists the top five themes and the number of times (f) a particular theme was mentioned in the open-ended questions.

Table 7. Prominent Qualitative Themes Listed with the Numbers of Respondents Compiled in Each Theme (*N=48*).

Theme	f for Theme
Management	32
Lack of Teamwork	18
Staffing	16
Better Pay	14
Improved Benefit Package	13
Total Responses	93

As shown in Table 7, for qualitative question number one, the predominate theme was a belief that management had unequal treatment of staff when it came to hygiene factors relating to pay such as having new nurses coming in at the same pay as current nurse working on the same unit, management not monitoring or responding to nurses who take an unfair share of the workload, with the more you do the more you are asked to do, and showing favoritism of one employee over another by management.   It is interesting to note, of the quantitative portion of section II, where nurses scored on a Likert scale 29

items, the item universally with the highest number of fives was having a good nurse

manager and leader. It is apparent in this study that the manager was an important

component of job satisfaction to the nurses. The next most common theme of the

qualitative responses with 18 or just over half of the number of respondents was related

to teamwork issues such as:

1. Nurses, doctors and management working together as a team,

2. Work ethic of employees with equal distribution of the work on a team, and

3. Personality issues of co-workers as bullying which affects working as a team.

Following close behind the number of respondents for theme number two, 16

respondents identified "staffing issues". Nurses responded there were not enough nurses

compared to the amount of patients they were caring for, which impeded their ability to

provide the best care possible for their patients. This is consistent with nurses wanting to

feel proud of their completed work and providing care is the most satisfying component

of their job. Nurses responding in this general theme of staffing also recognized not

having enough nurses created an unsafe environment for patients.

The fourth most common theme which was identified as pay was made by 14 of the 62

respondents and consistent with the 29 survey questions of not being in the top of the

responses and behind the number one response of management issues. With "better pay",

the nurse wanted opportunities for pay raises and experienced nurses bonused for their

contribution to the particular organization of their employment. Their responses

indicated a difference in job satisfaction for increasing the pay of current nurses instead

of the practice of enticing new recruits with a bonus and raising the entry pay for new

graduating nurses to the amount the experienced nurses at the same organization were paid. This qualitative data was supported by the quantitative data.

The last prominent theme identified by respondents was another hygiene issue of benefits. Nurses wanted:

1. Medical coverage after retirement, and

2. Not including paid time off with sick time off.

Other themes with one to six respondents were:

1. Outdated equipment/supplies,

2. Too much paperwork/computer work,

3. Focusing on patient care instead of viewing the hospital as a business,

4. Nursing schedules,

5. Outside government agencies imposing rules affecting the nurses job,

6. Mentoring of new employees and

7. Zero tolerance for hostile work environment.

For the last open-ended question there were four items nurses listed as reasons for leaving or contemplating leaving their job not mentioned on the survey that did not fit into the other themes:

1. Oklahoma weather,

2. Opening a business,

3. Family moved, and

4. Left to care for a family member.

Research Question Number Two

What proportion of nurses in Oklahoma public hospitals report intention to leave their current job within one year?

To analyze research question number two, a frequency table was created in SPSS using the two of the six global satisfaction questions, which indicated nurses' intention to leave their job within one year. Percentages were calculated based on each of the two questions from section IV of the survey and the rating on the Likert-scale of their responses.

1. Question number five, "I intend to stay in my current position for at least 1 year": Those who chose "agree" or "strongly agree" were 34% and 52% for a total of 86% who were staying in their job for at least one year. There was 1.6% who stated they strongly disagreed and 4.8% who disagreed with the question statement for a total of 6.4% whose intention was to leave their current position within one year.

2. Question number six, "If I could leave my current position now, I would leave": Of the 61 respondents to this question, 8.1% agreed with this statement and 6.5% strongly agreed with this statement. There were 40% who strongly disagreed with this statement and 21% who disagreed with this statement for a total of 61% who would not leave if they could and 14.6% who would leave their position now, if they could. Another 21% were neutral on this question or undecided in their response. For the previous question there were only 3.2% of respondents of 61 who choose a neutral response.

Looking at these two questions together, there is more noticeable dissatisfaction or desire to leave their job now except for some type of extenuating circumstance

preventing their leaving compared to the first question which analyzed their intention to stay in their current job for one year.

<div align="center">Research Question Number Three</div>

<div align="center">What is the overall job satisfaction level of nurses in Oklahoma public hospitals?</div>

To analyze research question number three, questions 1, 2, and 3 from the global satisfaction on part IV of the survey were examined using frequencies, mean, mode, standard deviation and range. From these data, shown in Tables 8 and 9, calculations were made for the percent of nurses who were satisfied based on these three questions.

Table 8. Descriptive Statistics for Questions 1, 2 & 3 of Global Satisfaction Questions *(N=62)*.

Variable	Mean	Mode	Range (min-max)	Standard Deviation
Satisfied w/job & environment	3.91	4.0	1-5	.971
Satisfied w/quality of patient care	4.18	4.0	2-5	.742
Encourage nurses to apply at job	3.92	4.0	1-5	1.01

Table 9. Frequency and Percentages of Respondents Choosing Fours and Fives of Global Satisfaction Questions 1, 2, & 3 *(N=62)*.

Variable	ƒ- 4s	ƒ- 5s	% -4s	%-5s
Satisfied w/job & environment	30	17	48	27
Satisfied w/quality of patient care	32	21	52	34
Encourage nurses to apply at job	28	17	45	27

When combining the percentages of Likert-scores of 4s (agree) and 5s (strongly agree) for global satisfaction question number 1, the total was 75%, with a mean of 3.91 showing that the majority of nurses responding were satisfied with their job. The total of Likert-scores of 1s (strongly disagree) and 2s (disagree) for this question was 12%, and 11% were neutral or undecided. One respondent did not answer this question or

2%. On global question number two, those agreeing or strongly agreeing totaled 86%, 10% were neutral or undecided, and 4% disagreed; there were none who strongly disagreed. Question 2 had the highest mean of 4.18, showing the majority of nurses answering the questionnaire felt that they gave good patient care. For question number 3 of the global questions, those agreeing or strongly agreeing totaled 74%, 18% were neutral or undecided, 6% disagreed or strongly disagreed, and 2% did not answer the question. Again, based on the results of these three questions, the majority of respondents were satisfied with their job.

Research Question Number 4

Is there a relationship between overall job satisfaction level and reported intention to leave current job among nurses in Oklahoma public hospitals?

Research question number four examined the relationship between overall job satisfaction levels and the nurses' intention to leave their job. To answer this research question, a correlation analysis was performed between the Likert-scale ratings on all the questions taken from the global satisfaction questions included in section IV. Table 10 shows the correlation matrix among the six global satisfaction questions. Reviewing the results of the correlations in Table 10, there is a positive correlation between being satisfied with the job or environment and nurses encouraging other nurses to apply at their facility, being satisfied with the patient care they give, the employer placing value on their work and intending to leave their job in one year. Also, as one might anticipate, there is a positive correlation between being satisfied and saying, they would not leave their job if they could.

Table 10. Pearson Correlation Matrix of Satisfaction and Intention to leave Survey Variables

	Satisfied with job and environment	Satisfied with the quality of patient care	Encourage nurses to apply at my job	Employer places high value on my work	Intend to stay in my job 1 year	Would leave my hospital if I could
Satisfied with Job and environment	1.00	.437 **	.683**	.447 **	.291*	-.504**
Satisfied with the Quality of patient Care.		1.00	.274*	.246	.164	.291*
Encourage nurses To apply at my Job.			1.00	.609**	.519**	-.254*
Employer places high Value on my work.				1.00	.389**	-.243
Intend to stay in my Job at least 1 year.					1.00	-.030
Would leave my hospital if I could.						1.00

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Note: For some questions a few respondents did not answer. All df were adjusted appropriately in determining significance levels of correlation.

Reviewing the results of the correlation in Table 10, there is a positive correlation between being satisfied with the job or environment and nurses encouraging other nurses to apply at their facility, being satisfied with the patient care they give, the employer placing value on their work and intending to leave their job in one year.   Also, as one might anticipate, there is a positive correlation between being satisfied and staying with their employer; they would not leave their facility if they could.

Research Question Number 5

 What relationships exist among job satisfiers, job satisfaction levels, and the demographic variables of gender, age, and experience in Oklahoma public hospitals?

Analysis for question number five was a cross-tabs and chi-square analysis. No significant relationships were found. Cross-tabs were not run for gender, because there were so few males (n=3) in the sample. While the number of males participating was expected for the number of male nurses working in Oklahoma public hospitals, the number was too low for statistical analysis.

Research Question Number 6

What job satisfiers are being targeted by Oklahoma public hospitals in their nurse recruitment and retention policies and practicies?

Research question number six moved the focus from the nurse respondents to the two large public hospital human resource managers. Each hospital was asked to rank order a

set of nine strategies for nurse recruitment and retention by order of their usage from the

most used to the least used by the two hospitals.

Ranking data from the hospitals as shown in Table 11. A ΣRank was calculated for

each strategy by summing the ranks assigned by the two hospitals.

Table 11.   Ranking of 9 Recruitment/ Retention Strategies by Public Hospital Human
Resource Managers

Hospital Recruitment/Retention Strategies	Hospital A	Hospital B	∑Rank
Competitive wages, strong pay scale	1	1	2
Comprehensive, flexible benefits	2	5	7
Positive collegial environment	4	3	7
Adequate staffing	6	2	8
Sign-on bonus	7	4	11
Participation in decision-making and input	3	9	12
Recognition programs	5	8	13
Flexible scheduling, control over shifts	8	7	15
Professional practice development opportunities	9	6	15

The two public hospital human resource managers ranked the nine items according to

how heavily they were used for recruitment or retention of nurses at their facility.

Competitive wages were ranked as the number one method of recruitment/recruitment at

both facilities. Hospital B ranked adequate staffing levels as the second most important

recruitment/retention tool compared to Hospital A that ranked flexible benefits as second.

Hospital A ranked employee participating in decision-making as number three while the

number three ranking for Hospital B was positive environment.   Except for the first

ranking, these two hospitals took very different approaches to their recruitment/retention

methods for nurses. These two different approaches will be discussed in detail in Chapter

V.

How closely do the job satisfiers being targeted by Oklahoma public hospitals match those identified by nurses who work in the hospitals?

Research question number seven compared the nurse respondent data to the public hospital human resource manager respondent data. Question seven addressed between the differences between the nurse views and the strategy rankings by each hospital. Both hospitals A and B rated competitive wages and strong pay scale as their number one choice for recruitment/retention of nurses.   Nurses ∑Rank Point showed "having a fair salary for the job market" as their first choice. This aligns with the highest ranked hospital strategy, but does not match the nurses' factor with the highest mean or highest number of number five ratings, which was "good nurse manager and leader". Unfortunately there was no question posed to the hospitals in regard to the emphasis they put on their mangers being good leaders.   Hospital B chose "adequate staffing" as their second most important method of recruitment/retention strategy. Hospital A chose "comprehensive, flexible benefits" for their second most used strategy for nurse retention/recruitment.   Nurses chose staffing as number two, but this was 100 ∑Rank Points behind number one.   The second highest mean from nurses was "fair salary for the job market" and the highest number of number five ratings was "safe work environment".

Rating the third most important strategy, Hospital A chose "participation in decision-making and input" while Hospital B chose "positive collegial environment".   Nurses chose, "having a good relationship with manager" by ∑Rank Point, but their third highest

mean was, "adequate staffing" while their third highest number of number five ratings was "fair salary for the market." Again, there was no question about the manager for the hospitals to rank.

For the fourth ranking by each hospital, Hospital A chose "positive collegial environment" and Hospital B chose "sign-on bonus". Nurses chose "having inadequate time to perform care" by ∑Rank Point, and this was the fourth response as well for the number of number five ratings. The fourth highest mean was "supported by manager".

Hospital A chose "recognition programs" as their fifth most used method of recruitment/retention strategy and Hospital B chose "comprehensive, flexible benefits". Nurses chose by ∑Rank Point "having teamwork on my unit," as their fifth choice. Nurses chose "safe work environment" as the fifth highest mean and "inadequate time for patient care" as the fifth highest factor by frequency of number five ratings.

For the sixth most used strategy, Hospital A elected "adequate staffing" and Hospital B rated "professional practice development opportunities" as sixth. Nurses chose "being treated as a professional" for number six by ∑Rank Point. Their sixth highest mean was "teamwork on my unit" and the sixth highest factor by frequency of number five ratings was selected by nurses was "teamwork between nurse/physician."

Hospital A chose "sign-on bonus" as number seven, while Hospital B chose "flexible scheduling and control over shifts" for the seventh highest usage. Nurses chose "having flexible work scheduling" for number seven by ∑Rank Point, "teamwork between nurse/physician" was the seventh highest mean, and "teamwork on my unit" was the seventh highest based on frequency of number five ratings by nurse respondents.

For the eighth highest strategy, Hospital A said "flexible scheduling and control over

shifts" and Hospital B said "recognition programs." Nurses chose "feeling supported by my manager" by ∑Rank Point.   The nurses' eighth highest mean was "valued as a health professional" and the eighth choice by frequency of number five ratings, "valued as a health professional".   Hospital B in choosing "recognition program", closely followed the eighth mean and highest frequency of number five ratings, but neither hospital could compare to the ∑Rank Point choice by nurses of "feeling supported by my manager" because there was no "manager" selection offered to the hospitals.

For the last strategy, Hospital A selected "professional practice development opportunities" and Hospital B selected "participation in decision-making and input". Nurses selected "inadequate time for patient care" as the ninth highest mean and, "pressure to accept doctors order" as the ninth highest by frequency of number five scores.

In summary, both hospitals and nurses were in agreement except where the nurses placed a high importance on the role of the manager had in their job satisfaction. The hospital did not have any manager factors to rank with their survey.   Salary and benefits did not have the highest mean or scores of 4s and 5s, only in the ∑Rank Point was salary listed first. When salary was ∑Rank Point first by nurses, that factor carried over 100 points more than the next ranking.

CHAPTER V

CONCLUSION

Overview

The impetus for this study was to gain understanding of the factors of job satisfaction/

dissatisfaction which research has shown contributes to a nurse's intent to leave a job.

The first group who participated in the study was RNs who worked in Oklahoma public

hospitals with greater than 100 beds. In 2007, the Oklahoma Health Care Workforce

organization predicted a shortfall of 3,000 nurses in the state by 2012, which will

negatively impact access to healthcare by the public. This study identified factors that

Oklahoma nurses felt contributed either positively or negatively to their job satisfaction

and their level of overall job satisfaction and intention to remain in their job.

The second group surveyed was two large public hospital human research managers

who ranked nine items in order of use in their hospital for nurse recruitment/retention

purposes. This study was designed with similarities to a study from North Carolina in

2002, reported by Lacey and Shaver who surveyed both nurses and hospitals in North

Carolina. Using some of the questions and formatting of the North Carolina study, it

was predicted that the Oklahoma nurses would have similar responses, but also queried

was there a theory that would describe the way nurses respond? This particular study

extends and clarifies the North Carolina study by the theory underpinning the research

based on Maslow (1943) and Herzberg's (1959) theories of motivation, asking in essence do nurses respond in a predictable manner based on the theories of motivation and is this information helpful in focusing on factors of job satisfaction that would be lasting as evidenced by a decrease in nurses quitting their jobs due to job dissatisfaction?

Summary of Findings

By all measures used in this study there were several factors identified by the Oklahoma nurses as important to their job satisfaction. Five factors the nurses valued were:

1. Pay and benefits,

2. Their relationship and perception of the manager as a good leader,

3. Good relationships with physicians,

4. Good teamwork on their unit and,

5. Staffing.

Furthermore, hospitals and nurses seem to be in agreement about a strong pay scale being is effective as a recruitment strategy which was validated by the motivation theories of Maslow and Herzberg.   The nurses in this study placed the highest marks for their relationship and perception of the role of the manager. The emphasis placed by the respondents in ratings and rankings of the manager were the most unexpected results to the researcher. Even though the researcher had spent several years as a nurse manager it was never perceived of the degree of influence the manager might have on a nurses' job satisfaction.

The factors chosen by the Oklahoma nurses are similar to the factors identified in the

North Carolina study. The North Carolina study was the first study the researcher

reviewed in which they asked 100 hospitals to share their retention strategies. This was

of particular interest to the researcher as reasoned by real life experiences there must be

some type of disconnect between the satisfactions of nurses compared to the

organizational culture or recruitment/retention strategies.

 Of the strategies given by the hospitals in the North Carolina study, the strategies with

the highest number of responses were extracted and few formed from information

gleaned from the literature were used in this study. The hospitals were asked to rank

these specific strategies. The hospitals in the North Carolina study did not report any

direct connection to the manager as a particular strategy, thus to the extent that the

strategies were referenced, asking the hospitals to rate the manager as a strategy was not

included it in this study.

 Not asking the two hospitals to rate the strategy of a manager, turned out to be a

deficiency of the study since the nurses ranked all the manager factors at the top of their

responses and there was nothing to compare with the two hospitals of that factor. These

findings are discussed further in the conclusions and discussions section to follow.

Conclusions and Discussion

How Satisfied Were the Oklahoma Nurses with Their Jobs?

 Overall the nurses were happy, which was based on the responses to the six global

questions of job satisfaction on this study's questionnaire.   From the global satisfaction

questions it can be concluded that the nurses were satisfied with their job, which was

positively correlated with their perception that the employer valued their work and that they gave adequate patient care. If nurses had not felt like they were able to give good patient care, according to Maslow and Herzberg theories of motivation they would not have shown satisfaction on the global scores.   In the results of this study, the most important contributing factor to job satisfaction based on both mean ratings and highest number of Oklahoma nurse respondents was "Having a nurse manager who is a good leader and manager". These results agree with the literature for business in general that paraphrase when a person quits a job, they really quit their manager. The literature supporting the findings of this study, are described below.

How does the literature support the way the respondents answered the survey questions?

Several studies addressed the importance of the manager's role in creating an environment of nurse retention that value staff and promote good working relationships. One such study which supported the relationship of the manager to employee satisfaction was by O'Brien-Pallas, Duffield and Hayes, (2006). It was their opinion the manager was closer to the issues of the nursing staff compared to executive leadership and could exert more influence over the job satisfaction for employees on the nursing unit.

Neuhauser (2002) reported most managers believe recruitment is tied to money but his research showed a greater importance to organizational culture where employees felt respected and had pride in the results of their work. These results are aligned with the motivational theories of Herzberg and Maslow. These same factors of organizational culture are the essence of which Magnet hospital certifications are based and align with the theories of motivation and subsequent job satisfaction of nurses. As mentioned

previously, Magnet hospitals maintain a higher recruitment and retention of nurses than non-Magnet hospitals in all regions of the country.

Adams and Bond (2000) found that good interpersonal relationships with the manager and colleagues were sources of job satisfaction. In this study they cited the works of Knaus, Draper, Wagner, and Zimmerman (1986), who described a connection between the level nurses were able to freely and openly communicate with physicians in the ICU to be a succinct prediction of patient mortality. A similar study by Aiken and Sloane (1997) found a consistent correlation between patient outcomes and job satisfaction when the nurse had collaborative and good relationship with the physician.

Aiken and Patrician (2000), studied hospitals who employed supportive managers and discovered those organizations had a higher incidence of retaining nurses. Littell (1995), found that organizational climate was the most important factor of service occupation job satisfaction for employees.

The study by Aiken et al. (2002) reported hospitals that employ supportive managers, giving employees' autonomy over decisions that affect their job, experience a lower incidence of nurses leaving their jobs. In the same study it was reported that nurses were twice as dissatisfied with their job if they felt the organization did not support them. It is unknown in the way the 2002 study was designed how the nurses equated the role of the manager to the organization. It's possible that the focus on nurses having autonomy may not be as important as having a "manager" that facilitates the nurse to have autonomy over decisions. Perhaps it is the "relationship" with the manager that is intrinsically appealing to the nurse. Another factor of satisfaction important to the nurses in this study and validated by nurses in general in other studies was having adequate nurse to

patient staffing ratios. One such study by Aiken et al., (2002) had determined that high patient to staff ratios lead to increased stress of the nurse by their inability to perform their jobs to the level of their expectation.

Teambuilding exercises, as mentioned in the literature by Dimeglio et al., (2005) can be used to increase nurse job satisfaction. Recognizing the importance of collegial relationships, his study concluded the success as evidenced by improved nurse retention after three teambuilding sessions given over a period of one year may be in the process and interaction between the staff and the manager.

Finally, in the study by Martin, Gray, and Adam (2007) who examined the effects of verbal abuse in the workplace. They determined a difference in the outcome based on the perception of the recipient to the level of intent of the attack whether environmental due to circumstance or intentionally directed to the recipient. If the attack was perceived as intentional, the effect to the employee and the organization was evidence by reduced productivity, low morale, and increased absenteeism which ultimately increased nurse job turnover and the high cost of turnover to the organization has been well documented. If an organization would maintain a disciplined culture of respect a number of nursing jobs would logically be retained.

These examples from the research literature support conclusions and findings of this study of the importance nurses place on the role of the nurse manager, collegial relationships, and the nurses ability to provide quality nursing care to patients which equate to nurse job satisfaction in general, and worthy for implementation by organizations and for future study.

<u>Were the theories of Maslow and Herzberg consistent with the responses on the survey</u>

<u>made by the nurses?</u>

All responses by the Oklahoma nurses on the survey were consistent with the theories of Maslow and Herzberg and support a conclusion that these motivation theories are useful in explaining and predicting nurses' perceptions of important job satisfaction factors in this study.

As previously mentioned, according to Herzberg (1959) achievement is intrinsic and is one of the greatest motivators to promote job satisfaction. In the survey by the New York State Blue Ribbon Task Force (2002), they found that job satisfaction was highest among nurses who spent a significant amount of time doing direct patient care and lowest among nurses who spent more time on paperwork than patient care. The Oklahoma nurses responded they were satisfied with the patient care they gave, which would indicate agreement with Herzberg's theory of the importance of intrinsic motivation in job satisfaction and be placed at the upper levels of Maslow's hierarchy of needs scale.

Items given high ranks by the respondents indicate the importance to relationships and job satisfaction by nurses which is the third level on Maslow's scale as listed in his theory of motivation (1943) and as an example of an intrinsic factor as defined by Herzberg (1959). The Oklahoma nurses said they felt they gave quality patient care. In the survey by AFT Healthcare (2001) which found that even though a nurse was unhappy and intended to leave their job, 71% said the most enjoyable part of nursing was helping patients and their families. This item is represented in Herzberg (1959) as an intrinsic/motivational factor and in Maslow's theory (1943) as self-esteem or among the fourth level in his scale of motivation factors.

<u>Was there a match between the responses of nurses with the hospitals, and how were the</u>

<u>hospital responses compared to the theories of Maslow and Herzberg?</u>

There was a match between the nurses and hospitals A and B on the first question. Hospitals ranked pay as their most used recruitment and retention strategy. When ranking the factors, nurses ranked pay as the most important to their job satisfaction. The fact that the nurses chose pay as their number one ranked factor, can be explained by both theories of motivation for the nurses and hospitals. In Maslow's hierarchy of needs scale (1943), pay would be the first level of motivation to seek a job by providing the most basic of needs. However, as soon as the first level is satisfied, the nurse would be looking at the next level of safety, then to relationships, and so forth. The nurse would not continue to be satisfied with pay as the only factor. Again, Herzberg's theory (1959), agrees with Maslow's theory by realizing as soon as this first extrinsic motivator is met, the nurse would be looking for intrinsic motivators to sustain the job satisfaction. In other words, the two must go hand-in-hand for sustaining job satisfaction and it is job satisfaction which is equated to nurse retention. In looking at the responses by the nurses for the 29 study questions using different modalities, the most significant part of the study to the researcher was the fact that the nurses chose their relation or perception of the role of the manager, "Having a good nurse manager and leader" with the highest mean. In fact all three of the factors pertaining to job satisfaction and the manger were ranked or rated in the top responses in the study. Both Herzberg (1959), and Maslow (1943), theories support these responses the nurses chose by the top mean. The nurses surveyed were working and had satisfied the first level and second level of the hierarchy of needs scale. Based on the theory of Maslow, the nurse would be motivated to the next

levels of the hierarchy of needs scale which would explain the response of their

relationship with their manager being a factor of job satisfaction. Having the approval of

the manager would account for the fourth level of the scale. There was no selection

regarding the manager given to the Oklahoma public hospitals to rate and previously

noted as a deficiency of the study and unfortunately may well be an example of the

contributing factors of disconnect between what hospitals focus their retainment efforts to

what nurses describe as factors most important to their job satisfaction.   The hospital that

chose "adequate staffing" as the second most important tool used for

recruitment/retention, made a good selection for nurse retention as the literature of other

research studies continue to connect the level of staffing ratios of nurse to patient directly

to nurse satisfaction (Aiken et al., 2002). Staffing is an intrinsic motivator as it allows

the nurse to give good patient care as she was trained in nursing school and giving quality

nursing care is highly associated with nursing satisfaction (Lacey & Shaver, 2002).   For

a nurse not being able to provide adequate nursing care because of extrinsic factors

creates "stress of conscience" as described by Yarbrough, Alfred, and Martin (2008), and

completely aligns with both Maslow (1943), and Herzberg's(1959) theories of motivation

by the extrinsic factors not allowing the motivating intrinsic factors associated with job

satisfaction and stopping the nurse from being motivated to reach the fourth and fifth

level of Maslow hierarchy of needs scale. Whatever extrinsic factor that would keep a

nurse for nurse from providing quality patient care or an intrinsic factor, would be

dissatisfying.   While providing "comprehensive, flexible benefits", as chosen as the

second used recruitment/retention tool by one of the hospitals is not as motivating as

"adequate staffing" is because the first is another extrinsic factor which according to

Herzberg (1959) cannot sustain employee satisfaction without other intrinsic motivators and is still satisfying the first level of the hierarchy of needs scale (Maslow, 1943). A hospital that would follow up with adequate staffing which the nurse associates with being able to provide quality patient care after competitive wages, motivates the nurse up the hierarchy of needs scale (1943), and combines the extrinsic with intrinsic.

Rating the third most important tool used for recruitment and retention by a hospital was "Positive environment". This is also a good retention choice based on the survey results and literature. Good relationships and team work is the third level of Maslow's scale of motivation (1943) while intrinsic in nature it is also consistent with Herzberg's factors of motivation (1959). The nurses selected another factor relating to the manager, "Feeling supported by my manager" which underscores the importance they gave their relationship with the manager. Interpreting this second factor of support by the manager, could be placed in the second level of Maslow's hierarchy of needs scale (1943), of safety, or the third scale of relationships to the fourth scale of self-esteem. When a nurse feels supported by the manager, this selection could also be interpreted through Herzberg's theory (1959), that the nurse is supported to do her job, which is rewarding, motivating, and satisfying to the nurse.

When describing the differences between the nurse respondents of this study to the hospital Human Resource managers, after pay which is the beginning level of motivation, the nurses chose those items which were intrinsic motivators in themselves or extrinsic motivators that would promote their ability to provide quality patient care which would become an intrinsic motivator.

RECOMMENDATIONS

Recommendations for Practice

   According to the 2007 annual report summary by the Oklahoma Board of Nursing,

there were:

 1. BSNs -1,926,

 2. ADRNs -2,708, and

3. LPNs- 2,396.

When adding the number of nurses who graduated from adult technical nursing programs

those with Associate degrees as RNs and LPNs account for the majority of nurses

licensed in Oklahoma.   From the results of this survey and other recent surveys, adult

nursing occupational education programs should consider incorporating curriculum

which trains nurses to create environments of teamwork and relationships. If the

manager has a strong relationship to a nurses' job satisfaction as indicated by the results

by this study, this is a culture shift which can best be facilitated through education. It is

reasonable to expect the Associate Degree RNs as well as Bachelor prepared RNs may be

in positions of managers/leaders and it would be important for these nurses to receive

education and training in leadership because it has such a high level of job satisfaction to

the nurses they are supervising.   Other methods using education curriculum to positively

impact a culture change would be to use teamwork instead of focusing on individual

performance where nurses could learn to work together in training and mentoring which

would carry over into the workplace after graduation, which would benefit all categories

of nurses.

To recall the study by DiMeglio et al., (2005) in which researchers educated nurses in three team-building sessions which identified the cultural personality and promoted cohesive teams on each of the nine hospital units over a one-year period. As a result of these educational interventions which increased the nurses' job satisfaction, the nurse turn-over rate decreased by 27%. Information collected from the interventions helped the nurse managers to tailor teamwork-building plans for the units. If nurses received this type of team building as part of their curriculum, it could create a culture of respect and support of nurses to other nurses, which according to the nurses in this study and supported by the theories of Maslow and Herzberg, is a desire of nurses. In the DiMeglio et al.,(2005) study, it was concluded the probable reason the team-building interventions were successful was the interaction between staff and manager while developing the manager's leadership skills. The Oklahoma nurses gave high marks in the study to the questions which related to teamwork on their unit as well as having teamwork between the nurses and physicians. The drive for relationships is the third level found in Maslow's scale of motivation (Maslow, 1943). Collegial relationships and teamwork between staff and physicians would be intrinsically motivating according to Herzberg (1959).

Another paradigm shift in education changing a culture would include nurses' crossing over to team training with residents and other medical disciplines. Instead of creating silos of training for nurses, physicians and other technicians participating in group exercises of clinical scenarios could help each discipline better interact while involved in the learning process. Virtual reality training has increased the availability of these group multi-discipline clinical training exercises. As in the case where nurses and residents

trained together using mannequins during clinical emergency scenarios representative of those one might experience in the intensive care unit, physicians and nurses gained a collegiality not previously experienced when the disciplines were trained separately.

For Further Research

Based on the results of this survey it may be valuable to ask hospitals to rate their perception of importance the manager plays into the recruitment/retainment process, to ascertain if they would even consider a unit manager as a recruitment/retention strategy or a factor of nurse satisfaction. Having a greater number of nurse respondents return surveys, and over a larger variety of facilities would give more insight to the job satisfaction thought processes of the nurses to see if other Oklahoma nurses would place emphasis on their relationship to the manager as the nurses did in this study and as the literature suggests. Other suggestions for research would be taking these same questions and giving them in other states to determine if the findings in this study where nurses placed a great importance on the role of the manager to their level of job satisfaction was specific to this study or if there is a larger population of nurses who share similar perceptions of the manager. Another research possibility would be to find hospitals with high job turn-over of nurses and work with the managers of those hospitals and provide educational training to managers and see if the nursing job satisfaction would increase while the nurse turnover would decrease as stated in the literature, and test this in multiple hospital markets or states.

CONCLUSION

There were a number of similarities with other studies described in the literature providing the basis of the conceptual model as well as supporting the two predominate theories of this research by Maslow and Hertzberg compared to the results of this study. It is apparent that organizational culture and environment play an important part in job satisfaction and retention of nurses to a hospital. In this study the nurses placed a heavy emphasis on relationships and their perception of the manager. While this factor of nurse job satisfaction is worthy of further study to determine how this could be related to other populations, and not fully understood, there are conclusions from the study supported by other studies and the literature which can be generalized.

Some of those generalizations:

1. Nurse dissatisfaction leads to nurses quitting the organization and sometimes nursing as a career.

2. When units have high nurse –to-patient ratios there is an increase in patient mortality.

3. Intrinsic motivators are the most compelling to the retention of nurses especially when combined with extrinsic motivators.

4. When a nurse cannot provide the type of quality care for a patient, it causes added stress to the nurse and is a source of job dissatisfaction.

5. Respect must be mutual between all parties as nurses, physicians, managers, executives and patients. Organizations that have zero tolerance for abusive behaviors have increased job satisfaction.

6. Hospitals need to reassess their culture and support the training of front-line managers who are closest to the employee.

7. Managers may be the gatekeeper that assists the employee from one level of motivation to the next level on Maslow's hierarchy of needs scale.

Hospitals who have obtained Magnet status have already made the decision to employ supportive management styles and make specific changes to their organizational cultures as the literature have indicated are important to nurse job satisfaction. It is reasonable to consider these decisions contribute to a Magnet hospitals ability to maintain higher levels of recruitment/retention of nurses compared to non-Magnet hospitals. This focus on supportive and participatory management of Magnet hospitals could be an important link in their nurse retention success considering what nurses find in job satisfaction compared to where hospitals put their emphasis for recruitment and retention of nurses as compared to non-Magnet hospitals. Based on the literature of organizational culture and the role of supportive managers to job satisfaction when combined with viewing the obvious success of the Magnet hospitals it is difficult to understand why non –Magnet hospitals have not embraced some of these factors of nurse job satisfaction to aid in their recruitment/retention strategies.

It was evident in this study, that pay and benefits held an important place in nurse job satisfaction. Not having adequate staff or adequate time allowing the nurse to perform their nursing duties of patient care to the level of their code of ethics was shown to create conflict to the nurse in the 2008 study by Yarbrough, Alfred and Martin. Not having adequate time to provide patient care or the amount of staffing required for a nurse to provide patient care is an intrinsic/motivation according the Herzberg and would be one of the main factors promoting job satisfaction to the nurse (1959).

There were several items selected by the respondents in this study denoting satisfaction that would fit under a larger theme of relationships. Relationships are both intrinsic/ motivational factors in Herzberg's theory (1959) and the third level of Maslow's scale of motivation (1943). These relationships would be with the manager/management, physicians, peers and mentors, which can be dynamic in predicting patient mortality. Finally, it is entirely possible that supportive nurse managers may be the most effective recruitment/retention strategy in bridging the nurses to the higher levels of Maslow's hierarchy of needs scale and at the same time providing intrinsic motivation leading to job satisfaction.

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APPENDICES

Appendix A

Oklahoma State University Institutional Review Board

Date: Tuesday, March 18, 2008

IRB Application No   ED0841

Proposal Title: Comparison of the Factors Affecting Job Satisfaction of Nurses in Oklahoma Public Hospitals with the Hospitals' Recruitment and Retention Programs

Reviewed and   Exempt
Processed as:

Status Recommended by Reviewer(s):   Approved   Protocol Expires: 3/17/2009

Principal
Investigator(s):

Gay L. Sammons   Lynna Ausburn
691 Pepperdrive Apt. 8   257 Willard
Hanford, CA 93230   Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.
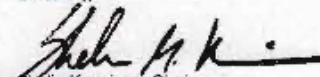
☒ The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 219 Cordell North (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,

Shelia Kennison, Chair
Institutional Review Board

Appendix B

Complete Questionnaire

Factors Affecting Job Satisfaction of Nurses in Oklahoma Public Hospitals

Dear Nursing Colleague:

This research project is being conducted by Gay Sammons, RN, a doctoral student at Oklahoma State University, as a dissertation study. The study will examine what nurses say about things that affect their job satisfaction. Your input is very important and can make a difference in documenting factors that promote job satisfaction and retention in Oklahoma public hospitals and how the hospitals can best help nurses attain job satisfaction.

Please read this Consent Information Sheet carefully before participating in this research.

Specifically, this research will ask nurses with experience in Oklahoma public hospitals to rate 29 items that might affect job satisfaction and then to rank the top 1 through 8 as being the most important to their job satisfaction. You will also indicate your level of agreement with 6 statements of overall job satisfaction in your current or previous public hospital job. Finally, there are three questions that you may answer in your own words.

By agreeing to participate in this research, you agree that you understand the following information about your participation:

- I understand that my participation in this research is completely **voluntary**. There are no special incentives for my participation and there are no negative consequences for declining participation.
- I understand the purpose of this research is to help the researcher learn more about nursing job satisfaction and what factors are regarded as most important to job satisfaction in your current job.
- I understand that my participation will take approximately 15to 20 minutes of my time.
- I understand I will be asked to rate 29 items that affect my job satisfaction and then rank the top 8, 1 through 8 with 1 being the most important factor that affects my job satisfaction. I will also be asked to rate 6 general questions concerning my current job and level of satisfaction. I will also have opportunity to write my answers to three questions that may not have been covered in the 29 rated items.

I understand and agree to the following conditions regarding the safeguarding of my privacy and identify as a participant in this research:

- Information I provide will be anonymous and treated with complete confidentiality.

- Information I provide will be secured at all times by the Principal Investigator. All documents will be secured by the Principal Investigator in a locked cabinet at her personal residence until they have been entered into an anonymous statistical database and will then be shredded. Only the computer database which is completely anonymous will be retained for a period of three years by the Principal Investigator. After this time the database records will be destroyed.
- The data for this research will be used solely for research reporting and improving nurse recruitment and retention efforts. This research will benefit the nursing profession by informing hospitals about nurses' perception of job satisfaction and those items that are the most important causes of satisfaction in a job. Hospitals can use this information to create recruitment and retention initiatives that may increase nurses' job satisfaction.
- Any data from this research used in presentation and publication of professional literature and reports will be anonymous and reported only in aggregated and/or in codes. No reference to my name or personal identity will be made at any time.
- All records of this research will be kept solely by the Principal Investigator and will be maintained under locked security and destroyed as detailed above.
- There are no known risks associated with participating with this research beyond those encountered in daily life.

If you have any questions or concerns, you may contact the Principal Investigator or her faculty Advisor, Dr. Lynna Ausburn, by phone at Oklahoma State University at (405) 744-8322 or by email at sammongl@ah.org or lynna.ausburn@okstate.edu.

If you have questions about your rights as a research volunteer, you may contact Dr. Shelia Kennison, IRB Chair, 219 Cordell North, Stillwater, Ok. 74078, (405) 744-1676 or irb@okstate.edu.

To give your consent to participate in this research and submit your data to the researcher for inclusion in analysis and use in professional nursing literature, please remove this Consent Information Sheet and proceed to answer and return the attached survey. Please keep this document for your records and personal use.

Thank you for participating in this research. Your input is highly valued.

Nursing Job Satisfaction Survey

Part I: General Information

Please complete each question about yourself and your experience as a nurse in an Oklahoma public hospital by putting a check or an answer in the appropriate blank.

1. Are you a/an

    RN_____

    LPN_____

2. In what year were you first licensed as an RN or LPN?   _____

3. In what year were you born: _____

4. What is your gender?   Female_____   Male_____

5. Is the Oklahoma public hospital in which you current work or have most recently worked greater than 100 beds?
    Yes_____ No_____

6. Number of years you have worked as a public hospital nurse   _____

7. Number of years you have been in your current job   _____

8. Is your hospital considered: Urban_____   Rural _____

II. Please rate the effect of each item below on your job satisfaction and your intention to stay in your current position by circling the number of your choice. If you are not currently working in a public hospital, please think back and respond as if you WERE in your public hospital job.

1= no effect on job satisfaction
2= slight effect on job satisfaction
3= moderate effect on job satisfaction
4= strong effect on job satisfaction
5= extremely strong effect on job satisfaction

1. Having a good working relationship with my manager.   1 2 3 4 5
2. Being valued by my organization.   1 2 3 4 5
3. Having influence on my organization's policy development.   1 2 3 4 5
4. Having a good working relationship with physicians.   1 2 3 4 5
5. Having a fair salary for the job market in my area.   1 2 3 4 5
6. Having autonomy in making decisions within my job.   1 2 3 4 5
7. Being required to work double-shifts.   1 2 3 4 5
8. Being required to float to another unit, "on demand".   1 2 3 4 5
9. Being expected to work faster to increase patient turnover.   1 2 3 4 5
10. Having inadequate time to provide adequate levels of patient care.   1 2 3 4 5
11. Having opportunities for career development and promotion for nurses.   1 2 3 4 5
12. Feeling safe in my work environment.   1 2 3 4 5
13. Having a feeling of teamwork on my unit.   1 2 3 4 5
14. Being treated as a valued health professional.   1 2 3 4 5
15. Having workplace bullying in my unit.   1 2 3 4 5
16. Being able to park close to work.   1 2 3 4 5
17. Feeling supported by my manager.   1 2 3 4 5
18. Receiving paid time off for continuing education   1 2 3 4 5
19. Feeling supported by the organization/Chief Nurse executive.   1 2 3 4 5
20. Feeling pressured to accept a doctor's order that was against my judgment1 2 3 4 5
21. Experiencing verbal or non-verbal abuse by physicians.   1 2 3 4 5
22. Having a 'zero tolerance' policy for intimidation behaviors in my
    organization.   1 2 3 4 5
23. Spending too much time on paperwork that interferes with patient care.   1 2 3 4 5
24. Having adequate nurse staffing on my unit.   1 2 3 4 5
25. Having a nurse manager who is a good manager and leader.   1 2 3 4 5
26. Having flexible work scheduling in my unit.   1 2 3 4 5
27. Having teamwork on my unit between nurses and physicians.   1 2 3 4 5
28. Having mentor training and support to new employees in my unit.   1 2 3 4 5
29. Feeling stress on my job at least three times per week.   1 2 3 4 5

Place an x by the top 8 items that you feel are most important to your own job satisfaction. You will rank the 8 items you choose in order of importance on the next page.

III.   Select your top 8 items from the 29 listed in Part II. Put the 8 items you chose in order 1 through 8 in the blanks below, with 1= the most critical to your job satisfaction. DO NOT use any tied ranks. Indicate your rankings by writing NUMBERS of items in blanks. The number of your top-ranked item goes in blank #1.

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____

IV.   Please indicate your agreement with these 6 statements of overall job satisfaction in your current or past public hospital job. Indicate your response by circling the appropriate number.

1 = strongly disagree
2 = disagree
3 = neutral or undecided
4 = agree
5 = strongly agree

1. I am/was satisfied with my hospital job and work environment.   1 2 3 4 5
2. I am/was satisfied with the quality of care I am/was able to provide
   to patients.   1 2 3 4 5
3. I would encourage other nurses to apply for a job with my employer. 1 2 3 45
4. My employer places/d a high value on the work I do/did.   1 2 3 4 5
5. I intend to stay in my hospital position for at least 1 year.   1 2 3 4 5
6. If I could/could have leave/left my hospital position immediately,
   I would/would have.   1 2 3 4 5

V. Please answer these questions.

1. Is there a source of dissatisfaction with your current/past hospital job that has not been mentioned in this questionnaire? Please describe.

2.   Please describe what would make or would have made your hospital job or working environment more satisfying?

3. If you have left a hospital job or are considering leaving your present hospital job, please explain the reason(s)?

Thank you for participating in this research. Please be assured your input is appreciated and will be held in strict anonymity and confidence.

I. Nine Recruitment/ Retention Strategies to Rank

Table 2: Strategies used by hospitals to recruit and retain nurses, rated by human resource personnel from the strongest to the least compared to their practice and use at their facility.

Strategies	Rank 1 through 9
1. Competitive wages, strong pay scale	_____
2. Sign on bonus programs	_____
3. Comprehensive, flexible benefits	_____
4. Flexible scheduling, control over shifts	_____
5. Opportunity for decision making participation and input	_____
6. Continuing education, professional practice development opportunities	_____
7. Positive collegial environment	_____
8. Recognition programs	_____
9. Adequate staffing	_____

Gay Lou Sammons

Candidate for the Degree of

Doctor of Philosophy

Dissertation: A COMPARISON OF FACTORS AFFECTING JOB SATISFACTION
OF NURSES IN OKLAHOMA PUBLIC HOSPITALS WITH HOSPITALS'
RECRUITMENT AND RETENTION PRIORITIES.

Major Field: Occupational Educational Studies

Biographical:

Personal Data: Born April 27, in Oklahoma City, Oklahoma

Education: Graduated Associate Degree Registered Nursing, Oklahoma City
Community College, Oklahoma City, Oklahoma in 1981; Bachelor of
Business Administration from Oklahoma City University, Oklahoma
City, Oklahoma in 1997; Master of Science Degree, Management from
Southern Nazarene University, Tulsa, Oklahoma in 1999; completed the
requirements for the Doctor of Philosophy degree, Oklahoma State
University, Stillwater, Oklahoma in May, 2009.

Experience: Presently working as Director of Surgical Services, Adventist
Health encompassing four hospitals in the Central Valley of California.
Registered Nurse, 1981, Surgery Manager for fifteen years.

Professional Memberships: Omicron Tau Theta; Delta Mu Delta; Delta Phi
Epsilon; Association of Operating Room Nurses.

ADVISER'S APPROVAL: Lynna J. Ausburn

Name: Gay Lou Sammons   Date of Degree: May, 2009

Institution: Oklahoma State University   Location: Stillwater, Oklahoma

Title of Study: A COMPARISON OF FACTORS AFFECTING JOB SATISFACTION OF NURSES IN OKLAHOMA PUBLIC HOSPITALS WITH HOSPITALS' RECRUITMENT AND RETENTION PRIORITIES

Pages in Study: 105   Candidate for the Degree of Doctor of Philosophy

Major Field: Occupational Educational Studies

Scope and Method of Study: The purpose of this study was to describe the perceptions about environmental/external and motivational/internal variables and factors held by nurses in public hospitals in Oklahoma, their relationship to the perceived job satisfaction or dissatisfaction, and how dissatisfaction relates to nurses' intention to leave their hospital jobs. The study then compared the job satisfiers identified by nurses compared to the policies and practices of Oklahoma public hospitals' use in their target recruitment and retention of nurses. A survey consisting of five sections with Likert-type ratings of 29 questions, then ∑Rank Point of the top eight of 29 questions by 62 respondents of the most important factors of job satisfaction and analyzed using descriptive statistics. Additionally, the nurses answered five global satisfaction questions with Likert-type ratings and three qualitative response questions were offered. Forty-eight nurses gave qualitative responses on one to three of the questions.   Two large public hospital human resource mangers rated nine methods of their recruitment/retention strategies from the most used to the least.

Findings and Conclusions: The nurses provided their perceptions of factors of job satisfaction/dissatisfaction. The nurses listed the most important to the least. The highest mean for the eight of the 29 questions were: Good nurse manger; Fair salary; Adequate staffing; Supported by manger. The ∑Rank Point from the most important to the least was: Fair salary; Adequate staffing; Good relationship with manager; Adequate time for patient care. The most important qualitative themes were: Management treatment of staff; Lack of teamwork; Lack of staffing; Better Pay. On the global satisfaction questions, three fourths of the respondents were satisfied with their job environment, the quality of patient care they provided and encouraged nurses to apply at their job. The Pearson correlations verified this satisfaction and intention to stay in the job for at least one year. The two hospital human resource managers stated from the most used to the least used strategy of recruitment/retention was: Competitive wages for both hospitals. The nurses' responses were more directed to the manager for job satisfaction. The hospitals did not have a manager factor to rate. The findings of this study support a conclusion that the motivation theories of Maslow and Herzberg are useful in understanding the factors of job satisfaction for Oklahoma nurses.

ADVISER'S APPROVAL: Lynna J. Ausburn