

FACTORS ASSOCIATED WITH GRADUATE NURSE  
EMPLOYMENT IN HOSPITAL PRACTICE

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EMPLOYMENT IN HOSPITAL PRACTICE

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## CHAPTER I

### INTRODUCTION

A shortage of nurses has been identified nationally despite the fact that the present supply is the largest in history. "A shortage (or surplus) is a function of a lack of balance between numbers of jobs or positions and the number of qualified people available to fill them" (Johnson, 1982, p. 498). In 1976, the Oklahoma Board of Nurse Registration and Nursing Education reported 260 registered nurses (R.N.s) per 100,000 population which was below the national average of 497. Although Tulsa county was below the national average, it was above the state average with 377 R.N.'s per 100,000 population.

According to Johnson (1982), today's hospitals have insatiable needs for nurses to enable them to deliver competent, safe nursing care for every patient. Due to the decreased enrollment of nursing students in all educational programs, predictions that future populations will require more acute care, emphasis must be placed on the recruitment and retention of qualified nurses to assist in controlling the nurse shortage in the hospital setting.

#### Statement of the Problem

The problem with which this study dealt was the lack of information relative to the factors associated with graduate nurses' rationale for their employment in hospital practice.

### Need for the Study

Although numerous researchers and manpower-oriented organizations have gathered data concerning nursing shortages, few researchers have reported studies at a local geographical level in the area concerned with graduate nurses' rationale for initial and continued employment in the hospital setting. The study could contribute toward creating a climate within the hospital to improve the nurse shortage dilemma.

### Purpose of the Study

The purpose of the study was to survey the graduate nurses at a large metropolitan hospital in Oklahoma to identify what their job expectations were prior to their initial employment and to measure their job satisfaction during their first year.

This study sought to answer the following questions:

1. What job expectation factors are perceived to be important?
2. Is there a difference in job expectations based on educational background?
3. What fringe benefits are perceived to be important?
4. How do graduate nurses from different educational programs view components of job satisfaction?

### Limitations of the Study

Limitations of the study were:

1. Only the graduate nurses who had passed the state board examination for registered nurses were studied.

2. The graduate nurses in the study were all employed by one large acute care hospital in Oklahoma.

3. The graduate nurses had graduated from a nursing program not more than one year prior to participation in the study.

#### Assumptions

The following assumptions were made:

1. The graduate nurses involved in the study were representative of future graduate nurses.

2. The study participants responded to the questionnaires truthfully.

#### Definitions

The following terms have been defined for use in this study:

Registered Nurse (R.N.) - a professional nurse (current laws permit licensing of the R.N. after a two-year associate degree program, a three-year diploma program or a four- or five-year baccalaureate program).

Hospital Practice - an acute care health facility.

Graduate Nurse - a registered nurse who graduated from a nursing program not more than one year prior to participation in the study and was working under the supervision of a patient care supervisor or her designee and functioning as a module leader or a module member.

Professional Nurse - synonymous with registered nurse.

Job Satisfaction Factors - factors related to the job situation itself: pay, autonomy, task requirements, organizational requirements, and job prestige/status.

Job Expectation Factors - factors which would influence decisions regarding initial employment, i.e., good salary, pleasant working conditions.

Groups - three educational levels of graduate nurses.

#### Organization of the Study

Chapter I introduces the study by presenting the problem, need for the study, purpose, questions to be answered, limitations, assumptions, and definition of terms. Chapter II includes a review of related literature concerning the projected supply and demand for R.N.s, recruitment factors, nursing turnover and job satisfiers related to retention. Chapter III reports the procedures utilized in this study, including the selection of subjects, data gathering instrument, collection of the data, and analyzing the data. Chapter IV presents the findings of the study while Chapter V contains a summary, conclusions and recommendations for further research and practice.

## CHAPTER II

### REVIEW OF THE LITERATURE

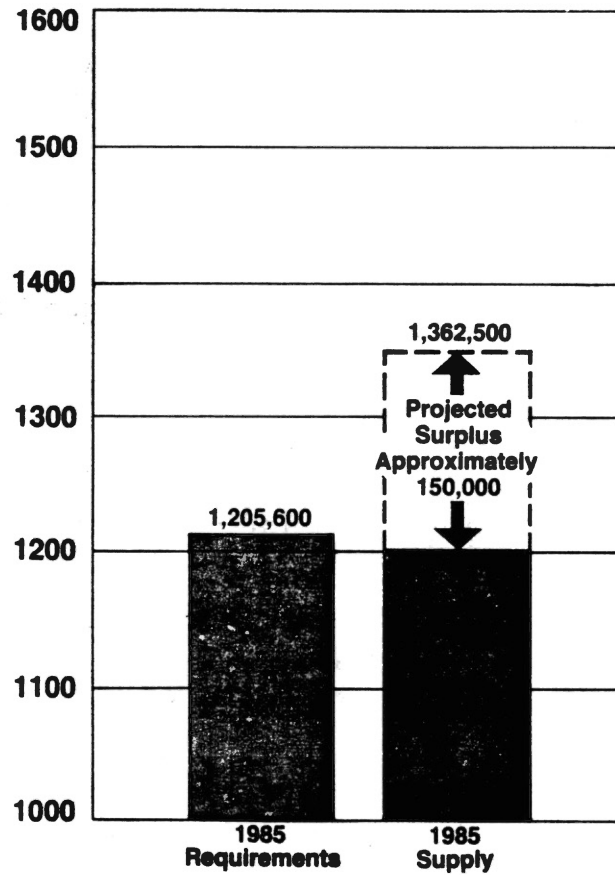
This chapter reviews the literature in the following areas:

(1) data describing the projected supply and demand for registered professional nurses, including statistics, graphs, rationale, (2) recruitment factors: job expectations, rewards and incentives for hospital practice, fringe benefits, (3) nursing turnover: causes and solutions, and (4) job satisfiers as they relate to retention.

#### Projected Supply and Demand for Registered Professional Nurses

Until recently, the Federal Government maintained that there was a surplus of active registered nurses (Durbak, 1982). Furthermore, an even greater surplus was predicted by 1985. These predictions were made by constructing models utilizing data on the size and composition of our future population, the health care services that would be required by that population and the staff needed to provide those identified services. The results revealed that by 1985, the nation would need 1,205,600 nurses and would have a supply of 1,362,500 active R.N.s, a surplus of approximately 157,000. The Federal Government's official forecast related to the supply and demand for R.N.s is shown in Figure 1 (Durbak, 1982).

**Active RNs  
(in thousands)**



Source: Ivan Durbak. "How Uncle Sam Whitewashed the Nursing Shortage," RN (1982), p. 47.

Figure 1. The Federal Government's Official Forecast Related to the Supply and Demand for R.N.s.

Non-government sources over the last year estimated an existing shortage of 90,000 R.N.s in hospitals alone. Only 61.4 percent of the active R.N.s are employed in a hospital setting (Fralic, 1980). Areas of nurses' employment are shown in Figure 2.

Johnson (1982) stated that although there was essentially nothing wrong with the government models in theory, they had based their predictions on two major assumptions that were out-dated: (1) staffing patterns would remain the same, and (2) the number of individuals entering the health field would increase. Due to patients' increased acuity of illness, it was necessary to adjust staffing patterns to increase the number of full-time equivalent (FTE) R.N.s to deliver the more technologically complex, intensified nursing care. The increase in the number of FTE R.N.s required per 100 community-hospital patients is shown in Figure 3 (Durbak, 1982).

During this same period of time, the number of students entering and graduating from nursing programs declined steadily. The decline in the number of students entering and graduating from nursing programs is shown in Figures 4 and 5 (Professional Update, 1982). Failure to predict the increase in staffing patterns along with significantly estimating the number of new nurses entering the field resulted in the inaccurate predictions.

The updated forecasts predict a need for 1,560,000 R.N.s in 1985 resulting in a projected shortage of 248,000. See Figure 6 for the updated forecasts for active R.N.s in 1985. Recently, the Department of



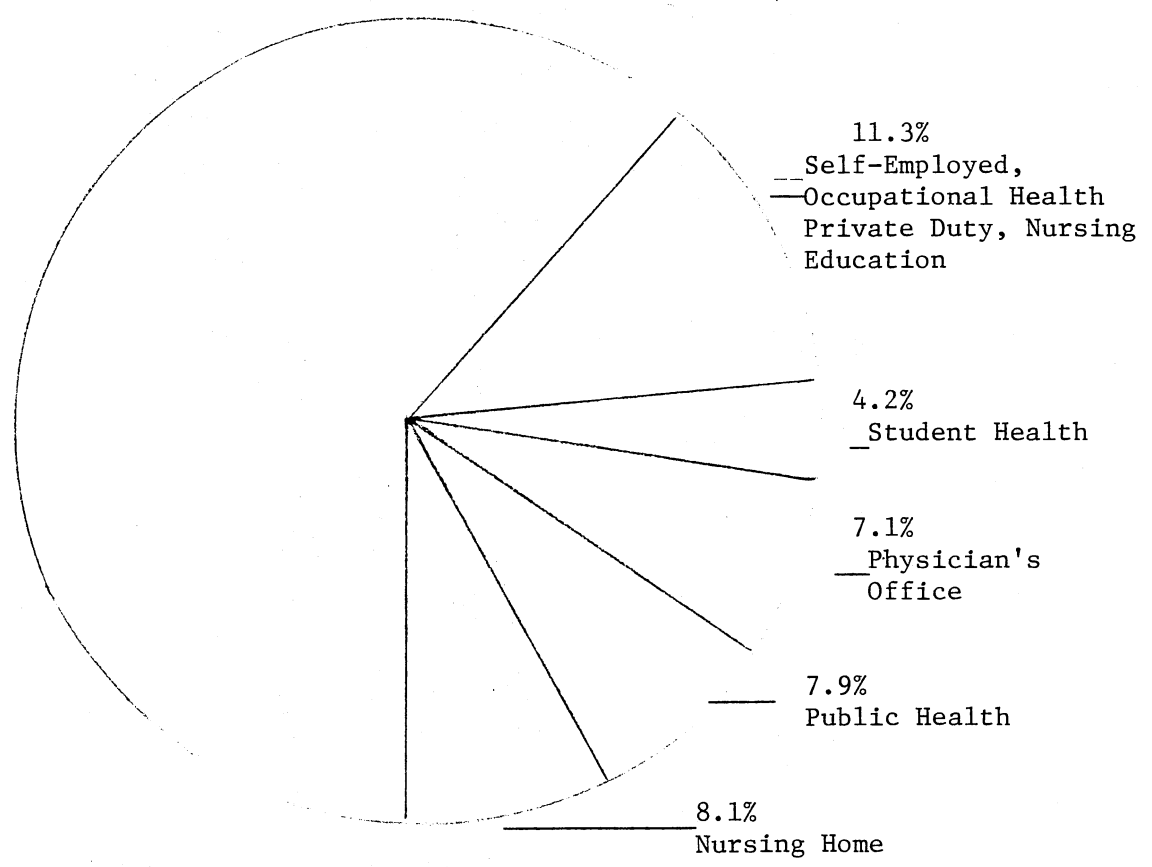
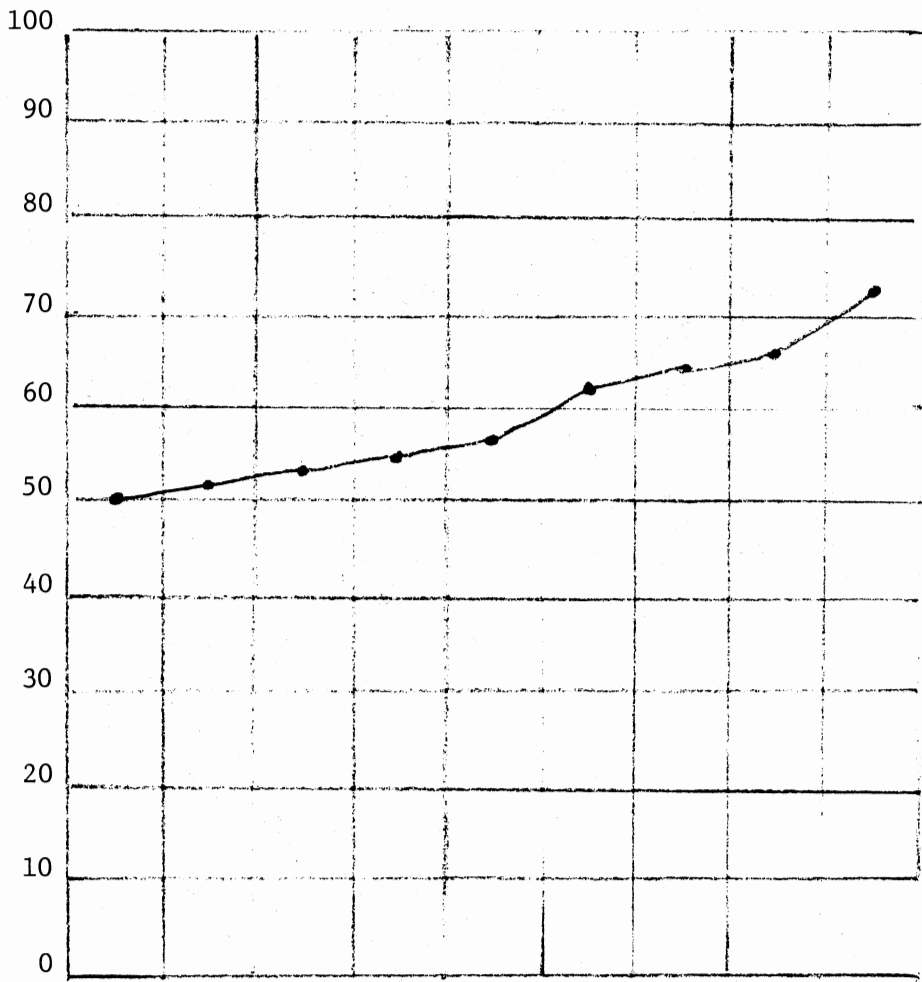


Figure 2. Where Are R.N.s Working?

R.N.s Needed



Average growth rate of 5.5 percent per year.

Figure 3. Number of FTE R.N.s Required per 100 Community-Hospital Patients

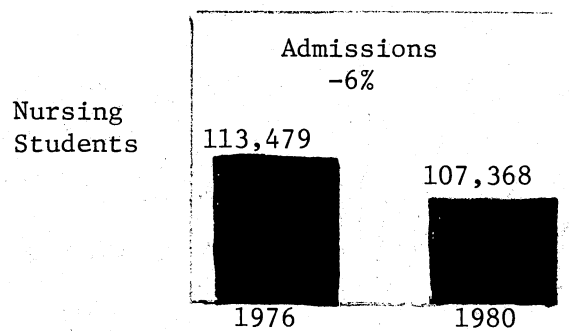


Figure 4. Decline in Nursing Students

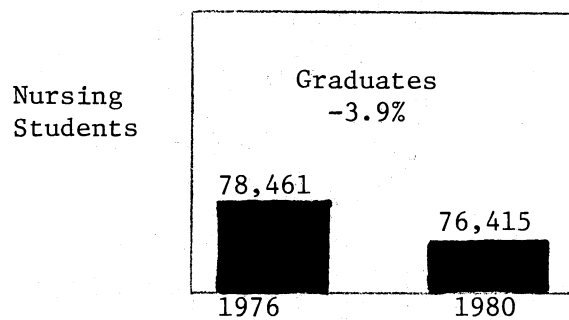


Figure 5. Decline in Nursing Students

Active R.N.s  
(in thousands)

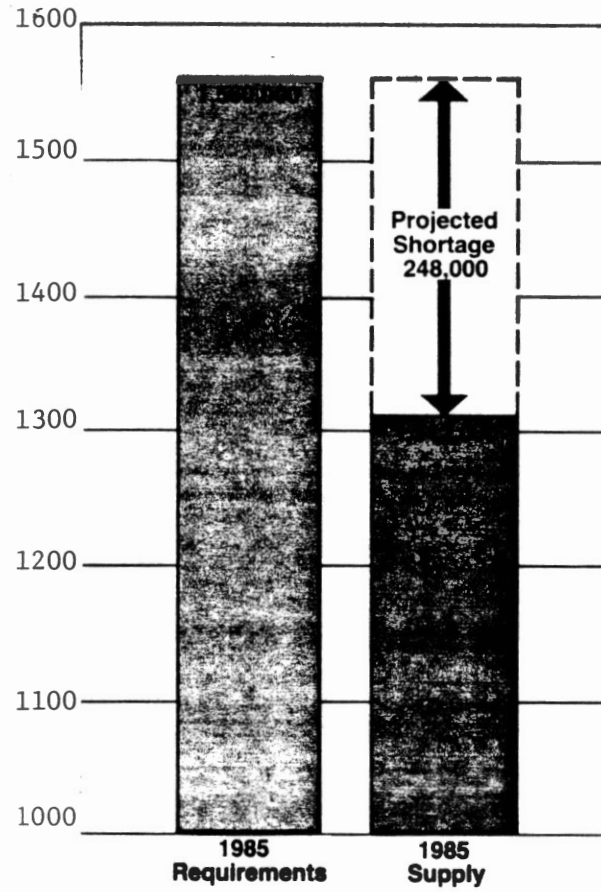


Figure 6. Up-dated Forecasts  
for Active R.N.s  
in 1985

Health and Human Services Department of Nursing estimated the demand for nursing services will still exceed the supply by the year 2000 (Durbak, 1982).

#### Recruitment Factors

Most of the literature reviewed related to recruitment also addressed the nurses' job expectations including fringe benefits. Recruitment factors are of prime importance due to the expense involved in not only recruiting but also in the training and orientation of newly employed nurses.

Burton (1982) related that graduate nurses select, or do not select positions in particular settings based on their job expectations for hospital practice. Major job expectations include a good salary, pleasant working conditions and the opportunity to work in a desired specialty on a desired shift in an institution with a professional reputation for providing quality patient care.

In 1980, Burton and Burton surveyed the job expectations of 75 percent of the nursing seniors from five different schools in one state to provide clues as to why a new graduate accepted a staff position in a particular setting. The study was conducted utilizing a questionnaire which included background information; measures of preference for size, city, or geographic area, preferences among various types of institutions; and availability for shifts and hours. In addition, the respondents were asked to rate the importance of 18 factors on a scale of 1 - 7 that might influence their decisions to accept a nursing position. Average scores were computed for each item and the results were then ranked. Another question requested

the senior nursing students to select the five most important factors (of 15) that they felt would influence their decisions to accept a position. These responses were weighed and total points computed for each item.

Prior to administering this instrument it was validated by a committee composed of staff nurses. A recommendation from this study suggested that it would be beneficial to address whether the subjects had had additional hospital work experience unrelated to their schooling (Burton, 1982).

This study showed that to recruit and retain qualified graduate nurses, it was essential for administrators "to work toward increasing the tangible and intangible rewards offered by their health care institutions" (Burton, 1980, p. 17).

Better pay and benefits, a friendly and supportive working atmosphere, participation in decision making with patients and supervisors, and a high-quality clinical care program can help close the gap between graduates' expectations and the reality of their first jobs (Burton, 1980, p. 17).

Many graduate nurses evaluate the quality of the orientation/ socialization programs offered by health care institutions when they are seeking their initial employment. Much has been written about how these programs assist graduate nurses in making the role transition from student nurse to staff nurse with less stress and frustration while increasing their confidence to perform competently.

McCloskey (1974) identified job expectations of 100 staff nurses by designing a three-part questionnaire. The study was designed to measure the job rewards and incentives to stress the positive aspects of a position rather than the negative aspects. The rewards and incentives were grouped in the following categories: safety, social and

psychological, which were taken from Maslow's hierarchy of needs.

Results of the study revealed that hospital staff nurses unanimously selected psychological rewards over safety and social rewards, indicating that nurses desired those internal rewards that would motivate them and meet their need for self-esteem. Since the staff nurse's self-esteem may be threatened daily by the overwhelming responsibilities she faces, a positive working environment would be an important job expectation (McCloskey, 1974).

This study was designed to determine what factors were involved in staff nurse turnover. One could deduct that turnover occurred as a result of the employer failing to meet the staff nurse's expectations for the job.

Even though some fringe benefits are essential, many of the fringe benefits employers supply are not important to the nursing staff receiving them according to Gulack (1982). His poll addressed 15 fringe benefits and the nurse respondents rated them as essential versus desirable. He suggested that nurses be given the option to determine or trade those less desirable benefits for others of their preference.

These studies in part supported some of this writer's research questions. They had a bearing on the methodology selected for research.

#### Nursing Turnover: Causes and Solutions

According to McCloskey (1974), nursing staff turnover is a longstanding and distressing problem faced by many hospitals and adds to the shortage of nurses. Although the actual turnover rate for nurses nationally is not entirely clear, it appears to range between 30

percent and 70 percent annually. With statistics of this magnitude, causes and solutions needed to be identified.

A high turnover of nurses affects hospital costs directly and indirectly. According to Wolf (1981), direct costs for replacing one nurse is approximately \$2,750 which includes recruitment cost, expenses for pre-employment physicals and lab work, and processing costs. Indirect costs are difficult to measure, however, it must be taken into account that initially new nurses are less efficient, and therefore, more costly during the first six months of employment. Since high turnover affects the morale of the remaining staff, they also display decreased performance.

Although some nurses leave their positions for unavoidable reasons, studies show that a major reason is job dissatisfaction. McCloskey (1974) found that new graduates tended to leave the job in the first six months. During this crucial period, it is most important to identify any causes of dissatisfaction.

Brief (1976) identified causal factors for dissatisfaction and turnover. They included: (1) organizational practices of hospitals in which nursing jobs lack skill variety, task identity, autonomy and feedback, (2) expectations from educational experiences, (3) money, and (4) family responsibilities. See Figure 7, which depicts causal paths for turnover among hospital nurses.

In a more recent study Wolf (1981), identified the primary causes of turnover as problems related to: the employee, the work division and responsibility, supervision and coordination, and the administrative system. Some causes of employee problems were traced to unrealistic job expectations and family responsibilities outside the hospital



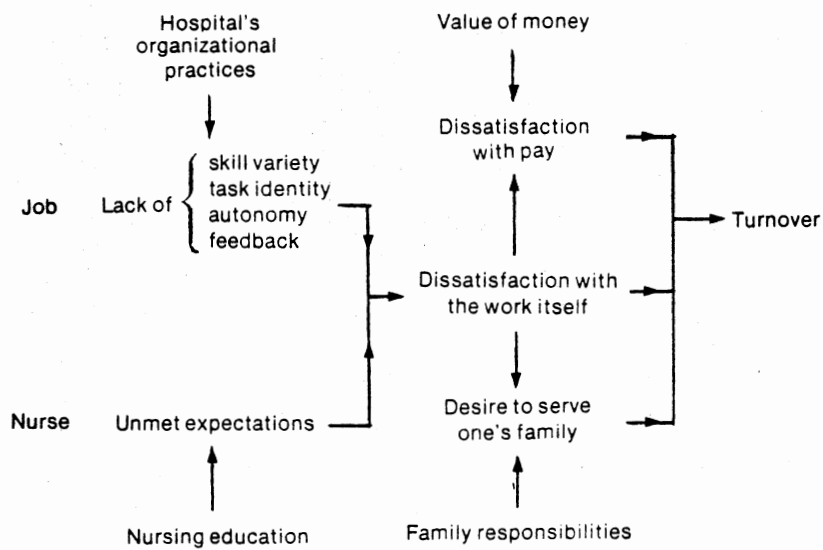


Figure 7. Turnover Among Hospital Nurses: A Model

that limits availability to work undesirable shifts. Dissatisfaction with the work environment consisted of complaints of unreasonable amounts of pressure on the job because of too much work or an inadequately prepared staff which failed to allow the nurses to deliver the quality of patient care they desired. Other important job factors included interpersonal relationships with co-workers, peers, immediate supervisor and general supervisory personnel. Since administrative policies and philosophy determined job conditions, they contributed more than any other factor to turnover rate.

Because high staff turnover can be symptoms of larger problems within the hospital setting, it was recommended by Wolf (1981), and White (1980), that each institution analyze and identify its own unique problems. Once the problems were identified, they stated pertinent solutions could be developed to reduce turnover.

#### Job Satisfiers

Studies addressing job satisfaction were developed in the early 1900s. The intent of these studies has changed greatly since the early experiment of Taylor in 1911. He assumed that job satisfaction was related completely to the amount of money one earned. Later, Maslow (1954) developed a hierarchy of human needs. The needs at the lower end are vital to survival, but can be attained and satisfied. At the upper end of the hierarchy, Maslow placed the needs which allow a person to develop his potential and whose partial attainment create greater needs. These needs described by Maslow are in ascending order: physiologic, safety, affiliation, esteem of oneself

and by others, and self-actualization (or realization of one's potential). They have been the basis for many job satisfaction studies. Slavitt (1978) related that in 1959, Herzberg et al., developed a job satisfaction theory using Maslow's hierarchy but concluded that not all factors increase satisfaction.

A weakness of job satisfaction studies is the failure to pinpoint specific needs which would predict satisfaction in all jobs. An additional weakness is the failure to measure the upper level needs in Maslow's hierarchy.

Cronin-Stubbs (1977) maintains that hospital nurses have been the group most frequently studied in the health care field. Studies of job satisfaction have not been as extensive in nursing as in business or industry.

Slavitt (1979) pointed out that recently research efforts have shifted toward the investigation of job satisfaction from a humanitarian point of view; the practical rationale remains that production will be increased if workers are satisfied with their jobs. Based on this rationale, most studies concerned with job satisfaction had a goal of establishing relationships between job satisfaction and productivity or between satisfaction and employee turnover rate.

Further, Slavitt (1978) stated that job satisfaction studies of nurses also had a practical productivity-related emphasis. Turnover rate in relation to job satisfaction was studied by Nichols in 1971. The theories of Herzberg and Maslow were tested to determine whether they applied to professional nurses.

Everly and Falclone (1976) attempted to determine what behaviors were perceived by registered nurses as contributing to their job

satisfaction. Their study utilized a factor analytic procedure to make their determination. An 18 item Likert-type instrument was administered to measure the importance of dimensions of job satisfaction. Four statistically independent dimensions emerged: relationship orientation, internal work rewards, external work rewards, and administrative policies. Their work included the following:

Factor I, relationship orientation dealt with nurses' interpersonal relationships with co-workers and supervisors. These relationships were of utmost importance.

Factor II, internal work rewards implied that satisfactions gained through the development of new skills and abilities were extremely important. The environment, i.e., good working conditions, also appeared in this factor.

Factor III, external work rewards included opportunities for advancement, pay, and employee benefits and ranked third in importance in determining job satisfaction for nurses.

The last factor, Factor IV, labeled Administrative Policies, appeared as the least important, yet independent because nurses were concerned with the workings of the organization in which they worked.

According to Everly and Falclone (1976), this study implied that the professional needed to be studied in terms beyond the traditional intrinsic/extrinsic dichotomy. This was indicated since nurses perceived their job satisfaction in a more complex fashion.

An examination of the methods by which the investigators measured levels of job satisfaction revealed that the questionnaire was the most common method of collecting data while the most common factors mentioned in job satisfaction studies among nurses are those related to the job

situation itself. The six most relative components are: pay, autonomy, task requirements, organizational requirements, interaction, and job prestige/status (Slavitt, 1978).

In 1978, Slavitt described a two-year research project involving nurses in a hospital setting. The theoretical purpose of the project was to define and measure levels of nurses' satisfaction. This was accomplished by developing a two-part questionnaire. The instrument incorporated levels of satisfaction with levels of importance of the various components.

The first section of her instrument was designed to determine the relative importance of the various aspects or components of job satisfaction. The nurses were asked to compare the six components of satisfaction in a forced choice between all possible combinations of pairs. Scores were computed for the components based on the rankings.

She developed a Likert-type attitude scale that was used in the second part of the measurement instrument. This scale allowed the researchers to measure the levels of satisfaction for each of the components. The attitude instrument used from six to 12 items per component and was arranged in a random fashion throughout the questionnaire. A separate score was obtained for each component since they were treated as separate dimensions of the attitudes toward the levels of satisfaction.

The results were subjected to factor analysis which suggested the items had face validity, i.e., had been interpreted correctly. There was also evidence of high internal reliability, however, content reliability was not assessed (Slavitt, 1978).

The attitude and mental set that the worker brings to the job are not left there at the end of the shift, but rather becomes a part of the person's total mental outlook. Therefore, happiness at work not only benefits the worker's patients, co-workers and administrative supervisors, but may also have important effects on family and community health (Hall, 1981, p. 29).

This concept set the stage for a research study that described job satisfaction as "a fluctuating attitudinal state of an individual that is derived from subjective perceptions of situational factors" (Hall, 1981, p. 30).

The six categories that had been derived theoretically by Slavitt (1978) were adopted for this study. In reviewing the literature, the researchers opted to use 25 items from the Index of Work Satisfaction (IWS), six from the SRA Survey of Job Satisfaction and developed 11 items to make their Staff Satisfaction Scale. They determined that this tool had sufficient validity and reliability for measuring job satisfaction among nursing staff except for one item. Hall (1981) deleted item number 24 from the category measuring satisfaction with pay since it could have also been measuring satisfaction with working conditions. A copy of the original instrument is located in Appendix A.

#### Summary

Durbak (1982) related that although the Federal Government had predicted a surplus of R.N.s by 1985, the updated forecast indicates that the nursing shortage in the United States will still exist by the year 2000. This shortage is directly related to two major factors: the increasing large numbers of nurses needed to deliver the comprehensive nursing care and the decreased numbers of students

entering and graduating from nursing programs.

Since 61.4 percent of the active R.N.s are employed in a hospital setting, this was the group of nurses most frequently studied (Fralic, 1980). Studies focused on three areas that would impact maintenance of adequate staff for the acute care hospitals: recruitment factors, causes of turnover and job satisfaction as it relates to retention of the nursing staff. The nurses studied placed a great deal of emphasis on job expectations and job satisfaction.

Burton (1980) related that the job expectations of graduate nurses identified that both tangible and intangible rewards and incentives were of importance in recruitment efforts. All fringe benefits offered by employers were not considered essential and, therefore, did not have as great an impact on the graduate nurses' decisions regarding their initial employment.

Since Wolf (1981) maintains that the first year of employment is a critical time for the graduate nurse, and because of the high costs, both direct and indirect, in recruiting and replacing nurses, studies were conducted to identify causes of turnover. Although causes varied to some degree, a major reason was job dissatisfaction, part of which was traced to unrealistic job expectations acquired in the nursing education programs. Recommendations were made for each health care facility to identify its own unique problems related to turnover to enable them to develop pertinent solutions for its reduction.

Most of the studies were directed at the job satisfaction of the nurse. Job satisfaction research has shifted recently from the strict productivity relationship to the humanitarian point of view

with the rationale remaining that high productivity will exist if the nurses are satisfied with their jobs (Slavitt, 1979). Tools were designed to measure levels of satisfaction along with identifying relative importance of various components of the job.



## CHAPTER III

### METHODOLOGY

This chapter details the procedures for collecting data relevant to surveying graduate nurses in hospital practice to identify what their job expectations were prior to their initial employment and to measure their job satisfaction during their first year. Included are: (1) the selection of the subjects, (2) data gathering instrument, (3) collection of the data, and (4) the procedures selected for analyzing the data.

This study was conducted in a 935 bed, acute care hospital in Oklahoma, which maintains over an 80 percent occupancy rate on an annual basis. The Department of Nursing Service consists of 35 separate nursing units and accounts for over 50 percent of the total employees.

#### Population and Sample

Criteria was established for the selection of the subjects for this study. The study population included only the graduate nurses who had graduated from a nursing program not more than one year prior to participation in the study and who had successfully passed the state board examination for licensure as registered nurses. The 91 nurses eligible to participate in the study had graduated from their respective nursing programs after May 1, 1982.

Seven of the qualifying subjects were on maternity leave. The final sample consisted of 84 graduate nurses.

#### Data Gathering Instrument

A four-part questionnaire was adopted for use in this study. Part I of the questionnaire provided demographic data about the nurses, including educational background, health care related work experience, and present job status. Part II addressed 15 factors related to job expectations. The subjects were requested to rank the five most important factors to them in making their decisions regarding their initial employment. Part III dealt with identification of essential versus desirable fringe benefits. The final portion of the instrument was the Staff Satisfaction Scale designed by Hall et al., in 1981, and used with permission. See Appendix B for a letter granting permission to utilize the Staff Satisfaction Scale in this study. The Staff Satisfaction Scale consisted of 41 items, 24 were adapted from the Index of Work Satisfaction, six were from the SRA Survey of Job Satisfaction and 11 were developed by Hall et al. (1981). The scale was divided into six relevant categories: pay, autonomy, task requirements, organizational requirements, interaction, and job prestige/status. Items in each of these categories were arranged randomly throughout this section of the questionnaire so that the respondent would not become aware of the specific component being examined. The response mode was a five-point Likert-Type scale with a neutral midpoint. The Staff Satisfaction Scale was found to have sufficient validity and reliability for measuring job satisfaction among nursing staff in a hospital

setting with the exception of one item (Hall, 1981).

Prior to distributing the questionnaire to the described population, it was administered to 12 registered nurses on the staff at the participating hospital. It was determined during this field test that a minimum of 20 minutes were needed to respond to all questions. As a result of this testing, several revisions were made in the instrument as suggested by the test group. See Appendix C for a copy of the instrument.

#### Collection of Data

An overview of this study was presented to the first line nursing managers. They assisted with the distribution of the instrument to the graduate nurses on their individual units.

See Appendix D for a copy of the cover letter given to each participant in the study. The data was collected during the first week in February, 1983. Time involved by each respondent was between 20-30 minutes.

Since the graduate nurses were not required to identify their specific nursing units and since the instructions were given to return the instrument directly to the researcher via self-addressed envelopes, anonymity was provided to encourage high rates of data collection.

#### Analysis of Data

To analyze the data, the questionnaires were first checked for completeness and the responses were then compiled in the following manner. The demographic data was coded for further reference. In Part II, the 15 factors related to job expectations were ranked in

order of importance as viewed by graduate nurses from different educational levels. Since the five most important factors were identified, points were assigned in descending order. Responses for each fringe benefit, Part III, were totaled according to how the respondents described them in terms of desirable, essential, or not applicable. Percentages for each benefit are shown in table format which also shows the ranking of the benefits based on perceived importance. In the final portion of the instrument, the responses to the Likert-type scale were analyzed and each of the six components were treated as a separate dimension toward level of job satisfaction and yielded a separate score. The component scores were then ranked and compared for the three groups of nurses with differing educational backgrounds.

## CHAPTER IV

### PRESENTATION OF FINDINGS

In this section the results of the four-part questionnaire given to the graduate nurses employed at a large metropolitan hospital in Oklahoma are presented in detail. This chapter is divided into five sections. The sections are presented in the following order: (1) **response rate**, (2) demographic characteristics, (3) job expectation factors, (4) fringe benefits, and (5) staff satisfaction.

#### Response Rate

A total of 91 graduate nurses met the criteria established for the subjects for this study. Seven of the qualifying subjects were unavailable because they were on maternity leaves. Questionnaires were distributed to the remaining 84 graduate nurses. The 86.9 percent response rate of participants in this study was considered sufficient and adequate. The subjects were contacted one time due to a high response rate. All 73 questionnaires returned were used in this study.

#### Demographic Characteristics

The nurses who participated in this study were comprised of graduates from three different nursing education programs. Participants were requested to indicate educational preparation, age, sex, marital status, number of children, whether they were employed in a nursing

job prior to becoming a graduate and their present employment status as well as the shift they spent the most time on. Additional questions in Part I of the questionnaire asked the number of years the graduate nurse planned to remain actively and continuously employed in nursing and to indicate possible reasons for disrupting nursing practice.

The demographic characteristics of the population studied can be found in Tables I and II. Of the 73 subjects, 39 (53.4 percent) were graduates from a two-year associate degree program and 29 (39.7 percent) were graduates from a four- or five-year baccalaureate program. The remaining five participants (6.8 percent) received their nursing education from a three-year diploma program.

The greatest number of graduate nurses were between 20 and 22 years of age, with the next highest number falling in the 26 to 30 year range. Twenty-five percent of the respondents were over 31 years of age.

Seventy-one (97.2 percent) of the respondents were female. Although questionnaires were distributed to four male graduate nurses, only two completed and returned the questionnaires (2.8 percent of the total population).

Over half (51 percent) of the subjects were married. Thirty-eight percent were single while 11 percent identified themselves as divorced/separated/widowed. The majority of the participants (60 percent) had no children. Twenty-five percent had 1-2 children, and 15 percent had three or more children.

Among the three educational backgrounds, the numbers responding affirmatively to having been employed in a nursing job prior to becoming a graduate nurse ranged from 76.9 percent to 82.8 percent per total

TABLE I  
 DEMOGRAPHIC CHARACTERISTICS OF  
 GRADUATE NURSES BY GROUPS

	B.S.N.		DIPLOMA		A.D.		TOTAL	
	N	%	N	%	N	%	N	%
EDUCATION	29	39.7	5	6.8	39	53.4	73	100.0
AGE-RANGE								
20-22	12	16.4	3	4.1	7	9.5	22	30.0
23-25	11	15.0	2	2.7	2	2.7	15	20.4
26-30	5	6.8			13	17.8	18	24.6
31-40					12	16.4	12	16.4
41 and over	1	1.4			5	6.8	6	8.2
SEX								
Male	1	1.4			1	1.4	2	2.8
Female	28	38.4	5	6.8	38	52.0	71	97.2
MARITAL STATUS								
Married	9	12.3	1	1.4	27	36.9	37	50.6
Single	18	24.6	4	5.4	6	8.2	28	38.4
Div./sep./widowed	2	2.7			6	8.2	8	11.0
CHILDREN								
0	25	34.2	5	6.8	14	19.2	44	60.2
1-2	4	5.4			14	19.2	18	24.6
3 or more					11	15.1	11	15.1
NURSING EMPLOYMENT (previous)								
Yes	24	32.9	4	5.4	30	41.1	58	79.5
No	5	6.8	1	1.4	9	12.3	15	20.5
EMP. STATUS								
Full-time	27	37.0	5	6.8	29	39.7	61	83.6
Part-time	2	2.7			8	10.9	10	13.7
E.C.B.					2	2.7	2	2.7
SHIFT								
Day	4	5.4	1	1.4	8	10.9	13	17.8
Evening	13	17.8	1	1.4	19	26.0	33	45.2
Night	12	16.4	3	4.1	12	16.4	27	36.9

TABLE II  
 MEAN YEARS FOR PROJECTED EMPLOYMENT  
 AND REASONS FOR DISRUPTING  
 NURSING PRACTICE

Educational Levels	N	X Years	Reasons		
			Retire	Have Children	Other
B.S.N.	22	13.6	7	10	5
Diploma	4	15.0	1	2	1
A.D.	36	20.0	27	7	2
Total	62	16.2	35	19	8



population per group. Only 20.5 percent of the total population were not employed in nursing prior to initial employment as graduate nurses.

Most of the respondents (83.6 percent) were employed full-time at the time of the study. Part-time employment was identified as the status of 13.7 percent of the sample while 2.7 percent were employed on an emergency call basis (E.C.B.).

The majority of the graduate nurses worked primarily the evening and night shifts (45.2 percent and 36.9 percent). Eighteen percent spent most of their on-duty time on the day shift.

Responses to the question relating to the number of years the graduate nurses planned to remain actively and continuously employed in nursing ranged from 2-40 years. The means for the different groups were: associate degree graduates, 20 years; diploma graduates, 15 years; and the baccalaureate graduates 13.6 years.

Retirement was selected by 56.5 percent of the graduates as the factor that would affect their plan to remain actively employed in nursing. Thirty-one percent will discontinue active employment when they have children. Twelve percent recorded the following factors as reasons for disrupting employment: returning to school, marriage, career change, and one response identified frustration and boredom as rationale for leaving.

Percentages and means relating to the last two items were calculated based on responses from 62 subjects. Fifteen percent, 11 subjects chose not to answer these two questions.

### Job Expectation Factors

Part II of the questionnaire listed 14 job expectation factors. The graduate nurses were instructed to select the five factors which most influenced their decisions regarding their initial employment in hospital practice. Further instructions requested that these five choices be ranked according to importance. The most important factor was designated a five, the next most important factor a four, factor of medium importance a three, second least important factor a two, and the least important factor a one.

The graduate nurses were divided into three groups based on educational levels. The frequency of responses tabulated for each factor by each group is designated in Table III, while total responses for each factor are presented in Table IV. Every factor was identified as having importance in the graduate nurses' decisions regarding initial employment. "Opening in area of interest" received a total of 54 responses, and was perceived as the most important factor by 18 subjects. The second highest number of responses (43) was for "professional reputation for patient care," however, only 10 subjects ranked this factor as the most important. Although "location-distance from home/parking," received a total of 38 responses, only 8 nurses (3 B.S.N.s and 5 A.D.s) ranked it as most important. Factors addressing "in-service opportunities" and "employment of friends" received the least number of responses.

Job expectation factors by educational level are presented in rank order in Table V. To rank the factors, total responses for each factor from Table III, Frequency of Importance of Factors Influencing

TABLE III

FREQUENCY OF IMPORTANCE OF FACTORS INFLUENCING  
DECISION TO ACCEPT A NURSING POSITION  
BY EDUCATIONAL LEVEL

Factor	Most Important			2nd Most Important			Med. Importance			2nd Least Important			Least Important		
	BSN	Dip	AD	BSN	Dip	AD	BSN	Dip	AD	BSN	Dip	AD	BSN	Dip	AD
Hours/shift available	3	-	5	3	1	5	1	1	1	1	-	4	2	-	1
Opening in area of interest	6	3	9	5	-	5	1	-	8	3	-	3	6	-	5
Philosophy of hospital	2	1	1	3	-	3	2	-	2	4	-	1	3	-	1
Reputation for patient care	6	-	4	-	1	7	4	-	8	3	1	2	3	2	2
Orientation program	2	-	1	3	-	1	1	1	1	2	-	1	-	1	2
Student clinical experience	1	-	3	2	-	1	1	-	2	8	1	2	2	-	3
Inservice opportunities	1	-	-	-	-	2	2	-	-	-	-	2	1	-	1
Working conditions	1	-	1	2	1	3	4	1	1	-	-	10	2	-	3
Salary and compensation	1	1	1	3	-	4	2	-	1	2	-	5	1	-	7
Friends work here	1	-	-	-	1	-	1	-	1	-	-	2	-	-	2
Fringe benefits	-	-	2	-	-	-	2	1	3	1	1	2	-	1	2
Opportunity to gain skills	1	-	6	5	1	6	4	-	3	2	1	2	2	-	-
Educational opportunities	1	-	1	2	-	1	-	-	2	3	1	1	-	-	3
Location-distance/parking	3	-	5	1	-	1	4	1	6	-	-	2	7	1	7

N=73

TABLE IV

FREQUENCY OF IMPORTANCE OF FACTORS INFLUENCING DECISION  
TO ACCEPT A NURSING POSITION, ALL GROUPS

Factor	5	4	3	2	1	Total
	Most Important N = 73	2nd Most Important N = 73	Med. Importance N = 73	2nd Least Important N = 73	Least Important N = 73	
Hours/shift available	8	9	3	5	3	28
Opening in area of interest	18	10	9	6	11	54
Philosophy of hospital	4	6	4	5	4	23
Reputation for patient care	10	8	12	6	7	43
Orientation program	3	4	3	3	3	16
Student clinical experience	4	3	3	11	5	26
Inservice opportunities	1	2	2	2	2	9
Working conditions	2	6	6	10	5	29
Salary and compensation	3	7	3	7	8	28
Friends work here	1	1	2	2	2	8
Fringe benefits	2	-	6	4	3	15
Opportunity to gain skills	7	12	7	5	2	33
Educational opportunities	2	3	2	5	3	15
Location-distance/parking	8	2	11	2	15	38

Decision to Accept A Nursing Position, by Educational Level, were multiplied by the points assigned (5 for most important; 4 for second most important; 3 for medium importance; 2 for second least important; and 1 for least important). The points for each factor were totaled and then ranked. The factor with the largest number of points was ranked as number one.

For all three groups, "an opening in area of interest" ranked first and "professional reputation for patient care" second in importance in influencing graduate nurses' decisions regarding employment.

Graduate nurses with baccalaureate degrees ranked the "opportunity to gain additional clinical skills" as their third choice as did the associate degree nurses. Diploma graduates' responses ranked equally in third place, "hours of employment/shift available" and "pleasant working conditions." The factor ranked fourth by the baccalaureate nurses was the "philosophy of the hospital" while "location-distance from home/parking" ranked fourth for the associate degree nurses.

Factors ranking least important to baccalaureate nurses were "fringe benefits," "employment of friends" and "inservice opportunities." Nurses from the associate degree nursing program had the lowest rankings on the following factors: "friends work here," "inservice opportunities and "orientation program." The least important factors to diploma nurses were: "inservice opportunities" (zero responses), "positive clinical experience as a student," and "opportunity for advanced education."

### Fringe Benefits

Fringe benefits were addressed in Part III of the questionnaire. Fifteen fringe benefits offered by the participating hospital were listed. The graduate nurses were asked to indicate whether these benefits were essential, desirable or not applicable to them personally. Percentage ratings were calculated based on their responses. Responses for the total population are shown in Figure 8.

Of the 15 benefits listed, only five were rated as essential by more than 50 percent of the respondents. These five benefits in order of percentage ratings were: vacation time, sick time, health insurance, holiday pay and free parking. Two benefits received high percentage ratings on not applicable: day care center and third shift bonus plan. The remaining eight fringe benefits were rated by most respondents as desirable.

Percentage ratings for fringe benefits by groups according to educational levels are presented in Figures 9, 10, and 11. Graduate nurses with baccalaureate degrees rated five benefits essential by more than 50 percent response, however, the free parking benefit was replaced by the third shift bonus plan with this group. Only the day care center was rated high as not applicable. Diploma graduates also rated five benefits essential by more than 50 percent response. They also varied from the total response but substituted life insurance for free parking. The day care center received a 100 percent rating as not applicable. Associate degree graduates rated the top five fringe benefits the same as the total population, as well as agreeing with the two benefits receiving high percentage ratings as not applicable.

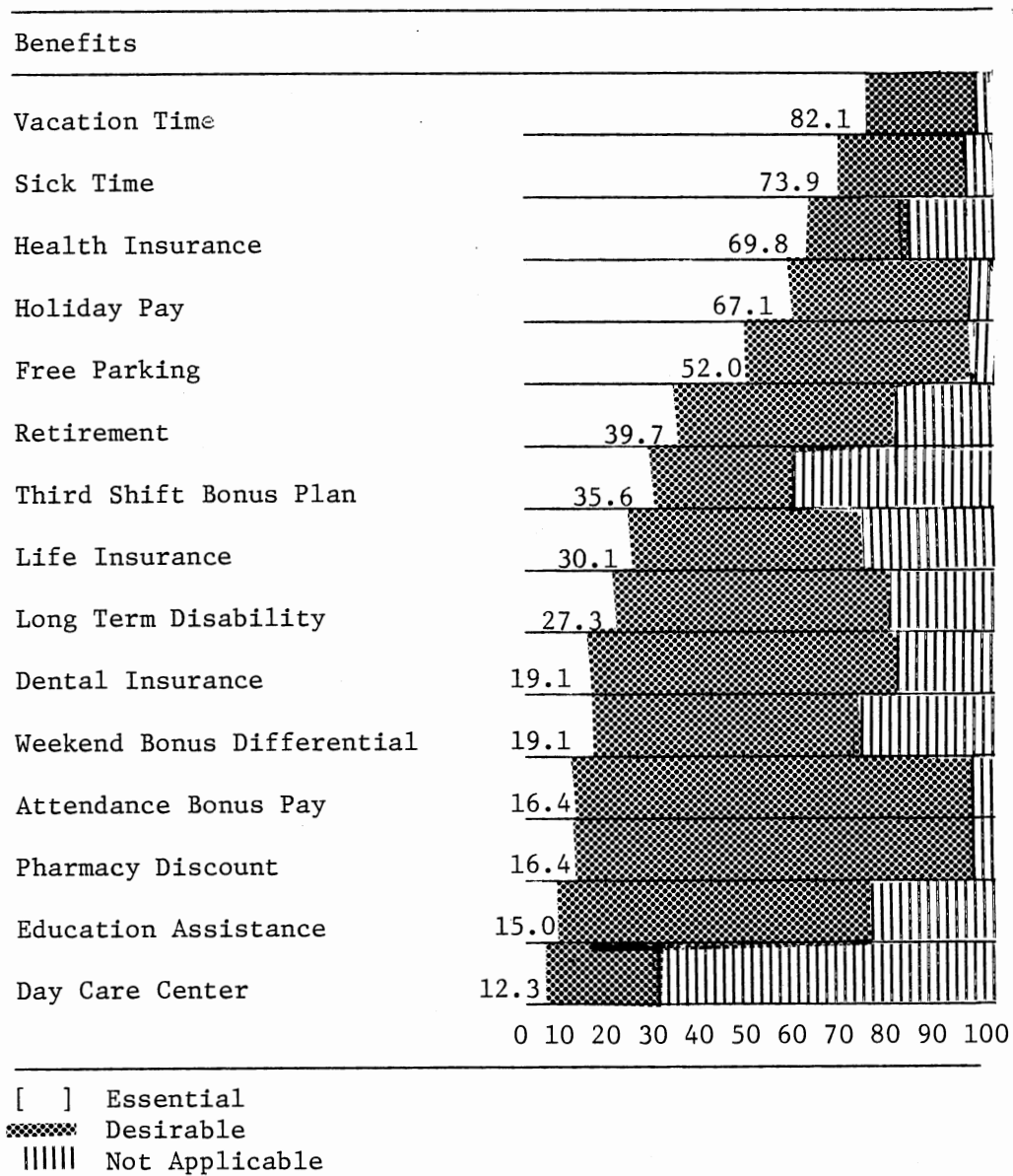


Figure 8. Percentage Ratings for Fringe Benefits  
 by Graduate Nurses in Hospital Practice

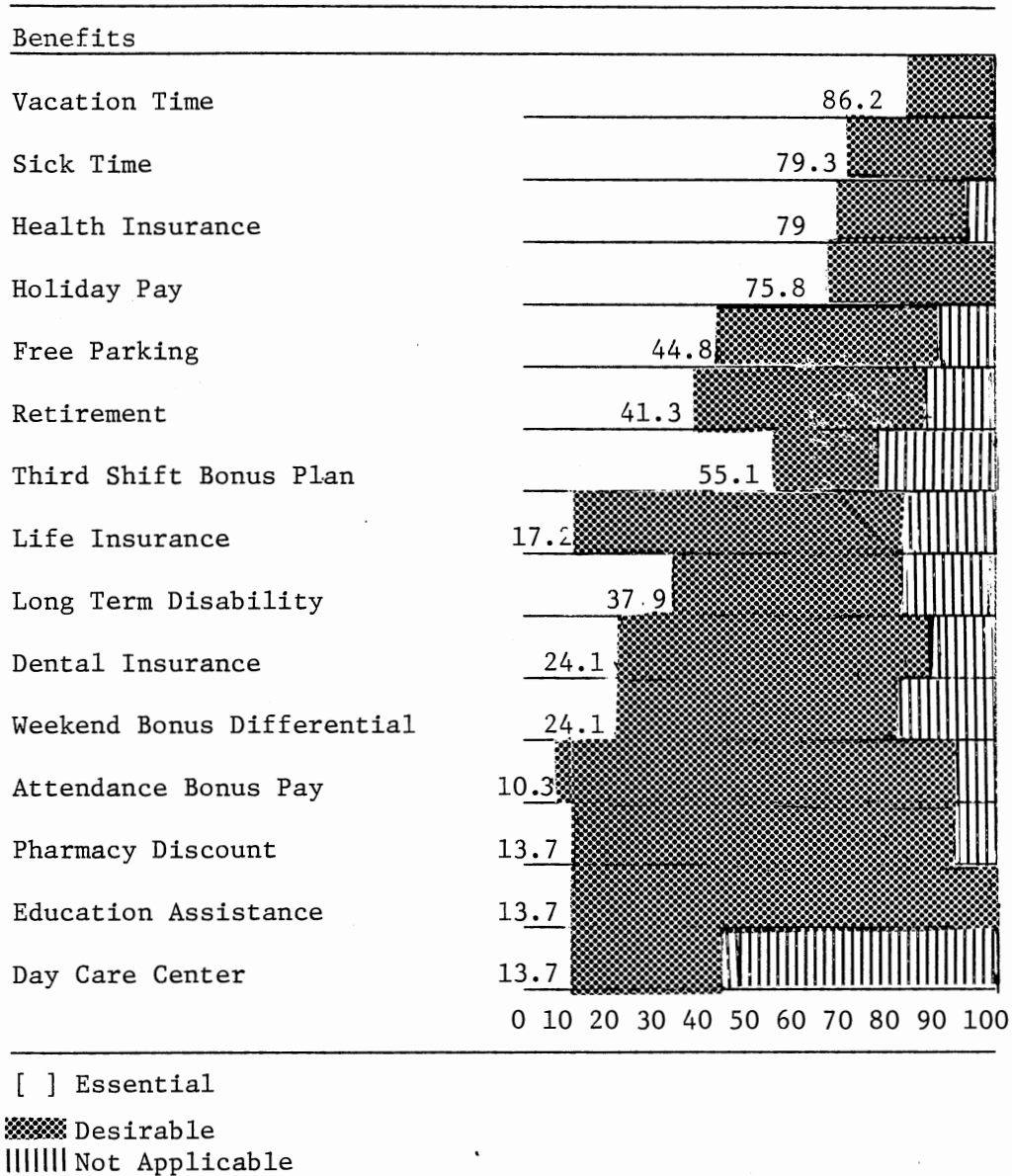


Figure 9. Percentage Ratings for Fringe Benefits by Graduate Nurses with Baccalaureate Degrees



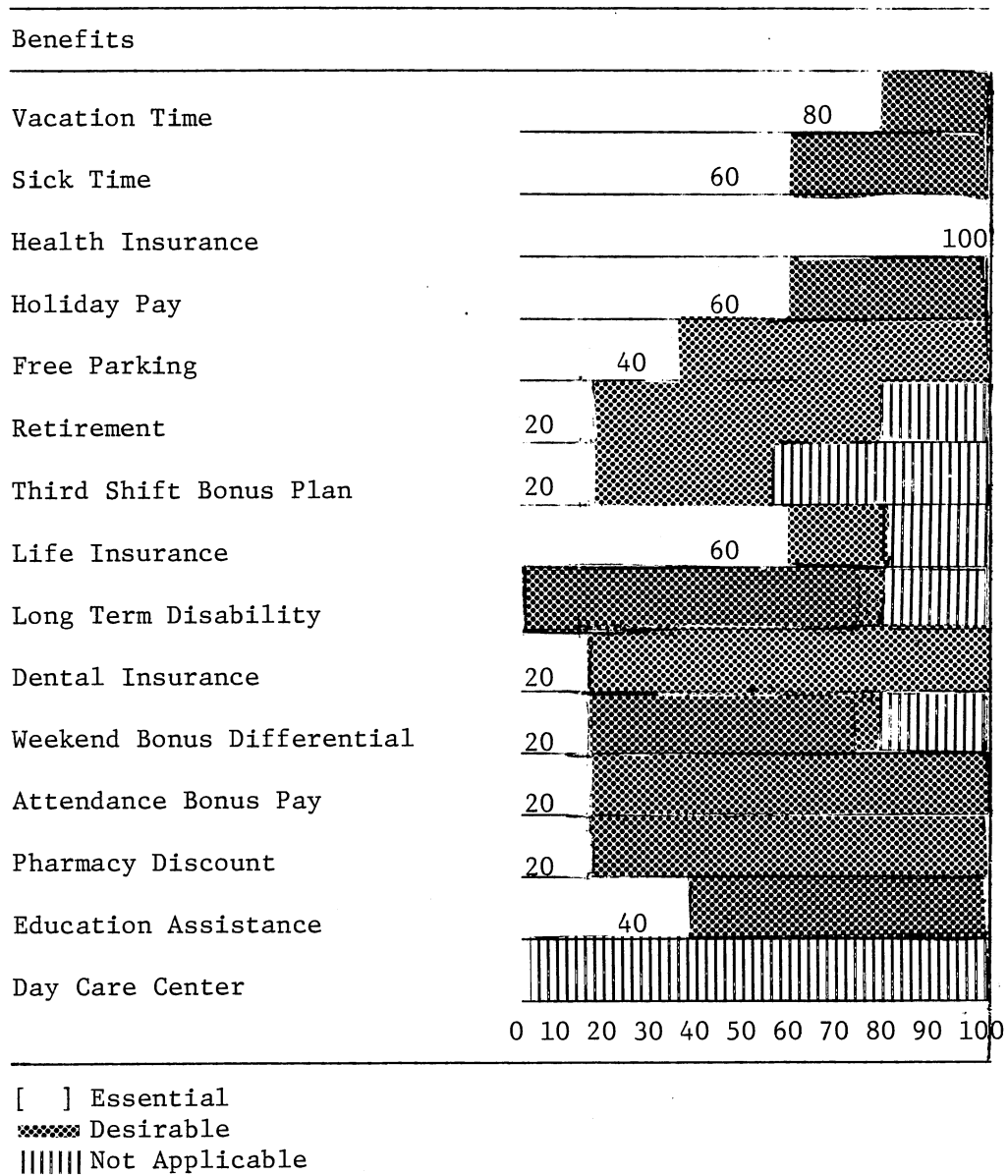


Figure 10. Percentage Ratings for Fringe Benefits by Graduate Nurses with Diplomas

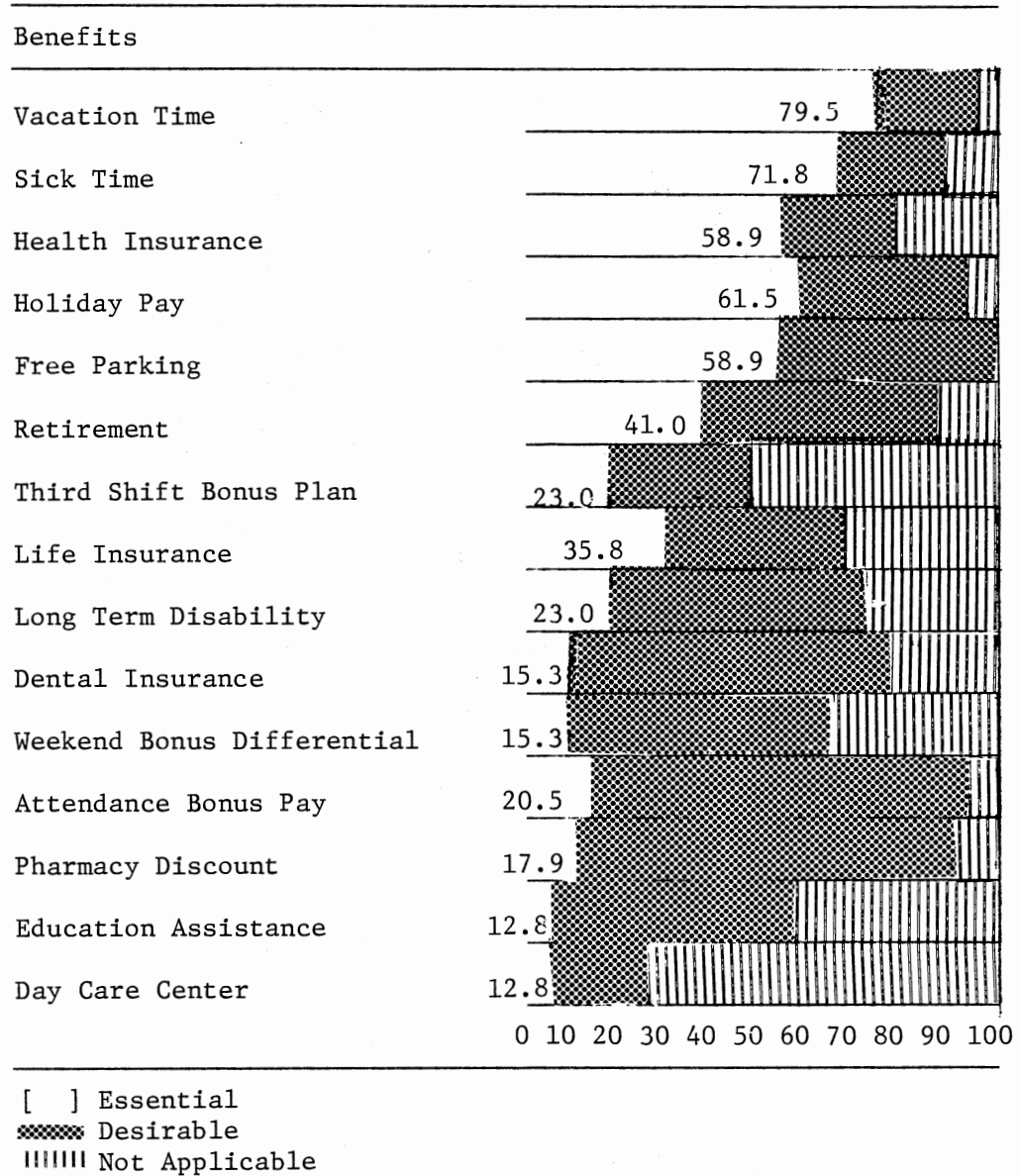


Figure 11. Percentage Ratings for Fringe Benefits by Graduate Nurses with Associate Degrees

### Staff Satisfaction

The Staff Satisfaction Scale comprised of 41 items was utilized in Part IV of the questionnaire. It was designed to measure levels of satisfaction with the following six components: task requirements, interaction, pay, autonomy, job prestige/status and organizational requirements. The attitude instrument used from three to 12 items per component which were arranged randomly throughout this section of the questionnaire. Eighteen of the items were phrased negatively to determine whether the respondents were carefully examining each item. The response mode was a five-point Likert-type scale with a neutral midpoint.

The responses for each item were compiled according to the three educational levels. Items for each component were then tabulated, with care exercised to reverse the scores to the negative items. Total possible scores for each component were determined by multiplying the numbers of items in the component by the number of respondents in the educational level. The result was then multiplied by the response with five points assigned to strongly agree, four points to agree, three points to no opinion, two points to disagree and one point for strongly disagree. The responses for each category were then multiplied by the appropriate point scale. This number was divided by the total possible points to obtain the percentages.

Five questions, numbers 4, 15, 20, 25, 28 were designed to determine staff satisfaction as it related to task requirements. Graduate nurses from all three educational levels gave similar responses for this component. The summary of the responses to the questions on task requirements by educational level is presented in Table VI.

TABLE VI

SUMMARY OF RESPONSES TO TASK REQUIREMENT QUESTIONS ON STAFF  
SATISFACTION SCALE BY EDUCATIONAL LEVELS

Educational Level	Strongly Agree		Agree		No Opinion		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
B.S.N.	16	11.0	81	55.8	13	8.9	34	23.4	1	.6
Diploma	4	16.0	14	56.0	2	8.0	4	16.0	1	4.0
A.D.	21	10.7	108	55.4	19	9.7	42	21.5	5	2.5

The ranges of percentages among all levels for responses of strongly agree and agree were: B.S.N. = 66.8 percent, Diploma = 72 percent and A.D. = 66.1 percent.

The component addressing interaction was composed of seven questions (1, 15, 19, 23, 26, 29, 32). The graduate nurses from associate degree programs had a lower percentage of negative responses than did the other two groups. Negative responses ranged from 9.5 percent to 18.2 percent. The summary of responses to the interaction component, by educational level are presented in Table VII.

In Table VIII, the summary of responses to the 3 questions related to pay (16, 24, 31) are shown. Only the associate degree nurses selected more than 50 percent positive responses. Negative responses from the diploma nurses totaled 39.9 percent. Both the baccalaureate degree graduates and the diploma graduates had above 20 percent of their responses in the no opinion category.

The autonomy component of the Staff Satisfaction Scale included six questions, (2, 8, 10, 14, 27, 37). The responses to this component, by educational level are summarized in Table IX. The responses of all the educational levels were very similar on this component, with high percentages (ranges from 76.6 percent to 85.6 percent) in the strongly agree and agree columns.

The fifth component of the job satisfaction questionnaire, job prestige/status contained 8 separate items (6, 9, 12, 17, 22, 30, 34, 38). The responses, by educational levels, to the questions responses to job prestige/status are summarized in Table X. Although all three groups had high percentages of positive responses (ranging

TABLE VII

SUMMARY OF RESPONSES TO INTERACTION QUESTIONS ON STAFF  
SATISFACTION SCALE BY EDUCATIONAL LEVELS

Educational Level	Strongly Agree		Agree		No Opinion		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
B.S.N.	51	25.1	96	47.3	19	9.4	33	16.3	4	2.0
Diploma	10	28.6	17	48.6	4	11.4	4	11.4	-	-
A.D.	62	22.7	160	58.6	25	9.2	20	7.3	6	2.2

TABLE VIII

SUMMARY OF RESPONSES TO PAY QUESTIONS ON STAFF SATISFACTION  
SCALE BY EDUCATIONAL LEVELS

Educational Level	Strongly Agree		Agree		No Opinion		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
B.S.N.			39	44.8	20	23.0	27	31.0	1	1.2
Diploma			5	33.3	4	26.6	4	26.6	2	13.3
A.D.	1	.9	63	53.8	17	14.5	25	21.4	11	9.4

TABLE IX

SUMMARY OF RESPONSES TO AUTONOMY QUESTIONS ON STAFF  
SATISFACTION SCALE BY EDUCATIONAL LEVELS

Educational Level	Strongly Agree		Agree		No Opinion		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
B.S.N.	28	16.1	121	69.5	8	4.6	16	9.2	1	.6
Diploma	4	13.3	19	63.3	4	13.3	2	6.6	1	3.3
A.D.	42	17.9	149	63.7	21	8.9	20	8.5	2	.9

TABLE X

SUMMARY OF RESPONSES TO JOB PRESTIGE/STATUS QUESTIONS ON STAFF  
SATISFACTION SCALE BY EDUCATIONAL LEVELS

Educational Level	Strongly Agree		Agree		No Opinion		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
B.S.N.	69	29.7	122	52.6	22	9.5	14	6.0	5	2.2
Diploma	14	35.0	24	60.0	-	-	2	5.0	-	-
A.D.	82	26.3	191	61.2	25	8.0	13	4.2	1	.3

from 82.3 to 95), the baccalaureate degree nurses had the highest percentage of negative responses (8.2 percent).

The final component to be addressed is the component labeled organizational requirements. This component contained the largest number of questions, 12 (3, 7, 11, 13, 18, 21, 33, 35, 36, 39, 40, 41). The summary of responses to these questions on organizational requirements, by educational level is located in Table XI. This component also revealed high percentages of positive responses from all three groups with ranges from 63.3 to 71.6. The diploma graduates had the lowest percentage of negative replies, 6.6 percent, while the associate degree graduates and the baccalaureate graduates had 16.1 percent and 24.1 percent negative responses.

Means of responses were calculated for the six components of the Staff Satisfaction Scale for each of the three educational levels. To obtain the means for each component, the total responses in each category were multiplied by the points assigned (strongly agree equals 5, agree equals 4, no opinion equals 3, disagree equals 2, and strongly disagree equals 1). These totals were then divided by the number of respondents for each educational level multiplied by the number of questions included in the component.

The lowest mean obtained was on the component addressing pay, 2.8 by the diploma graduates although all three groups rated satisfaction with pay lower than the remaining components. The components on autonomy and job prestige/status revealed means for all educational levels more than a four. The highest mean was a 4.69 for the baccalaureate degree respondents on the autonomy component. The results, shown in Table XII reveal that staff satisfaction overall was good



TABLE XI

SUMMARY OF RESPONSES TO ORGANIZATIONAL REQUIREMENT QUESTIONS  
ON STAFF SATISFACTION SCALE BY EDUCATIONAL LEVELS

Educational Level	Strongly Agree		Agree		No Opinion		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
B.S.N.	42	12.1	178	51.2	44	12.6	69	19.8	15	4.3
Diploma	7	11.6	36	60.0	13	21.6	4	6.6	-	-
A.D.	60	12.8	252	53.8	80	17.1	66	14.0	10	2.1

TABLE XII  
MEANS FOR STAFF SATISFACTION COMPONENTS  
BY EDUCATIONAL LEVELS

Components	B.S.N.	Diploma	A.D.
Task Requirements	3.53	3.64	3.50
Interaction	3.77	3.94	4.07
Pay	3.12	2.80	3.15
Autonomy	4.69	4.68	4.67
Job Prestige/Status	4.02	4.25	4.09
Organizational Requirements	3.46	3.76	3.61

among all groups participating in this study.

To rank the responses for each component, the means for each component were obtained and then placed in rank order by educational levels. In all three groups, four of the six components were ranked the same, as shown in Table XIII. Autonomy was ranked number one with job prestige/status and interaction ranking second and third in satisfaction. The component on pay ranked sixth with all educational levels. The fourth and fifth rankings were the only differences among the three groups. The associate degree graduates and diploma graduates revealed higher positive responses for job satisfaction relating to organizational requirements (ranked fourth) than for the component on task requirements. The rank order of responses from the baccalaureate degree graduates differed with the other groups only on these two components. Results of their responses indicate greater satisfaction associated with task requirements than with organizational requirements.

The open-ended questions, the final section of the Staff Satisfaction Scale were answered by 45 of the subjects for a 62 percent response rate. The factors mentioned as important for achieving a positive attitude are listed in Table XIV. Some subjects gave more than one response. The factors identified most frequently were: to feel work is appreciated; positive feedback from patients, co-workers, physicians; and teamwork/cooperation.

The factors identified as those that restricted the subjects from achieving a positive attitude are shown in Table XV. The most frequently mentioned factors were: lack of collaboration between physician/nurse and ineffective communication (conflict) between shifts.

TABLE XIII  
RANK ORDER FOR STAFF SATISFACTION COMPONENTS  
BY EDUCATIONAL LEVELS

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Components	B.S.N.	Diploma	A.D.
Task Requirements	4	5	5
Interaction	3	3	3
Pay	6	6	6
Autonomy	1	1	1
Job Prestige/Status	2	2	2
Organizational Requirements	5	4	4

---

TABLE XIV  
 RESPONSES TO QUESTION CONCERNING FACTORS  
 IMPORTANT FOR A POSITIVE ATTITUDE

Factor	N
To feel work is appreciated	11
Positive feedback from patients, co-workers, physicians	9
Teamwork/cooperation	9
Supervisory support in difficult situations	4
Utilizing skills and knowledge	4
Effective communication (open/direct)	3
To feel free to voice concerns, questions, suggestions to physicians	3
Cooperation/collaboration between medical and nursing staff	2
Attitude of caring	2
Spending time with patients	2
Maintaining a sense of humor	1
Organized well-run units	1
Self-confidence	1
Autonomy	1
Adequate staffing	1

TABLE XV  
RESPONSES TO QUESTION CONCERNING FACTORS THAT  
RESTRICT A POSITIVE ATTITUDE

---

Factor	N
Lack of collaboration between physician/nurse	10
Ineffective communication (conflict) between shifts	5
Inadequate staffing	4
Not being involved in decisions that affect patient care delivered	4
Repetition in daily routines/unchallenging areas	3
Over-time policies	2
Lack of cooperation from other departments	1
Too much paperwork	1
Lack of feedback	1

---

Appendix E contains the overall response totals to Part IV of the questionnaire, Staff Satisfaction Scale.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The content of this chapter is divided into four sections. A summary of the study is presented in the first section followed by the conclusions of the study. The final sections contain the recommendations for further research and practice.

#### Summary

The purpose of this study was to identify the job expectations of graduate nurses prior to their initial employment. Additionally, this study sought to measure their job satisfaction during their first year of employment.

This study sought to answer the following questions:

1. What job expectation factors are perceived to be important?
2. Is there a difference in job expectations based on educational background?
3. What fringe benefits are perceived to be important?
4. How do graduate nurses from different educational programs view components of job satisfaction?

A comprehensive review of the literature was conducted by the researcher. The review indicated that the first year of employment was a critical period for the graduate nurse. The review also indicated that job expectations, including fringe benefits had a great impact on



the graduate nurses' decisions regarding initial employment. Job dissatisfaction was identified as a major cause of low morale and decreased performance. The six most relative components of job satisfaction for nurses are: pay, autonomy, task requirements, organizational requirements, interaction, and job prestige/status.

The 73 participants cooperating in this descriptive study were graduate nurses employed at a large metropolitan hospital in Oklahoma. The participants had graduated from their nursing programs after May 1, 1982. The instrument was administered during the first week in February, 1983.

The instrument, a four-part questionnaire, was designed to address demographic characteristics, job expectations, fringe benefits and job satisfaction. The Staff Satisfaction Scale developed by Hall, et al., (1981) was determined to have sufficient validity and reliability for measuring job satisfaction among nursing staff and was adopted for use in this study.

The data were compiled and analyzed utilizing descriptive statistics. Percentages, frequency counts, means and ranks were techniques used to present the data.

#### Conclusions of the Study

The conclusions that resulted from the findings are as follows:

1. Graduates from the associate degree programs are older than graduates from the other two educational levels. The marital status of this group (A.D.s) revealed a low percentage of single nurses.

Associate degree graduates entered nursing as a second career. As a group, their plans for employment in nursing indicated they would

remain actively and continuously employed in nursing for a longer period of time, producing a stable work force.

2. Perceptions of the importance of job expectation factors yielded like responses on some factors. All three educational levels agreed on their first and second choices of job expectation factors.

Since there are no diploma schools in the proximity of the participating hospital, the responses by the graduates from this educational level differed. Not all factors were applicable to this group. Responses for job expectations of the remaining two levels varied. The B.S.N. graduates ranked those items that dealt with monetary issues somewhat lower than the A.D. graduates. Their responses indicated more interest in the philosophy of the hospital and the orientation program than the A.D. nurses. The graduates from the A.D. program were more concerned with pleasant working conditions.

In the nursing field, graduates from the baccalaureate programs are often referred to as "professional nurses" whereas graduates from the other programs are considered more "task-oriented nurses" since their educational preparation had constraints on time. Their basic nursing education could account for the differences in responses relating to their job expectations.

3. Only four of the 15 listed fringe benefits were rated essential by all three groups with percentage ratings of 50 percent or more. These four essential fringe benefits were: vacation time, sick leave, health insurance and holiday pay.

The fringe benefit, third shift bonus plan, received a 55.1 percent rating as essential from the baccalaureate graduates' responses even though only 41 percent are working that shift. Sixty percent of

the diploma graduates rated life insurance as essential while free parking was rated essential by 58.9 percent of the associate degree nurses.

As a group, B.S.N. graduates were young and single, therefore, the third shift bonus plan could have been selected as an important benefit because they realized it provided coverage for the third shift and allowed them to work either first or second shift so their social lives would be less affected by their employment.

4. The means for the six components of the Staff Satisfaction Scale for each of the educational levels revealed that staff satisfaction of the graduate nurses studied was good among all groups. The rank order was the same for the three educational levels on four of the six components. The baccalaureate graduates differed from the remaining two groups by ranking task requirements satisfaction component above the organizational requirements component. The diploma and associate degree nurses reversed that ranking on these two components.

This difference could be related to the educational backgrounds of the three groups, the self-esteem of the four or five year prepared nurses, and the self assurance that was developed in their schooling, recognizing that they have a right to challenge or disagree with questionable issues.

The component measuring satisfaction concerning pay was rated the lowest of the six components. This was not unexpected based on the status of today's economy.

### Recommendations for Further Research

The following recommendations for further research are given:

1. The demographic section should include items relating to length of employment and geographic data.
2. A similar study on staff satisfaction should be given to all the R.N.s employed at the participating hospital.
3. The level of importance of the six components in the Staff Satisfaction Scale should be identified prior to administering the scale. This would be more beneficial since it would provide data to compare nurses' perceived importance of the component with the responses of actual satisfaction with that component.
4. The instrument should be coded by nursing sections to assist in identifying problem areas before a crisis arises. This would also aid in planning realistic goals for the nursing units.
5. Statistical analysis should be conducted to determine whether the differences in satisfaction are significant.
6. Using the same subjects, conduct a follow-up study in about two years to compare staff satisfaction responses and to evaluate whether job expectations were met.

### Recommendations for Practice

Based upon the findings of this study, the following recommendations for practice are presented:

1. Nurse recruiters should emphasize to prospective employees the job expectation factors identified as being most influential in the decision making process relating to employment.

2. Methods should be implemented to decrease any gaps between job expectations and reality.

3. Management should consider innovative approaches to fringe benefits.

4. Nurses should be encouraged to have input into identifying problems, setting goals, and evaluating the system to improve morale and increase satisfaction/performance.

5. Nursing service administrators should determine the unique needs of new nurses, and address these identified needs.

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**APPENDIXES**



APPENDIX A

COPY OF ORIGINAL INSTRUMENT



PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES  
according to how well your job expectations are  
presently being met:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
1. The people I work with are friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.
2. My nursing unit provides an atmosphere of independence in daily work activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.
3. There is no doubt that this hospital cares a great deal about the welfare of the nursing personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.
4. I could deliver much better care if I had more time with each patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.
5. My supervisor (H.N., T.L.) gives praise, credit, and recognition by letting me know about work I do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.
6. I perceive my occupational status as high in the Nursing Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.
7. I am not satisfied with the way nursing work is organized and gets done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.
8. I have the freedom in my work to make important decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.
9. I am really doing something worthwhile in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.
10. I feel I am supervised more closely than I need to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.
11. The Nursing Department does its best to provide good benefits and working conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.
12. My particular job doesn't require much skill or know-how.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.
13. There is ample opportunity for nursing staff to participate in policy and procedure planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.
14. I feel I have too many people who give me directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.
15. A lot of what I do each day could just as well be done by someone with less skill and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.
16. The present rate in pay for Nursing Service personnel at this hospital is satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.
17. What I do in my job doesn't add up to anything significant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.
18. There are not many opportunities for advancement of nursing personnel at this hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.
19. My job doesn't provide satisfying opportunities to develop formal and informal social contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.
20. The amount of time I spend on clerical and paper-work required of nursing personnel here is reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.
21. My supervisor does not plan activities to get maximum utilization out of our facilities, equipment, and people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
22. I have little opportunity to use my abilities on my job.						22.
23. The nursing personnel on my unit do not help one another when things get in a rush.						23.
24. Even if I could make more money in another nursing situation, I am more satisfied here because of the working conditions.						24.
25. My present salary is not satisfactory.						25.
26. I spend as much time as I'd like taking care of patients directly.						26.
27. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.						27.
28. I have little control over my own work--other people decide things for me in my job.						28.
29. They expect too much work from us around here.						29.
30. The nursing personnel on my service are not as outgoing and friendly as I would like.						30.
31. It makes me proud to talk to other people about what I do on my job.						31.
32. From what I hear from and about Nursing Service personnel at other hospitals, we at this hospital are not being satisfactorily paid.						32.
33. Nursing management effectively communicates goals and priorities.						33.
34. It is my general impression that most of the nursing staff like the way work is organized and done here.						34.
35. I can't help but feel that others don't really appreciate my job and what I have to do.						35.
36. In my opinion, this nursing department is not organized with the needs of the patient given too priority.						36.
37. My supervisor gets employees to work together as a team.						37.
38. I feel free to discuss complaints and issues with those I report to.						38.
39. I can't think of many other jobs I'm capable of doing that are more important to people than being a patient care provider.						39.
40. This type of questionnaire will help nursing management to evaluate job satisfaction.						40.
41. Quality patient care and treatment are important to the Department of Nursing.						41.
42. This hospital supports a philosophy of promoting "quality patient care."						42.

A. List any other factors that are important to you in achieving a positive attitude in your position.

B. List any factors that restrict.

C. Additional comments:

### Categorization of Questions

Task Requirements: 4, 15, 20, 26, 29

Interaction: 1, 5, 19, 23, 27, 30, 33

Pay: 16, 24, 25, 32

Autonomy: 2, 8, 10, 14, 28, 38

Job Prestige: 6, 9, 12, 17, 22, 31, 35, 39

Organizational Requirements: 3, 7, 11, 13, 18, 21,  
34, 36, 37, 40, 41, 42

APPENDIX B

LETTER OF PERMISSION

PROVIDENCE  
MEDICAL CENTER

500 17th AVENUE • C-34008  
SEATTLE, WASHINGTON 98124  
PHONE: (206) 326-5555



SERVING IN THE WEST SINCE 1856

Jaunita Honeyman, R.N.  
Assistant Director of Nursing Service  
Saint Francis Hospital  
6161 South Yale Avenue  
Tulsa, Oklahoma 74177

Dear Mrs. Honeyman,

I am in receipt of your letter requesting a copy of the "Staff Satisfaction Scale" as described in the December 1981 Nursing Leadership.

Enclosed is a copy of the scale, sample demographic face sheet, cover letter and categorization of questions. It is recommended that the demographic face sheet and cover letter be adapted to fit your particular organization and needs.

Suggestions for utilization of the tool are outlined in the article. Due to our continued interest in this area, we would request that you provide to us summarized results of your research.

We extend best wishes to you in your research endeavors.

Sincerely,

Lorelei Von Endt, R.N., M.N.  
Psychiatric Clinical Specialist

LV:yb  
Enclosure

APPENDIX C

DATA GATHERING INSTRUMENT



## Nurse Employment Factors in Hospital Practice

Follow the directions as they appear

## Part I

Please check the appropriate answer

1. What is your educational preparation?

 A.D. Diploma BSN

2. My age is:

 20 - 22 years 23 - 25 years 26 - 30 years 31 - 40 years 41 years or more

3. I am:

 Male Female

4. My marital status is:

 Married Single Divorced/separated/widowed

5. Number of children:

 Zero 1 - 2 3 or more

6. I was employed in a nursing job before becoming a graduate nurse:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

7. Which of the following best describes your present employment status?

\_\_\_\_\_ Full-time

\_\_\_\_\_ Part-time

\_\_\_\_\_ ECB

8. Which shift do you spend the most time on?

\_\_\_\_\_ Day

\_\_\_\_\_ Evening

\_\_\_\_\_ Night

9 - 10. How long do you plan to remain actively and continuously employed in nursing?

\_\_\_\_\_ years until I (select one)

\_\_\_\_\_ retire

\_\_\_\_\_ have children

\_\_\_\_\_ other \_\_\_\_\_

## Part II

Please place a check (✓) in the left hand column by five of the following factors which most influenced you in making your decision regarding your initial employment in hospital practice.

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Hours of employment/shift available            | <input type="checkbox"/> |
| <input type="checkbox"/> Opening in area of interest                    | <input type="checkbox"/> |
| <input type="checkbox"/> Philosophy of hospital                         | <input type="checkbox"/> |
| <input type="checkbox"/> Professional reputation for patient care       | <input type="checkbox"/> |
| <input type="checkbox"/> Orientation program                            | <input type="checkbox"/> |
| <input type="checkbox"/> Positive clinical experience as a student      | <input type="checkbox"/> |
| <input type="checkbox"/> Inservice education opportunities              | <input type="checkbox"/> |
| <input type="checkbox"/> Pleasant working conditions                    | <input type="checkbox"/> |
| <input type="checkbox"/> Salary and compensation                        | <input type="checkbox"/> |
| <input type="checkbox"/> Friends work here                              | <input type="checkbox"/> |
| <input type="checkbox"/> Fringe benefits                                | <input type="checkbox"/> |
| <input type="checkbox"/> Opportunity to gain additional clinical skills | <input type="checkbox"/> |
| <input type="checkbox"/> Opportunity for advanced education             | <input type="checkbox"/> |
| <input type="checkbox"/> Location -- distance from home, parking        | <input type="checkbox"/> |

Please return to the items you checked and rank them 1, 2, 3, 4, 5 in the right hand column according to priority (#5 = most important; #1 = least important.)

## Part III

Please indicate whether the following fringe benefits are essential, desirable, or not applicable to you by placing a check (✓) in the appropriate column.

Essential	Desirable	Does Not Apply	
			Health Insurance
			Dental Insurance
			Long term disability
			Life insurance
			Weekend bonus differential
			Third shift bonus plan
			Vacation time
			Sick time
			Holiday pay
			Attendance bonus pay
			Free parking
			Day Care Center
			Education assistance
			Pharmacy discount
			Retirement

## Part IV

For each of the statements below, please check (✓) the answer you feel is most like your opinions as to how well your job expectations are presently met.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
1. The people I work with are friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.
2. My nursing unit provides an atmosphere of independence in daily work activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.
3. There is no doubt that this hospital cares a great deal about the welfare of the nursing personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.
4. I could deliver much better care if I had more time with each patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.
5. My supervisor gives praise, credit, and recognition by letting me know about work I do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.
6. I perceive my occupational status as high in the Nursing Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.
7. I am not satisfied with the way nursing work is organized and gets done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.
8. I have the freedom in my work to make important decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.
9. I am really doing something worthwhile in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.
10. I feel I am supervised more closely than I need to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.
11. The Nursing Department does its best to provide good benefits and working conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.
12. My particular job doesn't require much skill or know-how.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.
13. There is ample opportunity for nursing staff to participate in policy and procedure planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
14. I feel I have too many people who give me directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.
15. A lot of what I do each day could just as well be done by someone with less skill and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.
16. The present rate in pay for Nursing Service personnel at this hospital is satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.
17. What I do in my job doesn't add up to anything significant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.
18. There are not many opportunities for advancement of nursing personnel at this hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.
19. My job doesn't provide satisfying opportunities to develop formal and informal social contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.
20. The amount of time I spend on clerical and paperwork required of nursing personnel here is reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.
21. My supervisor does not plan activities to get maximum utilization out of our facilities, equipment, and people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21.
22. I have little opportunity to use my abilities on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22.
23. The nursing personnel on my unit do not help one another when things get in a rush.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23.
24. My present salary is not satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24.
25. I spend as much time as I'd like taking care of patients directly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25.
26. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26.
27. I have little control over my own work. Other people decide things for me in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
28. They expect too much work from us around here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28.
29. The nursing personnel on my service are not as outgoing and friendly as I would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29.
30. It makes me proud to talk to other people about what I do on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30.
31. From what I hear from and about Nursing Service personnel at other hospitals, we at this hospital are not being satisfactorily paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31.
32. Nursing management effectively communicates goals and priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32.
33. It is my general impression that most of the nursing staff likes the way work is organized and done here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33.
34. I can't help but feel that others don't really appreciate my job and what I have to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34.
35. In my opinion, this nursing department is not organized with the needs of the patient given top priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35.
36. My supervisor gets employees to work together as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36.
37. I feel free to discuss complaints and issues with those I report to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37.
38. I can't think of many other jobs I'm capable of doing that are more important to people than being a patient care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38.
39. This type of questionnaire will help nursing management to evaluate job satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39.
40. Quality patient care and treatment are important to the Department of Nursing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40.
41. This hospital supports a philosophy of promoting "quality patient care".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41.

- A. List any other factors that are important to you in achieving a positive attitude in your position.
- B. List any factors that restrict you in achieving a positive attitude in your position.
- C. Additional comments.



## Categorization of Questions

Task Requirements: 4, 15, 20, 25, 28

Interaction: 1, 5, 19, 23, 26, 29, 32

Pay: 16, 24, 31

Autonomy: 2, 8, 10, 14, 27, 37

Job Prestige: 6, 9, 12, 17, 22, 30, 34, 38

Organizational Requirements: 3, 7, 11, 13, 18, 21,  
33, 35, 36, 39, 40, 41

APPENDIX D

COVER LETTER

Dear

As a student working on a Masters Thesis, I am trying to determine what factors are associated with nurses' employment in hospital practice. Your thoughts are important to me in this study.

The attached questionnaire is being presented to you to determine the value of different factors. In addition to completion of the questionnaire, general information is being requested to make the results more meaningful.

Please follow the instructions for each part of the questionnaire. Do not sign your name on the questionnaire so individual anonymity and confidentiality can be maintained. Completion of this questionnaire will indicate your consent to participate in this study.

A self-addressed envelope which requires no postage is enclosed for your convenience.

Please take a few minutes now to complete and return the form. The form must be returned by February 8, 1983.

Thank you for your participation!

Sincerely,

Jaunita Honeyman, R.N.

APPENDIX E

OVERALL RESPONSE TOTALS TO STAFF

SATISFACTION SCALE

## Part IV

For each of the statements below, please check (✓) the answer you feel is most like your opinions as to how well your job expectations are presently met.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
1. The people I work with are friendly.	<input checked="" type="checkbox"/> 37/	<input checked="" type="checkbox"/> 34/	<input checked="" type="checkbox"/> 1/	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/	1.
2. My nursing unit provides an atmosphere of independence in daily work activities.	<input checked="" type="checkbox"/> 35/	<input checked="" type="checkbox"/> 36/	<input checked="" type="checkbox"/> 2/	<input type="checkbox"/>	<input type="checkbox"/>	2.
3. There is no doubt that this hospital cares a great deal about the welfare of the nursing personnel.	<input checked="" type="checkbox"/> 10/	<input checked="" type="checkbox"/> 37/	<input checked="" type="checkbox"/> 10/	<input checked="" type="checkbox"/> 15/	<input checked="" type="checkbox"/> 1/	3.
4. I could deliver much better care if I had more time with each patient.	<input checked="" type="checkbox"/> 12/	<input checked="" type="checkbox"/> 38/	<input checked="" type="checkbox"/> 10/	<input checked="" type="checkbox"/> 15/	<input type="checkbox"/>	4.
5. My supervisor gives praise, credit, and recognition by letting me know about work I do well.	<input checked="" type="checkbox"/> 8/	<input checked="" type="checkbox"/> 36/	<input checked="" type="checkbox"/> 10/	<input checked="" type="checkbox"/> 17/	<input checked="" type="checkbox"/> 2/	5.
6. I perceive my occupational status as high in the Nursing Department.	<input type="checkbox"/> 6/	<input checked="" type="checkbox"/> 39/	<input checked="" type="checkbox"/> 19/	<input checked="" type="checkbox"/> 9/	<input type="checkbox"/>	6.
7. I am not satisfied with the way nursing work is organized and gets done.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 11/	<input checked="" type="checkbox"/> 8/	<input checked="" type="checkbox"/> 52/	<input checked="" type="checkbox"/> 2/	7.
8. I have the freedom in my work to make important decisions.	<input checked="" type="checkbox"/> 6/	<input checked="" type="checkbox"/> 53/	<input checked="" type="checkbox"/> 9/	<input checked="" type="checkbox"/> 5/	<input type="checkbox"/>	8.
9. I am really doing something worthwhile in my job.	<input checked="" type="checkbox"/> 23/	<input checked="" type="checkbox"/> 49/	<input checked="" type="checkbox"/> 1/	<input type="checkbox"/>	<input type="checkbox"/>	9.
10. I feel I am supervised more closely than I need to be.	<input checked="" type="checkbox"/> 2/	<input checked="" type="checkbox"/> 4/	<input checked="" type="checkbox"/> 8/	<input checked="" type="checkbox"/> 53/	<input checked="" type="checkbox"/> 6/	10.
11. The Nursing Department does its best to provide good benefits and working conditions.	<input checked="" type="checkbox"/> 4/	<input checked="" type="checkbox"/> 49/	<input checked="" type="checkbox"/> 10/	<input checked="" type="checkbox"/> 8/	<input checked="" type="checkbox"/> 2/	11.
12. My particular job doesn't require much skill or know-how.	<input checked="" type="checkbox"/> 2/	<input checked="" type="checkbox"/> 1/	<input type="checkbox"/>	<input checked="" type="checkbox"/> 22/	<input checked="" type="checkbox"/> 48/	12.
13. There is ample opportunity for nursing staff to participate in policy and procedure planning.	<input checked="" type="checkbox"/> 2/	<input checked="" type="checkbox"/> 11/	<input checked="" type="checkbox"/> 24/	<input checked="" type="checkbox"/> 26/	<input checked="" type="checkbox"/> 10/	13.

		Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
14.	I feel I have too many people who give me directions.	<u>1</u>	<u>11</u>	<u>8</u>	<u>49</u>	<u>4</u>	14
15.	A lot of what I do each day could just as well be done by someone with less skill and training.	<u>1</u>	<u>3</u>	<u>2</u>	<u>48</u>	<u>20</u>	15.
16.	The present rate in pay for Nursing Service personnel at this hospital is satisfactory.	<u>1</u>	<u>32</u>	<u>7</u>	<u>27</u>	<u>7</u>	16.
17.	What I do in my job doesn't add up to anything significant.	<u>1</u>	<u>1</u>	<u>1</u>	<u>36</u>	<u>35</u>	17.
18.	There are not many opportunities for advancement of nursing personnel at this hospital.	<u>5</u>	<u>26</u>	<u>17</u>	<u>23</u>	<u>2</u>	18.
19.	My job doesn't provide satisfying opportunities to develop formal and informal social contact.	<u>2</u>	<u>12</u>	<u>11</u>	<u>40</u>	<u>8</u>	19.
20.	The amount of time I spend on clerical and paperwork required of nursing personnel here is reasonable.	<u>1</u>	<u>39</u>	<u>7</u>	<u>25</u>	<u>2</u>	20.
21.	My supervisor does not plan activities to get maximum utilization out of our facilities, equipment, and people.	<u>2</u>	<u>6</u>	<u>13</u>	<u>44</u>	<u>8</u>	21
22.	I have little opportunity to use my abilities on my job.	<u>1</u>	<u>5</u>	<u>2</u>	<u>48</u>	<u>18</u>	22.
23.	The nursing personnel on my unit do not help one another when things get in a rush.	<u>1</u>	<u>4</u>	<u>1</u>	<u>31</u>	<u>38</u>	23.
24.	My present salary is not satisfactory.	<u>5</u>	<u>24</u>	<u>9</u>	<u>35</u>	<u>1</u>	24.
25.	I spend as much time as I'd like taking care of patients directly.	<u>3</u>	<u>24</u>	<u>9</u>	<u>33</u>	<u>4</u>	25.
26.	There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.	<u>14</u>	<u>47</u>	<u>7</u>	<u>4</u>	<u>1</u>	26.
27.	I have little control over my own work. Other people decide things for me in my job.	<u>1</u>	<u>9</u>	<u>2</u>	<u>50</u>	<u>12</u>	27.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
28. They expect too much work from us around here.	<u>1</u>	<u>6</u>	<u>6</u>	<u>54</u>	<u>6</u>	28
29. The nursing personnel on my service are not as outgoing and friendly as I would like.	<u>2</u>	<u>6</u>	<u>1</u>	<u>47</u>	<u>17</u>	29
30. It makes me proud to talk to other people about what I do on my job.	<u>18</u>	<u>47</u>	<u>7</u>	<u>1</u>	<u> </u>	30
31. From what I hear from and about Nursing Service personnel at other hospitals, we at this hospital are not being satisfactorily paid.	<u>2</u>	<u>5</u>	<u>25</u>	<u>40</u>	<u>1</u>	31
32. Nursing management effectively communicates goals and priorities.	<u>1</u>	<u>38</u>	<u>18</u>	<u>14</u>	<u>2</u>	32
33. It is my general impression that most of the nursing staff likes the way work is organized and done here.	<u>1</u>	<u>36</u>	<u>12</u>	<u>22</u>	<u>2</u>	33
34. I can't help but feel that others don't really appreciate my job and what I have to do.	<u>2</u>	<u>9</u>	<u>8</u>	<u>54</u>	<u> </u>	34
35. In my opinion, this nursing department is not organized with the needs of the patient given top priority.	<u>1</u>	<u>9</u>	<u>7</u>	<u>44</u>	<u>12</u>	35
36. My supervisor gets employees to work together as a team.	<u>7</u>	<u>47</u>	<u>13</u>	<u>5</u>	<u>1</u>	36
37. I feel free to discuss complaints and issues with those I report to.	<u>11</u>	<u>48</u>	<u>4</u>	<u>9</u>	<u>1</u>	37
38. I can't think of many other jobs I'm capable of doing that are more important to people than being a patient care provider.	<u>17</u>	<u>42</u>	<u>9</u>	<u>3</u>	<u>2</u>	38
39. This type of questionnaire will help nursing management to evaluate job satisfaction.	<u>8</u>	<u>35</u>	<u>20</u>	<u>9</u>	<u>1</u>	39
40. Quality patient care and treatment are important to the Department of Nursing.	<u>28</u>	<u>43</u>	<u>1</u>	<u>1</u>	<u> </u>	40
41. This hospital supports a philosophy of promoting "quality patient care".	<u>25</u>	<u>45</u>	<u>2</u>	<u>1</u>	<u> </u>	41

Circled items were reversed for scoring.

2  
VITA

Jaunita Kepford Honeyman  
Candidate for the Degree of  
Master of Science

Thesis: FACTORS ASSOCIATED WITH GRADUATE NURSE EMPLOYMENT IN HOSPITAL PRACTICE

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Personal Data: Born in Kansas City, Kansas, October 6, 1934, the daughter of Aurby A. Kepford and Florence S. Kepford.

Education: Graduated from Chetopa High School, Chetopa, Kansas, 1952; Mt. Carmel Hospital School of Nursing, Pittsburg, Kansas, 1955; received a Bachelor of Science in Nursing degree from the University of Tulsa in 1972; completed requirements for the Master of Science degree in Occupational and Adult Education, with an emphasis in Human Resources Development, at Oklahoma State University, Stillwater, Oklahoma, in May, 1983.

Professional Experience: Staff Nurse, Wesley Hospital, Wichita, Kansas, 1955-60; Staff Nurse, Hillcrest Medical Center, Tulsa, Oklahoma, 1960-65; Instructor, School of Practical Nursing, Tulsa Vocational-Technical School, Tulsa, Oklahoma, 1965-70; In-service Instructor, Saint Francis Hospital, Tulsa, Oklahoma, 1970-71; Assistant Director of Nursing Service, Saint Francis Hospital, Tulsa, Oklahoma, 1971-83.

Professional Organizations: American Red Cross, American Society for Nursing Service Administrators, Oklahoma Society of Nursing Service Administrators.

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