JOB SATISFACTION IN MIDWESTERN REGISTERED NURSES

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Perhaps no other profession is as rewarding and challenging or potentially unlimited as nursing. Certainly the opportunities are varied and exciting. Yet, there is an acute nursing shortage. This research project was undertaken in the hope that perhaps some of the findings would assist in identifying problem areas within the clinical area, administrative areas, and educational areas, as well as encouraging students to consider nursing as a career.

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CHAPTER I

INTRODUCTION

Nursing has become increasingly more professional and sophisticated in responsibility than ever before, as well as emerging as a more integral part of the nation's health care system (McKibbin & Boston, 1990). There are many factors contributing to the evolution of the nursing practice: 1) Dwindling health care resources; 2) Changing health care delivery systems; 3) Advances in technology, and 4) Increasing numbers of chronically ill and frail elderly persons who are in need of increasingly complex health care. In the face of these multifaceted demands, it becomes clear that the health care system needs greater numbers of highly educated and experienced nurses (McKibbin & Boston, 1989).

There are currently more than 2,000,000 registered nurses (RNs) in the United States, with a full 80 percent of those employed. Furthermore, the supply of nurses has increased by 45 percent since 1977 (Secretary's Commission on Nursing, 1988). Despite the seeming optimism of these numbers, the nation is experiencing an acute shortage of nurses, as indicated by the estimated shortage of 165,000 RNs (Secretary's Commission on Nursing, 1988). There is no

doubt that the reported current shortage of RNs is real, widespread and growing in magnitude, differing only from past shortages in that there is no end in sight (Harvey, 1989).

Hospital shortages of registered nurses nationally are acute, with RN vacancy rates more than doubling, from 4.4 per cent to 11.3 per cent between 1984 to 1987. Nineteen percent of hospitals report that shortages are considered severe," resulting in the loss of many hospital beds (i.e., 30 percent of hospitals in urban areas and 15 percent in rural areas closed beds in 1987) (Secretary's Commission on Nursing, 1988). Currently in Oklahoma, there is a shortage of 3,000 nurses, with a projected shortage of 7,500 by 1995 (Nursing Shortage: Governor's Task Force on Nursing, 1989). In Kansas hospitals alone, there were 614 vacant RN positions (Kansas State Board of Regents, 1988). Kansas does not have a published projected shortage rate, however the estimated average for annual job openings is approximately 750 (Hale, 1990).

Nursing shortages have always been cyclical (Hixson, Boehlert, Reid, & Rodgers, 1981), with signs pointing toward a current increased demand for RNs. However, recent trends in nursing school enrollments and admissions are discouraging. A decline in the size of traditional population groups which supply nursing schools suggests that alternative nontraditional students need to be recruited

(Harvey, 1989). While many reasons have been postulated for the shortage, lack of job satisfaction appears to be a major component in the cycle. Job dissatisfaction eventually leads to increased turnover, absenteeism, and lack of adequate staff for necessary care for clients. These situations place an increased burden on those nurses remaining in the work force, consequently causing more to change positions or withdraw from the profession of nursing altogether. Ruffing, Smith and Rogers (1984) state that there is not a shortage in nurses prepared for nursing, but rather a problem in retaining nurses within the working area. The supply of RNs is also suppressed by chronic problems of low salaries, poor working conditions and a poor professional image (Secretary's Commission on Nursing, 1988). Dissatisfaction in the work area has been linked to retention of nurses, employee turnover, absenteeism and inadequate nursing care by RNs.

Cairns and Cragg (1987) stated that job satisfactions and dissatisfactions must be identified in order to promote a work environment that encourages nurses to remain in nursing. Riorden (1987) concluded that greater nursing satisfaction would lead to less job turnover and nurse burnout, ultimately an important consideration in the current nursing shortage.

Since 1952, many studies concerning job satisfaction and dissatisfaction have been conducted in various areas

employing RNs. Some of the factors that have been identified as leading to job satisfaction are: social and organizational relationships (Bullock, 1953); opportunity for advancement (McClosky, 1974; Pickens & Tayback, 1957; Saleh, Lee & Prien, 1965; White & Maguire, 1973); recognition (Bowden, 1967); job security (Slocum, Susman & Sheridan, 1972), and autonomy (Alexander, Weisman & Chase, 1982; Buccheri, 1984; Riorden, 1987; Slavitt, Stamps, Piedmont & Hasse, 1978; Slocum et al., 1972; Weisman, Alexander & Chase, 1981).

Hinshaw and Atwood (1983) summarized and critiqued the major investigations of nursing staff turnover influenced by job stress and job satisfaction. They concluded that:

> A serious issue for future consideration is that the suggested influencing factors were legion, often applied conditionally, and had been tested only one or two at a time...thus the relative impact of the variables acting simultaneously and conditionally, is unknown. Almost all research is descriptive in design, uses an unspecified or convenience sample ranging from 32 to 1496, and is based on limited populations. In addition few of the samples were selected randomly. Further, most of the studies have yet to be replicated (pp. 147-148).

Problem Statement

Multiple and varied reasons have been postulated for the nursing shortage. There are indications that job satisfaction still appears to exert a profound impact on the numbers of RNs remaining in their profession. Several research studies on the topic have been conducted within the

hospital setting primarily on the East and West coast areas of the United States.

Job satisfaction seems to be low among RNs as evidenced by turnover, shortage and previous studies. The problem is that the job satisfaction component of the nursing career has not been adequately addressed so that hospital administrators as well as others might make changes in policies and/or working conditions to improve job satisfaction among nurses. One of the areas that has not been considered empirically, is the relationship of demographic variables to job satisfaction among RNs.

Need for the Study

In order to ensure delivery of adequate health care services in this country, identification of approaches and strategies to retain and recruit RNS is vital (McKibbin & Boston, 1989). As dissatisfaction has been linked to the shortage of RNs, it is necessary to first assess the components of job satisfaction and/or dissatisfaction of RNs in order to develop these approaches and strategies in work areas. Nursing administrators and other personnel could then develop processes that assist in retaining a highly trained work force, and in addition aid in recruitment and preparation of capable persons for the nursing profession. Thus, patient care will ultimately be impacted.

Purpose of Study

The purpose of this study is two-fold:

1. To determine the extent of job satisfaction in Midwestern RNs with their current position as well as satisfaction with the profession of nursing; and

2. Determine the relationship between satisfaction and specified demographic variables.

Research Questions

1. What is the level of job satisfaction in Midwestern RNs as measured by four overall questions (Globals 1 - 4) concerning:

   a) Satisfaction with current position;

   b) Intent to remain in current position;

   c) Satisfaction with the profession of nursing; and

   d) Satisfaction with their decision to become an RN?

2. Are there similar levels of job satisfaction across RNs in Oklahoma and Kansas as measured by Globals 1 - 4 concerning:

   a) Satisfaction with current position;

   b) Intent to remain in current position;

   c) Satisfaction with the profession of nursing; and

   d) Satisfaction with their decision to become an RN?

3. What is the level of job satisfaction as measured by the Job Satisfaction Scale (JSS) subscale scores of:

a) Pay or reward;

b) Interaction or cohesion with peers;

c) Time to do one's job;

d) Administrative interaction;

e) Quality of care given;

f) Tasks performed; and

g) Enjoyment of work itself?

4. What is the correlation between the level of job satisfaction as measured by Globals 1 - 4 and satisfaction as measured by the subscale scores of the JSS?

5. What is the relationship between the JSS subscale scores and the ten demographic variables of:

a) Age;

b) Gender;

c) Initial education obtained;

d) Highest educational level;

e) Type of health care setting;

f) Position within health care setting;

g) Area of specialization;

h) Number of years as an RN;

i) Years in present position; and

j) Current employment status?

6. What is the relationship between the level of job satisfaction as measured by Globals 1 - 4 and the ten demographic variables?

7. Are there different patterns of responses between satisfaction/dissatisfaction based on Globals 1 - 4 and the seven JSS subscale scores?

Variables

Ten demographic factors were selected as independent variables for this study as listed in Research Question #5 above. These demographic variables were found most frequently in the literature (Brief, Van Sell, Aldag & Melone, 1979; Riorden, 1987; Stamps & Piedmonte, 1986).

Two sets of dependent variables were chosen as measurements of job satisfaction. The first set consisted of four concomitant global questions asked to determine satisfaction with 1) their present position (Redfern, 1980); 2) intent to change positions (Parasuraman, 1989); 3) overall satisfaction with the profession of nursing (Wolfgang, Perri, & Wolfgang, 1988); and 4) satisfaction with original decision to become an RN.

The second set of dependent variables consisted of measures of the seven subscales of the Job Satisfaction Scale (JSS), based on a five-point Likert type scale. The JSS was adapted from the Work Satisfaction Scale (WSS) of Hinshaw and Atwood (1984), and the Nursing Job Satisfaction Scale (NJS) of Atwood, Hinshaw and Gerber (1986). Components of the WSS originated from Slavitt et al. (1978). Original components and modifications of the WSS and JSS may be seen in Appendix A.

Limitations

1. This study is limited to the perception of the respondents.

2. Because of the nature of mail surveys, respondents may differ from non respondents. Characteristics of respondents may counteract the effect of randomization and thus pose a threat to external validity.

3. Results of this study can only be generalized to RNs practicing in Oklahoma and Kansas.

4. The instrument used in this study is not an omnibus measure of job satisfaction, but is confined to the seven subscales of the questionnaire, and responses to Globals 1 - 4.

Delimitations

1. The population was selected from those nurses who were on the registry mailing list of the State Boards of Nursing in Oklahoma and Kansas only. The Kansas mailing list had not been updated for three years, therefore it did not include RNs who had graduated within the past three years.

2. Those RNs who were listed in the mailing lists but were not residing in Oklahoma and Kansas were not included in the survey. Replacement cases were randomly chosen for those who had moved out of state.

3. The sample included RNs who still maintain their license, but are currently retired. Their level of job satisfaction will consequently reflect a past level of satisfaction.

Assumptions

1. Answers will reflect a continuous attitude toward job and profession rather than a momentary mood.

2. Respondents will answer honestly based on assurance of complete confidentiality.

Definitions

Administration subscale: Measures the effect of administration on job procedures, personnel policy and the amount of staff participation in making these policies (Slavitt et al., 1978, p. 118).

Area of employment: The specific health care setting or institution where the RN is employed.

Area of work: The specific specialty area within the area of employment.

Employment status: Four categories to distinguish between full-time work (36 - 40 hours per week), part-time work (less than 36 regular hours per week), PRN (as needed) for occasional work, and retired (not working).

Enjoyment subscale: Measures the subjective feeling of pleasure of the work itself and overall happiness with one's

performance in the work setting (Brayfield & Rothe, 1951).

Highest education: A category of degrees obtained beyond the initial basic education.

Initial education: Professional degree obtained enabling one to take State Board Exams to become an RN, most generally an Associate degree (ADRN), Diploma degree, or Bachelor of Science degree (BSN).

Interaction/cohesion subscale: Measures the opportunities and requirements presented for both formal and informal social contact during working hours (Slavitt et al., 1978, p. 115).

Job satisfaction: "Any combination of psychological, physiological, and environmental circumstances that causes a person to say, 'I'm satisfied with my job.'" (Hoppock, 1935, p. 47). From a technical point of view, it is the index measured by the criteria in this study.

Midwestern registered nurses (RNs): Nurses who are registered with the State Boards of Licensure in Oklahoma and Kansas.

Nursing: "The diagnosis and treatment of human responses to actual and potential health problems" (American Nurses' Association, 1980, p. 9).

Pay or reward subscale: Measures the dollar remuneration and fringe benefits received for the work performed (Slavitt et al., 1978, p. 115).

Position or title: That which designates the specific job description of the RN within the work area.

Quality of care subscale: Measures the perception of satisfaction with the care given to clients within the context and constraints of the tasks to be accomplished.

Task requirements subscale: Measures the tasks that must be done as a regular part of the job (Stamps & Piedmonte, 1986, p. 17).

Time to do one's job subscale: Measures the amount of time available to spend on the necessary components of the tasks to be carried out through the day.

Summary

An overview of the seriousness of the nursing shortage has been presented, both nationally and within the Midwest. Job dissatisfaction has been identified from the literature as one of the contributing factors to the nursing shortage.

Chapter I also identified the problem and need for this study. Assumptions, limitations and delimitations were listed. Seven research questions were asked regarding job satisfaction. Independent variables selected were those found most frequently in the literature: Age; Gender; Initial education obtained; Highest educational level; Type of health care setting; Position within health care setting; Area of specialization; Number of years as an RN; Years in present position; and Current employment status.

Two sets of dependent variables were identified: 1) Four overall questions (Globals 1 - 4) regarding satisfaction with current position; Intent to remain in current position; Satisfaction with the profession of nursing; and Satisfaction with their decision to become an RN; and 2) The seven subscales of the JSS: Pay or reward; Interaction or cohesion with peers; Time to do one's job; Administrative interaction; Quality of care given; Tasks performed; and Enjoyment of work itself.

Operational and conceptual definitions of pertinent terms and variables were given. Chapter II will present a literature review pertinent to the concepts and variables presented within this chapter.

CHAPTER II

REVIEW OF RELATED LITERATURE

Over the past century the concept of the nurse has evolved from that of the physician's helper, to a highly educated professional person. Contemporary nursing has changed from the image of the nurse in white caring for the ill in the acute care setting to the expanded roles of clinician, practitioner, administrator, researcher, and others who are prepared to function in highly specialized areas. This advancement has been characterized by a number of challenges as well as dilemmas as nurses gain more control over their profession (Flynn & Heffron, 1988).

Chapter I introduced two of the major problems facing nursing - job satisfaction (or dissatisfaction) and the current nursing shortage. Chapter II will present a more indepth review of this shortage, and investigate the research which has been conducted on job satisfaction in the nursing profession.

Historically, a shortage of nurses, defined by Foerst (Flynn & Heffron, 1988), as a "lack of balance between the number of nursing jobs or positions, and the number of

qualified nurses available to fill them" (p. 49), and "a relatively high budgeted RN vacancy rate" (Aiken & Mullinix, 1987, p. 641), has been a characteristic of the nursing profession except during the depression of 1929. During times of economic depression there is a less obvious demand for health services. Thus, according to Ringold (1988, p. 54), shortages have been occurring regularly since World War II. Earlier shortages ended in one of two ways, by an infusion of money for increasing salaries and education, thereby encouraging new interest in the profession, or through periods of economic depression, which forced many nurses to go back to work because their husbands became unemployed. Over the years the supply of nurses rose and fell according to public demand.

The late 1970's and the 1980's seemed to bring a new awareness of the severity of the nursing shortage. A chronological review of nursing literature from this era was undertaken to determine the extent of the shortage and to see what relation, if any, could be identified between the actual nursing shortage and job satisfaction.

Kalisch and Kalisch (1979) surveyed a number of newspaper clippings on the nursing shortage. According to the Kalisches, four distinct problem areas in nursing were identified:

> 1) There is a geographic maldistribution of nurses; 2) expanding health care operations have created a need

> for RNs with additional education; 3) certain positions remain unfilled in what have always been less desirable working conditions, such as nursing homes or hospital night shifts; and 4) the number of voluntary inactive nurses is high (p. 469).

Reasons for the nursing shortage cover a broad spectrum, and even young nurses were affected by the shortage itself through lack of qualified supervisors, assignment to responsibilities for which they have not been trained, and assignment to understaffed critical care units.

Aiken, Blenden and Rogers (1981) concluded that limiting the growth of nurses' salaries relative to others is a prime factor in the current shortage of hospital nurses, refuting the three most common explanations for the perceived shortage that:

> Nurses are not working at all or are working in other non-health jobs; all of the increase in the supply of nurses has been absorbed by rapid increases in non-hospital employment; and increased intensity of hospital care and increased hospitalizations or an aging population have increased the requirements for nurses faster than additional nurses can be employed (p. 1613).

They advanced an explanation that when nurses' salaries were raised relative to other workers, hospital vacancies dropped, and conversely, when nursing income declined, hospital vacancies increased. They suggested that where nurses are substituted to carry out roles that should be done by others, dissatisfaction would increase significantly.

Hixson et al. (1981), stated that nursing as an occupation did not appear to suffer problems any more or

less than comparable occupations with a high proportion of female workers. The lag between changes in wages, which is responsible for changing the number of entrants and in turn nurse graduates was identified as the root cause of the recurring nurse shortages. Referring to this lag, which was called the "boom or bust" phenomenon, they concluded that the decline in entrants and growth of the supply could be expected to continue until the scarcity of nurses caused wages to rise again.

Riggs and Fernandez (1984) looked at the burgeoning articles on the nursing shortage from the viewpoint that it was a myth. They stated: that "much of the disseminated information was responsible for ambiguity, confusion and contradictions surrounding the nursing shortage issue" (p. 64). They also identified groups that stood to gain from the smokescreen of mythologizing the shortage of nursing as organized labor, hospital administrators, big business and organized medicine. Myths which occurred as by-products of the perceived nursing shortage were:

1. Nurses are powerless, weak and disorganized,
2. Nurses leave the profession due to lack of commitment,
3. Nurses are not capable of delivering cost effective products for consumption, and
4. That there really is a nursing shortage (p. 64).

They concluded that the nursing shortage was a hoax and that this myth should be put to rest so nursing could develop

into an autonomous profession with a commitment to quality care and health maintenance.

Conversely, an article in News (American Journal of Nursing, 1986), stated there appears to be a critical shortage of nurses especially in intensive care areas. A rising acuity level, a rebounding census, and the growth in alternative health-care facilities, are a few of the reasons cited for this trend. The rising acuity and short staffing is leading to increased stress, with some nurses simply "tired of fighting and bailing out...and when ICU nurses burn out, they leave the field altogether" (p. 860).

Ryan (1988) emphasized that the current impression that no one is in nursing anymore was not true. Statistics show that out of 2.2 million nurses, 1.7 million were employed resulting in an 80 percent utilization of the available pool. The difference according to Ryan, is that the demand is spiraling and supply, or entry level personnel enrolling in nursing schools, is decreasing. She emphasized that the vacancy rate in hospital nursing positions has more than doubled between 1985 and 1986, with today's vacancy rate being between 12-17 percent.

In 1987, the Secretary of Health and Human Services established a commission to study the magnitude of the nursing shortage, causes, consequences and future implications. The Commission (Dec. 1988), in their final

report, concluded that the shortage was real, widespread and magnitudinous, cutting across all health care delivery settings and nursing practice areas. It was especially acute in urban hospitals, critical care, medical surgical units and nursing homes. There were strong indications that the supply of RNs has not kept up with the demand and the resultant shortage is contributing to deterioration of work environments. Ultimately the quality of care will be impacted negatively and the quantity of care will be difficult to increase without significant changes.

In addition, Harvey (1989) concluded that the current nursing shortage is a crisis that differs from past shortages in that there is no end in sight. Because hospital nurses have increased shift hours to 10 and/or 12 hours, many experience "burnout" and ultimately leave the profession. She identified inadequate salaries as the greatest factor contributing to the current nursing shortage.

The nursing shortage appears to be multifaceted in nature, with a multiplicity of causality. While job satisfaction is perhaps only one facet of a more complex problem, Berns (1980) states that the shortage is yet another symptom of dissatisfaction with nursing and clearly the solution is the practical application of job satisfaction theory (Berns, 1982, p. 30). Stamps and

Piedmonte (1986) state that dissatisfaction with one's work seems endemic in our society and nursing is no exception" (p. 5). A brief discussion of the concept of work and industrial research in work satisfaction is presented to provide a foundation for better understanding of research specific to nursing job satisfaction.

Organizational Theories and Concepts

Work

Work, which Anderson defined as "economic activity for a purpose as opposed to leisure activity" (Anderson, 1964, p. 1), is usually described as an end unto itself. Most philosophical explanations of work are rooted in folk thinking or one religious ethic or another. In western civilization, "work has always stood at the heart of moral consciousness and in the Protestant conception all work was endowed with virtue" (Bell, 1956, p. 54). America, as a nation, has been strongly influenced by the Protestant Work Ethic which was formulated by theologian John Calvin. Belief in this ethic produced a highly motivated performance of work. For by doing their jobs well, workers felt they were living up to their ultimate calling in life. As such a mandate, work then was a part of the worker's personality, unable to be separated from self (Levenstein, 1983).

Our civilization has become increasingly industrialized in its way of work. Anderson (1964) states that our ways of

work have been in "continuous evolution for the past two centuries, gaining momentum decade by decade" (p. viii). Many view this evolution as negative and frightening. Work is viewed by some now as separated from the personality of the worker, giving rise to research on concepts such as alienation and freedom (Blauner, 1964). The relationship between man and his work has long attracted philosophers, scientists, and psychologists. Initially psychologists dealt with the measurement of aptitudes and abilities, exploring the "fit" between the worker and his work, but, according to Vroom (1964), measurements and aptitudes did not shed any light on the processes of behavior in the work area. These earlier studies, however, formed the basis for development of a number of theories designed to explain relationships between aptitude and actual performance criteria.

Substantiation of the relationship of attitudes and resulting behavior became very important. Industry faced a need to become more productive, while on the other hand there developed a dread that people would become mechanized. It seemed necessary to tackle the problem of job attitudes. The benefits for industry would be increased productivity, decreased absenteeism and turnover. The community would benefit from proper utilization of human resources, and the worker would benefit from greater satisfaction and

self-realization. Thus recognition of job satisfaction as a researchable area came early in the study of industrial psychology (Herzberg, Mausner & Snyderman, 1959).

Job Satisfaction Theories

The Hawthorne experiments of 1928 (Homans, 1965) shifted the focus of attention in industrial research to interpersonal relationships. Hoppock (1935) asked workers basic questions concerning overall likes and dislikes. The primary usefulness of this approach was the measurement of demographic variables; and the comparison of satisfaction with age, social class, education level, or position in a hierarchy. Hoppock identified six major components of job satisfaction: 1) The response of individuals to unpleasant situations; 2) Facility with which the worker adjusts himself to others; 3) Status of the individual compared with others in the group; 4) Nature of work itself; 5) Quest for economic and social security; and 6) Worker's loyalty.

Theoretical approaches to job satisfaction vary. Lawler (1970) identified four theoretical models: 1) Fulfillment theory; 2) Discrepany theory; 3) Equity theory; and 4) Two-factor theory. Stamps and Piedmonte (1986) summarized three of the most commonly used theories somewhat differently as 1) Need fulfillment theory; 2) Social reference theory; and 3) The dual-factor theory. Stamps and

Piedmonte then separated two subtypes within the need fulfilment theory as a discrepancy model and multiplicative model. Reviewed are the three most commonly used theories: the 1) Needs-satisfaction theory, which appears to be a discrepancy model or subtractive model; 2) Vroom's expectancy model, which is an alternatve to the discrepancy model; and 3) Herzberg's dual-factor theory.

Needs-Satisfaction Theory

The needs-satisfaction theoretical model has been the most universally applied model to understand job satisfaction as well as work motivation (Salancik & Pfeffer, 1977). Maslow's (1970) hierarchy of needs has been used widely as a basis for motivation and development of his humanistic theory of job satisfaction. Maslow's theory asserts that there are basic or primary needs, such as food and water that satisfy initially; after which attention is turned to higher-order needs such as needs for affiliation, nurturance and esteem. If a degree of satisfaction of the lower-order and middle-order needs are met, attention can then be turned to satisfy the higher-order need of self-actualization, or self-fulfillment. Maslow contends that these five groups of needs are a definite hierarchy, but not necessarily in an all-or-none ratio.

Early studies in job satisfaction utilized the motivation theory and focused on relationships between

motivation theory and focused on relationships between performance and satisfaction of specific psychological or higher order needs (Lawler & Porter, 1967; Slocum, 1970; Slocum et al., 1972). It was expected that highly motivated employees would be highly satisfied employees (Hale, 1986).

Expectancy Theory

Vroom (1964) examined the interrelationship of work and motivation, looking at the effects of motivational variables on work role behaviors, and also the effect of work roles on motivational variables. In doing so, he developed the concept of valence and expectancy. Valence refers to "affective orientations toward particular outcomes" (p. 15) which may be positive or negative, and expectancy refers to the fact that "specific outcomes attained by a person are dependent not only on the choices he makes, but also on events that are beyond his control" (p. 17). Vroom's expectancy theory caused a revision of earlier basic assumptions of motivation in job satisfaction. As a result a new type of theory known as the person-job-fit model was identified (Locke, 1969), forming the basis for the now popular Theory X and Theory Y model (McGregor, 1957).

Herzberg Dual-Factor Theory

The conventional analysis of job satisfaction considers "satisfaction" and "dissatisfaction" to be extremes of a

continuum. A more sophisticated multi-dimensional "dual-factor" theory of motivation-hygiene was developed by Herzberg and his coworkers (Herzberg, Mausner & Snyderman, 1959). Herzberg et al. theorized that the wants of employees divide into two groups. One group revolves around the need to develop in one's occupation as a source of personal growth and contain factors (motivators) such as achievement, recognition and the nature of work itself.

The second group (hygienes) operate as essential to the first group and are associated with fair treatment in compensation, supervision, working conditions, and administrative practices. Motivators tend to assist man in self-actualization and therefore are intrinsic factors. Hygienes are more associated with conditions that surround the work and are more extrinsic in nature. When hygiene factors deteriorate, job dissatisfaction ensues, however, the reverse does not hold true. Job satisfaction occurs when intrinsic motivators are present, however, the absence of these motivators does not necessarily mean dissatisfaction exists. Therefore, job satisfaction and dissatisfaction are not two separate traits on a continumn. Herzberg's dual-factor theory created a heated controversy in management theory.

Dunnette, Campbell and Hakel (1967) concluded that "the two factor theory should be laid to rest so as to reduce the danger of further research or administrative decisions being dictated by its seductive simplicity" (p. 143). Behling, Labovitz, and Kosmo (1968) wrote a critical appraisal of the controversy. They concluded that there is no evidence that any single overall attitude to an individual's employment exists. The two-factor theory is still widely debated after nearly 30 years of study (Stamps & Piedmonte, 1986).

Job Satisfaction in Nursing

Instrumentation in Job Satisfaction

Nurses have relied heavily on the preceding organizational theories for development of instruments to measure job satisfaction. Brayfield and Rothe (1951) developed an Index of Job Satisfaction, which measured job satisfaction and dissatisfaction on a "feeling" continuum. This index became the basis for a number of studies in health care settings (Alexander et al., 1982; Benton & White, 1972; Brief et al., 1979; Brosnan & Johnston, 1980; McClosky, 1974; Slocum et al., 1972). Hinshaw and Atwood (1984) adapted Brayfield and Rothe's scale for use with both inpatient and outpatient nursing. Brayfield and Rothe (1951) also measured a person's overall satisfaction with his or her job, sometimes called global satisfacton (Hale, 1986).

Stamps and Piedmonte (1986) stated that "the theoretical framework most often used is the one that is the most controversial: Herzberg's dual-factor theory" (p. 5). These dual-factor studies increased in the 1970's and 1980's (Cronin-Stubbs, 1977; Everly & Falcione, 1976; Hurka, 1972; Kovner & Oliver, 1977; Longest, 1974; Marriner & Craigie, 1977; Munro, 1982; Munsen & Heda, 1974; Pfaff, 1987; White & Maguire, 1973).

Porter and Lawler (1965) developed a quantified scale to index involvement, interpersonal, intrinsic and extrinsic satisfaction. This scale was later adapted to hospital staff nursing by Munsen and Heda (1974) and utilized by others (Curreri, Gilley, Faulk & Swansberg, 1985; Frank, 1986; Mickschl, 1984; Stewart-Dedmon, 1988).

Other researchers such as Deets and Froebe (1984) developed their own instruments utilizing studies such as the Wandelt, Pierce and Widdowson study (1981) to identify professional variables that nurses themselves view as important to job satisfaction.

A very real problem in measuring job satisfaction in nursing is the lack of standardized methods of measuring job satisfaction (Stamps & Piedmonte, 1986). Berns (1982) states that "there is no one best theory of job satisfaction. Any theory must be adapted to the demands of the particular situation" (p. 30). Hinshaw and Atwood (1983) state that

> knowledge adapted from other disciplines based on industrial and nonprofessional workers require testing before the findings can be generalized to professional staff functioning in service institutions (p. 148).

Locke (1969) stated that psychologists have long been convinced that the way to understand a phenomenon was first to measure it and then to correlate it with everything in sight.

To summarize the preceding section, nursing research on the subject of job satisfaction has utilized many approaches to measuring job satisfaction and dissatisfaction. Early studies forcused on the identification of those factors leading to job satisfaction or dissatisfaction. Later studies investigated the concept of turnover, stress and burnout, autonomy and professional role conceptions, and expectations, to name but a few. A brief synopsis of selected research in these areas will be presented.

General Areas of Research

An early study by Bullock (1953) attempted to identify social and organizational factors related to efficiency and job satisfaction of nurses utilizing both questionnaire and interviews. This study was done primarily to gain clues as to reasons for satisfaction and dissatisfaction. No attempt was made to quantify the interviews, however, he found that most personnel are guided by strong humanitarian motivations, that they "really liked to take care of people"

(p. 13). Dissatisfactions appeared to be associated primarily with social and organizational relationships rather than technical, functional relationships.

Pickens and Tayback (1957) utilized the Hoppock Job Satisfaction Scale to survey public health RNs and found overall, a high degree of satisfaction in their work. However, those with low overall satisfaction had significant differences in relationships, attitude toward administration, supervision and other conditions of work. Tangible factors such as salary, non-nursing aspects of work, opportunities for advancement, and workloads were important factors in increasing or decreasing job satisfaction.

Benton and White (1972) surveyed RNs to determine their ranking of certain job factors. Sixteen factors were then categorized into Maslow's need hierarchy. The RNs indicated that safety and security, social, esteem and self-actualization factors were important (in that order). Pay and personnel policies were least important. They concluded that hospitals should place a high priority on identifying those job factors considered to be important by the nurses, for the greater the importance of the factor, the more the nurses will expect it to be provided. The implication is, that if those factors are not provided, the greater will be the dissatisfaction, thereby resulting in

lowered performance. Slocum et al. (1972) also utilized Maslow's hierarchy of needs in looking at both professional and paraprofessional personnel. Professionals (RNs) reported significantly higher satisfaction with job security, prestige and autonomy than did the paraprofessionals. Job performance was significantly correlated with fulfillment of self-actualization needs.

Everly and Falcione (1976), utilizing Herzberg's dual-factor theory, suggested that RNs perceive job satisfaction in more complex terms than just the intrinsic-extrinsic dichotomy. Four factors accounted for 58.8 percent of the total variance: 1) Relationship orientation; 2) Internal work rewards; 3) External work rewards; and 4) Administrative policies.

Slavitt et al. (1978), developed an instrument from existing questionnaires in job satisfaction literature. They identified six components which appeared relevant to the health field, however, upon testing the instrument, added a seventh component: 1) Pay; 2) Autonomy; 3) Task requirements; 4) Administration; 5) Interaction; 6) Professional status; and 7) Doctor-nurse relationships. Slavitt et al., found that autonomy was ranked as the most important component, but health field personnel tested were only moderately satisfied with their current job. They were even less satisfied with task requirements. The revised

version of the questionnaire covered Maslow's higher needs except for self-actualization, and lower-level needs, except for job security.

General surveys of RNs have identified factors that would enhance job satisfaction. Marlow (1966) found that RNs ranked good working conditions first, work that keeps you interested second, and job security third; with good wages, and appreciation of work done, ranked in descending order. Baldonado (1980) surveyed 17,000 RNs nation-wide, finding that job satisfaction was directly related to adequate staffing, agreeable working hours, pleasant environment, supervisory support, team spirit, and feelings of accomplishment. Dissatisfaction was directly related to unsafe practice conditions, communication breakdown, and poor leadership. Another study of 3,500 RNs conducted by Huey and Hartley (1988) identified the top five dissatisfiers as availability of child care facilities, support from hospital administration, the amount of paperwork, nurse administrator support, and salary. Top satisfiers were a competent RN staff, autonomy, adequate patient-RN ratio, administrative support, and help available when patients need extra care. These top categories, except for the inclusion of child care facilities, are virtually the same as the Wandelt et al. study (1981).

Turnover

The largest area of research in job satisfaction or dissatisfaction in nursing has focused on the area of turnover. Turnover has been defined by Hoffman (1981) as the percentage of employees who leave their jobs, both voluntarily and involuntarily. Nursing has concentrated mostly on voluntary turnover as it is an employee's free choice and is also extraordinarily costly and disruptive.

Nursing mobility, resulting in high rates of turnover, has been well-known in hospitals. Depending on the hospital setting, studies have shown turnover rates from a reported national average of 32 percent for registered nurses, to a high of 200 percent in some metropolitan areas (Wolf, 1981). Turnover costs for each employee in 1981 ranged from $600 to $2,500 (Hoffman, 1981). In view of the inflation rate, costs would be considerably higher in 1989. Consequences of turnover are not merely monetary issues, but the greatest effect is the change in quality or quantity of patient care.

Maryo and Lasky (1958) linked three areas of job dissatisfaction with turnover, understaffing, lack of adequate communication between staff and administration, and a clear definition of nursing role and personnel policies. Satisfaction was linked to cooperative interpersonal relationships, satisfaction of their professional role, and adequate benefits. Catania (1964) listed personal or family

reasons as accounting for 55.8 percent of resignations, with 44.2 percent of the resignations related to dissatisfaction or employment elsewhere. Poor personnel policies were cited as a major reason for dissatisfaction.

Diamond and Fox (1958) also found that two-thirds of turnover was unavoidable due to family related issues such as pregnancy or marriage. Lemler and Leach (1986) did not find nurses who left and nurses who stayed differing in satisfaction, and postulated that perhaps the RNs in this study had more "personal" reasons for leaving than other populations.

Saleh et al. (1965), while pointing to major role conflicts in women (over 30 percent of reasons listed for leaving were family reasons), also found that the nature of work itself, supervision, and the possibility of promotion could affect turnover to an appreciable degree. McClosky (1974) looked at incentives to stay in a position and found psychological rewards were more important than safety or social rewards. Longest (1974) reported that "registered nurses do not peceive the factors that influence job satisfaction with the same relative importance as many other categories of workers" (p. 52). The most important implications of this study were the high rankings given to achievement and interpersonal relations, while lower rankings were assigned to recognition and advancement.

Two years of research by Seybolt, Pavett and Walker (1978) utilizing the expectancy theory resulted in a model to predict turnover. The satisfaction level of leavers was significantly different from the stayers in overall job satisfaction, satisfaction with supervision, and satisfaction with the chance to use one's abilities, as well as freedom from tension and pressure. Stayers valued high performance significantly more than leavers. Larson, Lee, Brown and Shorr (1984) also utilized the expectancy model, finding that all 35 satisfaction variables were significantly predicted by RN expectations and the importance they placed on working conditions, concluding that "job satisfaction is most valid and reliable when these two predictors are taken into account" (p. 31).

Hinshaw and Atwood (1983) summarized and critiqued the major investigations of nursing staff turnover, discussing only those models that were descriptive of nursing staff and turnover. They analyzed four models for turnover: 1) Professional turnover model (Price, 1977; Price & Mueller, 1981); 2) Professional autonomy and turnover model (Weisman et al., 1981); 3) Expectancy theory adapted to predict turnover (Porter & Lawler, 1968; Seybolt et al., 1978; Vroom, 1964); and 4) Anticipated turnover model (Hinshaw & Atwood, 1983). They identified both strengths and weaknesses of the body of research. Among the strengths were the

program building of Price and Mueller (1981) on previous research, the Weisman et al. (1981) study which extended Price and Mueller's work with the addition of autonomy, as well as their own studies illustrating a preventive approach to turnover research. In addition, there has been a solid description of the turnover phenomenon and influencing factors within acute metropolitan hospitals. However, identified weaknesses were: low variances that were unexplained, lack of replication of the studies, and utilization of different instruments that made comparison difficult. The major criticism was the lack of replication.

Parasuraman (1989) tested a more complex model of turnover incorporating personal, organizational, job experience, job attitudes, and behaviorial intentions as predictors of turnover. Their results confirmed that intention to leave was the most immediate determinant of actual turnover. The results of the study indicated that intention to leave was the most immediate determinant of actual turnover. The results of the study indicated that "nursing turnover is the product of complex linkages among personal/demographic and organizational/variables as well as attitudinal variables" (p. 272). However, Stamps and Piedmonte (1986) concluded simply that the major stimulus for RNs leaving the profession altogether, or their job, appears to be dissatisfaction with their current work situation.

Burnout and Job Satisfaction

Burnout has increasingly been acknowledged as a problem among nurses as helping professionals (Lavandero, 1981), but is not being postulated as being significantly related to turnover (Stamps & Piedmonte, 1986). Burnout has been defined as the individual's behaviorial manifestation of inability to cope with continued emotional stress (Maslach, 1976). While intensive care units have long been associated with high levels of stress or distress causing the phenomenon of burnout, the 1980's has seen a increase in studies linking job satisfaction and burnout.

Duxbury, Armstrong, Drew and Henly (1984) studied head nurse leadership style and how it might be linked to burnout and job satisfaction in staff in neonatal intensive care units (NICUs). Satisfaction and burnout were related $r = -.41$); head nurse consideration was clearly related to nurse satisfaction ($r = -.55$); and, to a lesser extent, burnout ($r = -.29$). Norbeck (1985) found that higher levels of perceived job stress are related to lower levels of satisfaction and to higher levels of psychological symptoms. This study focused on RNs in the critical care area, utilizing the Hinshaw and Atwood Nurse Job Satisfaction Scale and the Questionnaire of Stressful Factors in Intensive Care Units. None of the demographic variables were found to relate significantly to job stress, however both age and years in nursing were related to job satisfaction.

Mickschl (1984) studied critical care nurses and needs fulfillment, attitudes (satisfaction), feelings of burnout, and unit leadership style, finding that with the exception of self actualization, Maslow's need levels ranked from low level to high levels. Her hypothesis that RNs perceiving a high level of needs discrepancy would report higher burnout scores was supported. Lobb and Reid (1987) also looked at burnout and job stress, finding that heavy workload, insufficient resources, and conflicting demands were found to be highly associated with the emotional exhaustion burnout scale, especially in younger age RNs. Dolan (1987) also looked at burnout and its relationship with job satisfaction, finding that job satisfaction is a reliable indicator of burnout.

Autonomy

Lewis and Batey (1982) defined autonomy as "the amount of discretionary control the individual has over the performance of action, and is aspired to by the professional" (p. 10). Autonomy is increasingly being investigated in relation to job satisfaction as a determinant affecting nurses' attitudes toward their work setting. Pankratz and Pankratz (1974) in testing an instrument to measure nursing autonomy, patient rights, and

rejection of traditional limitations, found that higher autonomy scores were associated with education, leadership, academic setting and non-traditional social climate.

Slocum et al. (1972) in a comparison of professional and paraprofessional hospital employees stated that professional nurses reported significantly higher satisfaction with their job security, prestige and job autonomy than did the paraprofessionals. Alexander et al. (1982) in their study of 798 hospital nurses found that nurses with BSN degrees scored higher in autonomy than those having ADRN and Diploma degrees.

Wood, Tiedje, and Abraham (1986), in comparing BSN program RNs, community health nurses, and senior nursing students found that community health nurses scored higher in autonomy than both BSN RNs and students. Their analysis suggested that setting was probably a major contributing factor, since community health nurses practice primarily under guidance of other nurses rather than health professionals of other disciplines.

Marriner and Craigie (1977) examined job satisfaction and mobility of nursing educators, finding that the intrinsic factors of responsibility, achievement, academic freedom and autonomy were ranked more important by educators than extrinsic factors such as faculty club, lounge or dining room.

Slavitt et al. (1978), in developing their Index of Work Satisfaction, incorporated autonomy as one of the six components of job satisfaction that appeared most relevant to health care settings. In looking at three groups of nurses, they found that autonomy was ranked as most important. Although nurses valued autonomy highly, they were only moderately satisfied with this in their jobs. Blegen and Mueller (1987) found that higher levels of satisfaction relate significantly to higher autonomy as well as lower opportunity for jobs outside hospitals and lower routinization. For the purposes of their study, job satisfaction was defined and measured as overall job satisfaction, rather than satisfaction with facets of the job.

Riorden (1987) developed an autonomy subscale comparing autonomy with job satisfaction between hospital and non-hospital RNs. Findings indicated non-hospital RNs reported significantly higher levels of overall job satisfaction. Prestige was found to be the single most important predictor in job satisfaction for all the RNs, with autonomy the next significant predictor. Riorden concluded that "since hospital nurses have less autonomy than non-hospital nurses, it is more important to their job satisfaction" (p. 71).

Autonomy is a characteristic of the broader concept of professionalism. As the move toward full professional status

continues in nursing, professional concepts of the nursing role are being investigated in relationship to perceived job satisfaction or dissatisfaction.

Professionalism

Corwin and Taves (1962) defined professionalism as the process through which an occupation gains a monopoly on specialized knowledge and a high degree of competence in its utilization. The issue of professionalism is basic to the practice of nursing. Whether nursing is a profession has been hotly argued in the past decade. The Commission established by the Department of Health and Human Services (1988) recognized that failure on the part of health care delivery organizations to fully acknowledge the decision making abilities of RNs has hindered the development of a career orientation in professional nursing, and limited the efficacy of patient care delivery (p. vii).

Katz (1969) would classify nursing as a semi-profession by virtue of the fact that there is a shorter training time, less legitimized status, less privileged communication, less specialized body of knowledge and less autonomy from supervisory and societal control. He further implies that nursing is only one segment of the semi-professions that aspire to full professional status despite the fact that

they do not deserve it by virtue of the lack of characteristics. Moore (1970) also lists nurses under subprofessionalism stating that, despite continued attempts to achieve professionalization, physicians and other work area personnel have failed to receive the message.

Kelly (1985) concludes that though much progress has been made, even the most enthusiastic nurse cannot say that all of the criteria for a profession has been fulfilled. The body of nursing knowledge is continually being broadened by research while education is being moved into the university setting and policies and procedures are being developed. Therefore, it can be seen that nurses do not always have autonomy in their job situation, but some changes are occurring (p. 158).

Deets and Froebe (1984) and O'Reilly, Parlette and Bloom (1980) examined professionalism and the extent to which variations in perceptions of job characteristics may be associated with perceptual biases reflecting individuals' frame of reference and job satisfaction. They found that perceptions of task characteristics are associated with different views of professionalism. Strong associations were shown between temporal commitment to the job and overall job satisfaction, indicating that respondents who were satisfied and intend to remain in their positions perceived their jobs as having more variety, identity, feedback and significance.

Geiger and Davit (1988) found significant differences in job satisfaction when comparing hospital and public health nurses. Public health RNs agreed more often that nurses are required to carry too much responsibility on the job than are hospital RNs. Hospital RNs also reported fewer restrictions on professional advancement. Contrary to other studies (Curreri et al., 1985; Riorden, 1987), hospital RNs reported higher job satisfaction than non-hospital RNs.

Ahmadi, Speedling and Kuhn-Weissman (1987) investigated the newly hired staff RNs' professionalism, satisfaction and alienation. Professional role conception and job satisfaction were strongly negatively correlated at the time of hire, providing support for the idea that the new graduate, when faced with discrepancies between school-taught values and practices, and values and practices of the actual work place, may develop alienation and job dissatisfaction. A year later, alienation and job satisfaction were negatively related. Feelings of powerlessness had increased, and were found to be related to dissatisfaction.

Job Satisfaction Components

Pay/reward. Studies have consistently reported conflicting findings on pay. Pickens and Tayback (1957) found that only 11.8 percent of public health RNs were

satisfied with their salaries, while others (Benton & White, 197; Longest, 1974; Marlow ,1966) found that salaries were, along with personnel policies, of least importance in job satisfaction. Everly and Falcione (1976) suggested that opportunities for advancement, and pay and employee benefits ranked third, accounting for 11.9 percent of the explained variance in job satisfaction. Stamps and Piedmonte (1986) found pay a major source of dissatisfaction, as did the Wandelt et al. (1981) study. Others (Cairns & Cragg, 1987; McClosky, 1974; Seybolt et al., 1978) found work performance and quality of patient care to rank higher than pay. Conclusions were that pay is obviously important in predicting work dissatisfaction, however good pay alone does not necessarily lead to job satisfaction.

Time on task. Early studies (Bullock, 1953; Pickens & Tayback, 1957) identified the relationship between work demands, or workload and job satisfaction. Nurses generally prefer to work with patients rather than do clerical work, and staff RNs felt they had to spend too much of their time on activities that could be done by others. Grivest (1958) found more than half of the staff felt tired and worn out after work. As the nursing shortage has increased, working conditions have deteriorated, leaving less time for patient care.

Walker and Madsen (1981) found almost one-half the RNs in a university hospital setting felt that the level of

stress was unfavorable. This was noted in feelings of an overload of work, an increased work pace, and role conflict in the work environment. Wolf (1981) stated that job dissatisfaction is a major factor in nursing turnover with nurses complaining of unreasonable amounts of pressure due to too much work or inadequate staffing, a finding with which Ramsey (1982) is clearly in agreement. Ramsey concluded that we do not necessarily have a shortage of nurses, but we do have a shortage of nurses willing to endure the frustration and physical exhaustion on shifts that are short-staffed. Nurses constantly worry about whether they have met all their responsibilities, consequently when overload continues for weeks, and results in inadequate patient care, a nurse will quit (Wandelt et al., 1981), rather than do a substandard job. Pfaff (1987), in examining rural and urban RNs, found that both groups felt that their work suffered from having too much to do, with 66 percent leaving work feeling dissatisfied with job accomplishment

Interaction/cohesion. Researchers Mullins and Barstow, (1979) note that lack of social support increases feelings of dissatisfaction in nursing. Everly and Falcione (1976) found social contact to be a primary factor in job satisfaction, while Slavitt et al. (1978) found that three

different groups of nurses ranked interaction fifth in a list of six satisfaction components. RNs in Benton and White's 1972 study indicated congenial work associates to be of relatively high importance. Interpersonal relations with subordinates was mentioned significantly in accounts of job dissatisfaction (Cronin-Stubbs, 1977). Most studies of interaction indicate its importance for predicting both satisfaction and dissatisfaction (Stamps & Piedmonte, 1986).

Administration. Lack of administrative support ranked third as a source of dissatisfaction in RNs according to Stamps and Piedmonte (1986). Deets and Froebe (1984) and Cairns and Cragg (1987) indicated staff RNs perceived nursing administrators as remote, dictatorial, and uninterested in them. Pfaff (1987) found opposite data in her study of long term care facilities, with good rapport reported between staff and administrators.

Task requirements. Herzberg et al. (1959) contended that work content was crucial in job satisfaction. Task requirements are a topic of controversary, according to Stamps and Piedmonte (1986). Studies of task requirements in general are inconclusive, and relatively little research has been carried out. Brief et al. (1979) pointed out that RNs feel they cannot utilize the skills gained from their education in the work setting, causing them to become

frustrated and dissatisfied. Joiner, Johnson, Chapman and Corkrean (1982) found that nursing jobs appear to be high in task significance and low in task identity when compared with other professions, with nurses viewing their jobs as having significant impact on others.

Quality of care. The most obvious consequence of nursing turnover is the quality of care provided (Simpson, 1985; Wolf, 1981). If there are not enough nurses, either patient numbers must be limited, or the quality of care is compromised. Nurses, as coordinators of patient care, should be able to spend most of their time with patients (Fogarty, 1980). Kellberg (1972) concurred with these findings; nurses investigated in two different areas received the most job satisfaction from their patients and from giving care to them. Gaertner (1984) proposed that nurses experience a pull toward nursing due to the satisfaction they derive from providing care to people.

Cairns and Cragg (1987) studied three groups of BSN nurses in the hospital setting, finding that all three groups identified patients as the greatest source of satisfaction, expressing intense caring when discussing patients and families. Lobb and Reid (1987), when examining staff stress and burnout, found responses indicating that nurses felt working with patients was a highly satisfactory aspect of their job.

Enjoyment of work. Gaertner (1984) states that a growing body of literature suggests that job satisfaction contributes not only to key job characteristics, but to the extent to which work is seen as a whole and is perceived as important. According to the Herzberg et al. theory (1959), satisfiers are related to the nature of work itself and the rewards that flow directly from performance of that work. White and Maguire (1973) listed work itself, as the first factor leading to job satisfaction or dissatisfaction, finding in their sample group of supervisors that job satisfaction was promoted by having creative, challenging and role-appropriate work. Longest (1974) found work, in and of itself, to be ranked third in satisfaction by hospital RNs. Everly and Falcione (1976) found that internal work rewards accounted for 15.7 percent of the variance relating to job satisfaction, suggesting that intrinsic satisfaction gained from work through the development and use of new skills and abilities is important to RNs.

Personal Data Variables

The relationship of demographic variables to the level of job satisfaction was identified by Hoppock (1935). Herzberg et al. (1959) noted that high satisfaction appears to be related to age, job tenure and job level or position. Stamps and Piedmonte (1986) stated many of these variables

are confounded by covariation. The relationship cannot be documented, but is still being studied. They report only three variables as being regularly identified as important: 1) Age; 2) Marital status; and 3) Education.

Age. Younger RNs, as an age group, have consistently been linked to job dissatisfaction rates. Lobb and Reid (1987) found that younger age was the most significant variable in emotional exhaustion, subsequently leading to burnout and turnover. Riorden (1987) reported that job satisfaction and autonomy were not significantly related to age, while Norbeck (1985) found both age and years in nursing related to job satisfaction. Lowery and Jacobsen (1984) noted that younger, less interested and motivated nurses were in the turnover group.

Education. The type of education seems to affect work attitudes (Stamps & Piedmonte, 1986). Registered nurses holding diplomas appear to be more satisfied than those with associate and bachelor's degrees. Fogarty (1980) found that RNs holding bachelor degrees were less likely to be employed than those holding diploma degrees, suggesting that perhaps the diploma program may instill a more work-oriented viewpoint. Brief et al. (1979) reported that role stress negatively correlated to job satisfaction with professional RNs, or those with bachelor degrees appeared to experience

the greatest stress. Stewart-Dedmon (1988) also reported bachelor and diploma RNs were significantly less satisfied than their associate degree peers. Riorden (1987) did not find that educational experience correlated with job satisfaction in non-hospital or hospital groups.

Area of employment. The greatest aggregate of RNs are employed within the hospital setting, and therefore have been studied more extensively in relation to job satisfaction, dissatisfaction and turnover. Curreri et al. (1985), in their study of home health RNs and hospital RNs, noted that neither group was satisfied with their jobs. Cairns and Cragg (1987) stated that "some of the job dissatisfactions were unique to the baccalaureate graduate. There was a sense of frustration at not being able to apply what they learned in the university" (p. 25).

Position/job status. Stamps and Piedmonte (1986) reported work satisfaction appears to vary directly with occupational level. Grivest (1958) studied supervisors, head nurses and staff nurses in the hospital setting, with supervisors expressing a higher level of satisfaction than either head nurses or staff nurses. Job satisfaction in all levels of hierarchy were studied by Simpson (1985), who found that dissatisfaction with various aspects of work was reported at all levels of the hierarchy.

Specialty area. Joiner et al. (1982) found coronary care staff members believed that intrinsic satisfaction is an important motivational factor which influences retention. Nurses in coronary units also expressed a high degree of task significance and autonomy, while obstetrical nurses were high for autonomy and low in task variety. Medical-surgical nurses reported lowest motivating potential in all six area measures. Other nursing positions such as those in intensive care units, administration, the emergency room, and surgery and recovery rooms were perceived to have the same characteristics as coronary care units.

Years of experience. Length of time employed has been shown to have a positive correlation to job satisfaction. Hall, Von Endt and Parker (1981) found that nurses who had been employed over five years were more likely to be satisfied, with those having worked at the hospital longer than five years or less than one year reporting higher levels of satisfaction. Mickschl (1984) reported that as length of time in critical care increased, there was a consistent decline in frequency and emotional exhaustion.

Summary

Job satisfaction in nursing has been studied for many years. It is a complex multifaceted problem that has yet to be solved. The intense nursing shortage appears to feed

upon itself, thereby creating an even greater shortage, with the potential for adding to dissatisfaction. Some solutions are needed. There does not seem to be an effort to systematically document job satisfaction or dissatisfaction studies though some randomization has been attempted (Dolan, 1987; Hunter, Bamberg, Castiglia & McCausland, 1986). Many of the studies have yet to be replicated. Stamps and Piedmonte (1986) stated that, from their review of the literature on job satisfaction, no standardized or even widely accepted method was found for determining job satisfaction, only long lists of variables. Hinshaw and Atwood (1983) identified some serious issues for future consideration:

> Almost all research cited is descriptive in design, uses an unspecified or convenience sample ranging from 32 to 1496, and is based on limited populations. Generalizability is problematic (p. 147).

The theoretical approach for this research was based on the need fulfillment theory, with job dissatisfaction and satisfaction the opposite ends of a continuum. The job satisfaction components of the adapted JSS are defined operationally as separate components intended to measure the importance and satisfaction that RNs give to each component (Stamps & Piedmonte, 1986).

This study was designed to minimize methodological issues found in the literature review (Hinshaw & Atwood,

1983). The questions of the JSS were adapted to reach a larger number of RNs in various health care settings, specialty areas, and career levels. The population was specific to RNs, rather than members of related disciplines, such as health care workers, licensed practical nurses (LPNs) and nurse aides (NAs). Random sampling was utilized to increase representativeness and decrease systematic bias.

Chapter II has presented an overview of the intensity of the nursing shortage and the link to job dissatisfaction in the field of nursing. The concept of work and industrial theories which has formed the foundation for nursing satisfaction was presented. Nursing job satisfaction was reviewed in the areas of general job satisfaction theory, turnover, burnout, autonomy, professional issues, components of job satisfaction and demographic variables. Chapter III will present the methodological process of this study.

CHAPTER III

METHOD

As discussed more fully in Chapter II, studies in job satisfaction using convenience samples of registered nurses (RNs) abound. Job satisfaction has been investigated from the standpoint of retention, absenteeism, turnover, stress, self-esteem, and autonomy as well as many other concepts. Studies have measured various demographic variables such as age, gender, both initial and highest level of education, health care setting, position, years in the nursing profession and others. Few studies have focused on RNs across the Midwest, specifically Oklahoma and Kansas. Fewer studies have focused on RNs across wide areas of health care settings.

This survey was designed to investigate the level of job satisfaction among RNs in Oklahoma and Kansas in various health care settings, and to correlate selected demographic variables with subsets of the questionnaire. Chapter III presents the procedure used for the survey and is divided into the following sections: Instrument Used in the Study, Pilot Study, Population and Sample, Collection of Data,

Measurement of Variables, Statistical Analyses, Reliability of Responses, and Summary.

Instrument Used in the Study

Job satisfaction was measured by the Job Satisfaction Scale (JSS) which combined subscales from the Nursing Job Satisfaction Scale (NJS) by Atwood et al.(1986), and the Work Satisfaction Scale (WSS), by Hinshaw and Atwood (1984). The NJS was adapted from the industrial Job Satisfaction Scale by Brayfield and Rothe (1951), and contained the following subscales: Quality of Care, Enjoyment, and Time to do One's Job. The original source of the WSS was Slavitt et al. (1978), and contained the following subscales: Pay or Reward, Professional Status, Interaction/Cohesion, Administration, and Task Requirement (See Appendix A). Permission was obtained from Drs. Hinshaw and Atwood to use their instruments and modify the wording for adaptation to non-hospital health care settings, as well as the hospital setting (Appendix B). The modified instrument, titled "The Job Satisfaction Scale (JSS)," is not to be confused with the Job Satisfaction Scale of Brayfield and Rothe (1951). The subscales were defined in Chapter I, and may be found in Appendix C.

The Nurse Job Autonomy Scale was developed by Riorden (1987) for use in a research study of hospital and home health RNs in Kansas. The items were factors that had been

identified as significant predictors of autonomy (Alexander, Weisman & Chase, 1982; Weisman, Alexander, & Chase, 1981). Permission was obtained from Dr. Riorden to utilize the Nurse Job Autonomy Scale (see Appendix D).

The changes to adapt the NJS to broader health care settings were done in the following way: The term "hospital" was changed to "area of work;" the term "hygiene measures" was changed to "basic care/services;" and the term "patient" was changed to reflect "patient/client" or "those to whom I give service." A comparison of the changes in their entirety can be seen in the original questionnaire and the adapted Job Satisfaction Scale (JSS) questionnaire located in Appendix C.

Demographic variables were selected from existing literature to measure the following: Age, sex, initial education, highest education obtained, area of employment (health care setting), position or title, area of work (specialty area), years worked as an RN, years in present position, and employment status.

Pilot Study

The research instrument which was comprised of the adapted JSS, the Autonomy Questionnaire and Personal Data questionnaire was field tested on a convenience sample of 34 RNs who were from the education, hospital, community health and office nurse settings. The pilot study was conducted to

obtain information in the following areas: 1) ability to measure job satisfaction in all health care settings; 2) content validity of the instrument; 3) ease of completing the instrument; 4) time of completion; and 5) comments regarding the instrument. Thirty-three of 34 research instruments (97 percent) were returned. Respondent comments were made concerning the length of time to complete the questionnaire, which was approximately 25 minutes. Several editing errors were noted (see Appendix E).

Comments from the pilot study about the Autonomy Questionnaire led to further investigation into the concept of autonomy. It appeared that the concept of autonomy has not been sufficiently defined in nursing to enable a reliable nursing autonomy scale to be developed (Bircher, 1989). As a result, the decision was made to delete the Autonomy Subscale from the instrument.

The subscales of the JSS were reanalyzed for internal consistency utilizing Cronbach's Alpha. The Coefficient alphas for the subscales resulted in deletion of the subscale Professional Status which had a reliability of .64. Table I identifies the initial Coefficient alpha from Hinshaw and Atwood (1984), and Atwood et al. (1986), the initial pilot study Coefficient alpha, and the resulting alphas after deletion of questions with low inter-item correlations.

The changes made within the subscales were rearranged

The changes made within the subscales were rearranged in order to more evenly distribute negatively and positively worded questions. The final copy was formatted for mailing (see Appendix F).

TABLE I

RELIABILITY OF INITIAL STUDY, PILOT STUDY AND REVISED QUESTIONNAIRE

Subscale	Alpha Hinshaw-Atwood	Alpha Pilot Study	Items Deleted	Alpha after Deletion
Pay/Reward	.87	.87	12,16	.90
Prof. Stat.	.69	.64	All	---
Adminis.	.80	.86	3	.88
Task Requir.	.75	.83	18	.86
Qual. of Care	.77	.64	54,55	.78
Enjoyment	.86	.89	45	.90
Time on Task	.76	.65	52	.71
Interaction	.80	.88	9	.89

Population and Sample

Population

The population for this research is defined as professional registered nurses within the states of Kansas

and Oklahoma. All professional registered nurses working within any state must maintain current licensure with that state. Permission was obtained to utilize the registry mailing lists of the Kansas State Board of Nursing and the Oklahoma Board of Nurse Registration and Nursing Education (see Appendix G).

Sample

The registry list of the Kansas State Board of Nursing contained 19,598 names, and the Oklahoma Board of Nurse Registration and Nursing Education listed 19,359 names. Therefore, the decision was made to randomly select 50 percent of the sample from each state. Isaac and Michael (1981) stated that the larger the sample, the smaller the sampling error, and large samples are essential when the population is made up of a wide range of variables and characteristics. In an attempt to obtain an approximate return of 1,000 questionnaires, an additional 350 questionnaires were mailed. A total random sample of 1,350 RNs were selected, 675 from each state, utilizing a BASIC random number generator program. If the person selected was living outside of either state, another random number was generated to fill that unit.

Collection of Data

The data were collected utilizing the JSS, four global questions concerning overall perception of satisfaction with current position, intent to change position, satisfaction with the profession of nursing, and satisfaction with the decision made to become a nurse. A third section asked personal data questions. A cover letter explaining the study, data collection tool and a stamped, addressed return envelope were mailed to each member of the sample on October 1, 1989 (Appendix H). No coding was used to identify individual participants in order to provide complete anonymity. Return envelopes were coded by state to determine the respondents from that state.

A follow-up post card (see Appendix H) was mailed 10 days later to each person to whom a questionnaire had been sent. Respondent replies were accepted for a period of six weeks. Questionnaires were returned by 764 (56.6 percent) of the subjects, with 685 (50.7 percent) being useable replies. Table II shows the total 764 responses and a response rate of 56.6 percent. After checking for completeness of data, a total of 685 (50.7 percent) were determined useable for the study.

TABLE II

DISTRIBUTION OF RESEARCH INSTRUMENT AND SURVEY RETURNS

Category	Total	%	Okla.	%	Kan.	%
JSS mailed	1350	100.0	685	50.0	685	50.0
Undeliv.	158	11.7	29	4.0	129	9.1
Nonresp.	428	31.7	249	18.4	179	13.2
Respond.	764	56.6	397	29.4	367	27.2
Unuseable	79	5.8	40	2.9	39	2.8
Useable	685	50.7	357	26.4	328	24.2

Measurement of Variables

The dependent variables measured were the seven subscale scores of the JSS. Each of the 40 items were measured by a Likert perception scale with assigned quantitative values from one to five, with "strongly agree" assigned five in positively worded statements and "strongly disagree" assigned five in negatively worded statements. Each subscale varied in the number of items comprising the scale. The pay/reward, administration, and quality of care subscales were comprised of five items each with a low score of five to a high score of 25. Time and task subscales had four items apiece and a low score of four and a high score

of 20. Interaction/cohesion consisted of six items with a low score of six and a high score of 30. The enjoyment subscale had 11 items and varied from a score of 11 to 55.

Subscale scores were considered separately and were not combined into a single score. Categories of high, medium and low levels of job satisfaction were not utilized when performing the statistical analyses.

Statistical Analyses

As data collection instruments were returned each was scored by the researcher. Appropriate numerical values were assigned in preparation for the data analysis. Each respondent was considered as a separate case, and was identified by the code number assigned to the form and a code for the state from which the form was received. The data was keyed into the computer by Jon Zaring and Taryn Richardson. Data lists were proofread by the researcher and a colleague and the appropriate statistical procedures were performed.

The statistical program SPSS-X (1975) was used to tabulate responses from each questionnaire and analyze the data. The data were first subjected to statistical frequency procedures for distribution of responses by way of the subprogram FREQUENCIES, in order to obtain descriptive statistics. The subprogram PEARSON CORR was used to calculate the Pearson product-moment correlation to

determine the linear relationship of individual pairs of demographic factors and subscale variables. The Point biserial correlation is the preferred statistic to use when one variable is a true dichotomy and other variables are continuous, however as the N increases the Pearson product-moment correlation is used. The subprogram CROSSTABS was used for Chi Square values to determine whether the variables selected were statistically independent. The subprogram DISCRIMINANT was used to determine if there were different patterns of responses. The level of significance selected used was $p < .05$.

TABLE III

COMPARISON OF RELIABILITY OF COMPLETED STUDY AND PILOT STUDY

Subset	Pilot Study	Completed Study
Pay/Reward	.90	.85
Administration	.88	.81
Task Requirements	.86	.83
Quality of Care	.78	.85
Enjoyment	.90	.91
Time on Task	.71	.83
Interaction	.89	.80

Reliability of Responses

The subscales of the JSS were again analyzed for internal consistency utilizing Cronbach's Alpha. Table III presents the alpha of the completed study and compares it with the alpha of the pilot study.

Summary

Chapter III has presented a description of the research design which guided this study to determine the level of job satisfaction among RNs in Oklahoma and Kansas. The design of the study included the measurement of seven subscales of the JSS, specific personal data and four global questions concerning satisfaction with current position, intent to change position, satisfaction with the profession of nursing itself, and satisfaction with the decision to become a nurse.

The population for this study was the registered nurses in Oklahoma and Kansas. Subjects were obtained from the mailing lists of the Oklahoma and Kansas State Boards of Nursing. The sample was 1,350 randomly selected RNs overall, with 675 from each state. The response rate was 764 (56.6 percent) with 685 (50.7 percent) useable replies. According to Polit and Hungler (1987), a response rate of 60 percent is desired, however, the response rate of 50.7 percent compared favorably with other studies on job satisfaction

(Stamps & Piedmonte, 1986). Data were collected utilizing a revised JSS, Personal Data form and four global questions. A pilot study was performed to revise the scale.

Data were coded and entered on the Oklahoma State University (OSU) mainframe SPSS-X program (1988). The subprogram FREQUENCIES was utilized for frequency distributions. Appropriate statistical procedures were utilized for correlation analysis between the subscale variables and demographic variables. The level of significance was $p < .05$.

CHAPTER IV

RESULTS

This chapter presents the analysis of the data from the study investigating job satisfaction of Midwestern registered nurses (RNs) licensed in Oklahoma and Kansas. The questionnaire comprised three components: 1) The Job Satisfaction Scale, (JSS) adapted from Hinshaw and Atwood (1984) and Atwood et al. (1986); 2) Four global questions concerning satisfaction with current position, intent to change position, satisfaction with the nursing profession, and satisfaction with the decision to become an RN; and 3) the Personal Data survey. Data were collected from 685 RNs who responded to the JSS, 357 RNs from Oklahoma, and 328 RNs from Kansas.

Analysis of data from returned instruments includes descriptive statistics of frequencies, means, correlations and cross tabulations. Two Discriminant function analyses were used to determine differences in patterns of responses to subscales, with Univariate F's performed to determine where the statistical differences were located.

The level of significance chosen to evaluate comparison data was $p < .05$. The presentation and analyses are organized

as follows: Description of Respondents, Correlations, Cross Tabulations, Discriminant Functions, and Summary.

The research questions are addressed in relation to the data presented. Both tables and graphics are presented for ease of data interpretation.

Description of Respondents

Age, Gender and Work status

Age. Fourteen (2.0 percent) of the respondents were in the 20-25 year age group, 205 (29.9 percent) in the 26-35 year age group, 214 (31.2 percent) in the 36-45 year age group, 150 (21.3 percent) in the 46-55 year age group, and 100 (14.0 percent) are in the over 56 age group. Table IV and Figure 1 present categories and percentages by age groupings for all respondents, as well as those from Oklahoma and Kansas.

Gender. There were 534 female respondents, (78 percent), 19 male RNs (2.8 percent), and 132, or (19.3 percent) lacked gender data. Gender data are presented in Figure 2.

Work status. Seventy-two percent (497) of the respondents work full time, 12.6 percent (86) work part time, while 11.2 percent (77) work "as needed, or desired" (PRN). Three percent of the respondents (22) are retired and

TABLE IV

AGE CATEGORIES: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Age Grouping	Okla.	%	Kansas	%	Total	%
20-25	11	3.1	03	0.1	14	2.0
26-35	121	33.9	84	25.6	205	29.9
36-45	112	31.4	102	31.1	214	31.2
46-55	69	19.3	81	24.7	150	21.9
56+	43	12.0	57	17.4	100	14.6

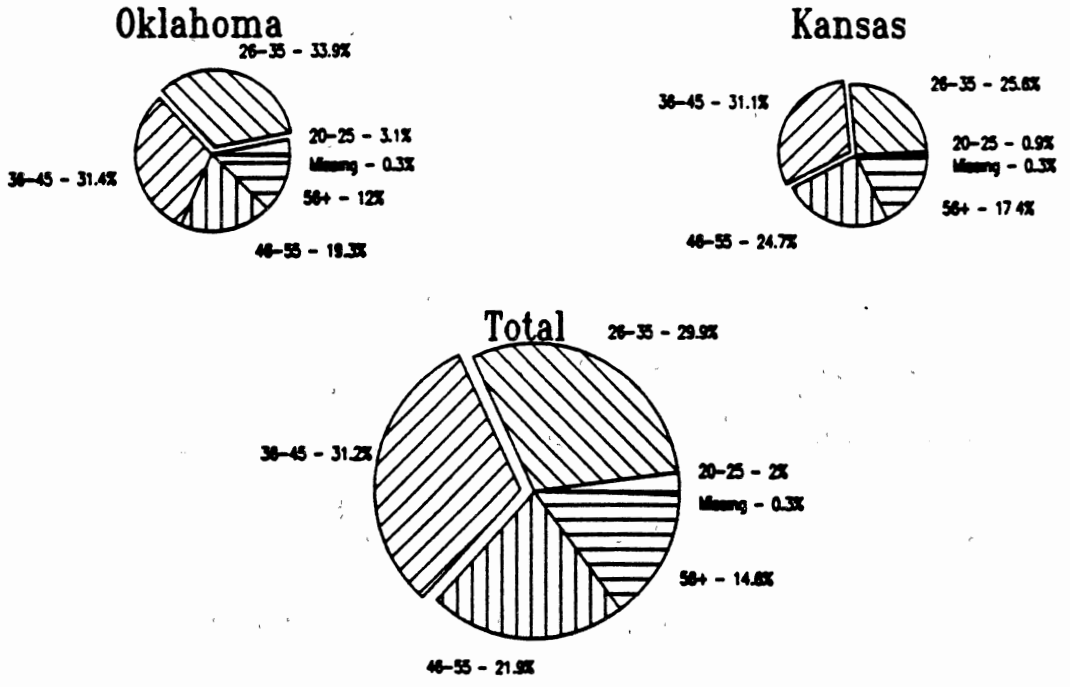

Figure 1. Respondents by Age

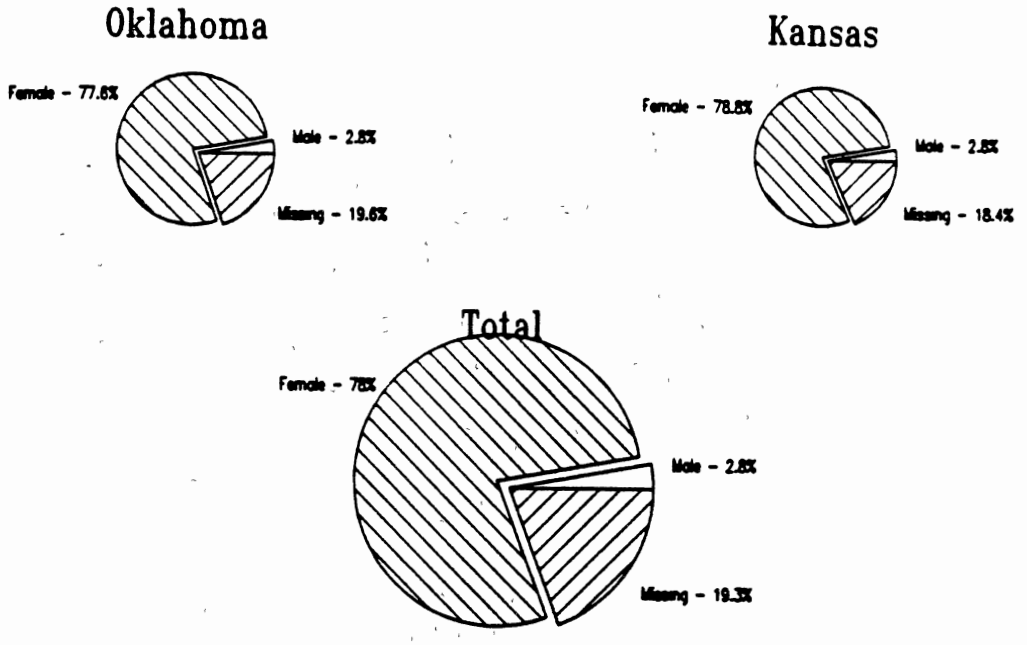

Figure 2. Respondents by Gender

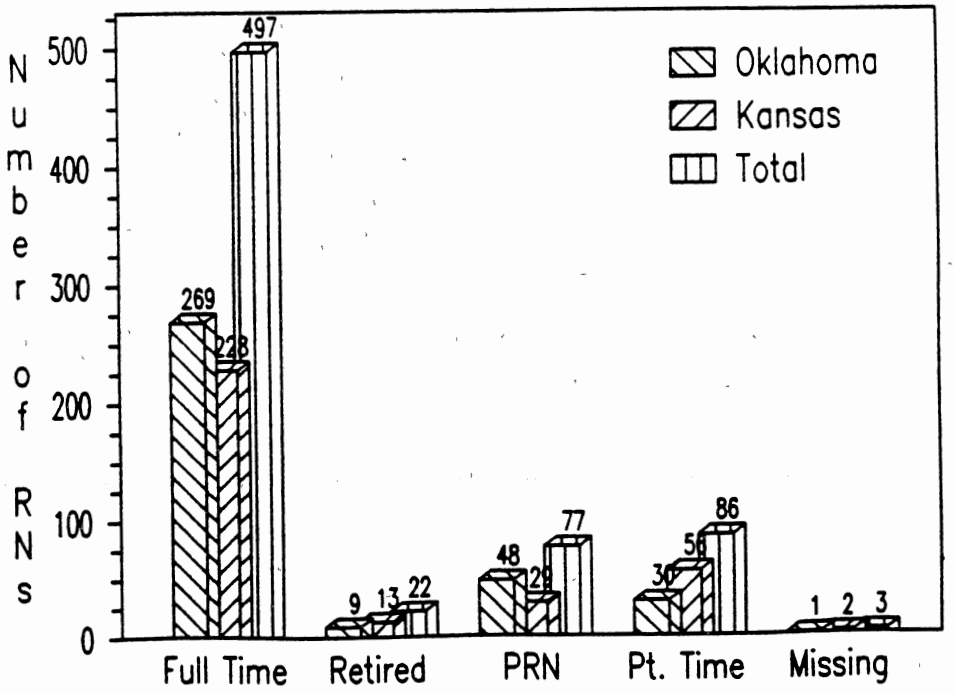

Figure 3. Respondents by Work Status

Educational Preparation

The subjects were asked to provide information regarding the initial educational degree for licensure, and the highest educational degree obtained. There are currently in existence three types of programs available for education of RNs: 1) Associate degree programs (ADRN), with approximately two years for obtaining a degree; 2) Diploma progams, with three years for completing a degree; and 3) Bachelors programs (BSN) requiring four years for completing a degree. Many nurses have participated in career ladder programs after becoming RNs, resulting in advanced degrees.

Initial educational preparation. Overall, there were 30.2 percent (207) respondents with initial ADRN degrees, 28.2 percent (193) with BSN degrees, and 40 percent (274) with diploma degrees. Six respondents, 0.9 percent, listed a master's degree (MSN) as the initial educational level. Data was missing for five respondents (Table V).

Highest educational preparation. Of the total RNs 23.9 percent (164) remain at the two-year educational level, while 30.2 percent (207) still hold the diploma degree as their highest degree. There were 29.2 percent (200) who hold BSNs, 5.3 percent (36) respondents who reported advancing to MSN, and 2.2 percent (15) now have doctorates. Degrees other than nursing accounted for 8.6 percent (59) and 0.6 percent

TABLE V

EDUCATIONAL PREPARATION: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Degree	Okla.	%	Kansas	%	Overall	%
ADRN						
Initial	144	40.3	63	19.2	207	30.2
Highest	112	31.4	52	15.9	164	23.9
Diploma						
Initial	97	27.2	177	54.0	274	40.0
Highest	76	21.3	131	39.9	207	30.2
BSN						
Initial	111	31.1	82	25.0	193	28.2
Highest	110	30.8	90	27.4	200	29.2
MSN						
Initial	03	0.8	03	0.9	06	0.9
Highest	17	4.8	19	5.8	36	5.3
PhD/EdD						
Highest	11	3.1	04	1.2	15	2.2

(4) were missing data. A comparison of initial and higher educational preparation for the overall RN sample with Oklahoma and Kansas RNs is presented in Table V, with graphic presentation in Figure 4 and 5 respectively.

Work Experience

Respondents were asked to provide the number of years in specified groupings) that they had held RN degrees, the number of years employed in their present position and the type of facility in which they were currently employed. They

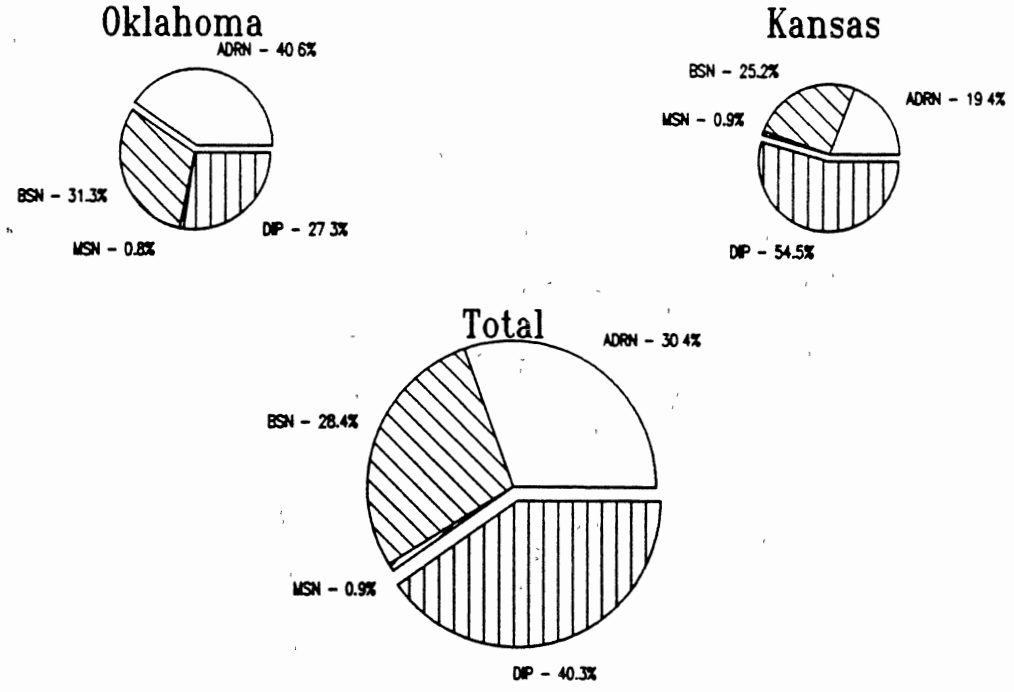

Figure 4. Respondents by Initial Education

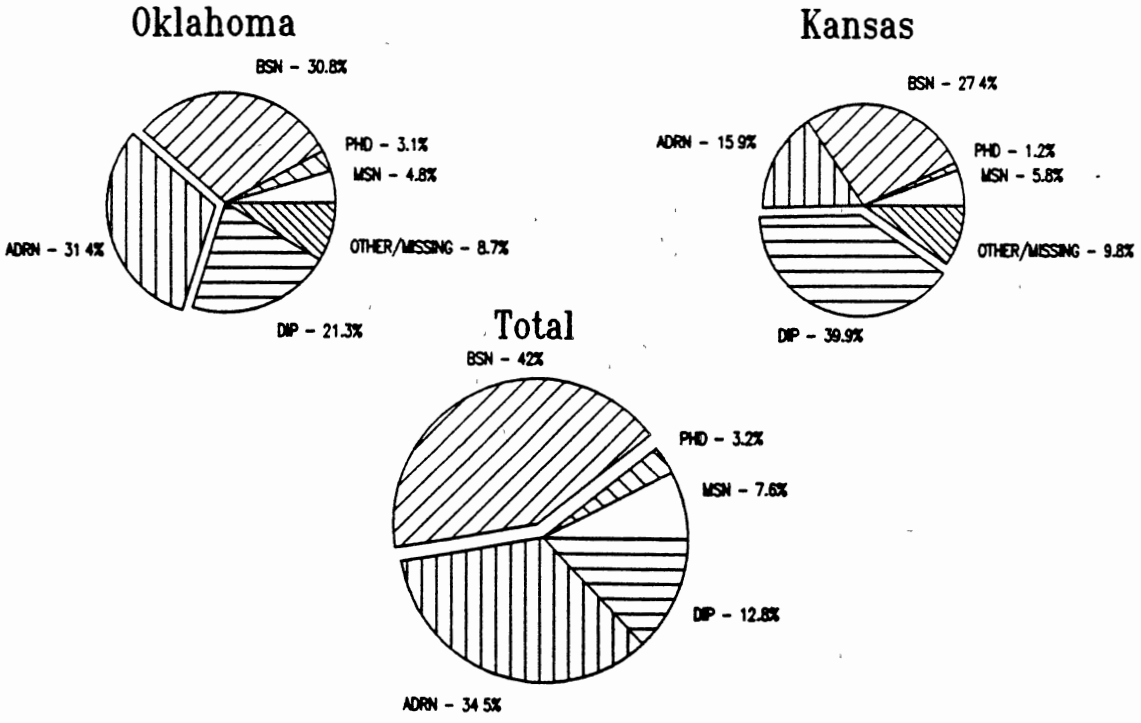

Figure 5. Respondents by Highest Education

were also asked to identify the specialty area in which they presently worked.

Years as an RN. As shown in Table VI, and presented graphically in Figure 6, only one (0.1 percent) of the respondents stated they had been an RN one year or less, with 98 (14.3 percent) in the two-five year category, 171 (25.0 percent), in the 6-10 year category, 138 (20.1 percent) in the 11-15 year category, 96 (14.0 percent) in the 16-20 year category and 178 (26.0 percent) reported having been an RN for over 21 years.

TABLE VI

YEARS AS AN RN: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Category	1/less	2-5	6-10	11-15	16-20	21+
Overall:	1	98	171	138	96	178
%	00.1	14.3	25.0	20.1	14.0	26.0
Oklahoma	-	71	96	78	43	67
%	-	19.9	26.9	21.8	12.0	18.8
Kansas	1	27	75	60	53	111
%	00.3	8.2	22.9	18.3	16.2	33.9

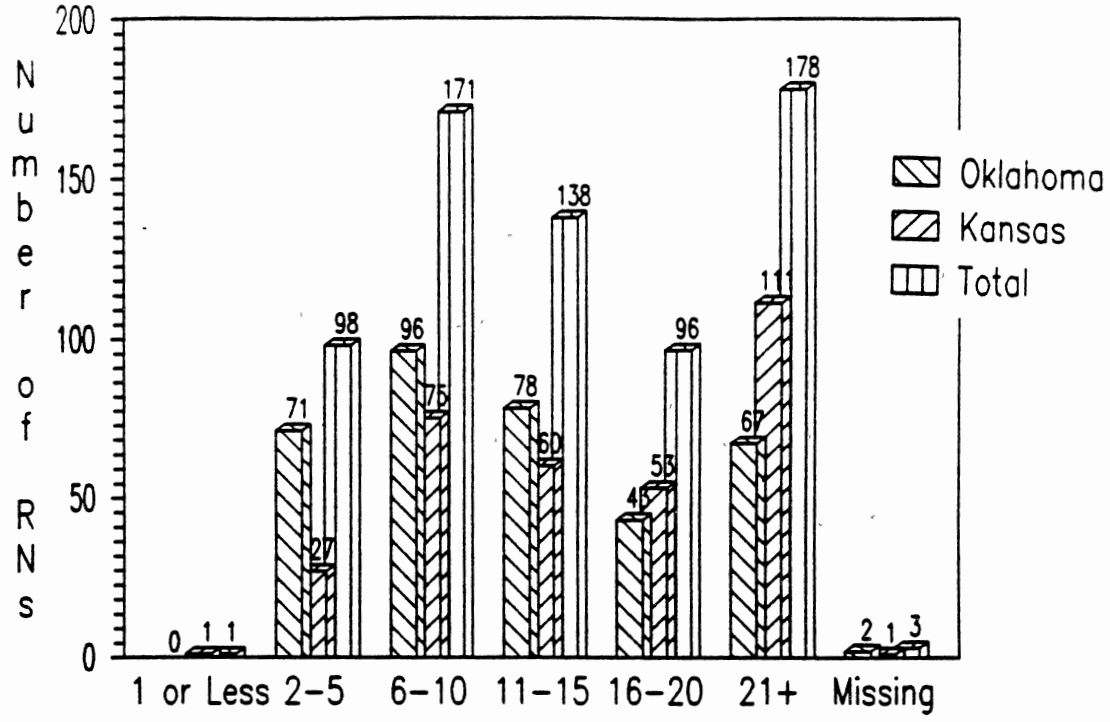

Figure 6. Respondents by Years as an RN

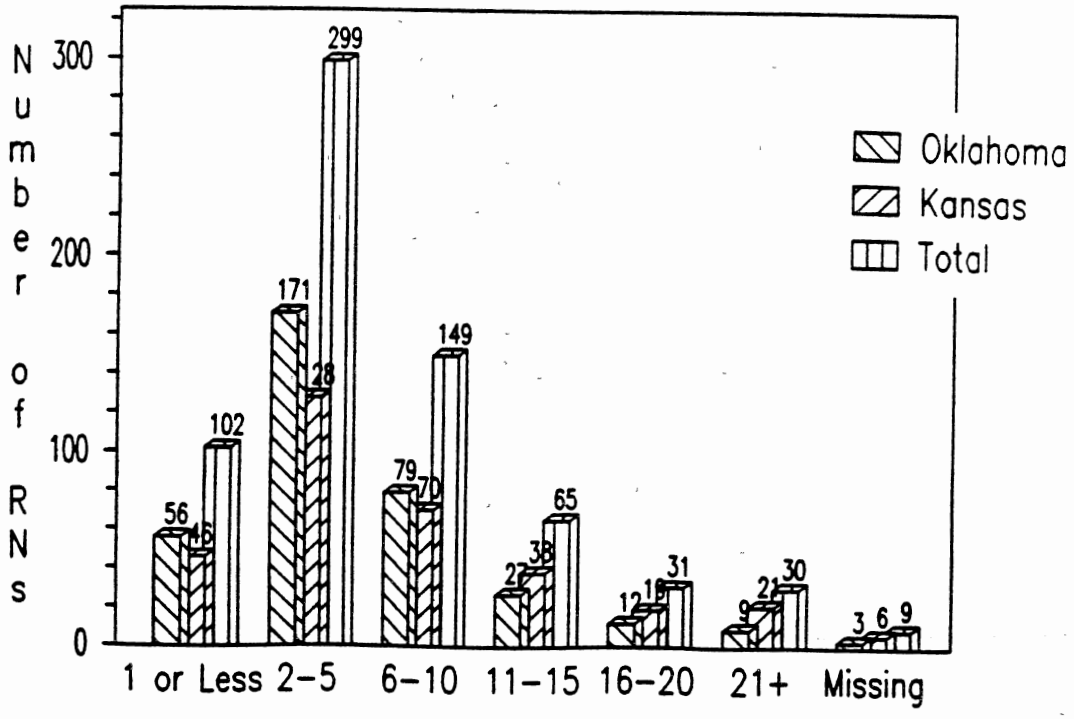

Figure 7. Respondents by Years in Present Position

Years in present position. The frequency of responses to the number of years employed in their present position were as follows: 102 respondents (14.9 percent) had been eyed one year or less; 299 (43.6 percent) two-five years; 149 (21.8 pecent) 6-10 years; 65 (9.5 percent) 11-15 years; 31 (4.5 percent) 16-20 years; and 30 (4.4 percent) over 21 years. Table VII and Figure 7 review the years in present position for the overall sample with a comparison between Oklahoma and Kansas RNs.

TABLE VII

YEARS IN PRESENT POSITION: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Category	1/less	2-5	6-10	11-15	16-20	
Overall	102	299	149	65	31	30
%	14.9	43.6	21.8	9.5	4.5	4.4
Oklahoma	56	171	79	27	12	9
%	15.7	47.9	22.1	7.6	3.4	2.5
Kansas	46	128	70	38	19	21
%	14.0	39.0	21.3	11.6	5.8	6.4

Employment Area Data

RNs were asked to respond to questions concerning the health care setting where they were employed, their specific specialty area worked within the health care setting, and their position (title). Frequencies are presented for each question.

Health care setting. As shown in Table VIII and Figure 8, the greatest number of respondents, 465 (67.9 percent), work in the hospital setting. Thirty-seven RNs (5.4 percent) work in nursing homes, 28 (4.1 percent) are employed in public health, 24 (3.5 percent) are on staff as school nurses, and 41 (6.0 percent) are office nurses. Nursing educators accounted for 17 respondents (2.5 percent), and private practice had 6 respondents (0.9 percent). Sixty-six RNs (9.6 percent) responded to the category "other" (undefined work settings).

Specialty area within employment setting. Respondents were asked to write in the specific specialty areas in which they worked within the health care setting. These were grouped into eight major categories. In the overall sample, there were 119 (18,2 percent) medical surgical RNs, 170 (16.0 percent) intensive care RNs, 63 (9.5 percent) in clinical and outpatient settings, 78 (11.9 percent) maternity RNs, 30 (6.4 percent) psychiatric RNs, 96 (14.7

TABLE VIII

AREAS OF EMPLOYMENT: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Category	Okla.	%	Kansas	%	Overall	%
Hospital	264	73.9	201	61.3	465	67.9
Nursing Home	8	2.2	29	8.8	37	5.4
Public Health	15	4.2	13	4.0	28	4.1
School Nurse	8	2.2	16	4.9	24	3.5
Office Nurse	14	3.9	27	8.2	41	6.0
Education	5	1.4	12	3.7	17	2.5
Private Prac.	3	0.8	3	0.9	6	0.9
Other	40	11.2	26	7.9	66	9.6

percent) in inservice/education, and 59 (9.0 percent) in community areas such as home health and hospice. Thirty-eight (5.8 percent) were in various other categories, such as industrial RNs and flight RNs. Table IX compares the overall responses to specialty areas with Oklahoma and Kansas RNs. Figure 9 presents the information in graphic form.

TABLE IX

SPECIALTY AREA WORKED: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Spec. Area	Okla.	%	Kansas	%	Total	%
Med-Surg	56	16.3	63	20.3	119	18.2
Inten. Care	99	28.9	71	22.9	170	26.0
Clin/Outpat	28	8.2	34	11.0	62	9.5
Maternity	46	13.4	32	10.3	78	11.9
Psychiatric	18	5.2	12	3.9	30	4.6
Inserv/Ed	52	15.2	44	14.2	96	14.7
Community	25	7.3	34	11.0	59	9.0
Other	19	5.5	19	6.0	38	5.8

Specific Positions or Titles. Job descriptions of RNs designate specific job titles for their departments or work areas. Respondents were asked to write in their job title on the questionnaire. The responses were then grouped into eight specific job title categories. A small number of titles were labeled as "other."

The overall sample was comprised of 370 (54.0 pecent) staff nurses or team leaders, 75 (10.9 percent) charge or head nurses, 90 (13.9 percent) coordinators, supervisors or managers, 44 (6.4 percent) directors and administrators, and 20 (2.9 percent) respondents who designated themselves as

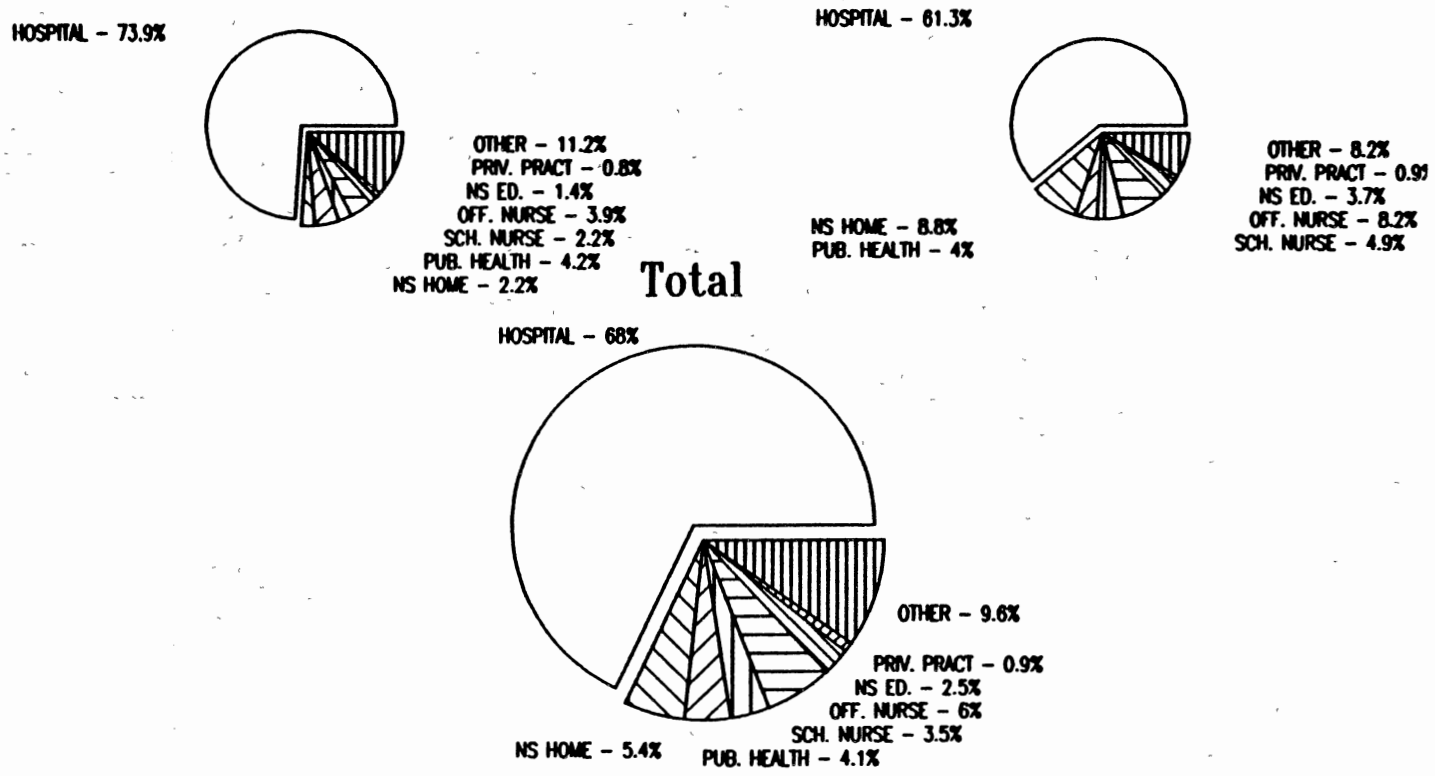

Figure 8. Respondents by Health Care Setting

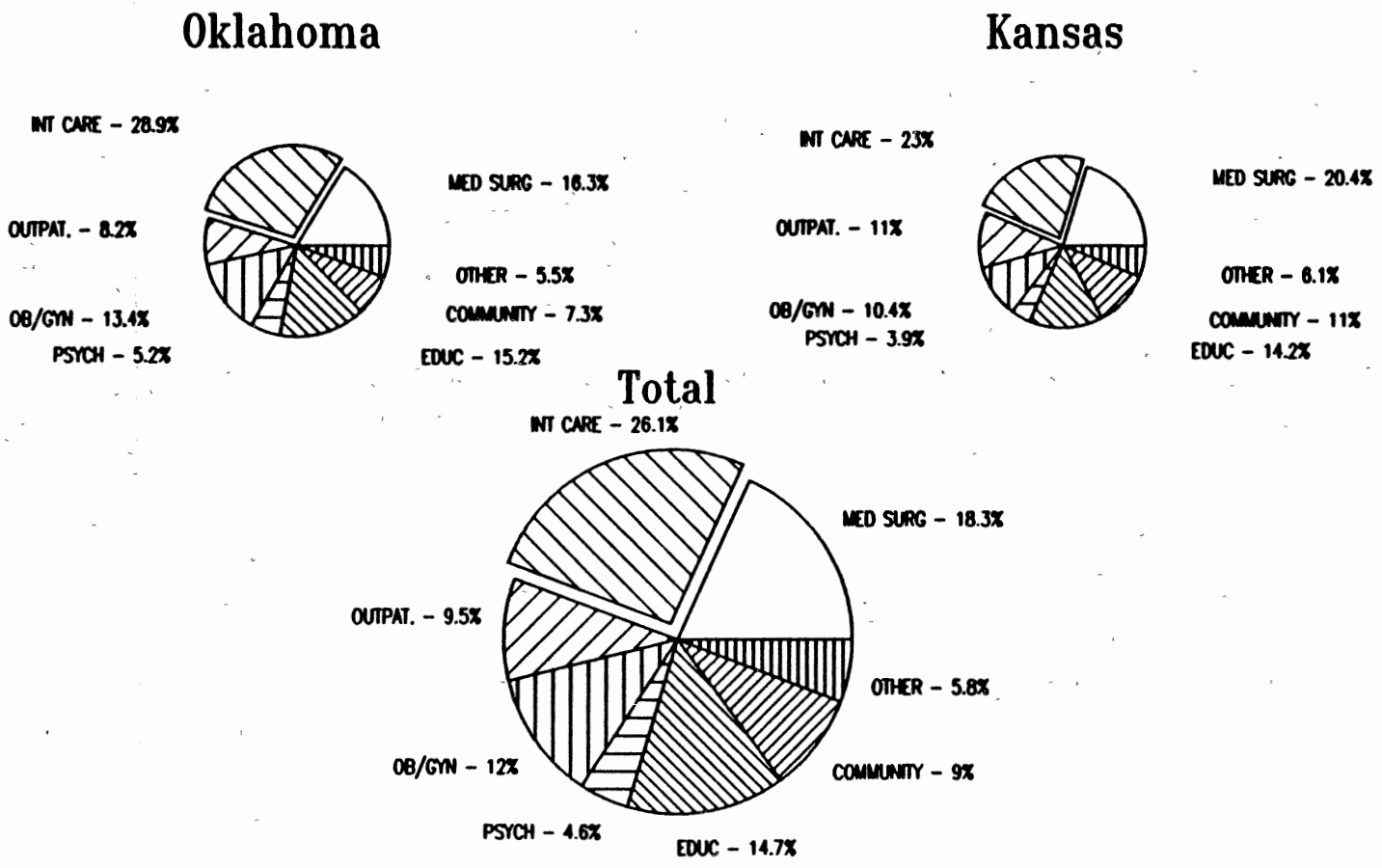

Figure 9. Respondents by Specialty Area

educators. The title of clinician numbered 43 (6.3 percent), while 19 (2.8 percent) worked in specialty areas such as infection control or quality assurance. There were 22 RNs (3.5 percent) in the category of "other/missing."

Table X, and Figure 10 compare the overall sample of RNs with Oklahoma and Kansas RNs in designated positions.

TABLE X

POSITION/TITLE: ALL RESPONDENTS COMPARED WITH OKLAHOMA AND KANSAS

Area	Okla.	%	Kansas	%	Total	%
Staff Nurse	200	56.0	170	51.8	370	54.0
Charge	42	11.8	33	10.1	75	10.9
Supervisors	43	12.0	47	14.3	90	13.1
Administrators	18	5.0	26	7.9	44	6.4
Educators	8	2.2	12	3.7	20	2.9
Clinicians	29	8.1	14	4.3	43	6.3
Specialty	11	3.1	8	2.4	19	2.8
Other/Missing	6	1.7	18	5.6	22	3.5

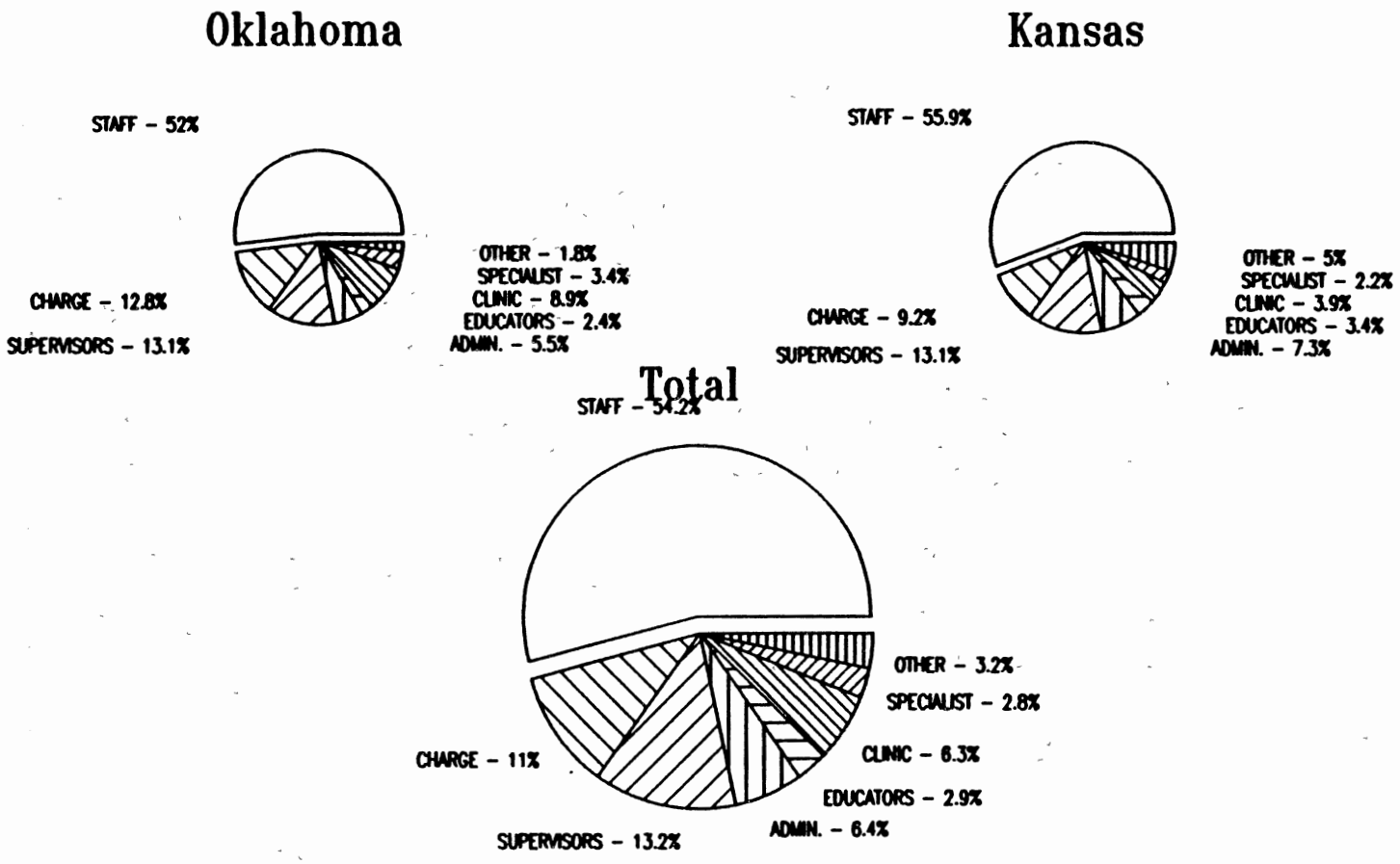

Figure 10. Respondents by Title

Research Question 1

Research Question 1 asked: What is the level of job satisfaction in Midwestern RNs as measured by four overall questions (Globals 1 - 4) concerning: a) Satisfaction with current position; b) intent to remain in current position; c) Satisfaction with the profession of nursing; and d) Satisfaction with the decision to become an RN?

Global Question 1. A total of 517 (75.5 percent) Midwestern RNs perceived themselves as being satisfied with their current position.

Global Question 2. Responses to Global question 2 indicated that 439 RNs (64.1 percent) were not considering a change in position.

Global Question 3. A similar pattern existed between satisfaction with current position (Global 1) and satisfaction with the profession of nursing, as 501 respondents (73.1 percent) stated that they were satisfied with nursing as a profession.

Global Question 4. A majority of respondents (449 or 65.5 percent) indicated that they would make the decision to become an RN again if given a second chance.

Table XI enumerates the responses for each question, including comparisons between Oklahoma and Kansas.

TABLE XI

RESPONSES TO GLOBAL QUESTIONS 1 - 4:
COMPARISON OF ALL RESPONDENTS WITH
OKLAHOMA AND KANSAS

Question		Overall Freq.	%	Okla. Freq.	%	Kansas Freq.	%*
G-1	(yes)	517	75.5	263	73.7	254	77.4
	(no)	150	21.9	87	24.4	63	19.2
G-2	(yes)	233	34.0	145	40.6	88	26.8
	(no)	439	64.1	207	58.0	232	70.7
G-3	(yes)	501	73.1	253	70.9	248	75.6
	(no)	170	24.8	97	27.2	73	22.3
G-4	(yes)	449	65.5	226	63.3	223	68.0
	(no)	214	31.2	120	33.6	94	28.7

*Percentages do not total 100 percent due to missing data.

Research Question 2

Research Question 2 asked: Are there similar levels of job satisfaction across RNs in Oklahoma and Kansas as measured by Globals 1 - 4? The patterns and frequencies of both Oklahoma and Kansas (see Table XI) generally show a similarity among RNs in both states. However, a much higher percentage of Oklahoma RNs (14 percent greater than Kansas) indicated an intent to change positions.

Research Question 3

Research Question 3 asked: What is the level of job satisfaction as measured by the Job Satisfaction Scale (JSS) subscale scores of: a) Pay or reward; b) Interaction or cohesion with peers; c) Time to do one's job; d) Administrative interaction; e) Quality of care given; (f) Tasks performed; and g) Enjoyment of work itself?

The JSS, adapted from Hinshaw and Atwood (1984) and Atwood, et al. (1986), was utilized to measure the level of job satisfaction with seven subscales: 1) Enjoyment of work; 2) Pay/reward; 3) Task requirements; 4) Administration; (5) Time to do one's task; 6) Interaction/cohesion; and 7) Quality of care. The JSS was comprised of 40 negatively and positively phrased questions, and used a fixed alternative Likert scale with five catgories ranging from strongly agree (SA) to strongly disagree (SD). Table XII compares the subscale means, standard deviations and total possible score for all respondents with Oklahoma and Kansas. Total scores vary according to the number of questions for each subscale.

The frequencies and percentages of each individual question of the JSS are found in Appendix I.

Scores for the seven subsets were derived from the Likert-type scoring and divided into three levels, high satisfaction, medium satisfaction (or neutral) and dissatisfaction (See Table XII). The total possible scores

TABLE XII

JSS RESPONSES: SUBSCALE MEANS, SCORES, AND STANDARD DEVIATIONS, WITH OKLAHOMA AND KANSAS

JSS Subscale	Area	Mean Score	Poss.	S.D.
Pay:	Total	11.595	25.00	4.346
	Ok.	11.419		4.227
	Ks.	11.788		4.472
Time:	Total	11.623	20.00	3.737
	Ok.	11.622		3.686
	Ks.	11.623		3.797
Interaction:	Total	20.669	30.00	4.581
	Ok.	20.431		4.663
	Ks.	20.927		4.483
Administration:	Total	13.232	25.00	4.354
	Ok.	12.792		4.188
	Ks.	13.713		4.485
Task:	Total	9.933	20.00	3.584
	Ok.	9.889		3.497
	Ks.	9.981		3.682
Quality:	Total	17.086	25.00	4.181
	Ok.	16.966		4.301
	Ks.	17.220		4.046
Enjoy:	Total	41.451	55.00	7.094
	Ok.	41.151		7.285
	Ks.	41.780		6.875

Overall, the highest level of satisfaction was in the enjoyment subscale, followed by perceived quality of care given. Interaction/cohesion ranked third, time to do one's job was fourth, time on task, fifth, and the subscale with

differ according to the number of questions for each subset. Total scores vary from 5-20 for Time and Task subscales to 11-55 for the Enjoyment subscale. Categories of "agree" and "strongly agree" (4 and 5) were used for the satisfaction score, the "undecided" category (score of 3) was termed neutral, and the categories of "disagree" and "strongly disagree" (2 and 1) were used for the dissatisfaction score.

TABLE XIII

SCORES, FREQUENCIES AND PERCENTAGES FOR JOB SATISFACTION BY SUBSCALES ALL RESPONDENTS

Subscale	Satisfied Freq.	%	Neutral Freq.	%	Dissatisf. Freq.	%
Pay	(Score 20-25)		(Score 11-19)		(Score 5-10)	
Overall	28	4.3	321	49.2	303	46.4
Time	(Score 16-20)		(Score 9-15)		(Score 4-8)	
Overall	135	20.1	382	56.8	156	23.2
Interaction	(Score 24-30)		(Score 15-23)		(Score 6-12)	
Overall	191	29.1	432	65.9	32	4.9
Adminis.	(Score 20-25)		(Score 11-19)		(Score 5-10)	
Overall	52	7.7	421	62.6	199	29.6
Task	(Score 16-20)		(Score 9-15)		(Score 4-8)	
Overall	62	9.3	322	48.8	284	42.6
Qual. care	(Score 20-25)		(Score 11-19)		(Score 5-10)	
Overall	239	36.1	394	59.5	29	4.4
Enjoyment	(Score 44-55)		(Score 23-43)		(Score 11-22)	
Overall	279	42.4	362	55.0	17	2.6

Overall, the highest level of satisfaction was in the enjoyment subscale, followed by perceived quality of care given. Interaction/cohesion ranked third, time to do one's job was fourth, time on task, fifth, and the subscale with the least satisfaction was pay/reward. Oklahoma and Kansas had similar patterns (see Tables XIII and XIV), except in two subscales. Six percent of Oklahoma RNs were more dissatisfied with pay and administration than were Kansas RNs. In the other subscales the difference was three percent or less. Figures 11, 12 and 13 reflect calculated scores in graphic form.

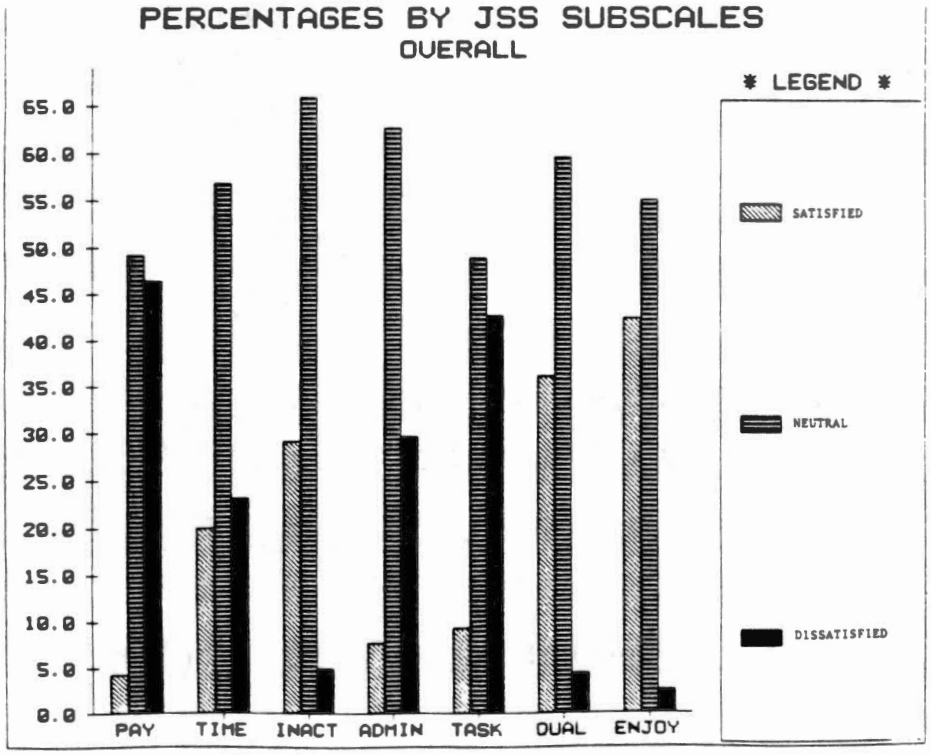

Figure 11. Respondents by JSS Subscales

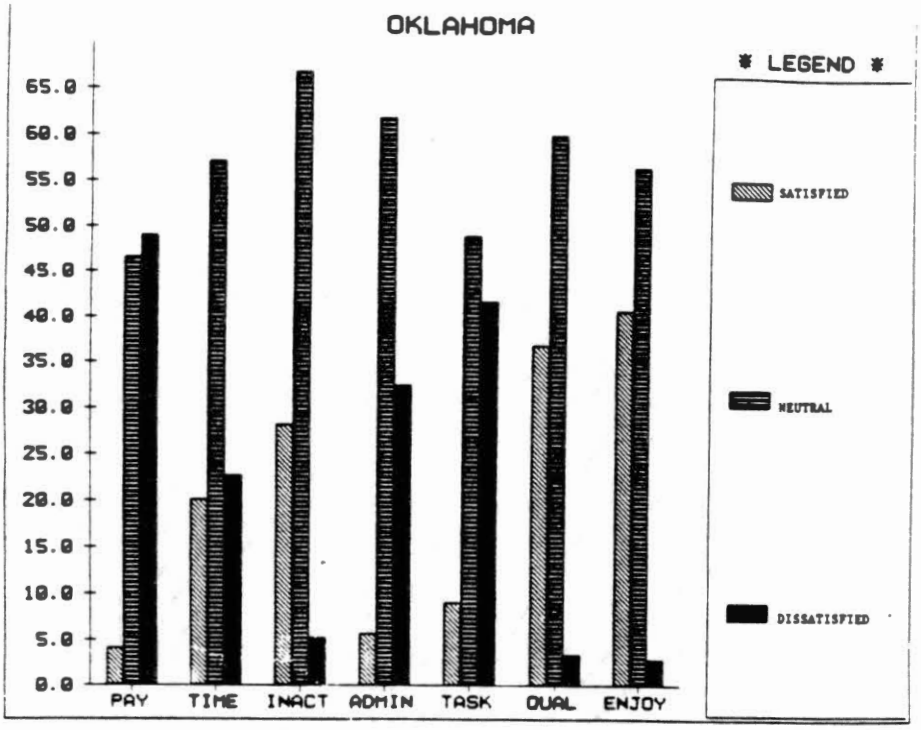

Figure 12. Oklahoma Respondents: JSS Subscales

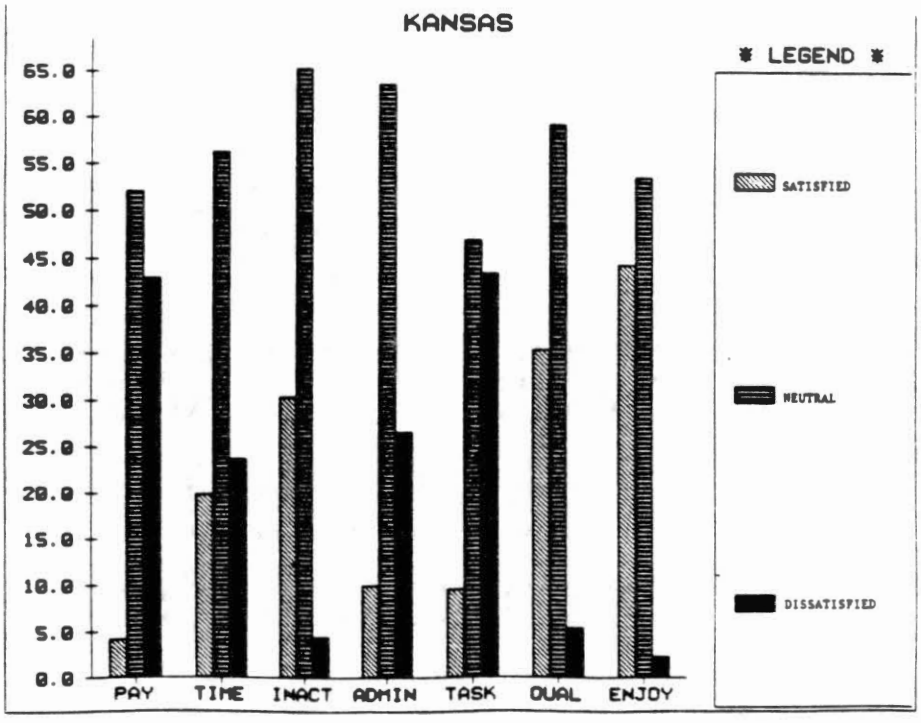

Figure 13. Kansas Respondents: JSS Subscales

TABLE XIV

SCORES, FREQUENCIES AND PERCENTAGES
JOB SATISFACTION BY SUBSCALES:
OKLAHOMA AND KANSAS

Subscales	Satisfied Freq.	%	Neutral Freq.	%	Dissatisf. Freq.	%
Pay	(Score 20-25)		(Score 11-19)		(Score 5-10)	
Oklahoma	15	4.1	159	46.6	167	49.0
Kansas	13	4.2	162	52.1	136	43.
Time	Score 16-20)		(Score 9-15)		(Score 4-8)	
Oklahoma	71	20.1	201	57.1	80	22.7
Kansas	64	19.9	181	56.3	76	23.7
Interaction	(Score 24-30)		(Score 9-15)		(Score 6-12)	
Oklahoma	96	28.2	227	66.6	18	5.3
Kansas	95	30.3	205	65.3	14	4.4
Administration	(Score 20-25)		(Score 11-19)		(Score 5-10)	
Oklahoma	20	5.7	217	61.8	114	32.5
Kansas	32	9.9	204	63.6	85	26.5
Task	(Score 16-20)		(Score 9-15)		(Score 4-8)	
Oklahoma	32	9.1	171	48.9	146	41.7
Kansas	30	9.5	149	47.0	138	43.5
Qual. care	(Score 20-25)		(Score 11-19)		(Score 5-10)	
Oklahoma	128	36.8	208	59.8	12	3.4
Kansas	111	35.4	186	59.2	17	5.4
Enjoyment	(Score 44-55)		(Score 23-43)		(Score 11-2)	
Oklahoma	140	40.7	194	56.4	10	2.9
Kansas	139	44.3	168	53.5	7	2.3

Correlations

Research Question 4

Research Question 4 asked: What is the correlation between the level of job satisfaction and the subscale

scores of the JSS: a) Pay or reward; b) Interaction or cohesion with peers; c) Time to do one's job; d) Administrative interaction; e) Quality of care given; f) Tasks performed; and g) Enjoyment of work itself?

Correlation coefficients were calculated to describe the degree of the relationship between the responses to the individual subscales and each of the Global Questions 1 through 4. Table XV presents overall correlations.

TABLE XV

CORRELATION COEFFICIENTS: GLOBALS 1-4
WITH JSS SUBSCALES
ALL RESPONDENTS

	Pay	Time	Inter.	Admin	Task	Qual.	Enj
G-1	.2498	.2900	.3293	.4067	.2448	.4012	.6168
G-2	-.2489	-.2607	-.3384	-.3383	-.2326	-.3061	-.4492
G-3	.2837	.2533	.3363	.3502	.2062	.3462	.5004
G-4	.2396	.1950	.2669	.3149	.1743	.2713	.4505

$p < .0005$

Global 1. All JSS subscales significantly correlated with Global 1, (satisfaction with current position), $p. < .0005$. Low positive correlations were shown between the

subscales of pay, time to do one's job and Global 1. Slightly higher, though still low, relationships were demonstrated between the subscales of interaction, administration, quality of patient care and Global 1. Enjoyment of work showed a moderate correlation ($r = .6168$) explaining 36 percent of the variance between Global 1 and the JSS subscales. All of the respondents who were satisfied with their current position were satisfied in all subscales.

Global 2. JSS subscales were inversely related to Global 2 (intent to change positions). Low negative relationships were found with the subscales of pay, time to do one's job and tasks. Slightly more negative relationships were demonstrated in the subscales of interaction, administration, quality of patient care, and enjoyment of work itself.

Global 3. Satisfaction with the nursing profession was significantly correlated with all JSS subscales ($p < .0005$). Enjoyment of work itself displayed a moderate relationship ($r = .5004$), explaining 25 percent of the variance between Global 2 and the JSS subscales. All other correlations indicated weak to low relationships.

Global 4. Satisfaction with the decision to become an RN demonstrated a significant ($p < .0005$), but weak relationship between the subscales of time ($r = .1950$) and

task (r = .1743) Only enjoyment of work itself approached a moderate relationship (r = .4505). Tables XVI and XVII indicate consistent patterns of satisfaction between JSS subscales and Global questions 1 - 4 across Oklahoma and Kansas.

TABLE XVI

CORRELATION COEFFICIENTS: GLOBALS 1-4
WITH JSS SUBSCALES
OKLAHOMA

	Pay	Time	Inter.	Admin.	Task	Qual.	Enjoy
G-1	.2070	.2461	.3209	.4247	.2098	.3671	.6017
G-2	-.1993	-.2064	-.3734	-.3298	-.1826	-.2668	-.4217
G-3	.2635	.2141	.3349	.3736	.1707	.3179	.4876
G-4	.2638	.1371	.2957	.3895	.1176	.2507	.4888

(p < .0005)

TABLE XVII

CORRELATION COEFFICIENTS: GLOBALS 1-4
AND JSS SUBSCALES
KANSAS

	Pay	Time	Inter.	Admin.	Task	Qual.	Enjoy
G-1	.2946	.3418	.3346	.3823	.2837	.4426	.6336
G-2	-.2980	-.3321	-.2843	-.3299	-.2927	-.3577	-.4817
G-3	.3036	.2980	.3337	.3188	.2447	.3790	.5125
G-4	.2112	.2597	.2274	.2294	.2353	.2936	.3987

P < .0005

Research Question 5

Research Question 5 asked: What is the relationship between JSS subscale scores and the ten demographic variables?

Correlation coefficients were utilized to analyze the relationship between the seven JSS subscales of pay, time, interaction, administration, task requirements, quality of patient care, and enjoyment of work with the demographic variables of age, initial education, higher education, area of employment, title, health care setting, specialty work area, years as an RN, present position and employment status.

No significant relationship was found between the demographic variables of age, higher education, years as RN, present position, and employment status and all JSS subscale scores.

Initial education showed a significant, but weak relationship only with the JSS subscale, task requirement ($r = .1126$, $p < .01$). A significant inverse relationship was shown between work area and the JSS subscale score for quality of patient care ($r = -.1982$, $p < .01$).

The demographic variable of title indicated a significant, but weak relationship with JSS subscale scores for quality of patient care ($r = .1044$, $p < .01$), and administration, ($r = .1849$, $p < .001$), and enjoyment of work ($r = .1628$, $p < .001$).

Health care settings (area of employment) significantly, but weakly, correlated with all JSS subscales except interaction. Correlations at the $p < .01$ level are as follows: pay ($r = .1220$), administration ($r = .1164$), and enjoyment of work ($r = .1268$). Correlations at the $p < .001$ level are: time ($r = .1966$), task ($r = .2213$), and quality of patient care ($r = .1780$). Table XVIII presents the correlation matrix between demographic variables and JSS subscales.

TABLE XVIII

CORRELATION COEFFICIENTS: JSS SUBSCALES WITH DEMOGRAPHIC VARIABLES ALL RESPONDENTS

Personal Data	Pay	Time	In/Act	Admin.	Task	Qual.	Enjoy
Age	.0670	-.0105	.0456	.0208	.0483	-.0136	.0439
Init. Ed.	.0612	.0867	.0777	.0576	.1126*	.0974	.0614
High. Ed.	.0705	.0268	.0354	-.0210	-.0107	-.0445	-.0490
Employ area	.1220*	.1966**	.0686	.1164*	.2213**	.1780**	.1268*
Title	.1008	.0709	.0833	.1849**	.0916	.1044*	.1628**
Work area	-.0838	-.1472	-.0800	-.0550	-.0333	-.1982*	-.1653
Years as RN	.0977	.0250	.0546	.0497	.0842	.0423	.0154
Pres. pos.	.0809	-.0087	.0490	.0584	-.0300	.0022	.0409
Emp. status	.0549	.0978	.0184	.0042	.0887	.0979	-.0317

* $p < .01$
** $p < .001$

Interpretation of these relationships should be approached with caution. There has been a tendency to disregard weak relationships in nursing, however, these relationships may have meaning when examined within the context of other variables (Burns & Grove, 1987).

Research Question 6

Research Question 6 asked: What is the relationship between the extent of job satisfaction as measured by Globals 1 - 4 and the ten demographic variables of: a) Age; b) Gender; c) Initial education obtained; d) Highest educational level; e) Health care setting; f) Area of specialty; g) Title or position; h) Number of years as an RN; i) Years in present position; and j) Current employment status?

Cross tabulations were calculated for each of the Global questions 1 - 4 with each of the demographic variables (personal data). Of the 36 possible combinations (gender deleted), only nine cross tabulations were found to be significant.

Cross Tabulations

Age

Chi-square tests of independence performed on age groupings with Global 2 yielded statistically significant

Cramer's V yielded a value of 0.18855. Approximately 42 percent of RNs in the age groups of 26-35 and 36-45 expressed an intent to change their positions. A higher proportion of those who voiced no intent to change positions were found in the 20-25 year group and over 46 years of age. Table XIX presents the cross tabulation data of the overall sample and Figure 14 depicts the cross tabulations graphically.

The chi-square analysis of specified age groupings and Global 4 (satisfaction with the decision to become an RN), was statistically significant (Chi-square = 14.71078, Cramer's V: 0.14907, $p < 0.0117$). The proportion of RNs falling into these categories are higher than that expected by chance alone. While a total of 449 (68 percent) of RNs expressed satisfaction with the decision to become an RN, 213, or 32 percent, would not make the same decision again. Table XX presents the chi-square analysis of Global 4 by age groupings. The highest proportion of those who are satisfied with the decision to become an RN are found in the 20-25 age group and over 46 years of age. Figure 15 is a graphic presentation of this analysis.

Initial Education.

Analysis of Global 2, intent to change position, by initial educational preparation, demonstrated statistically

TABLE XIX

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 2 BY AGE

Response	20-25	26-35	36-45	46-55	56+	Row
Yes	04	85	85	44	15	233
%*	(26)	(42)	(40)	(30)	(16)	(35)
No	10	118	127	104	78	437
%	(74)	(58)	(60)	(70)	(84)	(65)
Column	14	203	212	148	93	670
Total %	(2)	(30)	(32)	(22)	(14)	(100)

Chi-square = 23.85460 (p< 0.0002, df=5)
Cramer's V: 0.18855 (*Percentages have been rounded.)

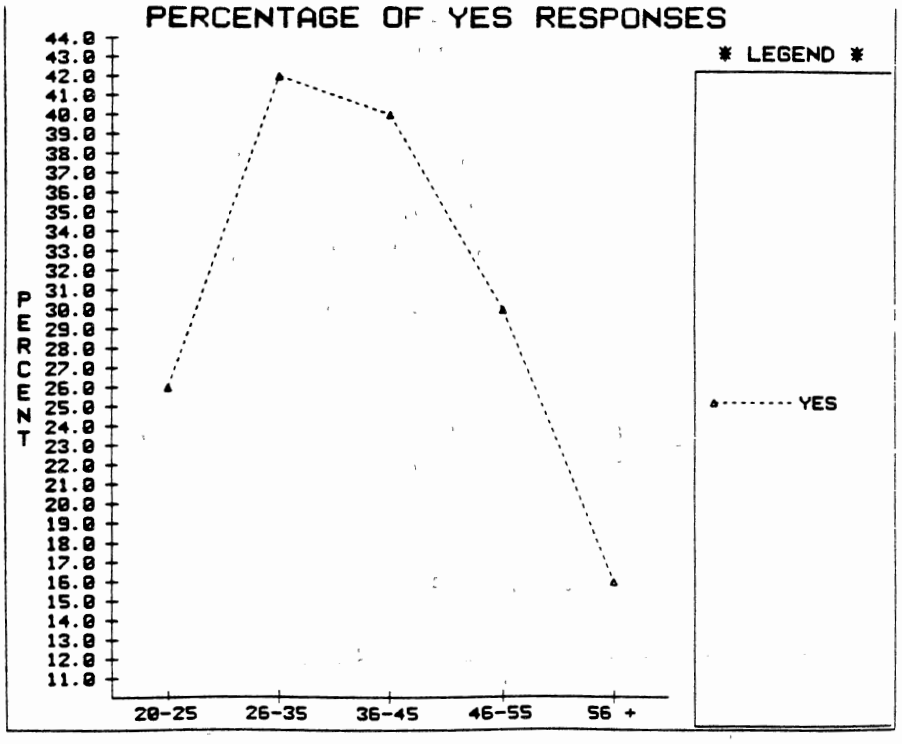

Figure 14. Intent to Change Position by Age

TABLE XX

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 4 BY AGE

Responses	20-25	26-35	36-45	46-55	55+	Row Total
Yes	10	127	129	102	80	448
%*	(77)	(65)	(62)	(71)	(82)	(68)
No	3	70	80	42	18	213
%	(23)	(36)	(38)	(29)	(18)	(32)
Column	13	197	209	144	98	661
Total %	(2)	(30)	(32)	(22)	(15)	(100)

Chi-Square = 14.71078 (p< 0.0117, df=5)
Cramer's V: 0.14907 (*Percentages have been rounded.)

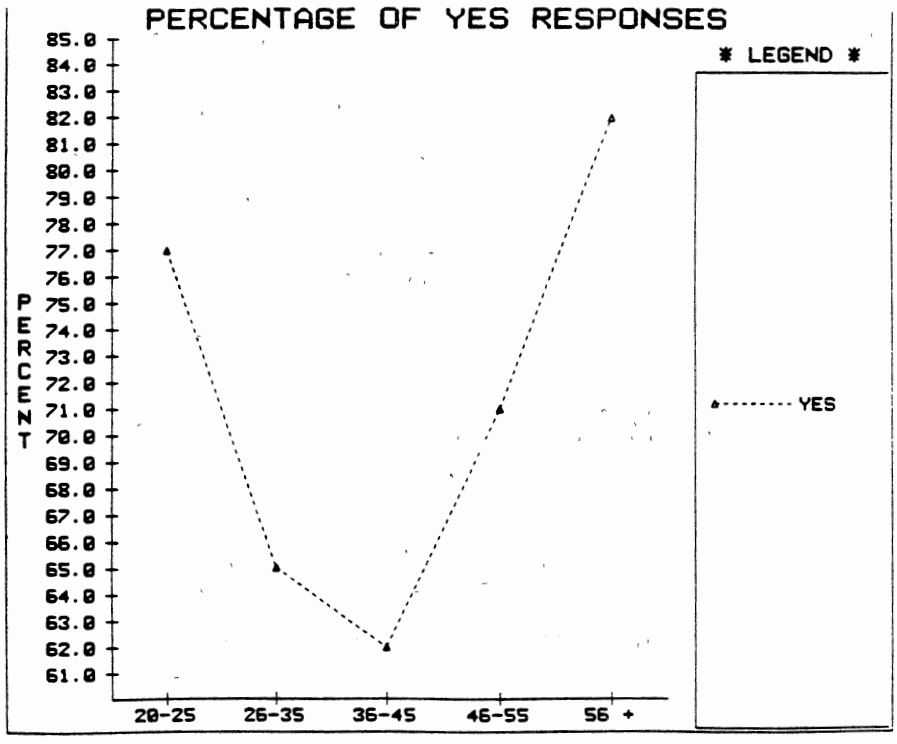

Figure 15. Satisfaction with Profession by Age

significant results (chi-square = 17.33781, $p < 0.0017$). The nature of the relationship is such that a higher proportion of those RNs with MSNs and ADRNs voice an intent to change positions. Diploma RNs voice a higher intent to remain in their positions. Table XXI and Figure 16 present the data.

Analysis of initial education and satisfaction with the decision to become an RN, reveal a significant, though weak relationship between the variables (chi-square = 10.96861, $p < 0.0269$, Cramer's V: 0.12892). A higher proportion of Diploma RNs, followed by ADRN RNs voice satisfaction with their decision to become RNs. Analysis is presented in Table XXII and Figure 17.

Highest Education.

The Chi-square test of independence performed on the relationship between the Global questions revealed a relationship only between Global 2 (intent to change position), and designated education areas. Chi-square was statistically significant (18.19526, $p < 0.0027$). Cramer's V (0.16504) indicated a weak relationship. The highest proportion of those voicing an intent to change position were in the MSN and PhD educational categories. The highest percentage of RNs who indicated an intent to remain in their positions held Diploma degrees. Table XIV and Figure 18 display analysis of all categories of education.

TABLE XXI

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 2 BY INITIAL EDUCATION

Responses	ADRN	BSN	MSN	Diploma	Row Total
Yes	87	72	4	69	232
%*	(42)	(38)	(67)	(26)	(35)
No	119	119	2	195	435
%	(58)	(62)	(33)	(74)	(65)
Column	206	191	6	264	667
Total %	(31)	(29)	(1)	(40)	(100)

Chi-square = 17.33781 ($p < 0.0017$, df=4)
Cramer's V: 0.16098 (*Percentages have been rounded.)

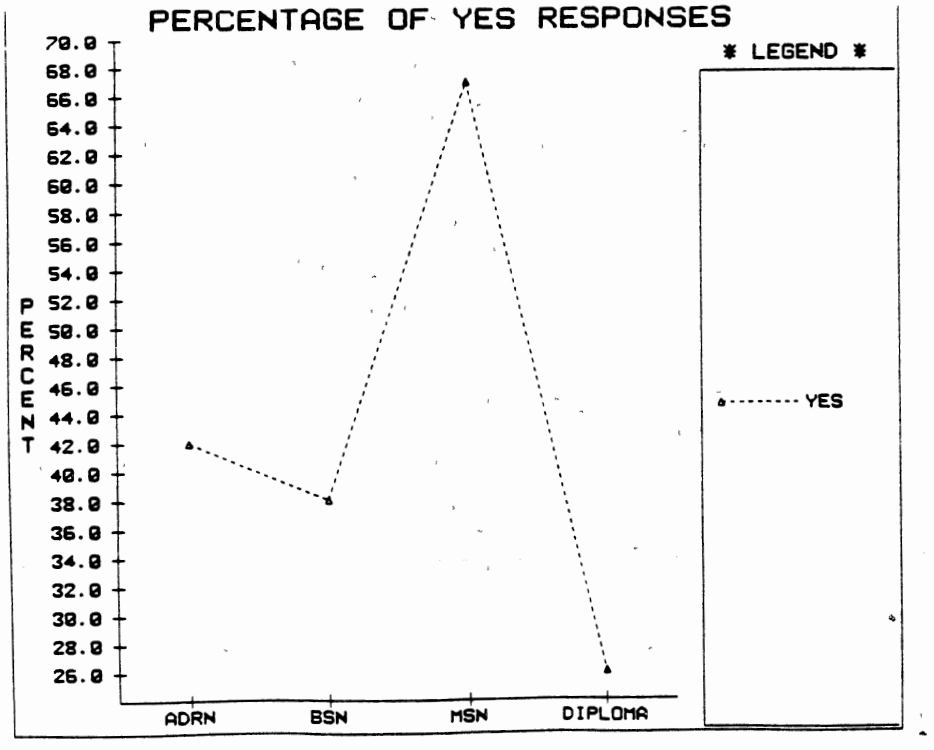

Figure 16. Intent to Change Position by Age

TABLE XXII

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 4 BY INITIAL EDUCATION

Response	ADRN	BSN	MSN	Diploma	Row Total
Yes	131	118	3	197	449
%*	(66)	(63)	(50)	(74)	(68)
No	67	68	3	71	209
%	(34)	(37)	(50)	(26)	(32)
Column	198	186	6	268	658
Total %	(30)	(28)	(1)	(41)	(100)

Chi-square = 10.96861 (p <.0269, df=4)
Cramer's V: 0.12892 (*Percentages have been rounded.)

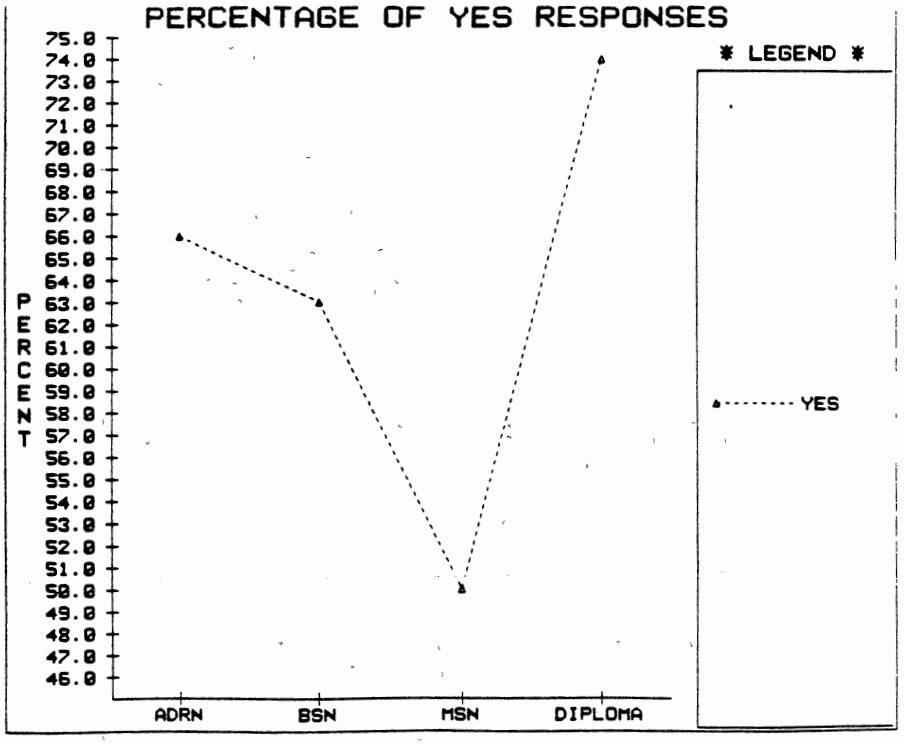

Figure 17. Satisfaction with Profession by Initial Education

TABLE XXIII

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 2 BY HIGHEST EDUCATION

Response	MSN	PHD	BSN	ADRN	DIP.	Other	Row Tot
Yes	17	8	75	64	47	20	231
%*	(49)	(53)	(38)	(39)	(24)	(34)	(35)
No	18	7	123	99	151	39	437
%	(51)	(47)	(62)	(61)	(76)	(66)	(65)
Column	35	15	198	163	198	59	668
Total %	(5)	(2)	(30)	(24)	(30)	(9)	(100)

Chi-square = 18.19526 ($p < 0.0027$, df=5)
Cramer's V: 0.16504 (*Percentages have been rounded.)

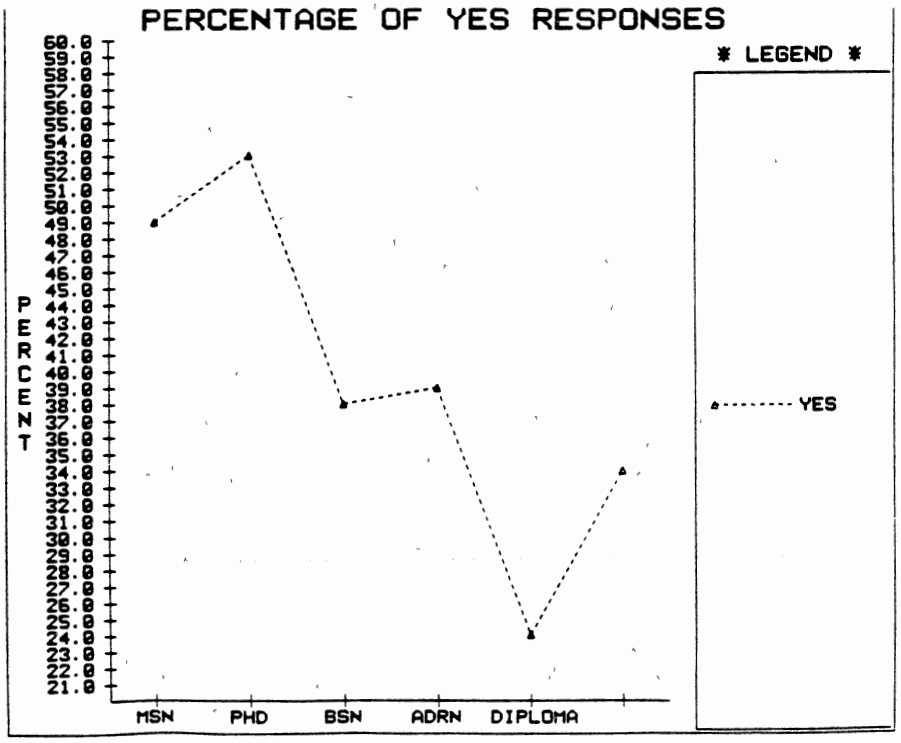

Figure 18. Intent to Change Position by Highest Education

Position or Title

Chi-square analysis of Global 4 (satifaction with the decision to become an RN) yielded a significant relationship (16.333676, $p < 0.0378$). Cramer's V statistic (0.15757) indicated a weak to low relationship. The higher the administrative level attained, the greater the proportion of RNs indicating satisfaction with the decision to become an RN. However, RNs holding more autonomous positions, i.e., administrators and specialists, indicated the highest degree of satisfaction. Analysis data and graphics are found in Table XXV and Figure 19.

Work area

Analysis of respondents by eight specialty areas of practice, and Globals 1 - 4 revealed a statistically significant relationship in Global 2 alone (intent to remain in present position). Chi-square values (16.33676, $p. < 0.0378$) demonstrated a relatively weak relationship between these variables (Cramer's V: 0.15757). The proportion of RNs falling into the non-hospital categories of out-patient care, psychiatric nursing and public health nursing voiced intent to remain in their current positions, while the proportion of RNs in the educational area voiced higher intent to change positions. Approximately two-thirds of RNs in the hospital setting indicated an intent to remain in

TABLE XXIV

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 4 BY POSITION

Resp.	Stf.	Chg.	Sup.	Adm.	Edu.	Cli.	Spec.	Oth.	Total
Yes	218	52	66	35	13	32	17	5	438
%	(62)	(71)	(74)	(81)	(65)	(76)	(90)	(56)	(68)
No	136	21	23	8	7	10	2	4	214
%	(38)	(29)	(25)	(18)	(35)	(24)	(11)	(44)	(32)
Col.	354	73	89	43	20	42	19	9	649
Tot %	(55)	(11)	(14)	(7)	(3)	(7)	(3)	(1)	(100)

Chi-square = 17.964276 ($p < 0.0121$, df = 7)
Cramer's V: 0.16638 (*Percentages have been rounded.)

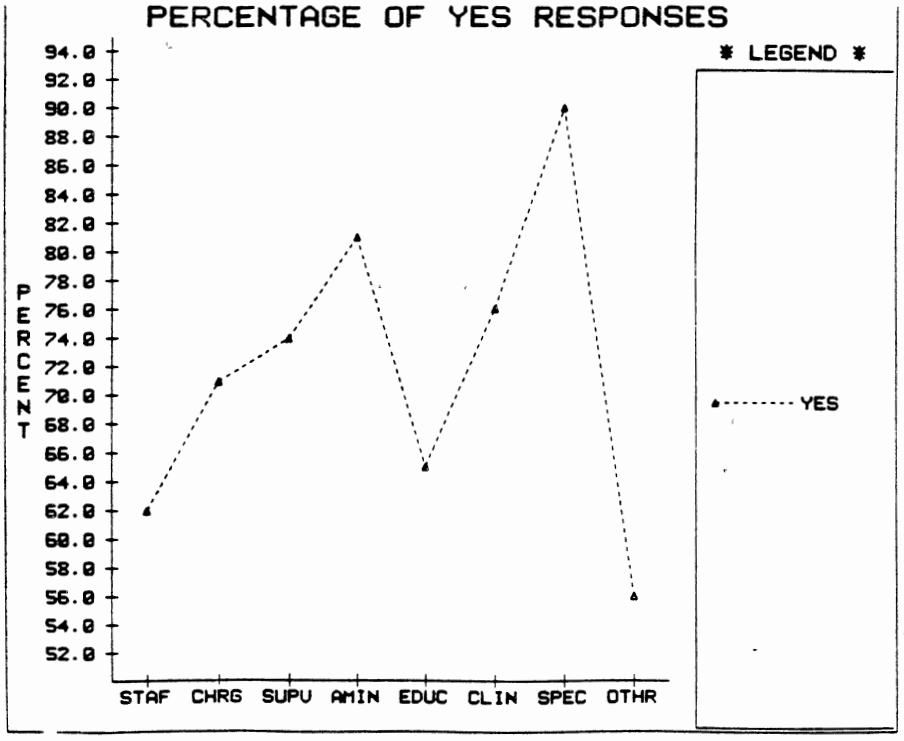

Figure 19. Satisfaction with Profession by Position

TABLE XXV

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 2 BY WORK AREA

Resp.	M-S	I-C	OP.	MCH	PSY.	ED.	P-H	Oth.	Tot.
Yes	42	66	14	29	9	42	12	14	228
%*	(34)	(38)	(23)	(37)	(30)	(44)	(20)	(38)	(35)
No	80	106	48	50	21	54	47	23	429
%	(66)	(62)	(77)	(63)	(70)	(56)	(80)	(62)	(65)
Col.	122	172	62	79	30	96	59	37	657
Tot.%	(19)	(26)	(9)	(12)	(5)	(15)	(9)	(6)	(100)

Chi-square = 16.33676 (p< 0.0378, df=8)
Cramer's V: 0.15757 (*Percentages have been rounded.)

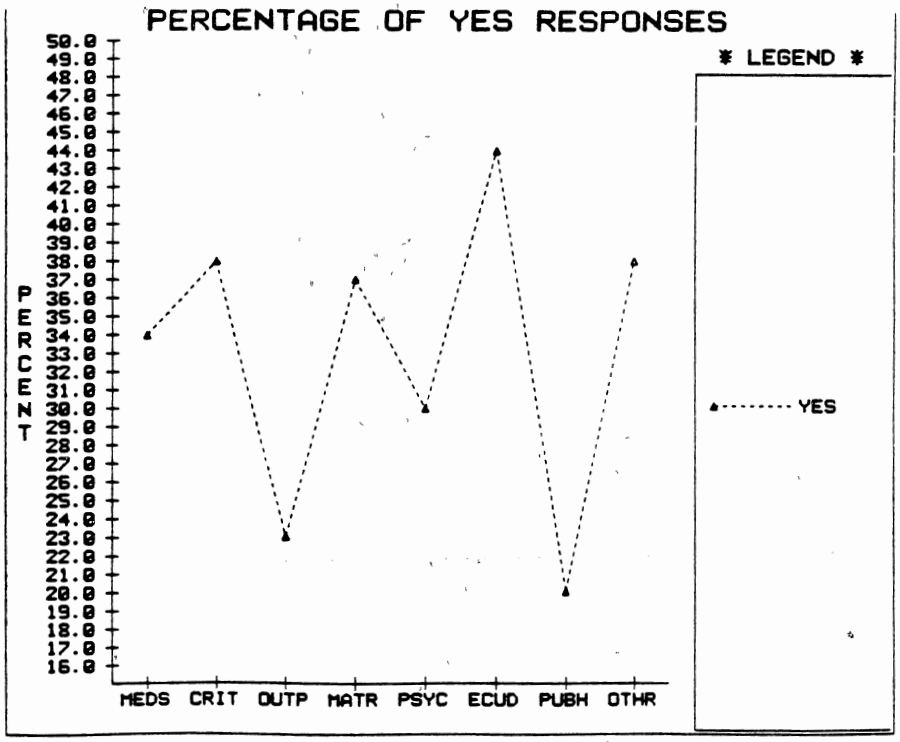

Figure 20. Intent to Change Position by Work Area

their current position. Graphic presentation of all variables is found in Table XXV and Figure 20.

Years in Present Position

Chi-square analysis of Globals 1 - 4 and years in present position, yielded statistically significant relationships with both Global 1 (satisfaction with current position) and Global 2 (intent to remain in current position). The highest proportion of RNs verbalizing satisfaction with their present position fell in the year categories of 11-15, and 21+ (Chi-square = 14.81372, $p < 0.0112$, Cramer's V: 0.14970). The highest proportion of RNs voicing dissatisfaction with current positions were in the categories of 16-20 years (29 percent), less than 1 year and 6-10 year category (both 27 percent). Table XXVI and Figure 21 present analysis of data.

Significant values of Chi-square tests of independence were also demonstrated between Global 2 (intent to change positions) and years in present position (Chi-square = 13.36300, $p < 0.0202$). Cramer's statistic yielded a value of 0.14176. Group differences were shown between the variables, with the highest percentage of RNs in the 2-5 years in present position, voicing intent to change positions. The highest proportion of RNs falling into the categories of 11 - 15 years and over 21 years voiced intent to remain in

TABLE XXVI

CHI-SQUARE TEST OF INDEPENDENCE: ALL RESPONDENTS - GLOBAL 1 BY YEARS IN PRESENT POSITION

Responses	1	2-5	6-10	11-15	16-20	21+	Total
Yes	74	226	107	60	22	22	511
%*	(73)	(77)	(73)	(95)	(71)	(81)	(77)
No	27	67	39	3	9	5	150
%	(27)	(23)	(27)	(5)	(29)	(19)	(23)
Column	101	293	146	63	31	27	661
Total %	(15)	(44)	(22)	(10)	(5)	(4)	(100)

Chi-square = 14.81371 ($p < .0112$, df=5)
Cramer's V: 0.14970 (*Percentages have been rounded.)

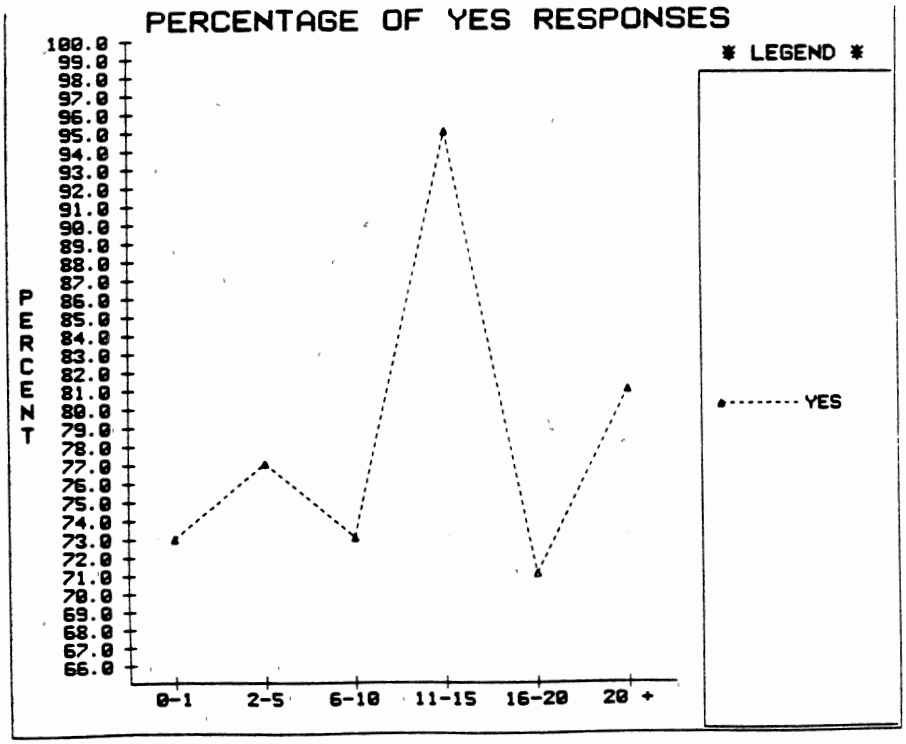

Figure 21. Satisfaction with Current Position by Years in Present Position

TABLE XXVII

CHI-SQUARE TEST OF INDEPENDENCE:
GLOBAL 2 - BY YEARS IN
PRESENT POSITION

Response	1	2-5	6-10	11-15	16-20	21+	Total
Yes	36	118	52	12	9	6	233
%*	(35)	(40)	(36)	(19)	(31)	(21)	(35)
No	66	178	93	52	20	23	432
%	(65)	(60)	(64)	(81)	(69)	(79)	(65)
Column	102	296	145	64	29	29	665
Total %	(15)	(45)	(22)	(10)	(4)	(4)	(100)

Chi-square = 13.36300 ($p < 0.0202$, df=5)
Cramer's V: 0.14176 (*Percentages have been rounded.)

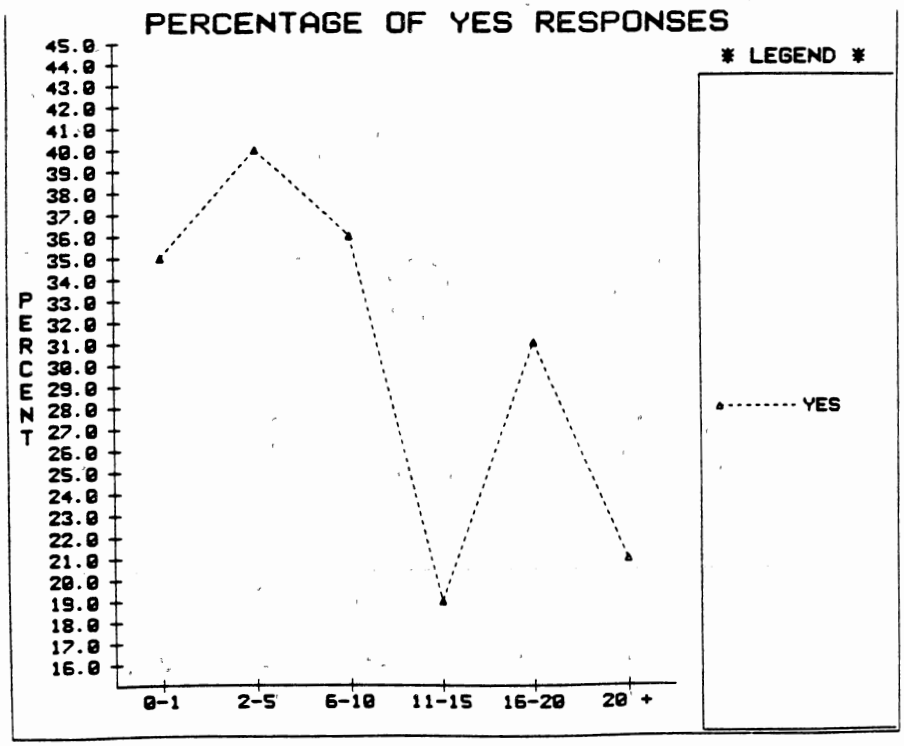

Figure 22. Intent to Change Position by Years in Present Position

their present position. Analysis of all data is presented in Table XXVII and Figure 22.

Research Question 7

Research question 7 asked: Do patterns of responses to the JSS subscales vary depending on the extent of job satisfaction? Because the dependent variables are categorical in form, two Discriminant function analyses were run for each Gobal question without restrictive assumptions, to:

1) test for different patterns of responses between the variables (satisfied and dissatisfied), using a Wilk's Lambda; and

2) Identify specific differences between these groups with univariate F-ratios.

Discriminant Functions

Patterns of responses differed significantly on the seven JSS subscales for Global questions 1 - 4. Resulting means for each grouping have been compiled in Table XXVIII, and are depicted graphically in Figures 23 through 26.

Discriminant functions were first derived from screening all respondents for missing data, selecting only those cases for each global question where complete data was available for each variable. Statistical analyses for Global

were performed on 587 respondents, for Global 2, 592 respondents, Global 3, 589 respondents, and Global 4, 581 respondents. Wilk's lambda, univariate F ratios and eta square values for each of the Globals 1 - 4, and the JSS subscales are presented in Table XXIX.

JSS subscale values have been placed sequentially in each Global index by effect size. Cohen (1977) provides a rough scale for effect size by defining a "large effect" as .15 or greater, a "medium" effect size as .06, and a "small" effect size as .01.

TABLE XXVIII

DISCRIMINANT ANALYSIS MEANS: GLOBALS 1-4
ALL RESPONDENTS

Globals		Pay	Time	Inter.	Admin	Task	Qual	Enjoy
G-1	Yes	12.22	12.18	21.62	14.24	10.38	17.97	43.84
	No	9.67	9.65	17.85	10.17	8.36	14.08	33.05
G-2	Yes	10.09	10.25	18.44	11.21	8.83	15.28	36.81
	No	12.39	12.26	21.90	14.31	10.45	17.93	43.75
G-3	Yes	12.35	12.13	21.62	14.13	10.32	17.87	43.49
	No	9.55	10.01	18.12	10.66	8.72	14.64	35.15
G-4	Yes	12.34	12.02	21.50	14.19	10.30	17.81	43.66
	No	10.08	10.60	19.01	11.35	9.08	15.38	36.49

G-1: Chi-square = 311.79, df=7.(p< 0.00005) Lambda:0.5849776
G-2: Chi-square = 175.68, df=7.(p< 0.00005) Lambda:0.7411627
G-3: Chi-square = 201.55, df=7.(p< 0.00005) Lambda:0.7079275
G-4: Chi-square = 152.95, df=7.(p< 0.00005) Lambda:0.7666100

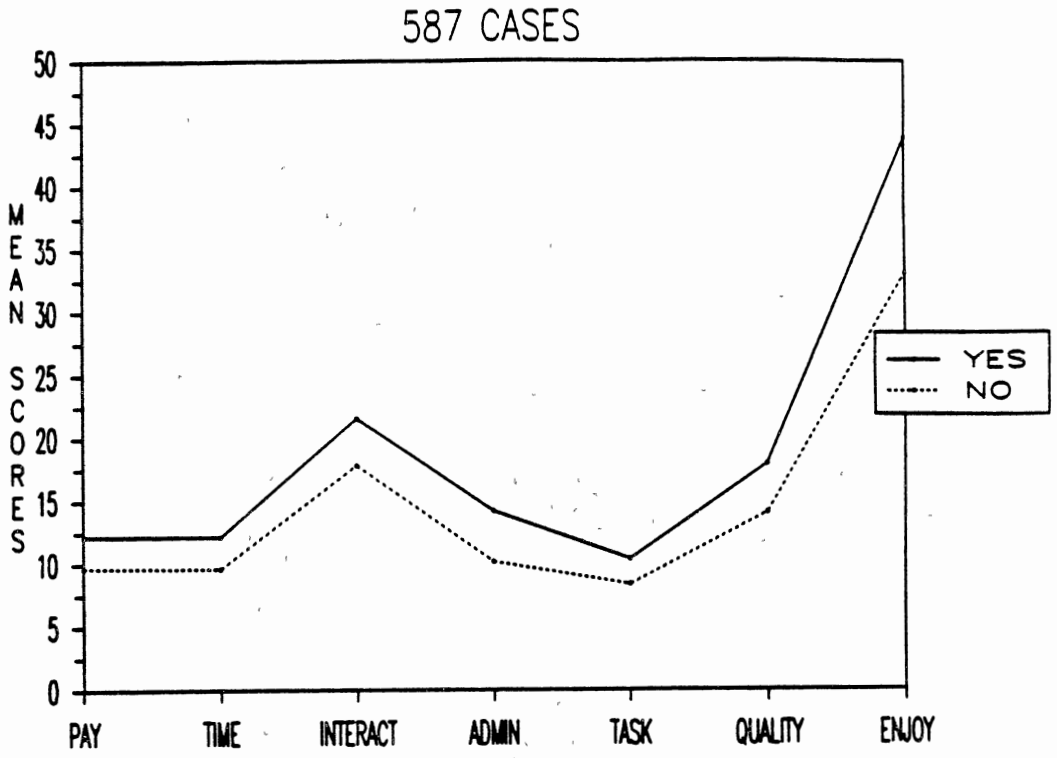

Figure 23. Satisfaction with Current Position

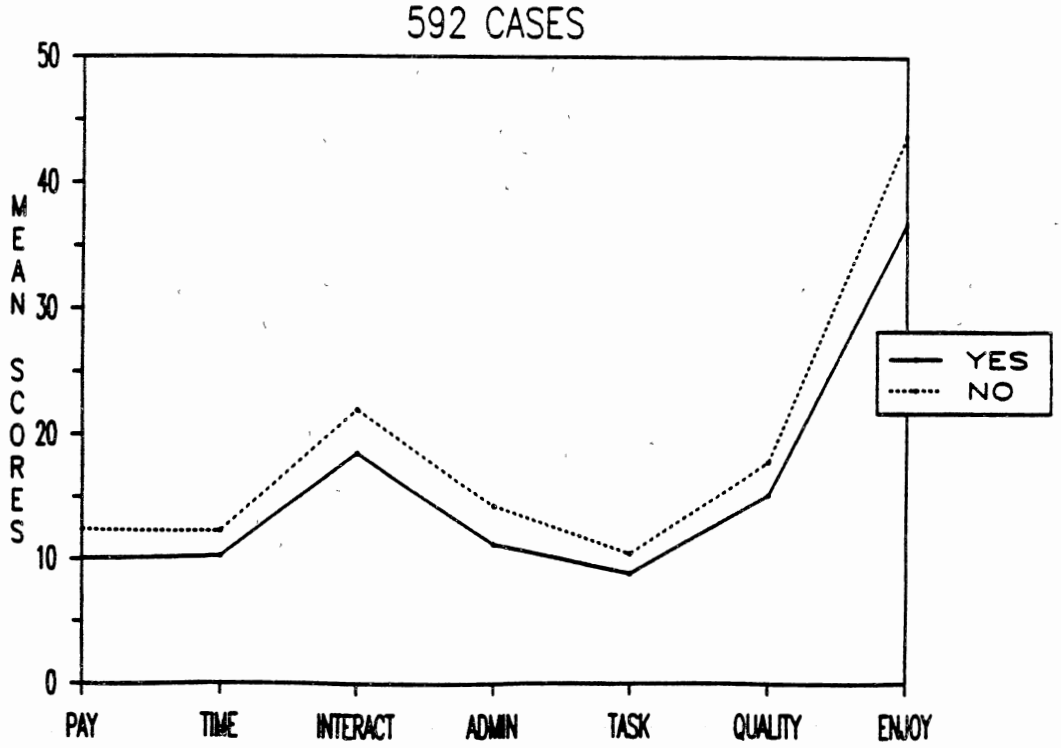

Figure 23. Intent to Change Position

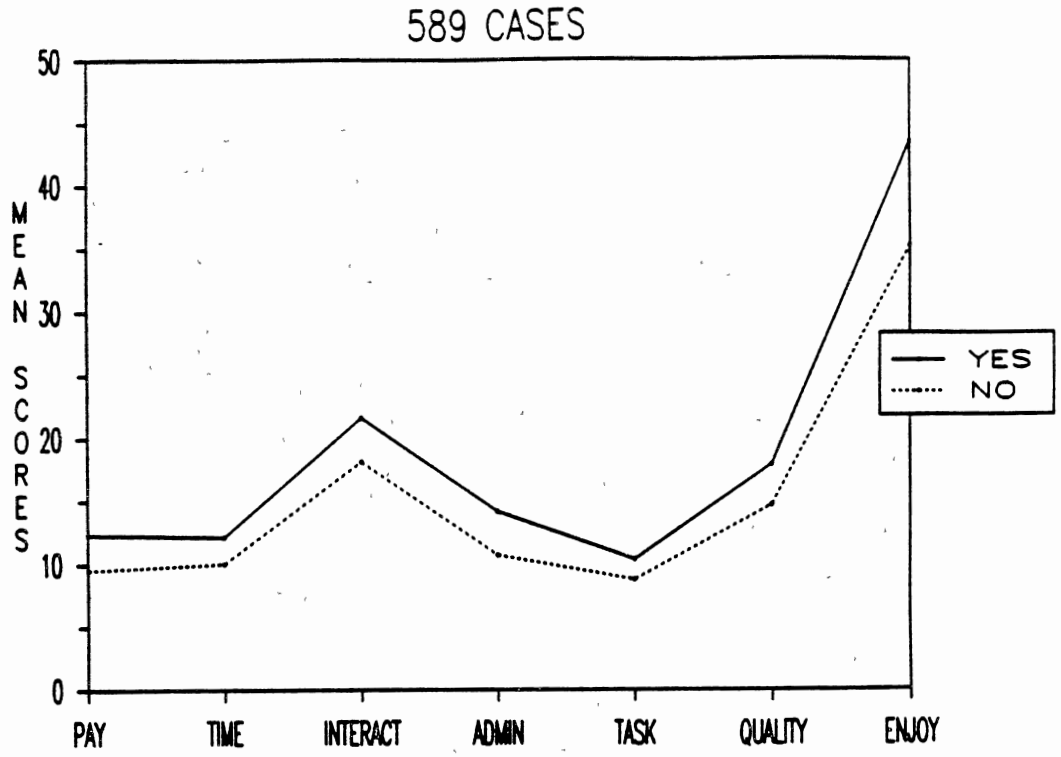

Figure 25. Satisfaction with Profession

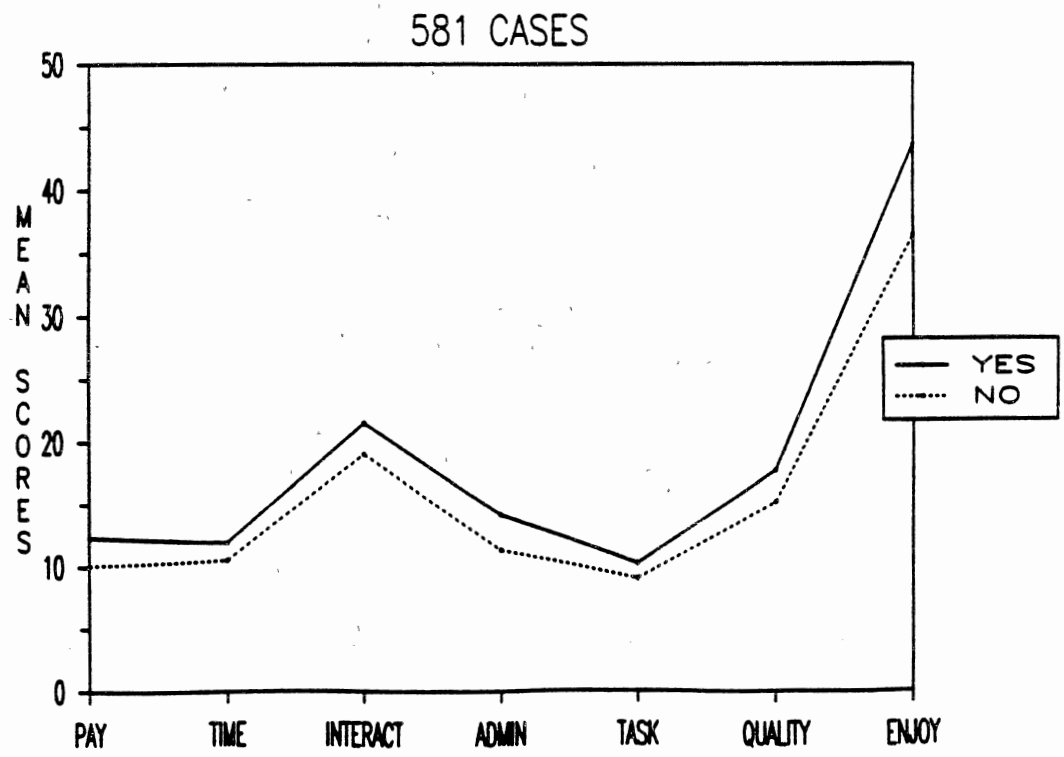

Figure 26. Satisfaction with Decision to Become an RN

TABLE XXIX

DISCRIMINANT FUNCTIONS: WILKS' LAMBDA, F-RATIOS, ETA SQUARE - JSS SUBSCALES AND GLOBALS 1-4, ALL RESPONDENTS

Subscale	Lambda	F-Ratio	Eta Sq.
Global 1			
Enjoy	0.60153	187.50	0.3755
Quality	0.83535	115.30	0.1507
Admin.	0.84256	109.30	0.1439
Interact	0.87470	83.80	0.1142
Time	0.91587	53.74	0.0764
Pay	0.93871	38.20	0.0555
Task	0.93986	37.43	0.0546
Global 2			
Enjoy	0.78823	158.50	0.1960
Interact	0.86680	90.66	0.1224
Admin	0.88378	77.59	0.1066
Quality	0.90360	62.94	0.0883
Time	0.93230	42.84	0.0618
Pay	0.93705	39.64	0.0574
Task	0.95119	30.28	0.0445
Global 3			
Enjoy	0.74257	203.50	0.2384
Admin	0.87759	81.88	0.1119
Quality	0.88005	80.00	0.1096
Interact	0.88427	76.82	0.1057
Pay	0.92214	49.56	0.0708
Time	0.93712	39.39	0.0571
Task	0.95968	24.66	0.0366
Global 4			
Enjoy	0.78554	158.10	0.1956
Admin	0.90601	60.07	0.0846
Quality	0.92231	48.77	0.0698
Interact	0.93311	41.50	0.0600
Pay	0.94281	35.12	0.0513
Time	0.96732	19.56	0.0292
Task	0.97336	15.85	0.0238

$p < .00005$ df=7 F-Ratio=1,650

Group differences are significant ($p < 0.00005$), on all JSS subscales. Since the maximum value of 1.0 on Lamda

indicates no group differences, the subscales of pay, time and task are the smallest contributors to satisfaction with the current position, intent to remain in present position, satisfaction with the nursing profession, and satisfaction with the decision to become a nurse.

Enjoyment of work itself, appears to be the most significant contributor to satisfaction in all four global areas. Quality of patient care is the next highest contributor in Global 1 (satisfaction with current position). Interaction is the next highest contributor in Global 2 (intent to remain in present position), while administration ranks as second highest contributor in both Global 3 (satisfaction with the profession of nursing), and Global 4 (satisfaction with the decision to become an RN).

Summary

Chapter IV described the sample of Midwestern RNs. Results of the statistical analyses were presented and interpreted.

Seven research questions were addressed:

1. What is the level of job satisfaction in Midwestern RNs as measured by Globals 1 - 4?

2. Are there similar levels of job satisfaction across RNs in Oklahoma and Kansas as measured by Globals 1 - 4?

3. What is the level of job satisfaction as measured by the JSS subscale scores?

4. What is the correlation between the level of job satisfaction as measured by Globals 1 - 4 and satisfaction as measured by the subscale scores of the JSS?

5. What is the relationship between the JSS subscale scores and ten demographic variables?

6. What is the relationship between the level of job satisfaction as measured by Globals 1 - 4 and the ten demographic variables?

7. Do patterns of responses to the seven different subscales vary depending on the level of job satisfaction?

Midwestern RNs perceived themselves as moderately satisfied with their current position (75.5 percent) with 61.1 percent voicing an intent to remain in their current position. A similar pattern of response was found with 73.1 percent satisfied with the profession of nursing. A majority of RNs (65.5 percent) indicated satisfaction with their decision to become an RN. Similar measurements of job satisfaction were found across Oklahoma and Kansas RNS. The level of satisfaction, measured by JSS subscales revealed moderate levels of satisfaction in all subscale areas. Overall, RNs who were satisfied were satisfied in all subscales.

Patterns of responses differed significantly on JSS subscales for Global questions 1 - 4, with significant group

differences on all subscales. The largest contributor to job satisfaction was enjoyment of work itself, with quality of patient care a secondary contributor. Chapter V will present a summary, conclusions, implications, and recommendations.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

The purpose of this study was to:

1. Determine the extent of job satisfaction in Midwestern RNs with their current position, as well as satisfaction with the profession of nursing; and

2. Determine the relationship between satisfaction and specified demographic variables.

Few empirical studies, in which there was a random sample of the entire range of work settings representative of the profession, have been done to measure job satisfaction among Midwestern RNs. Identification of variables that contribute to job satisfaction will aid both nurse administrators and educators in the development of strategies and policy decisions to improve the practice of nursing. Data for the study were collected utilizing an adapted Job Satisfaction Scale (JSS). The JSS contained subscales adapted from Atwood and Hinshaw's (1984) Nursing Job Satisfaction Scale (NJS), (original source: Brayfield & Rothe, 1951) and Atwood et al. (1986) Work Satisfaction

Scale (WSS), (original source: Slavitt et al.,1978). The JSS was composed of three sections:

1. Forty questions covering seven subscales;

2. Four overall (Globals) questions concerning satisfaction with current position, intent to change or remain in current position, satisfaction with the profession of nursing, and satisfaction with the decision to become an RN; and

3. Ten demographic variables (personal data).

A random sample of 1,350 RNs, 675 from Oklahoma and 675 from Kansas were selected from registry mailing lists of the state boards of nursing. A total of 685 useable questionnaires were returned (50.7 percent).

Chapter V will present the results of the study in four sections:

1. Summary of the results;

2. Conclusions;

3. Implications, and

4. Recommendations.

Summary of Results

Nineteen percent (132) of the respondents lacked gender data, however, respondents from Kansas and Oklahoma were predominantly female (534, or 78.8 percent). Male RNs approximated the national average of three percent (n=19,

2.8 percent). More than 61 percent of the respondents fell into the 26-45 year age group, with 72 percent working full time. Sixty-eight percent were employed within a hospital setting, slightly more than averages reported by Moses and Roth (1979).

Sixty percent of the respondents had been RNs for over 11 years, however the greatest number (279) had been in their present position for two to five years. Staff nurses totaled 68 percent of the population, slightly more than the national average of 63 percent according to Moses and Roth (1979). Forty percent responded that the initial educational preparation for nursing licensure was a diploma program, followed by an associate degree (ADRN), with 30.4 percent, and bachelors preparation (BSN), at 28.2 percent.

Research Questions

Question 1. What is the level of job satisfaction in Midwestern RNs as measured by four overall questions (Globals 1 - 4) concerning: Satisfaction with current position; Intent to remain in current position; Satisfaction with the profession of nursing; and Satisfaction with their decision to become an RN?

The majority of RNs perceived themselves as being satisfied with their current position (75.5 percent), however, only 64.1 percent of the RNs were planning to

remain in that present position. Clearly one-third of the respondents were planning on changing positions. These findings were similar to other studies, such as Wolf (1981), who reported a 32 percent national average of turnover. A similar pattern of responses were reported from those who were satisfied with the profession of nursing (73 percent), and those who would choose to become an RN again. Fully 31 percent of the RNs are not happy with the choice of profession. Wolfgang et al. (1988) had slightly higher responses from their sample (37 percent in their study), who would not choose the profession of nursing again.

Question 2. Are there similar levels of job satisfaction across RNs in Oklahoma and Kansas as measured by Globals 1 - 4?

Frequencies and patterns of responses from RNs across Oklahoma and Kansas showed similarity, except in intent to remain in the current position. A higher percentage of Oklahoma RNs (40.6) indicated an intent to change positions than did Kansas RNs (26.8).

Question 3. What is the level of job satisfaction as measured by the Job Satisfaction (JSS) subscale scores of pay or reward, interaction or cohesion with peers, time to do one's job, administrative interaction, quality of care given, tasks performed, and enjoyment of work itself?

When scores for the JSS were divided into three levels (satisfied, neutral, or dissatisfied), RNs were clearly not satisfied in the subscale areas of pay, administration, and tasks. Only 28 (4 percent) of the RNs were satisfied with pay, 52 (7.7 percent) satisfied with administration, and 62 (9.3 percent) satisfied with task requirements (see Table XIII, p. 81). Satisfaction levels were highest in the subscale enjoyment of work, as 279 of the respondents (42.4 percent) indicated satisfaction. Respondents ranked quality of patient care second in satisfaction with 239 (36.1 percent), and interaction with peers third with 191 (29.1 percent), who reported satisfaction.

Question 4. What is the correlation between the level of job satisfaction as measured by Globals 1 - 4, and the seven subscale scores of the JSS?

All JSS subscales were significantly correlated with Global question 1 (satisfaction with current position), Global 3 (satisfaction with the profession of nursing) and Global 4 (satisfaction with the decision to become an RN), indicating that all subscales do contribute to satisfaction with current position, satisfaction with the profession of nursing, and satisfaction with the decision to become an RN. Correlations were weak, as shown in Table XV (p. 90). However, in conjunction with data from Research Question 3, which shows a decided dissatisfaction with the subscales of

pay, administration and tasks required, these correlations may be significant in the clinical area. Findings from literature have been conflicting concerning pay, however those hospitals who have "virtually stopped resignations, and dramatically improved retention have had pay increases of 22 percent resulting in a salary range over $40,000 per year" (Arbeiter, 1988, p. 24).

As expected there was a significant inverse relationship between all JSS subscales and Global 2 (intent to change positions). Those RNs who are dissatisfied with their job voice intent to change positions. Parasuraman (1989) found that personal/demographic variables and organizational/job experience variables were related indirectly to intent to leave and actual turnover, through their effects on job satisfaction and organizational commitment.

Question 5. What is the relationship beween the JSS subscale scores and 10 demographic variables of age, gender, nitial education, highest education, health care setting, position within health care setting, area of specialization, numbe of years as an RN, years in present position, and current employment status?

Statistical analysis revealed no significant relationship between demographic variables of age, higher education, years as RN, present position, and employment

status and all JSS subscale scores (Table XVIII, p. 94). Significant, but weak, relationships were shown between initial education and the subscale scores of task requirement ($r = .1126$, $p < .01$). A weak but significant inverse relationship was found between work area and quality of patient care ($r = -.1982$, $p < .01$), explaining approximately 4 percent of the variance.

The demographic variable of "title or position" indicated significant, but weak relationships with quality of patient care ($r = .1044$, $p < .01$), administration ($r = .1849$, $p < .001$), and enjoyment of work ($r = .1628$, $p < .001$). Again, these explained but a small percent of the shared variance between the variable "title or position" and the JSS subscales.

The demographic variable "health care setting" significantly, but weakly correlated with all JSS subscales, with the exception of interaction/cohesion. Correlations at the $p < .01$ level were: Pay ($r = .1220$); Administration ($r = .1164$); and Enjoyment of work ($r = .1268$).

Correlations at the $p < .001$ level were: Time to do one's task ($r = .1966$); Task requirement ($r = .2213$); and Quality of patient care ($r = .1780$). These findings appear to be similar to those of Stamps and Piedmonte (1986), who summarized research on demographic variables as being consistently weak, and confounded by covariation.

Question 6. What is the relationship between the level of job satisfaction as measured by the Globals 1 - 4 and the ten demographic variables?

Global 1, (satisfaction with current position) was significantly associated with the variable "number of years in present position" with Chi square = 14.81372 ($p < .0112$, df=5). The highest proportion of RNs who are satisfied with their position were found in the categories of 11 - 15 years and 21+ years.

Global 2, (intent to remain in current position) was significantly associated with age (Chi square = 23.85460, $p < 0.0002$, df=5), initial education (Chi square = 17.33781, $p < 0.0017$, df=4), highest education (Chi-square = 18.19526, $p < 0.0027$, df=5), specialty area of work (Chi square = 16.33676, $p < 0.0378$, df=8), and years in position (Chi square = 13.36300, $p< 0.0202$, df=5).

RNs in both age categories, 26 - 35 and 36 - 45, voiced a higher intent to change positions. These findings are similar to those of Lobb and Reid (1987) and Norbeck (1985). RNs with initial diploma preparation voiced a higher intent to remain in their positions. In the demographic variable, "higher education," a greater proportion of RNs with MSNs and PhD/EdD degrees voiced an intent to change positions, while those who held diploma degrees voiced a higher intent to remain in their position.

RNs employed in non-hospital categories voiced a stronger intent to remain in their current positions, while the proportion of RNs in the educational area voiced an intent to change positions. These findings supported those of earlier researchers (Brief et al., 1979; Fogarty, 1980; Kosmoski & Calkin, 1986).

Those RNs who were in the 2 - 5 year category in the demographic variable "years in position," voiced intent to change positions. The highest proportion of RNs voicing their intent to remain in their present position fell into the 11 - 15-year category. Similar findings were reported by Hall et al. (1981), and Mickschl (1984).

Global 4 (satisfaction with decision to become an RN) was significantly associated with age, (Chi square = 14.71078, $p < .0117$, df=5), initial education (Chi square = 10.96861, $p < .0269$, df=4), and position (Chi square = 17.964276, $p < .0121$, df=7). A higher percentage of younger RNs (20 - 25 years of age) and older RNs (over 46) voiced satisfaction with the decision to become an RN (see Table XX, p. 98). Sixty-five percent of RNs in the 26-35 year age group voiced satisfaction with their decision to become an RN, and 62 percent of those in the 36-45-year age group voiced satisfaction with their decision to become an RN. Thirty two percent of the overall sample voiced dissatisfaction with their decision to become an RN.

A higher proportion of RNs whose initial education was a diploma degree, voiced satisfaction with their decision to become an RN. A larger number of RNs who were in higher level administrative positions, and those who were in more autonomous positions voiced satisfaction with their decision to become an RN.

Question 7. Are there different patterns of responses between satisfaction/dissatisfaction based on Globals 1 - 4 and the seven JSS subscale scores?

All patterns differed significantly. Specific differences were measured by Univariate F-ratios, and Eta square was calculated for effect size. Results for Globals 1 - 4 are presented in Table XXIX (p. 110).

For Global 1 (satisfaction with current position), the largest contributors were: Enjoyment of work itself (Lambda, 0.60153; F-Ratio, 187.50; Eta square 0.3755), Quality of patient care (Lambda, 0.83535; F-Ratio, 115.30; Eta square, 0.1507), and Administration (Lambda, 0.84256; F-Ratio, 109.30; Eta square, 0.1439).

The largest contributors for Global 2 (intent to remain in current position) were: Enjoyment of work itself (Lambda, 0.78823; F-Ratio, 158.50; Eta square, 0.1960), Interaction/cohesion (Lambda, 0.86680; F-Ratio, 90.66; Eta square, 0.1224), and Administration (Lambda, 0.88378; F-Ratio, 77.59; Eta square, 0.1066).

Contributors to Global 3 (satisfaction with the profession of nursing) were: Enjoyment of work itself (Lambda, 0.74257; F-Ratio, 203.50; Eta square, 0.2384), Aministration (Lambda, 0.87759; F-Ratio, 81.88; Eta square, 0.1119), and Quality of patient care (Lambda, 0.88005; F-Ratio, 80.00; Eta square, 0.1096).

Largest contributors to Global 4 (satisfaction with the decision to become an RN) were: Enjoyment of work itself (Lambda, 0.78554; F-Ratio, 105.10; Eta square, 0.1956), Administration (Lambda, 0.90601; F-Ratio, 60.07; Eta square, 0.0846), and Quality of paient care (Lambda, 0.92231; F-Ratio, 48.77; Eta square, 0.0698).

Conclusions

1. Midwestern RNs in Oklahoma and Kansas voice satisfaction with their current position (515, 75.5 percent). Moreover, those RNs who are satisfied, are satisfied across all subscales of the JSS. Those RNs who are dissatisfied, 24.5 percent, are dissatisfied across all subscales of the JSS. A slightly smaller percentage of RNs indicate satisfaction with their decision to become an RN (449, 65.5 percent).

2. Approximately one-third of the RN respondents voiced intent to change their positions, with a higher percentage of Oklahoma RNs voicing intent to change positions than

Kansas RNs. Kansas does have a higher percentage of diploma RNs and statistical analysis indicated that overall, a higher proportion of Diploma RNs (195, 74 percent) indicate intent to remain in their current position and are satisfied with their decision to become an RN than those with other educational preparation.

3. Those RNs who have remained in their present position over 11 years voiced greater intent to remain in that position.

4. A large proportion of RNs who have attained higher ranking administrative positions, or more autonomous positions, voice satisfaction with their decision to become an RN.

5. RNs with higher levels of education voice greater intent to change jobs, and less satisfaction with their decision to become an RN.

6. Enjoyment of work itself, and quality of patient care, and administration interaction are the highest contributors to job satisfaction. Pay, time to do one's job, and tasks were the lowest contributors to job satisfacton.

Implications

Administrators who are concerned with the nursing shortage and/or the problem of turnover, and desire to retain these RNs, need to be aware of the variables and

components that contribute to job satisfaction. RNs in both Oklahoma and Kansas have clearly identified enjoyment of work itself, quality of patient care and administrative interaction as the greatest contributors to job satisfaction, and incentives to remain on the job. These findings are consistent with very early job satisfaction studies (Hoppock, 1935; Nahm, 1940;), as well as later studies (Austin, 1978; Mickschl, 1984;). Administrators need to focus on those strategies that have value in potentiating job satisfaction.

There is voiced dissatisfaction with pay, time to do one's task and the tasks themselves. Focusing on eliminating or alleviating dissatisfiers may attract and retain RNs for some time, however, these short range strategies need to be consistent with long term objectives.

Educators need to be cognizant of the fact that Diploma RNs voice higher satisfaction with their current position, less intent to change positions and a higher level of satisfaction with their decision to become an RN, perhaps because they are more clinically proficient. Other studies have produced similar findings (Brief et al., 1979; Stamps & Piedmonte, 1986). Fogarty (1980) found that more RNs from diploma programs were working than those from a bachelor's program, suggesting that diploma programs may be more congruent with clinical practice and instill a more work-oriented viewpoint.

Naylor (1990) states that until recently, some schools have minimized the need to foster technical competence in graduates, and further:

> As a result there are some nurses who never overcome their initial discomfort with devices and instruments...Questions are being raised about the appropriate clinical placements in which nursing students can best learn caring practices as well as technological competencies (p. 6).

Implications for educators are multiple. Education has been considered one of nursing's greatest dividers (Ringold, 1988). Commenting on the letters of "RN" indicating a state license, rather than a degree, states:

> The RN...can be obtained on an equal footing by a nurse who has a two-year associate's degree from a community college...a three-year diploma from a hospital affiliated nursing school or a bachelor of nursing degree earned over a four year period. The ANA, which, has long urged the bachelor's degree as the minimal education requirement for nurses, believes that this hydra-headed education could bring on the demise of the profession (p. 56).

Recommendations

Recommendations derived from the findings of this study include the following:

Long and short term strategies should be developed to enhance job satisfaction in nursing, particularly in the areas that Oklahoma and Kansas RNs have identified as being the greatest contributors to job satisfaction.

It is not enough to simply discuss the shortage of nurses and the need for retention. Many strategies are being

put into effect in order to alleviate those components that contribute the least to job satisfaction, such as pay, time to do one's job, and tasks, themselves. RNs are committed to patient care and greater effort needs to be placed on strategies that focus on direct patient care.

Educational programs need to be developed to enhance those components that contribute to job satisfaction for RNs. There is an opportunity that exists to achieve substantive and lasting changes in nursing education (Naylor, 1990). Naylor further recommends the following:

> Four year programs that have established rapprochement with two-year institutions; Four year programs that provide work-study options, such as co-op programs to nursing education; ...Four year programs in partnership with two year programs (p. 10).

Because diploma RNs were clearly the most satisfied, educational programs for licensure need to focus on ways to prepare students in a more realistic manner for the clinical area, much as diploma RNs are prepared. Similar to the findings of this study, Stewart-Dedmon (1988) found that diploma graduates experienced greater congruency between school and practice (81 percent) as compared with 60 percent of associate degree graduates and 31 percent of baccalaureate graduates (p. 69). Existing diploma programs, rather than being phased out of existence should team with universities to provide degree programs resulting in BSN and/or MSN programs.

Collaboration between education and health care setting could also provide learning environments for junior and senior nursing students in nurse tech roles (Ehrat, 1990). Similar preceptor programs could be provided for clinical experience and to develop clinical competency and realistic working expectations.

Nursing faculty also need to maintain clinical expertise in their area of specialization. In view of the fact that many nursing service personnel assert that nursing faculty lack clinical expertise and are inappropriate role models in health care settings (Consider this...,1986), "return-to-work programs" could be devised for those faculty members on a nine month contract (Ehrat, 1990, p. 8). The result would be updated clinical skills for educators and provision of appropriate role models for students.

The results of this study will be able to assist both nurse administrators and nurse educators to modify clinical and educational aspects of nursing aspects of nursing in order to improve job satisfaction. Greater job satisfaction should, in turn, contribute to less turnover, and reduce the nursing shortage. The quality of working life will improve for the RN, which will improve the quality of care for the recipient of that care - the patient.

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APPENDIXES

APPENDIX A

NURSING JOB SATISFACTION SCALE

WORK SATISFACTION SCALE

INSTRUMENT: WORK SATISFACTION SCALE (WSS)

The purpose of the Work Satisfaction Scale is to index worker satisfaction within all levels of hospital nursing staff. The items in the WSS derived from Slavitt et al's (1978) Revised Attitude Scale to Measure Occupational Satisfaction of Hospital Nurses. Slavitt, et al's 48-item scale included seven factors related to job satisfaction within the health care setting: pay, autonomy, task requirements, administration, doctor-nurse relationship, interaction, and professional status. According to Slavitt, et al. (1978), internal consistency reliability was .912; subscale reliabilities ranged from .696 to .846.

Based on a five-year testing program, 32 items were selected from Slavitt's et al's (1978) Work Satisfaction Scale for use in the Anticipated Turnover Among Nursing Staff Study. Five of Slavitt's seven subscales were used: pay or reward, professional status, interaction/cohesion, administration, and task requirements. The WSS was administered to nursing staff members (63% RNs, 37% LPNs and NAs) in 15 urban and rural hospitals throughout Arizona (Hinshaw and Atwood, 1983-85).

The standardized coefficients for the subscales ranged from .69 (professional status) to .87 (pay or reward). The total scale alpha was .87; theta .88. Construct validity was estimated using principal components factor analysis and predictive modeling.

INSTRUMENT: WORK SATISFACTION SCALE

ORIGINAL SOURCE:
Slavitt, Dinah B., Paula L. Stamps, Eugene B. Piedmont and Ann-Marie B. Hasse. "Nurses' Satisfaction With Their Work Situation." Nursing Research, (March-April 1978) 27:2:114-120.

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STUDY: Anticipated Turnover Among Nursing Staff
D.H.H.S. #R01 NU00908

DATE: August, 1984

SUBSCALES:	# of Items	Items
Pay or Reward	7	4,8,12,16,17,29,32
Professional Status	7	1,2,5,6,14,28,31
Interaction/Cohesion	7	9,15,19,21,23,24,27
Administration	6	3,7,10,11,20,22
Task Requirements	5	13,18,25,26,30
Total	32	

INTERNAL CONSISTENCY RELIABILITY:

Scale/Subscale	No. of Cases	Cronbach's Alpha Unstd.	Std.	Theta
Pay or Reward	1506	.87	.87	.87
Professional Status	1523	.68	.69	.70
Interaction/Cohesion	1533	.80	.80	.81
Administration	1497	.80	.80	.80
Task Requirements	1504	.75	.75	.75
Total Scale	1328	.87	.87	.88

Anticipated Turnover Among Nursing Staff

WORK SATISFACTION SCALE

Response Options:
SA= Strongly Agree
A= Agree
U= Undecided
D= Disagree
SD= Strongly Disagree

Subscales:
P= Pay or Reward
PS= Professional Status
I= Interaction/Cohesion
A= Administration
T= Task Requirements

Directions: For each item below, circle the appropriate response.

Subscale	Item	Options	Scoring Key
PS	1. When I'm at work in this hospital, the time generally goes by quickly.	SA A U D SD	(+)
PS	2. I am often bored because my job is routine.	SA A U D SD	(-)
A	3. There is a great gap between the administration of this hospital and the daily problems of the nursing service.	SA A U D SD	(-)
P	4. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.	SA A U D SD	(+)
PS	5. It makes me proud to talk to other people about what I do on my job.	SA A U D SD	(+)
PS	6. There is no doubt whatever in my mind that what I do on my job is really important.	SA A U D SD	(+)
A	7. I have enough opportunities to make administrative decisions in planning procedures and policies for my unit.	SA A U D SD	(+)
P	8. An upgrading of pay schedules for nursing personnel is needed at this hospital.	SA A U D SD	(-)
I	9. New employees are not quickly made to "feel at home" on my unit.	SA A U D SD	(-)
A	10. There is ample opportunity for nursing staff to participate in the administrative decision-making process.	SA A U D SD	(+)
A	11. There are plenty of opportunities for advancement of nursing staff at this hospital.	SA A U D SD	(+)
P	12. The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.	SA A U D SD	(-)

WORK SATISFACTION SCALE
PAGE 2

Subscale	Item	Options	Scoring Key
T	13. I could deliver much better care if I had more time with each patient.	SA A U D SD	(-)
PS	14. What I do on my job doesn't add up to anything really significant.	SA A U D SD	(-)
I	15. Nursing personnel at this hospital do a lot of bickering and backbiting.	SA A U D SD	(-)
P	16. Considering the high cost of hospital care, every effort should be made to hold nursing personnel salaries about where they are, or at least not to increase them substantially.	SA A U D SD	(+)
P	17. Excluding myself, it is my impression that a lot of nursing service personnel at this hospital are dissatisfied with their pay.	SA A U D SD	(-)
T	18. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	SA A U D SD	(+)
I	19. There is a good deal of teamwork and cooperation between the various nursing staff on my unit.	SA A U D SD	(+)
A	20. There is no doubt that the hospital administrative staff cares a good deal about its employees, nursing personnel included.	SA A U D SD	(+)
I	21. The nursing personnel on my service don't hesitate to pitch in and help one another out when things get in a rush.	SA A U D SD	(+)
A	22. The nursing administrators generally consult with the staff on daily problems and procedures.	SA A U D SD	(+)
I	23. The nursing personnel on my service don't often act like "one big happy family".	SA A U D SD	(-)
I	24. There is a lot of "rank consciousness" on my unit; nursing personnel seldom mingle with others of lower ranks.	SA A U D SD	(-)
T	25. The amount of time I must spend on administration ("paper") work on my service is reasonable, and I'm sure that patients don't suffer because of it.	SA A U D SD	(+)
T	26. I don't spend as much time as I'd like to taking care of patients directly.	SA A U D SD	(-)

WORK SATISFACTION SCALE
PAGE 3

Subscale	Item	Options	Scoring Key
I	27. The nursing personnel on my service are not as friendly and outgoing as I would like.	SA A U D SD	(-)
PS	28. Even if I could make more money in another hospital nursing situation, I am more satisfied here because of the working conditions.	SA A U D SD	(+)
P	29. My present salary is satisfactory.	SA A U D SD	(+)
T	30. I think I could do a better job if I didn't have so much to do all the time.	SA A U D SD	(-)
PS	31. If I had the decision to make all over again, I would still choose my line of work.	SA A U D SD	(+)
P	32. From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid.	SA A U D SD	(+)

Nursing Job Satisfaction Scale (NJS)

The purpose of the Nursing Job Satisfaction Scale is to index primarily the professional/occupational aspects of the activity performed for pay. When job satisfaction instruments for the health care setting were sparse, a five year program of instrument development was launched by Hinshaw and Atwood (1980b) to adapt the industrial Brayfield and Rothe (1951) Job Satisfaction Scale for use with RNs, LPNs, nursing assistants, and technicians on most types of clinical services. The adapted Nurse Job Satisfaction Scale (NJS) was a five-point Likert-type instrument had six subscales: enjoyment, quality of care, care/comfort measure, job interest, time to do one's job, and feedback. Construct validity was estimated in three ways; 1) factor analysis yielded average mature subscale factor loadings of .63, 2) convergent and discriminant validity estimates which met all predictions for both rank and direction, and 3) predictive modeling which supported the predicted directions and magnitudes of relationships. Coefficient alphas for the subscales averaged .72 and average two-week test-retest stability was r=.53 (Hinshaw, Scofield & Atwood, 1981; Atwood & Hinshaw, 1987).

The strongest subscales were chosen for inclusion in the instrument used for the Anticipated Turnover Among Nursing Staff Study (Hinshaw and Atwood, 1983). The NJS consisted of 31 items in four subscales: enjoyment, quality of care, care/comfort measures, and time to do one's job. Based on the early item analysis, the care/comfort subscale was deleted. The alpha coefficient for the remaining 23 items was .88; theta was .90.

Following the factor analysis by scale and by stage, the five items from the Work Satisfaction Scale (Slavitt, et al., 1978; Hinshaw, Atwood, Gerber, & Erickson, 1986) task requirements subscale were added to the NJS subscale, time to do one's job. The revised 28-item scale loaded on five factors with enjoyment in one's job, the quality of care, and time to do one's job/task requirements as identifiable factors ($\geq$ .50). The five factors explained 53.8% of the variance (Table 1). The alpha and theta reliabilities for the 28-item scale were both .90. Simultaneous factor analysis with the Work Satisfaction (Hinshaw, Atwood, Gerber and Erickson, 1986) and Job Stress (Atwood and Hinshaw, 1981; Bailey 1980; Bailey and Claus, 1977-78) Scales confirmed independence of the NJS (Tables 2 and 3). The Work Satisfaction Scale indexes organizational satisfaction, and the NJS indexes professional/occupational job satisfaction. Predictive modeling results from the context of the Anticipated Turnover Study (Hinshaw, Atwood, Gerber, & Erickson, 1987) support the construct validity of the NJS by differential yet significant predictions being substantiated, e.g., professional/occupational job satisfaction is a buffer for job stress in anticipated turnover (Hinshaw, Atwood, Gerber and Erickson, 1987).

INSTRUMENT: PROFESSIONAL/OCCUPATIONAL NURSE JOB SATISFACTION SCALE (NJS)

VERSION: 1986

SOURCE: Atwood, J.R. and A.S. Hinshaw. (1987) Nursing Job Satisfaction Scale. Submitted to Nursing Research.

STUDY: Anticipated Turnover Among Nursing Staff (D.H.H.S. R01 NU00908)

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3/87

Anticipated Turnover Among Nursing Staff

NURSE JOB SATISFACTION SCALE
(Brayfield and Rothe; Hinshaw and Atwood)

Response Options
SA = Strongly Agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly Disagree

Subscales
Q = Quality of Care
E = Enjoyment
T = Time to Do One's Job

Directions: For each item below, circle the appropriate response.

Subscale		Item	Options	Scoring Key
Q	1.	Most days I have time to provide hygiene measures for my patients.	SA A U D SD	(+)
E	2.	I consider my job rather unpleasant.	SA A U D SD	(-)
T	3.	Usually I have enough time to do a good job of patient care.	SA A U D SD	(+)
E	4.	I enjoy my work more than my leisure time.	SA A U D SD	(+)
T	5.	Many days I would have to stay overtime to get all my paper work done.	SA A U D SD	(-)
T	6.	Many days I feel harassed because I don't have time to do all I want to do.	SA A U D SD	(-)
E	7.	I feel fairly well satisfied with my present job.	SA A U D SD	(+)
Q	8.	I am not satisfied with the level of individualized care I am now giving.	SA A U D SD	(-)
E	9.	Most of the time I have to force myself to go to work.	SA A U D SD	(-)
Q	10.	Under the circumstances it is difficult to provide high quality care	SA A U D SD	(-)
E	11.	I am satisfied with my job for the time being.	SA A U D SD	(+)
E	12.	I definitely dislike my work.	SA A U D SD	(-)
E	13.	I feel that I am happier than most other people.	SA A U D SD	(+)
Q	14.	Most of the time I am satisfied with patient care that I give.	SA A U D SD	(+)

Nurse Job Satisfaction Scale
Page 2

Subscale		Item	Options	Scoring Key
E	15.	Most days I am enthusiastic about my work.	SA A U D SD	(+)
Q	16.	It is hard for me to give patient care which meets my standards.	SA A U D SD	(-)
E	17.	I like my job better than the average worker does.	SA A U D SD	(+)
E	18.	I find real enjoyment in my work.	SA A U D SD	(+)
E	19.	I am disappointed that I ever took this job.	SA A U D SD	(-)
T	20.	There are some conditions concerning my job that could be improved.	SA A U D SD	(-)
T	21.	I feel I have time to do both the paper work and my patient care.	SA A U D SD	(+)
Q	22.	I feel satisfied with the technical care I give.	SA A U D SD	(+)
Q	23.	I am able to keep my patients comfortable.	SA A U D SD	(+)

Addendum:

The following five items (the task requirements subscale) from Slavitt, et al's (1978) Index of Work Satisfaction were included with the 23 item version (1984) of Atwood and Hinshaw's Nurse Job Satisfaction Scale, based on results of simultaneous factor analysis of scales.

		Options					Scoring Key
1.	I could deliver much better care if I had more time with each patient.	SA	A	U	D	SD	(-)
2.	I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	SA	A	U	D	SD	(+)
3.	The amount of time I must spend on administration ("paper") work on my service is reasonable, and I am sure that patients do not suffer because of it.	SA	A	U	D	SD	(+)
4.	I do not spend as much time as I would like to taking care of patients directly.	SA	A	U	D	SD	(-)
5.	I think I could do a better job if I did not have so much to do all the time.	SA	A	U	D	SD	(-)

Reference:

Slavitt, D. B., Stamps, P. L., Piedmont, E. B. and Haase, A. M. B. (1978). Nurses' satisfaction with their work situation. Nursing Research, 27(2), 114-120.

INSTRUMENT: NURSE JOB SATISFACTION SCALE

ORIGINAL SOURCE: Brayfield, A. and H. Rothe. (1951, October). An index of job satisfaction. Journal of Applied Psychology. 35, 307-311.

MODIFICATION: J.R. Atwood & A.S. Hinshaw
University Medical Center Corporation
Nursing Department
Tucson, Arizona 85724

STUDY: Anticipated Turnover Among Nursing Staff (D.H.H.S., #R01 NU00908)

DATE: August, 1984

SUBSCALE	# of items	ITEMS
Q = Quality of Care	7	1, 8, 10, 14, 16, 22, 23
E = Enjoyment	11	2, 4, 7, 9, 11, 12, 13, 15, 17, 18, 19
T = Time To Do One's Job	5	3, 5, 6, 20, 21
	23	

INTERNAL CONSISTENCY RELIABILITY:

Scale-Subscale	# of Cases	Cronbach's alpha Unstd.	Std.
Quality of Care	1534	.77	.78
Enjoyment	1526	.85	.86
Time to do One's Job	1548	.76	.76
Total Scale	1468	.88	.88

CONSTRUCT VALIDITY:
Each of the three subscale factors on to one or two major dimensions with factor coefficients of .45 and higher. The total nurse job satisfaction scale factored in four dimensions with a cumulative explained variance of 53.47. The total nurse satisfaction scale functioned as predicted in the causal modeling relationships.

11/85 cd

APPENDIX B

PERMISSION LETTERS TO USE

NJS AND WSS

pBetty C. Zaring, RN, MSN
Rt. 3, Box 325
Arkansas City, Ks. 67005
316-442-0152

June 13, 1985

Dr. Jan Atwood
College of Nursing
University of Arizona
Tucson, Az. 85721

Dear Dr. Atwood,

I am a doctoral student at Oklahoma State University in Stillwater, Oklahoma, in the Occupational and Adult Education Division. I am currently working on my dissertation.

I am interested in using the Job Satisfaction scale developed by yourself and Dr. Hinshaw to measure job satisfaction in Oklahoma and Kansas registered nurses.

I am doing my research on a large pool of nurses from various areas of nursing, therefore, I would also like to request permission to change the word "hospital" to "working area," and the word "patient" to "patient/client."

I would appreciate hearing from you concerning your instrument.

Sincerely,

Betty C. Zaring

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85721

COLLEGE OF NURSING

July 24, 1989

Betty Zaring
R.R. #3, Box 325
Arkansas City, Kansas 67005

Dear Ms. Zaring:

Thank you for your letter in which you requested information about instruments. We are pleased to be able to share this information with you.

Enclosed you will find the instruments, along with the validity and reliability estimates obtained on our sample. You have permission for use, and we trust this information will be helpful to you.

To defray my personal costs of xeroxing and postage, please return $1.40 in STAMPS, NOT CASH OR CHECK, to me. If we can be of any other assistance to you, please let us know: (602) 626-4403. We encourage you to make the wording changes noted in your letter. Also, we would request that you share any information regarding the process of using the instrument and the results or outcomes of its use, especially the recomputed validity and reliability coefficients from your study. We wish you much success in your research.

Sincerely,

Jan R. Atwood, Ph.D., F.A.A.N.
Professor and NRSA Instrumentation Fellowships Director,
College of Nursing
Behavioral Sciences Coordinator
Cancer Prevention and Control
Arizona Cancer Center

JRA/jmm

cc: A.S. Hinshaw, Ph.D., F.A.A.N.
Co-Principal Investigator

APPENDIX C

MODIFIED JSS SUBSCALES

JOB SATISFACTION SCALE

SUBSETS

Subset 1: Pay or Reward

3.	Considering what is expected of RN personnel, the pay we receive is reasonable.	SA A U D SD
5.	An upgrading of pay schedules for RN personnel is needed in this organization.	SA A U D SD
11.	My present salary is satisfactory.	SA A U D SD
15.	From what I hear about other RN personnel in other organizations, we in this organization are being fairly paid.	SA A U D SD
26.	Excluding myself, it is my impression that a lot of RNs at this organization are dissatisfied with their pay.	SA A U D SD

Subset 2: Time to Do One's Job

6.	I feel I have time both to do the paper work and carry out my work duties to those who receive my services.	SA A U D SD
17	Many days I have to stay overtime to get all my paperwork done.	SA A U D SD
24.	Many days I feel harassed because I don't have time to do all I want to do	SA A U D SD
40.	Usually I have time to do a good job for those who receive my care or services.	SA A U D SD

Subset 3: Interaction/Cohesion

10.	RN personnel in this organization do a lot of bickering and backbiting	SA A U D SD
19	The personnel in my area don't often act like "one big happy family."	SA A U D SD
21.	There is a lot of "rank consciousness" in my job area. Nursing personnel seldom mingle with others of lower ranks.	SA S U D SD
28.	The personnel in my area are not as friendly and as outgoing as I would like.	SA A U D SD

30. There is a good deal of teamwork and cooperation between the RNs in my area. SA A U D SD

34. The nursing personnel in my job area don't hesitate to pitch in and help one another out when things get in a rush. SA A U D SD

Subset 4: Administraton

4. I have enough opportunities to make administrative decisions in planning procedures and policies for my area of work. SA A U D SD

8. There is ample opportunity for RN personnel to participate in the administrative decision making process. SA A U D SD

9. There are planty of opportunities for advancement of RN personnel at this organization. SA A U D SD

12. The administrators generally consult with the staff on daily policies and procedures. SA A U D SD

20. There is no doubt that the organization administrative staff care a good deal about its employees, RN personnel included. SA A U D SD

Subset 5: Task Requirements

7. I could deliver much better service/care if I had more time to spend with each person who receives my services. SA A U D SD

13. The amount of time I must spend on administration ("paper") work on my job is reasonable and I am sure that those who receive my services don't suffer because of it. SA A U D SD

31. I think I could do a better job if I didn't have so much to do all the time. SA A U D SD

35. I don't spend as much time as I would like with those who receive my direct services or care. SA A U D SD

Subset 6: Quality of Care

2. Most of the time I am satisfied with the work or services I perform. SA A U D SD

23. I am not satisfied with the level of individualized services/care I am giving now. SA A U D SD

27. It is hard for me to provide services or care that meet my own standards. SA A U D SD

37. Under the circumstances it is difficult to supply high quality services or care. SA A U D SD

39. Most days I have time to supply quality basic care/service to those for whom I am responsible. SA A U D SD

Subset 7: Enjoyment

1. I find real enjoyment in my work. SA A U D SD

14. I enjoy my work more than my leisure time. SA A U D SD

16. I feel fairly well satisfied with my present position. SA A U D SD

18. I definitely dislike my work. SA A U D SD

22. I am disappointed that I ever took this job. SA A U D SD

25. I like my job better than the average worker does. SA A U D SD

29. Most days I am enthusiastic about my job. SA A U D SD

32. I consider my job rather unpleasant. SA A U D SD

33. Most of the time I have to force myself to go to work. SA A U D SD

36. I am satisfied with my job for the time being. SA A U D SD

38. I feel that I am happier than most other people. SA A U D SD

APPENDIX D

RIORDEN'S AUTONOMY SCALE AND PERMISSION LETTER

Betty C. Zaring, RN, MS(N)
Rt. 3, Box 325
Arkansas City, Ks. 67005
316-442-0150

June 13, 1989

Jan Riordan, R.N., Ed.D.
Saint Mary of The Plains College
St. Joseph Medical Center Campus
1121 South Clifton
Wichita, Ks. 67218

Dear Dr. Riordan,

I am currently working on my doctoral dissertation at Oklahoma State University in Stillwater, Oklahoma. My intent is to measure job satisfaction in Oklahoma and Kansas registered nurses.

I would like to use your autonomy scale as part of the survey if at all possible. I would be very happy to share any findings from my study with you.

I look forward to hearing from you.

Sincerely,

Betty C. Zaring

Betty C. Zaring

SAINT MARY OF THE PLAINS COLLEGE
DIVISION OF NURSING

ST JOSEPH MEDICAL CENTER CAMPUS
112 SOUTH CLIFTON
WICHITA KANSAS 67218

July 6, 1989

Betty C. Zaring RN, MSN
Rt. 3, Box 325
Arkansas City,KS 67005

Dear Betty,

I'm delighted that you will be using my autonomy scale as a part of your doctoral dissertation at OSU. You have my permission to use it.

The items for the scale were derived from the research literature on autonomy. The references may be found in the bibliography of my dissertation and can be consulted for verification. Scoring for the Autonomy Scale is relatively straightforward. The left column indicates importance to the participant on a ideal level and the right column indicates the level present in the actual job. All ten items are positively scored from 1 to 5. A higher score indicates greater importance and greater satisfaction. To test internal consistency, the Cronbach's alpha was found to be .84 and the Spearman-Brown for split-half reliability was found to be .80.

Best wishes on your endeavor, Betty. I will be very interested in your results and ask that you share them with me when the study is completed.

Sincerely,

Jan Riordan Ed D, RN

Nursing Autonomy Scale (Riorden, 1987).

Listed below are aspects of autonomy related to nursing jobs. Please indicate in the first column the degree of importance each item holds for you generally. In the second column please indicate to what degree this item is present in your current job situation.

		Importance to you Desired					Present in job Actual				
		Low				High	Low				High
1.	Freedom as to how I do my work.	1	2	3	4	5	1	2	3	4	5
2.	Taking part in decisions that that affect me.	1	2	3	4	5	1	2	3	4	5
3.	Freedom to ignore an organizational rule if it is in the best interest of my patient/client.	1	2	3	4	5	1	2	3	4	5
4.	Making technically sound rather than popular decisions in caring for patients/clients.	1	2	3	4	5	1	2	3	4	5
5.	Control over schedule of my work times.	1	2	3	4	5	1	2	3	4	5
6.	Openness of physicians to my input on decisions about patient/client care.	1	2	3	4	5	1	2	3	4	5
7.	Practicing according to accepted standards of nursing care even if the rules and procedures of the health agency discourage it.	1	2	3	4	5	1	2	3	4	5
8.	Responsiveness of my head nurse or supervisor to my suggestions and ideas.	1	2	3	4	5	1	2	3	4	5
9.	Freedom from having to carry out inappropriate tasks delegated by physicians.	1	2	3	4	5	1	2	3	4	5
10.	Facilitation of my work by administration rather than directing it.	1	2	3	4	5	1	2	3	4	5

This concludes the series of questions.

APPENDIX E

PILOT STUDY: JSS

Betty C. Zaring, RN, MS(N)
Rt. 3, Box 325
Arkansas City, KS 67005
316-442-0150

Dear RN:

Thank you so much for agreeing to participate in a pilot study on job satisfaction in Midwestern RNs.

I would like to have your comments and input regarding the letter and the questionnaire.

1. Is the letter to RN colleagues a letter you would answer? Please circle an answer. If the answer is no, your comments would be appreciated.
   Yes No Unsure

2. Is the personal data questionnaIRE TOO DETAILED? Please circle an answer. If yes, your comments would be appreciated.
   Yes No

3. Is the job satisfaction questionnaire too long? Please circle an answer. If yes, your comments would be appreciated.
   Yes No

4. How long did it take you to finish the questionnaire? _____

Please rank the following qualities of job satisfaction in order with #1 ranking as the most important and #2, the second most important, through 9.

_____Autonomy	_____Professional Status	_____Pay
_____Task Requirements	_____Interaction with co-workers	_____Quality of Care
_____Time to do job	_____Interaction with physicians	_____Enjoyment

Thank you so much for your participation.

Sincerely,

Betty C. Zaring

Comments:

Betty C. Zaring, RN, MSN
Rt. 3, Box 325
Arkansas City, KS 67005
316-442-0150

Dear Colleague:

I am a doctoral student at Oklahoma State University in Stillwater, Oklahoma and I am conducting a study for my dissertation on Job Satisfaction and Dissatisfaction in Oklahoma and Kansas Registered Nurses. Your name has been selected from the State Board of Nursing of your state for participation in this study.

I realize that you are pressed for time, but this questionnaire should not take over forty minutes to complete, and it is not necessary to complete the entire questionnaire in one setting. I do ask that you return this questionnaire within 10 days after receiving it.

It is my hope that this study will assist in identifying factors that will promote job satisfaction in various areas of nursing which will in turn aid in enhancing the professional image of registered nurses and attract more students to the nursing profession. Your response will make a valuable contribution to this goal.

Thank you in advance for your participation. I am enclosing a self addressed, stamped envelope for return of the questionnaire. Your return will imply your consent to participate in this study. I would like to request that no name or address be included on your response in order for anonymity to be assured.

Your effort to answer and return this questionnaire is greatly appreciated.

Sincerely,

Betty C. Zaring, RN, MSN

JOB SATISFACTION SCALE

Response Options:

SA=Strongly agree
A=Agree
U=Undecided
D=Disagree
SD=Strongly disagree

Item:		Option:
1.	When I'm at work in my job, the time goes by quickly.	SA A U D SD
2.	I am often bored because my job is routine.	SA A U D SD
3.	There is a great gap between the administration and the daily problems of the RN personnel.	SA A U D SD
4.	Considering what is expected of RN personnel, the pay we get is reasonable.	SA A U D SD
5.	It makes me proud to talk to other people about what I do on my job.	SA A U D SD
6.	There is no doubt whatever in my mind that what I do on my job is really important.	SA A U D SD
7.	I have enough opportunities to make administrative decisions in planning procedures and policies for my area of work.	SA A U D SD
8.	An upgrading of pay schedules for RN peronnel is needed in this organization.	SA A U D SD
9.	New employees are not quickly made to "feel at home" in my area.	SA A U D SD
10.	There is ample opportunity for RN personnel to participate in the administative decision-making process.	SA A U D SD
11.	There are plenty of opportunities for advancement of RN personnel at this organizaton.	SA A U D SD
12.	The present rate of increase in pay for RN personnel in this organization is not satisfactory.	SA A U D SD
13.	I could deliver much better service/care if I had more time to spend with each person who receives my services.	SA A U D SD
14.	What I do on my job doesn't add up to anything really significant.	SA A U D SA
15.	RN personnel in this organization do a lot of bickering and backbiting.	SA A U D SD
16.	Considering the high cost of services, every effort should be made to hold RN personnel salaries about where they are or at least not to increase them substantially.	SA A U D SD

17. Excluding myself, it is my impression that a lot of RNs at this organization are dissatisfied with their pay. SA A U D SD

18. I have plenty of time and opportunity to discuss the problems of those who receive my services with other Rn personnel. SA A U D SD

19. There is a good deal of teamwork and cooperation between the RNs in my job area. SA A U D SD

20. There is no doubt that the organization administrative staff cares a good deal about its employees, RN personnel included. SA S U D SD

21. The nursing personnel in my job area don't hesitate to pitch in and help one another out when things get in a rush. SA A U D SD

22. The administrators generally consult with the staff on daily policies and procedures. SA A U d SD

23. The personnel in my area don't often act like "one big happy family." SA A U D SD

24. There is a lot of "rank consciousness" in my job area. Nursing personnel seldom mingle with others of lower ranks. SA A U D SD

25. The amount of time I must spend on administration ("paper") work on my service is reasonable, and I am sure that those who receive my services don't suffer because of it. SA A U D SD

26. I don't spend as much time as I would like with those who receive my services directly. SA A U D SD

28. The personnel in my area are not as friendly and outgoing as I would like. SA A U D SD

29. My present salary is satisfactory. SA A U D SD

30. I think I could do a better job is I didn't have so much to do all the time. SA A U D SD

31. If I had the decision to make all over again I would still choose to be an RN. SA A U D SD

32. From what I hear about other RN personnel in other organizations, we in this organization are being fairly paid. SA A U D SD

33. Most days I have time to supply quality basic service to those who receive my services. SA S U D SD

34. I consider my job rather unpleasant. SA A U D SD

35. Usually I have time to do a good job for those who receive my services. Sa A U D SD

36. I enjoy my work more than my leisure time. SA A U D SD

37. Many days I have to stay overtime to get all my paperwork done. SA A U D SD

38. Many days I feel harrassed because I don't have time to do all I want to do. SA A U D SD

39. I feel fairly well satisfied with my present position. SA A U D SD

40. I am not satisfied with the level of individualized services I am now giving. SA A U D SD

41. Most of the time I have to force myself to go to work. SA A U D SD

42. Under the circumstances, it is difficult to supply high quality services. SA A U D SD

43. I am satisfied with my job for the time being. SA A U D SD

44. I definitely dislike my work. SA A U D SD

45. I feel that I am happier than most other people. SA A U D SD

46. Most of the time I am satisfied with the services I give. SA A U D SD

47. Most days I am enthusiastic about my job. SA A U D SD

48. It is hard for me to provide services which meet my standards. SA A U D SD

49. I like my job better than the average worker does. SA A U D SD

50. I find real enjoyment in my work. SA A U D SD

51. I am disappointed that I ever took this job. SA A U D SD

52. There are some conditions concerning my job that could be improved. SA A U D SD

53. I feel I have time to do both the paper work and provide service to those who receive my services. SA A U D SD

54. I feel satisfied with the technical services I provide for those who receive my services. SA A U D SD

55. I am able to make those who receive my services comfortable. SA A U D SD

Listed below are aspects of autonomy related to nursing jobs. Please indicate in the first column the degree of importance each item holds for you generally. In the second column please indicate to what degree this item is present in your current job situation.

		Importance to you(desired) low - high	Present in job (Actual) low - high
56.	Freedom as to how I do my work	1 2 3 4 5	1 2 3 4 5
57.	Taking part in decisions that affect me.	1 2 3 4 5	1 2 3 4 5

58.	Freedom to ignore an organizational rule if it is in the best interest of my clients.	1 2 3 4 5	1 2 3 4 5
59.	Making technically sound rather than popular decisions in caring for patients/clients.	1 2 3 4 5	1 2 3 4 5
60.	Control over schedule of work time.	1 2 3 4 5	1 2 3 4 5
61.	Openness of physicians as to my input on decisions about patient/client care.	1 2 3 4 5	1 2 3 4 5
62.	Practicing according to accepted standards of care even if the rules and procedures of the health agency or organization discourage it.	1 2 3 4 5	1 2 3 4 5
63.	Responsiveness of administrator/supervisor to my suggestions/ideas.	1 2 3 4 5	1 2 3 4 5
64.	Freedom from having to carry out inappropriate tasks delegated by physician.	1 2 3 4 5	1 2 3 4 5
65.	Facilitation of my work by administration rather directing it.	1 2 3 4 5	1 2 3 4 5

APPENDIX F

REVISED JSS

JOB SATISFACTION SCALE

Response Options: Please circle the response of your choice.

SA = Strongly agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly disagree

	Item:		Option
(7)	1.	I find real enjoyment in my work.	(+) SA A U D SD
(6)	2.	Most of the time I am satisfied with the work or services I perform.	(+) SA A U D SD
(1)	3.	Considering what is expected of RN personel, the pay we receive is reasonable.	(+) SA A U D SD
(4)	4.	I have enough opportunities to make administrative decisions in planning procedures and policies for my area of work.	(+) SA A U D SD
(1)	5.	An upgrading of pay schedules for RN personnel is needed in this organization.	(-) SA A U D SD
(2)	6.	I feel I have time both to do the paper work and carry out my work duties to those who receive my services.	(+) SA A U D SD
(5)	7.	I could deliver much better service/care if I had more time to spend with each person who receives my services.	(-) SA A U D SD
(4)	8.	There is ample opportunity for RN personnel to participate in the administrative decision making process.	(+) SA A U D SD
(4)	9.	There are plenty of opportunities for advancement of RN personnel at this organization.	(+) SA A U D SD
(3)	10.	RN personnel in this organization do a lot of bickering and backbiting.	(-) SA A U D SD
(1)	11.	My present salary is satisfactory.	(+) SA A U D SD
(4)	12.	The administrators generally consult with the staff on daily policies and procedures.	(+) SA A U D SD

(Please turn to the inside.)

(5)	13.	The amount of time I must spend on administration ("paper") work on my job is reasonable and I am sure that those who receive my services don't suffer because of it.	(+)	SA A U D SD
(7)	14.	I enjoy my work more than my leisure time.	(+)	SA A U D SD
(1)	15.	From what I hear about other RN personnel in other organizations, we in this organization are being fairly paid.	(+)	SA A U D SD
(7)	16.	I feel fairly well satisfied with my present position.	(+)	SA A U D SD
(2)	17.	Many days I have to stay overtime to get all my paperwork done.	(-)	SA A U D SD
(7)	18.	I definitely dislike my work.	(-)	SA A U D SD
(3)	19.	The personnel in my area don't often act like "one big happy family."	(-)	SA A U D SD
(4)	20.	There is no doubt that the organization administrative staff cares a good deal about its employees, RN personnel included.	(+)	SA A U D SD
(3)	21.	There is a lot of "rank consciousness" in my job area. Nursing personnel seldom mingle with others of lower ranks.	(-)	SA A U D SD
(7)	22.	I am disappointed that I ever took this job.	(-)	SA A U D SD
(6)	23.	I am not satisfied with the level of individualized services/care I am giving now.	(-)	SA A U D SD
(2)	24.	Many days I feel harassed because I don't have time to do all I want to do.	(-)	SA A U D SD
(7)	25.	I like my job better than the average worker does.	(+)	SA A U D SD
(1)	26.	Excluding myself, it is my impression that a lot of RNs at this organization are dissatisfied with their pay.	(-)	SA A U D SD
(6)	27.	It is hard for me to provide services or care that meet my own standards.	(-)	SA A U D SD
(3)	28.	The personnel in my area are not as friendly and as outgoing as I would like.	(-)	SA A U D SD
(7)	29.	Most days I am enthusiastic about my job.	(+)	SA A U D SD

(3) 30. There is a good deal of teamwork and cooperation between the RNs in my area. (+) SA A U D SD

(5) 31. I think I could do a better job if I didn't have so much to do all the time. (-) SA A U D SD

(7) 32. I consider my job rather unpleasant. (-) SA A U D SD

(7) 33. Most of the time I have to force myself to go to work. (-) SA A U D SD

(3) 34. The nursing personnel in my job area don't hesitate to pitch in and help one another out when things get in a rush. (+) SA A U D SD

(5) 35. I don't spend as much time as I would like with those who receive my direct services or care. (-) SA A U D SD

(7) 36. I am satisfied with my job for the time being. (+) SA A U D SD

(6) 37. Under the circumstances it is difficult to supply high quality services or care. (-) SA A U D SD

(7) 38. I feel that I am happier than most other people. (+) SA A U D SD

(6) 39. Most days I have time to supply quality basic care/service to those for whom I am responsible. (+) SA A U D SD

(2) 40. Usually I have time to do a good job for those who receive my care or services. (+) SA A U D SD

Please check yes or no for the following questions:

Are you satisfied with your current position?

__Yes __No

Are you considering a change in your position?

__Yes ___No

Are you satisfied with your profession as an RN?

__Yes ___No

If you had to do it all over again, would you become an RN?

__Yes ___No

(Please turn to the back page.)

PERSONAL DATA FORM

A. AGE

1. _____20-25 3. _____36-45 5. _____56+
2. _____26-35 4. _____46-55

B. SEX

1. _____Male 2. _____Female

C. INITIAL EDUCATION

1. _____ADRN 2. _____Diploma 3. _____BSN

D. HIGHEST EDUCATION OBTAINED

1. _____ADRN 3. _____Diploma 5. _____PHD
2. _____BSN 4. _____MSN

E. AREA OF EMPLOYMENT

1. _____Hospital 7. _____Office
2. _____Nursing Home,SNU/SNF 8._____Nursing School
3. _____Public Health 9. _____Private Practice
4. _____Occupational Health 10. _____Industry
5. _____School Nurse 11. _____Other than Nursing
6. _____Not Working 12. _____Retired

F. POSITION/TITLE(lease write in)_____

G. AREA OF HOSPITAL(Please write in)_____

H. YEARS WORKED AS RN

1. _____1 or less 3. _____6-10 5. _____16-20
2. _____2-5 4. _____11-16 6. _____21+

I. YEARS IN PRESENT POSITION

1. _____1 or less 3. _____6-10 5. _____16-20
2. _____2-5 4. _____11-16 6. _____21+

J. EMPLOYMENT STATUS

1. _____Full Time 2. _____PRN 3. _____Part-time

APPENDIX G

REQUESTS FOR MAILING LISTS FROM OKLAHOMA AND KANSAS STATE BOARDS OF NURSING

REQUEST FOR RECORD INSPECTION/
COPY OF NAMES AND/OR ADDRESSES

(3652 JUL 17 ?

(To be Completed by Requester)

NAME: Betty C. Zaring, RN, MSN
ADDRESS: Rt. 3, Box 325 Street
Arkansas City, KS 67005 (City,State,Zip)

RECORD SOUGHT: Kansas registered Nurses
INTENDED PURPOSE: Survey for Job Satisfaction

CERTIFICATE OF COMPLIANCE WITH
K.S.A. 1987 Supp. 21-3914

I, Betty C. Zaring, understand that no person shall receive, for the purpose of selling or offering for sale any property or service to person listed therein, any list of names or addresses contained in or derived from a public record, except that a list of names and addresses of licensees of the Board may be received by a professional organization for membership, informational, or other purposes related to the practice of the profession, and a list of names and addresses of persons applying for license examination may be received by professional organizations providing educaitonal materials for the purpose of providing persons with information relating to the availability of such materials.

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record is a Class C misdemeanor.

In accordance with these provisions, I certify that I do not intend to, and I will not, use any list of names or addresses contained in or derived from the record for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; neither will sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed, except under authority of the limited circumstances provided in K.S.A. 1987 Supp. 21-3914 and amendments thereto.

Betty C Zaring
(Signature)

Betty C Zaring
(Please Print or Type Name)

Sworn and subscribed to before me a Notary Public, on this 7th day of July, 19 89.

HELEN DIANNE MORROW
State of Kansas
My Appt. Exp. June 22, 1990

Helen Dianne Morrow
(Notary Public)

My Commission Expires _____

(To Be Completed by REcord Custodian)

TIME OF REQUEST: DATE: _____
TIME: _____ A.M., P.M.

STAFF MEMBER HANDLING REQUEST: _____
STAFF TIME INVOLVED: _____ Hours, _____ Minutes

CHARGES: _____ A charge for providing access to public records is authorized by State law and has been established by the Board. These charges are set at a level to compensate the Board for the actual cost incurred in honoring your request. The fee schedule established by the Board is posted in this office. The charge to you for the record you have requested is $_____.

CHARGES STAFF TIME: $_____
COPYING CHARGES: $_____
TOTAL CHARGES: $_____

PREPAID: $_____
BILLED: $_____
PAID: $_____

_____
(Record Custodian)

Betty C. Zaring, RN, MSN
Rt. 3, Box 325
Arkansas City, Kansas 67005

June 13, 1989

Sulinda Moffett, RN, MSN
Executive Director
Oklahoma Board of Nursing Registration and
Nursing Education
Suite 514
2915 North Classen Blvd.
Oklahoma City, Oklahoma 73106

Dear Ms. Moffett,

I am a doctoral student at Oklahoma State University in Stillwater, Oklahoma, in the Occupational and Adult Education Department. I am currently working on my dissertation to randomly survey Oklahoma and Kansas nurses concerning job satisfaction and dissatisfaction.

This is my formal request for a listing of names of registered nurses from the Oklahoma State Board of Nursing. This list will be used to select a sample of nurses to participate in the study.

I am enclosing a copy of my tentative research proposal and the IRB approval from OSU.

Please advise me if you require any additional information. I look forward to hearing from you.

Sincerely,

Betty C. Zaring

Lois Scibetta, Ph.D., R.N.
Executive Director
Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson, Rm. 551-S
Topeka, KS 66612-1256

Dear Dr. Scibetta,

I am writing to request permission to use names from the Kansas State Board of Nursing for participants in a survey.

The survey will be a part of my doctoral dissertation at Oklahoma State University, Stillwater, Oklahoma, in the Occupational and Adult Education Department.

I would like to randomly survey pproximately 500 Kansas Nurses regarding job satisfaction and dissatisfaction. I have enclosed a copy of my tentative research proposal for your review.

Please advise me if you require any additional information. I look forward to hearing from you.

Sincerely,

Betty C. Zaring

Betty C. Zaring

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm 551
Topeka, Kansas 66612-1256
913-296-4929

Lois Rich Scibetta, Ph.D., R.N.
Executive Administrator

Janette Pucci, R.N., M.S.N.
Educational Specialist

Patsy L Johnson R N M N
Educational Specialis

Belva J Chang R N M N J D
Practice Specialis

July 10, 1989

Betty C. Zaring, RN, MSN
Rt. 3, Box 325
Arkansas City, KS 67005

Dear Ms. Zaring:

We received the nursing list request form for names and addresses in our office on July 10, 1989. Your request for the list of Kansas nurses names is approved until July 7, 1990.

To obtain the list from the agency delegated to print the labels or list, please contact Ms. RoxAnn Dicker, M.N., R.N., Associate Dean for Community Affairs, University of Kansas, School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214. Please send a copy of this letter and the request form when requesting labels. If you have any questions, please contact me.

Sincerely,

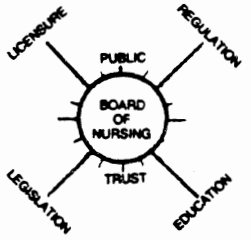
Janette Pucci

Janette Pucci, R.N., M.S.N.
Education Specialist

cc: RoxAnn Dicker

Ref: 3852

ko



Betty C. Zaring, RN. MS(N)
Rt. 3, Box 325
Arkansas City, KS 67005
(316) 442-0150

July 15, 1989

Ms. RoxAnn Dicker, M.N., R.N.
Associate Dean for Community Affairs
University of Kansas
School of Medicine-Wichita
1010 N. Kansas
Wichita, KS 67214

Dear Ms. Dicker,

I am currently a doctoral candidate at OSU in Stillwater, OK in the Occupational and Adult Education Department. I have requested a listing of Kansas nurses to aid in my survey.

I have received approval from the Kansas State Board of Nursing to obtain this listing from you. Enclosed please find a copy of the letter from Janette Pucci, R.N., M.S.N. and a copy of the request form.

I appreciate your expedition of this request. I would prefer the labels, however I shall need to know the cost of both the labels and the listing.

Sincerely,

Betty C Zaring

Betty C. Zaring, RN, MS(N)

THE UNIVERSITY OF KANSAS
Division of Health Care Outreach
The University of Kansas School of Medicine—Wichita
1010 N Kansas
Wichita, Kansas 67214-3199
(316) 261-2641

September 1, 1989

Betty C. Zaring, RN, MS(N)
Rt. 3, Box 325
Arkansas City, Kansas 67005

Dear Ms. Zaring:

Enclosed is the listing of RN's in the state of Kansas. I apologize for the delay in receiving them. I'm afraid that the updated version did not arrive in time, so as to not delay your survey any longer I have enclosed the "old" version. I hope that it will adequately aid you in your research.

Best wishes in your survey and thank you so much for your patience. Let us know if we may be of service to you in the future.

Sincerely,

Amy L. Thompson
Department Assistant

INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS
OKLAHOMA STATE UNIVERSITY

Proposal Title: Job Satisfaction and Dissatisfaction: A Survey of Oklahoma and Kansas Registered Nurses

Principal Investigator: Robert E. Nolan/Betty C. Zaring

Date: April 14, 1989 **IRB #** ED-89-012

This application has been reviewed by the IRB and

Processed as: **Exempt** [X] **Expedite** [ ] **Full Board Review** [ ]

Renewal or Continuation [ ]

Approval Status Recommended by Reviewer(s)

Approved [X] **Deferred for Revision** [ ]

Approved w/Provision [ ] **Disapproved** [ ]

Approval status subject to review by full Institutional Review Board at next meeting, 2nd and 4th Thursday of each month.

Comments, Modifications/Conditions for Approval or Reason for Deferral or Disapproval:

Signature: _____ **Date:** April 17, 1989
Chair of University Board

APPENDIX H

FORMATTED QUESTIONNAIRE AND REMINDER CARD

Betty C. Zaring, RN, MSN
Rt. 3, Box 325
Arkansas City, KS 67005
316-442-0150

October 24, 1989

Dear Colleague:

I am a doctoral student at Oklahoma State University in Stillwater, Oklahoma and I am conducting a study on Job Satisfaction in Midwestern Registered Nurses. I selected your name at random from the registry of the State Board of Nursing of your state.

It is my hope that this study will assist in identifying factors that contribute to job satisfaction in various areas of nursing. Your response will make a valuable contribution to this goal.

As a fellow Rn I appreciate the premium placed on your time, but this questionnaire should not take over fifteen minutes to complete, and it is not necessary to complete the entire questionnaire in one setting. I do ask that you return this questionnaire within 7 days after receiving it.

Thank you in advance for your participation. I am enclosing a self addressed, stamped envelope for return of the questionnaire. Your return will imply your consent to participate in this study. I would like to request that no name or address be included on your response in order for anonymity to be assured.

Your effort to answer and return this questionnaire is greatly appreciated.

Sincerely,

Betty C. Zaring

Betty C. Zaring, RN, MSN

JOB SATISFACTION SCALE

Response Options Please circle the response of your choice

SA = Strongly agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly disagree

Item		Option
1.	I find real enjoyment in my work.	SA A U D SD
2	Most of the time I am satisfied with the work or services I perform	SA A U D SD
3	Considering what is expected of RN personel, the pay we receive is reasonable.	SA A U D SD
4	I have enough opportunities to make administrative decisions in planning procedures and policies for my area of work.	SA A U D SD
5.	An upgrading of pay schedules for RN personnel is needed in this organization	SA A U D SD
6	I feel I have time both to do the paper work and carry out my work duties to those who receive my services.	SA A U D SD
7	I could deliver much better service/care if I had more time to spend with each person who receives my services	SA A U D SD
8.	There is ample opportunity for RN personnel to participate in the administrative decision making process	SA A U D SD
9.	There are plenty of opportunities for advancement of RN personnel at this organization	SA A U D SD
10.	RN personnel in this organization do a lot of bickering and backbiting.	SA A U D SD
11.	My present salary is satisfactory.	SA A U D SD
12	The administrators generally consult with the staff on daily policies and procedures	SA A U D SD

(Please turn to the inside)

13	The amount of time I must spend on administration ("paper") work on my job is reasonable and I am sure that those who receive my services don't suffer because of it.	SA A U D SD
14	I enjoy my work more than my leisure time.	SA A U D SD
15.	From what I hear about other RN personnel in other organizations, we in this organization are being fairly paid.	SA A U D SD
16	I feel fairly well satisfied with my present position.	SA A U D SD
17.	Many days I have to stay overtime to get all my paperwork done.	SA A U D SD
18	I definitely dislike my work.	SA A U D SD
19	The personnel in my area don't often act like "one big happy family."	SA A U D SD
20	There is no doubt that the organization administrative staff cares a good deal about its employees, RN personnel included.	SA A U D SD
21.	There is a lot of "rank consciousness" in my job area Nursing personnel seldom mingle with others of lower ranks.	SA A U D SD
22.	I am disappointed that I ever took this job	SA A U D SD
23.	I am not satisfied with the level of individualized services/care I am giving now	SA A U D SD
24	Many days I feel harassed because I don't have time to do all I want to do.	SA A U D SD
25	I like my job better than the average worker does	SA A U D SD
26	Excluding myself, it is my impression that a lot of RNs at this organization are dissatisfied with their pay.	SA A U D SD
27.	It is hard for me to provide services or care that meet my own standards.	SA A U D SD
28.	The personnel in my area are not as friendly and as outgoing as I would like.	SA A U D SD
29.	Most days I am enthusiastic about my job	SA A U D SD

30. There is a good deal of teamwork and cooperation between the RNs in my area — SA A U D SD

31. I think I could do a better job if I didn't have so much to do all the time — SA A U D SD

32. I consider my job rather unpleasant — SA A U D SD

33. Most of the time I have to force myself to go to work. — SA A U D SD

34. The nursing personnel in my job area don't hesitate to pitch in and help one another out when things get in a rush. — SA A U D SD

35. I don't spend as much time as I would like with those who receive my direct services or care. — SA A U D SD

36. I am satisfied with my job for the time being — SA A U D SD

37. Under the circumstances it is difficult to supply high quality services or care — SA A U D SD

38. I feel that I am happier than most other people — SA A U D SD

39. Most days I have time to supply quality basic care/service to those for whom I am responsible. — SA A U D SD

40. Usually I have time to do a good job for those who receive my care or services. — SA A U D SD

Please check yes or no for the following questions

Are you satisfied with your current position?

__Yes __No

Are you considering a change in your position?

__Yes ___No

Are you satisfied with your profession as an RN?

__Yes ___No

If you had to do it all over again, would you become an RN?

__Yes ___No

(Please turn to the back page.)

PERSONAL DATA (Please check appropriate response)

A Age

____20-25 _____26-35 ____36-45

____46-55 _____56+

B Sex ____Male _____Female

C. Initial education

____ADRN _____BSN ____MSN

____MSN _____Diploma

D. Highest education obtained:

____M.N _____PhD ____B.N

____ADRN _____Diploma ____Other

E Area of employment

____Hospital _____Office Nurse

____Nursing Home _____Nursing Education

____Public Health _____Private Practice

____School Nurse _____Other

F. Position or title (Please write in) _____

G. Area you work. (Please write in) _____

H. Years worked as an RN (Please check appropriate response.

____1 or less ____6-10 _____16-20

____2-5 ____11-15 _____21+

I Years in present position:

____1 or less ____6-10 _____16-20

____2-5 ____11-15 _____21+

J. Employment status:

____Full Time _____Retired ____PRN

Dear Colleague:

A week ago you received a questionnaire on Job Satisfaction in Midwestern Registered Nurses. I want to thank you for your participation. If you have not filled out the questionnaire, won't you please take a few minutes to complete it and mail it in the self-addressed envelope? Your response is greatly appreciated.

B Zaring

Betty C. Zaring, Rn, MSN

APPENDIX I

PERCENTAGES AND RETURNS ON JSS SUBSCALE QUESTIONS

JOB SATISFACTION SCALE: VALUES, FREQUENCIES AND PERCENTAGES

Question **		Option 1 No.	%	Option 2 No.	%	Option 3 No.	%	Option 4 No.	%	Option 5 No.	%	Missing No.	%	Total n & Area	
1	I find real enjoyment in my work.	8	1.2	37	5.4	53	7.7	358	52.3	225	32.8	4	.6	685	All*
		4	1.1	21	5.9	26	7.3	193	54.1	113	31.7	0	.0	357	OK*
		4	1.2	16	4.9	27	8.2	165	50.3	112	34.1	4	1.2	328	KS*
2	Most of the time I am satisfied with the work or service I perform.	2	.3	29	4.2	15	2.3	450	65.7	186	27.2	3	.4	685	All
		1	.3	17	4.8	10	2.8	232	65.0	94	26.3	3	.8	357	OK
		1	.3	12	3.7	5	1.5	218	66.5	92	28.0	0	.0	328	KS
3	Considering what is expected of RN personnel the pay we receive is reasonable.	184	26.9	276	40.3	78	11.4	123	18.0	22	3.2	2	.3	685	All
		100	28.0	153	42.9	35	9.8	58	16.2	11	3.1	0	.0	357	OK
		84	25.6	123	37.5	43	13.1	65	19.8	11	3.4	2	.6	328	KS
4.	I have enough opportunities to make administrative decisions in planning policies and procedures for my area of work.	71	10.4	178	26.0	81	11.8	263	38.4	89	13.0	3	.4	685	All
		43	12.0	107	30.0	41	11.5	128	35.9	36	10.1	2	.6	357	OK
		28	8.5	71	21.6	40	12.2	135	41.2	53	16.2	1	.3	328	KS
5.	An upgrading of pay schedules for RN personnel is needed in this organization	304	44.4	241	35.2	77	11.2	47	6.9	13	1.9	3	.4	685	All
		171	47.9	122	34.2	31	8.7	26	7.3	5	1.4	2	.6	357	OK
		133	40.5	119	36.3	46	14.0	21	6.4	8	2.4	1	.3	328	KS
6.	I feel I have time both to do the paper work and carry out my work duties to those who receive my services	147	21.5	273	39.9	44	6.4	181	26.4	38	5.5	2	.3	685	All
		83	23.2	134	37.5	21	5.9	100	28.0	18	5.0	1	.3	357	OK
		64	19.5	139	42.4	23	7.0	81	24.7	20	6.1	1	.3	328	KS
7.	I could deliver much better service if I had more time to spend with each person who receives my services.	221	32.3	327	47.7	36	5.3	84	12.3	10	1.5	7	1.0	685	All
		123	34.5	174	48.7	16	4.5	38	10.6	3	.8	3	.8	357	OK
		98	29.9	153	46.6	20	6.1	46	14.0	7	2.1	4	1.2	328	KS
8.	There is ample opportunity for RN personnel to participate in the administrative decision making process.	112	16.4	292	42.6	110	16.1	143	20.9	24	3.5	4	.6	685	All
		67	18.8	160	44.8	55	15.4	61	17.1	11	3.1	3	.8	357	KS
		70	19.6	160	44.8	53	14.8	65	18.2	9	2.5	0	.0	328	OK

* All refers to the entire sample, OK refers to Oklahoma and KS to Kansas.

** See end of Questions.

JOB SATISFACTION SCALE: VALUES, FREQUENCIES AND PERCENTAGES

Question		Option 1 No.	%	Option 2 No.	%	Option 3 No.	%	Option 4 No.	%	Option 5 No.	%	Missing No.	%	Total n & Area	
9.	There are plenty of opportunities for advancement of RN personnel at this organization.	124	18.1	304	44.4	115	16.8	115	16.8	20	2.9	7	1.0	685	All
		67	18.8	160	44.8	55	15.4	61	17.1	11	3.1	3	.8	357	OK
		57	17.4	144	43.9	60	18.3	54	16.5	9	2.7	4	1.2	328	KS
10	RN personnel in this organization do a lot of bickering and backbiting.	80	11.7	231	33.7	92	13.4	220	32.1	52	7.6	10	1.5	685	All
		52	14.6	128	35.9	34	9.5	114	31.9	26	7.3	3	.8	357	OK
		28	8.5	103	31.4	58	17.7	106	32.3	26	7.9	7	2.1	328	KS
11	My present salary is satisfactory.	125	18.2	273	39.9	73	10.7	186	27.2	24	3.5	4	.6	685	All
		65	18.2	154	43.1	32	9.0	91	25.5	13	3.6	2	.6	357	OK
		60	18.3	119	36.3	41	12.5	95	29.0	11	3.4	2	.6	328	KS
12	The administrators generally consult with staff on daily policies and procedures.	172	25.1	279	40.7	59	8.6	149	21.8	20	2.9	6	.9	685	All
		101	28.3	147	41.2	27	7.6	72	20.2	8	2.2	2	.6	357	OK
		71	21.6	132	40.2	32	9.8	77	23.5	12	3.7	4	1.2	328	KS
13	The amount of time I must spend on administration "paper" work on my job is reasonable and I am sure that those who receive my services don't suffer because of it.	103	15.0	237	34.6	106	15.5	209	30.5	24	3.5	6	.9	685	All
		52	14.6	113	31.7	54	15.1	126	35.3	11	3.1	1	.3	357	OK
		51	15.5	124	37.8	52	15.9	83	25.3	13	4.0	5	1.5	328	KS
14.	I enjoy my work more than my leisure time.	198	28.9	347	50.7	74	10.8	47	6.9	13	1.9	6	.9	685	All
		111	31.1	176	49.3	31	8.7	27	7.6	7	2.0	5	1.4	357	OK
		87	26.5	171	52.1	43	13.1	20	6.1	6	1.8	1	.3	328	KS
15.	From what I hear about other RN personnel in other organizations, we in this organization are being fairly paid.	103	15.0	230	33.6	125	18.2	197	28.8	19	2.8	11	1.6	685	All
		51	14.3	123	34.5	66	18.5	103	28.9	9	2.5	5	1.4	357	OK
		52	15.9	107	32.6	59	18.0	94	28.7	10	3.0	6	1.8	328	KS
16.	I feel fairly well satisfied with my present position.	30	4.4	77	11.2	107	15.6	387	56.5	79	11.5	5	.7	685	All
		16	4.5	41	11.5	61	17.1	194	54.3	41	11.5	4	1.1	357	OK
		14	4.3	36	11.0	46	14.0	193	58.8	38	11.6	1	.3	328	KS

JOB SATISFACTION SCALE: VALUES, FREQUENCIES AND PERCENTAGES

Question		Option 1 No.	%	Option 2 No.	%	Option 3 No.	%	Option 4 No	%	Option 5 No.	%	Missing NO.	%	Total n & Area	
17	Many days I have to stay overtime to get all my paperwork done.	99	14.5	240	35.0	43	6.3	246	35.9	51	7.4	6	.9	685	All
		50	14.0	120	33.6	21	5.9	142	39.8	23	6.4	1	.3	357	OK
		49	14.9	120	36.6	22	6.7	104	31.7	28	8.5	5	1.5	328	KS
18	I definitely dislike my work.	7	1.0	23	3.4	43	6.3	247	36.1	362	52.8	3	.4	685	All
		4	1.1	14	3.9	23	6.4	124	34.7	191	53.5	1	.3	357	OK
		3	.9	9	2.7	20	6.1	123	37.5	171	52.1	2	.6	328	KS
19	The personnel in my area don't act like "one big happy" family.	63	9.2	232	33.9	79	11.5	242	35.3	61	8.9	8	1.2	685	All
		38	10.6	128	35.9	41	11.5	116	32.5	29	8.1	5	1.4	357	OK
		25	7.6	104	31.7	38	11.6	126	38.4	32	9.8	3	.9	328	KS
20	There is no doubt that the organization administrative staff cares a good deal about its employees, RN personnel included.	105	15.3	205	29.9	144	21.0	187	27.3	41	6.0	3	.4	685	All
		53	14.8	120	33.6	72	20.2	93	26.1	19	5.3	0	.0	357	OK
		52	15.9	85	25.9	72	22.0	94	28.7	22	6.7	3	.9	328	KS
21.	There is a lot of "rank consciousness" in my area. Nursing personnel seldom mingle with others of lower ranks.	15	2.2	77	11.2	41	6.0	406	59.3	142	20.7	4	.6	685	All
		8	2.2	47	13.2	24	6.7	198	55.5	80	22.4	0	.0	357	OK
		7	2.1	30	9.1	17	5.2	208	63.4	62	18.9	4	1.2	328	KS
22.	I am disappointed that I ever took this job.	9	1.3	19	2.8	54	7.9	297	43.4	303	44.2	3	.4	685	All
		5	1.4	11	3.1	27	7.6	152	42.6	161	45.1	1	.3	357	OK
		4	1.2	8	2.4	27	8.2	145	44.2	142	43.3	2	.6	328	KS
23.	I am not satisfied with level of individualized services/care I am giving now.	34	5.0	182	26.6	79	11.5	280	40.9	100	14.6	10	1.5	685	All
		22	6.2	90	25.2	34	9.5	157	44.0	51	14.3	3	.8	357	OK
		12	3.7	92	28.0	45	13.7	123	37.5	49	14.9	7	2.1	328	KS
24	Many days I feel harassed because I don't have time to do all I want to do.	111	16.2	294	42.9	58	8.5	166	24.2	53	7.7	3	.4	685	All
		60	16.8	150	42.0	35	9.8	87	24.4	25	7.0	0	.0	357	OK
		51	15.5	144	43.9	23	7.0	79	24.1	28	8.5	3	.9	328	KS
25.	I like my job better than the average worker does.	8	1.2	69	10.1	158	23.1	351	51.2	98	14.3	1	.1	685	All
		6	1.7	39	10.9	77	21.6	182	51.0	52	14.6	1	.3	357	OK
		2	.6	30	9.1	81	24.7	169	51.5	46	14.0	0	.0	328	KS

JOB SATISFACTION SCALE: VALUES, FREQUENCIES AND PERCENTAGES

Question		Option 1 No.	%	Option 2 No.	%	Option 3 No.	%	Option 4 No.	%	Option 5 No.	%	Missing No.	%	Total n & Area	
26	Excluding myself, it is my impression that a lot of RNs at this organization are dissatisfied with their pay	169	24.7	295	43.1	104	15.2	85	12.4	17	2.5	15	2.2	685	All
		92	25.8	161	45.1	46	12.9	42	11.8	9	2.5	7	2.0	357	OK
		77	23.5	134	40.9	58	17.7	43	13.1	8	2.4	8	2.4	328	KS
27	It is hard for me to provide services or care that meet my own standards.	69	10.1	221	32.3	67	9.8	283	41.3	41	6.0	4	.6	685	All
		42	11.8	111	31.1	32	9.0	151	42.3	19	5.3	2	.6	357	OK
		27	8.2	110	33.5	35	10.7	132	40.2	22	6.7	2	.6	328	KS
28	The personnel in my area are not as friendly and as outgoing as I would like.	20	2.9	118	17.2	66	9.6	371	54.2	105	15.3	5	.7	685	All
		11	3.1	67	18.8	27	7.6	201	56.3	49	13.7	2	.6	357	OK
		9	2.7	51	15.5	39	11.9	170	51.8	56	17.1	3	.9	328	KS
29	Most days I am enthusiastic about my job.	10	1.5	73	10.7	72	10.5	419	61.2	109	15.9	2	.3	685	All
		8	2.2	47	13.2	34	9.5	208	58.3	60	16.8	0	.0	357	OK
		2	.6	26	7.9	38	11.6	211	64.3	49	14.9	2	.6	328	KS
30.	There is a good deal of teamwork and cooperation between the RNs in my area.	23	3.4	104	15.2	74	10.8	363	53.0	103	15.0	18	2.6	685	All
		11	3.1	50	14.0	39	10.9	198	55.5	52	14.6	7	2.0	357	OK
		12	3.7	54	16.5	35	10.7	165	50.3	51	15.5	11	3.4	328	KS
31.	I think I could do a better job if I didn't have so much to do all the time.	81	11.8	292	42.6	103	15.0	179	26.1	23	3.4	7	1.0	685	All
		47	13.2	159	44.5	47	13.2	92	25.8	9	2.5	3	.8	357	OK
		34	10.4	133	40.5	56	17.1	87	26.5	14	4.3	4	1.2	328	KS
32.	I consider my job rather unpleasant.	6	.9	36	5.3	55	8.0	345	50.4	241	35.2	2	.3	685	All
		3	.8	19	5.3	33	9.2	180	50.4	122	34.2	0	.0	357	OK
		3	.9	17	5.2	22	6.7	165	50.3	119	36.3	2	.6	328	KS
33.	Most of the time I have force myself to go to work.	13	1.9	63	9.2	48	7.0	325	47.4	228	33.3	8	1.2	685	All
		8	2.2	32	9.0	28	7.8	175	49.0	111	31.1	3	.8	357	PK
		5	1.5	31	9.5	20	6.1	150	45.7	117	35.7	5	1.5	328	KS
34	The nursing personnel in my job area don't hesitate to pitch in and help one another when things get in a rush.	21	3.1	104	15.2	63	9.2	351	51.2	129	18.8	17	2.5	685	All
		15	4.2	60	16.8	31	8.7	180	50.4	66	18.5	5	1.4	357	OK
		6	1.8	44	13.4	32	9.8	171	52.1	63	19.2	12	3.7	328	KS

JOB SATISFACTION SCALE: VALUES, FREQUENCIES AND PERCENTAGES

Question		Option 1 No.	%	Option 2 No.	%	Option 3 No.	%	Option 4 No.	%	Option 5 No.	%	Missing No.	%	Total n & Area	
35	I don't spend as much time as I would like with those who receive my direct services or care.	84	12.3	355	51.8	50	7.3	161	23.5	30	4.4	5	.7	685	All
		44	12.3	176	49.3	30	8.4	94	26.3	12	3.4	1	.3	357	OK
		40	12.2	179	54.6	20	6.1	67	20.4	18	5.5	4	1.2	328	KS
36	I am satisfied with my job for the time being.	14	2.0	61	8.9	86	12.6	430	62.8	88	12.8	6	.9	685	All
		8	2.2	37	10.4	46	12.9	222	62.2	43	12.0	1	.3	357	OK
		6	1.8	24	7.3	40	12.2	208	63.4	45	13.7	5	1.5	328	KS
37	Under the circumstances it is difficult to supply high quality services or care	57	8.3	224	32.7	80	11.7	259	37.8	56	8.2	9	1.3	685	All
		33	9.2	119	33.3	39	10.9	138	38.7	27	7.6	1	.3	357	OK
		24	7.3	105	32.0	41	12.5	121	36.9	29	8.8	8	2.4	328	KS
38.	I feel that I am happier than most other people.	7	1.0	77	11.2	156	22.8	352	51.4	92	13.4	1	.1	685	All
		4	1.1	36	10.1	81	22.7	185	51.8	50	14.0	1	.3	357	OK
		3	.9	41	12.5	75	22.9	167	50.9	42	12.8	0	.0	328	KS
39.	Most days I have time to supply quality basic care/ service to those for whom I am responsible.	22	3.2	132	19.3	59	8.6	406	59.3	58	8.5	8	1.2	685	All
		15	4.2	69	19.3	34	9.5	208	58.3	29	8.1	2	.6	357	OK
		7	2.1	63	19.2	25	7.6	198	60.4	29	8.8	6	1.8	328	KS
40.	Usually I have time to do a good job for those who receive my care or services.	15	2.2	121	17.7	70	10.2	411	60.0	62	9.1	6	.9	685	All
		9	2.5	63	17.6	40	11.2	214	59.9	28	7.8	3	.8	357	OK
		6	1.8	58	17.7	30	9.1	197	60.1	34	10.4	3	.9	328	KS

** Option 1 (+,+); Option 2 (+); Option 3 (+,-); Option 4 (-); Option 5 (-,-).

VITA

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Doctor of Education

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