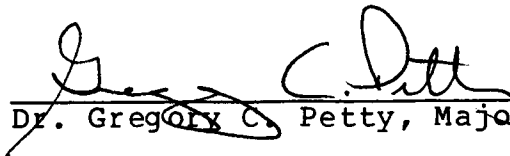
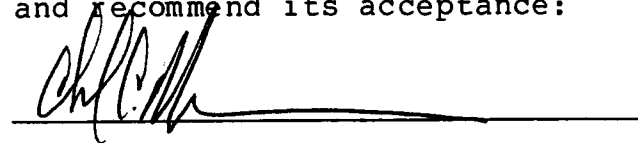


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**Job Satisfaction of Registered Staff Nurses
Employed In Four Area Hospitals**

A Thesis Presented for the
Master of Science
Degree
The University of Tennessee, Knoxville

Sandra K. Benson

May 1994

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Chapter I

Introduction

The nursing shortage reached a critical period during the 1980s and continues to be a growing concern for the health care industry in the 1990s. There is a continuing need in the industry for recruitment and retention of qualified nurses.

Much has been written regarding the possible reasons for the shortage. Researchers have approached the problem from various angles. Some researchers point out the many difficulties inherent in the profession itself, such as a basic lack of unity over important issues, particularly whether the educational preparation required for a professional nurse should be a two-year associate degree, a three-year diploma, or a four-year baccalaureate degree. Other researchers blame the health care delivery system for the exodus from nursing.

According to McCloskey (1974), approximately 70% of staff nurses employed in hospitals resign every year. "Job motivation studies show that turnover often results from inadequate rewards and incentives (McCloskey, 1974, p. 239). Vroom (1964) discussed seven studies, all of which indicated low job satisfaction associated with high turnover rates.

Although health care is rapidly expanding into community and outpatient settings, hospitals remain the

major employers of nurses. For most hospitals in the United States, recruitment and retention of qualified nurses has become a primary focus. Since job satisfaction is linked to turnover rates, the job satisfaction of nurses has become a highly visible source of research material. Neathawk, Dubuque, and Kronk (1988) surveyed 416 nurses in 5 hospitals to assess their level of job satisfaction and to determine key factors that play a role in retention and recruitment. Because of the variance in job satisfaction they discovered among nurses, the researchers suggested hospitals conduct their own studies to more effectively plan recruitment and retention strategies.

Statement of the Problem

Because the nursing shortage has continued as a local and national issue, many researchers have addressed the problem. Most researchers approach the problem from the angle of job satisfaction factors in relation to turnover rates. Some researchers speculate that problems inherent in the profession directly affect the exodus from nursing and that these problems must be seriously considered. It appears that problems inherent in the profession would involve long-term approaches, which may not be practical when immediate answers are needed. -Due to the complexities, the multiple factors

involved, and the lack of available data from individual communities, this study attempts to address the problem of the nursing shortage at the local level by investigating several demographic factors to determine if such factors are significant in the determination of a possible solution. Therefore, the focus of this study is to investigate the job satisfaction of registered staff nurses as determined by age, marital status, primary care-giver responsibilities, nursing unit of employment, hospital where employed, and perception of hospital's image of the nurse.

Purpose of the Study

The major purpose of this study is to investigate the job satisfaction of a random sample of 500 registered staff nurses employed full time at four area hospitals in East Tennessee. Overall job satisfaction is determined by the McCloskey Mueller Satisfaction Scale (MMSS). The respondent's level of job satisfaction is compared to the factors of age, marital status, primary care-giver responsibilities, nursing unit, perception of hospital's image of the nurse, and type of hospital where the respondent is employed. Participating hospitals include: (a) a 294-bed community, non-profit facility; (b) a 575-bed private, non-profit facility; (c) a 122-bed specialty, non-profit facility; and (d) a 625-bed state-

supported, non-profit, level 1 care facility.

Significance of the Study

Kramer and Hafner have suggested, in dealing with the nursing shortage, "...more mileage can be obtained by finding out what is really important...and providing that rather than dissipating efforts in multiple directions of lesser importance" (1989, p. 177). Therefore, information needs to be gathered in various geographical locations to discover what staff nurses themselves view as significant for their job satisfaction. That information, in turn, could be applied to improving recruitment and retention by assessing the current motivators used by an organization and by comparing that data to the workers' views.

Objectives

The primary objective of this study is to determine the level of overall job satisfaction of a sample of full-time staff nurses employed in four area hospitals as determined by the MMSS. The secondary objectives of this study are to compare the MMSS scores of the sample of full-time staff nurses to the factors of age groupings, marital status, nursing unit of employment, perceptions of hospital's image of the staff nurse, the type hospital where employed, and the primary

care-giver status of the respondents. Null hypotheses based on the secondary objectives include the following:

1. The overall level of job satisfaction of respondents will show no relationship to the age of respondents.
2. The overall level of job satisfaction of respondents will show no relationship to the marital status of respondents.
3. The overall level of job satisfaction of respondents will show no relationship to the nursing unit of respondents.
4. The overall level of job satisfaction of respondents will show no relationship to the respondents' perceptions of the employing hospital's image of the nurse.
5. The overall level of job satisfaction of respondents will show no relationship to the type hospital in which respondents work.
6. The overall level of job satisfaction of respondents will show no relationship to the primary care-giver status of respondents.

- Limitations

This study was limited by the following:

1. Some subjects may not have received their questionnaire packets due to being on extended leave

(maternity or medical) or having terminated their jobs after the subjects were selected and the questionnaires were distributed.

2. The researcher was dependent on contact persons/unit managers at the hospitals to distribute questionnaire packets to the subjects.
3. The researcher was dependent on the cooperation of the hospitals and was limited to requirements of each one of the institutional review boards.

Definition of Terms

Four terms require defining for proper interpretation of the study.

1. Registered staff nurses-Nurses (RNs) engaged in the direct care of patients, not to include head nurses, clinical nurse specialists, or nurse administrators.
2. Full-time status-This status is in accordance with each hospital's description. Full-time status may include 40 hours per week, 32 hours per week, or a Baylor plan, which allows nurses to work two 12-hour weekend shifts per week.
3. Primary care-giver-A reference to those nurses who view themselves as having responsibility outside the work place for the care of dependents.
4. Unmarried-Individuals who may be single, separated, or divorced at the time this study was conducted.

5. The nursing unit-The respondent's type of work setting, which this researcher has categorized as (a) Standard Patient Care Unit, (b) Specialty Unit, (c) Maternity/Pediatric Unit, (d) Surgery Suite, or (e) Outpatient Setting.

Organization of the Study

The study is organized in the following manner:

Chapter I includes the introduction, statement of the problem, purpose of the study, significance of the study, objectives, limitations, definition of terms, and organization of the study.

Chapter II includes a review of the literature, beginning with early studies on worker motivation and general industrial studies on job satisfaction. Then the chapter proceeds to research done on job satisfaction of nurses and research done on hospitals. The review of the literature ends with a summary.

Chapter III includes methodology and procedures. This chapter describes subjects, instrumentation, and materials.

Chapter IV includes data analysis and results.

Chapter V includes summary, conclusions, and recommendations.

Chapter II

Review of Related Literature

This literature review includes some early background research dealing with worker motivation theory, as well as some more recent job satisfaction studies done in industry. Most of the literature review has been focused on the many studies done on the nursing profession in recent years. Lastly, some studies done on hospitals, the major employers of nurses, are discussed.

Early Research on Job Satisfaction

Early research on worker motivation by Taylor (1947) suggested that money was required to increase productivity. Later, Herzberg (1966) suggested that pay may be a hygiene factor, an extrinsic reward, in which an acceptable amount will not lead to job satisfaction, but that a less-than-acceptable amount of pay could lead to dissatisfaction. Herzberg described other hygiene, or environmental factors, as policy, supervision, interpersonal relationships, and working conditions. Actual satisfiers, or intrinsic motivators, he categorized as recognition, the work itself, achievement, responsibility, and advancement—all of which he proposed lead to feelings of well-being. The two systems of extrinsic and intrinsic motivators work together as man

strives to avoid unpleasantness on the one hand and to achieve self-actualization on the other.

Later Studies on Job Satisfaction

Locke (1976) described the following working conditions that led to job satisfaction for a majority of people:

...mentally challenging work with which the individual can cope successfully; personal interest in the work itself; rewards for performance in line with personal aspirations that are just and understood; working conditions which are compatible with the individual's physical needs and work goals; high self-esteem on the part of the employee; help in attaining interesting work, pay, and promotions and in minimizing role conflict and ambiguity. (p. 1328)

Other researchers have shown a relationship between age and job satisfaction (Gibson & Klein, 1970). Generally, satisfaction tends to increase with the age of the individual. Savery's (1989) survey of nurses in an Australian teaching hospital showed an increase in job satisfaction as the age of the subjects increased.

The majority of nurses are women. Studies of women in the general work force have yielded some significant findings. Crosby (1982) reported that single

women showed lower levels of job satisfaction than married workers with or without children.

Research on the Nursing Profession

Much of the research on nurses' job satisfaction and the nursing shortage has been done in the United States, Australia, and the United Kingdom. Inadequate compensation and undesirable working conditions are commonly cited as reasons for the nursing shortage.

Many researchers have investigated the nursing profession in particular to determine factors related to job satisfaction. A questionnaire by Barigar and Sheafor (1990) was distributed to 10 newly-hired nurses in 13 large hospitals in Washington state and Oregon. Out of 23 job-related factors, the seven factors rated as most important were, in order of the rating: (a) able to practice own specialty, (b) the work load seems appropriate, (c) hospital has reputation for excellent care, (d) staff seem warm and friendly, (e) the schedule is flexible, (f) able to get preferred shift, and (g) the staff seem professional.

In another survey of 15,000 nurses conducted in 400 urban United States hospitals, more than half the nurses rated schedules as "very important" to them, with salary a close second (Service, 1989). Ninety-eight per cent of respondents rated salary as most important.

Status of nursing, support services, and nurse/physician relationships were of concern, but not as important as schedules and salary to most of the nurses.

Neathawk, Dubuque, and Kronk (1988) showed in a study of 416 nurses done in five United States hospitals, that nurses in four out of the five hospitals ranked pay and benefits at the top of job satisfaction factors. However, the researchers cautioned that the results of the study indicated that improving compensation alone would be a short-lived solution if other important variables such as working conditions and self-image were not addressed.

Other studies have specifically addressed the aspect of compensation. The American Journal of Nursing ("Study Sees RNs", 1990) published the results of a survey by Hay Management Consultants. The report stated that as the market demand for nurses soars, salaries for beginning graduate nurses have been driven higher, yet hospitals traditionally fail to raise the salaries of their experienced RNs commensurately. The average experienced RN earns less than \$2,000 more than the base rate for a beginning RN graduate. The director of clinical practice in Hay Management Consultants views the pay compression as a demotivator for nurses. Chernomas and Chernomas (1990) confirmed that the relative long-term wage of

nurses, compared to other college graduates with the same starting salaries, has historically remained low.

Service (1989) reported some findings from a two-year study conducted by the Commonwealth Fund, a foundation that deals with health and education issues. Fifteen thousand nurses were surveyed in 400 hospitals in urban areas. More than half the respondents rated schedules as very important, with salary rated a close second by 48% of respondents. Eighteen percent of the respondents placed a high value on the institution's status of nursing, the adequacy of support services, and nurse/physician relationships. Approximately 29% of respondents placed great importance on opportunities to practice care that meets personal standards, chances for promotion, and nurse/patient ratios. The study concluded that although intangibles are significant, "...excellence in these areas is not an effective substitute for adequate pay, flexible schedules, or less stressed working conditions." (Service, 1989, p. 7).

Savery (1989) ranked a list of 12 items that lead to job satisfaction according to the ratings given by a sample of 72 nurses. The most important satisfiers were intrinsic factors such as interesting and challenging work, feelings of achievement, relationships with supervisor and co-workers, and security of employment.

Listed next were motivators under the hospital's control, such as recognition, responsibility, and policies. Extrinsic factors of working conditions and salary were ranked third. Last on the list were the intrinsic motivators of opportunities for friendship and advancement. Respondents also ranked the 12 items in terms of each item's influence on the level of job dissatisfaction. In this listing, the order was practically reversed, with salary as the greatest dissatisfier, which supported Herzberg's (1966) theory that pay should be considered as a hygiene factor rather than a motivator. The study suggested that nurses get job satisfaction from intrinsic motivators, while higher pay levels could only lower job dissatisfaction. The findings also agreed with earlier research in that job satisfaction is multidimensional, involving many factors.

Savery (1989) proposed that training/education in hospitals would serve as a motivator for nurses by allowing nurses to be major contributors to medical teams, to feel a sense of achievement, and to come into contact with more challenging and more interesting work.

Arygris's (1966) findings suggested that good personal relationships with co-workers leads to good working relationships. Savery (1989), expanding upon Arygris's findings, emphasized that group effort has

always been important in hospitals and is becoming even more so due to the rapid expansion of technology.

Hipwell, Tyler, and Wilson (1989) have done extensive research on nurses in hospital environments. Among other findings, they reported on the effects of professional opportunities for nurses. Demographic data showed that nurse status was higher on specialized units and that the numbers and types of courses completed by those nurses were greater than the nonspecialized nurses. Also, nurses on specialized units tended to stay longer on their jobs than did nurses on non-specialized units. These findings support other research in that nurses desire some level of status and educational support in their jobs.

Johnston (1988) conducted a study in which British nurses listed flexible working hours, help with child care, and greater sensitivity to the dual roles of mother and professional as important.

Kramer and Hafner (1989) performed a nationwide study in the United States on the extent of shared values among staff nurses and certain nursing management personnel. A sample of staff nurses from 24 hospitals responded on a Likert scale to various work value items. Head nurses, clinical specialists, and top managers in the same hospitals also responded to the questionnaire.

What was indicated as most important by the staff nurses themselves was significantly different from what the other nursing groups indicated would be important to the staff nurses. The staff nurses indicated the following items as more important than the other groups of nurses: (a) working with competent nurses, (b) total patient care type of assignment, (c) not having to float, (d) working on highly specialized unit, (e) supportive supervisory staff, (f) flexible or modified work schedules, (g) public acknowledgement of contributions nurses make to patient care, and (h) self-governance in making out work schedules.

Related Research on Hospitals

Some researchers have studied hospitals that have proven to be successful at nurse retention and reduction of nurse turnover rates. Mallison (1989) described a report from the Inspector General, Department of Health and Human Services, in which 13 hospitals were singled out for outstanding achievement in reducing nurse turnover and vacancy rates. Three common factors that all facilities shared included management commitment to nurses, strong nursing leadership, and competitive salaries and benefits. Some hospitals employed various recognition techniques; others developed no-float policies for some units; still others raised salaries or

responded positively to the overall needs of their nurses.

Certain facilities have been identified in the literature as "magnet hospitals"-those that successfully attract and retain nurses. Kramer and Schmalenberg (1991) compared magnet and non-magnet hospitals by distributing questionnaires to nurses from both types of facilities. Respondents were asked to rate five given aspects of the job in the order of importance to job satisfaction and to rate their level of satisfaction with each aspect. A second part of the questionnaire asked the nurses to describe their image of the nurse and their perceptions of the employing hospital's image of the nurse. Nurses from both groups (from magnet and non-magnet hospitals) rated the five aspects in the following order of importance:

1. Organizational structure (staffing, salary, work schedules, fringe benefits, support services, environment, staffing mix)
2. Professional practice (relationships with doctors and other professionals, amount of job-related independence, nursing care delivery systems, opportunity for specialization, perception of the importance and significance of nursing)

3. Management style (the way in which the organization and nursing department was run-style, climate, milieu, participative management, visibility, and accessibility of leaders)
4. Quality of leadership (attributes and qualities of leader behavior, such as administrative support, responsiveness and expectations of leaders, quality of nurse managers, formal and informal interaction opportunities)
5. Professional development (orientation, staff development, formal education opportunities for career development) (Kramer & Schmalenberg, 1991, p. 51).

Magnet hospital nurses showed higher levels of job satisfaction with all the above aspects than did nurses from non-magnet hospitals.

Kramer and Schmalenberg (1991) included a new approach to their study. Five images of the nurse were included on the questionnaire. The images were as follows: (a) bureaucratic employee, (b) humanitarian/dedicated worker, (c) clerk/white-collar worker, (d) physician handmaiden, and (e) knowledgeable professional. Most nurses from both groups of magnet and

non-magnet hospitals saw themselves as knowledgeable professionals (69% and 68%). The hospitals' image as perceived by the nurses, was a different picture altogether. Of the magnet hospital nurses, 42% reported that they perceived the hospital as seeing the nurse as a knowledgeable professional, 25% reported a perception of humanitarian worker and 12% reported a perception of bureaucratic employee. Among the non-magnet hospital nurses, 28% reported their hospitals saw the nurse as a humanitarian worker, 21% reported a perception of bureaucratic employee, 20% reported a perception of knowledgeable professional. Those nurses who indicated their hospitals saw nurses as knowledgeable professionals or even as humanitarian workers tended to have greater job satisfaction. Those nurses who reported their hospitals viewed nurses as bureaucratic employees, physician's handmaidens, or clerk/white-collar workers tended to be very dissatisfied. The findings suggested that nurses' job satisfaction was strongly influenced by the perceived hospital's image of the nurse.

Summary of Literature Review

The literature review revealed some commonalities among the various studies. Recurring factors associated with nurses' job satisfaction are: (a) extrinsic rewards (salary, benefits, working conditions),

(b) control and responsibility, (c) the interrelationships of co-workers, (d) the availability of professional opportunities, (e) praise and recognition, (f) appropriate work schedules, (g) family/work balance, and (h) social interaction with co-workers.

Chapter III

Methodology

This chapter details the description of subjects, the selection process, instrumentation, and data analysis for the study. Research was conducted to assess levels of job satisfaction of a random sample of registered staff nurses employed in four area hospitals and relate the data to predetermined demographic variables.

- Subjects

The research population includes all full time registered staff nurses employed in four area hospitals at the time of the study: a 294-bed community, non-profit hospital which employed 200 RNs; a 122-bed specialty, non-profit facility which employed 230 RNs; a 575-bed private, non-profit medical center which employed 330 RNs; and a 625-bed state-supported, non-profit, level 1 care facility which employed 960 RNs. A sampling of five hundred staff nurses was randomly selected from the four facilities.

-Instrumentation

The core instrument used in this study was the McCloskey/Mueller Satisfaction Scale (MMSS), a 31-item questionnaire designed to measure satisfaction of hospital staff nurses using a five-point Likert scale (see appendix A). The thirty-one items capture 8 types

of satisfaction on subscales categorized as:

(a) satisfaction with extrinsic rewards, (b) scheduling, (c) family/work balance, (d) co-workers, (e) interaction, (f) professional opportunities, (g) praise/recognition, and (h) control/responsibility. The scale items were constructed and categorized as either safety rewards (potential against dangerous threat), social rewards (need to belong), or psychological rewards (autonomy, responsibility, recognition, and appreciation) based on the theories of Maslow and Burns. For purposes of this study, overall job satisfaction of the staff nurses will be determined using all eight of the scales combined. Special permission has been obtained to use the instrument in this study (see appendix B).

Mueller and McCloskey (1990) described the 4-step validation process used to develop the instrument. Chronbach alphas for each of the eight subscales range .52 to .84. The alpha for the global scale is .89. Smaller alphas belong to subscales with fewer items. Test-retest correlations between measurements taken at 6 months on the job and at 12 months were consistently at the same level or lower than the alphas. This result was expected as comparisons between a six-months period reflect actual change as well as consistency. Construct validity was assessed by factor analysis in the creation

of the eight subscales. Moderate positive correlations were found for all expected relationships. Subscales were then correlated with the Brayfield-Rothe general job satisfaction scale and with subscales from the Hackman and Oldham's Job Diagnostic Survey (JDS). Correlation of the overall scale with the Brayfield-Rothe was .41 and with the JDS the general dimension was .56. These correlations indicate that the MMSS may be a more valid measure of nursing satisfaction when compared with scales not specifically designed for nurses.

The researcher has used the MMSS and has added personal data to the instrument to provide demographics of age, marital status, nursing unit, perceived hospital image of the nurse as described in Kramer and Schmalenberg's study (1991), and whether the respondent is a primary care giver of dependents outside the work - setting. Primary care givers include those responsible for the care of elderly relatives, children, or any similar situation in which the respondent is involved in the care of significant others outside the work setting. The survey questionnaire was reduced into a booklet form on one legal size sheet (see Appendix C). Demographics are drawn from the literature review as follows: (a) research from Savery (1989) and Gibson and Kline (1970) showed variances in age related to job satisfaction;

(b) Crosby (1982) noted differences in job satisfaction between single and married female workers; (c) Hipwell et. al. (1989) showed nurses employed in specialty areas had higher status and completed more educational courses than those nurses who were not employed in specialty areas; (d) Johnston (1988) reported on the needs of nurses with children for flexible hours and child care provision. For purposes of this study, primary care givers, as defined earlier, would have similar needs as nurses with children in Johnston's study, for flexibility in scheduling. Age categories are adopted from the age categories used by Gibson and Klein (1970).

Materials and Procedure

A cover letter to all participants explained the study and assured anonymity of respondents (see Appendix D). A letter to the administrative staff of the participating hospitals described the research project and solicited written permission to conduct the study (see Appendix E).

Cooperation from each hospital was obtained through meetings arranged by the researcher with institutional review boards (IRBs) and/or key administrative personnel. A roster of all staff RNs employed at each hospital was requested from each hospital in order to do the random sampling technique. The 122-bed specialty facility

declined to provide this information. Instead, an administrative representative agreed to randomly pull time cards of the staff RNs who would be sent questionnaires. It was decided that 75 questionnaires would be distributed to this hospital. This particular facility's IRB also requested minor change of the instrument in relation to the cover picture of the booklet in order to more accurately represent all nurses. The above changes in planned procedure were approved by this researcher's committee chairman.

Random sampling technique was used by placing all names of remaining nurses from the other three hospitals separately and anonymously into a box. Names of 325 nurses were drawn by the researcher and two volunteer assistants. Questionnaires were color-coded for the four hospitals. Besides the 75 questionnaires sent to the 122 bed specialty facility, the questionnaires were distributed as follows: 108 to the 575-bed private facility, 47 to the 294 bed community facility, and 270 to the 625-bed state-supported level 1 facility. The questionnaires were part of questionnaire packets which were hand-carried to various contact persons, who then distributed the packets to the subjects. Each questionnaire packet included a copy of the cover letter the instrument, and an envelope for the return of the

answered questionnaire to the researcher. The two smaller facilities provided a collection person who held the returned questionnaires, and the researcher retrieved the questionnaires at a later date. For the two larger facilities, a self-addressed, stamped envelope was enclosed in the packets for the respondents to mail their questionnaires to the researcher's home address.

Initially, the return rate was 53.4% (267 out of 500). Follow-up efforts were conducted by the researcher in the form of phone calls to key contact persons at the four hospitals. This follow-up resulted in an additional 15 questionnaires, all but one of which was from the large state-supported facility. The large 575-bed private hospital yielded the single other answered questionnaire. The final return totaled 282 out of 500, or 56.4% of the original questionnaires.

Data Analysis

Comparison analysis was computed using the Statistical Analysis Software (SAS) System on the University of Tennessee VAX account. A general linear models (GLM) procedure was utilized. Initially, the Ryan-Einot-Gabriel-Welsch Multiple Range Test was used on all main effect means. Results of this test led the researcher and the statistical assistant to apply a second test-Tukey's Studentized Range Test (HSD). The

data are presented in total in Chapter IV.

Chapter IV

Analysis of Data and Results

Participants

Of the 500 questionnaires distributed to four hospitals, a total of 282 answered questionnaires were submitted to the researcher, a 56.4% return. Table 1 represents an overview of responses.

Table 1
Distribution of Questionnaires

Hospitals	# Distributed	# Returned	Percentage Returned
575-bed	108	47	43.5%
294-bed	47	28	59.6%
625-bed	270	175	64.8%
122-bed	75	33	44%

The tabulations of scores in the following tables do not reflect the total numbers of returned questionnaires, as some participants failed to answer the demographic data or responded with two answers, which rendered the data unacceptable for analysis.

Statistical Analysis

Initially, the data were analyzed using the Ryan-Einot-Gabriel-Welsch Multiple Range Test. Mean MMSS scores of respondents were first compared for differences among hospitals, then for the other variables of status as primary care-giver, age, marital status, nursing unit, and the subjects' perception of how the hospital views nurses. Differences were significant at

the .05 level. This analysis showed significant differences among the variables of age, nursing unit, and hospital's view of the nurse, but no significant differences for variables of marital status, primary care-giver status, or among hospitals. However, there was some difference detected between the mean scores of primary care-giver status to the extent that the researcher and the statistical assistant decided jointly to reanalyze the data using another GLM procedure on SAS, applying Tukey's Studentized Range Test (HSD). The findings from the reanalyzed data were essentially the same as for the previous analysis, except the HSD showed a significant difference between the means of primary care-giver and non-primary care-giver status. Both statistical analyses control for the type I experimentwise error rate. Detailed findings are discussed below.

The Ryan-Einot-Gabriel-Welsch Test showed differences among the scores of age categories in that respondents in age group 5 (50 or older) had a significantly higher mean MMSS score than those in age group 3 (30-39). (Refer to Table 2.) The HSD showed that age group 5 also had a significantly higher mean MMSS score than groups 2 (25-29) and 4 (40-49) as well. (Refer to Table 3.) In addition, the HSD showed that age

Table 2

Ryan-Einot-Gabriel-Welsch Multiple Range Test

(Note: means with the same letter are not significantly different)

Demographic Variables			Mean Scores	N
Age Groups				
(5) 50 or >	A		109.607	28
(1) 24 or <	B	A	105.188	16
(4) 40-49	B	A	98.183	71
(2) 25-29	B	A	95.364	33
(3) 30-39	B		93.357	129

Mean of Group 5 is significantly > than Mean of Group 3

Unit				
5 (outpatient settings)	A		122.200	5
1 (standard patient units)	B		100.627	67
4 (surgery suite)	B		96.027	37
2 (specialty units)	B		95.363	113
3 (maternity/pediatrics)	B		95.130	54

Mean of Group 5 is significantly > Groups 1, 2, 3, and 4

Perceived View of the Nurse

5 (knowledgeable professional)	A		105.687	83
2 (humanitarian/dedicated worker)	B	A	97.717	46
1 (bureaucratic employee)	B		92.612	67
3 (clerk/white collar worker)	B		90.931	29
4 (physician's handmaiden)	B		87.656	32

Mean of Group 5 is significantly > Groups 1, 3, and 4

Primary Care-Giver Status

2 (non-primary care-giver)	A		99.893	122
1 (primary care-giver)	A		95.092	152

Table 3

Tukey's Studentized Range Test (HSD)

Age Comparisons

(Note: comparisons significant at the 0.05 level are indicated by ***)

Age Groups	Difference Between Means	
group 5-group 1	4.420	
group 5-group 4	11.424	***
group 5-group 2	14.244	***
group 5-group 3	16.251	***
group 1-group 5	-4.420	
group 1-group 4	7.004	
group 1-group 2	9.824	
group 1-group 3	11.831	***
group 4-group 5	-11.424	***
group 4-group 1	-7.004	
group 4-group 2	2.819	
group 4-group 3	4.827	
group 2-group 5	-14.244	***
group 2-group 1	-9.824	
group 2-group 4	-2.819	
group 2-group 3	2.007	
group 3-group 5	-16.251	***
group 3-group 1	-11.831	***
group 3-group 4	-4.827	
group 3-group 2	-2.007	

Key to Age Groups:

1=24 or <

2=25-29

3=30-39

4=40-49

5=50 or >

group 1 (24 or younger) had a significantly higher mean MMSS score than age group 3 (30-39).

For the variable of primary care-giver status, the HSD showed that respondents who indicated they were not primary care-givers had a significantly higher mean score than those respondents who indicated that they were primary care-givers. (See Table 4.)

For groupings of hospital units where respondents worked, group 5 (outpatient settings) had a significantly higher mean score than all other classifications of work settings. Both tests revealed these findings. (Refer to Tables 2 and 5.)

In regard to the hospital's view of the nurse, the findings indicated that respondents who perceived their hospital's view of the nurse as a knowledgeable professional (category 5) had a significantly higher mean score than the means of groups 1, 3, or 4. Group 2 (humanitarian/dedicated worker) showed a lower mean score than Group 5, but not at a significantly different level. (See Tables 2 and 6.)

Table 4

Tukey's Studentized Range Test (HSD)
 Comparison of Primary Care-Giver Status
 (Note: comparisons significant at the 0.05 level are
 indicated by ***)

Primary Care-Giver Status	Difference Between Means	
group 1-group 2	-4.801	***
group 2-group 1	4.801	***

Key to Primary Care-Giver Status:
 group 1=Primary Care-Givers
 group 2=Non-Primary-Care-Givers

Table 5

**Tukey's Studentized Range Test (HSD)
Unit Comparisons**

(Note: comparisons significant at the 0.05 level are indicated by ***)

Unit Groups	Difference Between Means	
group 5-group 1	21.573	***
group 5-group 4	26.173	***
group 5-group 2	26.837	***
group 5-group 3	27.070	***
group 1-group 5	-21.573	***
group 1-group 4	4.600	
group 1-group 2	5.264	
group 1-group 3	5.497	
group 4-group 5	-26.173	***
group 4-group 1	-4.600	
group 4-group 2	0.664	
group 4-group 3	0.897	
group 2-group 5	-26.837	***
group 2-group 1	-5.264	
group 2-group 4	-0.664	
group 2-group 3	0.223	
group 3-group 5	-27.070	***
group 3-group 1	-5.497	
group 3-group 4	-0.897	
group 3-group 2	-0.233	

Key to Unit Groups:

group 1=Standard Patient Care Units (Medical/Surgical)
group 2=Specialty Units (Coronary Care, Intensive Care)
group 3=Maternity/Pediatric Units
group 4=Surgery Suite
group 5=Outpatient Settings (Clinics, Home Health, etc.)

Table 6

Tukey's Studentized Range Test (HSD)

Hospital's View of Nurse Comparisons

(Note: comparisons significant at the 0.05 level are indicated by ***)

Groups of Views	Difference Between Means	
group 5-group 2	7.969	
group 5-group 1	13.075	***
group 5-group 3	14.756	***
group 5-group 4	18.030	***
group 2-group 5	-7.969	
group 2-group 1	5.105	
group 2-group 3	6.786	
group 2-group 4	10.061	
group 1-group 5	-13.075	***
group 1-group 2	-5.105	
group 1-group 3	1.681	
group 1-group 4	4.956	
group 3-group 5	-14.756	***
group 3-group 2	-6.786	
group 3-group 1	-1.681	
group 3-group 4	3.275	
group 4-group 5	-18.030	***
group 4-group 2	-10.061	
group 4-group 1	-4.956	
group 4-group 3	-3.275	

Key to Hospitals' Views of Nurse:

group 1=Bureaucratic Employee
 group 2=Humanitarian/Dedicated Worker
 group 3=Clerk/White Collar Worker
 group 4=Physician's Handmaiden
 group 5=Knowledgeable Professional

Chapter V

Summary, Conclusions, and Recommendations

Summary

The purpose of this study was to assess job satisfaction scores on a random sampling of 500 registered staff nurses employed in four different East Tennessee hospitals. These scores were compared among the hospitals and to five other demographic variables added to the original instrument, the McCloskey Mueller Satisfaction Scale (MMSS). The five other variables included: (a) five different age groupings, (b) marital status, (c) hospital unit where employed, (d) perceived view of employing hospital's image of the nurse, and (e) status of primary care-giver of dependent individuals outside the work setting.

Five hundred questionnaires were distributed to full time staff nurses employed at four East Tennessee hospitals. Initial return totaled 267. Telephone follow-up with contact persons at each facility yielded another fifteen answered questionnaires. Comparative analysis was computed on all main effect means using the Ryan-Einot-Gabriel-Welsch Multiple F Test. Noticeable differences between the means of primary care-giver status were not found to be significant, thereby prompting a reanalysis of data using Tukey's

Studentized Range Test (HSD), which did detect a significant difference for this variable, but essentially the same results for other variables.

Conclusions

Data collection and analysis of 282 job satisfaction questionnaires distributed to a random sampling of registered staff nurses forms the basis of the findings in this study. The following null hypotheses were rejected at the 0.05 level of significance:

1. The overall level of job satisfaction of respondents will show no relationship to the age of the respondents.
2. The overall level of job satisfaction of respondents will show no relationship to the nursing unit of respondents.
3. The overall level of job satisfaction of respondents will show no relationship to the respondents' perception of the employing hospital's image of the nurse.
4. The overall level of job satisfaction of respondents will show no relationship to the primary care-giver status of respondents.

In addition, the following null hypotheses were not rejected at the 0.05 level of significance:

1. The overall level of job satisfaction of

respondents will show no relationship to the marital status of respondents.

2. The overall level of job satisfaction of respondents will show no relationship to the type hospital in which the respondents work.

Discussions and Implications

Even though clear directions were included on the questionnaires, a few respondents did not answer the demographic data on the back, or answered with two different responses instead of only one. These data were, therefore, not useful and were rejected in the data analysis. Follow-up efforts to increase the total response rate for this study was difficult in that the researcher was dependent on contact persons at the four hospitals, who may or may not have encouraged completion and return of questionnaires as requested. As a result, response rate was 56.4%.

Some observations can be made when one assesses the variables that showed significant differences. The researcher noted some similarities when findings were compared to some previous research.

The differences shown in job satisfaction scores for age groupings were similar to Gibson and Klein's (1970) findings that satisfaction tends to increase with age. The mean score of the oldest age group was highest and

significantly higher than the mean of the 30-39 age group. The lowest mean score was that of age group 30-39, and the next lowest mean was age group 25-29.

The significantly higher mean score of the respondents working in outpatient settings could have some relationship to scheduling as these areas are usually not staffed on weekends and holidays, an obvious difference from the other settings. Schedules were shown to be important factors reported by Barigar and Sheafor (1990), Service (1989), Kramer and Hafner (1989), Johnston (1988), and Kramer and Schmalenberg (1991). On the other hand, respondents working in specialty units did not show a high mean score. Instead, the mean was near the lowest of the mean scores for this variable, which was incongruent with Hipwell, Tyler, and Wilson (1989) who suggested that nurses' job satisfaction in specialized areas may be higher than nurses' job satisfaction in non-specialized areas in that the former tended to stay longer on their jobs than did the other nurses. The mean score of respondents who perceived their hospital's view of the nurse as one of knowledgeable professional was significantly higher than the mean of all other groups except the humanitarian/dedicated worker, which was higher than the remaining groups, but not significantly so. These

findings were congruent with Kramer and Schmalebery (1991) in that the nurses who were in these two groups tended to show greater job satisfaction as indicated by their mean scores.

Lastly, respondents who were categorized as primary care-givers of significant others outside the work setting had a lower mean score than those nurses who indicated they were not primary care-givers. Tukey's Studentized Range Test detected the difference as a significant one. One may also consider that the lowest mean scores for age groups were for those nurses in the main childbearing and childrearing years (ages 25-39).

— Recommendations

In light of this present study's findings, and in light of the current changes in health care, the following recommendations are made for further research:

1. As health care today is in a major state of flux, research should continue to monitor nurses' job satisfaction, retention, and recruitment. These issues have been linked to cost containment which has been a continuing problem in the health care industry.
2. Currently, professional RN nursing schools are overwhelmed with applicants. Recent reports indicate hospitals in the United States,

particularly the northern regions, are eliminating RN positions, but hiring more licensed practical nurses instead. Research should be directed toward current job market demands for RNs in order to avoid the possibility of excessive numbers of unemployed RNs in the future.

3. The need to deliver quality, affordable health care requires research to discover the most efficient ways to utilize RNs. As care is rapidly shifting to outpatient and home health settings, nurses may find themselves in different, and possibly more satisfying roles. Further research is needed to verify the affects of such changes on nurses' job satisfaction.

Researchers involved in assessing the nursing profession face some drastic changes in government policy which will directly ffect the entire health care field. Such changes open many areas in need of research. As with all changes, opportunities exist for emerging benefits for the nursing profession, as well as for negative consequences. This study has assessed some job satisfaction scores among four hospitals and compared the results with demographics.

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APPENDICES

Appendix A

McCloskey/Mueller Satisfaction Scale (MMSS)

Copyright 1989

How satisfied are you with the following aspects of your current job?

Please circle the number that applies.

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
1. salary	5	4	3	2	1
2. vacation	5	4	3	2	1
3. benefits package (insurance, retirement)	5	4	3	2	1
4. hours that you work	5	4	3	2	1
5. flexibility in scheduling your hours	5	4	3	2	1
6. opportunity to work straight days	5	4	3	2	1
7. opportunity for part-time work	5	4	3	2	1
8. weekends off per month	5	4	3	2	1
9. flexibility in scheduling your weekends off	5	4	3	2	1
10. compensation for working weekends	5	4	3	2	1
11. maternity leave time	5	4	3	2	1
12. child care facilities	5	4	3	2	1
13. your immediate supervisor	5	4	3	2	1
14. your nursing peers	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
15. the physicians you work with	5	4	3	2	1
16. the delivery of care method used on your unit (e.g. functional, team, primary)	5	4	3	2	1
17. opportunities for social contact at work	5	4	3	2	1
18. opportunities for social contact with your colleagues after work	5	4	3	2	1
19. opportunities to interact professionally with other disciplines	5	4	3	2	1
20. opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
21. opportunities to belong to department and institutional committees	5	4	3	2	1
22. control over what goes on in your work setting	5	4	3	2	1
23. opportunities for career advancement	5	4	3	2	1
24. recognition for your work from superiors	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
25. recognition of your work from peers	5	4	3	2	1
26. amount of encouragement and positive feedback	5	4	3	2	1
27. opportunities to participate in nursing research	5	4	3	2	1
28. opportunities to write and publish	5	4	3	2	1
29. your amount of responsibility	5	4	3	2	1
30. your control over work conditions	5	4	3	2	1
31. your partici- pation in organizational decision making	5	4	3	2	1

Appendix B

Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction

Scale (MMSS) to Sandra K. Benson for the purpose as
(name)

stated in the request dated 3/26/91.

The instrument may be reproduced in a quantity appropriate for this
project.

Signed:

Joanne McCloskey
Joanne McCloskey

Date: 4/8/91

Appendix C

NURSES' JOB SATISFACTION SURVEY

The purpose of this study is to obtain information about factors that affect nurses' job satisfaction. Your responses will be kept strictly confidential and your name is not required on this form. It is important for you to answer each item as truthfully as possible.



McCloskey/Mueller Satisfaction Scale (MMSS)

Copyright 1989

How satisfied are you with the following aspects of your current job?

Please circle the appropriate number.

	Very Satisfied	Moderately Satisfied	Neither Satisfied Nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
	5	4	3	2	1
1. salary				5	4 3 2 1
2. vacation				5	4 3 2 1
3. benefits package (insurance, retirement)				5	4 3 2 1
4. hours that you work				5	4 3 2 1
5. flexibility in scheduling your hours				5	4 3 2 1
6. opportunity to work straight days				5	4 3 2 1
7. opportunity for part-time work				5	4 3 2 1
8. weekends off per month				5	4 3 2 1
9. flexibility in scheduling your weekends off				5	4 3 2 1
10. compensation for working weekends				5	4 3 2 1
11. maternity leave time				5	4 3 2 1
12. child care facilities				5	4 3 2 1
13. your immediate supervisor				5	4 3 2 1
14. your nursing peers				5	4 3 2 1
15. the physicians you work with				5	4 3 2 1
16. the delivery of care method used on your unit (e. g. functional, team, primary)				5	4 3 2 1
17. opportunities for social contact at work				5	4 3 2 1
18. opportunities for social contact with your colleagues after work				5	4 3 2 1
19. opportunities to interact professionally with other disciplines				5	4 3 2 1

	Very Satisfied	Moderately Satisfied	Neither Satisfied Nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
	5	4	3	2	1
20. opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
21. opportunities to belong to department and institutional committees	5	4	3	2	1
22. control over what goes on in your work setting	5	4	3	2	1
23. opportunities for career advancement	5	4	3	2	1
24. recognition for your work from superiors	5	4	3	2	1
25. recognition of your work from peers	5	4	3	2	1
26. amount of encouragement and positive feedback	5	4	3	2	1
27. opportunities to participate in nursing research	5	4	3	2	1
28. opportunities to write and publish	5	4	3	2	1
29. your amount of responsibility	5	4	3	2	1
30. your control over work conditions	5	4	3	2	1
31. your participation in organizational decision making	5	4	3	2	1

(OVER PLEASE)

BACKGROUND INFORMATION

Place an X by one item from each category. Thank you for your cooperation.

Age:

- ☐ 24 or less
- ☐ 25-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50 or more

Marital Status:

- ☐ Married
- ☐ Unmarried

Primary care-giver of dependents outside the work setting:

- ☐ yes
- ☐ no

Nursing Unit:

- ☐ Standard Patient Care Unit (Medical, Surgical, etc.)
- ☐ Specialty Unit (Coronary care, Intensive Care, etc.)
- ☐ Maternity/Pediatric Unit
- ☐ Surgery Suite
- ☐ Outpatient Settings (Clinics, GI Lab, Home Health etc.)

Which one of the following categories best describes your hospital's view of the RN staff nurse?

- ☐ Bureaucratic Employee
- ☐ Humanitarian/Dedicated worker
- ☐ Clerk/White Collar Worker
- ☐ Physicians' Handmaiden
- ☐ Knowledgeable Professional

Appendix D
Cover Letter

Dear Fellow Registered Nurse:

Please help me with my research study. I am a registered nurse currently working on my master's degree at the University of Tennessee. Your hospital has granted me permission to survey registered nurses for my thesis on nurses' job satisfaction. Scoring will be done by computer for research purposes only and participation is voluntary. These questionnaires are anonymous. There is no risk involved as the questionnaires will be placed in sealed envelopes and I am the only party with access to them. Your hospital and you could benefit from knowledge of aspects of job satisfaction so that possible improvements could enhance recruitment and retention. You have been randomly selected and your input is very important for my study. There is no cost involved and no penalty if you refuse to participate. If there are any questions you may call me Wednesday through Friday 11:00 AM to 7:30 PM at 982-7000 EXT 2592 or 2593.

Please assist me by completing the attached questionnaire and returning it to me by way of the enclosed self-addressed stamped envelope. Completion of the questionnaire indicates consent to participation in the study. Thank you for your time.

Sincerely,

Sandra Benson

Appendix E

Dear Vice-President of Nursing:

As a master's level graduate student at the University of Tennessee, I wish to conduct a study in your facility on the job satisfaction of staff RNs. I am seeking written approval and permission to conduct my research on a sampling of RNs from your facility. Enclosed is a copy of the questionnaire to be distributed, and an explanation what it proposes to measure. Should you agree to allow my study to be conducted at your facility, I would request written permission on your hospital letterhead. In addition, I request a roster of names of all staff RNs for the sole purpose of random selection of an unbiased sampling for my questionnaire. All participants will be anonymous and the list will be destroyed after the sampling is selected.

Thank you for your cooperation and attention to this matter.

Sincerely,

Sandra Benson

Appendix F

JAMES N. PROFFITT, M.D.
PRESIDENT OF THE BOARD

JOSEPH M. DAWSON
ADMINISTRATOR



BLOUNT MEMORIAL HOSPITAL

MEDICAL STAFF

LEWIS C. BOMMERSVILLE, M.D.
CHIEF OF STAFF

SAMUEL D. EVANS, M.D.
VICE CHIEF OF STAFF

J. BRYAN SMALLEY, M.D.
IMMEDIATE PAST CHIEF OF STAFF

MARYE L. McCROSKEY, M.D.
SECRETARY

July 24, 1992

Sandra Benson
4327 East Lamar Alexander Parkway
Walland, Tennessee 37886

Dear Sandra,

I am in receipt of your letter dated July 17, 1992. I will support you conducting a study on job satisfaction of registered nurses and I will provide the list that you requested.

Staff nurses at Blount Memorial Hospital have participated in studies much like yours in the past. In fact, we participated in the Neathawk study in 1988.

When you finalize your study, I would appreciate a copy to share with the staff and also to compare your study with the 1988 study to see if there are any significant changes.

If I can be of further assistance, please call.

Sincerely,

Joan Jackson
Assistant Administrator

JJ:alc

Enclosures

Appendix G

THE UNIVERSITY OF TENNESSEE
MEDICAL CENTER AT KNOXVILLE



- University Memorial Hospital
- Graduate School of Medicine

Office of Institutional Review Board
1924 Alcoa Highway
Knoxville 37920-6999
(615) 544-9781

November 17, 1992

Sandra Benson, R.N.
Department of Nursing
University of Tennessee Medical Center
at Knoxville
1924 Alcoa Highway
Knoxville, Tennessee 37920

RE: Protocol #0332 "Job Satisfaction of Registered Staff Nurses Employed in Four Area Hospitals"

Dear Ms. Benson:

Your research study entitled "Job Satisfaction of Registered Staff Nurses Employed in Four Area Hospitals" has been administratively reviewed and approved.

Your research application will be reviewed in one year, and you are reminded that you have individual responsibility for reporting to the committee in the event of any adverse reactions of the study.

We appreciate your informing us of this project.

Sincerely,

Joseph E. Fuhr, Ph.D.
Chairman, Institutional Review Board

JEF/tll

Appendix H

November 10, 1992

Ms. Sandra Benson
4327 E. Lamar Alexander Parkway
Walland, TN 37886

Dear Ms. Benson:

I am pleased to inform you that the Quality Assurance Council has approved your request to conduct research at Fort Sanders Regional Medical Center, as stated in your application. We look forward to working with you and obtaining valuable information as a result of your endeavors.

Thank you for selecting Fort Sanders to participate in this study. If I can be of further assistance, please contact me at 541-1681.

Sincerely,



Anné W. Lawrence, Chair
Quality Assurance Council

AWL/bkn



**FORT
SANDERS
REGIONAL
MEDICAL
CENTER**

1901 Clinch Avenue
Knoxville, TN 37916

615/541-1111

The Fort Sanders
Health System:

Fort Sanders Alliance

Fort Sanders Loudon
Medical Center

Fort Sanders Parkwest
Medical Center

Fort Sanders Regional
Medical Center

Fort Sanders Sevier
Medical Center

Fort Sanders West

Patricia Neal
Rehabilitation Center

Thompson Cancer
Survival Center

Founding Member VHA
Voluntary Hospitals
of America



Appendix I

TENNESSEE CHILDREN'S HOSPITAL

December 9, 1992

Ms. Sandra Benson
4327 East Lamar Alexander Parkway
Walland, Tennessee 37886

RE: Job Satisfaction of Registered Staff Nurses Employed
in Four Area Hospitals

Dear Ms. Benson:

As Chairman of the Institutional Review Board (IRB) of East Tennessee Children's Hospital, I am pleased to inform you that the referenced protocol has been approved, contingent upon the inclusion of the following statement in your cover letter:

.I understand that completing and returning this letter constitutes my agreement to participate in this study.

Also, it was suggested that the picture on "Appendix C - Nurses' Job Satisfaction Survey" be omitted, and that the word "one" be inserted in the following statement on the "Background Information" sheet:

Which (one) of the following categories best describes your hospital's view of the RN staff nurse?

Should you have any questions regarding the above, please do not hesitate to call me at 541-8141.

Sincerely,

Louden Nalle, M.D.
Chairman, IRB

LN/csh

VITA

Sandra Kay Brittain Benson was born in Toluca, North Carolina, on December 23, 1953. She graduated from East Lincoln High School in Denver, North Carolina, in 1972. In 1976 she received a Bachelor of Science degree in Nursing from the University of North Carolina at Charlotte, North Carolina.

She is currently employed by Blount Memorial Hospital in Maryville, Tennessee. She serves as an occupational health nurse through the Share Program and as an instructor in the hospital's practical nursing program.

Mrs. Benson has published as a contributor to Saunders Review of Practical Nursing for NCLEX-PN 2nd Edition. She served in the United States Air Force Nurse Corps from 1977 to 1981.

Mrs. Benson was awarded the Master of Science degree in Technological and Adult Education in May 1994.