

JOB SATISFACTION OF NURSES COMPARED WITH PATIENTS'  
SATISFACTION WITH THEIR CARE

by

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## ABSTRACT

A descriptive study was conducted to determine if any similarities or differences existed between staff nurses and intensive care nurses with respect to their job satisfaction, as indexed by the revised Job Satisfaction Scale. Patient satisfaction with nursing care, as indexed by the Scale of Patient Satisfaction with Nursing Care, was assessed and compared with the nurses to determine if any trends existed to describe any relationship between patient satisfaction with nursing care and job satisfaction of nurses.

Twenty nurses and 20 patients comprised the sample. Three of the nurses, one staff and two intensive care nurses were found to be dissatisfied with their highest ranked dimension of job satisfaction. The staff nurse and one intensive care nurse chose "interest in the job" as the most important to them; the other intensive care nurse chose "enjoyment of the job" as the most important dimension. Both groups of nurse subjects were dissatisfied with the dimension, "time to complete the job."

Intensive care nurses were found to be dissatisfied with the item on their scale that dealt with the number of staff that they had to supervise. That is, they felt that they had too many staff members to supervise at any one time.

No significant differences were found between the job satisfaction of the nurses and the patients' satisfaction with their care.

## CHAPTER 1

### INTRODUCTION

The literature on the motivation to work reveals that absenteeism, turnover rate, and performance are dependent upon job satisfaction. Research in industry and nursing has consistently found an inverse relationship between satisfaction and turnover and/or absenteeism (Slocum, Susman and Sheridan 1972). Despite this, no conclusive evidence exists regarding the direct relationship between job satisfaction and performance.

In any organization, a high rate of turnover among nurses results in a constant inward movement of inexperienced personnel. The orientation time required for nurses to reach peak efficiency (if they can be recruited) reduces the quality of patient care/performance of each individual nurse (White and Maguire 1973). Absenteeism and the unavailability of adequate replacements compound the problem and contribute to a decrease in the general performance of the remaining group of nurses.

The cost of recruiting and orienting new nursing personnel is astronomical; in 1974 the cost for replacement of nurses who left or changed hospital jobs was estimated at \$20 million (McCloskey 1974). The cost can only be interpreted as promoting the soaring cost of health care.

The quality of a patient's care, and hence, outcome depends greatly upon the nurses providing that care; the effectiveness of the latter is a function of their psychological state no less than of their technical expertise (Hay and Oken 1972). The cost to the psychological state of the dissatisfied nurse is produced by not only the cost of changing jobs and/or missing work (if such is the response), but also, the decrease in morale experienced during the dissatisfying employment (Cronin-Stubbs 1977). In addition, the data support the hypothesis that individuals who "strive without joy" are higher risks for coronary artery disease; and thus, lose more than morale and wages (Wolf 1961; Selye 1976).

As the quality of a patient's care decreases his satisfaction with that care may decrease. According to Donabedian (1966), the patient and the provider of health care services may differ significantly in their perceptions of what quality care is and to what extent it is present. Thus, the patient's perceptions of his care must be assessed to assure that quality care has been delivered.

Job dissatisfaction has been suggested to have some relationship to tardiness, accidents, and theft. Conclusive evidence is lacking in support of these allegations (Imparato 1972).

Nurses differ from other types of workers with respect to identified components of job satisfaction and the relative importance that they give to different components of job satisfaction (Cronin-Stubbs 1977). The literature supports the concept that nurses with

specific personality traits seek specific and differing areas in which to work (Lentz and Michaels 1959; Narvon and Stauffacher 1958; Bilodeau 1973; Reichel 1975).

If one can say that different nurses with different personality traits seek different areas in which to work, it is possible that these nurses would identify different factors as contributing most to their job satisfaction. If these needs/factors are not met, one may see a decrease in the quality of the performance of these nurses. This decrease in performance quality may be reflected in a decrease of patients' satisfaction with their care.

#### Statement of the Problem

1. What are the similarities and differences between staff nurses and intensive care nurses with respect to:
  - a. their degree of satisfaction with specific dimensions of job satisfaction?
  - b. ranking of dimensions of job satisfaction according to perceived degrees of relative importance?
  - c. their degree of general job satisfaction?
  - d. the degree of correlation between their highest ranked dimension of job satisfaction and their degree of satisfaction with that dimension?
  
2. What is the relationship between the general job satisfaction of a nurse and her patient's satisfaction with the care received?

3. What is the relationship between the degree of correlation between a nurse's highest ranked dimension of job satisfaction and her degree of satisfaction with that dimension and her patient's satisfaction with the care received?

#### Significance of the Problem

Studies have established that job dissatisfaction can provoke absenteeism, a high turnover rate, a decrease in the quality of performance, a decrease in morale, and lost wages and health for the dissatisfied worker (Wolf 1961; Slocum et al. 1972; White and Maguire 1973; Selye 1976; Cronin-Stubbs 1977). Some authors disagree with respect to the degree of relationship between job performance and job satisfaction (Vroom 1964; Gellerman 1968). In addition, dissatisfaction with the job has been implicated in the promotion of tardiness, accidents, and theft (Imparato 1972).

This investigator has had the opportunity to observe and to experience working under dissatisfying conditions as a staff nurse and as a nurse employed in an intensive care unit. The "reality shock" that new graduates experience does not always diminish as the nurse's career progresses; those ideals and needs that brought many persons to nursing are not being fulfilled and/or are not enough to keep nurses content. This is a multifaceted problem that may be affected by the area of the hospital in which the nurse works. If she is not of the personality make-up that research has indicated is most suited to that specialty she may be dissatisfied with her job.

Many patients are dissatisfied with the health care that they are receiving, and they are paying exorbitant prices for that care. It is logical that the needs of patients as consumers and the ego needs of nurses as providers of a service be considered in the same context. Wiedenbach (1964) identified the patient's condition as the physician's primary area of responsibility; the nurse's area of responsibility is the patient's perception of his condition. Whatever the reason(s), health care quality is suffering as are the egos of the primary providers of that health care.

#### Purpose of the Study

The purpose of this study was to determine if there are differences between staff nurses and intensive care nurses with respect to job satisfaction and if the degree of job satisfaction of a nurse affects the quality of the care that she delivers. This latter effect was measured by assessing the patient's satisfaction with the care received.

#### Conceptual Framework

Job satisfaction has been the topic of research in the literature of industrial, vocational, and social psychological theory for many years. Job satisfaction, according to Vroom (1964), refers to the individual's affective orientation towards his occupied work role. Positive attitudes toward the job are conceptually equivalent to job satisfaction, and negative attitudes toward the job are equivalent to job dissatisfaction (Vroom 1964).

Job motivation studies have shown that turnover rate and/or absenteeism often result from inadequate rewards and incentives (Gellerman 1968). If an individual desires the rewards offered by an organization, he will be motivated to work for that organization.

The rewards desired by an individual are based on his hierarchy of needs; a lower level need must be satisfied, or partially satisfied, before a higher level need may emerge as a motivator (Benton and White 1972). Maslow (1954) listed, in ascending order, the need categories as: (1) physiological, (2) safety and security, (3) belongingness and love, (4) esteem, and (5) self-actualization.

The perception of factors as possible satisfiers of needs is influenced by each person's individual personal expectations; thus, each individual's behavior will be influenced by his personal expectations that a given incentive will fulfill a need (Benton and White 1972). The behavior that we observe in others is caused by striving for the satisfaction of needs (Benton and White 1972).

Gellerman (1968) identified two types of rewards/incentives, external and internal. External rewards/incentives are those which a person receives in exchange for work, and internal rewards/incentives are those that a person experiences during his work (Gellerman 1968). External rewards/incentives include salary, job security, and any prestige that might be associated with the job; internal rewards/incentives include learning new techniques, solving problems, achieving certain standards of quantity and/or quality, etc. (Gellerman 1968). External rewards/incentives tend to attract a person to a particular employ and

keep him there; it is usually a deficiency in this component that causes him to think seriously about looking for another job (Gellerman 1968). On the other hand, it is usually the internal forms of rewards/incentives that attract a person to a particular vocation and create a sustaining desire to do excellent work within that vocation (Gellerman 1968). External rewards/incentives tend to fulfill lower needs, while internal rewards/incentives tend to fulfill higher needs and involve enjoyment. Unmet needs result in anxiety and frustration that are reflected, in the case of employees, in increased turnover and/or absenteeism, decreased productivity and/or performance, and in diminished morale (Slocum et al. 1972; Gellerman 1968; Vroom 1964). If needs are met the employee is motivated to continue at his present employ in order to foster repetition of need satisfaction (Vroom 1964).

According to Vroom (1964) there is no simple relationship between job satisfaction and job performance. It has been argued by some writers that greater satisfaction should result in higher performance, and by others that higher performance should result in greater satisfaction. Vroom (1964) stated that there is no obvious theoretical basis for assuming that an increase in the valence of the work role should result in greater performance. In order for this to occur, one must assume that the increased valence of the work role generalizes to other objects and events; e.g., recognition from management, the attainment of which is contingent upon performance (Vroom 1964). On the other hand, Vroom (1964) stated that the effects of performance on satisfaction are somewhat more possible and would be expected to occur when effective

performance brings with it greater rewards than ineffective performance. When workers are highly motivated to perform effectively, their success in attaining effective performance might be expected to affect the attractiveness of their job (Vroom 1964).

Job dissatisfaction has multiple sources within the nursing profession. Studies have revealed the following as related factors or possible sources: (1) discrepancies between an ideal conception of nursing and the actual tasks performed; (2) conflicts between clinical and administrative duties; (3) conflicts between physicians and nurses; (4) lack of consensus regarding definition of role; (5) the relatively low social position of the nurse and the poorly defined professional hierarchy within the work setting; (6) conflicts between the behaviors rewarded and the values held by nursing educators and nursing administrators; (7) high staff turnover rates and accompanying instability within the nursing group; and (8) knowledge of wages, working conditions, job security, and fringe benefits of other work groups (Chaska 1978).

Nurses have been found to identify different sources or dimensions of job satisfaction than do other workers (Cronin-Stubbs 1977). Studies indicated differences in the personality traits and needs of nurses employed in different areas of the hospital (Narvon and Stauffacher 1958; Lentz and Michaels 1959; Bilodeau 1974; Reichel 1975).

Evaluation of health care services/performance of health care workers by the consumers of those services is becoming an increasingly important issue (Risser 1975). One method of evaluating the performance of one part of the health care team, nursing, is a survey of patient

satisfaction. It also is a method of determining if the job satisfaction of nurses has any effect on the quality of the care (from the patient's point of view) received by patients.

#### Definitions

1. General job satisfaction refers to the score attained on the Brayfield and Rothe Job Satisfaction Scale (1951) as revised by Atwood and Hinshaw (1977).

2. Specific job satisfaction refers to the score attained on each specific dimension of the Brayfield and Rothe Job Satisfaction Scale (1951) as revised by Atwood and Hinshaw (1977).

3. Dimensions of job satisfaction refer to (a) enjoyment, (b) time, (c) interest in the job, (d) control and management, (e) care/comfort, and (f) feedback.

4. The highest ranked dimension is that dimension that the respondent indicates is the most important to her attainment of job satisfaction.

5. A staff nurse is a registered nurse working on a surgical floor, under the supervision of a head nurse/unit director or assistant head nurse, and functioning as a team member, bedside nurse, or team leader.

6. An intensive care nurse is a registered nurse working on a surgical intensive care unit, under the supervision of a head nurse/unit director or assistant head nurse, and functioning as a primary nurse or charge nurse.

7. A surgical patient is a patient on a medical-surgical floor who has undergone a surgical procedure that necessitates a hospital stay of three or more days.

8. A surgical intensive care patient is a patient on a surgical intensive care unit who has undergone a surgical procedure that necessitates a hospital stay of three or more days.

9. Patient satisfaction refers to the score attained on the Risser (1975) Scale of Patient Satisfaction with the Nurses and Nursing Care as adapted by Hinshaw and Atwood (1978).

## CHAPTER 2

### SELECTED REVIEW OF THE LITERATURE

A number of investigations exists studying various aspects of the concept of job satisfaction of nurses; few studies exist that focus on the patient's satisfaction with his nurses and the nursing care that he receives(d). The review focused on studies aimed at general and specific aspects of job satisfaction for nurses and studies of patient satisfaction.

#### General Nursing

Diamond and Fox (1958) studied staff nurse turnover and found that 30-40 percent of the resignations were based directly on dissatisfaction with job-related factors. Saleh et al. (1965) supported this finding, and further suggested that the rewards and incentives which hospital staff nurses desire might well be at the hierarchical level of ego needs, specifically, the need for self-esteem.

Marlow (1966) obtained the following rank order of job satisfaction factors:

1. Good working conditions.
2. Work that keeps you interested.
3. Job security.
4. Good wages.
5. Full appreciation of work done.

6. Tactful discipline.
7. Personal loyalty to workers.
8. Promotion and growth within the hospital.
9. Feeling "in" on things.
10. Sympathetic help on personal problems.

Marlow's respondents covered a broad range of nurse occupational specialties (Marlow 1966).

Benton and White (1972) asked 565 nurses to react to 16 job satisfaction factors. The subjects indicated that the factors of greatest importance to them were safety and security, followed by social, esteem, and self-actualization factors; pay and personnel policies were of least importance (Benton and White 1972).

Slocum et al. (1972) analyzed need satisfaction for professional versus nonprofessional personnel. They suggested that for professional employees, a significant positive correlation exists between job performance and psychological satisfaction (Slocum et al. 1972).

McCloskey (1974) further analyzed the Diamond and Fox (1958), Saleh et al. (1965, and Slocum et al. (1972) findings which pointed towards intrinsic rather than extrinsic factors of satisfaction. In a study of 94 nurses who had resigned their positions in the previous four months, McCloskey found that the respondents stated that psychological rewards were more important to them than safety or social rewards (McCloskey 1974). While this was in opposition with the Benton and White (1972) results, she found that higher pay did not keep a nurse, which concurred with their results.

Everly and Falcione (1976) stated that measuring the importance of job satisfaction for nurses went beyond the traditional intrinsic/extrinsic dichotomy. Relationship orientation—interpersonal relationships with co-workers, immediate supervisors, and general supervisory personnel were most important to the nurses that they studied (Everly and Falcione 1976). Internal work rewards, external work rewards, hospital policies, and recognition for past service followed, respectively (Everly and Falcione 1976). Their findings indicated that fulfillment of lower needs does not always necessarily come before the fulfillment of higher needs; at least for their respondents, the attainment of job satisfaction was a more complex achievement.

Brief (1976) suggested that the attainment of internal rewards such as sufficient levels of skill variety, task identity, autonomy, and feedback may not be a realistic goal. He stated that the delegation of many nurses, notably staff nurses, to the menial tasks of giving bed baths, etc., makes the achievement of this dimension impossible (Brief 1976). One may be led to suggest that different levels of job satisfaction may be accomplished by nurses who are more challenged; however, this would depend upon the level of importance at which they place internal rewards.

#### Specific Nursing Dimensions

Bowden (1967) conducted a study in a hospital beset by frequent requests on the part of their nurses for transfers out of the Intensive Care Unit. Many of these nurses went on to the Intravenous Service,

but quickly moved on again, with many leaving the hospital (Bowden 1967). While studying the satisfaction of professionals with their current role, at a stage in the evolution of a profession when personnel can still move easily from one specialty to another, he found that the chief reason for the transfers was dissatisfaction with the shifts worked. Nurses in the Intravenous Services worked primarily on days only, and this, together with the cordial relationships which were generally known to exist among the intravenous staff, provoked some nurses to transfer from the Intensive Care Unit (Bowden 1967). Bowden concluded, hypothetically, that any impairment of relationships amongst intensive care staff was largely a by-product of their dissatisfaction with the shift-system and a slight sense of guilt about their desires for a day job (Bowden 1967).

Nichols (1971) investigated factors associated with career decision of novice Army nurses and the relationship of job satisfaction to nurses' intentions to remain or to leave an organization. In a study of 181 novice Army nurses who were questioned as to their intent to stay or to leave the Army Nurse Corps, a larger percentage of stayers than leavers were satisfied with being in the Army (Nichols 1971). She did not follow-up to investigate how many of the leavers stayed in the nursing profession.

Imparato (1972) investigated differences among nurses in four hospitals, two urban and two suburban. Nurses in the urban hospitals were significantly less satisfied with the work itself (as opposed to dissatisfaction with supervision, co-workers, or pay) than nurses in

the suburban hospitals (Imparato 1972). This implies a variation in nursing duties that varies with hospital location; also, the quality of patient-nurse rapport may be a function of environment (Imparato 1972). The differences may have been due to the location of the units in teaching hospitals. Teaching situations, more likely in urban hospitals, often include increased administrative duties that can intensify dissatisfaction (Imparato 1972).

Imparato (1972) also dealt with more specific aspects of nurse job satisfaction. Specifically, the hospital with the lowest scores on satisfaction with supervision and satisfaction with co-workers was noted to have the highest turnover rate (Imparato 1972). He proposed that resignation, or the probability of its occurring, increases when unsatisfied "social needs" compound already existing unfavorable attitudes about the work itself (Imparato 1972).

Based on a need hierarchy proposed by Maslow (1954) Herzberg (1966) developed a dual-factor theory of job satisfaction and motivation; he called them satisfiers or motivators and dissatisfiers or hygienes. Satisfiers or motivators arose from the content of the work itself, and environmental factors (surrounding the job) were dissatisfiers or hygienes (Herzberg 1966). He felt that hygienes correlated with the more basic "animal" needs, and motivators correlated with psychological growth associated with the attainment of the higher needs (Herzberg 1966).

White and Maguire (1973) applied this theory to a group of 34 nursing supervisors. They found that, in this group, feelings of job

satisfaction were promoted by having the opportunity for creative, challenging, and role-appropriate work; by acts of recognition; and by a chance to advance in the supervisor's own skills and profession-motivators (White and Maguire 1973). The absence of these factors did not create job dissatisfaction, but rather prevented supervisors from experiencing job satisfaction (White and Maguire 1973). Hygienes such as unwillingness on the part of their co-workers to share the work load, incompetence, etc., produced dissatisfaction; the absence of these did not produce satisfaction, however (White and Maguire 1973).

Cronin-Stubbs (1977) conducted a partial replication of the White and Maguire (1973) investigation; 30 new graduate staff nurses were interviewed to describe their feelings on the satisfying and dissatisfying factors of their job. These findings were compared with the information on the nursing supervisors of the White and Maguire (1973) study; recognition was the only common satisfier (Cronin-Stubbs 1977). Incompetence was the common dissatisfier; the staff nurses identified four dissatisfiers: (1) failure to complete a job successfully; (2) incompetence of doctors, supervisors, peers, and subordinates; (3) resentment from Licensed Practical Nurses; and (4) a heavy work load due to inadequate staffing (Cronin-Stubbs 1977).

#### Patient Satisfaction

Holliday (1961) conducted a study in an Eastern hospital designed to demonstrate the premise that an ideal image of the professional hospital staff nurse can be drawn from patients. The following

composite describes the ideal traits in the order of value as they appeared in the study. Staff nurses and patients were surveyed. Her respondents said that:

. . . and she is proficient, understanding and empathetic, sympathetic, self-assured at work, gentle and friendly, well-informed in other than nursing, congenial, happy without being "bubbly," supportive and available, a good listener and articulate, and clean and well groomed. She anticipates my needs, and she explains the "whys" and "hows" of treatment (Holliday 1961, p. 210).

Although the staff nurses and patients generally agreed on the ideal traits of the desirable professional nurse, a large segment of the nurses implied that they did not have the time to perform in an ideal nurse manner (Holliday 1961).

Gorham (1962) dealt with the definition of the current role of the general staff nurse in relation to patient care and improvement. Critical incidents were collected and a set of categories, based on the behaviors described in the incidents, were agreed upon as defining the desirable behaviors of the general staff nurse. These behaviors were:

- I. Improving patient's adjustment to hospitalization or illness
  - A. Explaining condition or treatment to patient
  - B. Helping patient in relieving emotional tensions
  - C. Teaching patient self-care
- II. Promoting patient's comfort and hygiene
  - A. Increasing the patient's physical comfort
  - B. Preventing deterioration in the patient's general physical condition and progress

- C. Fostering physical rehabilitation and healing
- III. Contributing to medical treatment of patient
  - A. Carrying out medical orders
  - B. Initiating medical procedures
  - C. Reporting on patient's condition
  - D. Using and checking operation of apparatus
- IV. Arranging management details
  - A. Scheduling patient's treatments
  - B. Directing the work of non-professional personnel
  - C. Maintaining general supplies
  - D. Referring patient to non-medical sources
  - E. Supervising visitors
- V. Personal characteristics
  - A. Behaving in a warm and friendly manner
  - B. Behaving in a professional manner (Gorham 1962).

A list of 320 specific behaviors with indices as to their desirableness and the degree to which they discriminate between effective and ineffective nursing performance were identified and presented in the article so that administrators, supervisors, etc., may use them to understand the current role of staff nurses (Gorham 1962).

Tagliocozzo (1965) interviewed patients to determine their satisfaction with nursing care in hospitals. Eighty-one percent of the patients stressed the importance of personalized care and emphasized personality attributes of the nurse. Forty-five percent expected prompt

and efficient services, and 29 percent mentioned specifically that they expected knowledge and technical skills (Tagliocozzo 1965).

Moore and Cook-Hubbard (1975) were more concerned with the method of data gathering from patients. They reviewed the U.S. Public Health Service (1964) study of patient attitudes toward nursing care. In this study 8,000 completed questionnaires were obtained from hospitalized patients; fewer than one percent expressed serious dissatisfaction with their care (U.S. Public Health Service 1964). Moore and Cook-Hubbard (1975) thought that this finding was attributed to fear of reprisal from the nursing staff, an internal fault of the tool, or an inherent defect in the research methods used. They conducted a study using nonhospitalized patients, such as clinic patients, and using an interview and questionnaire (Moore and Cook-Hubbard 1975). When interview and questionnaire responses were compared no significant differences were found (Moore and Cook-Hubbard 1975). Due to the fact that they did not test the two techniques in a hospital setting it is impossible to ascertain whether fear of reprisal or a defect in methods caused the skewing.

Risser (1975) stated that patient satisfaction with nursing care can be conceptualized as the degree of congruency between a patient's expectations of ideal nursing care and his perceptions of the real nursing care that he receives. In other words, it is not only the patient's idealized image of nurses and nursing care, but also his perception that his nurse has upheld this image that constitutes patient satisfaction with nursing care.

The patient must be made to feel that he can express dissatisfaction as well as satisfaction, anonymously if necessary (Risser 1975). She designed a questionnaire utilizing these principles. The dimensions and definitions which guided item development were: (1) technical-professional behavior, (2) intra-inter-personal characteristics, (3) trusting relationship, and (4) educational relationship (Risser 1975).

The final set of items retained differed from the original set of items, requiring a redefinition of the attitude concepts (Risser 1975). Respondent scores indicated a greater satisfaction with nursing behavior in the professional-technical area than in the areas labeled trusting relationship and educational relationship. Risser said that her results could not be generalized to any other setting; she stated that the testing of her scale and its subscales should continue to insure redefining the content areas, remeasuring satisfaction, and relating these measures to theoretically significant aspects of behavior (Risser 1975).

## CHAPTER 3

### RESEARCH METHODOLOGY

The following topics are presented in this chapter: design of the study, setting, sample, protection of human rights, method of data collection, data collection instruments, and method of data analysis.

#### Design of the Study

This was a descriptive study designed to determine if any similarities or differences existed between staff nurses and intensive care nurses with respect to job satisfaction. Data were obtained from patients and compared to the data collected from their respective nurses to determine if any trends existed describing a relationship between patient satisfaction with nursing care and job satisfaction of nurses.

#### The Setting

The study was conducted at a hospital located in a Southwestern city. Questionnaires were distributed to the nurse subjects, and they were asked to return the completed forms to this investigator at the hospital within 48 hours. Questionnaires for the patients were distributed or read to those patients in the study. They were asked to complete them immediately after distribution or at the time at which the form was read to them.

### The Sample

This was a convenience sample of 20 registered nurses and 20 patients. The patients they cared for were matched with the nurses, i.e., for each nurse, one patient fitting the criteria was selected. If several patients had been cared for, the patient fitting the criteria the closest was chosen.

Group I consisted of 10 nurses employed in a nonsupervisory position on an adult surgical floor in the hospital under study, in a 32 or more hours per week position = full time, and of the female sex. Group Ia consisted of 10 patients who had undergone a surgical procedure, were patients on a surgical floor for at least three days, were awake and alert, and were cared for by one of the nurses in Group I.

Group II consisted of 10 nurses employed in a nonsupervisory position on an adult surgical Intensive Care Unit in the hospital under study, in a 32 or more hours per week position = full time, and of the female sex. Group IIa consisted of 10 patients who had undergone a surgical procedure, were patients on an adult surgical Intensive Care Unit for at least three days, were awake and alert, and were cared for by one of the nurses in Group II.

### Protection of Human Rights

The proposal was submitted to the Human Subjects Committee of The University of Arizona and to the Department of Nursing Education at the hospital where the study was conducted. Approval for the study can be seen in Appendix A.

Only registered nurses and patients who consented to participate were included in the study. A disclaimer was part of the questionnaire distributed to each nurse subject (see Appendix B). A disclaimer was also part of the questionnaire distributed to each patient subject (see Appendix D). In addition, the purpose of this study and the right to withdraw from the study at any time without consequences, was verbally explained to each subject. The confidentiality of the information obtained was assured by assigning each subject a code number only.

#### Method of Data Collection

Four tools were used: a nurse job satisfaction scale, a statement requesting the ranking of dimensions of job satisfaction, a patient satisfaction scale, and nurse and patient demographic data sheets. Subjects were asked to respond honestly to each of the assessment tools.

#### Data Collection Instruments

The job satisfaction scale used in this study assessed the attainment of internal rewards/incentives as described by Gellerman (1968). As such, it deals with the meeting of the higher needs in Maslow's hierarchy (1954): esteem and self-actualization.

Brayfield and Rothe (1951) developed an index of job satisfaction. They studied 231 female office employees and 91 adult night school students from classes in Personnel Psychology at the University of Minnesota during 1945 and 1946 (Brayfield and Rothe 1951).

Practically all of the latter sample were engaged in either clerical, semiprofessional, professional, or managerial occupations (Brayfield and Rothe 1951). They were concerned with "how people feel about different jobs," and they designed a questionnaire to assess the level of satisfaction from highly satisfied to lowly satisfied (Brayfield and Rothe 1951).

Those respondents who were the adult night school students were divided into two categories, those employed in personnel occupations and those not employed in personnel occupations. It was assumed that the students employed in personnel occupations would be more satisfied with their jobs than those not employed in personnel jobs (Brayfield and Rothe 1951). This assumption was based on the fact that the night school course was concerned with Personnel Psychology, and the data confirmed this (Brayfield and Rothe 1951).

The adult night school students also completed a measure of job satisfaction developed by Hoppock in the early 1930's; the product-moment correlation between scores on the Hoppock form and the Brayfield-Rothe (1951) index is .92. Therefore, the index has criterion validity.

The odd-even product-moment reliability coefficient computed for the sample of female office employees is .77, which is corrected by the Spearman-Brown formula to .87; therefore, the index has estimated reliability.

The tool used in this study was a revision of the Brayfield and Rothe (1951) index produced by Atwood and Hinshaw (1977). They

conducted a study using multiple indicators of nurse and patient outcomes as a method for evaluating a change in staffing patterns; job satisfaction of nurses was just one of the indices under study (Atwood and Hinshaw 1977). The Brayfield and Rothe (1951) scale was modified through the addition of seven items more specific to the nursing staff's work situation (Atwood and Hinshaw 1977).

The Atwood and Hinshaw (1977) revised Scale of Job Satisfaction was one data gathering tool in this study. In addition, the nurse-respondents were asked to rank the dimensions identified by Atwood and Hinshaw (1977) in their order of perceived importance. The dimensions were: (1) enjoyment of the job, (2) times available to do the job, (3) interest in the job, (4) control and management, (5) care/comfort rewards, and (6) feedback (Atwood and Hinshaw 1977). A demographic data sheet was filled out by all nurse subjects along with the other data gathering forms (see Appendix B).

Risser (1975) developed an instrument that evaluates patient attitudes toward nurses and nursing care in a primary care setting. Respondents for two sequential trials were 78 and 60 patients of internists or general practitioners at a group health cooperative.

Wiedenbach (1964) identified the patient's condition as the physician's responsibility; the nurse's area of responsibility is the patient's perception of his condition. Risser (1975) stated that if this is true, evaluation of nursing care by government inspection or by nurse-conducted audits provide important but incomplete data (Risser 1975). The evaluation of health care services from the

patient's perspective is necessary to provide a complete picture (Risser 1975).

Risser's (1975) tool consists of 25 items, subdivided into three subscales: (1) technical-professional area, (2) interpersonal education relationship, and (3) interpersonal trusting relationship, to which respondents indicate general agreement to disagreement in five Likert-type steps.

Risser (1975) did not establish construct validity of her tool in this study, but a positive skewing of scores, expected from results of other satisfaction studies of medical personnel, provided one evidence of construct validity.

Of the three subscales in the final instrument, subscale I (technical-professional content domain) evidenced the least reliability (Risser 1975). In trial II, Cronbach's (1951) reliability coefficient for the seven items was .637 ( $N = 60$ ); this level was acceptable, but approached neither the desirable level of at least .800 nor the reliability coefficient attained by the other two subscales (Risser 1975). Reliability coefficients provided indexes of test internal consistency, but not of stability of the test over time (Risser 1975).

The Hinshaw and Atwood (1978) adaptation of the Risser (1975) tool was the data gathering tool assessing patient satisfaction.

#### Method of Data Analysis

The data were coded and submitted for computer analysis. Due to the small sample size, nonparametric statistical analysis was used.

Mann-Whitney and Kruskal-Wallis tests were employed to analyze the relationships between the nurses' individual regard for the relative importance of each dimension of job satisfaction. Mann-Whitney and Kruskal-Wallis tests are concerned with the agreement (or lack of) between two sets of independent sample values; using these tests necessitated the use of an ordinal scale of ranking of the dimensions and at least five observations per group (Siegal 1956; McCall 1975). The Mann-Whitney and Kruskal-Wallis tests were also done to analyze the relationship between staff nurses and intensive care nurses with respect to their degree of general job satisfaction.

A t-test, Mann-Whitney, and Kruskal-Wallis tests were done to determine whether staff nurses and intensive care nurses differ with respect to their degree of satisfaction with specific dimensions of job satisfaction. The degree to which each of the individual nurses of each group are satisfied with their highest ranked dimension of job satisfaction was assessed by direct observation of their mean satisfaction scores of that dimension.

A t-test was used to analyze the relationship between the satisfaction of Group I, nurses, and Group Ia, their corresponding patients. The same test was used to analyze Groups II and IIa.

The Cronbach's (Cronbach 1951; Cronbach and Meehl 1955) alpha consistency coefficient was used to assess the internal consistency of the subscales of the job satisfaction scale revised by Atwood and Hinshaw (1977) and the internal consistency of the patient satisfaction scale revised by Hinshaw and Atwood (1978).

## CHAPTER 4

### PRESENTATION AND ANALYSIS OF THE DATA

This chapter presents the findings and statistical analysis of the data collected.

#### Characteristics of the Samples

The subjects for this study were a convenience sample of 20 registered nurses and 20 patients. The patients were matched to the nurses, i.e., for each nurse, one patient fitting the criteria was selected. If several patients had been cared for, the patient fitting the criteria the closest was chosen.

Group I consisted of 10 female nurses employed in a nonsupervisory position on an adult surgical floor in the hospital under study, were employed in a 32 or more hours per week position = full time. Their ages ranged from 25 to 50 years, and the number of months that they had worked on the designated unit ranged from one to 120.

Staff from each of the shifts was represented. Five of the subjects worked the day shift, four worked only the evening shift, and one subject worked the night shift.

All members of Group I had worked in other areas of nursing prior to their employment on an adult surgical floor. Five of the subjects received their basic nursing education in an A.D. program, two from a diploma school, and three from baccalaureate schools of

nursing. One of the diploma graduates went on to obtain her B.S.N., and one of the A.D. graduates also eventually completed her B.S.N. (see Appendix E).

Group II consisted of 10 female nurses employed in a nonsupervisory position on an adult surgical Intensive Care Unit in the hospital under study, were employed in a 32 or more hours per week position = full time. Their ages ranged from 23 to 59 years, and the number of months that they had worked on the designated unit ranged from three to 72.

These respondents also represented all shifts; four worked the day shift, four worked the evening shift, and two worked the night shift. All nurses from Group II, except one, had worked in areas other than intensive care.

Eight of the subjects from Group II received their basic nursing education in an A.D. program, one from a diploma school, and one from a baccalaureate school of nursing. One of the A.D. graduates went on to earn a B.S.N., but the remainder of this group retained their basic nursing education as the highest degree that they held (see Appendix F).

Group Ia consisted of 10 patients, seven male and three female, who had undergone a surgical procedure, were patients on a surgical floor for at least three days, were awake and alert, and were cared for by one of the nurses in Group I. Their ages ranged from 18 to 82 years, and the number of days that they had been in the hospital ranged from four to 52. Each patient had been admitted into

the hospital one, two, or three times in the last two years. Their reasons for admission covered a range of surgical entities (see Appendix G).

Group IIA consisted of 10 patients, nine males and one female, who had undergone a surgical procedure, were patients on an adult surgical Intensive Care Unit for at least three days, were awake and alert, and were cared for by one of the nurses in Group II. Their ages ranged from 54 to 93 years, and the number of days that they had been in the hospital ranged from three to 20. The number of times that they had been admitted into the hospital in the past two years ranged from one to six. These subjects also were admitted into the unit for reasons that covered a range of surgical entities (see Appendix H).

#### Analysis of Nurses' Satisfaction with Specific Dimension of Job Satisfaction

The first question addressed was: are there similarities or differences between staff nurses and intensive care nurses with respect to their degree of satisfaction with specific dimensions of job satisfaction? Table 1 presents the results of the analysis of the relationship between the two groups of nurses with regard to their degree of satisfaction with the specific dimensions of job satisfaction. Forty-two of the 43 items of the Atwood and Hinshaw (1977) revised Job Satisfaction Scale assessed the individual nurses' satisfaction with one of the six dimensions of job satisfaction: (1) enjoyment of the job, (2) time to complete the job, (3) interest in the job, (4) control and management, (5) care/comfort, and

Table 1. Comparison of Similarities and Differences between Staff Nurses and Intensive Care Nurses with Respect to Their Degree of Satisfaction with Specific Dimensions of the Atwood and Hinshaw (1977) Job Satisfaction Scale

Dimension	Staff Mean (Standard Deviation)	Intensive Care Mean (Standard Deviation)	t-test	Level of Signif- cance
1. Enjoyment of job	2.47 (0.95)	2.37 (0.75)	-0.26	.80
2. Time to complete job	3.52 (0.74)	3.46 (0.60)	-0.20	.84
3. Interest in job	2.02 (0.88)	2.26 (0.88)	0.61	.55
4. Control and management	2.15 (0.27)	2.20 (0.44)	0.31	.76
5. Care/comfort	1.92 (0.39)	2.04 (0.24)	0.87	.40
6. Feedback	2.31 (0.52)	2.54 (0.50)	1.05	.31

(6) feedback. By use of mean, standard deviation, and t-test the individual responses were examined and compared for significant differences. Again, the acceptable level of significance was set at .05; no significant differences between the two groups of nurses were found. Both were found to be dissatisfied with the dimension, "time to complete the job," however.

#### Analysis of Nurses' Ranking of Dimensions of Job Satisfaction

The second question addressed was: are there similarities or differences between staff nurses and intensive care nurses with respect to their ranking of dimensions of job satisfaction according to perceived degrees of relative importance? Table 2 presents the results of the analysis of the relationships between the nurses' individual regard for the relative importance of each dimension of job satisfaction. The dimensions were: (1) enjoyment of the job, (2) time to complete the job, (3) interest in the job, (4) control and management, (5) care/comfort, and (6) feedback. The subjects ranked the dimensions from one to six, with six being the most important and one being the least important.

Using Mann-Whitney and Kruskal-Wallis test statistics the level of significance between the two groups (using Chi-square distribution in a one-way analysis of variance with one degree of freedom) was determined. The acceptable level of significance was set at .05, and the level of significance for all dimensions exceeded this. Therefore, it can be said that there are no significant

Table 2. Comparison of Similarities and Differences between Staff Nurses' and Intensive Care Nurses' Ranking of Dimensions of Job Satisfaction According to Perceived Degree of Relative Importance

Dimension	Mann-Whitney	Kruskal-Wallis	Level of Significance
1. Enjoyment of job	24	3.03	0.08
2. Time to complete job	62	2.07	0.15
3. Interest in job	31	1.45	0.23
4. Control and management	37	0.47	0.49
5. Care/comfort	55	0.78	0.38
6. Feedback	52	0.43	0.51

differences between staff nurses and intensive care nurses with respect to their individual regard/ranking of the dimensions of job satisfaction according to perceived degree of relative importance.

Analysis of Nurses' General  
Job Satisfaction

The third question addressed was: are there similarities and differences between staff nurses and intensive care nurses with respect to their degree of general job satisfaction? Each of the 43 items on the Brayfield and Rothe (1951) Job Satisfaction Scale as adapted by Atwood and Hinshaw (1977) contained five possible responses ranging from "strongly agree" to "strongly disagree." Scoring for each of the responses ranged from one to five, respectively. Again, Mann-Whitney and Kruskal-Wallis tests were performed to determine if any significant differences exist between the staff nurses and intensive care nurses. The level of significance was set at .05.

Table 3 demonstrates that there are no significant differences between the two groups of nurses with respect to their general job satisfaction per item of the Atwood and Hinshaw (1977) Job Satisfaction Scale except for 2 items; items 15 and 26 exhibit significance. When the item responses were examined again item 15 showed no significant differences; the individual questionnaires revealed no differences. The staff nurses responded either "strongly agree" or "agree" to item 26, while only one intensive care nurse responded as high as "agree" to this item. Item 26 states, "Most of the time, I have a reasonable number of staff to supervise." Any one item difference cannot be regarded as important due to the small sample size.

Table 3. General Job Satisfaction of Staff Nurses and Intensive Care Nurses as Reflected in Their Per Item Responses on the Job Satisfaction Scale

Item	Mann-Whitney	Kruskal-Wallis	Level of Significance
1	13	1.70	0.19
2	14	1.20	0.27
3	19	0.34	0.56
4	17	0.52	0.47
5	22	0.00	0.94
6	21	0.03	0.85
7	18	0.43	0.51
8	19	0.25	0.61
9	29	2.02	0.16
10	27	0.58	0.45
11	12	1.95	0.16
12	20	0.12	0.73
13			
14	31	1.97	0.16
15	10	4.01	0.05
16	20	0.08	0.77
17	24	0.06	0.81
18	24	0.08	0.78
19	15	0.96	0.33
20	20	0.15	0.70
21	16	0.69	0.41
22	30	1.57	0.21
23	31	2.50	0.11
24	20	0.09	0.77
25	18	0.32	0.57
26	38	4.69	0.03
27	27	0.49	0.48
28	26	0.23	0.63
29	22	0.01	0.94
30	22	0.00	1.00
31	15	0.94	0.33
32	14	2.50	0.11
33	18	0.34	0.56
34	22	0.00	0.94
35	14	1.42	0.23
36	26	0.26	0.61
37	27	1.20	0.27
38	15	1.17	0.28

Table 3. Continued

Item	Mann-Whitney	Kruskal-Wallis	Level of Significance
39	23	0.02	0.88
40	16	1.48	0.22
41	25	0.20	0.66
42	22	0.00	1.00
43	31	1.42	0.23
44	31	2.50	0.11

Analysis of Nurses' Degree of Satisfaction  
with Their Highest Ranked Dimension  
of Job Satisfaction

The fourth question addressed was: are there similarities and differences between staff nurses and intensive care nurses with respect to the degree of correlation between their highest ranked dimension of job satisfaction and their degree of satisfaction with that dimension? Each nurse was asked to rank the dimensions of job satisfaction according to their individual perceived degree of importance. Table 4 presents the mean degree of satisfaction of each nurse of her highest ranked dimension. The possible scores ranged from one, "Strongly Agree," to five, "Strongly Disagree." Three or below was considered a significant degree of satisfaction. One subject from Group I, number 9, had a mean degree of satisfaction of 4.00; two nurses from Group II, numbers 02 and 010, had mean degrees of satisfaction of 3.81 and 3.20, respectively. All other subjects attained a mean degree of satisfaction of 3.00 or below in their highest ranked dimension of job satisfaction. Subject number 9 from Group I, chose "interest in the job" as the most important dimension. Subject number 02, from Group II, chose "enjoyment of the job," and subject number 010, from Group II, chose "interest in the job" as the most important dimension.

Analysis of the Relationship between  
the Nurse's Job Satisfaction and  
Her Patient's Satisfaction  
with His Care

The fifth question addressed was: is there a relationship between the general job satisfaction of a nurse and her patient's

Table 4. Nurses' Mean Degree of Satisfaction with Their Highest Ranked Dimension of Job Satisfaction.

Subject No.	Mean	Dimension
1	1.20	3
2	1.08	1
3		
4	1.41	1
5	1.58	1
6	1.58	1
7	2.11	5
8	1.20	3
9	4.00	3
10	1.20	3
01	3.00	1
02	3.81	1
03	2.00	5
04	1.40	3
05	2. $\overline{66}$	5
06	2. $\overline{66}$	1
07	2.08	1
08	1.71	5
09	1. $\overline{77}$	5
010	3.20	3

satisfaction with the care received? A t-test was used to analyze the relationship between the satisfaction of a nurse with her job, and the satisfaction of a patient with his care. Each patient received a satisfaction score after answering the questions on the Hinshaw and Atwood (1978) revised Risser Patient Satisfaction with Nursing Care Scale (1975). As with the nurses' scale, five possible responses ranging from "strongly agree" to "strongly disagree." Scoring for each of the responses ranged from one point to five points, respectively. A score of three or below was considered a significant degree of satisfaction. The mean scores of the patients were then compared with the mean job satisfaction scores of the nurses via a t-test. Table 5 shows that there is no significant difference between the general job satisfaction of a nurse and her patient's satisfaction with his care as measured to a .05 level of significance.

Table 5. Comparison between the Job Satisfaction of a Nurse and Her Patient's Satisfaction with His Care

Matched Pair	t-test	Level of Significance (2-tailed)	Level of Significance (1-tailed)
Staff	0.38	0.28	0.14
ICU	0.26	0.47	0.24

Analysis of the Relationship between the Degree  
of Correlation between a Nurse's Highest Ranked  
Dimension of Job Satisfaction and Her Degree  
of Satisfaction with that Dimension and Her  
Patient's Satisfaction with  
the Care Received

The sixth question addressed was: is there a relationship between the degree of correlation between a nurse's highest ranked dimension of job satisfaction and her degree of satisfaction with that dimension and her patient's satisfaction with the care received? Nursing subjects 9, 02, and 010 were found to be above the set satisfaction level of 3 with regard to their highest ranked dimension of job satisfaction; and thus, dissatisfied. Patient subject 9 had a mean satisfaction with his care score of 2.45. Patient subject 02 had a mean satisfaction with his care score of 1.92. Patient subject 010 had a mean satisfaction with his care score of 2.60. Therefore, despite the fact that nursing subjects 9, 02, and 010 were found to be dissatisfied with regards to their highest ranked dimension of job satisfaction, their corresponding patients were satisfied with the care that they received from their nurse.

Analysis of the Internal Consistency  
of the Satisfaction Scales

The Cronbach's alpha consistency coefficient was used to test the internal consistency of the job satisfaction scale revised by Atwood and Hinshaw (1977) and the internal consistency of the patient satisfaction scale revised by Hinshaw and Atwood (1978). The alpha for the job satisfaction scale was found to be 0.90, and the standardized item alpha was 0.90. The alpha for the patient satisfaction

scale was found to be 0.90, and the standardized item alpha was 0.92. All of these figures surpassed the desirable level of .80; therefore, the scales exhibit internal consistency.

## CHAPTER 5

### DISCUSSION OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The relationship between the findings of this study to the conceptual framework; conclusions based on the data collected; and recommendations for future studies on the topic of nurses' job satisfaction, patients' satisfaction with their nursing care, and the relationship between these are presented in this chapter.

#### Findings and Conceptual Framework

All employed persons have an affective orientation towards their job. Positive attitudes toward the job are conceptually equivalent to job satisfaction, and negative attitudes toward the job are equivalent to job dissatisfaction (Vroom 1964). If an employee is satisfied with his job he will be motivated to work at that job and reap the rewards offered by that job. If an employee is dissatisfied with his job he will be less motivated to work at that job; and as a result, is apt to be absent from the job frequently and/or quit the job. If the employee continues working at a dissatisfying job his performance may suffer, and one may expect such frustration to decrease the self-esteem of the employee. We must expect nurses to react to job satisfaction or dissatisfaction much the same as do other types of workers. Unfortunately, if

performance is affected by the degree of job satisfaction, such a reaction on the part of a health-care provider like a nurse may have a detrimental effect on the health of her patients.

The Atwood and Hinshaw (1977) revised Job Satisfaction Scale rates nurses' satisfaction with six specific dimensions of job satisfaction that deal with internal rewards/incentives that the job of nursing can provide. These are the rewards/incentives that attracted them to the job, create a sustaining desire to do excellent work within the job, and if attained, help meet the higher level needs in Maslow's (1954) hierarchy.

The Hinshaw and Atwood (1978) revised Patient Satisfaction with Nursing Care Scale assesses the satisfaction of a patient with the performance of his nurse. The results of the administration of this scale and the former one were studied and compared.

The questionnaires utilized in this study were not designed to determine the subjects' personality characteristics. Demographic data were collected, however, in hopes of finding some clues that would help explain the results of the tests. The primary aim of this study was to investigate and describe any similarities or differences between staff and intensive care nurses and their patients with respect to job satisfaction and satisfaction with nursing care, respectively.

As the sample size was small, the statistical significance of the data is not very reliable. The greatest difficulty encountered in

the gathering of data was presented by the nurses; 20 questionnaires were distributed that were not returned.

No significant differences were found between the two groups of nurses with regard to their degree of satisfaction with the specific dimensions of job satisfaction. When the responses were examined with respect to the nurses' satisfaction with their highest ranked dimension some differences were noted. Subjects numbered 9, 02, and 010 were found to be dissatisfied with their highest ranked dimension. Subject number 9, staff, chose "interest in the job" as the most important dimension to her, as did subject number 010, intensive care. Subject number 02 chose "enjoyment of the job" as the most important dimension to her. These two dimensions were chosen by most of the nurses as being two of the top three dimensions. The demographic data were examined, but no real common factor was found between these three nurses. It seems that if any nurses were dissatisfied with any dimensions it would likely be one or more of the top three dimensions. Both groups were dissatisfied with the dimension, "time to complete the job."

No differences were found between staff nurses and intensive care nurses with respect to their individual regard for the dimensions of job satisfaction. With respect to this sample, the nurses generally feel the same about the rewards/incentives that they look for in their job. Differences were searched for in an attempt to identify a characteristic that might be different between the two groups of nurses. This information could then be used by administrators to assist nurses to find the job/area of the hospital which would best meet their needs.

The responses of Staff Nurse #3 to this question had to be discarded due to her inappropriate responses. She gave all of the dimensions a one or two rating. Five others rated the dimensions enjoyment of the job, interest in the job, and care/comfort the top three dimensions in the attainment of their job satisfaction. One listed enjoyment of the job, interest in the job, and time to complete the job as the most important. Three nurses from the staff group listed enjoyment of the job, interest in the job, and control and management as the most important aspects of their job. This implies that these latter three subjects value being managers and in control or value effective/concerned managers and controllers. This points out a problem in the study; the dimensions were named, but not defined. The interpretation of the meaning of some of the dimensions differed from nurse to nurse. For example, some of the nurse subjects questioned the meaning of the care and comfort dimension by writing on their questionnaires, "My care and comfort?" Comparison between the results of this question and the demographic data revealed no distinctive and/or identifiable relationships.

Of the intensive care nurses, four identified enjoyment of the job, interest in the job, and care and comfort as the most important dimensions. Three identified interest in the job, time to complete the job, and care and comfort as the most important. One gave enjoyment of the job, time to complete the job, and interest in the job the highest ratings; one subject gave care and comfort, control and management, and interest in the job the highest ratings. Finally, one nurse from this

group listed care and comfort, control and management, and feedback as the most important dimensions of job satisfaction. Again, the demographic data revealed no possible reasons for these choices. The majority of the combined groups of nurses were primarily concerned with whether their job interested them, whether they enjoyed their job, and whether they gave care and comfort to their patients.

When examining the nurses' responses to the job satisfaction scale items the statistics revealed significant differences between the two groups with respect to two items, 15 and 26. When item 15 was reexamined it appears that the computer was programmed incorrectly. The individual questionnaires revealed no significant differences. There was no significant difference between the responses of the two groups. However, item 26, "Most of the time, I have a reasonable number of staff to supervise," showed some real difference. The intensive care nurse responded as high as "agree" to this item. This may be related to the fact that the charge nurse in intensive care feels more of a personal sense of responsibility for the performance of each nurse; and hence, care of each patient on the floor. This is not to imply that the charge nurse directing the medical-surgical floor does not feel responsible, but because the medical-surgical floor has so many more patients the charge nurse must trust the judgment and abilities of the nurses under her direction. She has no time to worry about the degree of the quality of care that each of her nurses delivers. The staff nurse functions as a primary nurse in the true sense. The

Intensive Care Unit functions as a primary care unit with the charge nurse ultimately responsible for the quality of care delivered. Although the demographic data do not reflect it, frequently Intensive Care Units function with staff with very little experience. The nurses who responded to item 26 in a negative way may be responding to the anxiety a charge nurse feels when she remembers working with inexperienced nurses. This is a frightening experience, and one does not easily forget it when the lives of critically ill patients are at stake.

No significant differences were found between the job satisfaction of the nurses and the patients' satisfaction with their care. Most of the patients wrote comments or verbalized to the investigator about the excellent nursing care that they received. Most of the patients circled, with force, their positive responses to the questions. Most patients were adamant, even effusive, when talking with the investigator regarding the excellent nursing care they received. Only one complaint was verbally mentioned to the investigator, and it was mentioned by an equal number of surgical and intensive care patients-- NOISE. These patients felt that the nurses were much too noisy at night. They had trouble sleeping because of the laughter and talking. Even though some patients complained of this, they still remarked that the nursing care that they received was superb. Despite the fact that three nurses were dissatisfied with the dimension that they find most important to them, their patients were still satisfied with the nursing care that they received.

Both satisfaction scales were examined for their internal consistency. They were found to exhibit internal consistency as the alphas and standardized item alphas surpassed the desirable level of .80.

### Conclusions

According to this sample staff nurses and intensive care nurses are equally satisfied with their jobs. They look for the same rewards/incentives from their job in an attempt to meet the higher needs of Maslow's hierarchy. The majority of the nurses are looking for an enjoyable and interesting job in which they can give and/or receive care and comfort.

Intensive care nurses feel that they have too many nurses to supervise when they are in charge.

Both groups of nurses were dissatisfied with the specific dimension of job satisfaction, "time to complete the job"; three nurses were found to be dissatisfied with the dimension that they consider the most important. One staff nurse and two intensive care nurses were dissatisfied with respect to this dimension; 10 percent of the staff nurses and 20 percent of the intensive care nurses were dissatisfied with this highest ranked dimension.

Despite the degree of dissatisfaction that was found, patients are not suffering. Patient satisfaction with their nursing care was found to be the rule rather than the exception. Any degree of dissatisfaction on the part of the nurse did not affect her performance.

### Recommendations

1. Replication of the study utilizing a larger sample. This would give the statistics more impact.
2. Replication of the study utilizing analysis of variance:
  - a. subjects who are categorized according to age, educational background, sex, months of employment, shift working, and other jobs held,
  - b. subjects who are categorized according to the area of the hospital, community, etc. that they work;
3. Follow-up with administration of the questionnaires to the same patients after they go home. This would avoid any influence that being "nurse-dependent," might have on patient responses.
4. Improvement of existing pathways of communication between the data collector and the units from which subjects are obtained so that greater nurse-subject cooperation can occur.
5. Clearer definition of each of the six dimensions of job satisfaction. This would cut-down on the number of inappropriate responses due to misinterpretation.

APPENDIX A

HUMAN SUBJECTS CONSENT LETTER



THE UNIVERSITY OF ARIZONA

TUCSON, ARIZONA 85724

HUMAN SUBJECTS COMMITTEE  
ARIZONA HEALTH SCIENCES CENTER 2305

TELEPHONE: 626-6721 OR 626-7575

November 14, 1979

Merry Mosier, R.N., B.S.  
2000 East Roger Road  
Apartment F-24  
Tucson, Az. 85719

Dear Ms. Mosier:

We have reviewed your proposal entitled, "Job Satisfaction of Nurses as Compared with Patients' Satisfaction of Their Care," which was submitted to the Human Subjects Committee and concur with the College Review Committee's examination and recommendations of this minimal risk project. Therefore, approval is granted effective November 14, 1979.

Approval is granted with the understanding that no changes will be made in the procedures followed or the questionnaire used (copies of which we have on file) without the knowledge and approval of the Human Subjects Committee and the College Review Committee. Any physical or psychological harm to any subject must also be reported to each committee.

Sincerely yours,

A handwritten signature in cursive script that reads "Milan Novak".

Milan Novak, M.D., Ph.D.  
Chairman  
Human Subjects Committee

MN:pd

xc: Ada Sue Hinshaw, Ph.D.  
College of Nursing  
Review Committee

## APPENDIX B

### JOB SATISFACTION STUDY

The purpose of this study is to identify differences between nurses with respect to their job satisfaction.

You are being asked to voluntarily give your opinion on the statements in this questionnaire; you are also asked to provide certain demographic data listed at the end of the questionnaire. You will be giving your consent by responding to the statements. Your name is not on the questionnaire, and you may choose not to answer some or all of the questions, if you so desire. Whatever you decide, your job will not be affected in any way. There are no known risks. You may ask questions of the investigator at any time during the study.

When answering the following questions, please consider your present position on your unit only. Your responses will be useful if you are as honest as you can be.

For each numbered item below, circle the appropriate response.

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

- SA A U D SD 1. My job is usually interesting enough to keep me from getting bored.
- SA A U D SD 2. It seems that my friends are more interested in their jobs.

- SA A U D SD 3. Most days I have time to provide hygiene measures for my patients.
- SA A U D SD 4. My co-workers seem more interested in their jobs than I do.
- SA A U D SD 5. The feedback I get from patients makes the job more interesting.
- SA A U D SD 6. It is rewarding to hear a patient say he receives good basic nursing care.
- SA A U D SD 7. I consider my job rather unpleasant.
- SA A U D SD 8. Usually I have enough time to do a good job of patient care.
- SA A U D SD 9. My presence seems to help some patients feel better.
- SA A U D SD 10. I enjoy my work more than my leisure time.
- SA A U D SD 11. I am often bored with my job.
- SA A U D SD 12. Actually, I receive a lot of feedback, either positive or negative, from my Head Nurse/Unit Director or Assistant Head Nurse.
- SA A U D SD 14. I feel satisfied with the technical care I give.
- SA A U D SD 15. When I know my patients are comfortable, I feel better.
- SA A U D SD 16. Many days I feel harassed because I don't have time to do all I want to do.
- SA A U D SD 17. I feel responsible for seeing that my patients receive individualized care.
- SA A U D SD 18. I feel fairly well satisfied with my present job.
- SA A U D SD 19. Most of the time I have to force myself to go to work.
- SA A U D SD 20. I am satisfied with my job for the time being.
- SA A U D SD 21. I feel I have time to do both the paper work and my patient care.

- SA A U D SD 22. Patients often say how much they appreciate my care.
- SA A U D SD 23. I am able to keep my patients comfortable.
- SA A U D SD 24. I definitely dislike my work.
- SA A U D SD 25. I feel that I am happier in my work than most other people.
- SA A U D SD 26. Most of the time, I have a reasonable number of staff to supervise.
- SA A U D SD 27. Most of the time, I am satisfied with patient care that I give.
- SA A U D SD 28. Most days, I am enthusiastic about my work.
- SA A U D SD 29. Most of the time, I have a reasonable number of patients to be responsible for.
- SA A U D SD 30. Each day of work seems like it will never end.
- SA A U D SD 31. I like my job better than the average worker does.
- SA A U D SD 32. If I've had a bad day, my Head Nurse/Unit Director or Assistant Head Nurse always comments on it.
- SA A U D SD 33. My job is pretty uninteresting.
- SA A U D SD 34. I find real enjoyment in my work.
- SA A U D SD 35. When I goof my fellow staff nurses really let me know.
- SA A U D SD 36. My colleagues give me positive "strokes" when I do something well.
- SA A U D SD 37. I feel like I have good control of my responsibilities.
- SA A U D SD 38. I am disappointed that I ever took this job.
- SA A U D SD 39. Some days I feel like I've "lost track" of part of my work assignment.

- SA A U D SD 40. There are some conditions concerning my job that could be improved.
- SA A U D SD 41. Many days I would have to stay overtime to get all my paper work done.
- SA A U D SD 42. Usually I provide the personal care that my patients need.
- SA A U D SD 43. If I've had a good day, my Head Nurse/Unit Director or Assistant Head Nurse comments on it.
- SA A U D SD 44. Usually I feel that my patients receive safe care.

(Atwood and Hinshaw 1977)

APPENDIX C

DIMENSIONS AND DEMOGRAPHIC DATA: NURSE SATISFACTION

The following are dimensions of job satisfaction. Rank the dimensions according to their importance in your attainment of job satisfaction, number 6 being the most important contributor and number 1 being the least important.

Dimensions

- \_\_\_\_\_ Enjoyment of job
- \_\_\_\_\_ Time to complete job
- \_\_\_\_\_ Interest in job
- \_\_\_\_\_ Control and Management
- \_\_\_\_\_ Care/Comfort
- \_\_\_\_\_ Feedback

Demographic Data

Unit \_\_\_\_\_ Number of months worked on unit \_\_\_\_\_  
Age \_\_\_\_\_ Shift(s) working \_\_\_\_\_  
Basic nursing education \_\_\_\_\_  
Highest degree held \_\_\_\_\_  
Other areas worked (in hospital or otherwise) \_\_\_\_\_

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5. The nurse is too slow to do things for me.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
6. The nurse is often too disorganized to appear calm.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
7. The nurse gives good advice over the telephone.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
8. The nurse gives directions at just the right speed.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
9. The nurse asks a lot of questions, but once she/he finds the answers, she/he doesn't seem to do anything.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
10. I wish the nurse would tell me about the results of my tests more than she/he does.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
11. It is always easy to understand what the nurse is talking about.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
12. Too often the nurse thinks you can't understand the medical explanation of your illness, so she/he just doesn't bother to explain.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
13. The nurse always gives complete enough explanations of why tests are ordered.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
14. The nurse is understanding in listening to a patient's problems.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
15. The nurse should be more attentive than she/he is.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
16. The nurse is just not patient enough.  
 STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE

17. When I need to talk to someone, I can go to the nurse with my problems.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
18. The nurse is too busy at the desk to spend time talking with me.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
19. The nurse is pleasant to be around.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
20. I'm tired of the nurse talking down to me.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
21. The nurse is a person who can understand how I feel.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
22. A person feels free to ask the nurse questions.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
23. The nurse should be more friendly than she/he is.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
24. Just talking to the nurse makes me feel better.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE
25. The nurse explains things in simple language.  
STRONGLY AGREE    AGREE    UNCERTAIN    DISAGREE    STRONGLY DISAGREE

APPENDIX E

CHARACTERISTICS OF THE SUBJECTS IN GROUP I

Subject No.	Age	Number of Months on Unit	Shift(s) Working	Basic Nursing Education	Highest Degree Held	Other Areas Worked (Hospital or Other)
1	27	20	Days	A.D.	A.D.	Emergency
2	29	6	Evenings	B.S.N.	B.S.N.	PICU, MICU
3	37	120	Days	A.D.	A.D.	Float, prn
4	50	1	Nights	Diploma	B.S.N.	Private duty, Other
5	38	72	Days	Diploma	Diploma	Emergency, CCU, Other
6	32	36	Days	A.D.	A.D.	Orthopedics, CCU
7	25	6	Evenings	B.S.N.	B.S.N.	Free clinic
8	27	20	Days	A.D.	A.D.	Emergency
9	28	2	Evenings	A.D.	B.S.N.	Psychiatry
10	27	36	Evenings	B.S.N.	B.S.N.	PICU

APPENDIX F

CHARACTERISTICS OF THE SUBJECTS IN GROUP II

Subject No.	Age	Number of Months on Unit	Shift(2) Working	Basic Nursing Education	Highest Degree Held	Other Areas Worked (Hospital or Other)
01	24	23	Days	A.D.	B.S.N.	Factory, office
02	23	8	Evenings	A.D.	A.D.	OR, infirmary
03	25	36	Evenings	A.D.	A.D.	None
04	40	36	Days	A.D.	A.D.	Burn unit
05	34	60	Days	A.D.	A.D.	Pediatrics, med./ surg.
06	36	19	Days	Diploma	Diploma	Med./surg., neurology
07	32	3	Evenings	A.D.	A.D.	None
08	38	72	Evenings	A.D.	A.D.	Office, factory, rehabilitation
09	25	18	Nights	A.D.	A.D.	Med./surg.
010	59	12	Nights	B.S.N.	B.S.N.	Taught high school vocational nursing

APPENDIX G

CHARACTERISTICS OF THE SUBJECTS IN GROUP Ia

Subject No.	Age	Sex	No. of Days in Hospital this admission	No. of Admissions in 2 years	Reason for Admission
1a	65	M	4	1	Angiogram
2a	68	M	4	1	TUR-P
3a	70	M	5	1	Cholecystectomy
4a	78	M	8	2	Colon resection
5a	57	F	8	1	Cholecystectomy
6a	18	M	52	2	Open reduction and debridement of left foot
7a	46	M	5	1	Esophagastroduodenoscopy, esophageal biopsy
8a	82	F	10	3	Hip pinning
9a	39	M	10	1	Cholecystectomy, appendectomy
10a	40	F	8	3	Laparotomy, appendectomy

APPENDIX H

CHARACTERISTICS OF SUBJECTS IN GROUP IIa

Subject No.	Age	Sex	No. of Days in Hospital this admission	No. of Admissions in 2 years	Reason for Admission
01a	69	M	20	6	Aortocoronary bypass, placement of AV sequential pace-maker
02a	54	M	4	3	Coronary artery bypass graft x 4
03a	69	M	8	3	Left thoracotomy and pneumonectomy, biopsies of left lung--CA lung
04a	63	F	34	4	CABG x 3
05a	65	M	10	2	CABG x 2
06a	66	M	3	3	CABG x 2
07a	93	M	3	1	Placement of pace-maker
08a	71	M	9	3	CABG x 2, placement of pacemaker
09a	62	M	4	3	Left parietal craniotomy for tumor
010a	69	M	3	2	Abdominal-perineal resection for CA of rectum

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