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A Survey of Perceived Job satisfaction Among School Nurses

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A SURVEY OF PERCEIVED JOB SATISFACTION AMONG SCHOOL NURSES

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A SURVEY OF PERCEIVED JOB SATISFACTION AMONG SCHOOL NURSES

ABSTRACT: Many studies have examined job satisfaction of nurses in various clinical settings, but few have focused on school nurses. This project was a follow-up to the study by Foley, Wilson, Lee, Young Cureton, & Canham (2004), who used a written questionnaire and convenience sample rather than the electronic means and random sampling employed here. Both studies, based on Stamp's Index of Work Satisfaction, analyzed six parameters to determine the degree of job satisfaction among members of a state school nurses organization. The results of this study substantially agreed with the prior study. School nurses were not satisfied with their jobs. Autonomy in their job was the most significant parameter, followed by interaction, professional status, pay, task requirements, and organizational policies. Demographic information pointed to a potential problem with 53% of the school nurses surveyed intending to retire within 10 years.

KEY WORDS: school nurse, job satisfaction, work satisfaction, autonomy, professional status, interaction, online study, job dissatisfaction, retirement

INTRODUCTION

The impact that our jobs and our satisfaction with them have on us affects our personal lives and the lives of the ones near to us. Job satisfaction has been studied among several occupations and professions including the health care field and nursing. Various studies demonstrate that increased job satisfaction among nurses and positive client outcomes have been associated with work environments that have reduced stress, workload pressures, and employee turnover (AbuAlRub, 2004; Sarmiento, Laschinger, & Iwasiw, 2003; Shader, Broome, Broome, West, & Nash, 2001; Shaver & Lacey, 2003; Stamps, 1997; Tumulty, Jernigan, & Kohut, 1994). These studies have represented the status of professionals in nursing education and other established classical nursing positions in hospital, long-term care, and health clinics. Studies of job satisfaction among school nurses are less well represented.

With a current shortage of nurses and implementation of minimum hospital staffing levels for nurses by some states, incentives such as increased pay, training programs, and other benefits have been effected to retain and recruit nursing staff members. School nurses do not benefit from these newfound advantages, unless they leave school nursing. Marcontel (2001) states that job comprehension and performance by the school nurse is under frequent scrutiny, but all too often job satisfaction among school nurses is taken for granted and undervalued by school personnel.

School nurses perform autonomously in an environment that is not a typical health care environment, but an educational setting. Their positions require them to function flawlessly within the realms of education codes and nurse practice acts, while providing professional holistic care and health promotion, leadership, and management in a cooperative environment with students, families, other health care providers, school staff members, and administration

(Descoteaux, 2001; National Association of School Nurses, 2002; Parsons & Felton, 1992).

These prevailing requirements and demands placed on the school nurse differ from classical nurse practice, placing role strain and role ambiguity onto the school nurse leading to job dissatisfaction (Zimmerman, Wagoner, & Kelly, 1996).

Through this study school nurses have the opportunity to denote aspects of the job that are most important as well as most satisfying or dissatisfying to them. Results may provide labor organizations potential avenues for negotiating better working conditions and benefits, while providing employers with tangible evidence to help retain nurses. Results specify areas of greatest concern helping the employer determine the most cost-effective method of addressing factors that lead to job satisfaction among school nurses. The information developed may be useful as a tool to effect changes in how school nurses provide health care services to children and how staff members respond and treat school nurses.

Research Questions and Definitions

The primary research question is, "What is the amount of perceived job satisfaction among California School Nurse Organization (CSNO) members as measured by the Index of Work Satisfaction (IWS)?" To ascertain this IWS several other questions were asked including the levels of satisfaction for pay, autonomy, task requirements, organizational policies, interaction, and professional status. These six independent variables form the basis for the IWS. Stamps and Piedmont (1986) define them as follows:

1. Pay is the dollar remuneration and fringe benefits received for work done.
2. Autonomy is the amount of work-related independence, initiative, and freedom permitted or required in daily work activities.
3. Task requirements are for those things that must be done as a regular part of the job.

4. Organizational requirements are constraints or limits imposed upon the work activities by the organization's management.

5. Job status is the overall importance felt about the job at the personal level as well as its importance to the organization and the community.

6. Interaction means the opportunities and the requirements presented for formal and informal social and professional contact during working hours.

Background/Literature Review

School nurses are often a forgotten part of public school education. They work invisibly in most school settings maintaining a safe environment and keeping students in good health and in school. As certificated personnel, school nurse positions become an attachment to the teachers' employment contract. Various instruments have been used to study job satisfaction on numerous populations, including nurses. Nurse populations studied for job and career satisfaction include RN and LPN, mental health, differential duty, clinical, and other areas. Job satisfaction comparisons between nurses in different types of facilities and between nurse specialists have also been done. Employers have studied employee retention and turnover. However, school nurse job satisfaction warrants additional study.

Low levels of burnout and high levels of empowerment predicted job satisfaction for nurse educators in a descriptive correlational study conducted by Sarmiento, et al. (2004). The data in this study corroborate Kanter's (1993) theory that organizational factors within the workplace have a role in molding behaviors and attitudes within the organization. According to these researchers, methods that enhance work empowerment may benefit college educators by preventing burnout and augmenting job satisfaction.

Administration should be knowledgeable about work conditions and should promote plans to retain nurses. Shaver and Lacey's (2003) study of staff nurses employed in North Carolina measured job and career satisfaction by examining their feelings regarding work environments and remaining in or leaving the workforce. The study indicated short staffing and years until retirement were significant influences on job and career satisfaction. The distinction between job satisfaction and career satisfaction was necessary because a change in jobs would not contribute to a loss within the overall nursing workforce, but dissatisfaction with the career choice and leaving the nursing profession would exacerbate the shortage.

Nurses at an academic medical center participated in a study by Shader, et al. (2001) to determine the factors influencing turnover rates and job satisfaction. Findings indicated that "job stress, work satisfaction, group cohesiveness, and weekend overtime were all predictors of anticipated turnover" (Shader, et al., Abstract). Recommendations indicated that managers need to be innovative in scheduling to adjust to the requirements of nurses to retain staff and to be aware of the effect that demographics have on the behavior of the cohort, the culture created on the unit, and the perception of job stress, satisfaction, and cohesion.

Writings on the complexity of the nursing practices by Rogers and Newman formed the cornerstone for this study. As cited in Prothero, Marshall, and Fosbinder (1999) (Differentiated Practice section, ¶ 1) it was Rogers (1961; 1970, p. 131), "who warned us against the 'misuse of both professional and technical registered nurses' and the need to extend the opportunity for nurses 'to practice at the level of preparation.'" To apply the nurses' preparation to the fullest extent, the theory of differential practice was developed by Newman with its basis in the complexities of the recently emerging practices of nurses.

Management, demographics, and scheduling were addressed by Prothero, et al. (1999) in their study on work satisfaction and personal values, which compared nurses on intensive care units, medical surgical units, and units with differential duty. The nurses in each of the three work environments answered the personal values survey. There were only slight variations in the results based on work environment. Although the personal values were similar among the three work environments the interactions were not. Nurses on differential duty considered patient care a team effort, interacting more as a team than the nurses in the other two environs. Nurses on differential duty status had greater job satisfaction than nurses on other units. Data regarding Internet or web-based nursing surveys appears to be lacking; however, AbuAlRub (2004) conducted a study with a convenience sample of American and non-American nurses who had Internet access. Results from the study supported the hypotheses “that hospital nurses with high social support from coworkers have low perceived job stress” (AbuAlRub, Results section, ¶ 1) and “that nurses with high social support from coworkers have high job performance” (AbuAlRub, Results section, ¶ 3). Although the results from this convenience sample have limited generalization, the findings are significant and warrant further study. The reduced rate of participation from the subjects and extension of the data collection period may have been due to the length of the survey, which had an extensive demographic section, and included three different surveys. A shorter survey may have had an improved response rate.

At a teaching hospital in the urban Midwest, Goodell and Coeling (1994) administered a survey to nurses and patients to determine both the relative importance of the elements of job satisfaction among nurses and the relationships of that job satisfaction to patient satisfaction and quality of care. Pay was deemed most important, followed by professional status, interaction, task requirements, organizational policies, and autonomy. Job satisfaction did not necessarily

equate with patient satisfaction. Conclusions from the study indicate that there is an assumption of risk by the manager, when trying to meet job satisfaction requirements among the nurses. The policies of health care programs should not assume that nurses are all alike and have the same needs and wants for job satisfaction.

Although job satisfaction has been widely studied among nurses, a search of the literature revealed only one recent study on school nursing job satisfaction. School nursing practice is defined by two regulatory agencies through: (a) state education codes and (b) state nurse practice acts. The survey by Foley, Lee, Wilson, Young Cureton, and Canham (2004) examined job satisfaction among a convenience sample of school nurses. Findings from the study, based on the IWS, ranked autonomy first, followed by interaction, professional status, pay, organizational policies, and task requirements. The overall IWS score represents a low level of satisfaction. Study limitations include a non-random convenience sample from a conference, so that results cannot be generalized.

THEORETICAL/CONCEPTUAL FRAMEWORK

In their dual-theory of motivation, Herzberg, Mausner, and Synderman (1959) described and classified variables influencing job satisfaction as well as job dissatisfaction in the dual-factor theory of motivation. These variables were classified as “motivational factors” and hygiene factors.” Hygiene factors affect job dissatisfaction within the work environment. Administrative practices and policies, job security, remuneration, and interpersonal relationships are hygiene factors. Motivational factors such as recognition, advancement, and achievement promote self-actualization and job satisfaction.

This dual-factor theory has foundation in Maslow’s (1954) hierarchy of human needs in which needs with greater priority must be addressed before lesser priority needs can be

addressed. Maslow's hierarchy culminates in self-actualization, reaching the pinnacle of one's ambition, on the same continuum as the basic human needs of physiology and security. Given that self-actualization is a lesser priority than physiology and security needs, physiological and security needs must be satisfied before the need of self-actualization can be satisfied. Maslow (1954) stated:

If one need is satisfied, then another emerges. This statement might give the false impression that a need must be satisfied 100 percent before the next need emerges. In actual fact, most members of our society who are normal are partially satisfied in all their basic need and partially unsatisfied in all their basic needs at the same time. A more realistic description of the hierarchy would be in terms of decreasing percentages of satisfaction as we go up the hierarchy of prepotency. (p. 100).

Some self-actualization and, therefore, job satisfaction can occur without 100% satisfaction of the greater priority needs; however, the percentage is low for self-actualization until the greater priority needs are substantially satisfied. Relating Maslow's theory to employment settings allows for some personal accomplishment and self-actualization, although without significant satisfaction of job security and remuneration, those gains would be limited. Employers can foster self-actualization and job satisfaction by reducing the effect of the negative hygiene factors of Herzberg et al. (1959) by addressing the basic needs such as job security, insufficient staffing, and adequate remuneration.

The school nurse job satisfaction analysis by Foley et al. (2004) demonstrated that the Herzberg et al. (1959) dual-factor theory fits well with the IWS questionnaire developed by Stamps and Piedmont (1986). The dual-factor theory variables match the Stamps and Piedmont variables of pay, autonomy (achievement), task requirements (administrative practices),

organizational requirements (organizational policies and practices), job status (job security), and interaction (interpersonal relationships). Both hygiene and motivation factors from the dual-factor theory are represented in the IWS questionnaire.

The dual-factor theory guides research questions, helps to answer research questions, is applicable to research, and helps in the design of the project. The IWS questionnaire is a valid tool derived from this theory, which is applicable to this project. With minor adjustments to the questionnaire, the dual-factor theory assisted in identifying issues related to work satisfaction and dissatisfaction among school nurses.

The theory combines nursing and non-nursing aspects into one nursing tool measuring work satisfaction. It has a basis in a psychological, behavioral theory utilizing Maslow's (1954) hierarchy of human needs. Maslow's hierarchy acts as a template for the dual-factor theory, characterizing a hierarchy of needs, a ranking, based upon the specific population surveyed with the questionnaire. This ranking becomes a weighting factor in assessing the fulfillment of the needs. The fit between the theories appears to be solid, despite the differences in disciplines generating the theories.

The dual-factor theory is applicable, relevant, and useful to the practice of determining the variables and manipulating the information to identify the working environment and motivators in the job setting. It does not guide the practice per se, but describes the setting in such a way that management, as well as nurses, can utilize the information to make the appropriate changes for increasing work satisfaction. The dual-factor theory within the IWS tool is easy to apply to the nurse practice, but it does not explain or improve the practice. What it does is explain the perceived environment in which the nurses work. If changes are made in the

work environment the theory could indirectly facilitate and improve nursing practice by increasing job satisfaction.

The dual-factor theory is the framework for the diagnostic tool that develops information to be analyzed and reviewed to change the conditions under which the nurses work.

It will not develop new information that will revolutionize the nursing practice. It will establish and compare work satisfaction indexes from the same or different types of work environments.

It may make the work environment a better place to be, if those who are able to make the necessary changes utilize the information properly.

METHODS

Research Design

The design of the project is a non-experimental survey design. It was presented through emails to the selected membership, as a link, to access the website with the questionnaire. No control group was utilized. No intervention or manipulation of the environment occurred. Once the entire pool of data was collected, it was processed and manipulated to create values for the answers to the research questions.

The design answers the research questions asked regarding job satisfaction and its associated variables. The design of the instrument reduces extraneous independent variables and maximizes control and minimizes bias by being a valid and reliable instrument. The generalizability is enhanced over the prior study by using a random sample provided by CSNO as opposed to a convenience sample.

Subjects and Sampling

A numbered membership list of almost 1500 school nurses was obtained from CSNO. Names were deleted, leaving only the numbers, and a random number generator selected 500

members, by number, from the CSNO list. Of these, 448 email addresses were obtained and emails were sent. This action produced 91 addresses that were not valid, leaving 357 valid email addresses. An email was sent to these addresses with a link that directed the recipient to the website on which the IWS questionnaire was displayed. In order to answer the questionnaire the recipient received the university IRB forms on the questionnaire site and had to positively answer the question to proceed. This website was open to the participants from March 22 to April 7, 2006, during which time the participants could answer the questions and submit the data. The participants who did not initially respond were sent as many as three emails to request that they complete and submit the survey. The data were then processed, scored, and statistically analyzed. The total number of responders was 124 (34.7%). Those answering the survey questions ranged from 95-104 per question (26.6%-29.1%).

Setting

Email and website usage was chosen and justified over a United States Postal Service mail survey for several reasons. AbuAlRub (2004) used email successfully in a study of job stress, job performance, and social support, using three questionnaires. The new study had one questionnaire for the participants. An email and website study is more cost-effective than a mailed survey. It did not have costs associated with postage, envelopes, paper, and copying expenses as incurred with a mailed study. The questionnaire was just as easy to answer online as it would be to use paper, but much more convenient for the participant to send back by pressing a submit button, rather than remembering to find a post office. It was easier for the researcher to receive the data in a form ready for statistical analysis. Environmentally, it was better with no trips to and from the post office and very little if any paper waste generated.

Instrumentation

The instrument used for the survey was the IWS questionnaire developed by Stamps and Piedmont (1986). Foley, et al. (2004) used this questionnaire in a prior analysis of work satisfaction among school nurses, which demonstrated that the dual-factor theory (Herzberg et al., 1959) was appropriate for the questionnaire. A demographics questionnaire was also provided with the IWS questionnaire.

The IWS questionnaire consists of two parts. Part A is comprised of paired components comparing variables of pay, autonomy, task requirements, organizational policies and practices, job status, and interaction with each other. Each school nurse identifies the one variable in each pairing that is more significant for her or him. Statistical analyses of these data establish a ranking for these variables. This ranking and associated statistical value is significant for the importance that the variable component holds for the school nurses.

For Part B, the school nurses assess these same variables with the use of 44 Likert scale questions. The results are tabulated with a score established for each variable. The mean score is calculated for each. A weighted score is established for each variable, by multiplying with the associated value from Part A. Now a total IWS score is calculated to determine overall job satisfaction, by adding the values together and obtaining the mean of the sum. Each component variable is ranked from Part B to determine which components are being met satisfactorily.

The IWS is a valid and reliable instrument. Validity was determined by factor analytic techniques. "A varimax rotation produced 12 factors that accounted for 62 percent of the variance" (Stamps, 1997, p. 201). Reliability has been determined through Kendall's tau at .92 and Chronbach's alpha at .82.

Data collection, Human Subjects Considerations

Consent forms approved by the university Institutional Review Board were presented to the participants with the survey, online, as well as via the initial email. A copy of the form could be printed from the email that invited the recipient to participate. At the end of the consent form on the website, the statement “I have read the consent form and I wish to _____” was completed by clicking on the box “continue with the survey”, sending the participant to the actual survey questions. If the statement was completed with “leave the survey” the subject was sent to a “Thank You” page, exiting the recipient from the survey.

As the questionnaire was completed, but prior to submission, the participant had opportunity to exit the survey at any time. Upon submission, however, the data became accessible through the website to the researcher for analysis and inclusion in the study. The data were accessible through each, individual survey, as a summary of all the surveys, or as a summary after processing through various filters.

RESULTS

Data Analysis Procedures

The total number of responders was 124 (34.7%). Those answering the survey questions ranged from 95-104 per question (26.6%-29.1%). Analysis of the Part A data, the paired comparisons, provided a ranking of the six components and a score for each, which became the Component Weighting Coefficient for that component. Analysis of the Part B data, provided the Component Scale Score and the Component Mean Score. The product of each Component Weighting Coefficient and its corresponding Component Mean Score provided the Component Adjusted Score. The mean of the sum of the Component Adjusted Scores provided the Index of Work Satisfaction.

The Index of Work Satisfaction for this survey was 14.0, which is in the second quartile, denoting that school nurses are not satisfied with their jobs. Of the components, Autonomy is the only component that receives a satisfactory rating, after adjustment. The study determined that Autonomy and Interaction were the two most important factors in job satisfaction (Part A). Pay was fourth. Professional Status was the component most satisfied in the workplace setting (Part B) followed very closely by Autonomy. Interaction, which combined physician and nurse interaction with nurses, when separated showed much more satisfaction with the nurse-nurse interaction than the physician-nurse interaction. In fact, if the nurse-nurse interaction could be taken as a separate component it would have had the highest workplace satisfaction value.

DISCUSSION

Findings

The Demographic Data of this study's sample (given first) compared favorably to the Demographic Data of the Foley et al. (2004) convenience sample (given second): female participants 98% to 97%; age groups <40 10% to 6%, 40-<50 29% to 30%, 50-<60 47% to 51%, and ≥60 13% to 12%. Tenure values appear to be similar, but the range points are different. Salaries in the prior study appear to be lower, despite the range point differences, but salary increases over the three years between studies may make them equitable. School nurses are a highly educated group. Masters and Baccalaureate degreed nurses, together, total greater than 90% of the survey samples. Since the sample for this more recent study is derived from school nurses chosen through a random sampling procedure, the results are more generalizable to the population. Given the similarities between this study and the Foley, et al. (2004) study validity for both studies increases.

Both studies agreed with each other in the importance rankings, Part A, and the ranking of the Component Adjusted Scores of the questionnaire. The major differences in the ranking of the Component Mean Scores, Part B, were that the current study Professional Status surpassed Autonomy, Interaction, and Organizational Policies, and that Pay essentially tied for fourth with Organizational Policies. The Foley et al. (2004) survey ranked Professional Status fourth and Pay fifth.

Both studies agreed that job satisfaction was not evident. The IWS was in the second quartile in both studies, 14.0 to 11.6, with the increase evident in the recent study. All of the Component Mean Scores, Mean Scale Score, and the Component Adjusted Scores were higher in the more recent study.

Limitations

It is impractical to use one number, the overall IWS score, to generalize work satisfaction; however, the six variables from the study impart valuable information and detail to work satisfaction or dissatisfaction in those areas. By only using these specific variables and the assigned questions, the scope of the instrument is limited, potentially leaving other areas uncovered by questions based on variables that may be derived from a naturalistic, qualitative study.

School nurses, who were not members of CSNO at the time of the survey, were not represented in this study and any results of this study are not generalizable to them. Also, those CSNO members who did not have a valid email address on file and Internet access at the time of the study or those who were invited, but did not complete the survey, were not represented in this sample for study. Although the current study utilized a random sample, participation was voluntary and the number of participants was small reducing generalization.

Conclusions

The schools nurses surveyed conveyed an overall dissatisfaction with their work environment. All is not lost; however, the relationship is tenuous at this time. With data from these recent studies, school districts and county and state governments can attempt changes in the workplace to make the job more satisfying for school nurses and keep the experienced nurses in the school setting longer. Only 20% of the workforce have tenure less than 5 years and yet, 27% of the workforce are expecting to retire within 5 years. Unless there is an untapped supply of nurses waiting to become school nurses, school districts are looking at fewer nurses moving into an increasingly complex health care situation, as their experienced nurses are leaving in greater numbers!

IMPLICATIONS FOR SCHOOL NURSING PRACTICE

School nurses differ significantly from clinical nurses, due to the fact that they practice in an educational setting. This setting needs to be given more weight in surveys. Further research should include qualitative studies of school nurses that explore the factors that are deemed most important for job satisfaction and then develop school nurse-specific component questions of actual job satisfaction for a new survey. Greater participation from a randomly generated sample of school nurses is necessary to increase generalization of the findings, in future studies.

Although the intention of this survey was to gain knowledge of school nurse job satisfaction, the demographic data describes a potentially serious implication of job dissatisfaction. Over the next 5 years more than one quarter of the school nurses expect to retire from school nursing. More significantly, greater than 50% of the surveyed nurses intend to retire within 10 years! With an increased significance of the health care support required for medically fragile and high-risk students, it appears that fewer nurses will be available to provide the care

required. School district administrators need to examine priorities and develop strategies for recruiting and retaining school nurses who can provide competent health care in the school setting to ensure student safety.

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Table 1

Proportion Matrix for Paired Comparisons

Importance						
(Most →)	Pay	Autonomy	Task	Organizational	Professional	Interaction
(Least ↓)			Requirements	Policies	Status	
Pay	-	.750	.548	.353	.534	.650
Autonomy	.250	-	.186	.270	.233	.471
Task	.452	.814	-	.386	.657	.692
Requirements						
Organizational	.647	.730	.614	-	.680	.765
Policies						
Professional	.466	.767	.343	.320	-	.622
Status						
Interaction	.350	.529	.308	.235	.378	-

Table 2

Index of Work Satisfaction Data

Component	Component Weighting Coefficient (Part A)	Component Scale Score (Part B)	Component Mean Score (Part B)	Component Adjusted Scores
Pay	2.922 (II)	24.40 (II)	4.07	11.893 (II)
Autonomy	3.696 (III)	41.71 (III)	5.21	19.256 (III)
Task Requirements	2.822 (II)	21.29 (II)	3.55	10.018 (II)
Organizational Policies	2.606 (II)	28.51 (II)	4.07	10.606 (II)
Professional Status	3.017 (II)	36.69 (III)	5.24	15.809 (II)
Interaction	3.469 (III)	48.72 (III)	4.87	16.894 (II)
Nurse-Nurse	-	27.21 (III)	5.44	-
Nurse-Physician	-	21.48 (III)	4.30	-
Total Scale Score: 201.3 (range: 44-308)	Mean Scale Score: 4.5 (range: 1-7)	Index of Work Satisfaction: 14.0 (II) (range: 0.9-37.1)		

Note. Quartile designations are shown in parentheses and are based on calculations truncated to the appropriate decimal point designation for scoring in Table 9 from “Scoring Workbook for the Index of Work Satisfaction,” by P Stamps. Copyright 2001 by Market Street Research, Inc.

Table 3

Demographic Data 1

	Characteristic	Respondents	Percent
1. Gender:	Female:	95	97.9
	Male:	2	2.1
2. Age Group:	20-<30 years	0	0
	30-<40 years	10	10.3
	40-<50 years	28	28.9
	50-<60 years	46	47.4
	≥60 years	13	13.4
3. Tenure:	<5 years	20	20.6
	5-<10 years	28	28.9
	10-<20 years	37	38.1
	≥20 years	12	12.4
4. Projected years until retirement:	<5 years	26	27.1
	5-<10 years	25	26
	10-<20 years	33	34.4
	≥20 years	12	12.5

Table 4

Demographic Data 2

Characteristic	Respondents	Percent
5. Highest Nursing Education (Adjusted		
“lower” education responses from 7		
“multiple responders”.)		
Nursing Doctorate:	1	1.1
Nursing Masters:	43	44.3
Nursing Baccalaureate:	45 (4 removed)	46.4
Associate with Non-	5	5.2
Nursing Baccalaureate:		
Associate:	2	2.1
Diploma with Non-	3 (2 removed)	3.1
Nursing Baccalaureate		
Diploma	0 (2 removed)	0
6. Current Base Annual Salary:		
<\$35,000	2	2
\$35-<50,000	25	25.5
\$50-<65,000	35	35.7
\$65-<80,000	27	27.6
≥\$80,000	9	9.2