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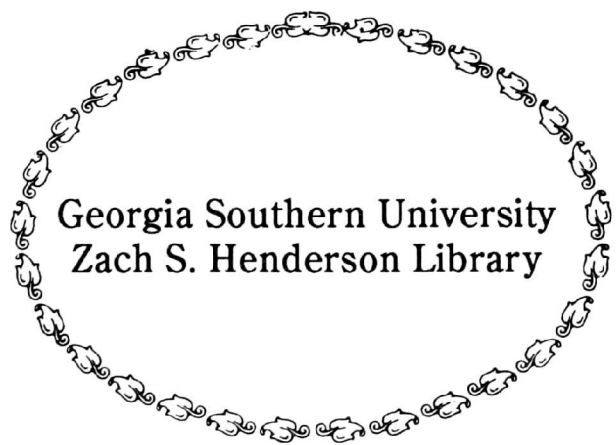
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THE RELATIONSHIP OF JOB SATISFACTION
AND THE RETENTION OF HEAD NURSES

Renee Overstreet Teeple



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THE RELATIONSHIP OF JOB SATISFACTION

AND THE RETENTION OF HEAD NURSES

submitted by

Renee Overstreet Teeple, B.S.N.

A Thesis Submitted to the Graduate Faculty of
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THE RELATIONSHIP BETWEEN JOB SATISFACTION
AND THE RETENTION OF HEAD NURSES

by

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Abstract

Nursing turnover is a chronic problem for nursing and hospital administration. Nursing turnover consumes a major portion of nonessential nursing costs. The effects of nursing turnover is compounded when it involves the head nurse. Nursing administration must identify the causes of this turnover and develop strategies to prevent it.

The purpose of this study was to determine if a relationship exists between job satisfaction and the intent to remain in a position. Head nurses from fifty (50) randomly selected acute care medical surgical facilities in Georgia were surveyed. one hundred and eight (108) head nurses from thirty (30) hospitals responded.

Participants were asked to rank the five factors out of eleven identified factors they perceived as contributing most to job satisfaction. In addition they were asked to rate their current level of satisfaction with all of the identified factors. Respondents were also asked their intent to remain in their current position for the next five years.

Participants ranked Standards of Patient Care (28%), Level of Administrative Support (19.6%), Pay/Benefits (15.9%), Ability to Function Autonomously (12.9%), and Scheduling: Says Off, Shifts, Etc. (7.5%) as the top five factors. There were moderate relationships between overall job satisfaction and intent to remain ($r=.34$) and between the top five factors and intent to remain.

Job satisfaction of nurses may not be determined by measures of tangible factors, such as pay, but rather intangible factors such as values and commitments. Perhaps factors which affect satisfaction or dissatisfaction of nurses are not those traditionally identified in job satisfaction surveys, but are instead more value-based.

Further research regarding values and needs and how the achievement of these affect the individual's job satisfaction should be considered. Furthermore whether there is a relationship between retention and the meeting of these needs and values should also be investigated.

Chapter I

Introduction

The rapidly changing health care environment has immediate and long range implications for all aspects of healthcare delivery. Foremost are escalating costs in the face of constraints on reimbursement as evidenced by Diagnosis Related Groups (DRGs), prospective payment, and other payment controls by third party payors. These restraints are forcing institutions to reduce as many nonessential nursing costs as possible. A major portion of these nonessential costs is consumed by nurse turnover (Prescott & Bowen, 1987).

Registered nurse (RN) staff turnover has become a chronic problem for nursing and hospital administration. The "crude turnover rate" of nurses was estimated by Prescott and Bowen (1987) to be thirty percent (30%). This estimate is lower than previous reports, which varied from forty two percent (42%) to over seventy percent (70%) (Prescott & Bowen, 1987). A certain amount of turnover is inevitable due to factors such as retirement and transfer of a spouse, which are beyond an institution's control. However, nursing administration must minimize the impact of RN turnover, since this turnover adversely affects the quantity, quality, and the cost of patient care, as well as staff morale.

Significance

Nurse turnover is extremely expensive. According to Hoffman (1985) the cost of hiring and training new staff accounts for one of the hidden costs of operating a nursing department. Prescott and Bowen (1987) estimate the cost to replace a single RN to be between \$2000 and \$3000. Curran (1989) estimates that hospitals spend an average of \$20,000 per nurse when all expenses related to recruitment are included. The costs of recruitment and orientation far exceed those of retention (Curran, 1989).

The effects of this problem are magnified when turnover involves the nurse manager in the head nurse role. The head nurse role is complex, blending both management and nursing skills. According to Miller and Heine (1988) the role of the head nurse as a first line manager is vital to the delivery of comprehensive healthcare services. The head nurse is the pivotal link between nursing administration and patient care. "The head nurse applies the objectives, goals, policies, and practices of nursing administration to concrete situations on the nursing unit" (Adams, 1988, p. 46). The head nurse role has grown in complexity and accountability. Head nurses are expected to provide innovative leadership and manage both human and material resources to provide the highest quality of care at the least cost (Hodges, Knapp, & Cooper, 1987). Therefore turnover at this level affects cost, quality and quantity of patient care, and staff morale and presents an

added dimension to the problem of staff nurse turnover already facing nursing administration.

Research has shown that job satisfaction affects the quality of services provided. Turnover is also an important indicator of job satisfaction (Simpson, 1985). Job satisfaction for RNs at all levels of nursing is a major concern of nursing administration. According to Hinshaw, Smeltzer, and Atwood (1987) dissatisfied nurses negatively influence patients' satisfaction with care and their compliance with treatment. To manage turnover, the factors which influence nurses to stay (job satisfaction) or to leave (job dissatisfaction) must be identified. Reducing turnover is a challenge because it is a multifaceted problem. Nurses usually identify several factors in their decision to leave an institution. Often these factors are within managerial control (Prescott & Bowen, 1987). Benefits, scheduling, and lack of stimulation are but a few of many factors within managerial control which are cited by nurses as reasons for leaving an institution.

Purpose

The purpose of this study was to determine 1) the factors that head nurses perceive as key determinants of retention and 2) the degree of satisfaction of these head nurses with those factors. In this study selected variables that affect retention were identified and the extent to which these variables contribute to job satisfaction were examined. The

population of interest was head nurses in acute care facilities in the state of Georgia.

Research Questions

1. What are factors that affect the job satisfaction of head nurses?
2. Is there a relationship between job satisfaction and the retention of head nurses?

Definition of Terms

Head Nurse - The nurse whose responsibility it is to manage the twenty four hour operation of a nursing unit

Job Satisfaction - An individual's attitude toward his job, which is a combination of job related factors

Turnover - Cessation of employment of a nurse from an institution within five years of employment

Dissatisfiers - Job related factors identified by Herzberg, such as company policy and administration, supervision, salary, interpersonal relationships and working conditions. Also referred to as extrinsic or job context factors.

Satisfiers - Job related factors identified by Herzberg, such as achievement, recognition, work itself, responsibility, and advancement. Also referred to as intrinsic or job content factors.

Retention - Continued employment of a nurse in an institution five or more years.

Operational Definitions

Dissatisfiers - Operationalized by the NERRV^c (Nurses' Evaluation of Recruitment/Retention Variables) rating scale as physical environment, scheduling, level of support from administration, pay/benefits, and standards of patient care.

Satisfiers - Operationalized by the NERRV^c rating scale as level of respect afforded nurses, opportunities for career advancement, ability to function autonomously, level of cooperation given by doctors, educational opportunities, and job assignment.

Retention - Operationalized in this study as the propensity to leave scale.

Assumptions

The assumptions of this study are as follows:

1. Job related factors provide job satisfaction or dissatisfaction.
2. Retention is an indicator of job satisfaction.
3. Turnover of nursing staff can be controlled by an institution.

Limitations

The limitations of this study are as follows:

1. The sample included head nurses in acute care facilities only.
2. Only facilities in Georgia were included.
3. The sample included nurses currently employed in the head nurse role.
4. Not all factors that affect job satisfaction were studied.

Chapter II

Review of Related Literature

Organization/Search Strategy

The literature review was concerned with the theoretical basis of the study, the role of the head nurse, job satisfaction, and retention (propensity to remain in a position). The purpose of the search was to determine the current level of knowledge of the head nurse role and the factors that affect job satisfaction. This literature review included research studies in the disciplines of nursing, psychology, and personnel management. The computerized systems of MEDLINE and GAIN were utilized. In addition the Cumulative Index to Nursing and Allied Health Literature was reviewed.

Psychology and business indices provided the search basis for information on Herzberg's two factor theory of motivation, the theoretical basis of this study. The literature was progressively reviewed from original studies conducted in the 1960s to more current studies. This review involved Herzberg's work, as well as other authors who utilized this theory. To ensure the most current information relating to increasing nurse turnover and the recent changes in the head

nurse role, the review of literature pertinent to these topics was conducted from 1985 to present.

Theoretical Basis

The theoretical basis for this study is Herzberg's two factor theory of job satisfaction and motivation. The original works of Herzberg, Mausner, and Snyderman, which presented the two factor theory, were conducted in 1959. Since then numerous studies identifying "satisfiers" and "dissatisfiers" have been conducted. Herzberg theorized that certain variables in the work situation (satisfiers) led to overall job satisfaction, but played an extremely small part in producing job dissatisfaction. Other variables (dissatisfiers) led to job dissatisfaction (Ewen, Hulin, Smith, & Locke, 1966). Herzberg defined "satisfiers" as work-related dimensions such as recognition, autonomy, and responsibility. These factors resulted in satisfaction, whereas the "dissatisfiers", such as pay, working conditions, and human-relation behaviors resulted in the opposite effect (McCormick & Ilgen, 1985). The "satisfiers", which produced good feelings about work, were generally associated with job content. Job context factors, "dissatisfiers", were generally associated with bad feelings (Luthans, 1985). Ulrich (1978) identified the "satisfiers" as intrinsic factors and a more likely source of motivation. Conversely the extrinsic factors, "dissatisfiers" were identified as more likely sources of dissatisfaction than motivation. Ulrich (1978)

studied the proposition in the context of nursing and reported that turnover was high because extrinsic factors outweighed the benefits of intrinsic factors.

Research relevant to the Herzberg two factor theory has produced conflicting results. Schwartz, Jenusaitus, and Stark's (1963) study of supervisory personnel in the public utility industry supported Herzberg's findings. Myers (1964) studied employees in five different industrial jobs and also replicated Herzberg's results. Saleh (1965) claimed support of Herzberg's hypothesis although study results were not entirely clear cut. Some researchers, although supportive of the theory, expressed concern and suggested possible drawbacks with the recall method used in studies supporting the theory (Ewen, 1964; Hardin, 1965). Friedlander (1964) substantiated Herzberg's findings that satisfiers and dissatisfiers were not opposite ends of a common set of dimensions. Satisfiers were found to deal with indices of personal growth and self-actualization. Dissatisfiers involved environmental and physical characteristics of the job. Couger (1988) replicated a study conducted in 1977 (Fitz-en, 1978), which supported Herzberg's research. In both studies of information systems employees, the top three motivation factors were job related rather than environmentally related.

Ewen (1964) was among those who did not support Herzberg's theory. He studied approximately one thousand (1000) life insurance agents and found various job factors

that Herzberg had identified as satisfiers and dissatisfiers did not occur as Herzberg has predicted. Graen (1966) used groups of engineers to perform a factor analysis and found that Herzberg's a priori satisfaction dimensions did not emerge as clear factors. Malinovsky and Barry (1965), studied a sample of blue collar workers and found that, contrary to Herzberg's theory, both satisfiers and dissatisfiers were positively related to job satisfaction. The results of a study by Hulin and Smith (1967) provided no support for the predictions one would make on the basis of the two factor theory of job satisfaction. In this study satisfiers acted as both satisfiers and dissatisfiers and dissatisfiers acted as satisfiers, as well as dissatisfiers.

According to Stamps and Piedmonte (1986), Herzberg's theory is one of the most common theoretical frameworks cited in hospital-based studies. More studies have been conducted using Herzberg's method of identifying satisfiers and dissatisfiers in this environment than any other theoretical framework. However results using Herzberg's theory are not always consistent. Neuman (1973) studied the factors nursing personnel considered to be most important in job satisfaction. Seven hundred and sixty (9760) registered nurses and licensed practical nurses in four hospitals were surveyed. Four factors accounted for most of the variance in job satisfaction. They were intrinsic factors related to the work itself, pay, technical supervision, and task assignments.

Another study (Aldrich, 1978) concentrated on turnover rates and identified both intrinsic and extrinsic factors as dissatisfiers. In a study by Longest (1979) intrinsic factors, such as recognition and advancement, identified as satisfiers by Herzberg, were ranked lowest by registered nurses, suggesting little importance in regard to job satisfaction. A study conducted by Janelli and Jarmuz (1987) supported Herzberg's basic premise about job satisfaction. Kovner and Oliver (1977) in a study of twenty six (26) nursing directors found motivators almost as often in satisfying situations as in dissatisfying ones. Herzberg's theory, with the exception of hospital policy and achievement, was not supported. Simpson (1985) studied nurses at all levels of the nursing hierarchy who reported dissatisfaction with the five motivating factors identified by Herzberg as determinants of job satisfaction. Psychological needs for growth and self-actualization of nurses were not being met. The Eason and Lee (1987) findings contradicted the theory. Salary and working conditions were found to be motivators rather than hygiene factors. The results of studies by Everly and Falcione (1976) and Ulrich (1978) indicated that the intrinsic/extrinsic dichotomy, which exists in elements of job satisfaction, did not apply. The study by Everly and Falcione (1978) suggested that nurses perceive job satisfaction in more complex terms and that the intrinsic/extrinsic dichotomy may oversimplify the situation. The study by Ulrich (1978) suggested the two

factor theory may be an inadequate explanation of the motives and attitudes of nursing personnel.

Criticism of Herzberg's theory by Ewen (1964) concluded that the nature of satisfiers and dissatisfiers was far from clear and may be different for different jobs. House and Wigdor (1967) criticized Herzberg's theory as an oversimplification of the relationship between motivation and satisfaction, as the sources of job satisfaction and dissatisfaction. They came to three conclusions in their research: 1) a given factor can cause job satisfaction for one person and job dissatisfaction for another, 2) a given factor can cause job satisfaction and dissatisfaction in the same sample, and 3) intrinsic job factors are more important to both satisfying and dissatisfying job events.

The use of Herzberg's theoretical framework has produced inconsistent results, yet it is still a valuable and frequently used assessment of work satisfiers and dissatisfiers. Although results have been inconsistent all the research emphasizes the identification of separate components of job satisfaction.

In Prescott and Bowen's (1987) study, staff relationships, salary, administration, lack of stimulation, staffing, scheduling, and alternate types of nursing experiences were identified as factors resulting in nurse resignations. These factors are the same or comparable to Herzberg's identified extrinsic factors of interpersonal

relationships, salary, administration, and working conditions. Among those factors identified by staff nurses as working condition inadequacies were promotion opportunities, respect by physicians, and nursing administration, as well as workload and time with patients. These factors correlate with Herzberg's intrinsic factors of advancement, recognition, and the work itself. Factors identified by nurses in studies of job satisfaction (Neathawke, Duberque, & Kronk, 1988; Roedel & Nystrom, 1988; Prescott & Bowen, 1987; Stamps & Piedmonte, 1986; Campbell, 1986; Simpson, 1985; Slavitt, Stamps, Piedmonte, & Haase, 1978; Nichols, 1971) can be categorized either as extrinsic factors (dissatisfiers) or intrinsic factors (satisfiers) as defined by Herzberg. The identification of separate components of job satisfaction and the ability to correlate these components with Herzberg's identified extrinsic and intrinsic factors support the use of the Herzberg theoretical formulation in nursing research (Stamps & Piedmonte, 1986).

Job Satisfaction

Job satisfaction concerns an individual's attitude toward his job and is the total of a set of job factors, such as wages, working conditions, fringe benefits, supervision, company policy, and work associates. Every job includes a range of positive as well as negative incentives and moments of satisfaction and dissatisfaction (Rambo, 1982). According to McCormick and Ilgen (1985), job satisfaction is a specific

subset of attitudes held by employees and their affective responses to their jobs. Job satisfaction is affected by the individual's perception of the rewards he should receive as a result of his job performance (Larson, 1986). These rewards may be intrinsic, those which give the individual a sense of internal satisfaction, or extrinsic, and include pay, promotion, and status. The study by Slavitt, Stamps, Piedmont, and Haase (1978) suggested that nurses perceive job satisfaction in more complex terms; therefore suggesting oversimplification of the traditional intrinsic/extrinsic dichotomy in the relationship of job satisfaction. A precise definition of job satisfaction and methods of measuring it are lacking, especially in medical settings (Slavitt et al., 1978).

Job satisfaction of nurses is of interest to hospital and nursing administration for several reasons. These reasons include its relationship to turnover, absenteeism, and job performance (Blegen & Mueller, 1987). Research findings have suggested dissatisfied nurses negatively affect quality of care (Hinshaw, Smeltzer, & Atwood, 1987). A 1985 study by Weisman and Nalhanson suggested that dissatisfied nurses negatively influenced patients' satisfaction with care and their compliance with treatment.

Job satisfaction is an unwieldy concept (Rambo, 1982). It refers to a broad range of work experiences and involves perceptual and motivational behaviors. One of the most

consistent findings about job satisfaction is that it correlates negatively with turnover (McCormick & Ilgen, 1985). The concern for nurses' job satisfaction is becoming more acute and with it the concern for the increasing problem of high turnover of nurses (Blegen & Mueller, 1987).

According to Rotkovitch (1983), more than ninety thousand (90,000) nurses occupied head nurse positions in 1980. This accounted for more than two billion dollars of health care expenditures. Job satisfaction at this level is critical in terms of expenses as well as productivity.

In a study by McCausland, Castiglia, and Hunter (1987) twenty three percent (23%) of head nurses surveyed in western New York state were not satisfied with their jobs. This compared with a thirteen percent (13%) dissatisfaction rate of staff nurses surveyed in the same study. In a survey of eight hundred and fifty four (854) hospitals by Curran, Minnick, and Moss (1987) thirty seven percent (37%) recruited two to three months to fill vacated head nurse positions. To avoid the expense of head nurse turnover, hospitals need to cultivate this nursing management resource and improve working conditions and resultant job satisfaction to avoid attrition and retraining costs of head nurses (Wells, 1990).

Data are limited on job satisfaction and turnover rates of head nurses. Studies have been confined mainly to staff nurses. According to Karen Hart, Executive Director of the National Association of Healthcare Recruitment, there are no

studies on the relationship of job satisfaction and the retention of head nurses. In the interest of promoting job satisfaction in first-line nursing managers, Wells (1990) recommends a study to obtain data on turnover of head nurses.

Turnover/Retention

Turnover rate may be defined as the proportion of employees who voluntarily leave an organization during a specified period of time (Alexander, 1988). Turnover is associated with dissatisfaction (Nichols, 1971). Turnover has been associated with diminished productivity and nursing effectiveness (Alexander, 1988). The effects of this turnover are reflected in increased costs as well as decreased quality of care. In a study conducted by Venzon (1985) one hundred percent (100%) of the nurse respondents agreed that quality of nursing care had been seriously affected by turnover. Because nurse turnover can be dysfunctional, a key objective of organizations must be to minimize the impact in terms of cost and quality patient care (Mann & Jefferson, 1988). Nurse turnover adversely affects both the budget and the delivery of high quality patient care (Hinshaw et al., 1987). In any organization a high rate of turnover among nurses results in a constant influx of inexperienced personnel which can reduce the possibility of providing optimal nursing care (Nichols, 1971).

According to Personett (1989) nursing turnover can also affect the credit ratings of hospitals. High nursing turnover

alone is not enough to justify a credit downgrade, but the long term effects of nursing turnover could lead to reduced credit ratings.

Many studies point to the importance of job satisfaction as a predictor of turnover. Hulin (1968) found that termination decisions of female clerical workers were significantly related to the degree of worker satisfaction. Other studies have produced essentially the same results among life insurance agents (Weitz & Nuckols, 1955), male and female office workers (Mikes & Hulin, 1968), and female operatives (Wild, 1970). Porter and Steers (1973) also found evidence concerning the impact of job satisfaction on turnover consistent with other studies.

Traditionally, nurse turnover has been attributed to personal factors such as marital status, length of time in a job, and first job incumbency, as well as education, number of children, and degree of internal control. Alexander (1988) suggests that reasons for turnover pertain to job-related factors, rather than personal factors. Reducing nurse turnover is a challenging task because it appears that it is not caused by any one factor.

According to Prescott (1986) most of the nursing turnover research is directed at the individual level where job satisfaction is the central variable of importance. The studies are more successful in accounting for job satisfaction than in accounting for turnover. A study by Weisman,

Alexander, and Chase (1981) of one thousand and eighty nurses, indicated that while job satisfaction is related to turnover, it is not the only or the best predictor. Alexander's (1988) findings suggested that certain organizational characteristics of hospital patient care units are associated with the rates of voluntary turnover among nurses.

Nurse retention is impacted by complex issues such as basic educational preparation, mechanisms to provide additional education and credentialing processes. Continued research is necessary to identify and resolve those issues which lead a nurse to leave (Burrage, 1989). According to Mann and Jefferson (1988) key determinants of nursing turnover involve such factors as stress, organizational commitment, job satisfaction, and the intent to leave. They suggest the best preparations for retention starts with a clear understanding of the causes, location, magnitude, and effects of turnover.

The issue of retention is magnified by the present nursing shortage. The quality and continuity of care and the ability to develop excellence in nursing practice is directly related to the ability to retain qualified staff (Kerford, 1988). When nurses leave they may often be replaced by less experienced nurses who require additional orientation. Therefore, the best recruitment efforts are wasted if experienced nurses can't be retained. Successful retention of experienced nurses is of paramount importance. According to Loveridge (1988) the cost for replacement of an experienced

nurse, following a minimal two week orientation period, ranges from \$2500 to \$5000 per nurse. The cost is significantly higher for new graduates due to the increased length of time required for orientation and optimal productivity. Loveridge estimates that a two percent (2%) decrease in the turnover rate results in an approximate savings of \$31,500, an amount equal to the salary of one full time registered nurse equivalent.

Organizational strategies for nurse retention programs are necessary. Retention of staff is an important indicator of organizational effectiveness (Loveridge, 1988). The outcome of an unsuccessful nurse retention program may extract a high toll from an organization (DesRosier & Zellers, 1989).

Head Nurse Role

According to Miller and Heine (1988) the role of the head nurse as a first line manager is vital to the delivery of comprehensive healthcare services. The head nurse role is central to the implementation and coordination of patient care, while fostering the philosophy and policies of the organization at the staff level. It is a complex blending of two professions, nursing and management. Head nurses are expected to provide innovative leadership and manage human and material resources to produce the highest quality care at the least cost (Hodges et al., 1987).

In the early 1970s head nurses were in charge of clerical duties such as making and receiving phone calls, and

transcribing orders. They were not involved directly and actively in managing the assessment, implementation, and evaluation of patient care requirements (Byers & Klink, 1978). Kelly's (1985) book, Dimensions of Professional Nursing, listed the following responsibilities, identified in 1978 by the American Nurses Association (ANA), for the head nurse role:

1. Providing for direct nursing care services to clients.
2. Evaluating nursing care given and assuring appropriate documentation, guidance, and supervision of staff members.
3. Selecting nursing personnel for hire.
4. Evaluating staff, including disciplinary action and separation from service.
5. Providing for teaching and staff development.
6. Coordinating nursing care with other health services.
7. Participating in and involving staff in nursing research.
8. Providing clinical facilities and learning experiences for students. (p.304-305)

As the complexity of patient care increased so did the complexity of the head nurse role. Head nurses found themselves inundated with paper work, thus limiting their major role in managing nursing care (Kelly, 1985).

Today, head nurses, as the first line of nursing administration, are the pivotal link between nursing administration and patient care. Head nurses must apply the objectives, goals, policies, and practices of nursing administration to concrete situations on the nursing unit (Adams, 1988). Effective line management at the head nurse level is vital to an organization due to the head nurse's relationship with the staff nurse, medical staff, and other hospital department contacts (Mohr, 1988). Head nurses are responsible for establishing direct lines of communication with managers of other hospital departments to facilitate smooth and uninterrupted service to patients and staff (Hopkins, 1987). Mediator, clinical expert, disciplinarian, teacher, and hospital spokesperson, as well as patient advocate, physician secretary, and relief nurse are some of the many roles the head nurse may be asked to assume at any given moment (Patrick, 1987).

The primary responsibility of the head nurse is to ensure that quality nursing care is delivered in an efficient and effective manner (Hopkins, 1987). Head nurses are responsible for developing unit based standards of practice, tracking quality of care issues, and conducting audits to identify problems and then implementing corrective action to alleviate those problems. In addition they act as role models for expert patient care delivery.

According to Hopkins (1987) personnel management is the second major focus of the head nurse role. Personnel management involves the screening, interviewing, and hiring of unit personnel, professional and non-professional. Necessary corrective action, up to and inclusive of termination, is also a function of personnel management for which the head nurse is responsible. Another central responsibility of the head nurse in personnel management is staff development. Head nurses facilitate this responsibility on several levels, including unit leadership groups. Head nurses work closely with these groups, helping each member to develop the ability to act as both a clinical resource and advisor to staff members.

The head nurse position in an organization is one of the key roles in administration of nursing services. The head nurse directly affects the quality of patient care, staff performance and satisfaction, and the accomplishment of organizational goals and objectives (Ellis, 1986).

Methodology

The study used a descriptive correlational design. Burns and Grove (1987) define a descriptive correlational study as one which examines the relationships which exist in a situation. In this type of study no attempt is made to manipulate or control the situation. Instead it involves an examination of variables in an existing situation. The study examined the relationship between job satisfaction of the

nurse in the head nurse role and propensity to leave an organization.

Quantitative methodologies for statistical analysis were utilized. The purpose of this study was to identify the relationship between job satisfaction and the retention of head nurses, as well as to test Herzberg's theory regarding satisfiers and dissatisfiers. According to Henry (1988) quantitative methodologies most typically include simple descriptive statistics, analyses of variance, simple correlations, and linear regression analyses. This study included descriptive statistics and correlations.

The sample was drawn from the population of head nurses in Georgia hospitals. A random cluster sampling of Georgia hospitals was used. This sampling plan is acceptable when a simple random sample would be prohibitive in terms of time and cost (Burns & Grove, 1987). Cluster sampling allows for a large sample at a lower cost. Random sampling was selected for this study because random sampling promotes generalizability to findings (Jacobsen & Meininger 1985).

Data for the study were collected using a researcher designed tool, which was a combination of the "Nurses' Evaluation of Recruitment/Retention Variables" (NERRV^c) rating scale, a single item regarding the propensity to leave, as well as pertinent demographic data. Demographic data, or attribute variables, such as age, gender, and educational level, were collected to describe the sample (Burns & Grove,

1987). Although the prime focus of this study was to determine the relationship between job satisfaction and the propensity to leave, the demographic information provided useful information in identifying the effect of other factors, not related to job satisfaction on the propensity to leave.

The rating scale, NERRV^c, was utilized by Neathawk, Dubuque, and Kronk (1988) to determine what factors played key roles with respect to recruitment and retention and to assess the degree of satisfaction of nurses with those variables. A pilot survey was conducted by Neathawk et al. (1988) to refine the NERRV^c instrument. This study included quantitative as well as narrative data. Narrative comments were tabulated as either positive or negative. The quantitative results of the study dealt with job satisfaction factors and levels of satisfaction with current position. The responses led to the conclusion that the respondents were remaining in their jobs because of the degree of satisfaction they were currently experiencing (Neathawk et al., 1988).

Several studies (Nichols, 1971; Nicholson, Wall, & Lischerson, 1977; Veiga, 1981; Ornstein & Isabella, 1990) have used a single Likert type scale question regarding the propensity to leave an organization. All studies used a five point scale. Nicholson et al. (1971), through multiple regression analysis, demonstrated a relationship between job satisfaction and propensity to leave. Therefore, the retention variable for this study was measured using the

single question regarding an individual's propensity to leave. In this study a four point value scale was used to measure the propensisty of an individual to leave.

Summary

As the review of literature demonstrates job satisfaction and turnover/retention are important issues in today's complex healthcare environment. Quality patient care, delivered in an cost effective and efficient manner, is a top priority of all health care organizations. Head nurses are integral members of these organizations and play an important role in the delivery of this patient care. Therefore their job satisfaction and retention are of paramount importance to the organization. Understanding those indicators the head nurse perceives as satisfiers and dissatisfiers will enable administrators to develop strategies to ensure job satisfaction and subsequent retention of these valuable members of the healthcare team.

This author agrees with the documentation, supported by the review of literature, of the importance of job satisfaction and its relationship to retention of nurses. Job related factors are indicators of satisfaction or dissatisfaction with an individual job. This author believes that in the role of head nurse those factors identified as intrinsic by Herzberg are the factors which result in job satisfaction and promote retention of the head nurse in her job. Therefore this study attempted to support Herzberg's

theory that intrinsic factors such as achievement, recognition, the work itself, responsibility, and advancement meet the high level needs of an individual and result in job satisfaction and retention

Chapter III

Methodology

Organization

This chapter presents the methodology utilized in conducting the study. The population is defined and justification for the selection of the defined sample is presented. The study is quantitative in nature, utilizing the correlational method. In correlational research a positive or negative relationship between two or more variables, as well as the degree of the relationships are examined (Burns & Grove, 1987). The instrumentation, collection of data, and the analysis of that data are also presented. Selection and modification of the survey instrument are discussed.

Population

According to Munro, Visintainer, and Page (1986) population includes all members of a defined group and the sample is the subset of that population. The sample was chosen from the target population, which was the population of interest and from which conclusions were drawn and generalizations proposed. In this study the target population was registered nurses in the head nurse role in Georgia hospitals. The subjects studied were head nurses in randomly selected hospitals in Georgia. Utilizing the random sampling

technique generalization beyond the sample was achievable. Random sampling makes generalization of the findings to the target population possible. The relationship that exists between job satisfaction and retention of head nurses in the study was representative of the target population of head nurses.

Sampling Design

The sampling design utilized was cluster sampling. A simple random sample of registered nurses in the head nurse role throughout the United States would have been prohibitive in terms of time and cost, therefore a cluster sampling of the hospitals in Georgia was used. From the 1990 edition of the Hospital Blue Book, hospitals which were JCAHO (Joint Commission for Accreditation of Healthcare Organizations) accredited and were designated as acute medical/surgical facilities were selected.

One hundred and ten (110) hospitals in Georgia meet this criteria. Code numbers were assigned for those identified hospitals. Fifty numbers were randomly chosen by an impartial person and the hospital with the corresponding number was selected. The four military hospitals meeting these criteria were eliminated prior to the selection due to governmental regulations regarding participation in surveys.

After selection of the fifty hospitals, a letter was sent to the nursing administrator of each institution. The letter (Appendix A) introduced the researcher, the study, and its

purpose. The letter asked the nursing administrator to randomly select five head nurses within the institution. The selection of head nurses of clinical nursing units was requested. The nursing administrator was asked to distribute the survey instrument (Appendix B) and a letter of introduction (Appendix C) to the selected head nurses. In the event there were not five head nurses of clinical nursing units within the institution, the nursing administrator was asked to distribute the survey instrument and letter of introduction to all head nurses of clinical nursing units within their institution. The researcher asked that these be distributed randomly, but in reality they may have been distributed according to convenience.

Design

The research design identified the five factors that head nurses reported as contributing the most to job satisfaction. The study further described the relationship between job satisfaction and retention. The researcher systematically examined the relationship between job satisfaction and retention. The researcher determined the extent of the relationship and whether it was a positive or negative relationship using the Pearson Product Moment Correlation Coefficient. Because of the nature of this research no causal inferences were made.

Instrumentation

In order to obtain data regarding retention in the

proposed study item one of the survey instrument addressed the propensity to remain in the current position (Appendix B). The subject was asked to identify the intent to remain in their current position within the next five years using a four point scale.

Variations of item one (propensity to leave) have been used in several studies (Nicholson et al., 1977; Veiga, 1981; Ornstein & Isabella, 1990). Nicholson et al. (1977) conducted a stepwise-regression analysis of six scales, which included the work itself, co-workers, pay, promotion, firm, and immediate supervisor, and found statistical significance (simple r ranged from $-.26$ to $-.61$, $p = <.05$ to $<.001$). In Veiga's (1988) study the propensity to leave was determined by asking subjects to indicate their willingness to leave for a better job in another company on a five point scale. Significant differences were found in the types of moves each group made ($\chi^2 = 18.1$ to 9.5 , $p = \leq .001$ to $\leq .01$). Ornstein and Isabella (1990) had the same levels of significance as Nicholson et al., (1977).

Item two asked the subject to rank the five factors they considered to be the most important contributors to job satisfaction. Item three asked the subject to indicate their level of satisfaction of the eleven identified factors as it relates to their current position. This portion of the survey instrument identified the factors perceived as the most important to job satisfaction in the sample population and

measured the level of satisfaction of the eleven identified factors.

Neathawk, Dubuque, and Kronk (1988) conducted a study to determine factors viewed by nurses currently practicing in hospitals as playing key roles in recruitment and retention, as well as to assess the degree of satisfaction of those nurses with those variables within their own hospitals. Two sections from the Nurses' Evaluation of Recruitment and Retention Variables Survey (NERRV^c) were used to obtain data in this study. The two parts used were: 1) the most important factors contributing to job satisfaction and 2) the level of satisfaction with those factors as they relate to the nurse's current position at the hospital. Permission was granted by Roger Neathawk, president of Market Strategies, Inc. to utilize portions of this copyrighted survey. No validity and reliability data were reported in Neathawk's study.

Demographic data were also collected from each subject (Appendix B). The information obtained in this section was used to determine the relationship between the thirteen demographic variables and retention. The demographic data also provided a profile of head nurses. Demographic data is presented as summary counts and percentages.

Collection of Data

After approval by the researcher's thesis committee and prior to the beginning of data collection, the study was

reviewed for the protection of human rights. After approval, the process of data collection began.

Letters (Appendix A) were sent to nursing administrators at the randomly selected hospitals. Enclosed for distribution to selected nurse managers were five letters of introduction to the head nurses (Appendix C) and five survey instruments (Appendix B). In the letter the head nurses were instructed to complete the attached survey instrument and return it in the postage free envelope.

The survey instrument was coded with a hospital identification number. This number allowed the researcher to determine the return of the instruments, thus providing a mechanism to identify areas requiring follow up letters requesting the return of the completed survey instrument. The hospital coding also allowed subsequent analysis of the representiveness of the sample.

Analysis of Data

The data analysis included descriptive and inferential techniques. These included frequency distributions, measures of central tendency, rank ordering, and correlations.

To organize hospital demographic data, categories from the 1990 edition of the Hospital Blue Book were used. Hospital data presented mean hospital bed size (acute and long term), average census, outpatient visits, and employees. Hospitals were also classified according to the American Hospital Association (AHA) categories for bed size and

districts within the state of Georgia and frequency distributions were done to present percentages of specific classes and districts. In addition data regarding fiscal control and availability of training programs at the survey hospitals were presented.

The demographic data of the respondents was grouped in frequency distributions to describe age, race, sex, marital status, basic education preparation, current education level, and current area of practice. Other demographic data were also compiled in grouped frequency distributions. The number of years of employment at the current hospital was grouped in five intervals as follows: less than one year employment, one to five years employment, six to ten years employment, eleven to fifteen years employment, and more than sixteen years employment. The number of years in the current position as head nurse was grouped in the same five intervals as follows: less than one year, one to five years, six to ten years, eleven to fifteen years, and more than sixteen years. The last of the grouped frequency distributions from the demographic data was the percentage of time the head nurse spends in the "staff nurse" role. The interval for this distribution was as follows: less than five percent (5%), six to twenty percent (6-20%), twenty one to fifty percent (20-50%), fifty one to seventy five percent (51-75%), and seventy five percent to one hundred percent (75-100%).

Respondents were asked to rank, from the most important to the least important, the top five of eleven identified factors that they perceived as contributing to job satisfaction. The data ranking job satisfaction factors was organized as follows. The five factors identified by each respondent as the most important factors contributing to job satisfaction were listed and number of times selected tallied. Results were compiled to display the frequency in which the five factors were selected. After ranking these factors, respondents were asked to select the level of satisfaction in their current position with all eleven of the identified factors. Additionally, the degree of the propensity to remain at the current hospital was requested.

A mean was calculated for demographic data regarding the respondent's age, number of years employed at the current hospital, number of years in the head nurse position, and current educational level. Survey response rate was also reported.

Correlational techniques were utilized to analyze the relationship between job satisfaction and the propensity to leave. Intercorrelations among the job satisfaction factors were also conducted. Finally, data were analyzed to determine support of Herzberg's theory.

The relationship between the identified satisfaction factors and the respondent's propensity to remain was analyzed. An overall job satisfaction level for each

respondent was obtained by totaling the values for the eleven job satisfaction factors and dividing that sum by eleven. In addition an overall level of satisfaction of the values of the intrinsic, extrinsic, and top five job satisfaction factors for each respondent was obtained in the same manner. Correlations of these individual scores with intent was conducted to determine specific relationships between job satisfaction and the propensity to remain. The intrinsic, extrinsic, and top five job satisfaction factors were grouped and intercorrelations among these groups were conducted, as well as an intercorrelation among the eleven job satisfaction factors.

Finally analysis was conducted to determine if Herzberg's theory applies to head nurses. Items on the survey instrument which are similar to those identified by Herzberg as intrinsic factors are Level of Respect Afforded Nurses, Opportunities for Career Advancement, Ability to Function Autonomously, Level of Cooperation Given by Doctors, Educational Opportunities, and Job Assignment. Frequency distributions were conducted to determine the frequency of selection of intrinsic and extrinsic factors in the ranking of the top five factors. Those factors identified as contributing to job satisfaction were analyzed for similarity to those factors Herzberg identified as satisfiers (intrinsic factors).

The level of significance for this study was set at $p = \leq .05$. The $\leq .05$ level of significance means that the

probability of the results occurring purely by chance is less than or equal to five percent (5%).

The .05 level of significance makes the risk for a Type II error less likely in the proposed study. Types of "error" are defined in terms of the null hypothesis (Munro et al., 1986). The null hypothesis proposes there is no difference. Therefore the null hypothesis for the proposed study will be that there is no relationship between job satisfaction and propensity to leave. The two potential types of errors are Type I errors and Type II errors. Type I errors reject the true null and are more likely to be made when the level of significance is .05. Type II errors accept the false null and are more likely to be made with .001 level of significance. The risk of a Type II error increases as the level of significance becomes more extreme. Decreasing the likelihood of one type of error increases the chances of the other type of error. It is not possible to decrease the risk of both errors at the same time.

Because the study dealt with attitudes and the behavioral sciences rather than medical sciences, it allowed for the acceptability of the risk of a Type I error. The .05 level of significance, common in nursing research (Burns & Grove, 1987), is acceptable and will show statistical significance of the data analyzed.

Chapter IV
Analysis and Findings

Sample

The population for this study was registered nurses (RNs) functioning in the head nurse role on clinical nursing units in acute care medical surgical facilities in Georgia. The sample was obtained by randomly selecting fifty hospitals which met the above criteria. In addition the facility was required to be accredited by the Joint Commission Accreditation for Healthcare Organizations (JCAHO). Head nurses responded from thirty of the fifty surveyed hospitals for a response rate by hospital of sixty percent (60%). Of the two hundred and fifty (250) surveys mailed to the fifty (50) hospitals, one hundred and eight (108) were returned for a response rate of forty three percent (43%).

Hospital demographic data were analyzed using the ABstat (Anderson Bell, 1989) personal computer program. Data were analyzed with frequency distributions, measures of central tendency, and measures of dispersion.

Demographic Data/Hospitals

Hospital size ranged from a minimum of thirty six (36) beds to a maximum of six hundred and ninety (690) beds. This total bed count did not include long term beds, which was

reported by seven of the surveyed hospitals. Long term beds at the seven hospitals ranged from a minimum of twelve (12) beds to a maximum of one hundred and forty three (143) beds. The mean total beds and long term beds were two hundred and thirty five (235) and eighty nine (89) respectively. The mean average census for the surveyed hospitals was one hundred and fifty two (152), with a minimum of twelve (12) and a maximum of six hundred and fifty eight (658) inpatients. Average census reflects the average number of inpatients per day and does not include newborns. Although long term beds were not considered in total bed counts, the utilization of these beds was included in the calculations of average census. In addition to inpatient statistics, reflected by the average census, outpatient statistics were identified. These outpatient statistics were designated as outpatient visits and are the total number of annual outpatient visits, including Emergency Room visits. Outpatient visits ranged from seventy five (75) to five hundred and sixty seven thousand eight hundred and seventy five (567,875) with a mean of seventy thousand two hundred and thirteen (70,213) visits. The fifty surveyed hospitals employed between eighty (80) and three thousand (3000) employees with a mean of eight hundred and seventy six (876). These demographic characteristics are presented in Table 1.

Table 1

Hospital Demographics

	MEAN	STD.DEV.	MIN.	MAX.
TOTAL BEDS	235.42	177.37	36	690
LONG TERM BEDS	89.29	50.98	12	143
AVERAGE CENSUS	152.08	142.07	12	658
OUTPATIENT VISITS	70213	117328	75	567875
EMPLOYEES	876.52	803.41	80	3000

n = 50

Long Term Beds: 7 out of 50 reported having Long Term Beds

Average Census: 1 out of 50 did not report Average Census

Outpatient Visits: 9 out of 50 did not report Outpatient Visits

Employees: 6 out of 50 did not report number of Employees

Hospitals were categorized by hospital bed size according to the American Hospital Association (AHA) categories. Fifty percent (50%) of the surveyed hospitals were AHA category II hospitals with hospital bed size ranging from one hundred (100) to three hundred (300) beds. There were no AHA category V hospitals in this random selection, although there are five in Georgia which meet this criterion. Two of these five hospitals are state mental health facilities and were not included in the random selection. The AHA classification by hospital bed size of the fifty surveyed hospitals is presented in Table 2.

Table 2

Survey Hospitals by AHA Categories

	FREQ	%
AHA I	15	21.7%
AHA II	35	50.7%
AHA III	10	14.5%
AHA IV	9	13.0%
AHA V	0	0.0%

n = 50

American Hospital Association Categories by Hospital Bed Size:

AHA I <100 beds
 AHA II 100 - 300 beds
 AHA III 301 - 500 beds
 AHA IV 501 - 700 beds
 AHA V >700 beds

The surveyed hospitals were also categorized by districts within the state. There are six districts defined by the AHA in the state of Georgia. Of the surveyed hospitals thirty six percent (36%) were located in the North Central district. Table 3 displays the six districts and the number and percentage of surveyed hospitals from each district.

Fiscal control of the survey hospitals was also identified. Of the fifty surveyed hospitals four did not designate fiscal control. The largest frequency (45.7%) was the "not for profit" hospital. Other data illustrating fiscal control of the surveyed hospitals is presented in Table 4.

Table 3

Classification by Districts of Survey Hospitals

	FREQ	%
Central (C)	6	12%
East Central (EC)	7	14%
North (N)	5	10%
North Central (NC)	18	36%
Southeast (SE)	5	10%
Southwest (SW)	9	18%

n = 50

Table 4

Fiscal Control of Survey Hospitals

	FREQ	%
COUNTY	6	13.0%
NOT FOR PROFIT	21	45.7%
PROPRIETARY	8	17.4%
HOSPITAL AUTHORITY	9	19.6%
FEDERAL	1	2.2%
STATE	1	2.2%

n = 46

Training programs available at the surveyed hospitals included those for physicians, nurses, administrators, radiology and laboratory technicians, and dieticians. Twenty eight percent (28%) of the surveyed hospitals have programs

for interns and residents and eight percent (8%) have programs for registered nurses. Table 5 presents the frequency of these programs at the surveyed hospitals.

Table 5

Frequency of Training Programs at Survey Hospitals

	# REPORTED	% OF TOTAL
INTERN PROGRAM	6	12.0%
RESIDENCY PROGRAM	8	16.0%
ADMINISTRATOR TRAINING PROGRAM	12	24.0%
RADIOLOGY TECHNICIAN PROGRAM	8	16.0%
LABORATORY TECHNICIAN PROGRAM	6	12.0%
DIETITIAN TRAINING PROGRAM	7	14.0%
RN TRAINING PROGRAM	4	8.0%
LPN TRAINING PROGRAM	0	0.0%

n = 50

Demographic Data/Participants

Of the two hundred and fifty (250) surveys mailed one hundred and eight (108) were returned for a response rate of forty three percent (43%). A profile of the survey participant was compiled by analyzing the demographic data from the survey instrument (Appendix B). Ninety three point five percent (93.5%) were white (90.8%) females between thirty and thirty nine years of age (41.7%). The educational level of the participant ranged from diploma (25%) to masters prepared (6.5%), with thirty six point one percent (36.1%)

having a Bachelor of Science in Nursing. Of the survey respondents twenty five percent (25%) are currently pursuing advanced degrees in nursing. For fifty nine point three percent (59.3%) of the respondents the current position was not their first management position. Frequency distributions utilized to organize these demographic data are presented in Tables 6, 7, 8, and 9.

Table 6

Sex of Survey Participants

	FREQ	%
MALE	7	6.5%
FEMALE	101	93.5%

n = 108

Table 7

Race of Survey Participants

	FREQ	%
AFRO-AMERICAN	7	6.5%
CAUCASIAN	97	90.6%
ORIENTAL	2	1.9%
OTHER	1	0.9%

n = 107

Table 8

Age of Survey Participants

AGE	FREQ	%
20-29	2	1.9%
30-39	45	41.7%
40-49	44	40.7%
50-59	16	14.8%
60 & OVER	1	0.9%

n = 108

Table 9

Current Education Level of Survey Participants

	FREQ	%
DIPLOMA	27	25%
ADN	35	32.4%
BSN	37	36.1%
MSN	7	6.5%

n = 108

Forty two point six percent (42.6%) of the respondents are head nurses of medical surgical nursing units and thirty nine point six percent (39.6%) report that five to twenty percent (5-20%) of their time is spent functioning as a staff nurse on their units. This information is presented in Tables 10 and 11.

Table 10

Area of Practice of Survey Participants

	FREQ	%
MEDICAL SURGICAL	46	42.6%
SURGERY	3	2.8%
CRITICAL CARE	14	13.0%
OB/MATERNAL INFANT	12	11.1%
PEDIATRICS	6	5.6%
OUTPATIENT	2	1.9%
EMERGENCY	6	5.6%
PSYCHIATRY	2	1.9%
MULTIPLE AREAS	12	11.1%
OTHER	5	4.6%

n = 108

Table 11

Percentage of Time Spent Functioning as Staff Nurses by
Participants

	FREQ	%
< 5%	26	24.5%
5-20%	42	39.6%
21-50%	23	21.7%
51-75%	8	7.5%
76-100%	7	6.6%

n = 106

From the demographic data a composite profile of the typical head nurse in an acute care facility in the state of Georgia can be developed. This head nurse is a married, caucasian female between thirty (30) and thirty nine (39) years of age. Her basic education was an Associate Degree in Nursing, but she has upgraded that level to a bachelors degree. She has been employed in her current hospital between six (6) and fifteen (15) years and has been in her current position of head nurse, which is not her first management position, between one and five years. Her primary area of practice is medical surgical nursing and she spends between five and twenty percent (5-20%) of her time functioning as a staff nurse within her unit.

Overall the respondents intend to remain in their current position. Forty seven point six percent (47.6%) responded that they would probably be employed by their current employer in five years. Only five respondents (4.8%) responded that they definitely would not remain at their current employment. The responses to the survey respondents' intent to remain is presented in Table 12.

Respondents were asked to identify the five job satisfaction factors out of the eleven listed that they perceived as being most important to job satisfaction. This data allowed the researcher to identify the top five factors as perceived by head nurses in acute care facilities in

Georgia, as well as to examine the support of Herzberg's theory.

Table 12

Intent to Remain at Present Employment in Five Years

	FREQ	%
YES, DEFINITELY	41	39%
YES, PROBABLY	50	47.6%
NO, PROBABLY NOT	8	7.6%
NO, DEFINITELY NOT	5	4.8%

n = 104

The job satisfaction factors identified by the respondents as the top five in rank order were Standards of Patient Care (28%), Level of Support From Administration (19.6%), Pay/Benefits (15.9%), Ability to Function Autonomously (12.1%), and Scheduling: Shifts, Days Off, Etc. (7.5%). These data are displayed in Table 13 and the respondents current level of satisfaction with these factors is illustrated in Table 14. The respondents were most satisfied with the Standards of Patient Care (3.37) and least satisfied with Level of Support from Administration (2.88).

In addition to the top five factors the mean level of satisfaction of all eleven factors was identified. Table 15 displays these data. As with the top five, Standards of Patient Care was the factor with which the respondents were

most satisfied. Opportunities for Career Advancement was the factor of least satisfaction.

In regard to Herzberg's theory, the top five factors were looked at from the intrinsic and extrinsic perspective. The Ability to Function Autonomously was the only intrinsic factor identified. The remaining four of the top five factors accounted for all but one of the identified extrinsic factors. Physical Environment was the only extrinsic factor not identified. It is interesting to note that in the overall rating of all eleven job satisfaction factors Physical Environment ranked eleventh and was the only factor that was not selected by any of the one hundred and eight (108) participants as the number one choice. In fact less than one percent (0.9%) selected it as their number two choice and it was not rated at all by eighty five percent (85%) of the respondents. Table 16 illustrates these data.

Table 13

FREQUENCY OF SELECTION OF TOP FIVE JOB SATISFACTION FACTORS

VARIABLE	FREQ	%
STANDARD OF PATIENT CARE	30	28%
LEVEL OF ADMINISTRATIVE SUPPORT	21	19.6%
PAY/BENEFITS	17	15.9%
ABILITY TO FUNCTION AUTONOMOUSLY	13	12.1%
SCHEDULING (SHIFTS, DAYS OFF, ETC.)	8	7.5%

Table 14

MEAN LEVEL OF SATISFACTION OF TOP FIVE JOB SATISFACTION
FACTORS

VARIABLE	MEAN	STD. DEV.
STANDARD OF PATIENT CARE	3.37	0.62
LEVEL OF ADMINISTRATIVE SUPPORT	2.88	0.81
PAY/BENEFITS	2.93	0.59
ABILITY TO FUNCTION AUTONOMOUSLY	3.19	0.66
SCHEDULING (SHIFTS, DAYS OFF, ETC.)	3.34	0.63

n = 108

Extrinsic factors were more often ranked first, second, and third by respondents. In fact the variance in percentage between the selection of extrinsic factors over intrinsic factors for the first choice was forty point seven percent (40.7%) and twenty three point two percent (23.2%) for second choice. Only at the point of the third choice ranking did the percentage become more evenly divided between the extrinsic and intrinsic choices with three point seven (3.7%) separating the two. In the fourth and fifth choices the margin in favor of the intrinsic factors was two point eight percent (2.8%) and eight point four percent (8.4%) respectively. The respondents perceived those factors designated as extrinsic factors as contributing more to job satisfaction than intrinsic factors, contrary to Herzberg's theory. These findings are presented in Table 17.

Table 15

MEAN LEVEL OF SATISFACTION OF ELEVEN JOB SATISFACTION
FACTORS

VARIABLE	M	SD
PHYSICAL ENVIRONMENT	3.02	0.70
LEVEL OF RESPECT AFFORDED NURSES	2.87	0.53
SCHEDULING (SHIFTS, DAYS OFF, ETC.)	3.34	0.63
OPPORTUNITIES FOR CAREER ADVANCEMENT	2.87	0.77
LEVEL OF ADMINISTRATIVE SUPPORT	2.88	0.81
JOB ASSIGNMENT	3.14	0.61
PAY/BENEFITS	2.93	0.59
ABILITY TO FUNCTION AUTONOMOUSLY	3.19	0.66
LEVEL OF COOPERATION GIVEN BY DOCTORS	2.92	0.74
STANDARDS OF PATIENT CARE	3.37	0.62
EDUCATIONAL OPPORTUNITIES	3.02	0.76

n = 108

Inferential Data

The Pearson Product Moment Correlation Coefficient (r) is the most usual method by which the relation between two variables is quantified (Munro, Visintainer, and Page, 1986) and therefore was the statistical method used. Correlations between intent and demographic data were conducted and intercorrelations among the eleven job satisfaction factors, as well as groupings of intent, intrinsic, extrinsic, and the top five factors were conducted. Finally, correlations

between intent and these groupings were conducted. Among the demographic variables weak correlations significant at $\leq .05$ were found in the following. A very weak negative relationship between percent of time spent staffing and intent was demonstrated ($r = -.24, p = .03$). Thus the intent to remain decreases as the amount of time spent in functioning as a staff nurse increases. Weak relationships between first time managers ($r = -.22, p = .02$) and area of practice ($r = .21, p = .03$) with intent were also identified.

Intercorrelations among responses to the satisfaction level of the eleven job satisfaction levels are illustrated in Table 18, Figure 1. Correlation coefficients ranged from $r = .19$ (the correlation between Standards of Patient Care and Pay/Benefits) to $r = .55$ (the correlation between Opportunities for Career Advancement and Educational Opportunities) at the .05 or less level of significance. The amount of variance accounted for between the highest and lowest coefficients was determined to measure the meaningfulness of the r . This measures the amount of variance that the variables shared. The meaningfulness of the $r = 0.19$ is obtained by squaring the coefficient, $r^2 = (.19)^2 = .04$, or 4%. Likewise squaring $r = .55$ is .30 or 30%. Thus the variance shared between Standards of Patient Care and Pay/Benefits is quite small at 4%. A variance of 30% shared between Opportunities for Career Advancement and Educational Opportunities was somewhat larger.

Table 16

Frequency of Selection of Factors Contributing to Job Satisfaction

	0	1	2	3	4	5
PHYSICAL ENVIRONMENT	85%	0%	0.9%	1.9%	5.6%	6.5%
RESPECT OF NURSE	49.5%	4.7%	10.3%	11.2%	10.3%	14.0%
SCHEDULE	61.7%	7.5%	9.3%	8.4%	4.7%	8.4%
CAREER OPPORTUNITIES	61.7%	3.7%	5.6%	6.5%	12.1%	10.3%
ADMINISTRATOR SUPPORT	20.6%	19.6%	16.8%	15.9%	13.1%	14.0%
JOB ASSIGNMENT	80.4%	5.6%	1.9%	4.7%	4.7%	2.8%
PAY	27.1%	15.9%	18.7%	13.1%	13.1%	11.2%
AUTONOMY	42.1%	12.1%	13.1%	11.2%	13.1%	8.4%
PHYSICIAN COOPERATION	63.6%	1.9%	5.6%	6.5%	9.3%	13.1%
PATIENT CARE	25.2%	28.0%	15.0%	11.2%	13.1%	7.5%
EDUCATION OPPORTUNITIES	80.4%	0.9%	1.9%	6.5%	3.7%	6.5%

n = 107

An overall job satisfaction level was obtained by totaling the scores for all eleven identified job satisfaction factors and dividing this score by eleven. The mean of this overall job satisfaction level was 3.05, suggesting that overall the respondents are satisfied with those factors which were identified as contributing to job satisfaction. A

correlation of this overall job satisfaction level and the intent to remain was conducted. The correlation coefficient (r) was 0.34 at the 0.0005 level of significance. The amount of variance shared by the two variables was 12%. Table 19 displays this information.

Table 17

Frequency of Selection of Intrinsic and Extrinsic Job Satisfaction Factors

	INTRINSIC	EXTRINSIC
CHOICE # 1	28.7% (31)	69.4% (75)
CHOICE # 2	37.0% (40)	60.2% (65)
CHOICE # 3	46.3% (50)	50.0% (54)
CHOICE # 4	50.0% (54)	47.2% (51)
CHOICE # 5	52.8% (57)	44.4% (48)

n = 108

Intrinsic factors were the subject of the next correlation. An intercorrelation among the responses to the satisfaction level of the factors identified as intrinsic factors are illustrated in Table 20, Figure 2. Correlation coefficients ranged from $r=0.20$ (Educational Opportunities and Job Assignment, 0.19798) and $r=0.55$ (Educational Opportunities and Opportunities for Career Advancement) at the 0.05 or less level of significance. The amount of variance shared was 4% and 30% respectively.

Table 18

Intercorrelation Among Responses to Satisfaction Level of

Eleven Job Satisfaction Factors

	1	2	3	4	5	6	7	8	9	10	11
1	X	.13	.18	.14	.08	.08	.08	.04	.13	.09	.21*
2		X	.30*	.28*	.27*	.03	.03	.11	.31*	.18	.33*
3			X	.33*	.21*	.27*	.23*	.13	.12	.21*	.32*
4				X	.37*	.19*	.33*	.09	-.03	.24*	.55*
5					X	.29*	.17	.38*	.13	.43*	.35*
6						X	.24*	.32*	.18	.36*	.20*
7							X	.02	.07	.18*	.32*
8								X	.25*	.29*	.12
9									X	.37*	.20*
10										X	.22*
11											X

* = <.05 Level of Significance

Figure 1

Job Satisfaction Factors

-
1. Physical Environment
 2. Level of Respect Afforded Nurses
 3. Scheduling (Shifts, Days Off, Etc.)
 4. Opportunities for Career Advancement
 5. Level of Support From Administration
 6. Job Assignment
 7. Pay/Benefits
 8. Ability to Function Autonomously
 9. Level of Cooperation Given by Doctors
 10. Standards of Patient Care
 11. Educational Opportunities
-

Table 19

Correlations of Overall Job Satisfaction, Intrinsic Factors, Extrinsic Factors, and Top Five Job Satisfaction Factors with the Intent to Remain

	r	prob	n	variance
Job Satisfaction Intent To Remain	.34	.0005	101	12%
Intrinsic Intent To Remain	.31	.0017	101	10%
Extrinsic Intent To Remain	.31	.0016	104	10%
Top Five Intent To Remain	.34	.0004	103	12%

Table 20

Intercorrelation Among Responses to Satisfaction Level of Six
Intrinsic Job Satisfaction Factors

	1	2	3	4	5	6
1	X	.28*	.02	.11	.31*	.33*
2		X	.19*	.09	-.03	.55*
3			X	.32*	.18	.20
4				X	.25*	.12
5					X	.20*
6						X

* = <.05 Level of Significance

Figure 2

Intrinsic Job Satisfaction Factors

-
1. Level of Respect Afforded Nurses
 2. Opportunities for Career Advancement
 3. Job Assignment
 4. Ability to Function Autonomously
 5. Level of Cooperation Given by Doctors
 6. Educational Opportunities
-

An overall level of satisfaction with intrinsic factors was measured. The mean of the level of satisfaction with intrinsic factors was 3.0. A correlation between the intrinsic factors and intent to remain was conducted. The correlation coefficient was $r=.31$ at the .0017 level of

significance, with a shared variance of 10%, again illustrated in Table 19.

An analysis of extrinsic factors was then conducted. An intercorrelation among the responses to the satisfaction level of the factors identified as extrinsic factors revealed scores which ranged from $r=.19$ (Pay/Benefits and Standards of Patient Care) and $r=.43$ (Level of Administrative Support and Standards of Patient Care) at the .05 or less level of significance, with a shared variance of 4% and 18% respectively, illustrated in Table 21, Figure 3.

Table 21

Intercorrelation Among Responses to Satisfaction Level of Five Extrinsic Job Satisfaction Factors

	1	2	3	4	5
1	X	.18	.08	.08	.09
2		X	.21*	.23*	.20*
3			X	.17	.43*
4				X	.18*
5					X

* = <.05 Level of Significance

Figure 3

Extrinsic Job Satisfaction Factors

-
1. Physical Environment
 2. Scheduling (Shifts, Days Off, Etc.)
 3. Level of Support From Administration
 4. Pay/Benefits
 5. Standards of Patient Care
-

The overall level of satisfaction of extrinsic factors (mean=3.1) was correlated with the intent to remain, illustrated in Table 19. The correlation coefficient was $r=.31$ at the .0016 level of significance with a shared variance of 10%, as displayed in Table 19.

Finally an intercorrelation among the responses to the satisfaction level of the identified top five factors was conducted. This correlation revealed scores which ranged from $r=.19$ (Pay/Benefits and Standards of Patient Care) to $r=.43$ (Level of Administrative Support and Standards of Patient Care) at .05 or less level of significance. These findings are illustrated in Table 22, Figure 4. An overall satisfaction level of the top five selected factors (mean= 3.1) was determined and correlated to the intent to remain, resulting in a correlation coefficient of $r=.34$ at the .0004 level of significance and a shared variance of 12%. Table 19 displays this information.

Table 22

Intercorrelation Among Responses to Satisfaction Level of Top
Five Job Satisfaction Factors

	1	2	3	4	5
1	X	.18*	.43*	.29*	.21*
2		X	.17	.02*	.23*
3			X	.38	.21
4				X	.13
5					X

* = <.05 Level of Significance

Figure 4

Top Five Job Satisfaction Factors

-
1. Standards of Patient Care
 2. Pay/Benefits
 3. Level of Support From Administration
 4. Ability to Function Autonomously
 5. Scheduling (Shifts, Days Off, Etc.)
-

Data from the correlation of the job satisfaction variables as a whole and individually with intent to remain were consistent with previous findings. Moderate relationships were shown to exist.

Chapter V

Summary, Conclusions, and Recommendations

Overview

The purpose of this study was to determine if a relationship existed between job satisfaction and the intent to remain in a position. The population was head nurses in Georgia hospitals. Herzberg's theory of motivation was the theoretical basis. The sample consisted of one hundred and eight (108) head nurses at thirty (30) of fifty (50) randomly selected hospitals.

The study was both descriptive and correlational. Selected demographic data which were thought to be related to intent to remain were requested. Participants were asked to rank the five factors they perceived as contributing most to job satisfaction from eleven identified factors. In addition they were asked to measure their current level of satisfaction with these five factors, as well as the remaining six factors. Data analysis included frequency distributions, measures of central tendency, rank ordering, and correlations.

Summary of Findings

There were moderate relationships between intent to remain and overall job satisfaction ($r=.34$), intrinsic factors ($r=.31$), extrinsic factors ($r=.31$), and the top five ranked

factors ($r=.34$). These relationships are consistent with current literature, which has found satisfaction and employee turnover to be moderately related. Early studies (Vroom, 1964) found that the correlation between satisfaction and intent to leave ranged from $r=-.13$ to $r=-.42$ across various studies. Later, Porter and Steers (1973) and Mobley (1982) found a correlation of $r=-.25$ between these two variables. Locke (1976) noted that correlations, although consistent and significant, were not especially high and were usually less than $r= .40$.

The studies reported in the literature correlate the intent to leave with job satisfaction, indicating a negative relationship (Brayfield and Crockett, 1955; Vroom, 1964; Porter and Steers, 1973, Locke, 1975). This study correlated the intent to remain with job satisfaction, thus a positive relationship resulted. The moderate relationships ranging from $r=.34$ to $r=.31$ suggests that other factors may influence turnover. In a meta analysis of thirty nine (39) studies of job satisfaction and retention, Muchinsky and Tuttle (1979) found negative relationships of moderate strength ($r=-.40$) in all but four of the studies.

While acknowledging the relationship between job satisfaction and turnover, one should not assume that there are no other job attributes that can predict this behavior (Rambo, 1982). Mobley, Horner, and Hollingsworth (1978) suggested that statements concerning an employee's intention

to remain with an organization are better predictors of turnover than job satisfaction measures. Koch and Steers (1978) reported that measures of job attachment predicted employee turnover more accurately.

Job attachment refers to the identification with the work by an individual and the stated intention to avoid seeking an alternative work situation. According to Rambo (1982) job attachment appears to be more strongly related to characteristics associated with the individual such as age and education, whereas job satisfaction appears to be more closely related to characteristics of the job. Both individual and job characteristics are factors contributing to employee turnover. There is the possibility that individual characteristics may play the more substantial role. Correlation of gender with overall job satisfaction in this study revealed a relationship of $r=.21$ at the .03 level of significance. According to Rambo (1982) the available evidence indicates a relationship between overall job satisfaction and education. In this study correlation between overall job satisfaction and the participants' current level of education revealed a correlation coefficient of $r=-.22$ at the .02 level of significance, suggesting that as the education level of the participant increased the overall job satisfaction decreased.

Research has shown that age and tenure are positively associated with favorable job attitudes and resultant job

satisfaction (O'Reilly & Roberts, 1975; Porter & Steers, 1973). This research also supports age (80.7% between thirty (30) and forty nine (49) years of age) and tenure (53% employed eleven (11) or more years by current employer) as positive factors associated with overall job satisfaction (mean = 3.1). Steers (1986) suggests that this relationship is the result of employees getting older and acquiring seniority and moving into more responsible and challenging positions.

Other individual or personal attributes which have been associated with satisfaction are self-assurance, decisiveness, and maturity (O'Reilly & Roberts, 1985). Korman (1977) suggested that individuals with high self-esteem also tend to be more satisfied with their work situation.

In addition to the individual characteristics, job characteristics also influence job satisfaction. According to Steers (1986) two aspects of the job represent especially strong influences on satisfaction: job scope and job clarity.

Job scope refers to those attributes which characterize a job, such as amount of variety, autonomy, and responsibility. Much research has been done on the effects of job scope and its impact on satisfaction. Stone (1978), Hackman and Lawler (1971), and Brief and Aldag (1975) found that increased job scope related to increased satisfaction. In this study autonomy was selected as one of the top five factors contributing to job satisfaction, which supports this influence of job scope on job satisfaction.

The other aspect, role clarity deals with role ambiguity and role conflict, which also have been found to relate to job satisfaction. Role ambiguity and role conflict have been found to lead to increased stress and reduced job satisfaction (Miles and Perreault, 1976; Morris, 1976). The negative relationship demonstrated by the correlation of intent to remain and percentage of time spent staffing in this study supports these previous findings. The head nurse, when torn between being a manager and functioning as a staff nurse, experiences role conflict and stress, thus leading to job dissatisfaction.

Another aspect of job satisfaction is an individual's values. Mitchell (1974) presented a motivation model that combined valence (an individual desire for or the attractiveness of a particular outcome), instrumentality (the outcome's degree of association with the individual's performance), and expectancy (linkage of the individual action to the outcome). Similar to the Mitchell model of motivation, it may be the case that before job satisfaction can be measured for an individual or a group, the values of that individual or group must be determined. Head nurses and nurses in general may have important values that are not presented by the typical job satisfaction factors.

Mobley (1977) agreed that job satisfaction and retention were related, but proposed that the linkage is not a simple one. Feelings of dissatisfaction provoke thoughts of leaving,

but whether or not that individual actually leaves depends on the costs of quitting and the attractiveness of other job opportunities. If the costs are too high the individual may reevaluate the job, thus producing a change in satisfaction. If the costs aren't too high and other opportunities are attractive the intention to quit is stimulated. If the alternative is not attractive, the intention to stay is stimulated. If nurses are committed to their jobs and receive important personal rewards, and if these rewards would not be available with alternative jobs, giving these up (the cost) would make the alternative job less attractive and stimulate the intent to stay.

The value system of nurses may not include those factors typically included in Herzberg's scale. According to Steers and Porter (1991) a number of scholars believe that Herzberg's theory does not give sufficient attention to individual differences. Research evidence suggests that individual differences are important to job satisfaction. Research has also failed to substantiate two distinct and independent factors as proposed by Herzberg. This study also found that the intrinsic or job satisfaction factors were not distinctly different and did not rank higher than the extrinsic factors or dissatisfiers. Herzberg's proposition that intrinsic factors are more important for job satisfaction than extrinsic factors was not supported by this study. The

participants overwhelmingly selected the extrinsic factors (80%) as those most representative of job satisfaction.

Conclusions

Research Question One asked for those factors that affect job satisfaction. The head nurses identified Standards of Patient Care, Level of Administrative Support, Pay/Benefits, Autonomy, and Scheduling (Days Off, Shifts, Etc.) as the five factors that contribute the most to job satisfaction. From the frequency distribution it is obvious that Standards of Patient Care is a significant satisfier for head nurses. Seventy five percent (75%) of all respondents selected Standards of Patient Care as one of the top five factors. It can be concluded that head nurses perceive those factors that directly influence patient outcomes as most important to job satisfaction.

Research Question Two asked if a relationship between job satisfaction and the retention of head nurses existed. The correlation of intent to remain and overall job satisfaction ($r=.34$), intrinsic factors ($r=.31$), extrinsic factors ($r=.31$), and the top five factors ($r=.34$) suggested a moderate relationship. Correlation of the top five factors with the intent to remain suggested Level of Administrative Support ($r=.31$) had the strongest relationship. Although the strongest relationship among the variables, the relationship remains a modest one. Therefore the conclusion is that other variables must influence job satisfaction and the intent to

remain. The conclusion drawn from many previous studies that suggest multiple variables influence job satisfaction is supported in this study.

Limitations of the Study

The study was limited by the fact that no hospitals of greater than seven hundred (700) beds were randomly selected. Therefore the sample may not be representative of large institutions in the population.

Contributions to the Literature

Studies of nurses' job satisfaction have focused on staff nurses. The review of literature revealed no studies of job satisfaction and head nurses. This study, designed specifically to address job satisfaction and head nurses, may be a major contribution to the literature. It contributes descriptive data of both hospitals and head nurses, as well as inferential data about the relationship between job satisfaction and the intent to remain.

The study supported previous research of job satisfaction in the general population in that there was a moderate relationship between job satisfaction and the intent to remain. It did not support Herzberg's proposition that intrinsic factors contribute more to job satisfaction than extrinsic factors.

Implications

The job satisfaction of nurses may not be determined by measures of tangible factors, such as pay, but rather

intangible factors such as values and commitment. The individual who pursues a career in nursing may possess inherent values and commitments, thus making them attracted to this type of work. While nurses may say they want more pay, a tangible factor, in fact their job satisfaction may actually be enhanced by the intangible factors such as values. For example, Standards of Patient Care, which relates to values, was selected as the number one factor relating to job satisfaction. This suggests that nurses are attracted to the job because nursing provides special non-material rewards. Because of this factor nurses may be different from other workers. Perhaps factors which affect satisfaction or dissatisfaction of nurses are not those traditionally identified in job satisfaction surveys, but are instead more value-based.

Recommendations

In view of the failure to support Herzberg's theory and the speculation that traditional job satisfaction factors may not be relevant to nursing, future studies should be directed toward individual values. Future research should involve values, needs, and commitment and their relationship to job satisfaction.

In regard to commitment, research dealing with the "costs" of quitting should be conducted. The notion that the cost of quitting is too great, due to the attachment to the profession and its personal rewards, and alternatives outside

the profession do not offer those rewards should be considered.

Further research regarding values and needs and how the achievement of these affect the individual's job satisfaction should be considered. Futhermore whether there is a relationship between retention and the meeting of these needs and values should also be investigated.

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Appendix A

Appendix A

LETTER TO NURSING ADMINISTRATORS

GEORGIA SOUTHERN UNIVERSITY
MASTER OF SCIENCE IN NURSING PROGRAM
STATESBORO, GEORGIA

Renee Teeple, R.N., B.S.N.
3110 Fennel Street
Savannah, Georgia 31404

Name of Administrator
Address
City, State

Dear Nursing Administrator:

The problem of shortages of professional nurses is of great concern to nursing administrators across the country. I am investigating this issue as part of the requirements for the Master of Science in Nursing degree in Nursing Administration from Georgia Southern University in affiliation with Armstrong State College.

The study investigates the job satisfaction of head nurses in acute care facilities. Participating hospitals have been chosen scientifically to represent the entire population of acute care facilities in the state of Georgia. I am asking for your assistance in obtaining participants for this study. Information will be obtained by means of the enclosed questionnaire and demographic data sheet. I think you will find the questions interesting -- and they will only take a few minutes of the participant's time.

My study will not require any confidential information from your health care facility, personnel files, or patient documents. It is understood that participants who complete the survey forms are giving permission to use the data in my research. The only coding will be the assignment of a hospital number to enable me to determine the number of surveys returned.

The study sample will include ten nurse managers from each hospital. Would you please take a few minutes to distribute the enclosed surveys with the accompanying self addressed, stamped envelope to ten of your head nurses and ask that they complete and return them to me withing three days. In the event you do not have ten head nurses please distribute to all head nurses.

Your cooperation in helping me obtain this valuable information for my research is appreciated. Since this information will help nursing administrators identify the needs of head nurses in relation to job satisfaction, you will be very interested in the results. If you wish a copy of the study results please return this letter to me.

Sincerely,

Renee Teeple, R.N., B.S.N.

Appendix B

Appendix B

**THE RELATIONSHIP BETWEEN JOB SATISFACTION AND RETENTION
SURVEY INSTRUMENT**

Hospital # _____

Thank your for participating in this research study. There are four parts to this survey (located on all four sides of the questionnaire) and it is very important that you answere each part completely. If you are unsure of any statement or question, please answer to the best of your ability.

After completion of all four parts, please place the questionnaire in the self assessed, postage free envelope provided and return within a week or less. If you are unable to participate in this survey, please return the form and the envelope to your Director of Nursing so another participant can be located. Thank you once again.

INTENT TO REMAIN IN CURRENT POSITION

In the following statement, please indicate your intention to remain in your current position at this hospital. Indicate your choice by placing a check in the appropriate circle.

I plan to be working for my current employer 5 years in the future.

- yes, definitely
- yes, probably
- no, probably not
- no, definitely not

The items on the following two pages were taken from the NERRV Survey, copyrighted by Market Strategies, Inc. and are used with the permission of Dr. Roger Neathawk.

FACTORS RELATED TO JOB SATISFACTION

Considering the items listed below, please choose the 5 that you consider to be the most important factors contributing to job satisfaction. Rank order your choice by placing a "1" by the item you feel is most important, a "2" by the next most important item, etc.

- _____ Physical Environment
- _____ Level of Respect Afforded Nurses
- _____ Scheduling (Shifts, Days Off, etc.)
- _____ Opportunities for Career Advancement
- _____ Level of Support from Administration
- _____ Job Assignment
- _____ Pay/Benefits
- _____ Ability to Function Autonomously
- _____ Level of Cooperation Given by Doctors
- _____ Standards of Patient Care
- _____ Educational Opportunities

For each of the items listed below, please indicate your level of satisfaction as it relates to your current position at this hospital. Indicate your choice by placing a check in the appropriate circle.

	H I G H L Y S A T I S F I E D	S A I S F I E D	D I S S A T I S F I E D	H I G H L Y D I S S A T I S F I E D
Physical Environment	0	0	0	0
Level of Respect Afforded Nurses	0	0	0	0
Scheduling (Shifts, Days Off, etc.)	0	0	0	0
Opportunities for Career Advancement	0	0	0	0
Level of Support from Administration	0	0	0	0
Job Assignment	0	0	0	0
Pay/Benefits	0	0	0	0
Ability to Function Autonomously	0	0	0	0
Level of Cooperation Given by Doctors	0	0	0	0
Standards of Patient Care	0	0	0	0
Educational Opportunities	0	0	0	0

DEMOGRAPHIC DATA

1. AGE: under 20
 20-29
 30-39
 40-49
 50-59
 60 and over
2. SEX: Male
 Female
3. RACE: Afro-American
 Caucasian
 Hispanic
 Oriental
 American Indian
 Other
4. MARITAL STATUS:
 Single
 Married
 Separated
 Divorced
5. YEARS IN THIS HOSPITAL:
 < 1 year
 1-5 years
 6-10 years
 11-15 years
 > 15 years
6. YEARS IN POSITION:
 < 1 year
 1-5 years
 6-10 years
 11-15 years
 > 15 years
7. FIRST MANAGEMENT POSITION:
 Yes
 No
8. BASIC EDUCATION:
 Diploma
 Associate Degree
 Bachelor Degree
 Masters Degree
 Doctorate
9. CURRENT EDUCATION:
 Diploma
 Associate Degree
 Bachelor Degree
 Masters Degree
 Doctorate
10. CURRENTLY PURSUING ADVANCED DEGREE IN NURSING:
 Yes
 No
11. IF YES TO #10, WHAT:
 Bachelor Degree
 Masters Degree
 Doctorate
 Specialty Cert
12. AREA OF PRACTICE:
 Med/Surg
 Surgery
 Critical Care
 OB/Maternal Inf
 Pediatrics
 Outpatient Svs
 Emergency
 Psychiatry
13. PERCENTAGE OF TIME STAFFING:
 < 5%
 5%-20%
 21%-50%
 51%-75%
 76%-100%

Appendix

Appendix C

LETTER TO NURSE MANAGERS

Dear Nurse Manager:

A crucial problem facing nursing in the nineties is the retention of nurses, especially those nurses functioning in the head nurse role. Your hospital was scientifically selected from all the acute care facilities in Georgia. Your nursing administrator was then asked to randomly select ten nurse managers in a patient care environment to participate in this study of the relationship between job satisfaction and the retention of head nurses.

You play a vital role in the data collection process. The information received from you will be held confidential and in no way will this information be able to be traced to you. The hospital code number in the upper right at the beginning of the questionnaire will allow me to determine the return rate by hospital, as well as help to gather demographic information about hospitals in the sample.

As a head nurse myself, I appreciate your busy and hectic schedule, but hope you will take a few minutes to complete this questionnaire and return it in the self-addressed, postage free envelope provided.

Thank you in advance for taking time to complete this questionnaire.

Sincerely,

Renee Teeple, R.N., B.S.N.
Graduate Student
Georgia Southern University
In affiliation with Armstrong State College

Appendix D

Appendix D

HOSPITALS SURVEYED
n=50

HOSP #	HOSPITAL NAME	LOCATION
1	HCA Palmyra Medical Center	Albany
2	Sumter Regional Hospital	Americus
3	Athens Regional Medical Center	Athens
4	St. Mary's Hospital	Athens
5	Crawford Long Hospital of Emory University	Atlanta
6	Georgia Baptist Medical Center	Atlanta
7	HCA West Paces Ferry Hospital	Atlanta
8	Northside Hospital	Atlanta
9	Piedmont Hospital	Atlanta
10	St. Joseph's Hospital of Atlanta	Atlanta
11	Humana Hospital Augusta, Inc.	Augusta
12	University Hospital	Augusta
13	Cobb Hospital and Medical Center	Austell
14	Early Memorial Hospital	Blakely
15	Grady General Hospital	Cairo
16	Mitchell County Hospital	Camilla
17	Polk General Hospital	Cedartown
18	Evans Memorial Hospital	Claxton
19	Doctors Hospital	Columbus
20	The Medical Center	Columbus
21	Rockdale Hospital	Conyers
22	Crisp Regional Hospital	Cordele

23	Lakeside Community Hospital	Cumming
24	Paulding Memorial Medical Center	Dallas
25	Dekalb Medical Center	Decatur
26	V.A. Medical Center (Atlanta)	Decatur
27	Coffee Regional Hospital	Douglas
28	Fairview Park Hospital	Dublin
29	Elbert Memorial Hospital	Elberton
30	Lanier Park Hospital	Gainesville
31	Northeast Georgia Medical Center	Gainesville
32	Hart County Hospital	Hartwell
33	R.J. Taylor Memorial Hospital, Inc.	Hawkinsville
34	Wayne Memorial Hospital	Jesup
35	Gwinnett Medical Center	Lawrenceville
36	Jefferson Hospital	Louisville
37	Middle Georgia Hospital	Macon
38	Kennestone Hospital	Marietta
39	Kenneston Hospital at Windy Hill	Marietta
40	Medical Surgical Central Hospital	Milledgeville
41	Newnan Hospital	Newnan
42	Floyd Medical Center	Rome
43	Candler General Hospital	Savannah
44	Memorial Medical Center	Savannah
45	Smyrna Hospital	Smyrna
46	Henry General Hospital	Stockbridge
47	Worth County Hospital, Inc.	Sylvester
48	Tift General Hospital	Tifton
49	South Georgia Medical Center	Valdosta
50	Burke County Hospital	Waynesboro

Appendix E

Appendix E

VARIABLE CODE TABLE
FOR DATA SET "HOSPDEMO"

1. HOSPNUM	9. RN
2. JCAHO	10. LPN
3. INTERNS	11. TOTBED
4. RESIDENT	12. LTBEDS
5. ADMIN	13. AVECEN
6. RADTECH	14. OPVIS
7. LABTECH	15. EMP
8. DIET	16. STATUS

Appendix F

Appendix F

**VARIABLE LIST: DEFINITIONS AND VALUES
FOR DATA SET "HOSPDEMO"**

VARIABLE	VARIABLE DEFINITION	VARIABLE VALUES
1. HOSPNUM	The number assigned to the hospital	1 - 50 See Appendix D for hospital listing
2. JCAHO	Approved by Joint Commission on Accreditation of Healthcare Organizations	1 - Yes 2 - No
3. INTERNS	Approved by the American Medical Association for training of interns	1 - Yes 2 - No
4. RESIDENT	Approved for residency training by the Accreditation Council for Graduate Medical Education	1 - Yes 2 - No
5. ADMIN	Training program for administrators	1 - Yes 2 - No
6. RADTECH	Training program for radiology technicians	1 - Yes 2 - No
7. LABTECH	Training program for laboratory technicians	1 - Yes 2 - No
8. DIET	Training program for dietitians	1 - Yes 2 - No
9. RN	Training program for registered nurses	1 - Yes 2 - No
10. LPN	Training program for licensed practical nurses	1 - Yes 2 - No

11. TOTBED	Total number of licensed beds, not including bassinets	Actual Value
12. LTBEDS	Total number of licensed long term care beds	Actual Value
13. AVECEN	Reflects the average number of inpatients per day based on previous reporting year, not including newborns	Actual Value
14. OPVIS	Total number of annual outpatient visits, including ER visits	Actual Value
15. EMP	Number of employees	Actual Value
16. STATUS	Ownership and/or governance of hospital	1 - Church 2 - County 3 - Community 4 - Not for Profit 5 - Private 6 - Proprietary 7 - Hospital Authority 8 - Federal 9 - State

With the exception of the hospital number, which was randomly assigned, as hospitals were selected, all values were obtained from the 1990 edition of the Hospital Blue Book.

Appendix G

Appendix G

**VARIABLE CODE TABLE
FOR DATA SET "SURVEY"**

1. HOSPNUM	22. MDLOOP2
2. INTENT	23. PTCARE2
3. ENVIR	24. EDUC2
4. RESPECT	25. AGE
5. SCHED	26. SEX
6. OPPRT	27. RACE
7. ADMSUPP	28. MARISTA
8. JOBASSG	29. YRSHOSP
9. PAY	30. YRSPOST
10. AUTON	31. FRSTMNG
11. MDLOOP	32. BASEDUC
12. PTCARE	33. CURREduc
13. EDUC	34. ADVDEG
14. ENVIR2	35. IFYES
15. RESPECT2	36. PRACAREA
16. SCHED2	37. STAFF
17. OPPRT2	38. JOBSAT
18. ADMSUPP2	39. INTRINSIC
19. JOBASSG2	40. EXTRINSIC
20. PAY2	41. TOP5
21. AUTON2	

Appendix H

Appendix H

**VARIABLE LIST: DEFINITIONS AND VALUES
FOR DATA SET "SURVEY"**

VARIABLE	VARIABLE DEFINITION	VARIABLE VALUES
1.HOSPNUM	The number assigned to the hospital	1 - 50 See Appendix D for hospital listing
2.INTENT	The intent to remain in position	1 - no, definitely not 2 - no, probably not 3 - yes, probably 4 - yes, definitely
3.ENVIR	Physical Environment	1-5, "1" being most important, "5" being least important
4.RESPECT	Level of Respect Afforded Nurses	1-5, "1" being most important, "5" being least important
5.SCHED	Scheduling (Shifts, Days Off, etc.)	1-5, "1" being most important, "5" being least important
6.OPPRT	Opportunities for Career Advancement	1-5, "1" being most important, "5" being least important
7.ADMSUPP	Level of Support from Administration	1-5, "1" being most important, "5" being least important
8.JOBASSG	Job Assignment	1-5, "1" being most important, "5" being least important
9.PAY	Pay/Benefits	1-5, "1" being most important, "5" being least important
10. AUTON	Ability to Function Autonomously	1-5, "1" being most important, "5" being least important

11.MDCOOP	Level of Cooperation Given by Doctors	1-5, "1" being most important, "5" being least important
12.PTCARE	Standards of Patient Care	1-5, "1" being most important, "5" being least important
13.EDUC	Educational Opportunities	1-5, "1" being most important, "5" being least important
14.ENVIR2	Physical Environment	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
15.RESPECT2	Level of Respect Afforded Nurses	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
16. SCHED2	Scheduling (Shifts, Days Off, etc.)	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
17. OPPRT2	Opportunities for Career Advancement	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
18.ADMSUPP2	Level of Support from Administration	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
19.JOBASSG2	Job Assignment	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
20.PAY2	Pay/Benefits	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied

21.AUTON2	Ability to Function Autonomously	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
22.MDCOOP2	Level of Cooperation Given by Doctors	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
23.PTCARE2	Standards of Patient Care	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
24.EDUC2	Educational Opportunities	1 - Highly Dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Highly Satisfied
25.AGE	Participant's Age	1 - under 20 2 - 20-29 3 - 30-39 4 - 40-49 5 - 50-59 6 - 60 and over
26.SEX	Participant's Sex	1 - Male 2 - Female
27.RACE	Participant's Race	1 - Afro-American 2 - Caucasian 3 - Hispanic 4 - Oriental 5 - American Indian 6 - Other
28.MARISTA	Participant's Marital Status	1 - Single 2 - Married 3 - Separated 4 - Divorced
29.YRSHOSP	Years Participant Has Worked in Current Hospital	1 - Less than 1 year 2 - 1-5 years 3 - 6-10 years 4 - 11-15 years 5 - 16 years or more

30.YRSPOST	Years Participant Has Worked in Current Position	1 - Less than 1 year 2 - 1-5 years 3 - 6-10 years 4 - 11-15 years 5 - 16 years or more
31.FRSTMNG	Current Position Participant's First Management Position	1 - Yes 2 - No
32.BASEDUC	Participant's Basic Nursing Education	1 - Diploma 2 - Associate Degree 3 - Bachelor Degree 4 - Masters Degree 5 - Doctorate
33.CURREduc	Participant's Current Education Level	1 - Diploma 2 - Associate Degree 3 - Bachelor Degree 4 - Masters Degree 5 - Doctorate
34.ADVDEG	Participant Currently Pursuing Advanced Nursing Degree	1 - Yes 2 - No
35.IFYES	Advanced Degree Participant Currently Pursuing	1 - Bachelor Degree 2 - Masters Degree 3 - Doctorate 4 - Specialty Certification
36.PRACAREA	Participant's Area of Practice	1 - Med/Surg 2 - Surgery 3 - Critical Care 4 - OB/Maternal Infant 5 - Pediatrics 6 - Outpatient Services 7 - Emergency 8 - Psychiatry 9 - Multiple Areas
37.STAFF	Percentage of Time Participant Spends Working as Staff Nurse	1 - Less than 5% 2 - 5%-20% 3 - 21%-50% 4 - 51%-75% 5 - 76%-100%

38.JOBSAT	Cummulative value of satisfaction with current job	Sum of variables 14-24 divided by 11
39.INTRINSIC	Cummulative value of satisfaction with intrinsic job factors in current job	Sum of intrinsic variables (15,17,19,21,22,24) divided by 6
40.EXTRINSIC	Cummulative value of satisfaction with extrinsic job factors in current job	Sum of extrinsic variables (14,16,18,20,23) divided by 5
41.TOP5	Cummulative value of satisfaction with top five job factors in current job	Sum of top five variables (16,18,20,21,23) divided by 5

Appendix I

Appendix I

**VARIABLE CODE TABLE
FOR DATA SET "THEORY"**

1. CHOICE1	4. CHOICE4
2. CHOICE2	5. CHOICE5
3. CHOICE3	

**VARIABLE LIST: DEFINITIONS AND VALUES
FOR DATA SET "THEORY"**

VARIABLE	VARIABLE DEFINITION	VARIABLE VALUES
1. CHOICE1	Refers to the factor selected as the first choice of participant	1 - Intrinsic 2 - Extrinsic
2. CHOICE2	Refers to the factor selected as the second choice of participant	1 - Intrinsic 2 - Extrinsic
3. CHOICE3	Refers to the factor selected as the third choice of participant	1 - Intrinsic 2 - Extrinsic
4. CHOICE4	Refers to the factor selected as the fourth choice of participant	1 - Intrinsic 2 - Extrinsic
5. CHOICE5	Refers to the factor selected as the fifth choice of participant	1 - Intrinsic 2 - Extrinsic