

WORK VALUES AND JOB SATISFACTION AMONG
SUPPLEMENTAL REGISTERED NURSES

by


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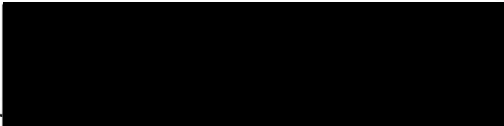
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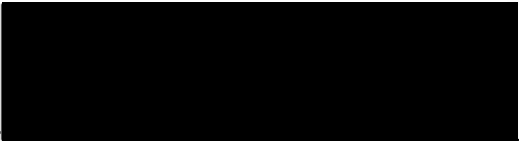
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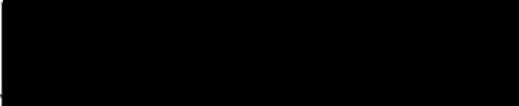
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CHAPTER I

INTRODUCTION

Statement of the Problem

Today's nursing labor market is plagued by a nationwide shortage of licensed registered nurses (RNs). This shortage is most critically felt within the hospital setting and is further aggravated by increasing turnover rates and increasing numbers of licensed RNs who choose to remain inactive within the nursing job market (Bergman, 1975; McCloskey, 1974; Lindeman, 1980).

Recent efforts by nursing administrators at countering the effects of the nursing shortage has included the widespread use of supplemental RNs, those nurses recruited, hired and paid by temporary staffing services (Donovan, 1978). While the use of supplemental RNs offers an alternative to the traditional practices of recruiting nurses for internal "float" pools and imposing costly overtime among regular staff nurses, it provides nothing more than symptomatic relief in terms of the nursing shortage. This practice provides neither preventative nor curative intervention to the ongoing problems associated with high RN attrition rates.

An objective examination of the work rewards valued by supplemental RNs and their subsequent effect on job satisfaction is a necessity if the issue of the nursing shortage is to be dealt with in a comprehensive manner. Discrepancies between valued work rewards and the reality of

the work world are cited as contributing factors associated with low job satisfaction levels (Seybolt, Pavett & Walker, 1978; Porter & Lawler, 1968; Munson & Heda, 1974). Most literature on job satisfaction contends that nurses, like other professionals, desire (intrinsic rewards) a sense of self-fulfillment and autonomy more highly than (extrinsic rewards) wages and working conditions (Austin, 1978).

While many studies provide insight into work satisfaction among hospital-employed staff nurses, to date there are no studies on job satisfaction among RNs employed by supplemental staffing services.

Although intrinsic rewards are favored by traditionally employed RNs, it is reasonable to expect divergent values in work rewards among supplemental RNs. Part-time employment, flexible work hours and a variety of work settings are but a few of the extrinsic rewards characterizing the working arrangements of the supplemental RN. In addition to flexible working conditions, fringe benefits and wages are also becoming increasingly attractive and available to the supplemental nurse. Competitive wages, paid vacations, and sick and holiday leaves, once the exclusive trump card of the hospital employer, are now among the incentives offered by temporary staffing services (Godfrey, 1980).

In light of the growing number of RNs employed by supplemental staffing services and the need to match values and work rewards in the nursing marketplace, this study focused on the valued work rewards of the supplemental RN in an attempt to assess the degree to which these rewards are currently being met. Information gained from a study of this nature may prove useful to managers of supplemental staffing services and hospital nursing administrators in identifying

important work rewards, increasing employee job satisfaction and subsequently, increasing staff retention.

Review of the Literature

For the purposes of this study the review of the literature is presented in the following three sections: First, general nursing labor issues and trends were examined with specific focus directed toward issues of retainment and turnover of nurses within acute care settings. Secondly, the growth, proliferation and utilization of supplemental registered nurses hired by temporary staffing services were explored. Identification of work values and job satisfaction among this group of nurses were studied. Thirdly, job satisfaction was explored beginning with a brief historical perspective, followed by a review of classical theories. Current studies, particularly those with specific implications to nursing were examined and evaluated.

Nursing Labor Issues and Trends

An overview of the current economic issues and trends as they relate to nursing were examined within this section. First, the nursing labor pool was explored within the parameters of an economic marketplace. The nation's shortage was identified, defined and examined within various frameworks. Secondly, comparison between national and local nursing labor statistics and trends were made. Thirdly, specific focus was directed towards the issue of nursing turnover within acute care settings, and its subsequent link with job satisfaction data.

Shortages Within the Nursing Care Marketplace

Although the ratio of nurses to population is growing, it is not keeping pace with increased public demand, government commitment to services and the increased depth and scope of nursing practice (Bergman, 1975). Changing consumer and health care provider philosophies toward preventative health care, as well as increased use of outpatient facilities and shorter inpatient stays, results in hospitals which are increasingly ineffective in meeting society's health care needs. Frequent fluctuations in hospital census, increased numbers of acutely ill patients and staffing constraints marked by either costly over or chronic understaffing of qualified registered nurses characterize acute care settings. In addition to unmet staffing needs, increasing staff attrition rates present a crucial concern in which nursing administrators must acknowledge and deal with in a timely, creative manner.

The inadequate availability of professional nurses within acute care settings has sparked national interest and an ongoing debate over whether a real or perceived shortage exists within the nursing care marketplace. This argument is commonly preceded by the question of whether or not the nursing profession represents a bona fide marketplace. Fuchs (1974) describes the following three basic principles which are fundamental in defining the parameters of an economic marketplace: (1) Resources which are scarce in relation to human wants, (2) Resources which have alternative uses, (3) Populations which express significant variations in the values and importance attached to given wants. According to the above definition, nursing

does constitute a legitimate marketplace. Not only do unfilled real gaps exist in the service wants of health care consumers, but preventive and acute care nursing needs compete with one another as well as with research, teaching and supervisory dollar allocations. In response to the basic question on the existence of a nursing shortage, Samuelson (1976) defines a shortage in economic terms as a population with unmet wants for goods and services.

Various definitions of the nursing labor shortage are rampant within today's health care society. The definition of manpower shortages according to the World Health Organization (WHO) is based upon a discrepancy between health needs and practicing personnel. This definition is potentially affected by any one of the following categories: (1) Available personnel--those actually working in health programs, (2) Potential personnel--those qualified to fill vacant positions but not employed, (3) Prospective personnel--those undergoing prerequisite education and/or training programs (WHO, 1971).

An advisory panel of the American Hospital Association (AHA) has developed a more specific definition which exemplifies the nursing shortage prevalent within widespread regions of the country. The Association defines the nursing shortage as the inadequate supply of professional nurses available and willing to accept employment in institutional settings (Gugenheim, 1980). This definition is accepted and supported by the National League for Nursing (NLN) and the American Nurses Association (ANA) based on data collected on the number of vacant budgeted nursing positions (Appelbaum, 1980).

A 1979 spot check survey conducted by the American Journal of Nursing concluded the following in its definition of the nationwide nursing shortage: (1) There is a severe shortage of nurses in both urban and rural areas, (2) All states have a serious maldistribution of RNs, even though there may not be a numerical shortage in some instances, (3) The shortage is most acutely felt in the hospital, (4) There is a growing need for public health nurses, especially in rural areas, (5) There is a lack of RNs with advanced preparation, (6) The shortage of teaching staff will have an adverse effect on both quality and quantity of RNs, (7) The nursing shortage is not a recent phenomenon, (8) Representatives from only two states, Rhode Island and Delaware, reported no shortages (Cunningham, 1979).

A survey of newspaper articles on the topic of nurse shortages conducted by Kalisch and Kalisch in 1979 indicated the following four problem areas specific to the national nursing shortage: (1) A geographic maldistribution of RNs, (2) An increased need for RNs with additional education, (3) Unsatisfactory RN staffing of difficult to fill positions, e.g. nights, weekends, nursing homes, (4) The growing number of voluntarily inactive nurses (Cunningham, 1979).

In a recent conference on the nursing shortage, Lindeman (1980) defined the shortage of professional nurses as it exists today as an imbalance between supply and demand components. The national RN shortage can be characterized by a growing number of inactive nurses who know what is available in the nursing job market but don't like what they see. Although the nursing shortage is not a new problem, the strategies used for easing the situation are. Ten years ago the

emphasis was placed on increasing the numbers of students entering nursing educational programs. The philosophy of "reach out and teach" was prevalent in the past. Today's emphasis can be portrayed in the phrase "reach out and bring one back in," addressing the number of licensed nurses who choose to remain inactive.

Others support Lindeman's contention that there is a discrepancy between the wants of licensed nurses and what is available within the work setting. Bergman (1975) defines the shortage in terms of increasing attrition rates in which potential and currently practicing nurses seek more attractive, lucrative positions outside the nursing profession. Others contend there are enough numbers of licensed nurses but not enough willing to work for current salaries and working conditions offered by hospitals (Lysaught, 1980). Kramer (1974) attributes the shortage to "reality shock," a phenomenon occurring among new graduates who react to discrepancies between work values and rewards in a predictable pattern.

In contrast to the above explanations, the federal government's Department of Health and Human Services (HHS) contends that the number of nurses is adequate (Appelbaum, 1980). The federal administration's position, that a shortage does not exist, has led to recommendations that Congress dismantle its support of federal funding for nurse training programs. The HHS, however, does concede that an inadequate distribution and under utilization of competent professional nurses does exist nationwide. Whether the shortage is one of total numbers, maldistribution or inadequate utilization of practicing nurses by definition, is a moot point for the purposes of this paper.

National and Local Nursing Labor Trends

The contradictions in the following shortage definitions can in part be explained by two current labor trends within nursing: (1) An increasing number of inactive RNs and (2) Increasing numbers of part-time nursing employees. The number of licensed nurses who are currently not practicing has been estimated at 30% nationally (Patchin, 1979). Patchin cites the following characteristics as contributors to this labor problem: (1) Traditional sex roles predict that nurses, who are predominantly female and live in a highly affluent society, are extremely mobile, (2) The widespread number of female nurses who are secondary earners, tend to drop out of the work force for child rearing responsibilities, (3) Nurses report widespread dissatisfaction with the field of nursing which is marked by low pay, unreasonable hours of work, limited career opportunities, excessive nonnursing activities and lack of autonomy.

The 1977 National Sample survey of RNs estimated that 1,401,633 nurses hold active licenses in the United States and make up the largest group of health care providers (Moses and Roth, 1979). The survey concluded that of those nurses currently licensed, only 3% (42,049) were unemployed but actively seeking nursing employment. Demographic data indicated that the RN population is predominantly female, with males accounting for only 1.9% of the approximate 1.4 million total. The proportion of male RNs employed in nursing was higher (77%) than the proportion of female RNs employed (70%). This discrepancy can in part be explained by differences in employment patterns due to the presence or absence of young children in the household.

Of those nurses reporting children at home one year or younger, 58.5% were actively employed as compared to 71% of those nurses without children in that age group.

The 1977 sample survey also suggests a current trend toward increased numbers of part-time employees. Results indicated 68% of the employed nurses were working fulltime and 31.8% were working part-time. This trend has been supported by other studies as well. A 1971 study conducted by an economist from H.E.W. anticipates an increase in the number of part-time nurses from 15% in 1950 to a projected 42% in 1980 (Luniski, 1973). Cunningham (1979) contends that during a nationwide shortage, fulltime positions are frequently filled by part-time employees.

A recent survey of 7500 nurses by Godfrey (1980) indicated a preference for part-time employment by a three-to-one margin. Increased job satisfaction, decreased stress and increased control over working times and settings were the reasons cited for the overwhelming preference for part-time work. Of the part-time nurses surveyed, 41% indicated a great deal of choice in work shift and scheduled days of work. Only 31% of the fulltime nurses surveyed indicated that degree of work flexibility. The supplemental nurses surveyed indicated almost complete control over these job matters. This survey indicated that one out of every three nurses employed are part-timers as compared to one out of five in the overall working population.

A 1979 study conducted by the Oregon State Health Division surveyed 18,078 nurses at the time of license renewal (Clarke, 1980). Only 11% of the nurses questioned were not practicing compared to the

national average of 30%. This discrepancy could in part be due to the State's minimum practice requirements for relicensure. Of the non-practicing RNs, about 14% were working in another field; 18% were unemployed but looking for a nursing position; 14% did not indicate current work intentions, and the majority, 53% were unemployed and not seeking work as nurses. General findings from this survey indicated that those licensed RNs who are not currently practicing tend to be married females in the child-bearing years. Twice as many female RNs as males were currently not practicing (11% versus 5%). Married females are twice as likely to be licensed but not practicing as males (13% versus 5%). The non-practicing rate rises for females during the late twenties and throughout the thirties, a total representing nearly 50% of all inactive RNs. Of those RNs practicing, more than a third do so on a part-time basis. In addition to the number of licensed, part-time employees, the State reports a loss of approximately 11% every licensing cycle--the majority of whom are young and recently educated nurses.

Although much of the local data supports national nursing labor trends, it is difficult to assess the nursing shortage in terms of cause and effect relationships. The traditional sex role explanation for high non-practicing female RNs has not been universally accepted. Clarke (1980) believes that family obligations probably are a factor among inactive licensed nurses and/or those who work on a part-time basis but contends there are additional factors affecting the phenomenon of nursing dropouts and nursing turnover.

To summarize, national and local labor trends project deficiencies

in the supply quotient of the nursing care marketplace. There exists numerous unmet staffing needs for the RN in the routinely hard to fill positions. This staffing deficiency has its most pronounced effect within the hospital setting due to patient numbers and levels of acuity.

While the number of RNs graduating from educational programs is holding its own, trends toward increased numbers of part-time employees and growing attrition and turnover rates continue to characterize the hospital staffing dilemma. Approximately a third of the licensed employed RN work force engages in part-time nursing employment. While this practice is most prevalent among female RNs with young children in the household, increased control over working conditions is frequently cited as a reason for choosing part-time work.

Increasing attrition and turnover rates when coupled with the growing numbers of RNs who choose to remain inactive or leave the nursing profession altogether, poses a serious threat to meeting the demands for nursing care within our society.

Nursing Turnover

Turnover is defined as the percent of employed nurses who resign from their jobs during a year (McCloskey, 1975). Approximately 35-60% of the staff nurses employed in hospitals resign within any given one year period (Seybolt et al., 1978). The management of RN turnover within the acute care setting is of paramount importance when addressed within the context of the nationwide nursing shortage and the increased number of hospital patients requiring highly complex nursing care. Hospitals are predominantly labor-intensive service operations with 60 to 75% of operating costs linked to personnel costs

(Longest, 1974). RNs account for a significant portion of the overall manpower expenditures as well as posing a serious threat to management in terms of motivation, absenteeism and turnover (McCloskey, 1974).

Job satisfaction studies indicate that turnover often results from inadequate work rewards and incentives (Vroom, 1964). Additional research suggests a strong correlation between positive job attitudes (satisfaction) and decreased turnover (Herzberg et al., 1959; Smith et al., 1969). Although turnover is not a direct result of job dissatisfaction, it is highly related to worker satisfaction. Seybolt et al. (1978) support the premise that turnover among hospital staff nurses can be prevented by making available rewards and incentives which meet the needs of nurses.

Turnover and attrition from the work force can be attributed to a number of legitimate voluntary reasons, e.g. retirement, health needs, child rearing and the pursuit of continued education. Bergman (1975) speculates that although the above listed reasons are common within nursing, a growing number of turnovers are the result of physical and emotional strain, unsatisfactory interpersonal relations, disillusionment with standards of care, low salaries, difficult work schedules and lack of career advancement opportunities. A survey by Seybolt et al. (1978) indicates approximately 75% of those contemplating departure from the hospital cite voluntary turnover decisions, thus supporting Bergman's contention.

McCloskey (1974) contends that self-esteem among hospital nurses is consistently threatened by burgeoning responsibilities, limited power, unyielding amounts of paperwork and routines and criticisms

from patients and community for failure to meet patient needs. McCloskey continues that lack of support from nurse managers and peers may be a contributory factor in increasing numbers leaving hospital jobs to avoid further loss of self-esteem.

A recent nationwide survey of RNs states that job expectations and satisfaction are poles apart (Donovan, 1978). Only 10.8% of the 1,051 nurses surveyed indicated they were very satisfied with their jobs; 54% fairly satisfied; 31% somewhat satisfied; and 4.1% were not satisfied at all. Donovan contends that the low numbers of nurses reporting high levels of satisfaction is due to a mismatch between anticipated wants and realistic work world rewards. According to Donovan, when faced with work reality, nurses are exchanging higher level needs e.g. achievement and self-fulfillment for lower level needs e.g. increased wages and more flexible hours of work. This view is rejected by Godfrey (1978) based on data collected from 17,000 nurse respondents in a Nursing 77 questionnaire. This study found no correlation between job satisfaction and actual salary earned or hours worked. Based on this study, the general conclusion was drawn that nurses are being adequately satisfied by the factors of salary and working conditions, and are most concerned with meeting higher level needs e.g. professional growth. No demographic data was presented with this study, thus it is difficult to determine the generalizability of these findings.

In summary, the nursing labor market is plagued by unfilled gaps in the staffing needs within the hospital setting. Increased turnover and attrition rates, as well as growing numbers of part-time employees,

characterize the current nursing labor pool. The need for critical assessment of the valued work rewards and levels of job satisfaction among RNs is a must if the current shortage is to be held in check.

Increased flexibility in work hours and settings are representative of the current work needs sought by growing numbers of RNs electing part-time employment. In light of the trend towards part-time work and the desire for increased control over working conditions, the number of RNs attracted to supplemental staffing agencies is growing. The supplemental agencies provide RNs with an alternative to the more traditional hospital-employed work arrangements.

Supplemental Registered Nurses

This portion of the paper consists of the definition and exploration of the use of supplemental RNs within today's nursing care marketplace. A brief overview of the growth and proliferation of supplemental staffing agencies is presented. In addition, speculation as to the work rewards valued by this group of nurses is made.

Supplemental (temporary) staffing services are private sector businesses which employ nurses for placement in various health care facilities for the provision of nursing care on a temporary basis. The supplemental service hires individual nurses and then markets or sells their services to patients and/or utilizing organizations according to varying staffing needs. The contracting agents, e.g. hospitals and patients, pays the staffing service and the staffing service pays its employee-nurse.

Supplemental staffing services vary in size, structure and scope of service. Some of the long-established services have become national

and international in scope. These agencies offer a variety of staffing services, supplemental nurse staffing being just one aspect of its domain. Local, independent operations tend to specialize in supplying one particular type of staffing service. Langford and Prescott (1979) identified four major ways in which supplemental nurses are utilized: (1) To supplement staffing due to unanticipated patient census changes or staff vacancies, (2) For regularly occurring staffing vacancies, e.g. vacations, weekends and nights, (3) To provide special or private duty nursing care, (4) To cover special contract arrangements for unit or new wing staffing. The headaches, time and costs associated with employee recruitment and retainment become the responsibility of the staffing service, an aspect alone which accounts for a strong selling point among Directors of Nursing.

Supplemental staffing services have existed within the clerical and industrial marketplace for many years. In 1966, an estimated 400,000 people worked for such services and by 1976, that number was expected to be 3,000,000, with nurses accounting for the majority of those employed (Wiley, 1976). A 1977 nationwide survey of RNs indicated that only 0.4% (4,266) of the total 1.4 million employed RN work force listed supplemental staffing services as their primary employer (Moses & Roth, 1979). This projected number is low since many RNs working for supplemental services have another primary employer. It is difficult to assess the total number of nurses employed by staffing services. Nationwide surveys tend to group supplemental nurses into catch-all "other" categories, combining their counts with those of occupational health nurses, consultants, and planners.

A recent national survey indicated that approximately four out of every one hundred employed nurses could be classified in this "other" category which includes supplemental nurses (Appelbaum, 1980). Within the state of California, there exists more than 300 supplemental staffing agencies who hire and place RNs. Of the 66,000 nurses working in hospital settings within California, 20% (13,000) are working part-time. The majority of these part-time RNs are employed by supplemental staffing services (Appelbaum, 1980).

Despite conflicting accounts of the number of employed supplemental nurses, the outlook is favorable for increased employment of such nurses, especially with regards to the nation's shortage of RNs in acute care settings. A study conducted by the Western Interstate Commerce for Higher Education (WICHE) predicts that by 1982, the number of licensed employed RNs will have to increase by 84-137% to meet patient needs within the hospital setting (Cunningham, 1979).

The traditional solutions used by nursing administrators to meet varying staffing demands have been the formation of internal float pools or the imposition of overtime among regular staff. Hospitals can spend up to \$1,000 to hire, orient and replace one nurse (Donovan, 1978). Seybolt et al. (1978) contend that this figure is more realistically set at \$2,000 per new hire when adjusted for inflation. Overtime pay can prove equally costly. Donovan contends it is conceivable that an RN with a base pay of \$5.00 per hour could cost an understaffed hospital \$10.65 for each additional hour worked by the time payroll, personnel and fringe costs are added to the hourly wage. In light of the costs associated with the nursing shortage, nursing administrators

are turning to the use of supplemental nurses as a viable alternative to establishing float pools or paying overtime to internal employees (Donovan, 1978; Kass, 1980). Some hospitals currently report staffing more than 50% of their positions with supplemental nurses to compensate for the shortage of RNs and growing personnel costs (Kass, 1980). Although the cost for a supplemental nurse runs about 35% above the regular staff nurses' salaries, the total expenditure is less by the time hidden fringe benefits, payroll and personnel costs are tabulated (Stover, 1975). Amenta (1977) reports a 4-5% savings per shift when supplemental nurses are used, comprising a cost savings which can be passed on to the consumer.

Administrators are not the only ones attracted to the benefits available from utilizing supplemental services. Nurses seeking employment are no longer confined to traditional job hunts. A nurse looking for part-time work, flexibility and a growing number of fringe benefits, may find such a job advertised within the "Yellow" pages of a telephone directory under "Nurses." The incentives and work rewards listed above are speculations as to why nurses are attracted to this type of employment. In a questionnaire of inactive nurses in Monroe County, Rochester, New York, 22.5% indicated they would use a staffing service for periodic employment (Stover, 1975). This study suggests that matches can be made between the needs of nursing employers and inactive nurses.

During a one-year period, 1977 to 1978, the supplemental nursing service industry grew by 30 to 40% (Donovan, 1978). The proliferation of supplemental services has sparked the close scrutiny of hospital nursing administrators, State Nurses' Associations and governmental

licensing agencies. The focus of concern is directed at potential effects of temporary RNs on quality of care, health care costs and the recruitment and retainment of hospital nursing personnel during a nationwide nurse shortage. The American Nurses' Association (1979) has developed specific guidelines for use of supplemental nursing services. The guideline's introductory paragraph is as follows:

The Commission on Nursing Service has viewed with concern the rapid proliferation of services that provide temporary nursing personnel. The impact on the growth of supplemental nursing services has not yet been fully ascertained. Some believe use of supplemental nursing services may affect continuity of nursing care, staff morale and costs of nursing services. The effects of the use of such services need to be studied. The utilization of temporary nursing personnel is the result of many factors in a changing labor force, a changing economy, and a change in work values. It is the commission's belief that nursing administrators have the responsibility to critically examine the practice climate in their facilities and to take steps to assure a professional climate that will lead to job satisfaction and job stability.

An advisory panel of the American Hospital Association (AHA) (1978) states that vigorous retention strategies could greatly reduce the number of unfilled RN vacancies within hospitals and this in turn would reduce the need for additional recruitment and orientation expenditures. In addition, the AHA recommends that hospital administrators be more cognizant of the changing values and expectations of nurses. The AHA supports implementation of pilot programs aimed at increasing nurse retainment, e.g. alternative staffing and scheduling practices and flexible benefit packages (Appelbaum, 1980).

Although there is no specific literature available on the work rewards valued by supplemental RNs, there is data available on the

satisfaction levels of hospital employed "float" nurses. A study by Thomas (1972) examined perceived job satisfaction among 40 nurses in two large metropolitan hospitals. Of those surveyed, 84% indicated general satisfaction and 16% related feelings of dissatisfaction. Opportunities for new learning experiences and utilization of nursing skills were listed as the most satisfying factors among the generally satisfied RNs. Flexible hours and pay were the factors identified most important among the RNs dissatisfied with float pool work.

The need for assessing the work values and satisfaction levels among supplemental RNs is of significant importance in relation to the current nursing shortage. It seems reasonable to expect that different work values exist for this group of RNs who are recruited and hired by other than the traditional hospital employer.

Since a current review of the literature indicates a lack of specific research on job satisfaction or valued work rewards of the supplemental nurse, this paper addresses the issue by examining general historical and classical theories of job satisfaction. An attempt was made to relate this general information to the realm of nursing and most specifically to those nurses who are employed by supplemental services. It is anticipated that this information is beneficial to both nursing managers inside the hospital and employers of supplemental staffing agencies.

Job Satisfaction

Historically, most job satisfaction theories began to emerge in the early 1900s. Initial studies on job satisfaction characterized employees as primarily an extension of machinery within the industrial

setting (Taylor, 1911). Work satisfaction ideology was linked strongly to scientific management concepts. This concept proposed that management's primary function was to assure task completion in an efficient, timely manner. Employees were perceived similar to equipment and materials, that is, if kept in good working order they would produce efficient results. Taylor contended that the optimal working order of employees could be insured solely by adequate monetary rewards.

During the mid 1930s management thought as related to job satisfaction shifted from those described by Taylor to theories stressing the importance of human relations. Hoppock (1935) recognized job satisfaction as only one part of an individual's total satisfaction with life. Relationships with peers and supervisors, work content and perceptions of status and prestige within the community were identified as equally important to job satisfaction as those of monetary rewards alone.

Mayo (1945) studied worker satisfaction within a psychological perspective. Mayo conducted studies among industrial workers concluding that group morale increased with worker interaction. Each change or opportunity for worker input resulted in a subsequent increase in job morale regardless of the nature or significance of the change itself. This phenomenon has been termed the "Hawthorne Effect" referring to the name of the industrial plant where Mayo conducted these studies. The combined findings of Hoppock and Mayo laid the groundwork for the humanistic classical theories of job satisfaction.

Maslow's Hierarchy of Needs Theory

The realm of humanistic psychology and resultant theories on motivation and job satisfaction was greatly enhanced by the works of Abraham Maslow's hierarchy of needs theory (1954). Maslow contends that work motivation and rewards are based on a hierarchy of five need levels beginning with basic physiological needs and ascending in order through safety, social, ego and self-fulfillment needs.

According to studies by Maslow (1970) progression from various need levels follows a predictable pathway. Lower level needs, e.g. physiological and safety needs, are met first, followed by progression to higher level needs, e.g. esteem and self-actualization needs. Only when one need level is satisfied, can the individual direct energy toward the next level within the hierarchy.

Subsequent studies within nursing have supported Maslow's need levels as significant factors of job satisfaction. A study by Slocum, Susman and Sheridan (1972) among professional and paraprofessional hospital personnel indicated that for professional workers, a significant correlation existed between overall job satisfaction and the fulfillment of self-actualization needs. A multi-trait evaluation scale and a job satisfaction questionnaire was administered to 39 professionals and 41 paraprofessionals within a hospital setting. The results of this study indicated that professionals rated higher than paraprofessionals on fulfillment of basic needs. In general, those who expressed overall job satisfaction, indicated that each level of needs had been met. Although Slocum et al. (1972) supported Maslow's theory, questions surfaced regarding the theory's attempt at

strict differentiation of needs via a specific ordering process. This criticism was acknowledged by other researchers who interfaced Maslow's five identified needs into broader, more general subdivisions. Everly and Falcione (1976) and Munson and Heda (1974) linked the lower needs, specifically those that are physiological or safety in nature to extrinsic needs; labelled self-actualization needs as intrinsic; and defined social and esteem needs as both extrinsic and intrinsic in nature.

A study by McCloskey (1974) examined and evaluated varying rewards and incentives in terms of the relative importance to nurses' job satisfaction. A three-part questionnaire focusing on demographic data, 36 reward items (as categorized by Maslow's need hierarchy) and the relationship between self-esteem rewards and nurse turnover was administered to 94 fulltime staff nurses. All subjects had left their nursing positions within the previous four-month period. Results from this study concluded that psychological rewards were the most highly valued, while safety and social rewards received the lowest ranking priority. Salary was not rated significantly high, with a projected pay raise of \$150 per month only eliciting a mid-level ranking in importance. This study concluded that nurses overwhelmingly favor psychological rewards over safety and social rewards. The researchers suggested that deficits within the intrinsic reward system is a possible contributor to nurses leaving the hospital setting.

Maslow's need hierarchy has been criticized for reflecting predominantly the needs of the upwardly mobile members of society while ignoring those who deviate from this standard (Slavitt, Stamps, Piedmont

and Haase, 1978). These researchers contend that although Maslow's hierarchy is applicable within some work environments, its framework is static and rigid in design and does not lend itself toward varied work settings.

Herzberg's Dual Factor Theory

Herzberg (1959) developed a dual factor theory of job satisfaction which compressed the five need levels identified by Maslow into two factors, satisfaction and dissatisfaction. Herzberg contends that these two traits are not at opposite poles on a continuum but rather two unipolar traits. This theory states that the lower level needs, e.g. safety and working conditions, represent a minimum set of expectations. If these needs are unmet it will result in irritation and ultimately, job dissatisfaction. If met, these needs will reflect only the absence of dissatisfaction and do not necessarily guarantee job satisfaction. Conversely, the higher level needs, e.g. esteem and self-actualization, when met, result in job satisfaction. Herzberg's dissatisfiers were defined as company policy, administration, supervision and working conditions. Satisfiers were categorized as achievement, recognition, work content, personal relations, job security and work status. Wages and fringe benefits were described as overlapping both categories.

Research findings for Herzberg's theory was collected and quantified based on interviews with engineers and accountants. The subjects gave accounts of work incidents reflecting both satisfying and dissatisfying feelings related to job satisfaction. Herzberg supports Maslow's contention that satisfaction results when rewards are given

to those needs most desired and least attainable. Thus, once a need is met it is no longer a motivating factor. The job satisfiers within this framework are similar to Maslow's higher level needs and are referred to as "motivators." The lower level needs are termed "hygiene factors" (Herzberg, 1966). Translated to Maslow's hierarchy theory, Herzberg suggests that motivators are equivalent to psychological needs (intrinsic in nature) while hygiene factors are equivalent to physiologic and safety needs (extrinsic by definition). Herzberg suggests that motivators are associated with a system of human needs while hygiene factors correlate most closely with basic animal needs. Hygiene needs, if met, only serve to reduce displeasure and are not conducive to the gratification of human needs.

The studies by Herzberg (1966) have sparked the interest of others conducting research within the realm of job satisfaction. Like Maslow, Herzberg has been criticized for the limited scope of the studies and its predominant applicability to high status professions. Ewen (1964) claims Herzberg's research is inconclusive due to the following: (1) Only one measurement of job attitudes was used to test a narrow range of occupations (engineers and accountants), (2) Data on instrument reliability and validity was absent, (3) There was not a means of measuring overall job satisfaction levels. Other researchers skeptical of Herzberg's findings, cite the arbitrary classification of hygiene and motivating factors, a rigid framework and limited generalizability (Friedlander, 1963; Wernimont, 1966; Longest, 1974). These researchers support Herzberg's contention that intrinsic factors are important determinants of job satisfaction but

contest the claim that unfilled extrinsic factors contribute only to dissatisfaction. Wernimont (1966) concludes that both intrinsic and extrinsic factors can elicit satisfied and dissatisfied worker responses.

Longest (1974) applied Herzberg's theory to two study groups on job satisfaction among nurses. A ten factor, rank order questionnaire was first administered to 195 hospital supervisory nurses and secondly to 24 nursing educators. The results were compared to those reported from Herzberg's original engineer group. Although achievement was rated highest among all subjects studied, nurses from both groups had different perceptions on the relative importance for varying job satisfaction factors. This study reported a very low correlation between these subjects and Herzberg's findings especially with the factors of interpersonal relations, recognition and advancement.

Austin (1978) examined the reward expectations of 320 nursing students, nursing officers, staff nurses and ward sisters within a Catholic hospital. This study concluded that the majority of nurses are consistently seeking intrinsic job rewards above extrinsic factors, regardless of individual biographic data, dominant work orientation and mobility factors.

A study by White and Maguire (1973) also applied Herzberg's theory to research conducted on job satisfaction among nursing supervisors. The study took a stratified random sample of 34 nursing supervisors from six hospitals. As in Herzberg's study (1966), an interview was used to elicit verbal accounts of one particularly satisfying and one predominantly dissatisfying work experience from each of the subjects. Thirteen factors were identified and classified into six

motivators and six hygiene groups. One category termed "mogiene" factor emerged and was excluded from the data analysis. This factor was split 50/50 in terms of promoting satisfaction or dissatisfaction and represented a concept of competence/commitment/contentment. The factors identified by this study closely followed Herzberg's work with the exception that job security and status was not specifically identified. In general, this study summarized that job satisfaction among nursing supervisors was increased when opportunities for creative, challenging work were made available within an environment of recognition and advancement. White and Maguire reported the following limitations of this study: (1) There exists no guarantee that true feelings were expressed by the subjects, (2) Findings were based on only one story of both satisfaction and dissatisfaction for each subject and may not be representative of general feelings, (3) The lack of a standardized interview technique represents a potential for bias.

Other studies within nursing have used theoretical concepts from both Maslow and Herzberg with additional focus directed toward assessment of relative importance of work rewards. Munson and Heda (1974) addressed job satisfaction within the following three response sets: (1) The existence of varying satisfiers, (2) The amount of rewards required to meet adequate levels of job satisfaction, (3) The degree of importance attached to obtaining each specified satisfier. This particular emphasis has been found helpful when examining the perceived inequities between valued work factors and job rewards. Research by Munson and Heda (1974) suggests that dysfunctional behaviors such as turnover, apathy, and absenteeism increases when disparity between

anticipated values and rewards occurs. The consequences of job satisfaction and/or dissatisfaction has been linked to dramatic effects for the individual, employer, and community at large. Studies suggest a correlation between positive job attitudes and decreased turnover and absenteeism Herzberg et al. (1966); Smith, Kendall and Hulen (1969). Although both Maslow (1970) and Herzberg (1966) emphasize the significance of varying needs in relation to job satisfaction, their models lack the flexibility needed for generalization to workers in all occupational settings. The effects of dissatisfaction and specifically turnover, are issues not addressed by either of the theories. For the purposes of this paper, Maslow's and Herzberg's theories provide the basic background on which behavioral theories have been developed.

Vroom's Expectancy Theory

Vroom (1964) examined job satisfaction within a framework of behavioral motivation. Vroom developed this model based on the contention that previous job satisfaction research and theories were directed at groups and organizations rather than centered on the individual worker. Many industrial and occupational psychologists conducting job satisfaction research, echoed the current management thought, that is, the largest return on the least investment. Thus, the predominant focus on job satisfaction was that of work groups within organizational settings.

Vroom postulated that the needs of the work group, although important, may obscure the needs of the individual, the single most important element within any work setting. The variations among individuals may be greater than anticipated for in previous job satisfaction models such

as Maslow's Hierarchy of Needs Theory and Herzberg's Dual Factor Theory. While Maslow related job satisfaction as the outcome of an individual's orderly progression through various need levels, Vroom stated that these needs are not representative of all needs to all employees within various work environments. Herzberg's arbitrary categorization of satisfiers and dissatisfiers was equally as rigid and unrealistic within Vroom's opinion. Vroom rejected both Maslow's and Herzberg's theories in which the individual worker was portrayed as a passive participant, operating on either prescribed needs or dichotomous job factors.

Vroom's Expectancy Theory supports an interactional, behaviorally cognitive model which operates on the following two assumptions:

- (1) Individuals make choices between alternative actions and behaviors,
- (2) Individuals have preferences among alternative courses of actions.

Vroom designed a means of obtaining quantitative measurement data based on the above listed assumptions, by assigning numerical "valences" to individual work behaviors and alternatives. A valence of (0) was assigned to those choices in which the individual indicated indifference to an outcome or alternative. A valence of (+1) indicated a positive attraction toward specific behaviors or outcomes and a (-1) valence indicated avoidance or negative attraction toward a particular work choice.

Using the above measurement index, the Expectancy Theory states that job satisfaction is the result of motivational factors influencing specific individual behaviors. The outcome of job satisfaction as defined originally by Vroom and later elaborated on by Porter and Lawler (1968) involves the following process components: (1) Once an individual has performed well, certain rewards are offered, (2) These rewards are

both intrinsic (specific to the nature of the job itself) and extrinsic (mediated by things and people outside of the work setting), (3) The recipient (employee) perceives the reward as either equitable or inequitable based on what that individual contributes to the job and/or organization, (4) If the rewards are perceived as equitable, satisfaction will result. Conversely, rewards perceived as inequitable will lead to dissatisfaction. This is schematically illustrated below.

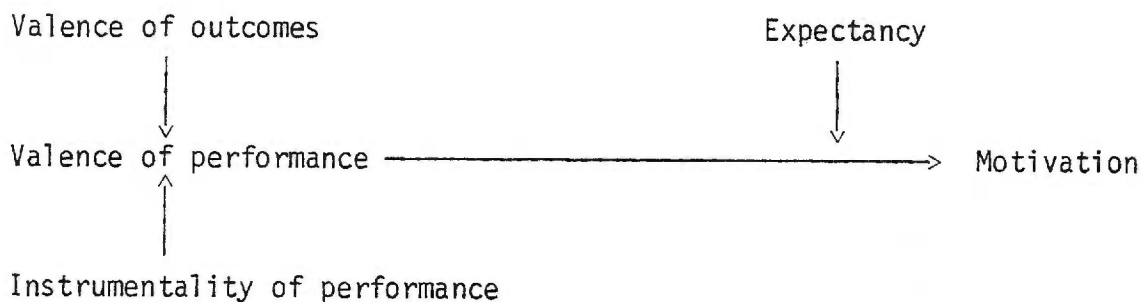


Figure 1. Vroom's original expectancy theory model

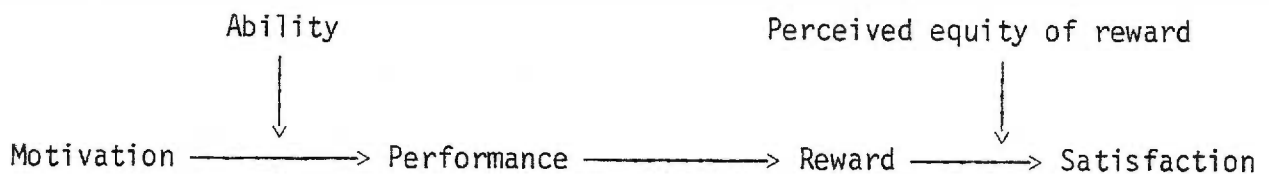


Figure 2. Porter and Lawler's extension of Vroom's model

The rewards cited by Vroom are not limited to monetary remuneration. Based on the research findings of over 500 studies, Vroom defines the following alternative rewards as determinants for job satisfaction:

1. job content, 2. wages, 3. social status, 4. supervision, 5. social interaction.

The Expectancy Theory has been widely accepted by a number of researchers in occupational psychology and among nursing researchers and administrators. The concept that an individual works for anticipated and varying job rewards is supported by the majority of current research. Bass and Barrett (1972) contend that job satisfaction occurs when work rewards are commensurate with the expectations and aspirations which originally attracted the individual to the job. Supporting this idea, Katz (1964) concluded that if desired rewards are offered by an organization, the individual will be motivated to work for that organization.

Everly and Falcione (1976) conducted research which indicated that an intrinsic-extrinsic approach to job satisfaction is far too simplistic when identifying job satisfaction factors. This research conclusion was based on a study of 144 nurses. An 18 item Likert scale questionnaire was used to gather information. Based on factor analysis, the following four independent dimensions were identified as significant discriminators of job satisfaction: (1) Interpersonal relations with co-workers and immediate supervisors, (2) Internal or intrinsic work rewards, (3) External or extrinsic work rewards, (4) Administrative policies and recognition of service. These factors were also documented as significant factors in a study by Seybolt, Pavett and Walker (1978). These researchers utilized the Expectancy Theory as extended on by Porter and Lawler (1968) in examining job satisfaction as a means of decreasing nursing turnover.

Munson and Heda (1974) also patterned nursing research on job satisfaction after those of Porter and Lawler. A study of 351 hospital nurses (Registered Nurses and Licensed Practical Nurses) was conducted

within 55 patient units. A questionnaire was used to elicit information consisting of 22 items measuring intrinsic, involvement, interpersonal and extrinsic factors. Unlike Vroom's focus, this study was directed toward work groups within an organizational setting rather than discerning factors of satisfaction among individual workers. These researchers contend that this particular emphasis is helpful in identifying the causes and consequences of satisfaction and dissatisfaction as they relate to the issues of nurse recruitment and retainment. Results of this study indicated a positive but weak correlation between organizational rewards and individual job satisfiers. The researchers concluded that the original instrument was relatively new and geared toward organizational settings, thus limiting its scope and potential for use.

Smith, Kendall and Hulen (1969) developed an operational definition of job satisfaction based on affective responses to different facets within the work environment. These researchers hypothesized that job attitudes are related to perceived discrepancies between what is expected as a reasonable reward and what in reality is experienced as an outcome. Based on Vroom's model, job satisfaction was explored within an empirical framework entitled the Job Descriptive Index (JDI). The JDI evaluated the level of job satisfaction according to the following components: (1) work content, (2) pay, (3) promotion, (4) supervision, (5) peer relations. The components identified above have been supported by research conducted by Everly and Falcione, 1976; McCloskey, 1974; Munson and Heda, 1974; Slocum et al., 1972).

Stamps, Piedmont, Slavitt and Haase (1978) conducted a three-year

research project on nurses within two hospital settings and an ambulatory care clinic. Their research design was based on the combined theoretical concepts of Maslow, Herzberg, and Vroom. Additional emphasis was placed on the development of a measurement instrument which identified and weighed various factors. The measurement tool selected consisted of two scores, the relative importance of various components and the respondent's current level of satisfaction. The combination of these two scores produced a single score, the Index of Work Satisfaction (IWS). Pay, autonomy, task requirements, organizational requirements, interaction and job status were the component parts tested. The results of this study ranked the following satisfaction components in the following descending order: (1) autonomy, (2) job status, (3) pay, (4) task requirements, (5) interaction, (6) organizational requirements. Although autonomy was the most valued job factor among the nurses studied, it was only being moderately satisfied. The findings of this study supported Maslow's and Herzberg's theories, suggesting that different components of satisfaction are linked to varying need levels. The study also gave credence to Vroom's theory, concluding that those rewards most highly valued generate the highest levels of satisfaction.

For the purposes of this study, many of the basic components of the three classical theories identified in the literature review, will be used. Maslow's concept of progressive need levels and Herzberg's intrinsic/extrinsic job satisfier components, provide the basic groundwork for exploring significant components of job satisfaction. Vroom's Expectancy Theory, as elaborated by Porter and Lawler, serves as

the primary model of job satisfaction within this paper. This behaviorally oriented model which stresses the importance of the individual worker, has been selected for its humanistic, action-oriented approach to understanding job satisfaction. This conceptual model is the one adopted by the NLN (1979) in a study of nurse motivation, performance and retention.

Hypotheses

The following two hypotheses were tested in this study:

- (1) Supplemental registered nurses value extrinsic rewards more than intrinsic rewards.
- (2) Supplemental registered nurses are more satisfied with extrinsic rewards than intrinsic rewards.

CHAPTER II

METHODS

This study examined the valued work rewards and job satisfaction levels among registered nurses employed by supplemental staffing services. Specific focus was directed at the following two questions: (1) Do supplemental RNs value extrinsic rewards more than intrinsic rewards? (2) Are supplemental RNs more satisfied with extrinsic rewards than intrinsic rewards?

Variables

The independent variable, RN employment status, was defined as those RNs employed by supplemental staffing services.

The dependent variables (a) work values, and (b) satisfaction levels, were quantified using a Likert scale designed by Munson and Heda (1974).

Operational Definitions

Supplemental RNs - Registered nurses employed by a supplemental staffing service, assigned to a utilizing organization for the provision of nursing care.

Extrinsic rewards - Those work components related to working conditions, job security and financial remuneration. These are

most commonly exemplified by hours of work, fringe benefits and salary.

Intrinsic rewards - Those work components related to higher level, self-actualizing and self-fulfillment needs as exemplified by the opportunity to use one's unique skills and potentials.

Value - The relative importance an employee attaches to a specific job component. Measured within this study by Munson and Heda's Likert scale instrument and reported as an I(B-A) score.

Satisfaction - The act of fulfilling an employee's work needs and expectations. Measured within this study by Munson and Heda's Likert scale instrument and reported as a (B-A) score.

Design

This study met the ex-post facto design criteria. There was no manipulation of the independent variable and no casual relationships were inferred. The design was descriptive in nature, describing the existing attitudes among supplemental RNs at one specific point in time.

Sample and Setting

The convenience sample for this study consisted of forty-five registered nurses employed by three nationally franchised supplemental staffing agencies in the Portland metropolitan area. Criteria for subject inclusion was as follows:

- (1) RNs currently working for only one supplemental staffing agency.
- (2) RNs providing services primarily within a hospital setting.

(3) RNs working a minimum of eight hours each week.

Of the eighty-seven RNs contacted for participation in this study, forty-seven (54%) returned the mailed questionnaire. Two of the forty-seven participants were eliminated from this study for failure to meet the hospital work setting criteria. The final number of research participants was 52% (N=45).

Data Collection Instrument

Data for this study was obtained through the participants' completion of a 16-item, close-ended questionnaire developed by Munson and Heda (1974). (See Appendix A for a copy of the instrument and Appendix B for communication requesting permission to use the instrument). This instrument was selected because of its compatibility with the concepts identified by Vroom (1964) and later extended by Porter and Lawler (1965). These concepts provide the conceptual framework for this study.

The instrument used in this study was a Likert scale which consisted of the following set of five, three-item satisfaction indices: (1) intrinsic (2) extrinsic (3) task variety (4) interpersonal (5) involvement. In addition, participants were asked to respond to one item related to overall job satisfaction.

The questionnaire consisted of three parts. The first part presented each of the sixteen job components and the subjects were asked to respond to each question using a rank-order, seven-point bipolar rating scale. A numerical value ranging from a minimum of one to a maximum of seven was used. This scale was anchored at the low end with the

statement "none at all" and at the high end with the word "maximum." The numerical ratings for each of the sixteen questions produced the following two component scores: (1) An (A) score which reflected the amount of satisfier currently available. This responded to the question "how much is there now?" (2) A (B) score which indicated the adequacy of the satisfier and responded to the question "how much should there be?"

The second portion of the questionnaire asked that the respondents rank the relative importance of each of the sixteen job satisfaction components on a scale from one to five. A numerical rating of one indicated a job component valued as "among the less important" and a rating of five indicated a job component "among the most important." The numerical ratings in this section produced an (I) score which indicated the relative importance (value) of each of the satisfiers.

The third section of the questionnaire consisted of fourteen items related to personal, educational and employment information. This data provided demographic information and served as a mechanism for criteria screening.

Scoring Method

The A, B and I component scores were used in the calculation of two major scores, the I (B-A) and the (B-A) scores. These scores were used to test the study's two hypotheses:

- (1) The I (B-A) score reflected the relative importance (value) of each of the job characteristics. This score was computed by multiplying the (I) score with the net value of the (B-A) score. This score was used to test the first

hypothesis which projected that supplemental RNs value extrinsic rewards more than intrinsic rewards. For the purpose of this study, value levels for the intrinsic and extrinsic job components were reported in converted $I(B-A)$ scores. The actual raw $I(B-A)$ values were subtracted from 20. The higher the reported $I(B-A)$ score, the higher the level of importance or value associated with each given characteristic.

- (2) The $(B-A)$ score reflected the response to part (a) "how much is there now?" subtracted from part (b) "how much should there be?" This score measured the employees' current level of job satisfaction and was used to test the second hypothesis which projected that supplemental RNs are more satisfied with extrinsic rewards than intrinsic rewards. Raw data for the $(B-A)$ scores were also reported in converted scores. The net value obtained from the raw $(B-A)$ scores were subtracted from 10. Thus, the higher the converted $(B-A)$ score, the greater the level of satisfaction.

Reliability and Validity

Munson and Heda (1974) pretested this instrument among 351 RNs within 55 patient units. Each of the job component items underwent factor analysis for both the $(B-A)$ and $I(B-A)$ scores. The five major job satisfaction factors identified were determined to be internally consistent in meaning. A split-half reliability of .85 was reported for the 15 items within each of the five major categories.

No test-retest reliability data was available.

Data Collecting Procedure

The questionnaire, accompanied by an introductory cover letter of informed consent, was mailed to each of the subjects' home address. In addition to the questions on job values and satisfaction, personal background data was collected. (Refer to Appendix A for a copy of the cover letter and questionnaire. See Appendix B for written correspondances regarding permission to conduct the study within the various agencies).

Individual responses to this survey remained anonymous. A code number was assigned to each of the surveys as a means of verifying response rates and to facilitate the sharing of aggregate findings with the cooperating agencies. A stamped, addressed envelope was included in the mailings to facilitate an adequate return rate. A follow-up letter was mailed to each subject two weeks following the initial mailing. This letter urged those subjects who had not yet responded to do so and thanked those subjects who had returned the completed questionnaire. (See Appendix A for a copy of the follow-up letter).

Data Analysis

The responses to the survey were categorized into the following four sub group scores for the purpose of analysis: (1) Value of extrinsic work rewards (2) Value of intrinsic work rewards (3) Satisfaction with extrinsic work rewards (4) Satisfaction with intrinsic work rewards. Each of these sub group scores was reported in terms of mean scores. A one-tailed, paired t test was calculated for each

of the four mean group scores. This statistical test was used to determine if there was a significant difference between (a) extrinsic and intrinsic value scores, and (b) extrinsic and intrinsic satisfaction scores. In addition, a standard deviation was computed on the intrinsic and extrinsic group value means and the intrinsic and extrinsic group satisfaction means. An alpha level of .05 was used in this study.

CHAPTER III

RESULTS

This study was designed to compare the intrinsic and extrinsic values and satisfaction levels among supplemental RNs. The data analysis includes the following: (1) Description of the sample. (2) Descriptive findings related to the intrinsic and extrinsic values and satisfaction levels. (3) Statistical findings related to the two hypotheses under investigation.

Analysis of Data

Description of the Sample

Demographic information related to this sample indicated that the subjects ranged in age from 25 to 67 years, with a mean age of 35. The most represented participant was female (84%) and married (53%). Thirty-six (80%) of those surveyed reported having children. Of those with children, the mean age of the youngest child was six years, six months. Data related to education indicated that 44% of the subjects listed an Associates Degree in Nursing as the highest degree obtained. Employment data revealed the mean length of time in nursing was ten years. The average time reported with the participants' current staffing agency was nine months. Sixty-two percent of the nurses surveyed indicated that their wages were the primary source of income within their respective households. Eighty-seven percent reported working 32 hours or less each week. (Refer to Table 1 for

Table 1
 Personal, Educational and Employment Data
 of Supplemental RNs

N = 45	Number	Percent
<u>Age Groups</u>		
25-35	22	49%
36-46	19	42%
47-57	2	4.5%
58-68	2	4.5%
<u>Sex</u>		
Female	38	84%
Male	7	16%
<u>Marital Status</u>		
Married	24	53%
Never Married	14	31%
Separated	1	2%
Divorced	3	7%
Not Indicated	3	7%
<u>Highest Degree</u>		
Associates Degree in Nursing	20	44%
Diploma In Nursing	17	38%
Bachelor of Science in Nursing	4	9%
Masters of Nursing	1	2%
Other (Degrees outside of nursing)	3	7%
<u>RN Wages (Contribution to total household income)</u>		
Primary	28	62%
Secondary	9	20%
Equal	8	18%
<u>RN Supplemental Position (Relation to total employment income)</u>		
Primary	33	73%
Secondary	12	27%
<u>Monthly Hours Worked</u>		
32-64	14	31%
65-96	10	22%
97-128	15	33%
129-160	3	7%
161-180	3	7%

additional personal, educational and employment demographic data).

Descriptive Findings

Three component scores (A, B and I) were used to compute intrinsic and extrinsic values and satisfaction levels. Actual raw scores were reported in converted I(B-A) and (B-A) scores to facilitate data interpretation. The raw I(B-A) scores were converted by subtracting the net value from 20. Likewise, raw (B-A) scores were converted by subtracting the respective net value from 10. The higher the converted score, the greater the respective value and satisfaction levels for each job characteristic. (See Appendix C for individual (A, B and I) raw scores and individual and group converted I(B-A) and (B-A) scores).

Intrinsic and Extrinsic Value Levels

Group means were calculated for the subjects' responses to intrinsic and extrinsic value levels. Individual numerical ratings could range from a potential high of 20 to a low of -10. This represented a potential 30 point range in respective scores.

For the intrinsic characteristics (Questions 1, 2 & 3) group item means ranged from a high of 15.0 to a low of 13.6. The item on "important and worthwhile things" (Question 2) was the highest reported mean at 15.0. The "self-fulfillment" item (Question 3) represented the lowest area of importance at 13.6. The group mean for value levels within the intrinsic category was 14.3 (See Table 2).

The group mean calculated for the subjects' responses to extrinsic value levels (Questions 7, 8 & 9) was reported at 14.2.

Table 2
 Relative Importance (Value) of Intrinsic and
 Extrinsic Job Characteristics
 Item Means of Converted I (B-A) Scores
 and Standard Deviations

<u>Intrinsic Questions</u>	<u>Mean</u>	<u>SD</u>	<u>Extrinsic Questions</u>	<u>Mean</u>	<u>SD</u>
1. Opportunity to fully use my skills and abilities.	14.4	4.8	7. The financial rewards of my job.	12.8	5.8
2. Opportunity to do important and worthwhile things.	15.0	4.8	8. The amount of job security	15.7	4.8
3. Self-fulfillment from my job (that is, use of one's unique capabilities).	13.6	6.1	9. The fairness of working conditions (hours, vacation policy, etc.)	14.2	6.2
INTRINSIC GROUP MEAN	14.3	5.2	EXTRINSIC GROUP MEAN	14.2	5.6

Although this average was very similar to the intrinsic group mean, a wider discrepancy was reported between individual item means. A high mean of 15.7 was reported for the "job security" item (Question 8). The "financial reward" item (Question 7) represented the lowest calculated mean at 12.8. In addition, these two items reflected the highest and lowest means for items within both the intrinsic and extrinsic categories. (See Table 2).

Intrinsic and Extrinsic Satisfaction Levels

Group means were computed for the intrinsic and extrinsic satisfaction levels. The numerical ratings for each of the satisfaction scores had a potential six point range, with a high of 10 and a low of 4. Within the intrinsic category (Questions 1, 2, & 3) a very narrow difference was reported between the 3-item means. A high mean of 8.8 was calculated for Question 2, dealing with the "opportunity to do important and worthwhile things." A low group mean of 8.6 was reported for Question 3, the "self-fulfillment item." The average score for the intrinsic satisfaction items was 8.7. (See Table 3).

The group means reported for the extrinsic satisfaction levels were also very close in numerical values. Question 8, dealing with "job security" generated the highest group average at 8.8. The "financial reward" item (Question 7) represented the lowest mean score at 8.3. This item was also the lowest reported score within both the intrinsic and extrinsic satisfaction category. The group mean for the 3-item extrinsic factors was 8.6. (See Table 3).

In addition to item and group means, a standard deviation was computed for the mean values and satisfaction scores for the intrinsic and extrinsic job characteristics. A standard deviation of 5.2 was calculated for the intrinsic value scores. For the extrinsic values, a standard deviation of 5.6 was computed (See Table 2). The standard deviation for the intrinsic satisfaction scores was computed at 1.2. For the extrinsic scores, a standard deviation of 1.3 was computed (see Table 3).

Table 3
 Level of Satisfaction of Intrinsic and Extrinsic
 Job Characteristics
 Item Means of Converted (B-A) Scores
 and Standard Deviations

<u>Intrinsic Questions</u>	<u>Mean</u>	<u>SD</u>	<u>Extrinsic Questions</u>	<u>Mean</u>	<u>SD</u>
1. Opportunity to fully use my skills and abilities.	8.7	1.1	7. The financial rewards of my job.	8.3	1.2
2. Opportunity to do important and worthwhile things.	8.8	1.0	8. The amount of job security.	8.8	1.4
3. Self-fulfillment from my job (that is, use of one's unique capabilities).	8.6	1.3	9. The fairness of working conditions (hours, vacation policy, etc.)	8.6	1.4
Intrinsic Group Mean	8.7	1.2	Extrinsic Group Mean	8.6	1.3

Findings Related to the First Hypothesis

The first hypothesis predicted that supplemental RNs would value extrinsic rewards more than intrinsic rewards. This hypothesis was tested by computing a one-tailed, paired t test on the mean I(B-A) scores for each of the respondents' intrinsic and extrinsic responses. A t statistic of 0.115 was calculated on this data at the .05 level. The first hypothesis was rejected in that the t statistic computed was lower than the t table statistic of 1.684. The difference between the mean intrinsic and extrinsic value scores was not significantly different. (See Table 4).

Table 4
 Computed Means, t Statistics and Standard Deviations
 of Value Scores

	\bar{x}	SD	df	t-statistic	Significance
Intrinsic	14.3	5.2	44	0.115	n.s.
Extrinsic	14.2	5.6			

n.s. - nonsignificant

Findings Related to the Second Hypothesis

The second hypothesis predicted that supplemental RNs are more satisfied with extrinsic rewards than intrinsic rewards. A t statistic of 0.359 was calculated for this data at the .05 alpha level. As in the first hypothesis, the computed t statistic was lower than the t table statistic of 1.684. Thus, the second hypothesis was also rejected. The difference in the mean intrinsic and extrinsic satisfaction levels was not significantly different. (See Table 5).

Table 5
 Computed Means, t Statistics and Standard Deviations
 of Satisfaction Scores

	\bar{x}	SD	df	t-statistic	Significance
Intrinsic	8.7	1.2	44	0.359	n.s.
Extrinsic	8.6	1.3			

n.s. - nonsignificant

CHAPTER IV

DISCUSSION

The interpretation of this study's findings is presented as follows: (1) Comparison and discussion of this study's results in terms of previous theoretical findings. (2) Review and interpretation of the results in terms of methodological aspects. (3) Examination of the limitations of the study.

Theoretical Discussion

The findings of this study concluded that there was no significant difference between the values and satisfaction levels of intrinsic and extrinsic job characteristics among supplemental RNs. These results were contrary to the findings of most job satisfaction research. The majority of the studies to date, suggest that RNs value intrinsic rewards more than extrinsic rewards (Amenta, 1978; Stamps, et al., 1978; McCloskey, 1974; Longest, 1974; White & Maguire, 1973). In addition, the above studies support general job satisfaction theories which contend that satisfaction occurs when the relative importance (value) of various job factors is consistent with the rewards available within the realistic work setting (Vroom, 1964; Porter & Lawler, 1968).

In reviewing the results of this study, it is important to note that most job satisfaction studies among nurses have been somewhat limited in scope. The majority of these studies have focused on RNs

employed by hospitals. To date, the literature review is void of studies on values and satisfaction levels among supplemental RNs. The current nursing labor market is marked by increasing numbers of RNs seeking non-traditional employment. It is characterized by an increased availability in extrinsic job factors, e.g., competitive wages and flexible work hours. It was in light of the increased prevalence of supplemental RNs that this study was undertaken and that the two hypotheses were stated in operationally opposite directions than that supported by the majority of job satisfaction research.

Since the findings of this study did not support either of the hypotheses, the following two interpretations are offered: First, the job values of supplemental RNs may be uniquely different from any other group of RNs previously studied. In seeking congruence with these values, supplemental RNs may gravitate toward non-traditional employment arrangements. Supplemental RNs may be compromising or exchanging the more traditionally favored intrinsic rewards for the extrinsic rewards available within the realistic work setting. As a result of more realistic work expectations, the levels of satisfaction may be more readily met for the supplemental RN. If this contention is true, an increased match between work needs and satisfaction levels could explain the insignificant difference reported between the intrinsic and extrinsic values and satisfaction levels in this study.

Prior studies have indicated that RNs value intrinsic rewards more than extrinsic rewards. The findings of no difference between

intrinsic and extrinsic rewards in this study may be indicative of changing nursing values and satisfaction levels within the larger RN population. This contention parallels the thoughts of the ANA with regards to changing work values and trends (ANA, 1979). If this perception is accurate, supplemental RNs may be the front runners within a changing nursing labor market and this study's findings may be indicative of changes within the larger RN population.

Methodological Aspects

In reviewing and interpreting this study's results, it is important to note some of the differences between this sample and the larger RN population. Notable differences were observed among personal, employment and educational data. This sample was comprised primarily of married (53%), female subjects (84%). In comparison, national demographics report a higher proportion of both married RNs (72%) and female RNs (98%) (Moses & Roth, 1979). This sample's relatively high rate of male RNs (16%) versus the national figure of (2%), and the sample's large proportion of unmarried RNs (40%) in comparison to the national (26%) may have been influencing factors in the unconventional findings of this study.

Part-time employment data and information related to educational achievements among the subjects, were contrary to statistics for the larger RN population. Eighty-seven percent of those surveyed reported working on a part-time basis (32 hours or less each week) compared to national and local statistics of approximately 33% (Moses & Roth, 1979; Clarke, 1980). This sample, which was comprised predominantly of part-time RNs, may represent an RN group with work

expectations and values significantly different than those of the more traditionally employed, full-time hospital RN.

In addition to the personal and employment differences, a wide discrepancy existed between the educational achievements of this sample and the national RN population. Among the supplemental RNs surveyed, 44% reported an Associates Degree as their highest attained educational degree. Thirty-eight percent of those RNs reported Diplomas in Nursing and only 9% reported Bachelor of Science Degrees. Nationally, a Diploma in Nursing was most representative of the RNs' highest educational achievement (67%). Those with Associate Degrees represented 11% and 17.5% listed Bachelor of Science Degrees (Moses & Roth, 1979).

In summary, individual and/or combined demographic discrepancies found between this study's sample and the larger national RN population may account at least partially for the differences in these findings when compared to previous job satisfaction research among RNs.

Limitations of the Study

Although the data from this study suggests no significant differences between the intrinsic and extrinsic values and satisfaction levels of supplemental RNs, several factors limit the generalizability of these findings. The following factors related to the adequacy of the sample and the adequacy of the survey instrument may limit the ability to generalize this study's results: First, it is difficult to generalize these findings to a larger supplemental RN population. This data may only be representative of the small sample surveyed (N=45).

The remaining 48% of those not responding and/or eliminated from the study, may be significantly different than those surveyed.

Secondly the instrument used for data collection consisted of 15 job characteristics grouped into five major categories and one question related to overall job satisfaction. The findings of this study were based on the results of only two of the instrument's five major categories, intrinsic and extrinsic factors. The data analysis was limited to the three job component items within each of these two categories. The scope and sensitivity of this instrument may be questionable in light of the limited number of questionnaire items. Values and satisfaction levels for the remaining satisfaction components (Task Variety, Inperpersonal and Involve-ment) were not analyzed in this study. Statistical analysis of the three remaining job components could provide additional information pertinent to the overall analysis and interpretation of the intrinsic and extrinsic values and satisfaction levels among supplemental RNs.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The nation's current nursing labor market is marked by a shortage of RNs. This shortage is most acutely felt within hard-to-fill hospital positions. Increasing numbers of part-time nurses, high turnover rates and growing numbers of inactive licensed RNs characterize today's nursing supply. These trends have led nursing administrators to an alternative staffing practice, use of supplemental RNs, as a means of countering the effects of frequently occurring staffing vacancies. The proliferation of supplemental RNs suggests that the needs of individual RNs are being met within the non-traditional, supplemental nursing work setting.

Previous research indicates that job satisfaction increases and job turnover decreases when an employee's valued work rewards are met within the realities of the work world. Job satisfaction studies indicated that nurses, like other professionals, value intrinsic rewards more highly than extrinsic rewards. Although there are studies on the work values and satisfaction levels of hospital-employed nurses, to date there is no research on these topics among supplemental RNs. The literature does report that increased fringe benefits, competitive wages and work flexibility are extrinsic rewards commonly available to the supplemental RN. It was within this light

that this research was undertaken and the study's two hypotheses were projected. Specifically, this study was designed to determine if the work values and satisfaction levels of supplemental RNs were greater than the intrinsic values and satisfaction levels.

Conclusions

The findings of this study indicated no significant difference between the intrinsic and extrinsic work values and satisfaction levels of those supplemental RNs surveyed. Although both of the hypotheses were rejected, it is interesting to note that this study's results differ from the majority of research on job satisfaction among RNs. The overwhelming findings of previous job satisfaction studies among RNs and other professionals concluded that intrinsic work rewards are significantly more valued and satisfied than are extrinsic rewards. The results of this study refuted both of these contentions.

Due to this study's small sample size and the limited number of job components analyzed, it is not possible to generalize these findings to a larger supplemental RN population. Although these findings cannot be generalized, it is interesting to speculate as to whether or not these findings represent different values and satisfaction levels among supplemental RNs or if these results are indicative of changing work values and satisfaction levels among a larger RN population.

Recommendations

In order to validate and further interpret the findings of this study, the following recommendations are suggested: (1) Replication of this study among a larger sample. Administration of this survey to a larger sample size is needed in order to validate and generalize this study's limited findings to a larger supplemental RN population. (2) Perform further data analysis and comparison of the three remaining job satisfaction components (Task Variety, Involvement and Interpersonal) in terms of values and satisfaction levels. Data analysis of the remaining three components would facilitate further interpretation and rank-ordering of the entire instrument's five major categories. (3) Replication of this study among hospital-employed RNs. A comparison of this data with the statistical findings of this study's supplemental RN sample would generate increased analysis and interpretation of the findings obtained. This additional information would be helpful in (a) determining whether different values and satisfaction levels exist among supplemental RNs or (b) determining whether changing values and satisfaction levels exist among the larger RN population.

REFERENCES

- American Nurses' Association. Guidelines for use of supplemental nursing services. Kansas City, Missouri: ANA, 1979.
- Amenta, M. M. Staffing through temporary help agencies. Supervisor Nurse, 1977, 8(19), 19-20; 23; 25-26.
- Appelbaum, A. RNs. Crisis? Shortage? or Both? Perspective, Fall 1980, 1-14.
- Austin, R. Professionalism and the nature of nursing reward. Journal of Advanced Nursing, 1978, 3, 9-23.
- Bass, B. M., & Barrett, G. V. Man, work, and organizations. Boston: Allyn and Bacon, Inc., 1972.
- Bergman, R. Nursing manpower: Issues and trends. Journal of Nursing Administration, May, 1975, 4, 21-25.
- Clarke, N. Oregon's under-utilized R.N. resources. Oregon Health Bulletin, Summer 1980, 58(7), 1-6.
- Cunningham, L. Nursing shortage? Yes! American Journal of Nursing, March 1979, 469-480.
- Donovan, L. What the "rent-a-nurse" trend means to you. RN, November, 1978, 41(11), 73-74, 78, 82, 84.
- Donovan, L. What nurses want and what they're getting. RN, April, 1980, 43(4), 22-30.
- Everly, G. S., & Falcione, R. L. Perceived dimensions of job satisfaction for staff registered nurses. Nursing Research, September-October 1976, 25(5), 346-348.
- Ewen, R. Some determinents of job satisfaction: A study of the generality of Herzbergs' theory. Journal of Applied Psychology, 1964, 48, 161-163.

- Friedlander, P. Underlying sources of job satisfaction. Journal of Applied Psychology, 1963, 47, 246-250.
- Fuchs, V. R. Who shall live? New York: Basic Books, Inc., 1974.
- Godfrey, M. A. Job satisfaction--or should that be dissatisfaction? How nurses feel about nursing. Part one. Nursing '78, April 1978, 8 (4), 89-100.
- Godfrey, M. A. Job satisfaction--or should that be dissatisfaction? How nurses feel about nursing. Part two. Nursing '78, May 1978, 8 (5), 105-110.
- Godfrey, M. A. Job satisfaction--or should that be dissatisfaction? How nurses feel about nursing. Part three. Nursing '78, June 1978, 8 (6), 81-95.
- Godfrey, M. A. Is part-time nursing the answer for you? Part one. Nursing '80, October 1980, 10 (10), 66-72.
- Gugenheim, A. M. Nursing focuses on education. Hospitals, April 1980, 151-155.
- Herzberg, F., Mausner, B., & Snyderman, B. The motivation to work (2nd ed.) New York: J. Wiley and Sons Inc., 1959.
- Herzberg, F. Work and the nature of man. New York: World Publishing Co., 1966.
- Hoppock, R. Job satisfaction: Photo Studies. New York: Harper and Brothers Publishers, 1935.
- Kass, I. Groans or cheers for the supplemental nurse? Nursing '80, April 1980, 121-124.
- Katz, D. The motivational basis of organizational behavior. Behavioral Science, April 1964, 9, 131-146.

- Langford, T. & Prescott, P. A. Hospitals and supplemental nursing agencies; an uneasy balance. Journal of Nursing Administration, 1979, 9 (11), 16-20.
- Lindeman, C. A. Myth Busting: What's behind the nursing shortage? Conference held in Portland, Oregon, November, 1980.
- Longest, B. Job satisfaction for registered nurses in the hospital setting. Journal of Nursing Administration, May-June 1974, 4 (3), 45-52.
- Luniski, I. D. Temporary nursing: Is it for you? RN, 1973, 36 (9), 46-52.
- Lysaught, J. P. Nursing shortage linked to hospital environment. Reversing the nurse exodus: Job satisfaction is the key. Seminar sponsored by the Rush University System for Health, Chicago, November, 1980.
- Maslow, A. H. Motivation and personality (1st ed). New York: Harper and Brothers, 1954.
- Maslow, A. H. (Ed.). Motivation and personality (2nd ed.). New York: Harper and Row, 1970.
- Mayo, E. The social problems of an industrial civilization. Cambridge, Mass.: Harvard University Press, 1945.
- McCloskey, J. D. Influence of rewards and incentives on staff nurse turnover rate. Nursing Research, May-June 1974, 23 (3), 239-247.
- McCloskey, J. D. What rewards will keep nurses on the job? American Journal of Nursing, 1975, 75, 600-602.
- Moses, E. & Roth, A. Nursepower--what do statistics reveal about the nation's nurses? American Journal of Nursing, October 1979, 10, 1745-1756.

- Munson, F. C. & Heda, S. An instrument for measuring nursing satisfaction. Nursing Research, March-April 1974, 23 (2), 159-166.
- National League for Nursing. Identifying problems in the motivation, performance and retention of nursing staff. New York: National League for Nursing, 1979.
- Patchin, N. A look at the current national labor market for R.N.s. Imprint, December 1979, 26.
- Porter, L. & Lawler, E. Managerial attitudes and performance. Homewood, Illinois: Dorsey Press, 1968.
- Samuelson, P. A. Economics (10th ed.). New York: McGraw-Hill Book Co., 1976.
- Seybolt, J. W., Pavett, C., & Walker, D. D. Turnover among nurses: It can be managed. Journal of Nursing Administration, September, 1978, 4-9.
- Slavitt, D. B., Stamps, P. L., Piedmont, E. B. & Haase, A. M. Nurses' satisfaction with their work situation. Nursing Research, March-April 1978, 27 (2), 115-119.
- Slocum, J. W., Susman, G. I., & Sheridan, J. E. Analysis of need satisfaction and job performance among professional and para-professional hospital personnel. Nursing Research, July-August 1972, 21, 338-342.
- Smith, P. C., Kendall, L. M., & Hulen, C. L. The measurement of satisfaction in work and retirement: A strategy for the study of attitudes. Chicago: Rand McNally Co., 1969.
- Stamps, P. L., Piedmont, E. B., Slavitt, D. B., & Haase, A. M. Measurement of work satisfaction among health professionals. Medical Care, April 1978, 16 (4), 337-352.

- Stover, W. R. Temporary nurse service. American Journal of Nursing, November 1975, 1998-1999.
- Taylor, F. Principles of scientific management. New York: Harper and Brothers Publishers, 1911.
- Thomas B. Job satisfaction and float assignments. Journal of Nursing Administration, September - October 1972, 51-59.
- Vroom, V. H. Work and motivation. New York: John Wiley and Sons, 1964.
- Wernimont, P. Intrinsic and extrinsic factors in job satisfaction. Journal of Applied Psychology, 1966, 50, 41-50.
- White, C. H., & Maguire, M. C. Job satisfaction and dissatisfaction among hospital nursing supervisors. Nursing Research, January - February 1973, 22 (1), 25-30.
- World Health Organization. The development of studies in health manpower. Geneva, Switzerland: World Health Organization, 1971, 10.
- Wiley, L. Should you join rent-a-nurse for temporary service? Nursing '76, September 1976, 81-87.

APPENDIX A

COVER LETTER OF CONSENT, QUESTIONNAIRE AND FOLLOW-UP LETTER

February 24, 1981

Dear Colleague:

I am seeking your participation in a study entitled "Job Satisfaction Among Supplemental Registered Nurses." The purpose of this study is to examine the work values of supplemental R.N.s and to determine the degree to which these values are currently being met. Although you may not personally benefit from this study, the information gained may prove useful to managers of supplemental staffing agencies and hospital nursing managers in an attempt to increase employee job satisfaction and staff retention.

The method chosen for this study consists of a questionnaire on job satisfaction. You are being asked to respond voluntarily to the attached questionnaire. In addition, you will be asked to provide some basic background information. The completion of the questionnaire and background information will take approximately 15 minutes.

Information obtained from this study will be confidential. Each participant is assured anonymity. A code number will be used as a means of verifying response rates and so that aggregate findings can be presented to those supplemental agencies cooperating in this study.

Your completing and returning the questionnaire will be taken as evidence of your willingness to participate and your consent to have the information used for the stated purpose of this study.

A stamped, addressed envelope has been included to facilitate the return of your completed questionnaire. Please complete the questionnaire and return it within one week.

If you should have any questions, please feel free to contact me.

Thank you,

Janet Ebert Weerts, R.N., B.S.
Graduate Student, University of Oregon
Health Sciences Center School of Nursing
245-0344

JOB SATISFACTION

In the following questions please give an objective appraisal of the opportunities for job satisfaction in your role as a supplemental R.N.

The following pages list 16 characteristics connected with job satisfaction. Each characteristic will be followed by questions a and b. Question a, "How much is there now?", asks you to indicate the amount a particular characteristic is evident within your job. Question b, "How much should there be?", asks you to evaluate your job in terms of how much it could provide of the characteristic in question. You will be asked later to say how important the characteristic is to you.

A seven-point scale will be used to let you express "mild" differences in your feelings about the two questions. Circle the number on the scales that represents how much of the characteristic being rated occurs in your job as a supplemental R.N.

Low numbers represent low amounts and high numbers represent high or maximum amounts. If you think there is "very little" or "none" of the characteristic associated with your job, you would circle numeral 1. If you think there is "just a little" you would circle numeral 2, and so on. If you think there is a "great deal but not a maximum amount" you would circle numeral 6. For each scale, circle only one number. Please do not omit any scale.

1. The opportunity to fully use my skills and abilities.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
2. The opportunity to do important and worthwhile things.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
3. The self-fulfillment I get from my job (that is, being able to use one's own unique capabilities, realizing one's potentialities).
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

4. The variety of work in my job.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

5. The accountability for many different things in my job.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

6. The prestige of my job outside the work setting (that is, the regard received from others not in the work setting).
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

7. The financial rewards of my job.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

8. The amount of job security.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

9. The fairness of working conditions (hours, vacation policy, etc.).
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

10. The opportunity in my job to work closely with likeable people.
 - a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

11. The understanding of those I work with of the problems and difficulties faced in my job.
- a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
12. The opportunity to give help to other people.
- a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
13. The authority to direct others in the work setting.
- a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
14. The opportunity to share in the determination of methods and procedures.
- a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
15. The opportunity to share in the setting of goals.
- a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)
16. Taking everything together, the amount of satisfaction I get from my job.
- a. How much is there now? (none at all) 1 2 3 4 5 6 7 (maximum)
 - b. How much should there be? (none at all) 1 2 3 4 5 6 7 (maximum)

In the list below are the characteristics you have just used to rate the opportunities for job satisfaction in your role as a supplemental R.N.

Now, please rate them in terms of their importance to your own satisfaction. That is, tell us the relative importance you place on having a job with the characteristic. Try to distribute your answers equally, using each column at least three times. Place a check in the column which represents the degree of importance you attach to each of the characteristics.

--CONTRIBUTION TO MY OWN SATISFACTION--

	(1) Among the less important	(2) Of some importance	(3) Middle range of importance	(4) Among the more important	(5) Among the most important
a. The opportunity to fully use my skills and abilities	()	()	()	()	()
b. The opportunity to do important & worthwhile things	()	()	()	()	()
c. A feeling of self-fulfillment	()	()	()	()	()
d. Having responsibility for many different things	()	()	()	()	()
e. Variety of work	()	()	()	()	()
f. Prestige outside the work setting	()	()	()	()	()
g. Financial rewards	()	()	()	()	()
h. Job security	()	()	()	()	()
i. Fair working conditions	()	()	()	()	()
j. Working with likeable people	()	()	()	()	()
k. Understanding by others of my job problems	()	()	()	()	()

--CONTRIBUTION TO MY OWN SATISFACTION--

	(1) Among the less <u>important</u>	(2) Of some <u>importance</u>	(3) Middle range of <u>importance</u>	(4) Among the more <u>important</u>	(5) Among the most <u>important</u>
l. The opportunity to give help to others	()	()	()	()	()
m. Sharing in the determination of methods & pro- cedures	()	()	()	()	()
n. Having authority to direct others	()	()	()	()	()
o. Sharing in the setting of goals	()	()	()	()	()

Please complete the following background information:

DEMOGRAPHIC INFORMATION

1. Year of Birth 19 __ __

2. Sex

1. Male
 2. Female

3. Marital Status (check one)

1. Married
 2. Divorced
 3. Separated
 4. Widowed
 5. Never married

4. How many children do you have? __ __ (if none, put 00)

5. What is the age of your youngest child? __ __ (if none, put 00)

EDUCATION INFORMATION

6. In what year was your basic R.N. education completed? 19 __ __

7. What is your highest degree? (check one)

1. Associated Degree
 2. BSN
 3. Diploma
 4. Masters (Nursing)
 5. Masters (not in Nursing)
 6. Doctorate
 7. Other _____

EMPLOYMENT INFORMATION

8. Approximately how long (total) have you worked in Nursing? __ __ years, __ __ months.

9. Approximately how long (total) have you been employed in your current staffing agency? __ __ years, __ __ months.

10. Approximately how many hours do you work each month? __ __ hours.

11. Within your household, are your wages the primary __; equal __; or secondary __ source of income? (check one)

12. Is your current position with the staffing agency a primary __ or secondary __ source of employment? (check one)

13. Are you actively employed (working 8 hours or more per week) for more than one supplemental agency? Yes No
14. Where do you primarily provide nursing services? Hospitals ; Intermediate or extended care facilities ; Home health care ? (check one)

March 12, 1981

Dear Colleague:

A questionnaire on job satisfaction was recently mailed to you. If you have already responded to the questionnaire, thank you for your support and cooperation in this study.

If you have not yet completed the questionnaire, I would be most appreciative if you would do so as soon as possible.

If the original copy has been misplaced, I would be most happy to mail you another one.

Thank you,

Janet Weerts, R.N.
Graduate Student in Nursing
University of Oregon
Health Sciences Center
245-0344

APPENDIX B
CORRESPONDENCE

8231 S.W. 14th Avenue
Portland, Oregon 97219

January 2, 1981

Fred C. Munson, Ph.D.
Administrator of Public Health
University of Michigan
SPH Room #M3063
Ann Arbor, Michigan 48109

Dear Dr. Munson:

Per our telephone conversation of today, I am interested in obtaining a copy of the job satisfaction measurement tool you presented in Nursing Research (March-April, 1974). My thesis focuses on job satisfaction and valued work rewards of registered nurses employed by supplemental staffing services. Your instrument seems appropriate and adaptable for the purposes of my research.

A copy of the questionnaire and scoring instructions would be greatly appreciated. In addition, I would appreciate any information you may have on the instrument's validity and reliability as well as recommendations for administration and data interpretation.

I anticipate presenting my research proposal to my thesis committee by the end of this month. Your expeditious release of this instrument would be greatly appreciated so that I can make some minor modifications of the questionnaire prior to presentation to my committee.

I would be most happy to share my results with you upon completion of this study.

Thank you for your kind consideration and cooperation.

Sincerely,

Janet Ebert Weerts, R.N., B.S.
Graduate Student in Nursing Administration
University of Oregon Health Sciences Center
School of Nursing
245-0344

8231 S.W. 14th Avenue
Portland, Oregon 97219

January 30, 1981

Mr. Richard Anderson, Director
Staff Builders Health Care Services
3800 S.W. Cedar Hills Boulevard
Beaverton, Oregon 97005

Dear Mr. Anderson:

I am a graduate student in Nursing Management and Administration at the University of Oregon Health Sciences Center School of Nursing. I am conducting a research study on the work values and satisfaction levels of RNs employed by supplemental staffing services.

I have had several contacts with your staffing coordinator, Liz Stewart, and have shared with her some of my plans for this study. I am most interested in contacting the RNs employed by your agency for inclusion in this research project.

This study will consist of the voluntary completion of a 16-item questionnaire on job satisfaction and the provision of some basic background information. All individual responses will be confidential and anonymity will be assured. The questionnaire will be mailed to the nurses' home address. A stamped, addressed envelope will be provided to facilitate the return of the completed questionnaire.

I would be most appreciative of your permission to include the RNs employed at your agency in my study. Attached is a copy of the informational cover letter and questionnaire which will be used in the study.

I am eagerly awaiting your reply on this matter. If you should have any questions, please feel free to contact me.

Thank you for your kind consideration.

Sincerely yours,

Janet Ebert Weerts, R.N., B.S.
Graduate Student
University of Oregon Health
Sciences Center
School of Nursing
245-0344

Encls.

8231 S. W. 14th Avenue
Portland, Oregon 97219

January 30, 1981

Mr. John Flaherty, Director
Medical Personnel Pool
500 N.E. Multnomah
Portland, Oregon 97232

Dear Mr. Flaherty:

This letter is a followup to a conversation we had in December, 1980. As we discussed, I am a graduate student in Nursing Management and Administration at the University of Oregon Health Sciences Center School of Nursing. I am conducting a research study on the work values and satisfaction levels of RNs employed by supplemental staffing services and am most interested in contacting the RNs employed by your agency for inclusion in this project.

This study will consist of the voluntary completion of a 16-item questionnaire on job satisfaction and the provision of some basic background information. All individual responses will be confidential and anonymity will be assured. A stamped, addressed envelope will be provided to facilitate the return of the completed questionnaire.

I would be most appreciative of your permission to include the RNs employed at your agency in my study. Attached is a copy of the informational cover letter and questionnaire which will be used in the study.

I am eagerly awaiting your reply on this matter. If you should have any questions, please feel free to contact me.

Thank you for your kind consideration.

Sincerely yours,

Janet Ebert Weerts, R.N., B.S.
Graduate Student
University of Oregon Health
Sciences Center
School of Nursing
245-0344

Enclos.

8231 S.W. 14th
Portland, Oregon 97219

January 30, 1981

Marilyn Butterfield
Director of Staffing
Western Medical Services
711 S.W. Alder, Suite 402
Portland, Oregon 97205

Dear Ms. Butterfield:

Per our telephone conversation of today, I am a graduate student in nursing management and administration at the University of Oregon Health Sciences Center School of Nursing. I am conducting a research study on the work values and satisfaction levels of RNs employed by supplemental staffing services. I am most interested in contacting the RNs employed by your agency for inclusion in this research project.

This study will consist of the voluntary completion of a 16-item questionnaire on job satisfaction and the provision of some basic background information. All individual responses will be confidential and anonymity will be assured. The questionnaire will be mailed to the nurses' home address. A stamped, addressed envelope will be provided to facilitate the return of the completed questionnaire.

I would be most appreciative of your permission to include the RNs employed at your agency in my study. Attached is a copy of the informational cover letter and questionnaire which will be used in the study.

I am eagerly awaiting your reply on this matter. If you should have any questions, please feel free to contact me.

Thank you for your kind consideration.

Sincerely,

Janet Weerts, R.N., B.S.
Graduate Student
University of Oregon Health
Sciences Center
School of Nursing
245-0344

Enclos.

APPENDIX C
RAW DATA SCORES
and
CONVERTED VALUE AND SATISFACTION SCORES

RAW DATA SCORESIntrinsic Job Characteristics

SUBJECT NO.	QUESTION 1			QUESTION 2			QUESTION 3		
	I	B	A scores	I	B	A scores	I	B	A scores
N = 45									
1.	5	7	4	5	7	4	5	7	3
2.	4	6	4	4	6	4	5	7	5
3.	5	6	4	4	6	3	5	6	3
4.	4	7	5	5	7	5	5	7	4
5.	4	7	5	3	5	4	4	5	3
6.	4	3	2	3	2	2	4	2	3
7.	3	7	5	5	7	7	5	7	5
8.	4	6	4	5	7	5	4	7	5
9.	4	5	2	5	6	3	5	6	1
10.	5	7	3	5	6	2	5	6	3
11.	4	7	5	3	7	5	5	7	5
12.	4	6	5	4	6	4	3	6	4
13.	4	7	7	5	7	7	5	7	7
14.	5	7	5	5	7	7	4	7	7
15.	4	7	5	4	7	4	5	7	6
16.	1	7	7	2	7	7	3	4	2
17.	3	7	5	3	7	5	5	7	4
18.	5	6	6	4	6	5	3	6	5
19.	5	7	7	5	7	7	5	7	7
20.	4	5	6	3	4	5	4	5	5
21.	5	7	7	5	7	7	5	7	7
22.	5	7	6	5	7	6	5	7	5
23.	3	6	3	4	6	5	4	6	5
24.	5	7	7	3	7	7	5	7	7
25.	5	7	6	5	7	6	5	7	7
26.	5	6	6	4	6	5	4	6	5
27.	5	7	5	5	7	5	5	7	4
28.	4	5	6	3	4	5	4	5	5
29.	3	7	5	3	7	5	5	7	4
30.	3	6	6	3	7	6	5	7	6
31.	5	6	5	4	7	6	5	7	6
32.	4	5	5	4	5	5	4	5	5
33.	4	6	4	4	6	5	5	7	4
34.	4	7	3	3	7	7	2	5	3
35.	4	7	4	4	7	5	5	7	4
36.	3	5	5	2	6	4	5	5	2
37.	3	5	5	4	6	4	5	5	2
38.	5	7	7	5	7	7	5	7	7
39.	4	7	5	3	7	7	5	7	7
40.	3	6	4	4	7	5	4	6	6
41.	3	5	3	3	6	5	4	6	5
42.	3	7	7	4	7	7	4	7	7
43.	4	5	6	4	6	5	4	6	5
44.	5	6	5	4	6	4	5	6	6
45.	4	5	4	5	5	5	4	5	6

RAW DATA SCORESExtrinsic Job Characteristics

SUBJECT NO.	QUESTION 7			QUESTION 8			QUESTION 9		
	I	B	A scores	I	B	A scores	I	B	A scores
N = 45									
1.	5	7	3	5	7	1	5	7	4
2.	4	7	6	4	6	6	5	7	7
3.	2	7	6	2	6	4	4	7	7
4.	4	7	4	4	7	7	5	7	7
5.	5	7	5	4	7	6	5	7	4
6.	4	5	3	5	4	4	2	6	3
7.	4	7	5	4	5	2	4	6	2
8.	5	7	5	4	7	6	5	7	7
9.	4	6	3	4	7	2	5	6	3
10.	4	7	4	2	5	5	3	6	5
11.	2	6	5	2	7	7	3	7	6
12.	3	6	4	2	6	6	4	6	6
13.	4	7	6	5	7	7	5	7	6
14.	4	7	5	4	7	7	5	7	7
15.	4	7	5	3	7	6	2	7	5
16.	2	4	4	1	7	5	1	6	4
17.	5	7	4	5	7	4	4	7	6
18.	3	5	5	4	7	6	5	6	4
19.	4	7	4	4	6	6	4	7	5
20.	5	5	5	5	6	5	4	6	6
21.	5	7	7	4	7	7	5	7	7
22.	5	7	5	4	6	4	5	7	6
23.	4	5	4	4	5	2	5	5	3
24.	4	7	4	1	7	4	4	7	2
25.	3	7	6	3	7	5	4	7	4
26.	5	5	5	5	6	5	4	6	6
27.	5	7	7	4	7	7	5	7	7
28.	5	7	4	5	7	4	4	7	6
29.	5	7	4	4	6	4	5	7	7
30.	5	7	6	2	6	3	5	7	7
31.	4	7	4	2	7	5	5	6	2
32.	4	6	6	3	5	5	3	6	6
33.	5	7	3	5	6	6	4	6	5
34.	5	6	4	5	1	1	5	5	3
35.	5	7	4	5	7	6	5	7	5
36.	5	7	4	2	6	6	4	7	5
37.	3	6	4	1	7	7	5	7	6
38.	4	7	7	5	7	6	5	7	6
39.	3	7	5	5	7	7	5	7	7
40.	3	7	7	2	5	4	4	5	5
41.	5	6	5	3	6	5	3	6	6
42.	5	7	6	5	7	7	5	7	3
43.	5	6	5	5	6	5	5	7	7
44.	4	7	5	5	7	7	5	7	5
45.	3	5	5	5	7	6	5	7	6

RELATIVE IMPORTANCE (VALUE)
of
INTRINSIC SCORES

Converted I (B-A) Scores

SUBJECT NO.	QUESTION 1 I (B-A) Score	QUESTION 2 I (B-A) Score	QUESTION 3 I (B-A) Score	QUESTION 1,2,3 \bar{x} I (B-A) Score
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N = 45

1.	5	5	0	3.3
2.	12	12	10	11.3
3.	10	8	5	7.7
4.	12	10	5	9.0
5.	12	17	12	13.7
6.	16	20	16	17.3
7.	14	20	10	14.7
8.	12	10	12	11.3
9.	8	5	-5	2.7
10.	0	0	5	1.7
11.	12	14	10	12.0
12.	16	12	14	14.0
13.	20	20	20	20.0
14.	10	20	20	16.7
15.	12	8	15	11.7
16.	20	20	14	18.0
17.	14	14	5	11.0
18.	20	16	17	17.7
19.	20	20	20	20.0
20.	16	17	20	17.7
21.	20	20	20	20.0
22.	15	15	10	13.3
23.	11	16	16	14.3
24.	20	20	20	20.0
25.	15	15	20	16.7
26.	20	16	16	17.3
27.	10	10	5	8.3
28.	16	17	20	17.7
29.	14	14	5	11.0
30.	20	17	15	17.3
31.	15	16	15	15.3
32.	20	20	20	20.0
33.	12	16	5	11.0
34.	4	20	16	13.3
35.	8	12	5	8.3
36.	20	16	20	18.7
37.	20	12	5	12.3
38.	20	20	20	20.0
39.	12	20	20	17.3
40.	14	12	20	15.3
41.	14	17	16	15.7
42.	20	20	20	20.0
43.	16	16	16	16.0
44.	15	12	20	15.7
45.	16	20	16	17.3
	648	677	611	643.6
	\bar{x} 14.4	\bar{x} 15.0	\bar{x} 13.6	\bar{x} 14.3

RELATIVE IMPORTANCE (VALUE)
of
EXTRINSIC SCORES

Converted I (B-A) Scores

SUBJECT NO.	QUESTION 7 I (B-A) Score	QUESTION 8 I (B-A) Score	QUESTION 9 I (B-A) Score	QUESTION 7,8,9 \bar{x} I (B-A) Score
N = 45				
1.	0	-10	5	-1.7
2.	16	20	20	18.7
3.	18	16	20	18.0
4.	8	20	20	16.0
5.	10	16	5	10.3
6.	12	20	14	15.3
7.	12	8	4	8.0
8.	10	16	20	15.3
9.	8	0	5	4.3
10.	8	20	17	15.0
11.	18	20	17	18.3
12.	14	20	20	18.0
13.	16	20	15	17.0
14.	12	20	20	17.3
15.	12	17	16	15.0
16.	20	18	16	18.0
17.	5	5	16	8.7
18.	20	16	10	15.3
19.	8	20	12	13.3
20.	20	15	20	18.3
21.	20	20	20	20.0
22.	10	12	15	12.3
23.	16	8	10	11.3
24.	8	17	0	8.3
25.	17	14	8	13.0
26.	20	15	20	18.3
27.	20	20	20	20.0
28.	5	5	16	8.7
29.	5	12	20	12.3
30.	15	14	20	16.3
31.	8	16	0	8.0
32.	20	20	20	20.0
33.	0	20	16	12.0
34.	10	20	10	13.3
35.	5	15	10	10.0
36.	5	20	12	12.3
37.	14	20	10	14.7
38.	20	15	15	16.7
39.	14	20	20	18.0
40.	20	18	20	19.3
41.	15	17	20	17.3
42.	15	20	0	11.7
43.	15	15	20	16.7
44.	12	20	10	14.0
45.	20	15	15	16.7
	$\frac{576}{45}$ \bar{x} 12.8	$\frac{705}{45}$ \bar{x} 15.7	$\frac{639}{45}$ \bar{x} 14.2	$\frac{639.6}{45}$ \bar{x} 14.2

LEVEL OF SATISFACTION
of
INTRINSIC JOB CHARACTERISTICS

Converted B-A Scores

SUBJECT NO.	QUESTION 1 B-A Score	QUESTION 2 B-A Score	QUESTION 3 B-A Score	INTRINSIC QUESTION 1,2,3 \bar{x} B-A Score
N = 45				
1.	10	10	6	8.7
2.	8	8	8	8.0
3.	8	7	7	7.3
4.	8	8	7	7.3
5.	8	9	8	8.3
6.	9	10	9	9.3
7.	8	10	8	8.7
8.	8	8	8	8.0
9.	7	7	5	6.3
10.	6	6	7	6.3
11.	8	8	8	8.0
12.	9	8	8	8.3
13.	10	10	10	10.0
14.	8	10	10	9.3
15.	8	7	9	8.0
16.	10	10	8	9.3
17.	8	8	7	7.7
18.	10	9	9	9.3
19.	10	10	10	10.0
20.	9	9	10	9.3
21.	10	10	10	10.0
22.	9	9	8	8.7
23.	7	9	9	8.3
24.	10	10	10	10.0
25.	9	9	10	9.3
26.	10	9	9	9.3
27.	8	8	7	7.7
28.	9	9	10	9.3
29.	8	8	7	7.7
30.	10	9	9	9.3
31.	9	9	9	9.0
32.	10	10	10	10.0
33.	8	9	7	8.0
34.	6	10	8	8.0
35.	7	8	7	7.3
36.	10	8	10	9.3
37.	10	8	7	8.3
38.	10	10	10	10.0
39.	8	10	10	9.3
40.	8	8	10	8.6
41.	8	9	9	8.6
42.	10	10	10	10.0
43.	9	9	9	9.0
44.	9	8	10	9.0
45.	9	10	9	9.3
	391 \bar{x} 8.7	398 \bar{x} 8.8	386 \bar{x} 8.6	390.7 \bar{x} 8.7

LEVEL OF SATISFACTION
of
EXTRINSIC JOB CHARACTERISTICS

Converted B-A Scores

SUBJECT NO.	QUESTION 7 B-A Score	QUESTION 8 B-A Score	QUESTION 9 B-A Score	QUESTION 7,8,9 \bar{x} B-A Score
N = 45				
1.	6	4	7	5.7
2.	9	10	10	9.7
3.	9	8	10	9.0
4.	7	10	10	9.0
5.	8	9	7	8.0
6.	8	10	7	8.3
7.	8	7	6	7.0
8.	8	9	10	9.0
9.	7	5	7	6.3
10.	7	10	9	8.7
11.	9	10	9	9.3
12.	8	10	10	9.3
13.	9	10	9	9.3
14.	8	10	10	9.3
15.	8	9	8	8.3
16.	10	8	8	8.7
17.	7	7	9	8.3
18.	10	9	8	9.0
19.	7	10	8	8.3
20.	10	9	10	9.7
21.	10	10	10	10.0
22.	8	8	9	8.3
23.	9	7	8	8.0
24.	7	7	5	5.3
25.	9	8	7	8.0
26.	10	9	10	9.7
27.	10	10	10	10.0
28.	7	7	9	7.7
29.	7	8	10	8.3
30.	9	7	10	8.7
31.	7	8	6	7.0
32.	10	10	10	10.0
33.	6	10	9	8.3
34.	8	10	8	8.7
35.	7	9	8	8.0
36.	7	10	8	8.3
37.	8	10	8	8.7
38.	10	9	9	9.3
39.	8	10	10	9.3
40.	10	9	10	9.7
41.	9	9	10	9.3
42.	9	10	6	8.3
43.	9	9	10	9.3
44.	8	10	8	8.7
45.	10	9	9	9.3
	$\overline{375} \bar{x} 8.3$	$\overline{397} \bar{x} 8.8$	$\overline{389} \bar{x} 8.6$	$\overline{387.4} \bar{x} 8.6$

AN ABSTRACT OF THE THESIS OF
JANET EBERT WEERTS
FOR THE MASTERS OF NURSING

DATE OF RECEIVING THIS DEGREE: JUNE, 1981

TITLE: WORK VALUES AND JOB SATISFACTION AMONG SUPPLEMENTAL
REGISTERED NURSES

APPROVED: _____
DOROTHY ELHART, R.N., M.S. THESIS ADVISOR

The nation's current nursing labor market is plagued by a shortage of RNs. This shortage is most acutely felt within the hospital setting and is further aggravated by increasing numbers of part-time nurses, high turnover rates and growing numbers of non-practicing, licensed RNs. Today's Nursing Administrators are turning to an alternative staffing practice, the use of supplemental RNs, as a means of countering the effects of the current shortage.

The growth and proliferation of supplemental staffing agencies suggests that the needs of both individual RNs and Nursing Administrators are being met through this non-traditional employment arrangement. Although numerous studies exist on the work values and satisfaction levels of hospital-employed RNs, to date the literature review is void of research on this subject among supplemental RNs. The majority of RN job satisfaction research suggests that nurses value and are more satisfied with intrinsic rewards than extrinsic rewards.

Within today's nursing labor market, extrinsic rewards have become increasingly available to the supplemental RN. Competitive wages

and flexibility in work settings and assignments are commonly offered by supplemental staffing agencies. This ex-post facto study was designed specifically to test the following two hypotheses:

(1) Supplemental RNs value extrinsic rewards more than intrinsic rewards, (2) Supplemental RNs are more satisfied with extrinsic rewards than intrinsic rewards.

Forty-five RNs employed by three supplemental staffing agencies within the Portland metropolitan area were included in this study's non-probability, convenience sample. There was no manipulation of the independent variable, RN employment status. The dependent variables, a) work values and b) satisfaction levels, were quantified by a Likert scale instrument. A three-part questionnaire was mailed to eighty-seven supplemental RNs. Information related to work values, satisfaction levels and background demographic data was elicited from each of the respondents.

Data analysis consisted of computed means and standard deviations for each of the following sub-groups: 1) Value of intrinsic work rewards 2) Value of extrinsic work rewards 3) Satisfaction with intrinsic work rewards 4) Satisfaction with extrinsic work rewards. In addition, a one-tailed paired t test was computed on the above subgroups.

Findings of this study indicated no significant difference between the intrinsic and extrinsic values or the intrinsic and extrinsic satisfaction levels among those supplemental RNs surveyed. While both of the study's hypotheses were rejected, it is of interest that these findings refuted the majority of job satisfaction research. Due to this study's small sample size and limited data analysis, it is

difficult to generalize these findings. Further studies are needed to interpret this study's results in relation to the larger supplemental RN population.