

JOB SATISFACTION OF REGISTERED NURSES

by

E. Ann Roberts B.S.N.

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Approved:



Marie St. Berger, M.S.N., Associate Professor of Nursing,
Advisor



Florence Hardesty, Ph.D., Associate Professor of Psychiatric
Nursing, First Reader



Dorothy Elhart, Associate Professor of Medical-Surgical
Nursing, Second Reader



John M. Brookhart, Ph.D., Chairman, Graduate Council

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CHAPTER I

INTRODUCTION

Introduction to the Problem

In order that people may be happy in their work, these three things are needed; They must be fit for it. They must not do too much of it. And they must have a sense of success in it.

John Ruskin 1819-1900

Work may be defined as that activity which satisfies fundamental social, psychological, spiritual, and philosophical needs (Vroom, 1964). Work is also an economic necessity. While it seems that in this day of escalating inflation the latter definition of work is more appropriate, today it is becoming more common for men and women of all ages and occupations to seek employment that will satisfy needs other than monetary. In fact, many take a substantial cut in salary in order to pursue work which satisfies their need for a sense of inner worth and value. How individuals view their job and how that job fulfills their needs is a very individual experience, a fact which partially explains why some people are satisfied with repetitive jobs while others are not satisfied unless challenged at every turn. Indeed, every woman and man is unique: no other human being is like any other human being. Most behavior is directed toward satisfying some needs or wants that vary in intensity and change as time passes.

Victor Vroom (1964) has conducted extensive research in the area of work roles and lists the following "properties" of work roles:

1. they provide financial remuneration
2. they require expenditure of energy
3. they involve production of goods and services
4. they permit or require social interaction
5. they affect the status of the worker (Vroom, 1964, p. 45)

While at the present time there is no basis for judging what influence different properties have on a person's choice of work, Vroom has postulated that each property mentioned above in some way satisfies most persons to a greater or lesser degree. Generally, however, people tend to choose those jobs for which they feel they have some aptitude or ability. In addition, the choice of a job is influenced by other factors such as societal or family wishes, religion, and opportunity.

While work is defined as activity which satisfies needs, job satisfaction may be defined as persistent positive feelings or affective responses to facets of the situation which may vary from job to job (Smith, Kendall & Hulin, 1969; Longest, 1974). It is not the sum total of all satisfaction in the work role. ". . . satisfaction is a legitimate goal in itself; the topic is of general importance." (Smith et al., 1969, p. 3) Recognition and understanding sources of job satisfaction or dissatisfaction is important in itself and necessary if steps are to be taken to increase satisfaction.

While numerous studies have been conducted in the area of job satisfaction for many job categories, there are few that pertain directly to nursing. Results of Longest's study involving registered nurses indicated that factors leading to job satisfaction for nurses were different from those for the general population (Longest, 1974).

Statement of the Purpose

Although job satisfaction research for professions other than nursing has been quite thorough, there are gaps in information available for nurses in terms of how age; marital status, education, salary and unit specialty affect perception of satisfaction with the job. This study is concerned with determining the relationship of these five variables to perception of job satisfaction.

Because there are no established norms for comparing satisfaction of registered nurses to that of other professionals, results of this study are to be sent to Bowling Green State University where development of such norms are in progress. In addition to providing data for norm development, an additional purpose of this study was to determine if the need existed to initiate policy recommendations at the participating agency.

Review of Literature

Although research on job satisfaction is far from conclusive, the most generally accepted theory is that of

Frederick Herzberg. In this theory, job satisfaction is subdivided into attitude factors pertaining to certain aspects of the job or environment. Fourteen attitude factors are proposed, all of which are reported in the literature to a greater or lesser extent. Many of these factors will also be reviewed.

Motivation Hygiene Theory

Frederick Herzberg's (1968) dual factor, motivation-hygiene theory, has been widely researched and is still the most controversial of all the theories presented in the literature. Herzberg maintains that satisfaction and dissatisfaction are two unipolar traits rather than opposite ends of a bipolar continuum. Factors called motivators, which "satisfy" the individual, arise from the content of the work and are intrinsic to work itself. On the other hand, hygiene factors, which are called "dissatisfiers", refer to environmental factors; i.e., those surrounding the job or the context in which work is performed. The terms satisfiers and motivators are used interchangeably as are dissatisfiers and hygiene. Herzberg lists motivators and hygiene factors (in order of importance from most to least) as:

MOTIVATORS (Satisfiers)	HYGIENE (Dissatisfiers)
achievement	supervision-technical
recognition	interpersonal relations
challenging work	working conditions
increased responsibility	salary
development	company policy
	administration
	benefits
	security

The most potent satisfiers foster the individual's needs for self-actualization and self-reliazation in his/her job. Such intrinsic factors are achievement, recognition, the work itself, responsibility, and advancement.

Probably the most widely read work on motivation was written by Abraham Maslow (1954). Maslow's model of hierarchy of basic needs, with lower level needs, i.e. physiological, social and safety, followed by higher level needs, i.e. esteem and self-actualization, implies that lower level needs must be met before one can proceed to satisfaction of higher level needs. This basic unipolar model has been compared with Herzberg's bipolar motivation hygiene theory by Hersey and Blanchard (1972). The authors maintain that Malsow's lower level needs are comparable to Herzberg's hygiene factors and the higher level needs are motivators.

Following the same general scheme, Herzberg suggested that satisfiers were associated with Maslow's human needs, that is, self esteem and self-actualization, while dissatisfiers were associated with animal needs merely to reduce displeasure. Since the hygiene factors do not possess the qualities necessary for psychological growth, they cannot be conducive to the gratification of human needs. Gratification of satisfiers therefore has little effect on the other.

Results of a study by White and Maguire (1973) in six hospitals, indicated that technical supervision (a hygiene factor) was most often dissatisfying while the work itself

and possibility for growth and recognition (both motivators) were more significant in promoting satisfaction. Although these findings supported Herzberg's theory, the researchers proposed a third category of factors, Mogeine, This factor represented those items which were split 50/50 in terms of promoting satisfaction or dissatisfaction. These mogiene factors were competence, commitment, and contentment.

Lahiri and Srivastva (1967) administered a questionnaire to 93 middle manager which examined the relationship of job context (hygiene) to job content (motivation) factors of job satisfaction. Their findings failed to support Herzberg's theory. In fact, Lahiri and Srivastva found that the negative aspects of hygiene, ie. environmental factors did not contribute to job dissatisfaction any more than the amount of satisfaction produced by its (hygiene) positive aspects. They also found that such factors as supervisor's help, salary, fairness of authority, and free expression, listed as hygiene factors by Herzberg, acted more as satisfiers than dissatisfiers.

Research findings of Friedlander (1963), Wernimont (1966) and Longest (1974) were also in disagreement with Herzberg's. The consensus among these researchers was that the motivation-hygiene theory imposes a "too rigid" classification of job factors contributing to satisfied or dissatisfied feelings of employees. They also maintain that because of this rigid classification, Herzberg's conclusions are questionable, limited and cannot be generalized beyond the groups studied.

They do agree, however, that intrinsic factors are important determinants of job satisfaction but contest Herzberg's claim that extrinsic factors contribute most to feelings of dissatisfaction.

Another criticism of Herzberg's theory is that the methodology of the studies on which the motivation-hygiene theory is based has severe deficiencies (Ewen, 1964). For example, only a narrow range of jobs was investigated (engineers-accountants), only one measure of job attitude was used, and validity and reliability data are absent. "The recommendations and generalizations made by Herzberg and associates are unjustified in view of the limitations ... above." (Ewen, 1964, p. 162). Brayfield and Rothe (1951) and Vroom (1969) also criticize Herzberg's theory for the above mentioned reasons.

Wernimont (1966) proposes that while both intrinsic and extrinsic factors can be sources of satisfaction as well as dissatisfaction, intrinsic factors are the stronger of the two. The division of intrinsic and extrinsic factors of job satisfaction outlined by Wernimont are as follows:

INTRINSIC

achievement (M)
 recognition (M)
 work content (M)
 autonomy
 responsibility (M)
 growth (M)
 advancement (M)
 expectations
 interest
 self-actualization
 needs

EXTRINSIC

work context (H)
 supervision (H)
 work group
 interpersonal relations (H)
 security (H)
 salary (H)
 company policy (H)

M=motivator: Herzberg's theory
 H=hygiene: Herzberg's theory

One of the few studies involving nursing was conducted by Longest (1974). His questionnaire was based on ten factors from Herzberg's theory. His sample included both hospital-based nurses and nursing educators. A summary of the results follows:

Herzberg (engineers)	Longest (supervisors, nursing)	Longest (educators, nursing)
1. achievement	achievement	achievement
2. recognition	interpersonal	recognition
3. work	work relations	interpersonal relations
4. responsibility	policy and administration	responsibility
5. advancement	responsibility	policy and administration
6. policy and administration	supervision	advancement
7. supervision	salary	salary
8. work conditions	work conditions	supervision
9. interpersonal relations	recognition	work context
10. salary	advancement	work conditions

As can be seen from the previous lists, achievement was the one characteristic that was the same for all samples. While recognition was of the same importance for educators and engineers, supervisory respondents indicated recognition was more important than advancement. The only other items which were similar throughout all three groups was policy and administration and working conditions. It was hypothesized that differences within each population may have accounted for the difference in perception of those factors which were most important for job satisfaction.

While there are numerous data available for determination

of job satisfaction of selected groups, few studies have attempted to compare such sample characteristics as age, education, marital status or salary level with the level of satisfaction or dissatisfaction. Most studies have been focused on Herzberg's (1959) attitude list. While results of many studies support Herzberg's findings, they are refuted in others. Despite the contradictory findings, however, five of these factors appear predominantly in the literature indicating their importance as measures of job satisfaction. These factors, interpersonal relations, supervision, promotion, pay and work content will now be reviewed.

Interpersonal relations

Work groups satisfy certain needs of the worker. One important need is that of interaction. Interaction offers exchange of ideas. Jobs involving isolation and lacking interaction are disliked. Interaction helps relieve the monotony of repetitious jobs and may lead to the emergence of positive or negative attitudes. It is well known that a cohesive group can exert a great deal of pressure on management to implement change. Most cohesive groups are noted for their similarity of attitude. Communication within such groups often results in increasing perception of others, increasing attraction to the group and increased group cohesiveness. Acceptance into the group tends to be a prerequisite for a satisfying work experience. How an employee is accepted by and adjusts to his fellow workers may determine to a large

extent his satisfaction with his job, attitude towards his job, boss, his productivity, quality of work, and length of employment (Vroom, 1964).

In nursing the ideal work group would be one in which all members are interdependent, trust each other and can work smoothly for the efficient and competent delivery of care to the patient. Such a group would also include persons from related disciplines such as inhalation therapists, physical therapists, dieticians, central supply clerks and X-ray technicians.

One aspect of job satisfaction, interpersonal relations, consistently elicited disagreement among investigators. Nursing research cites interpersonal relations most often as an important aspect of job satisfaction (Simon & Olson, 1960; Bowden, 1967; Longest, 1974). Although Herzberg once insisted that interpersonal relations were not important, he later altered his original belief and included interpersonal relationships in his list of motivators leading more to satisfaction than dissatisfaction.

Supervision

Supervision is covered extensively in the literature and is generally ranked with factors that affect dissatisfaction rather than satisfaction. Marrow (1967) studied factory workers' attitudes toward supervision and their relationship with satisfaction. He found that individuals held more positive attitudes towards supervisors when they were allowed to

participate in decisions and when they felt their supervisor trusted them to fulfill their jobs. Vroom (1964) found a different relationship between autocratic and democratic supervision and the attitude of the subordinates. Groups who were highly independent and were characterized by high amounts of interaction between workers and supervisors had more positive attitudes toward equalitarian leaders. Employees in groups, where interaction of employee and supervisor was restricted and where each employee was highly independent, were found to have more positive attitudes towards autocratic leaders. Finally, Herzberg believed the importance of supervision is over-rated (Herzberg, 1964).

Promotion

Growth depends in large part on the individual, but in job satisfaction it is also linked with autonomy. Likert (1969) conducted a study involving sales managers in which he concluded that the best performance, lowest cost, and highest levels of earnings and employee satisfaction occurred when the drive for a sense of personal worth was used to motivate workers to cooperate rather than compete with peers and colleagues. Roe (1964) found one major cause of dissatisfaction to be insufficient opportunities for promotion and advancement. Other studies have shown that a positive correlation exists between promotional expectations and satisfaction (Hulin & Smith, 1964; Britannica, 1977). A person's evaluation of present and past is directly related to his

expectations regarding promotion. The question still to be answered is whether promotion is more rewarding to someone who expects it than to someone who does not expect it.

Importance of opportunity for promotions in nursing varies. While results of various studies (McClosky, 1974; Simon and Olson, 1960; Longest, 1974) indicates promotion is important to nurses, others (Benton and White 1974; Marlow, 1966) have found promotion or career advancement to be a low priority for nurses.

Pay

Benton and White (1974) conducted a study of 565 registered nurses to obtain their reactions to sixteen job factors. Pay was found to be one of the least important items. On the other hand, results of a Hulin and Smith (1964) study indicated that as salary rose, satisfaction increased. When McClosky (1975) studied turnover rates for hospital employed nurses, pay was noted to be an important factor. However, a salary raise of \$500 per month was listed only fifth among those rewards that would keep nurses on the job.

Work Content-Unit Specialty

The fact that people perform routine repetitious job without boredom and dissatisfaction offers some support for the idea that needs vary. Howell (1973) believes that repetitious jobs are satisfying to some people because some do not have the ability to concentrate for a long period of time.

Others are satisfied with repetitious jobs because they are non-competitive, informal and make limited demands on mind and body (Howell, 1973). Some workers can adjust their need structure to a job and obtain whatever satisfaction may be gained. Satisfaction may be from job related factors that are not a part of the job task.

Content of work appears to produce more satisfaction whereas context produces more dissatisfaction. Context or environment cannot be separated from work content. Most studies in which these two factors are discussed present them in a content versus context situation. Studies by Vroom (1964) indicate that "stories" about "good" periods most frequently concerned job content factors such as achievement, responsibility and, of course, the work itself. "Bad" periods concerned context such as company policy, administration, supervision, salary and working conditions. Longest (1974) and Herzberg (1959) list content factors as more satisfying than dissatisfying. Herzberg (1959) states "When the context can be characterized as optimal, we will not get dissatisfaction, but neither will we get much in the way of positive attitudes." (p. 114). Friedlander (1964) found characteristics of work content and process elicited positive motivation in attracting and keeping employees and the character of work context caused employees to leave dissatisfied.

Work itself consistently ranks among the two most important aspects of job satisfaction in nursing (Bowden, 1967;

Benton & White, 1974; Marlow, 1966; Simon & Olson, 1970). Although recent research indicates the importance of job content in job satisfaction, few researchers, especially in nursing, have attempted to view job satisfaction in terms of differences within job categories. For example; although Marlow (1966) lists job content as important to job satisfaction of registered nurses, she does not indicate how satisfaction on medical units differs from satisfaction on intensive care units. Because the work on such units is quite different, it is reasonable to assume there might be some differences in satisfaction.

While data are readily available for such factors as salary, work content, interpersonal relationships, promotion and supervision, very little data are available indicating how such factors as age, education and marital status affect job satisfaction. Many researchers report collecting data pertaining to age, education and marital status (Benton & White, 1974; Herzberg, 1975; Vroom, 1964) yet very few discuss any relationship between these three variables and job satisfaction. These factors will now be reviewed.

Age

Hulin and Smith (1965) reported that job satisfaction varied according to the workers age. It appeared that morale was high when the worker was initially employed, decreased during the next few years and leveled off during the late twenties or early thirties. Morale then increased throughout

the working career. This pattern of morale changes corresponds to Marlene Kramers' (1974) report of reality shock among new nurse graduates in which job satisfaction was high with initial employment, "the honeymoon", and decreased during early to late twenties.

Marital Status

Literature review revealed minimal data pertaining to marital status and job satisfaction. Two nursing studies were found to have included marital status as variables and both reported no significance between job satisfaction and marital status (Benton & White, 1974; McClosky, 1975). Two non-nursing studies studied job satisfaction, not in relation to marital status, but as a reflection of home life or life adjustment (Hulin & Smith, 1964; Britannica, 1977). Therefore, if an employee is dissatisfied at work, it may be a result of an unstable home situation.

Education

Education as a variable in job satisfaction research was reported in only one study. McClosky's (1975) study of nursing turnover examined education and concluded that educational background had no effect on job satisfaction. Because there is such a paucity of data, generalizations can not be made and the need for more research is indicated.

To summarize, differences among studies pertain to satisfaction versus dissatisfaction. With the exception of

Howell (1973), all investigators agreed that working conditions were most often cited as satisfiers. Pay was most often considered as a dissatisfier as was supervision. Satisfaction with promotion was found to depend on the work context. Nursing studies indicated that work was the most important satisfier, followed by interpersonal relations. Pay varied as a satisfier or dissatisfier and supervision as a facet of job satisfaction was absent. Research including age, marital status and education were scanty and therefore inconclusive.

As stated earlier, although there are volumes of research about job satisfaction, there is no universally accepted theory of job satisfaction. Many good ideas have been presented yet there is little consistency. Are we examining inappropriate attitudes or are we perhaps examining these attitudes from a distorted context: seeing what we wish and not what is actually real.

While the need for theory development still exists, this investigator will focus not on theory development but on determination of job satisfaction of registered nurses.

CHAPTER II

METHODOLOGY

Sample and Setting

Three hundred and ninety-four full time registered nurses employed by a large medical center located in the Pacific Northwest were requested to participate in the research. Of the 394, 179 participated (45 percent) four of which were dropped from the sample due to incomplete questionnaires or data sheets. Final number of participants was 175. Mean age was 31.3 years with a range of 21-62. Ninety-seven percent were female. Four levels of nursing education were represented. Forty-nine percent of the respondents had Bachelor of Science degrees, 30 percent had diplomas, 19 percent had associate degrees, and two percent had Masters' degrees. All five salary levels employed at the hospital were represented. Forty-five percent of the sample was employed during the day shift, 18 percent during evenings, 19 percent during nights and 18 percent rotated among two or more shifts.

Data Collection Instrument

Whereas little progress has been made recently in theory formulation, significant progress has been made in development of a highly reliable and valid method of measuring job satisfaction. The Job Descriptive Index (JDI), a standardized questionnaire, is just such an instrument. The JDI is based on the 1967 Cornell studies of satisfaction conducted by P. C. Smith, L. M. Kendall and C. L. Hulin. The JDI meets

nearly all recommendations proposed by A. H. Brayfield (1951) for a valid approach to the problem of relevant and accurate research in the area of job satisfaction from which accurate generalizations may be made. Indeed, it almost appears that the JDI was formulated with Brayfield's criteria in mind.

The original version of the instrument consisted of a four section adjective checklist; work, pay and promotion, supervision, and co-workers. After extensive research using the JDI, results indicated that pay and promotion were discriminably different aspects of job satisfaction and the instrument was revised accordingly. The final form of the JDI (and the one used in this present study) consists of five adjective checklists; work, pay, promotion, supervision, and co-workers. These five aspects of job satisfaction are the dependent variables for this study. The lists are in a fixed order as are the sections. The JDI is directed toward specific areas of satisfaction rather than general satisfaction which allows for differences in aspects from job to job. Rather than asking directly how satisfied a person is, the JDI asks the person to describe the work making the JDI a job-referent rather than a self-referent.

Required verbal skill level is low and the JDI is applicable to a variety of job content areas (Goodale & Burke, 1975). The JDI is non-discriminating across ethnic groups or sex (Smith & Rolo, 1974). Each checklist is balanced in the number of favorable and unfavorable items.

Reliability and Validity

Reliability coefficients for the JDI are based on two studies involving 248 subjects. Direct scales were subjected to random split-half estimates of internal consistency which yielded an average corrected reliability (by Spearman-Brown formula) of .79.

Validation of the JDI is based on four studies designed specifically to demonstrate generality of discriminant and convergent validity for several aspects of job satisfaction. Nine hundred and eighty-eight subjects representing a diversity of workers such as janitors, secretaries, cafeteria workers, undergraduate students, male employees of a large electronics manufacturer and male employees of a bank were used. Validity for each study was measured by modified Campbell-Fiske model for establishing convergent and discriminant validity and cluster analysis. Good discriminant validity was demonstrated and the final JDI met all the requirements for both convergent and discriminant validity. Convergent validity requires that correlations between the same traits or areas should agree when measured by different methods (Locke, Smith, Kendall, Hulin & Miller, 1964). Discriminant validity involves three criteria: agreement between similar traits measured different ways exceeds agreement between dissimilar traits measured different ways, correlations within the same area, across different traits within the same method, and patterns of trait intercorrelations should be replicated (Gillet & Schwab, 1975).

Norms

Norms for the five JDI scales are based on a sample of over 600 female workers and nearly 2000 male workers. Employees were pooled across 21 plants representing 19 different companies and 16 different standard Metropolitan State areas. The authors (Smith et al., 1960) claim this sample to be reasonable representative of conditions in industry and business.

The sample was drawn from all business and industrial firms in the continental United States with 50 or more employees. The basic random sample consisted of 21,040. The sample were chosen as a result of multivariate cluster analysis of 50 company characteristics of those firms matching the requirements as set forth by cluster analysis; about one half agreed to participate.

Norms for general use are stratified by sex. Further stratification was carried out in order to deal with the atypical worker; one whose personal or situational characteristics may vary in regard to income level or community prosperity. At this point there are no norms developed especially for nursing and its atypical characteristics.

Data Sheet

The data sheet was designed to provide information pertinent to the study and to also provide the participating agency with data pertaining to current changes in nursing service (See Appendix I). Age, marital status, education, salary

level and unit specialty were selected as independent variables and therefore included in the data sheet. Sex was initially included to determine if differences in job satisfaction were affected by sex. Because the agency had two wings which were physically separated, respondents were requested to indicate to which wing they were assigned. These data were requested so that it could be determined if there were any differences in job satisfaction according to wing assigned. Shift assignment was requested in order to determine sample distribution over the three shifts. The remaining data (items 14-18) were included at the request of the agency.

To summarize; age, marital status, education, salary and unit specialty were the independent variables while work, pay, promotion, supervision and co-workers were the dependent variables for this study.

Data Collection Procedure

A folder with the appropriate number of JDI's with data sheet, instructions and consent form was given to each head nurse of 32 patient units for further distribution to full time registered nurses assigned to these patient units. Instructions were given verbally and were on the data sheets as well as on the folder. Contact was made during day, evening and night shifts to ensure contact with as many subjects as possible and to clarify instructions.

Subjects were instructed to complete the five-section

JDI, marking each word as it applied to a particular aspect of his/her job with "yes", "no" or "?". In addition, subjects were requested to complete a data sheet in order to provide further data for comparison. Subjects were instructed to sign and detach consent form, then return all materials to the folder.

Visits were made to each unit two-three times per day usually between 2 and 5 PM and 2 and 5 AM. Completed instruments were collected at these times, questions were answered, and further information and clarification were given to those subjects requesting such information. The instrument was available to the subjects for six days after which all JDI's, completed or not, were collected.

Analysis of Data

Scoring of JDI

During the course of JDI development, different methods of scoring were tested. Of those tested, direct scoring was most consistent for measuring the JDI. All favorable answers received a score of three, unfavorable answers received zero and all omissions or question marks received a score of one. Favorable and unfavorable questions were balanced for all scales and were indicated on a set of keys accompanying the instrument. Pay and promotion scores were doubled in order to maintain numerical equivalency to the other scales. The maximum attainable score on each of the five scales was 54 if a respondent answered yes to all favorable items and no

to all unfavorable items.

Analysis of Variance

The data were subjected to multiple (twenty-five) oneway analysis of variance (ANOVA). Each JDI subscale was tested according to preselected variables; age, marital status, education, salary and unit specialty. These variables were selected because the review of literature indicated little study had been directed at these variables. No hypothesis testing was attempted.

In addition to analysis of variance, mean scores for each of the five variables were calculated to determine characteristics of each group. Computation and comparison of means also provided data for discussion of how different levels within each variable were ranked in relation to one another. Identifying trends among those characteristics found not to be statistically significant was also attempted.

CHAPTER III

Results of Study

Five of the twenty-five one-way analysis of variance were statistically significant.

Age

One-way ANOVA was run on each JDI subscale with three age groups (1) 20-25 (40 percent of sample), (2) 26-30 (25 percent of sample), and (3) 31-62 (35 percent of sample). Mean scores varied according to the total number in that category (See Table 1). Scores on all five JDI scales were compared to the sample mean.

Opportunity for promotion was the only significant subscale (See Table 2). The means of respondents in Age Group 1 and 2, 19.06 and 18.43 respectively, were less than the sample mean for promotion, 24.26. On the other hand, the mean for Age Group 3 respondents, 24.87, was only .61 higher than the sample mean for the promotion subscale. Further examination of mean scores showed Age Group 3 respondents scoring higher than the mean on all subscales. Age Group 1 respondents scored lower than the mean on all JDI scales except pay which was slightly higher than the mean and nearly identical to that scored by age Group 2 respondents. Age Group 2 respondents showed the greatest variability scoring higher than the mean for work and supervision, slightly less than the mean with people and work and much lower than the mean for promotional opportunities.

TABLE I

Total sample mean scores: Number and mean scores for each JDI Subscale and Age.

Variable	N	Work	Pay	Promotion	Supervision	People
Sample Mean	175	34.99	31.29	24.26	39.41	43.43
AGE						
20-25	68	33.51	32.38	19.06	37.26	42.16
26-30	42	35.62	32.29	18.43	39.76	43.21
31-62	60	36.42	32.06	24.87	41.60	44.95
TOTAL	170	35.18	32.21	20.79	39.54	44.49

NOTE: Maximum possible score on each of the five scales is 54, low satisfaction less than 30, moderate satisfaction 30-42 and high satisfaction greater than 42.

TABLE 2

ANOVA for Age and JDI subscale promotion

Source	df	SS	MS	F
between	2	1313.463	656.731	3.088*
within	176	35511.689	212.644	
TOTAL	169	36825.125		

*p .05

Unit Specialty

Of all the characteristics examined, unit specialty appeared to have the greatest effect on satisfaction scores. JDI subscales work (See Table 3) and promotion (See Table 4) were statistically significant at the .01 level of confidence and pay (See Table 5) was significant at the .05 level of confidence which indicated that for these three subscales, satisfaction varied significantly with unit specialty. Through the five specialty areas, medical, surgical, operating room, obstetrics, nursery and critical care, mean scores on the people scale were consistently higher than the sample mean with the exception of medical units. Respondents assigned to medical units scored 1.63 points lower than the sample mean (See Table 6). OB-nursery respondents scored significantly lower than the sample mean on all scales other than the people scale (44.44). Medical unit respondents scored lower than the mean for work (32.08), promotion (23.35) and people (41.73) as compared to respondents on surgical units whose mean score for promotion (38.22) was lower while scores were higher than the sample mean on all other scales. Respondents in critical care areas scored higher than the mean for work (37.03), people (45.05), and pay (32.70) but lower on promotion (17.50) and supervision (35.33). Operating room respondents scored higher than the mean for work (38.00), supervision (40.86) and people (47.43) and less than the sample mean for pay (27.29) and promotion (21.86).

TABLE 3
ANOVA for Unit Specialty and JDI subscale work

Source	df	SS	MS	F
between	4	1355.876	338.969	5.181*
within	157	10270.623	65.417	
TOTAL	161	11626.500		

*p .01

TABLE 4
ANOVA for Unit Specialty and JDI subscale promotion

Source	df	SS	MS	F
between	4	4162.770	1040.692	5.481*
within	157	29805.649	189.844	
TOTAL	161	33968.419		

*p .01

TABLE 5
ANOVA for Unit Specialty and JDI subscale pay

Source	df	SS	MS	F
between	4	1740.881	435.220	3.292*
within	157	20755.118	132.198	
TOTAL	161	22496.000		

*p .05

TABLE 6

Number and mean scores for each JDI subscale and Unit Specialty

Variable	N	Work	Pay	Promotion	Supervision	People
UNITS						
Medical	49	32.08	34.09	23.35	41.27	41.73
Surgical	35	38.22	34.85	22.87	43.42	47.73
Critical	48	37.03	32.70	17.50	35.33	45.05
Surgery (OR)	14	38.00	27.29	21.86	40.86	47.93
OB-nsy	16	29.46	23.75	7.13	37.13	44.44
TOTAL	162	34.96	30.54	18.54	39.60	45.37

Salary

Scores on the JDI subscale, pay, showed statistically significant variability at the .05 level of confidence. Mean scores for pay increased with salary level indicating increasing satisfaction with increasing salary (See Table 7). Respondents in salary level one scored lower than the mean on all JDI scales with the exception of work (35.04) which was greater than the sample mean (34.99). In salary level two, the respondents' mean score was greater than the sample mean for work (35.96), pay (32.16) and supervision (44.00) and lower than the mean for promotion (18.2) and people (43.16). Respondents in salary level three scored higher than the mean on all five JDI scales (See Table 8). Class four and five respondents showed much more variability than expected, in that class five respondents scored greater than the mean on people. However, the mean scores for each individual group, even though greater than the total sample mean, vary by as much as eight points. In addition, respondents in salary level four and five were most satisfied with supervision (43.17) and pay (42.00).

Marital Status

Scores on the JDI showed no statistically significant variability with marital status and the five subscales. However, mean scores did vary as much as ten points (See Table 9). Married respondents scored higher than the sample mean for work (36.29), supervision (42.29) and people (44.62), and slightly lower than the mean for promotional opportunities

TABLE 7
ANOVA for Salary and JDI subscale pay

Source	df	SS	MS	F
between	4	1347.351	336.837	2.464*
within	148	20226.661	136.666	
TOTAL	152	21579.013		

*p .05

TABLE 8

Number and mean scores for each JDI subscale and salary rank.

Variable	N	Work	Pay	Promotion	Supervision	People
SALARY						
I	120	35.04	30.47	19.67	38.66	43.40
II	25	35.96	32.16	18.20	44.00	43.16
III	17	38.05	36.94	31.53	42.06	47.18
IV & V	6	37.67	42.00	39.00	43.17	34.67
TOTAL	168	36.50	35.99	28.36	42.64	43.00

(24.15) and pay (30.44) (See Table 2). Single respondents were less satisfied with supervision (38.07) than married respondents (42.49) and scored higher than the mean as well as higher than married respondents for pay (33.47) and promotion (29.53) scales. Single respondents scored slightly lower than the mean for work (34.25) and people (43.25). The least amount of satisfaction was evidenced by the divorced-separated respondents whose scores were lower than the mean on all five JDI scales.

Education

Level of education (baccalaureate, diploma, associate degree) appeared to have no statistically significant effect on satisfaction scores on the JDI subscales. Respondents with baccalaureate degrees scored higher than or equal to the sample mean on work (35.18), pay (32.30) and people (43.97) but lower than the mean on promotion (21.96) and supervision (38.78) (See Table 10). Those with diplomas were considerably more satisfied with supervision (43.97) than baccalaureate graduates (38.78) and also scored higher than the mean for promotion (26.23) and people (47.13). As a group, diploma respondents scored less than the mean for work (34.64) and pay (30.40). The associate degree respondents seemed least satisfied, scoring lower than the sample mean in all categories except pay (31.41) which was only slightly higher than the mean. Masters level was not examined more closely as there were only four respondents at that educational level.

TABLE 9

Number and mean scores for each JDI subscale and Marital Status

Variable	N	Work	Pay	Promotion	Supervision	People
MARITAL STATUS						
Married	73	36.29	30.99	24.15	42.49	44.67
Single	72	34.25	33.47	29.53	38.07	43.25
Div.-Sep.	30	34.43	29.40	19.10	37.87	42.43
TOTAL	175	34.99	31.29	24.26	39.41	43.45

TABLE 10

Number and mean scores for each JDI subscale and Education

Variable	N	Work	Pay	Promotion	Supervision	People
EDUCATION						
BS	86	35.18	32.30	21.96	38.78	43.45
D	51	34.64	30.40	26.23	43.97	47.13
AD	34	33.62	31.41	18.91	36.53	40.47
TOTAL	171	34.48	31.37	22.35	39.76	43.68

Work and People

Scores on pay, promotion and supervision scales varied from zero to a high of fifty-four indicating wide variation in all groups. Work scores varied from a low of fourteen to a high of fifty-four. While transcribing data for analysis it was noted that a small percentage of the sample scored low in areas in which low scores were not expected, work and people. Work and people scales showed less variability in scores than any other scale and most scores were over thirty whereas on pay, promotion and supervision scales many scores were below thirty. Because there are no norms developed for the JDI as it applies to nurses, the score of thirty was randomly selected as a cut off for low satisfaction while 30-42 represented moderate satisfaction and more than 42 high satisfaction. Respondents scoring less than thirty on work and people scales were examined to determine if the composition of this group varied from sample means for all variables.

Respondents scoring less than thirty on both work and people scales were younger than the mean sample age of 31.3 by 3.22 and 6.63 years respectively (See Table 11). They had far less experience than the sample mean of 15.3 years with respondents on the work scale having 5.87 years of experience and people respondents having only 2.83 years of experience. Fifty-four percent of all respondents scoring less than thirty on work and people scales held staff positions while 28 percent were in charge position (See Table 12). Seven to eight

percent were head nurses or assistant head nurses and two percent were coordinators. Single respondents represented 70 percent of the total while 18 percent were married and eleven percent were divorced or separated. Forty-three percent were baccalaureate graduates, 38 percent were associate degree graduates and 18 percent were diploma graduates. Seventy-three percent of the respondents were in salary level I with fifteen percent in level II, ten percent in level III, and two percent level V. Although there was nearly equal distribution between respondents on north and south wings of the hospital for work, an overwhelming 83 percent of respondents scoring less than 30 on people were located at the south wing of the hospital. The highest proportion of respondents scoring less than 30 on both scales were on medical and critical care units. With the exception of promotion in that group scoring less than 30 on work, the mean for all other scales for both groups was far below the sample mean.

TABLE 11

Characteristics of subjects scoring less than 30 on work and people JDI scales

Characteristics	JDI Scale	
	Work	People
Number and percent sample	42, 24%	12, 7%
Age in years	28.22	24.67
Years of experience	5.87	2.83
Sex, percent population	Female 96%	Female 100%

TABLE 12

Distribution of sample according to JDI subscale scores of less than 30 on work and people variables

		Percent of Sample	
		Work	People
Position:	Staff	59	49
	Charge	31	25
	Assistant Head	7	8
	Head Nurse		8
	Coordinator	2	
Marital: Status	Single	57	83
	Married	29	8
	Div.-Separated	14	8
Education:	Baccalaureate	45	42
	Diploma	29	8
	Associate Degree	26	50
Salary:	I	86	75
	II	12	17
	III		8
	V	2	
Hospital: Wing	North	52	17
	South	48	83
Unit:	Medical	40	33
	OB-Nursery	21	
	Critical care	19	42
	Surgical	14	25
	Nursing Service	5	

CHAPTER IV

DISCUSSION

It has been reported how each variable falls in relation to sample mean scores; however, it is also important to examine how variables differed from sample mean scores within each group characteristic. For the purpose of discussion, mean scores have been designated as follows: low satisfaction, less than 30; moderate, 30-42; high satisfaction, higher than 42.

Age

Age of respondents in the study ranged from 20 to 62 years with mean age of 31.3 years. Although the Age Group 1 (20-25 years) respondents scored less than the mean for work (33.51) and supervision (37.26), they still fell in the moderate satisfaction range (See Table 1). Age Group 2 respondents (26-30) scored higher than the mean for these variables, work (35.62) and supervision (39.76), with Age Group 3 respondents (31-62 years) having even higher scores work (36.42), supervision (41.60). Scores of all three groups fell within the moderate satisfaction range for these two variables. While the Age Group 1 respondents were moderately satisfied with work and supervision, as were Age Group 2 and 3 respondents, they were still less satisfied than both Age Group 2 and 3 respondents. Age Group 1 and 2 respondents scored lower than the sample mean on the people scale and Age Group 3 respondents higher than the mean; however, all three groups were

within the high satisfaction range.

While predicting overall satisfaction is not recommended (Smith et al., 1969), scores for work, supervision and people increased as age increased indicating that for this study, a trend towards increased satisfaction with increasing age existed for these variables. Results of the present study tend to support findings of Hulin and Smith (1965), in which variation of workers' satisfaction at various age levels was reported, and which presented a picture of high morale when first employed which corresponds to the "honeymoon" period of new nurse graduates reality shock (Kramer, 1974). This period was followed by decreasing satisfaction during the next few years, a leveling off period during the late twenties or early thirties and increased morale which continued throughout the working career.

It was surprising to find that variability between mean scores for pay was minimal, with only .32 points difference between high and low means for the three age groups, yet all scores fell within the moderate satisfaction range. With minimal data available to either support or refute this finding, only speculation is possible as to the reason scores did not vary. The expectation was that Age Group 3 respondents would be more satisfied with their pay than group one respondents because average wages for registered nurses have increased a great deal over the past ten years (depending on the geographical area involved, wages in this state have increased by

as much as \$500 per month). Age Group one respondents, having little experience with the lower wages in nursing and being accustomed to more affluent living styles, were expected to be less satisfied. There were individuals in each of the three groups that scored zero on the pay scale as well as 54 (maximum) which indicates wide variability in individual scores but does not account for the similar mean scores. We can only speculate that at the participating agency, wages were viewed as moderately adequate regardless of age.

Greater variability between mean scores was noted on the promotion scale, with all three Age Groups scoring less than thirty, indicating low satisfaction with promotional opportunities scale (See Table 3). Even though all three age groups scored less than thirty for this scale, further examination of mean scores showed that Age Group one and two respondents scored essentially the same on the promotion scale while the over thirty respondents scored considerably higher indicating that for this sample, satisfaction with promotional opportunities increased after age thirty.

Unit Specialty

The thirty-two patient units involved in this study were grouped according to the following specialty areas: medical, surgical, critical care, operating room (OR) or surgery and obstetric (OB)-nursery. While the McCloskey study (1975) concluded that unit specialty had no effect on job satisfaction, for this study, unit specialty appeared to have the greatest

effect on satisfaction scores on the five JDI scales. Statistical analysis for work itself and promotional opportunities scales were significant at the .01 level of confidence (See Table 4) while satisfaction with pay was significant at the .05 level of confidence (See Table 5). The work itself was most satisfying and in the moderate range of satisfaction scores for surgical (38.22) and operating room (38.00) respondents followed closely by critical care (37.03) respondents (See Table 6). Medical (32.08) unit respondents, while still falling in the moderate range of satisfaction, were five points lower than critical care respondents for satisfaction with work. OB-nursery respondents not only scored lowest on the work scale, but also fell into the low satisfaction category.

In the Benton and White (1974) study, which involved 565 registered nurses, the obstetrics group was found to rank the work itself as a job deficiency: that is, a dissatisfier. Although OB-nursery respondents were working in that area by preference (98 percent of the total sample worked on the unit they requested), work on OB-nursery units tended to be more routine, less challenging and less interesting. Studies of job attitudes of registered nurses reported that interesting or challenging work was a very important aspect of job satisfaction and perhaps an explanation why OB-nursery respondents in this study were less satisfied with their work (Simon & Olsen, 1960; Marlow, 1966; Bowden, 1967).

Examination of mean scores for pay revealed a similar

trend to that of work. Mean scores for medical surgical and critical care unit respondents were all within two points of each other and in the moderate satisfaction range. Operating room respondents scored in the low satisfaction range which was surprising since operating room nurses have on-call pay in addition to regular salary and overtime. Perhaps at this agency, overtime or on call pay was not perceived by respondents to be adequate. OB-nursery respondents again scored lowest indicating least satisfaction with pay.

Studies involving registered nurses have concluded that promotional opportunities were relatively unimportant to the satisfaction of registered nurses (McClosky, 1975; Marlow, 1966). Results of the present study, however, indicated that at this agency, promotional opportunities were very dissatisfying. All specialty area mean scores were lower than the mean in the low satisfaction range with a variation of 16.22 points. Mean scores of OB-nursery respondents were only 7.13 of a possible 54 which indicated extreme dissatisfaction with promotional opportunities: far less than any other group. Medical units had higher scores for promotion but were still lower than the sample mean and into the low satisfaction range of scores.

People and supervision scales showed no statistically significant results. Mean scores did vary, however, with critical care and OB-nursery respondents being less satisfied with supervision than medical and operating room respondents.

Operating room and medical unit respondents were less satisfied with supervision than were surgical respondents whose mean score was higher than the sample mean and in the higher satisfaction range. Operating room and surgical unit respondents were most satisfied with the people with whom they worked.

Salary

Five salary classes were represented, the lowest being I, the highest V, with 69 percent of the respondents in class I, 15 percent class II, 10 percent class III, 3 percent class IV and 3 percent class V. Salary ranking at the participating agency bears a positive relationship to position with salary I rank being staff nurses, II being charge nurses, III head nurses, IV coordinators and V assistant directors and directors. It is therefore not surprising to find that satisfaction with pay progressively increased from salary rank one through five (See Table 8). Pay, however, was the only variable in this grouping which exhibited such a ladder effect. It was also the only variable in the salary category which had a statistically significant ANOVA (See Table 7).

Studies by Marlow (1966) and Benton and White (1974) found that salary was the fourth most important aspect of the job for nurses and one which led most frequently to job dissatisfaction. This study, while showing a direct relationship between salary level and satisfaction with pay, indicated moderate overall satisfaction for all salary levels even though scores varied by as much as twelve points. Respondents

in salary levels one and two included 84 percent of the entire sample and represented staff and charge nurses. Scores on work, pay, promotion and people were nearly identical for salary level one and two respondents with six points difference in satisfaction on the supervision scale between salary level one (38.66) and level two (44.00) respondents. This indicates that for this study, satisfaction with work, pay, promotion and supervision was similar across salary levels one and two.

The promotion scale mean again pointed to a definite problem. Respondents in salary levels one and two perceived promotional opportunities as a low satisfier while level III, IV, and V respondents saw promotional opportunities as moderately satisfying.

Mean scores on promotion across the five categories was consistently lower than mean scores on any other variable (See Table 8). It is interesting to note that salary level IV and V respondents scored highest for promotional opportunities as compared to all other means for this scale. In any bureaucratic organization there are only a limited number of higher level positions available and the hospital is no exception. What is interesting however, is that those already in higher positions are more satisfied with promotional opportunities than those respondents in lower positions. It is reasonable to assume that as long as top level positions remain filled, especially if turnover at these higher levels is low,

dissatisfaction with promotion will prevail at this agency unless an alternative to "promotion" is sought. There has been speculation recently regarding promotion for those nurses exhibiting expertise in nursing care with the purpose of rewarding higher level performance and keeping these nurses at the bedside.

Marital Status

There was an even split (41 percent each) between single and married respondents with 18 percent being either divorced-separated or widow. Scores for these groups were not statistically significant. However, discussion of means may reveal a trend. Studies in the nursing literature were aimed at variables other than marital status and there were therefore few data in this area. One nursing study, however, did include marital status as a variable and results indicated no significant variation in satisfaction according to marital status (Benton & White, 1974).

A Britannica research report (1977) discussed satisfaction on the job as being a reflection of home life rather than a matter of marital status. Therefore, if an employee is dissatisfied at work it may be a result of an unstable home situation. Conversely, a satisfied employee may be reflecting a stable home situation. The effect of the home situation on satisfaction at work might be one explanation for the divorced-separated respondents scoring lower than the sample mean on all five scales. Although the divorced-separated respondents

scored lower than the mean on all scales, only the pay (29.40) and promotion (19.10) scores fell into the low satisfaction range, with work (34.43) and supervision (37.87) being moderate satisfiers and people with whom they work (42.43) a high satisfier (See Table 9).

The only low satisfier or dissatisfier for married and single respondents was promotion which corresponded to the trend for the entire sample. Work and pay were moderately satisfying for both groups while supervision was a moderate satisfier for single respondents and a high satisfier for married respondents. People was a high satisfier for all three groups. Although mean scores for the three groups vary a little, a trend can be seen with married respondents being most satisfied, single respondents less satisfied and divorced-separated respondents being least satisfied. If satisfaction at work was a reflection of the home situation then perhaps the results of this study support those of Benton and White (1974). On the other hand, if the home situation were dependent on marital status, there was some indication that marital status may in fact have some affect on a persons satisfaction with their work.

Education

ANOVA on this category was again not statistically significant for JDI scales and three educational levels. This supports findings of the McClosky study (1975) which also

indicated no relationship between educational status and satisfaction with the job. However, as can be seen on Table 10, associate degree respondents scored the lowest mean on the promotion scale (18.96) for this category. Such a finding is not surprising since promotional opportunities at the participating agency were not only limited in number but guidelines were written with minimal acceptable educational level for higher management positions. These guidelines excluded associate degree nurses and most likely added to their dissatisfaction with promotional opportunities. Mean scores for work and pay scales varied little indicating no appreciable difference in satisfaction of these three groups for these scales. Although there was some variation in mean scores on all five JDI scales, this variation was no more than six points which indicated that, for this study, educational level had no significant affect on the level of satisfaction on any of the five scales.

CHAPTER V

Summary, Conclusions, Recommendations

Summary

One hundred and seventy-five registered nurses from a medical center located in the Pacific Northwest representing four educational levels and all position levels from staff to director I participated in this study. Responses to JDI subscales were examined to determine the relationship of five aspects of job satisfaction to age, educational level, salary level, marital status and unit specialty.

ANOVA, one-way equal or unequal groups was performed on each category (age, marital status, unit specialty, educational level, salary level) for each of the five JDI scales. Although five tests were statistically significant and one approached significance, more statistically significant scores were expected. Statistically significant ANOVA indicated that satisfaction with work, pay and promotion and salary level affected the satisfaction with pay.

Conclusions

The responses of registered nurses revealed far less influence of age, marital status, education, unit specialty and salary on job satisfaction than expected. Participation in the study (45 percent of the population) was disappointing and less than expected. This lower participation was most likely due to three factors; staff on units whose head nurses were either visibly opposed to the research or who were indif-

ferent, tended to participate far less than those on units whose head nurses were in favor or enthusiastic about the research; method of data collection had head nurses responsible for keeping completed questionnaires which was a definite disadvantage and a deterrent on those units where no trust relationship was present between staff and head nurses; many subjects were involved in moving entire units from one wing to another and their priorities were on the move rather than on research; and although instructions were given to detach the consent form from the questionnaire prior to replacing completed data in folder, respondents indicated that they felt the consent form hampered their participation. Many said that their filling out the questionnaire was adequate consent and questioned the need for an additional form. For the above reasons generalizations beyond the present study cannot be made with any reliability.

Statistical analysis revealed that, for this study, unit assignment had the most effect on JDI scores. OB-nursery respondents scored lowest on work, pay and promotional opportunities indicating low satisfaction in these areas. Mean scores for all unit specialty respondents indicated dissatisfaction with promotion. Medical, surgical, critical care and operating room respondents were moderately satisfied with their work while OB-nursery scored in the low satisfaction range. Although there was considerable variation in mean scores, the medical, surgical, critical care and operating room units

scored in the moderate to high satisfaction range for work, supervision and people, while operating room and OB-nursery respondents were less satisfied with pay and promotion.

Age as an influence on job satisfaction appeared to be most significant in regard to promotion where satisfaction of Age Group one respondents was higher than that of Age Group two and Age Group three respondents were most satisfied. Although no other statistically significant findings were apparent for this group, examination of mean scores revealed a trend of increasing satisfaction with increasing age. A direct relationship was seen with satisfaction of pay increasing with salary level.

Although not statistically significant, overall satisfaction tended to increase with married respondents being most satisfied followed by single and divorced-separated respondents being least satisfied. Education had no statistically significant effect on satisfaction but associate degree nurses scored lower on promotional opportunities which was a reflection of the situation at the participating agency.

Mean scores for one scale was very low throughout the entire study; promotional opportunities. This one factor accounted for the majority of dissatisfaction at this agency and indicated a need for policy change in this area.

For this study, it can be concluded that OB-nursery respondents are the least satisfied group of nurses at this agency. Satisfaction tends to increase with age, overall

satisfaction with promotion increases after age thirty and satisfaction with pay increases with salary level. Promotional opportunities stands out as the one area in which total sample mean and individual group means fall consistently in the low satisfaction range of scores.

The JDI was an easily administered test but more data must be collected in order to determine its reliability as a data collection instrument in the area of nursing. The supervision subscale tended to be imprecise as respondents had difficulty determining if the scale referred to charge nurse, team leader, head nurse or coordinator.

Recommendations

It is recommended that several studies be carried out as a result of data obtained in this study:

1. Replication of this study with the following modifications in methodology:
 - a. approach each potential subject individually or provide an envelope for subjects to enclose completed questionnaires.
 - b. Better prepare subjects prior to beginning of the study
 - c. Specify to which person supervision refers.
2. Design a study to further determine what interactions are occurring on specialty units which lead to differences in satisfaction.

3. Design a study to determine if variability in satisfaction is due to marital status or a reflection of the home situation.
4. Design a study to further determine the effect of organizational change on job satisfaction.

Results of this study are to be sent to P. C. Smith at Bowling Green State University where norms are currently being developed for nurses and nursing using the JDI.

Policy Recommendation

While it is understood that there are limited higher level positions for nurses, results of this study indicate that satisfaction with promotional opportunities is very low. Since it is not feasible or desirable to create new positions, the recommendation is to plan an incentive program in which nurses who administer superior patient care can be recognized and rewarded for such performance and allowed to remain in the patient care setting. Restriction of movement through the salary scale should not be contingent on position held but rather on quality of staff performance.

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APPENDIX

INSTRUCTIONS: FULL TIME Registered Nurses: Please indicate or supply the appropriate response. Return completed data sheets to the area designated by your Head Nurse.

1. Age: _____
2. Sex: _____Female, _____Male
3. Marital Status: _____Single, _____Married, _____Separated, Divorced, Widow, Widower
4. Basic Nursing Education: Please indicate year of graduation.
____Associate Degree
____Diploma
____Baccalureate
____Masters or higher
5. State Classification: _____RN-I _____RN IV
____RN-II _____RN V
____RN-III _____Don't Know
6. Current position: _____staff _____coordinator
____charge _____supervisor
____assistant head nurse _____other, please specify
____head nurse
7. Specialty area: _____Medical, _____Surgical, _____Float
____specialty (ICU, RR, ORTHOPEDECS, OR etc.) please specify
8. Unit Assignment: _____
9. Length of employment in current position _____.
10. Length of employment in this hospital _____.
11. Total years of experience _____.
12. Shift assignment: 11-7____, 7-3____, 3-11____, Float____.
13. Hospital assignment: University Hospital North Building____.
South Building____.
14. How would you rank the quality of nursing care on your unit:
poor---1 2 3 4 5 6 7 8 9 10---excellent
15. Were you assigned to your area of preference? _____yes, _____no.
16. How often are you asked to work in a unit other than your own:
____less than once a month
____1-2 times per month
____more than 2 times per month
17. Please indicate your feelings towards frequent floating:
Mildly _____ Highly
irritating---1 2 3 4 5 6 7 8 9 10---irritating
18. Please indicate your feelings towards recent reorganization of nursing services:
Strongly
opposed---1 2 3 4 5 6 7 8 9 10---Strongly in favor

AN ABSTRACT OF THE CLINICAL INVESTIGATION OF

E. Ann ROBERTS

for the Master of Nursing

Date of receiving this Degree: June 9, 1978

Title: JOB SATISFACTION OF REGISTERED NURSES

Approved:

(Professor in charge of clinical investigation)

ABSTRACT:

One hundred and seventy-five registered nurses from a medical center located in the Pacific Northwest representing four educational levels and all position levels from staff to director I participated in this study. Responses to JDI subscales were examined to determine the relationship of five aspects of job satisfaction to age, educational level, salary level, marital status and unit specialty.

ANOVA, one-way equal or unequal groups was performed on each category (age, marital status, unit specialty, educational level, salary level) for each of the five JDI scales. Statistically significant ANOVA indicated that satisfaction with work, pay and promotion and salary level affected the satisfaction with pay.

Statistical analysis revealed that, for this study, unit assignment had the most effect on JDI scores. Age as an influence on job satisfaction appeared to be the most significant in regard to promotion where satisfaction of Age Group one respondents was higher than that of Age group two and Age Group three respondents were most satisfied. Mean scores for one scale was very low throughout the entire study; promotional opportunities.

From results of this study, it can be concluded that OB-Nursery respondents are the least satisfied group of nurses at this agency. Satisfaction tends to increase with age, overall satisfaction with promotion increases after age thirty and satisfaction with pay increases with salary level. Promotional opportunities stands out as the one area in which total sample mean and individual group means fall consistently in the low satisfaction range of scores.

Recommendations for further study were included.