

A COMPARATIVE STUDY OF PERCEIVED NEED SATISFACTION
OF NURSE MANAGERS AND ASSISTANT DIRECTORS OF NURSING

Submitted

by

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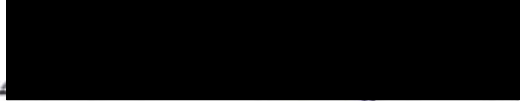
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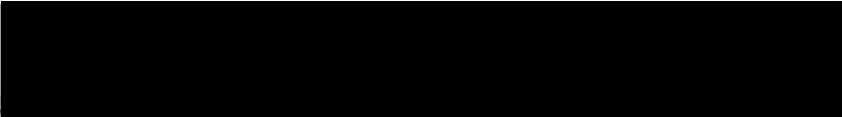
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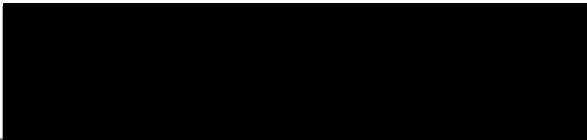
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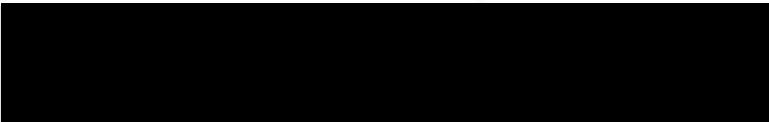
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CHAPTER I

Introduction

Each of us has needs which must be satisfied to some degree if we are to function effectively and efficiently in our social and professional lives. Essentials of these needs have been categorized by Maslow in his hierarchy of needs and many studies have grown out of his work. One of the major studies was done by Porter and Lawler (1968) who devised the Need Satisfaction Index. To date, however, there are few readily available studies relating to hospitals in general and nurses in particular.

According to Maslow (1970) self-actualization, the desire to be self-fulfilled, "to become everything that one is capable of becoming." (p. 46) is the highest need in the hierarchy and one which few individuals attain. In his research, Maslow found that self-actualized people share a number of common characteristics: they were value-oriented, creative, had a positive commitment to life, a strong appreciation for the experiences of life. In short, the self-actualized person is strongly oriented towards values, people, and creative reality and have a commitment to continued growth. (McAlindon, 1977, Dolgoff, 1977)

These are commonly known facts about Maslow's work. However, his later research on people in their work settings conducted during the last years of his life are less well known.

While review of the literature indicates that some studies have been undertaken to explore the degree of self-actualization in different levels of management in business and military professions (Porter, 1961, 1962, 1963; Porter and Mitchell, 1967), relatively little data exists that deals with self-actualization of managers, in general, and of nurse managers more specifically. This study explored the level of need satisfaction in lower and middle management levels in nursing. The purpose of this study was to ascertain possible deficiency areas in need fulfillment and to determine ways that nursing managers could become more self-actualized so as to become more efficient managers.

If the characteristics of the self-actualized person are the characteristics desirable in the effective manager, (McAlindon, 1977), then more data are required concerning self-actualization in the management levels of the nursing profession. This study, then, explored both the degree of importance and the level of satisfaction of needs in the lower and middle levels of nursing management.

In order to provide a framework for the study, Maslow's hierarchy of needs is first reviewed, followed by a brief statement on the role of

the organization in meeting needs and a review of pertinent literature.

A background of the evolution of the concept of nurse manager is given to clarify the distinction in levels of nursing management personnel. For the purposes of this study, the nurse manager position is considered lower management, and the assistant director of nursing is middle management.

Statement of the Problem

The problem was to ascertain if there is a relationship between the nursing management level and the level of attainment of the higher psychological needs.

Hypothesis

Specifically, this study tested the following hypothesis:

- 1) The lower order physiological needs are significantly satisfied before the higher psychological needs as stated by Maslow's hierarchy of needs, in both levels of management.
- 2) There is a significant difference between the middle management level and lower level of management in the perceived satisfaction of the higher order psychological needs.

CHAPTER II

Review of the Literature

Conceptual Framework

The conceptual framework utilized in this study was Maslow's hierarchy of needs (1970). Maslow postulated the existence of several needs which are presumably basic to all individuals. These are 1) physical, 2) safety, 3) affiliation, 4) self-esteem, 5) self-actualization. According to Maslow, the level of human needs can be conceptualized in a five layered pyramidal form. At the base are the physiological necessities of food and water. The middle or second level need is for security, including not only freedom from physical fear but from anxiety as well. The third level is affiliation. The fourth level is self-esteem and at the apex or fifth level is self-actualization.

Two theories springing from these categories of needs have received much attention. One states that needs can be arranged in a hierarchy of priorities or prepotency. According to this theory, physiological needs dominate human motivation until they are satisfied, at which point safety needs become most potent. The second states that needs which are satisfied are not effective motivators of behavior.

The present research utilized the first theory as its theoretical underpinning. In other words, it is only after a lower level of need is satisfied that the next level can be entertained. "A person who is lacking food, security, love and esteem would, most probably, hunger more strongly for food than any other need." (Maslow, 1970, p. 37). Only when both physiological and safety needs, which are referred to as "lower level" needs have been satisfied, will "higher level" needs become important in determining an individual's motivation. While the first level needs concern the person as an individual, higher level needs concern the individual as a social being. An individual would not likely be motivated by the need for self-actualization until lower level needs are satisfied. Self-actualization is a desire to be self-fulfilled, "to become everything that one is capable of becoming." (Maslow, 1970, p. 46). It is the need to fulfill one's potential and to test one's limits.

According to Maslow (1970), a person is rarely in a state of complete satisfaction. When one need is satisfied, another comes to the fore to take its place. "Wanting anything, in itself, implies an already existing satisfaction of other wants." (Maslow, 1970, p. 24).

Maslow states further that although the hierarchy of needs is stated in a fixed order, the actual arrangement of individual psychological needs is less rigid. Individual differences must be taken into

account, in that few people are motivated or reinforced by a single need or a single reward.

Role of the Organization

While a great deal of criticism has been leveled at organizations during the last decade, the fact remains that they are an essential element of modern life. Organizations can blend individual talents of people into a group or team that can accomplish a great number of tasks. In addition, they are the primary mechanism by which individual need for accomplishment can be converted into actual performance.

The development of people, then, is inseparably linked to and with organization. It is virtually impossible for an individual not to be influenced by organization. The qualities and abilities of people determine the qualities and abilities of the organization and vice versa.

Taking the opposite position, Kast (1965) questions if it is the role of an organization to satisfy all the needs of the individual and if in fact, it could. He believes that the physiological needs must be met but that the psychological ones, influenced by cultural and social forces are more abstract and outside the control of any organization. He further believes that any organization is geared to efficiency and the attainment of its goals. It is the concern of management to direct personnel towards achievement of organizational goals

and it is this direction of personnel that management satisfies its higher psychological needs.

Although Kast (1965) questions the organizations responsibility for fulfilling all needs, later studies indicate a tendency to think otherwise. Argyris (1957) contends that lower management has less opportunity to find adequate satisfaction of needs than does higher management level, a view which confirms the earlier findings of Porter (1961, 1962, 1963), Porter and Mitchell (1967) and Slocum, Susman, and Sheridan (1972). Porter says that there exists "a differential opportunity within management to satisfy different types of needs." (1961, p.2).

The essence of management, according to Galloway (1974) is decision making in planning, organizing, directing, and controlling. These activities in themselves tend to satisfy higher psychological needs. As a person proceeds up the management hierarchy, opportunities for decision making increase and with them chances of satisfying psychological needs.

The American Institute of Certified Public Accountants (1977) notes that employed members of society spend close to half their waking hours at work in an organizational environment. If the employee does not have the basic needs met in the work situation, that employee is threatened psychologically and may then withdraw to seek satisfaction

in another direction or invest his efforts in reinforcing and protecting already satisfied needs (Jones, 1970). Jones suggests further that a threatened individual may reduce his work effort so as to satisfy the minimum requirements and be content to do only those things explicitly assigned to him. In such a situation, self-esteem, initiative, and creativity inherent in the job are not actualized.

The American Hospital Association (1973) states that hospital management must concern itself with meeting the psychological needs of the steadily increasing number of professional personnel. As the number grows, the task of meeting the psychological needs of personnel also grows and becomes increasingly important to fulfill.

Lawler (1976) also states that organizations must deal effectively with the fulfillment of psychological needs, which he feels, can be accomplished by re-designing jobs to give employees more decision making responsibilities and by making jobs more challenging. Herzberg and Zautra (1976) not only support Lawlor's view but go even further when they say that employees are obligated to produce for an organization only when their jobs are psychologically meaningful.

Assessment of Self-Actualization

Porter's Need Satisfaction Index is frequently used in need satisfaction studies. (Davis and Blalack, 1976; Lawler and Porter, 1967;

Porter, 1961, 1962, 1963; Porter and Lawler, 1968). The index includes Maslow's four highest categories and the first level physiological needs are eliminated. Because Porter believes that most organizations adequately satisfy the purely physiological needs of the employees, the index includes, instead, the category of autonomy which makes the pyramidal sequence of needs as: security, affiliation, self-esteem, autonomy, and self-actualization. Besides 15 randomly arranged items related to the characteristics of a management position, there is also a section on role perception.

One of the earlier studies of need satisfaction was that of Porter, (1961) which focused on the fulfillment of needs of individuals in lower and middle management. He found no significant difference in relation to the degree of importance of need fulfillment between the two levels. Both pinpoint security and self-actualization as most important but lower management indicates greater deficiencies than does middle management in the fulfillment of psychological needs. This finding suggests a difference of opportunity in the organization to satisfy the psychological needs, although both groups indicated almost equal dissatisfaction in the attainment of self-actualization.

In 1962, Porter studied the deficiencies in need fulfillment as a function of job level. He utilized all levels of management in a

variety of companies and did a follow-up study in 1963, of deficiencies as a function of small, medium and large companies at all levels of management. The results of both studies are much the same as those in his 1961 study, which demonstrated no difference in need fulfillment.

The Porter and Mitchell (1967) work is a comparison of need satisfaction in business and military personnel with results substantially the same as in other Porter studies.

Results of Benton and White's (1961) study of registered nurses in a hospital setting to determine the degree of importance and the level of satisfaction of job factors as classified by Maslow, indicated that the factors rated most important to the registered nurses were ranked identically with Maslow's hierarchy. The factors rated most deficient in fulfillment are security and the psychological needs with the physical needs least deficient.

A number of subsequent studies confirm both that physiological needs are satisfied, even satiated by organizations (Kast, 1965; American Hospital Association, 1973). Kay (1974) agrees with the statement and asserts that one of Maslow's key principles is "Once a need is satisfied, it is no longer a motivator" (p. 156).

Most later studies assume satisfaction of purely physical needs

and devote attention to psychological satisfaction. An organization, however successful it is in satisfying these needs, has much greater difficulty in meeting psychological needs which deals with individuality and personal growth and these are strong motivators (Porter, 1961; American Hospital Association, 1973; Slocum, et al, 1972; Kay, 1974).

The Davis and Blalack (1976) study, which the present study replicates, was concerned with the degree of importance and the need deficiencies in a group of unit managers in a hospital setting. The Porter Need Satisfaction Index was utilized. Their findings show specifically the deficient needs, in decreasing order were: opportunities for growth and development; feelings of self-fulfillment; authority in the position; feelings of self-esteem; prestige in the hospital; and lastly, feelings of accomplishment. The items, in order of importance were: feelings of self-fulfillment; importance in goal setting; opportunities to participate in determining methods and procedures; feelings of self-esteem; security in position, and authority in position. In the ranking of the clustered scores according to importance, the need for affiliation was most important, with self-actualization, self-esteem, autonomy next and security last. The significance of the findings of Davis and Blalack (1976) is that the most important need, affiliation was also the most satisfied need. The greatest deficiencies appeared in the higher order

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psychological needs. In their current positions, the managers felt that the areas most important to them, were the areas least satisfied. Based on findings of their study, Davis and Blalack (1976) stressed the importance to hospitals of enhancing the opportunities to satisfy the need of managers if the hospital is to retain the services of the professional unit managers.

Historical Background of the Nurse Manager Concept

The concept of nurse as manager of a nursing unit is the result of an evolutionary process that began with the traditional head nurse role and proceeds to that of the unit manager position. Each step has been an attempt by the health care institution to improve patient care through more efficient and more satisfied personnel.

With the technical advancements in the medical and nursing professions came an increase in managerial demands, the head nurses being required to keep abreast of not only professional advances but the managerial demands as well. As conflicting demands on the time of the head nurse increased, the efficiency both as a manager and as a practitioner was threatened. The head nurse began to experience great frustration and dissatisfaction.

Several causes have been identified as reasons for dichotomous demands on the head nurse. The first is related to the "Peter Principle" which states that the competent employee is raised to the level of incompetence (Peter and Hull, 1969). Applied to the nursing profession, the Peter Principle would involve a staff nurse promoted to head nurse position because of technical rather than managerial competence. Promotion to a management position automatically demands knowledge and skills in planning, organizing, leading and controlling (Galloway, 1974). Alleviation of the frustrations resulting from the need for managerial competence in the head nurse position calls for help in acquiring the needed managerial competence or a change in the position design.

A complementary cause for the increased frustration level felt by the head nurse was the lack of educational preparation in the managerial skills (Galloway, 1974; Stevens, 1974). Courses in managerial skills to help fill this void can prevent the level of frustrations. The head nurse perceived as competent in patient care and the generic education of the nurse typically emphasizes direct patient care, and it is, therefore, of primary interest. Few head nurses have management knowledge and skills, therefore, they become frustrated with their own inability to manage the care given by others. The inability to manage and the

increased frustrations felt by the head nurse are stressful, particularly when she has been successful as a staff nurse (Galloway, 1974).

A third cause is the inability to meet the demands of time required by the two functions of the position. Each is sufficiently demanding to occupy all the working time of the head nurse, who could either divide the time between the two and perform neither in a wholly satisfactory manner or devote all efforts to one and disregard the other. No matter how they chose to perform the functions, the frustrations experienced are extremely high.

While the head nurse as a manager has the disadvantages mentioned, the concept of the nurse as a leader of a unit has particular advantages for the patient, the institution, and the nursing profession. The nurse promoted to the head nurse position is well aware of the patient's needs, and holds these needs as a primary concern. The patient benefits from having a nurse as the leader and the institution benefits by raising a competent nurse to a leadership position. The nurse is already employed, is acquainted with the institution, and has no need for orientation. The institution benefits also because the nurse as leader of a unit is concerned with delivery of the best possible care to the patients which is the philosophical reason for the existence of a health care institution (O'Rourke, 1974). Because nursing has increased power and control of

the type of care given to the patients, the nursing profession is better served by a head nurse as leader and manager than by a non-nursing leader.

Despite all the arguments, the advantages and disadvantages of the head nurse concept are not of equal weight in the minds of many head nurses. In the final analysis, the head nurse wants to be relieved of the managerial duties in order to have more time to devote to the area of demonstrated clinical expertise. In the early 1960's, hospitals responded to this plea by introducing the unit manager (Jokerst, 1975).

The unit manager is a non-nursing person, usually with an educational background in management, hired to perform specific non-nursing tasks on the nursing unit (Blalack and Davis, 1977). Small (1974) lists five considerations for the adoption of the unit manager concept as:

- 1) improvement of the quality of patient care
- 2) increased nursing satisfaction
- 3) alleviation of the shortage of nurses
- 4) creation of a more efficient clerical and administrative system on the nursing units
- 5) a decrease in costs

Conceptually, the unit manager and the head nurse are peers working side by side on the nursing unit. The unit manager reports to administration and the head nurse reports to nursing service. In theory, the notion was admirable. It gave, again theoretically, administration an efficient method of control (Braden, 1976). But problems soon developed. The demarcation between nursing and managerial functions was not always defined clearly, and the staff was confused about what to report to the head nurse and what to report to the unit manager. Communications were unnecessarily duplicated and began to deteriorate causing a dual administration-management structure to emerge. The creation of two positions on a unit, more often than not, duplicated functions and did not prove to be more efficient. One position was, therefore, phased out. The head nurse position, was the more tenuous of the two positions, in that when the managerial functions of the head nurse are deleted, the duties remaining could be performed by a staff nurse, so the head nurse position was abolished and the unit manager emerged. (Brooks, 1967).

The major purported reason for retaining the unit manager in lieu of the head nurse was to allow the nurse, who had returned to staff nursing positions, more time to conduct and improve the quality of patient care. But problems developed as a result of the abolition of the head nurse position. The literature points out, however, that there

has not been a consistent nor a significant improvement in patient care since the unit-manager concept was implemented (Hilger, 1972). On the other hand, Regan (1969) reports an increase in payroll costs. Jokerst (1975) states that a unit-manager program is economical only if the personnel are totally dedicated and committed to it. In summary, the unit-manager concept has proved to be less than acceptable. Alternative methods are needed to achieve the original goal of improved patient care.

The next logical alternative to the unit-manager concept is the nurse-manager concept. The nurse, who is already accepted as a leader, is the most likely person to be the manager of the unit. Managerial courses, such as interviewing techniques, accounting and interpersonal relationship classes are conducted to give the managerial skills. The nurse-manager still retains the responsibility of providing for an improved quality of patient care, the role is administrative in nature. Stevens (1974) reports that once administrative skills are developed, the nurse-manager is able to see that good management has an impact on the care provided to the patients through good staff leadership. This leads to increased satisfaction and a higher level of self-actualization (Galloway, 1974).

As better nursing care on the unit is provided, the nurse-manager is able to be more autonomous. For the most part, the role of the

supervisor, to whom the nurse managers report, is ill-defined. As the nurse manager becomes more autonomous, the supervisor position tends to be eliminated and the nurse manager reports directly to the director of nursing.

A basic management principle deals with span of control or "the appropriate number of persons to whom one is accountable, so that the assignment is manageable" (Donovan, 1975, p. 72). Ideally, one administrator can effectively and efficiently handle three to seven persons (Jerome, 1967). The nursing administrator with a span of control of more than seven nurse managers is violating that basic principle and cannot be expected to effectively direct so many persons. To prevent this inefficiency, a middle level of management is added, namely the assistant director of nursing. The span of control of each assistant director of nursing, therefore, is within the three to seven person limit. The assistant directors of nursing then reports to the director of nursing. Thus the three levels of management of a nursing department in a hospital setting are:

- 1) the nurse manager, the lower level of nursing management
- 2) the assistant directors of nursing, the middle level of management
- 3) the director of nursing, top management (Stevens, 1975)

CHAPTER III

Methodology

Research Design

This descriptive study is an expanded replication of the Davis and Blalack (1976) study of need satisfaction. Utilizing the same data gathering instrument, this study attempted to measure the satisfaction of perceived needs of nurse managers and assistant directors of nursing.

Setting and Sample

The nurse manager concept has been employed for the last four years in the 400 bed urban hospital in the Northwest section of Oregon. All nursing units are represented in this study including the hemodialysis unit, emergency department, and the operating room.

The sample consisted of 12 full time nurse managers, four full time assistant directors of nursing and three part time assistant directors of nursing, employed at a general hospital. In the study, the nurse managers are classified as lower managers and the assistant directors of nursing are classified as middle managers. Each subject had

completed monthly managerial courses, such as budgeting, group process and interviewing techniques, in accordance with the nurse manager concept which was implemented four years previously. Two recently hired nurse managers, however, did not receive these managerial courses at this institution. Because one nurse manager had previous managerial courses, she was included as a subject, while the other nurse manager was not included as she had no previous courses.

Data Collecting Instrument

The Porter Need Satisfaction Index was the data collecting instrument. It consists of 15 items randomly arranged; one pertaining to security, two to affiliation, three to self-esteem, four to autonomy, and three to self-actualization. A sixth category, which Porter and Lawler (1968) included in the Index, is labelled as "non-category" consisting of two items relating to the amount of pressure felt by the managers on the job and the degree of informativeness felt by the managers. Porter and Lawler (1968) feel that the topics of job pressure and job informativeness are important in measuring need satisfaction.

Each of the 15 Index items describes a characteristic or quality of nursing management and contain, in essence, the following three sub-items:

- a) How much of the characteristic is there now connected with your management position?
- b) How much of each characteristic do you feel should be connected with your management position?
- c) How important is this characteristic to you?

To indicate the degree of need satisfaction and the amount of need dissatisfaction, each subject is to rate their perception of each sub-item on a scale of one to seven.

After completing the three sub-items of the 15 items, the subjects are requested to list possible recommendations on means that might be used to increase their need satisfaction. These are intended for the assistant administrator for nursing at the participating hospital.

Walters and Roach (1973), in an office setting, after analyzing each item, conclude that the Index is effective in measuring Maslow's need categories and that it does indeed differentiate higher and lower levels of need satisfaction and that job satisfaction is a function of higher needs.

Dore and Meacham (1973) further confirm the validity and reliability of the Index. They find "...test-retest reliability coefficient [of the Porter need index] was .83 using the Pearson r product moment correlation" (p. 52).

Data Collecting Procedure

Permission to conduct the survey was obtained from the assistant administrator for nursing at the study hospital. After the consent to participate form was signed, the Porter Need Satisfaction Index was given to each subject. Included with each index was a cover letter, a demographic sheet, and a stamped addressed envelope. Each subject was asked to refrain from discussion of the index and to complete and return it within the week. An explanation of the numbering system is given in the cover letter. The results are made known upon request to the subjects and the assistant administrator for nursing as well as the suggested recommendations for improving the need satisfaction.

Data Analysis

Data for each individual group of subjects was analyzed by averaging scores. Deficiencies are specifically identified by subtracting the ratings of sub-item "a" from sub-item "b". In the following example, subject A rated the item concerning social needs as follows:

- a) How much is there now? (min) 1 2 3 (4) 5 6 7 (max)
- b) How much should there be? 1 2 3 4 5 (6) 7
- c) How important is this to you? 1 2 3 4 5 6 (7)

The respondent indicated (4) in answer to "a" and (6) in response to "b". The need deficiency indicated by subtracting sub-item "a" from sub-item "b" is (2). Thus the deficiency from each item and the individual's response was averaged together in order to indicate the overall deficiency in each item. The larger the number the greater the area of dissatisfaction. The scores from part "c", in this example was (7) which indicated that this particular item or characteristic is very important to the individual.

After the mean of each item was calculated, the mean scores for each category were then clustered to give weight to the degree of deficiency and importance of each category. For example, all responses to item 10 were averaged together along with all responses to item 14, as items 10 and 14 refer to the category of affiliation. This gave a numerical value to how the nurse managers as a group felt the need category was deficient and important. The numerical value of cluster values allowed each category to be assigned a rank in order of greatest deficiency and importance by each group. The significance of the hypotheses as stated earlier was then determined.

The mean cluster values of each group for the autonomy and self-actualization categories were then compared. The Mann-Whitney U test was used to determine the significance of the second hypothesis,

whether a difference exists in psychological need satisfaction between the two management groups.

The Mann-Whitney U test was performed on the psychological categories of autonomy and self-actualization to determine if a significant difference existed between the nurse managers and the assistant directors of nursing. The last section of the survey lists methods of correcting the deficiency areas perceived by both the nurse managers and the assistant directors of nursing. The recommendations from each subject were categorized and presented to the subjects and the assistant administrator of nursing.

CHAPTER IV

Results

Of the 19 indexes distributed, seven were given to assistant directors of nursing and 12 to nurse managers. All of the assistant directors returned their indexes. Of the 10 indexes returned by nurse managers, nine were accepted and one was discarded because the subject had no previous management experience and had taken no formal management courses. The total sample was 16.

As can be seen in Table 1, the mean age of nurse managers was 37.33 years while the mean age of assistant directors of nursing was 46.4 years. The nurse manager group and the assistant directors of nursing groups averaged 7.33 years and 7.64 years of nursing supervision, respectively. The nurse manager group reported a mean of three management courses while the assistant directors of nursing reported a mean of seven management courses. The educational preparation of the 9 nurse managers was: one baccalaureate and eight diploma graduates. Of the assistant directors of nursing, one was a baccalaureate and six were diploma graduates. Regarding the highest educational degree held, the responses indicated that only one

Table I
Demographic Characteristics

Demographic Characteristics	Nurse Managers	Assistant Directors of Nursing
Mean age in years	37.33	46.4
Mean years of supervision	7.33	7.64
Mean number of management courses	3	7
Nursing education-generic	1 B.S.N. 8 Diploma	1 B.S.N. 6 Diploma

nurse manager and two assistant directors of nursing had returned to school to obtain a higher education than their generic nursing education.

Data presented in Table 2 indicate the mean responses of the nurse managers according to each item of the five categories on the Index. As stated earlier, dissatisfaction is measured by subtracting sub-item "a" from sub-item "b" of each item in order to determine the deficiency areas. The higher the numerical value of the difference, the greater the deficiency and the greater the degree of dissatisfaction. The sixth "non-category", added by Porter and Lawler (1968) relates to the method and degree of receiving information and the amount of pressure perceived in the management position. This last item may be regarded as a negative item because, unlike the other responses, a high number total indicates that a great deal of satisfaction is perceived. With the other items, a high number indicated a great deal of dissatisfaction.

Tables 2 and 3, present the importance and difference of each need among nurse managers and assistant directors of nursing, obtained from the responses on the Index for each item, the responses were averaged for each item and then clustered according to category. In both instances the order, from lowest to highest, is self-esteem, affiliation, autonomy, security and self-actualization. But as shown in

Table 2
Mean Responses of Nurse Managers*

Category	Item Number	Mean Importance	Mean Now	Mean Desired	Mean Difference
Security	6	6.11	3.78	6.44	2.66
Affiliation	10	6.44	5.44	6.22	.78
	14	3.22	3.78	4.33	.55
Self-esteem	1	5.78	4.11	5.44	1.33
	4	4.56	4.67	5.22	.55
	8	3.78	4.78	4.33	-.45
Autonomy	2	5.33	4.33	5.87	1.54
	5	5.89	4.56	6.11	1.55
	11	5.72	5.44	5.89	.45
	12	5.56	4.67	5.78	1.11
Self-actualization	3	6.50	4.33	6.50	2.17
	7	6.33	3.89	6.35	2.46
	9	6.44	4.67	6.44	1.77
Non-category	13	6.44	5.11	6.44	1.33
	15	4.89	5.67	4.00	-1.67

* n = 9

Table 3
Mean Responses of Assistant Directors of Nursing *

Categories	Item Number	Mean Importance	Mean Now	Mean Desired	Mean Difference
Security	6	6.29	5.14	6.57	1.42
Affiliation	10	6.71	5.57	6.71	1.14
	14	3.86	4.14	4.43	.29
Self-esteem:	1	5.71	4.86	6.00	1.14
	4	5.14	5.29	5.57	.28
	8	4.43	5.71	5.57	-.14
Autonomy	2	5.43	5.00	5.86	.86
	5	5.76	4.71	5.86	1.15
	11	5.43	4.14	5.71	1.57
	12	6.14	3.86	6.00	2.14
Self-actualization	3	6.00	4.71	6.29	1.58
	7	6.57	4.86	6.57	1.71
	9	6.57	4.43	5.57	2.14
Non-category	13	6.43	4.14	6.57	2.43
	15	5.71	5.86	5.00	-.86

* n = 7

Table 4

Clustered Mean Responses of Importance by Nurse Managers*
and Assistant Directors of Nursing **

Category	Nurse Managers		Assistant Director		Combined
	Mean Responses	Ratings	Mean Responses	Ratings	
Security	6.11	4	6.29	4	6.20
Affiliation	4.83	2	5.29	2	3.06
Self-esteem	4.71	1	5.10	1	4.91
Autonomy	5.63	3	4.72	3	5.68
Self actualization	6.42	5	6.38	5	6.40
Non-category	5.66		6.07		5.87

* n = 9

** n = 7

Tables 4 and 5, the difference between importance and deficiency is highest regarding security.

Mean responses indicating the importance of each category for the two groups are listed in Table 4. The range between the mean responses of both groups is narrow and both groups ranked the categories in a similar order of self-esteem, affiliation, autonomy, security and the area of most importance is self-actualization. Both groups placed a high value on security.

The responses for the deficiencies were clustered in order to give the mean response to each category. The mean response for the deficiencies were then ranked according to the numerical value to indicate the degree of dissatisfaction of the category. (See Table 5). The "non-category" section was not ranked as it did not apply to Maslow's categories. The range of deficiencies between the two groups was narrow numerically, but each group ranked the categories in a different order. The nurse managers ranked security as the category with the greatest deficiency followed by self-actualization, autonomy, affiliation and then self-esteem. The assistant directors of nursing ranked the self-actualization category as most deficient. The categories of security and autonomy were equally ranked as being most deficient following self-actualization. Least deficient was affiliation

Table 5

Clustered Means Responses of Deficiencies by Nurse Managers*
and Assistant Directors of Nursing **

Category	Nurse Managers		Assistant Director		Combined
	Mean Responses	Ratings	Mean Responses	Ratings	
Security	2.66	5	1.42	3.5	2.05
Affiliation	.66	2	.72	2	.70
Self-esteem	.47	1	.42	1	.46
Autonomy	1.16	3	1.42	3.5	1.29
Self-actualization	2.13	4	1.81	5	1.85
Non-category	-.17		.79		.31

* n = 9

** n = 7

and self-esteem. By ranking the security needs high in deficiency and deviating from Maslow's hierarchy of needs, the hypothesis that physiological needs would be met before the higher psychological needs, was rejected by simple comparison of the clustered mean responses.

The Mann-Whitney U test was used to compare the data of the nurse-managers and the assistant directors of nursing groups in the categories of autonomy and self-actualization. (See Table 6). Statistical findings proved to be insignificant at the .05 significance level in both the autonomy and self-actualization categories. Thus the second hypothesis was rejected.

In summary, the lower order physiological need of security represents the area of greatest dissatisfaction and is ranked second in importance behind self-actualization. The satisfaction of the security need is critical.

Recommendations submitted by each subject for improving opportunities for need satisfaction by the institution as listed in Table 7.

Table 6

Mean Responses to Psychological Needs by Nurse Managers
and Assistant Directors of Nursing

	Mean Response of Nurse Managers	Mean Response of Assistant Directors	Significance
Autonomy deficiency	10.25	10.00	N.S.
importance	50.63	38.75	N.S.
Self- actualization	18.67	14.01	N.S.
importance	49.90	44.67	N.S.

Table 7

Recommendations for Increased Need Satisfaction

Number of Responses	Recommendations Submitted
7	Improved communications
6	Increased positive as well as negative feedback
6	Better orientation and continued in-service of management courses
6	More time to work with staff
5	Involvement in decision making and planning for the hospital
4	Increase respect and recognition for work done
3	Clarification of positions
3	Peer equality
3	Increase in support received and given by respondents
3	Yearly performance appraisal based on fact
2	Total control over budget for their unit
2	Increased autonomy
2	Greater opportunity for professional growth and development
2	Increase in salary
2	Meetings either eliminated or made more meaningful
1	More authority given to the nursing department
1	Faster decisions made from top management

CHAPTER V

Discussion

The present data demonstrated that no significant difference existed between the nurse-managers and the assistant directors of nursing in the satisfaction of needs. Both groups rated the importance of each need similarly. The only difference between the two groups is in the ranking of category deficiencies. Statistically, the Mann-Whitney U test determined that there is no significant difference in the manner in which each group responded to the psychological needs relating to importance and deficiency on the index.

The results of this study support those of Porter (1961), in the degree of importance of need fulfillment. Groups in both studies indicated that the needs of greatest importance are self-actualization and security. In addition, results of the present study support Porter's findings that individuals in lower management indicate greater deficiencies in the fulfillment of the psychological needs than does the middle management groups, suggesting differential opportunities within the management levels of the organization to satisfy the higher psychological needs. The management groups reported almost equal dissatisfaction in the attainment of self-actual-

ization. Studies of Porter (1962, 1963), Porter and Mitchell (1966) and Slocum et al (1972) report essentially the same findings in different populations studied.

While the Davis and Blalack (1976) study indicates a great degree of need deficiency in the area of esteem, autonomy, and self-actualization, results of the present research indicate that security, autonomy and self-actualization are most deficient. Davis and Blalack (1976) also note the areas of greatest importance to be self-esteem, autonomy and self-actualization while results of this study indicates the areas of greatest importance to be security, autonomy and self-actualization. An interesting point in this study is the high rank of security by both groups and the low rank of self-esteem. These results are similar with all reported studies except that of Davis and Blalack (1976).

Two of the three self-esteem items relate to the degree of prestige felt as a result of the subject's management position. The items that relate to prestige, both inside and outside the hospital are ranked lowest in deficiency and in importance by both the nurse managers and the assistant directors of nursing. Prestige is neither important or deficient in both positions. Of interest, from both groups, was the negative findings for deficiency in the self-esteem area. In short both groups indicate satisfaction in this area of self-esteem.

Similar results are found in the category of affiliation. Both nurse managers and assistant directors of nursing appear to feel sufficiently accepted as part of the institution's organization to give a low rating to affiliation in both need deficiency and importance.

Autonomy, which appears in the middle of the nurse manager's hierarchy of need importance and deficiency, shares for the assistant directors of nursing, equal rank with security in importance but is third in need deficiency. This is not too surprising. It seems that the higher the management level, the more clearly the management functions are delineated. It may well be that autonomy assumes more and more importance as one advances from lower to higher management levels.

The placement of self-actualization as the most important need seems to indicate that neither group has reached its potential, that both feel themselves capable of more. Self-actualization is defined as the fulfillment of all that an individual can be. It has its lower limits in complete dissatisfaction but is open ended as far as achievement is concerned, as potentiality is always an unknown quantity. At best it can be expected or hopeful. Nevertheless, by ranking self-actualization high both groups indicate that this kind of dissatisfaction can engender initiative and imaginative thinking since it assumes that there is still much to be accomplished.

By far the most interesting result of this study is the pre-eminence given by both groups to the importance of security and self deficiency. In Maslow's hierarchy, security appears low in the pyramid. Whether it should be regarded as a high level physical need or a low level psychological need or a combination of both is not clear. This difficulty seems to have been shared with Porter, who in developing his index accepted the principle that physical needs must be satisfied before an individual is prepared to cope with psychological needs.

That Porter himself did not at the time place much importance on security is perhaps the reason why a single item is assigned to that category, where the others have from two to four items. The score obtained of the security item must be used directly without the possibility of obtaining a mean score.

The simplistic approach to security does not explain why this group of nurse-managers and assistant directors of nursing regard it as so important and see the need satisfaction so deficient. There are some avenues for speculation.

Certainly the most obvious of which is the small sample size. A sample of 16 may be too small to reflect an accurate picture.

These might be internal institutional organizational problems

that contribute to the feeling of insecurity. Still, responses on affiliation, which measures belongingness and which is ranked low both in importance and deficiency, would seem to discount such an explanation.

Private personal problems of inadequacy, frustration and fear are hardly satisfactory explanations. The likelihood of 16 individuals being rendered more or less equally insecure is so unlikely, that the possibility must be dismissed.

Far more likely a cause is the present ambivalent nature of society in which such values are seriously threatened and inflation is a fact of life. How measurable such an influence is, is not easy to do, but one might begin by defining security more carefully.

Safety and security, though essential descriptives of a common state, have different connotations. Safety refers almost exclusively to the physical, while security embraces not only the physical but the psychological as well. How much of each element is present can be influenced by a mere geographical relocation. In a large urban population with a high crime rate, physical safety may loom large, while in a smaller city with a lower rate, safety may be one of the satisfied physical needs.

Whatever the case, it would appear that a finer estimation of importance and deficiencies in the security category require a refinement of definition and expansion of the number of items in the category to allow for a more accurate reading of the need.

Whether the deficiencies in security are occasioned by uneasiness, rather than overt threat, even the recommendations indicate insecurity. Apart from the suggestions concerning budget control and salary increase, all are concerned with communication in one form or other.

It is not difficult to see how deficiencies in the other needs, including self-actualization, could engender feelings of insecurity. One might even see psychological security as virtually impossible without the satisfaction of all other needs first to insure the self respect need for security.

The items contained in the "non-category" section refer to the amount of pressure perceived on the job and the amount of information the managers receive. Even though these items do not relate specifically to any of Maslow's categories of need, they are of obvious importance in considering the amount of need satisfaction. Interestingly the mean for each item calculated from the assistant directors group ranked them in the middle of the need categories. The nurse

managers ranked them in the lowest of the need categories in deficiency, which was interpreted to mean that they felt a great deal more pressure in their positions. The corresponding item that related to the amount of information received, is ranked lower by the nurse managers than the assistant directors of nursing. Because the item is a negative one, it affects the readings of the mean scores causing them to be lower. The ranking of the "non-category" by each of the two groups indicates that the amount of pressure felt and information received were different for each position.

The lack of significant difference in the responses of the nurse managers group and the assistant directors of nursing group indicates one homogenous group. The most suspect reason for this lack of difference may be the method of selection of personnel who comprise the nurse manager group and the assistant directors of nursing group. The institution encourages persons to come up "through the ranks". Staff nurses are encouraged to become nurse managers and nurse managers to become assistant directors of nursing. This upward mobility allows persons changing positions to bring with them the knowledge, the frustrations and the problems of their previous positions. The two positions may be perceived as unnecessarily narrow, restricting and overlapping, and in fact, the management person may see only one

group of managers rather than the two described. The results of this survey suggest that there is not a clear cut differentiation between the two positions.

Another reason for the lack of difference in the nurse manager and assistant director of nursing groups could be the similarity in education, age and experience. These similarities do not allow for a significant difference related to new and different educational theories.

To feel greater need satisfaction, a large number of respondents in both the nurse manager and assistant director of nursing groups recommended more management courses. This is an area of deficiency that is illustrated in the Index and in the information given on the demographic sheet. The personnel manager, in charge of management courses, reports that a monthly in-service on management programs is provided. Yet, only two of the 16 respondents acknowledge more than three courses in management from the institution. This discrepancy suggests a communication problem and some misunderstanding with:

- 1) who is invited to attend these management courses
- 2) who does attend these management courses
- 3) the courses were geared to a higher level of management than the assistant directors of nursing, or
- 4) the content was not management oriented.

Regardless of the reasons for the lack of management courses that the nurse managers and the assistant directors of nursing felt were lacking, the overall impression was that more courses on management principles and orientation to the position are essential to effective management.

In order to increase the management effectiveness of the nurse managers and assistant directors of nursing, a program to improve the need satisfaction must be undertaken. Davis and Blalack (1976) describe a successful program as one that is directed towards:

- 1) needs that are currently listed as deficient
- 2) needs that the individuals see as important.

In order to plan a program to rectify these deficiencies and increase need satisfaction, each subject is asked to write recommendations to improve job satisfaction. (See Table 7).

The recommendations from the subjects can be assimilated into the program aimed at the three highest need categories as described by Davis and Blalack (1976). The stated recommendations can be included in the following way. Deficiencies in self-esteem can be eliminated or decreased by encouraging a sense of oneness within the group. An increase in communications and feedback along with opportunities for independent thought and action will foster autonomy. Participation in goal setting and decision making also lead to feelings

of autonomy. Opportunities for professional as well as personal growth and development that are accompanied by feelings of fulfillment and accomplishment are essential to increase the amount of self-actualization felt by the nurse managers and the assistant directors of nursing.

Given this unexpected elevation of security from the bottom of the hierarchy, both in importance and perceived deficiencies, from second place the former and the first place in the latter, the possibilities for further study are many, ranging from simple replication to totally new studies on the subject.

CHAPTER VI

Summary, Conclusion and Recommendation

Summary

The objective of this study was to determine the importance and degree of need satisfaction among lower and middle level nursing management personnel. Maslow's hierarchy of needs provided the conceptual framework and Porter's Need Index was used as the testing device with the Mann-Whitney U test for determining statistical significance. Two hypotheses were entertained. The first was that in all levels of management the lower order physiological needs would be satisfied before the higher psychological needs. Secondly that middle management would have their psychological needs met more readily than would lower management.

Twelve nurse-managers, lower management and seven assistant directors of nursing, middle level management, in a large Northwest hospital received copies of the Index together with a cover letter, a consent form and a stamped envelope. Sixteen of the responses (89.5%) were regarded as suitable for the purpose of this study.

Analysis of the data reveals that both groups ranked self-esteem

and affiliation as least important and least deficient and self-actualization as the most important but security as the least satisfied need.

The first hypothesis was rejected because security is considered by Maslow and Porter as a physical need. The second was likewise rejected since there was no statistically significant difference between perceived needs and their satisfaction.

The most interesting result was the elevation of security from last to second place in importance and to first rank in need deficiency.

Conclusion

The two original hypotheses were rejected since security, usually regarded as a physical need, was rated as most deficient and there was no significant difference in need satisfaction between the nurse managers and the assistant directors of nursing.

The single most important finding of this study is the importance of security and the deficiency in its satisfaction. So far there has been no serious exploration of security by itself.

Recommendations for Further Study

There is much work yet to be done in the whole area of need satisfaction in general and need satisfaction among nursing personnel in particular. For example:

- 1) replication of the present study in an institution of similar size in the Northwest alone or in a variety of geographical areas to establish whether its findings are typical of all or unique.
- 2) replication in a small, a medium, and a large hospital for the same purpose.
- 3) replication using a random sampling of subjects in all management levels of the subjects institutions.
- 4) replication of previous studies to see if there has been any change in need perception
- 5) reword the items regarding the amount of job pressure experienced to reflect a positive response
- 6) study the nature of security
 - a) prepare a questionnaire to secure input for the refinement of the definition
 - b) prepare additional items for the security category
 - c) prepare a questionnaire pertaining entirely to security.

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APPENDICES

APPENDIX A

Correspondence

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SANTA BARBARA • SANTA CRUZ

OFFICE OF THE DEAN
GRADUATE SCHOOL OF ADMINISTRATION

IRVINE, CALIFORNIA 92664

December 16, 1976

Sister Judith Levesque, C.S.J.
3435 S.W. 87th, Apt. #10
Portland, Oregon

Dear Sister Levesque:

This is in response to your recent inquiry regarding my Need Satisfaction Questionnaire.

Reliability data on the instrument have been reported in a Ph.D. dissertation in the School of Public Administration at the University of Southern California by Thomas Carlson (approximately 1969). Also, an article by Dore and Meacham in the Spring, 1973 issue of Personnel Psychology provides reliability data. As you can see, a reliability of approximately .80 seems indicated. The question of validity for an instrument of this type presents an interesting conceptual problem because of the issue of "what is the criterion?" against which to measure validity. My own view is that for an instrument of this type, its pattern of relationships with other relevant variables provides a kind of indirect measure. (Apropos of this, you may find the article by Waters and Roach in the Summer, 1973 issue of Personnel Psychology, is relevant.) Thus, any of the studies that have used the questionnaire and have formed meaningful relationships with independent variables are providing data relevant to validity.

In conclusion, let me say that the instrument was developed for limited purposes (at the time of the original research with it some ten years ago) and may or may not be appropriate to your needs (vis-a-vis other possible instruments.) The questionnaire itself is printed in Managerial Attitudes and Performance, 1968, by myself and Edward E. Lawler. In any event, you have my permission to use it, and my good wishes for the best of luck in your research.

Sincerely yours

A large black rectangular redaction box covers the signature of Lyman W. Porter.

Lyman W. Porter

LWP:em

P.S. If you have the reference for the Davis/Balack study, I would appreciate receiving it. Thanks.

Portland, Oregon 97225

Dear

As partial requirement for my Masters of Nursing degree in Management and Administration, I would like to conduct a study of Needs Satisfaction among your nurse-managers and assistant directors of nursing service employed at your hospital.

I would like to meet with the nurse-managers and assistant directors of nursing service informally to obtain their consent to participate and to give them a demographic sheet to fill out and a questionnaire to complete. They will also be given an explanatory letter and a self-addressed envelop in which to return the questionnaire and demographic sheet to me. Each person will be asked to give recommendations in order to fill the areas they identify as being deficient in satisfaction. Confidentiality will be assured by means of coded numbers.

I plan to be in March 28 through the 30 to meet with you, the nurse managers and the assistant directors of nursing service.

Results of the study and recommendations will be presented to you at the end of the study. Copies of the study will be on file at the University of Oregon Health Sciences Center Library and School of Nursing.

Thank-you,

(Sister) Judith A. Levesque

Portland, Oregon 97225

Nurse Manager
Nursing Service Department

Dear Nurse Manager:

As partial requirement for my Masters in Nursing degree in Management and Administration, I am conducting a survey of the nurse managers and assistant directors of nursing service at your hospital.

Please complete the demographic sheet and the questionnaire and return them to me in the enclosed self-addressed envelope within the week. The section on recommendations is of great importance in order to present a series of recommendations to the assistant administrator for nursing service, that will enhance your management position. I would appreciate your cooperation in not discussing the questionnaire with anyone. Please be assured of the anonymity of your answers. A coded number is located at the top right hand corner of all pages of the questionnaire and demographic sheet that corresponds with a number on the consent form that you just signed. This form will be filed in the School of Nursing Office at the University of Oregon Health Sciences Center, Portland.

The questionnaire is a tool to study your satisfaction in your present management position and to give you an opportunity to offer suggestions to try to improve it. In no way, do I have authority to influence your present position. My role is purely that of a student.

Thank you for your cooperation and promptness. The results of the study will be made available upon request.

Sincerely,

(Sister) Judith A. Levesque

APPENDIX B

Consent Form

Informed Consent Form

I, _____, herewith agree to serve as a subject in the investigation named, "Survey of Needs Satisfaction of Nurse Managers According to Maslow's Hierarchy of Needs" by Sister Judy Levesque (Student) under the supervision of Marie Berger, M.S. (Faculty Advisor). The investigation aims at measuring deficiency areas in the satisfaction of needs in nurse managers. The procedure to which I will be subjected will be to answer a questionnaire. I may benefit from these procedures by reducing the deficiency areas.

This information obtained will be kept confidential. My name will not appear on the records and anonymity will be insured by the use of code numbers.

Ms. _____ has offered to answer any questions that I might have about my participation in this study. I understand that I am free to refuse to participate or to withdraw from participation in the study at any time without effect on my relationship with _____ Hospital.

I have read the foregoing

(Date)

(subject's signature)

(witness's signature)

APPENDIX C

Porter's Need Satisfaction

Index

Porter's Need Satisfaction Index

On the following pages will be listed several characteristics or qualities connected with your management position. For each characteristic you will be asked to give three ratings.

- a) How much of the characteristic is there now connected with your management position?
- b) How much of the characteristic do you think should be connected with your management position?
- c) How important is this characteristic to you?

Each rating will be on a seven-point scale, which will look like this:

(minimum) 1 2 3 4 5 6 7 (maximum)

You are to circle the number on the scale that represents the amount of the characteristic being rated. Low numbers represent low or minimum amounts, and high numbers represent high or maximum amounts. If you think there is "very little" or "none" of the characteristic presently associated with the position, 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 the numeral 6. For each scale, circle only one number.

Please do not omit any scale.

1. The feeling of self-esteem a person gets from being in my management position:
 - a) How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b) How much should there be? 1 2 3 4 5 6 7
 - c) How important is this to me? 1 2 3 4 5 6 7

2. The authority connected with my management position:
 - a) How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b) How much should there be? 1 2 3 4 5 6 7
 - c) How important is this to me? 1 2 3 4 5 6 7

3. The opportunity for personal growth and development in my management position:
 - a) How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b) How much should there be? 1 2 3 4 5 6 7
 - c) How important is this to me? 1 2 3 4 5 6 7

4. The prestige of my management position inside the hospital (that is, the regard received from others in the hospital):
 - a) How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b) How much should there be? 1 2 3 4 5 6 7
 - c) How important is this to me? 1 2 3 4 5 6 7

5. The opportunity for independent thought and action in my management position:
 - a) How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b) How much should there be? 1 2 3 4 5 6 7
 - c) How important is this to me? 1 2 3 4 5 6 7

6. The feeling of security in my management position:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

7. The feeling self-fulfillment a person gets from being in my management position (that is, the feeling of being able to use one's own unique capabilities, realizing one's potentialities):

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

8. The prestige of my management position outside the hospital (that is, the regard received from others not in the hospital):

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

9. The feeling of worthwhile accomplishment in my management position:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

10. The opportunity, in my management position, to give help to other people:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

11. The opportunity, in my management position, for participating in the setting of goals:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

12. The opportunity, in my management position, for participating in the determination of methods and procedures:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

13. The feeling of being informed in my management position:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

14. The opportunity to develop close friendships in my management position:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

15. The feeling of pressure in my management position:

a) How much is there now? (min) 1 2 3 4 5 6 7 (max)

b) How much should there be? 1 2 3 4 5 6 7

c) How important is this to me? 1 2 3 4 5 6 7

In order to increase the satisfaction you feel in your management position please write all your recommendations.

Demographic Sheet

Instructions: Please indicate or supply the appropriate responses.

1. Age: _____
2. Marital status: Single _____ Married _____ Separated, Divorced,
or Widowed: _____
3. Basic educational preparation (please indicate year of graduation):
 - _____ Associate degree
 - _____ Diploma
 - _____ Baccalaureate or higher degree
 - _____ Other, please specify
4. Highest level of education completed (please indicate year):
 - _____ Associate degree
 - _____ Diploma
 - _____ Baccalaureate in Nursing
 - _____ Baccalaureate in other field
 - _____ Masters in Nursing
 - _____ Masters in other field
 - _____ Other, please specify
5. Number of years nursing experience: _____
6. Number of years supervisory experience: _____
7. Present position: Nurse Manager _____, Assistant Director of Nursing
Service _____
8. Length of time as nurse manager or assistant director here _____
at another institution _____
9. Number of management courses attended at this institution: _____
10. Classes taken in management from other institutions (please list):

APPENDIX D

Abstract

ABSTRACT

The object of this study was to determine the importance and degree of need satisfaction among lower and middle level nursing management personnel. Maslow's Hierarchy of Needs provided the conceptual framework and Porter's Need Index was used as the testing device with the Mann-Whitney U test for determining statistical significance. Two hypotheses were entertained. The first was that in all levels of management the lower order physiological needs would be satisfied before the higher psychological needs. Second was that middle management would have their psychological needs met more readily than would lower management.

Twelve nurse-managers, lower management and seven assistant directors of nursing, middle management, in a large Northwest hospital received copies of the Index together with a cover letter, a consent form and a stamped return envelope. Sixteen of the responses (89.5%) were regarded as suitable for the purpose of this study.

Analysis of the data reveals that both groups ranked self-esteem and affiliation as least important and least deficient and self-actualization as the most important but security as the least satisfied.

The first hypothesis was rejected because security is considered by Maslow and Porter as a physical need. The second was likewise

rejected since there was no statistically significant difference between perceived needs and their satisfaction.

The most interesting result was the elevation of security from the last to second place in improvement and to first rank in need deficiency.