

JOB SATISFACTIONS AND DISSATISFACTIONS AS EXPRESSED BY  
57 STAFF NURSES IN FIVE SELECTED GENERAL HOSPITALS  
IN PORTLAND, OREGON

by

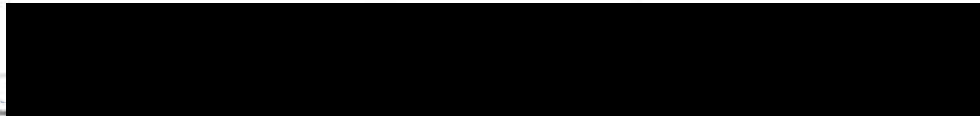
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A THESIS

Presented to the  
University of Oregon School of Nursing  
and the Graduate Division  
of the University of Oregon Medical School  
in partial fulfillment  
of the requirements for the degree of  
Master of Science

June 6, 1963

APPROVED:



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### ACKNOWLEDGEMENTS

The writer wishes to express her sincere appreciation to Lucile Gregerson for her guidance and valuable assistance.

For the cooperation shown in the administration of the questionnaire, by which the data of this study were obtained, the writer expresses her appreciation to the directors of nurses in the five selected general hospitals used in this study.

Recognition should be given to the 57 staff nurses who willingly responded to the questionnaire, without whose assistance the study could not have been conducted.

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## CHAPTER I

### INTRODUCTION

The role of the nurse and her functions in the hospital environment are constantly changing. Some of the alterations have been brought about by continued and accelerated progress in the health field. New concepts of restoring health and preventing disease have occurred in the last generation. The increasing complexity of the role of the nurse in relation to a growing variety of personnel constituting the nursing and health teams demand that the importance of human relations factors in all areas of the nurse's responsibilities be recognized.<sup>(18)</sup> An attempt has been made to relieve the professional nurse of non-nursing tasks now performed by auxiliary workers in the hospital.

Specific tasks of nursing are not clearly allocated to the various classes of workers, that is, there is much overlapping of duties among professional nurses and subsidiary personnel. There has been a confused attempt to divide nursing work into so-called professional and non-professional tasks and to separate from all the tasks performed by nursing personnel, those which are non-nursing tasks.<sup>(5)</sup>

The staff nurse today is frustrated by the difference between her image of the 'real' nurse and the function she is to perform. The recent graduate has been taught patient-centered care and has been oriented to meet the patient's needs. Previously nurses were taught under the apprentices system in a procedure-centered curriculum geared to the service needs of the hospital.<sup>(1)</sup> Nursing stressed predominantly nursing care. Today the staff nurse finds that in many hospital

situations she is doing the same duties as the practical nurse or the aide.<sup>(13)</sup> The young staff nurse finds there is little stimulation or challenge in her job due to discrepancy as to what she was taught and what she is actually expected to do.<sup>(1)</sup> The activities of the staff nurse in accordance with varying role concepts may have a direct bearing on the morale and satisfaction she receives on the job.

What are some factors that contribute to the satisfactions and dissatisfactions on the staff nurse's job?

Nurses, as other workers, have a strong need for jobs which provide opportunities for the use of their abilities and skills. The skill level of their jobs differentially satisfy this quite common need. Employees in the most routine jobs are less often highly satisfied than those in skilled technical jobs. The nurse in her work directly experiences her psychological need to help others; she uses her knowledge of the physical and social sciences, and identifies through her nursing education experience with the profession of nursing. She values the activities that fulfill her needs.<sup>(14)</sup> The nurse, in common with others, has psychological needs which create satisfactions and dissatisfactions with her employment. These psychological needs have been categorized by Carroll as (1) the need for emotional security, (2) the need for achievement or mastery, (3) the need for recognition or status, and (4) the need for physical satisfaction. These needs are motivating factors in human life.<sup>(9)</sup> The hospital worker has needs that must be met on the job to attain satisfaction from work.

### PURPOSE OF THE STUDY

It is the purpose of this study to define what the nurse enjoys most about her job and what satisfactions and dissatisfactions she derives from her job.

The specific aims of the study are to seek answers to the following questions:

1. What does the staff nurse like most about her job?
2. What gives the staff nurse most satisfaction on the job?
3. What gives the staff nurse most dissatisfaction on the job?
4. What suggestions does the staff nurse have to alleviate the dissatisfactions of her job?

### SIGNIFICANCE OF THE PROBLEM

Numerous studies on the position, functions, and job satisfaction of the worker have been carried out in hospitals, clinics, and industry. Hospital administrators have shown great interest in finding the cause for high turn over rate among staff, for identifying the personnel problems, and for determining what produces contentment within the organization, and why some people are happier with a job than others. Administration in industry has indicated that the means of increasing the productivity of people is inseparably bound up with their job satisfaction. (21)

Hundreds of men and women have gone into offices and factories, researched the problem that clusters around man's endeavor to earn his daily bread. Their findings have swelled the streams of human relations knowledge—methods and techniques of working successfully with people. (10)

K. Benne and Bennis have expressed that there is a need for study of the nurse's role and what is real nursing. They define three principal



areas of tension:

1. The nurse is commonly frustrated by the difference between her image of 'real' nursing and the function she must assume in actual work satisfactions.
2. The nurse-doctor relationship is often a tension area.
3. Promotion for the nurse all too frequently means conflict between her desire for higher status and her psychological need to give bedside care, which to many nurses is still 'real' nursing.(2)

LIMITATIONS

This study was limited to data obtained by an open end questionnaire administered to 57 staff nurses in five selected hospitals. The following criteria were used to select participants:

- a. Employment in the present position for at least six months. This criterion was established to assure that the participant had functioned in her present setting long enough to become adjusted to the position and to be able to identify elements of satisfaction.
- b. Graduation from a school of nursing within the past five years. This criterion was selected because the curriculum patterns of the past five years have more likely been focused on patient-centered nursing care than on procedure-centered care.

ASSUMPTIONS

Although no wide-spread generalizations can be derived from this study, it may be assumed:

1. That the expressed opinions of fifty-seven nurses indicating their job satisfactions and dissatisfactions have merit and possible implications for changes in personnel policies.
2. That the staff nurse experiences both satisfactions and dissatisfactions in the employment situation and that she expresses her own personal feelings in the questionnaire.

3. That the open-end questionnaire is a tool that has merit for the purposes of this study.

#### PROCEDURE FOR SOLUTION

Sources of data: Primary sources of data were information obtained from the open-end questionnaire completed by 57 staff nurses.

The secondary sources of data were obtained from the literature closely related to satisfactions and dissatisfactions and the needs of human beings in job satisfactions.

#### STEPS FOR CARRYING OUT THE STUDY

The procedure for carrying out this study may be described in the following steps:

1. The purposes of the study were established.
2. Questions consistent with the purposes were devised.
3. The questions were tested on ten registered nurses and were then revised and refined in an endeavor to word them in such a fashion as would elicit information essential for fulfilling the purposes of the study.
4. A pilot study carried out by administering the questionnaire in person to ten nurses. The results indicated that the questions needed no further clarification. Furthermore, the findings lent themselves to tabulation and to constructing tables for depicting the data.
5. Criteria were established for selection of participants.
6. Appointments were made with five administrators of Nursing Service. The purposes of the study were explained and arrangements were made for administering the questionnaire in the five hospitals.

7. The participants included staff nurses whose identity remained anonymous, who had completed nursing in the past five years and were employed in hospitals in the city of Portland, Oregon.

8. The questionnaire was then administered to fifty-seven staff nurses who met the criteria for participating in the study.

9. The questionnaire was presented to the staff nurse by the interviewer. The interviewer remained with her while she completed the questionnaire. The interviewer answered questions the participants had pertaining to the questionnaire.

10. Data were compiled, tabulated and interpreted.

11. Conclusions were drawn, recommendations were made.

#### OVERVIEW OF THE STUDY

The remainder of the thesis is organized and presented as follows:

Chapter II contains a review of the literature and studies related to the present study.

Chapter III gives an account of the procedure, findings, and interpretation of the study.

Chapter IV consists of the summary with conclusions and recommendations for further study.

## CHAPTER II

### REVIEW OF THE LITERATURE AND RELATED STUDIES

#### REVIEW OF RELATED LITERATURE

The literature was searched for articles and studies closely related to job satisfactions and dissatisfactions and the needs of human beings in job satisfactions.

Psychologists and sociologists have established that in man's vocational pursuit, his psychological needs operate to create satisfactions or dissatisfactions with his employment. Carroll, a psychologist, categorized the motivating factors in human life as:

1. the need for emotional security;
2. the need for achievement or mastery;
3. the need for recognition or status; and
4. the need for physical satisfaction.<sup>(6)</sup>

Satisfaction in our work is a basic human need and is sometimes called success, or recognition, or appreciation. Like happiness, satisfaction comes primarily from within one's self from the fulfillment of personal inner resources; it is heavily conditioned by many forces, by motives and by circumstances.<sup>(8)</sup>

Several decades ago, W. I. Thomas, one of America's pioneer social psychologists, presented four basic wishes or desires which he believed to be present in all persons regardless of their cultural environment. The human wishes have a great variety of concrete forms but are capable of the following general classification:

The desire for new experiences  
The desire for security  
The desire for response  
The desire for recognition

The desire for new experience is the positive aspect of man's capacity for boredom. The human organism is of such nature that it is capable of becoming bored with any experience if presented with it repeatedly and without respite. The desire for new experiences, as with the other wishes, can lead to activities which are normal or abnormal, to behavior which will result in great benefit to mankind or to its near destruction. We have an everyday need for varying amounts of change and variety of experiences. (7)

The desire for response—just as boredom is the negative side of the desire for new experience, so loneliness is the antithesis of the desire for response. The desire for intimate companionship is present in all normal persons as a motive to social behavior.

It is not enough for a worker to be secure in his labor, to be interested in his work, and to be respected as a person. He must also feel that he belongs, that he is understood, that he is well-liked by his associates, his subordinates, and his supervisors. The satisfaction of this need is not incompatible with efficient business practice. The logic of the business system demands clear-cut objectives, well-defined lines of authority, carefully selected management and workers, and adequately supervised personnel. Without such sound management practice, none of the basic needs of people would be satisfied, least of all the need for response. (4)

Investigation of the Relation Between Nursing Activity and Patient Welfare, was carried out by W. Hudson, 1960, at the State University of

Iowa. The researcher indicated that specific tasks of nursing work are not clearly allocated to various classes of workers. There is much confusion and overlapping of duties among professional nurses, practical nurses, and subsidiary personnel. The concept that there are levels of nursing care should be definable so the functions of each level can be determined. (12)

Esther Lucile Brown stated in "The Science and Improvement of Patient Care," that while observing a hospital ward she noted there would be much bustle and carrying out of many procedures by staff of many categories. Almost everyone would be carrying out a procedure ordered by the appropriate person in the service with which he was associated. Even if he were a member of the regular staff and not from another department, he would rarely seem to be part of a team whose efforts had been closely coordinated to help patients manage the problems of illness. Seldom did the ward team gather to plan or discuss the needs of the individual patients and how these needs could be met. (3)

Dr. Brown also indicated that there was no clear allocation of responsibility among personnel about who was to do the teaching or supervision of the teaching. It was felt that the failure to determine who should assume responsibility lies in considerable part in the inadequacy of communications that exist among the categories of staff members who are concerned with patient care. (3)

The increasing utilization of practical nurses as a way of meeting the nursing shortage is likely to create considerable discomfort for

nurses and as a consequence also for the patients—that is if the functions and status symbols of the two nursing groups remain unclarified.

Faye Abdellah and Eugene Levine, Work-Sampling Applied to the Study of Nursing Personnel, in 1954 said, "Personnel shortage tempts nurses to utilize practical nurses for relating skilled tasks while on the other hand, the graduate nurse seems to fear practical nurses as potential competitors."<sup>(1)</sup>

Mary I. Grivest says the competition of the practical nurse and the professional nurse was high where jurisdiction lines between the various levels of personnel had not been sharply drawn. The graduate nurse in this type of situation does not know her job and is in fear that she may have her job taken away from her by a practical nurse. There are times when the graduate nurse does not understand how her job differs from that of the practical nurse.<sup>(9)</sup> The nurse, like all other workers, has basic needs that must be met on the job. She has expectations and aspirations of her job and the people with whom she works to function properly in this social setting.

Roethlisberger, who has done pioneer work in exploring the nature and structure of informal social organizations in industry, found people in their daily associations at work tend to develop routine patterns of behavior and tend to react in accordance with these patterns. Within this system each task performed has a rank in an established prestige scale. Each worker has a social as well as a physical place in the organization.

The discovery that business organization has a social as well as a logical structure throws considerable light upon the necessary pre-conditions of cooperation. The informal groupings of people which tend to develop around work routines provide the settings which make men willing to cooperate. They exist wherever coordinated activities exist. Informal groups cannot be prevented, because they are the products of man's inherent desire for continuous intimate association. They give people a place, a feeling of "belonging" and a sense of importance. They make people feel that they command respect, have the power of independent choice, and are not just a cog in the machine.

Roethlisberger states that the desire for recognition is present in every normal individual. The manner in which we get recognition is determined by his interactive living within a certain cultural milieu. Each person selects the role which gives him most recognition without losing for him the satisfaction of the other basic needs. We seek social approval through recognition, but if this is not forthcoming we will seek recognition, even if it does not carry social approval. Even on the more serious side of life we see the importance of social recognition in motivating persons in the selection of their life jobs. It is felt that physicians and surgeons pick their work as a life job due to the high status accorded them. There is nothing enticing about the actual work of these hard working professionals. The facts that these physicians and surgeons have limited time for vacations and a shorter life expectancy than other professional men are real drawbacks. Not only is high esteem accorded the functions of these physicians and surgeons, namely, those of saving and prolonging human life, reducing



pain, and repairing broken bodies, but the mystery which surrounds the work of these men adds to their status. They will work hard if the esteem of their fellow men is the reward. (7)

The need to feel important, successful, or significant is no less real in the business aspect of life than it is anywhere else. In our society, where success is frequently measured by the contribution we make to society through our job, it is particularly important that we feel respected and proud of our business position. One may gain recognition on the job as an individual, as a member of a group, or both. As an individual, one takes satisfaction in knowing that he has done a job well and that others have recognized and given him credit for his accomplishment. As a member of a group, he gains vicarious satisfaction out of group participation. Group participation, whereby one may minimize his own identity but gain the reinforcing strength of the group approval, is a motive which should not be underemphasized as a force in compelling people's behavior. (7)

Esther Lucile Brown compares the desire or wants of hospital employees and nurses to wants of workers elsewhere. The employees want to feel that what they are doing is important, and that it is recognized as such by both those in higher authority and by their own category of staff. They want recognition to be demonstrated in positive terms and want to be given the feeling that they are part of the therapeutic group.

In the failure of the hospital to supply these basic needs of its employees may lie an essential reason why the care that is given to patients is so impersonal, and hurried, and neglectful of other than technical procedures.

Social scientists who have studied behavior in the field of industry and

institutional organizations in large, complex hospitals find that the cause for frequent failure to supply the basic needs of employees is apparently due to lack of understanding of human relations by administration.<sup>(3)</sup>

People strive for economic security in order to achieve a certain standard of living, but they also strive for economic reward as a symbol of success.

Status symbols are widely used in industry, as they are everywhere, to identify a person's prestige and authority. They may be objective or subtle. The objective symbols are stable and readily identifiable by those in the organization.<sup>(7)</sup>

In the desire for security, people perform many unpleasant tasks, but prefer to do this rather than run the risk of loss of security. The threat to any of man's biogenic or sociogenic needs is a threat to his security. The deprivation of food, affection, social approval, material possessions, class standings, or other status items results in feelings of insecurity. Just what the degree of certainty is that a person considers to be adequate depends upon both the nature of the culture within which he lives, and the personal-social values which have developed from his unique experiences within that culture.<sup>(7)</sup>

Status is gained through the job, work titles, and incomes. Success in our culture is commonly measured in terms of vocational achievement.<sup>(8)</sup>

Roe writes:

The fact that in our society, work is a major source if not the major source, of autonomous satisfactions and that it may also be a major source of human

satisfaction explains the dominance of vocational activities in our lives. It explains many other things. Many men have taken refuge in their work in the face of the most acute problems in family or personal relations and have been sustained thereby. To be unhappy in the work and frustrated by it, or to be without it, are major traumatizing situations. (7)

Roethlisberger, in analyzing human behavior in the business and industrial world, showed concern for the needs and adjustment mechanisms of the individuals involved. He states that each person will seek in his vocational life to make the kind of adjustment which at the time seems best to satisfy the needs and motivations of his own human nature. (7)

Benne stated that in order to adjust, a nurse may develop low motivation for her work. This is a protective mechanism. If the job involves conflicting demands which cannot be satisfied without changes in herself and in the situation, the nurse may lose interest in the job or forsake the effort to find satisfaction in it. Either action will reduce the influence of these conflicting demands upon her.

In so far as she can make the job less important in her life, the conflict—while still present—may not tear her apart so much. In fact she may say, "I'll go through the motions on the job, but find my fun elsewhere." (2) She may also try to rationalize away part of the conflict demands. She may feel these demands are impractical, theoretical and disoriented to the realities of the nursing job. This may help hold her job, but it will also cut off professional growth. The nurse may formally or informally organize with others to resist the demands of the institution where she works, whether these demands are

reasonable or not. This is usually a kind of informal organization of resistance to institutional demands, "passive misunderstanding", a slowdown of efforts, watering down of orders in the execution of them. (2)

Roethlisberger states that there often is no sharp break between the job activity and the rest of the person's life. People try to satisfy needs on the job just as they try to satisfy these same needs in school, at dinner, or at the bridge table. A person takes to work the same frustrations and fears he feels at home, in church, or at the corner drug store. The job may be more demanding, more competitive, and more unstable than much of the rest of his life. His behavior on the job is more public and his success or failure is more observable by his peers and strangers than it is at home where the family may extend more generosity and tolerance toward him because they accept him for what he is and not for what he is trying to be. (7)

Esther Lucile Brown states that the traditional and inflexible nature of the formal social structure of the hospital frequently causes a failure in supplying the basic needs of employees. (3)

Worthy in a study, "Factors Influencing Employee Morale," (Harvard Business Review, Vol. 28, No. 1, pp 61-73, 1950) set up needs of the employee.

Generally speaking, no one works at peak efficiency unless his deepest human needs receive some satisfaction in the work situation itself. Among the needs that can be met for workers only within a relatively small operating branch are the following:

1. A job that is meaningful in itself and that calls on the individual to use and develop potential capacities.

2. An opportunity to know what is done by other members in the unit, instead of being hemmed in by impersonal administrative systems. This means that each member can see where and how his job gets into the whole scheme of things.

3. Frequent contact with supervisors and executives, "flesh-and-blood people who can be liked or disliked for their own sakes and not judged solely on the impersonal results of their administrative actions or on the basis of myths about 'those guys in the front office'."

Elton Mayo said his associates found the above needs important in the Western Electric Research study. (20)

It seems reasonable to assume that nurses' needs on the job may be similar to those of other workers.

#### REVIEW OF RELATED STUDIES

Research has been conducted in a variety of industries, labor organizations, and hospitals in relation to the satisfactions or frustrations employees find on the job. Nancy C. Morris conducted a survey at the University of Michigan (Survey Research Center), Satisfaction in the White Collar Job, in 1954. The major purpose of the research was to discover possible causes of degree of satisfaction with the various aspects of working in an organization. The study is concerned with the questions: "What produces contentment with the organization? Why are some people happier with a job than others? What makes for favorable feelings about salary and job status? The major emphasis of the study is on employee satisfaction as a criterion of organizational effectiveness. The study begins with data on general satisfactions. These are followed by the three specific employee satisfaction areas: satisfaction with the job content, satisfaction with pay and job status, and

satisfaction with the company.

Approximately 742 employees doing clerical work in a large company were surveyed. These employees were characterized as having middle class aspirations. Sixty-one supervisors were also included in the investigations. The employees seemed to like their community, its facilities, and were generally satisfied with their housing. The majority of employees felt their job was above average in importance. Many of the workers had no idea as to how their job tied in with the rest of the company. The majority knew the maximum salary which could be achieved for their job, and a large percentage of them had not taken any courses related to their work since they had been employed by the company.

The first step in this investigation involved a theoretical analysis of the roles of the employee in an industrial organization.

1. A worker doing a particular job
2. A member of a work group
3. A member of the company organization
4. A member of the community

The first three of these roles are means of classifying employee satisfaction. The fourth relates the returns he receives for his work is directly tied into the social systems which are labelled "community". The company provides the employee with certain "goals"—the pay the employee receives for his work, and the status position which he receives for his work, and the status position which he has achieved in the organization.

The procedure used was a two hour interview with each worker. The questions were rated on a 5 point value scale.

The results suggested three factors as likely determiners of job satisfactions; the need for variety and opportunity to use one's skills and abilities in one's job is generally high. This means that those who are in the more varied, skilled jobs are more satisfied than those who are in the more routine, unskilled jobs. Job content, then, appears to be a likely determiner of job satisfaction. The degree of satisfaction which the individual obtains from his pay and job status depends upon the extent to which his pay and job status level at a particular stage of his life cycle meets his aspirations. Satisfaction with the organization as a place to work appeared, to a large extent, to be a function with pay and job status. The differences in satisfactions between employees and supervisors appear to be partly due to the differences in their needs and partly to differences in their specific environments. The supervisors probably liked their jobs better than their employees did because of the more varied and complex content of the supervisory portion. Their greater liking for the company was produced both by their having personalities which were more attuned to the company organization and by the greater identification with the company which their role gave them. (16)

A study by Joann S. Maryo and Julian Lashy, "A Work Satisfaction Survey Among Nurses," was published in the American Journal of Nursing in April, 1959. The purpose was to study the attitudes of the nurses toward their jobs and seek suggestions that would lead toward greater satisfactions.

Data were collected by questionnaires. The participating nurses were asked to complete a work satisfaction questionnaire which consisted

of the following items:

The three things which I like about my work are - -  
The three things which I do not like about my work  
are - -  
My work would be more satisfying to me if - -  
What practical things can management do to improve  
working conditions for my kind of work?

To insure frank responses each nurse was given a blank envelope in which to seal her completed, unsigned questionnaire and was instructed to place it in a box.

The findings indicated four major features liked about the job: (1) cooperative nature of their interpersonal relationships, particularly the congeniality of other general duty nurses; (2) newness of the hospital and modern techniques utilized by this teaching institution made working conditions pleasant; (3) their professional role, which allows them to serve others, was personally rewarding; (4) adequate benefits, salary, sick leave, and the retirement plan.

The criticisms cited of their jobs were three highly interrelated problem areas: (1) problems arising from a shortage of hospital personnel; (2) lack of management-employee mutual trust and inadequate communication; and (3) poorly defined work situation. (15)

Positions, Function, and Job Satisfaction of Nurses in the Social System of a Modern Hospital, was sponsored by the Ohio State Nurses Association through the committee on Studies of Nursing Functions, and conducted by the Ohio State Research Foundation. Objectives of this project were to develop understanding of the social position, functions, and relationships of nurses in the social system of the modern hospital; to identify, in that system, the social and organizational factors



significantly related to efficiency and job satisfaction of nurses.

The interview and observation methods were used to gather data.

The primary objectives of the observation and interview activities were to gain an orientation to the hospital world by observing first hand the work that nurses do, seeking to learn from nurses themselves their concept of the nursing function, the general problem areas in nursing and nursing service administration, and clues as to reasons for satisfaction or dissatisfaction among nurses.

Activities consisted of an initial period of direct observation, followed by systematic interviewing and finally the administration of tentative questionnaire schedules. Questionnaires were administered and interviews held with 115 nurses in a modern hospital in Ohio. The nurses were individually released from duty and reported one at a time to the interviewer in a conference room. The respondents were given the questionnaire and instructed as to the general objective of the study. Directions for filling out the questionnaire were explained. Upon completion of the questionnaire, the respondent was interviewed using an interview guide for informal discussion of nursing problems.

The interview guide consisted of eighteen questions relating generally to irritations and satisfactions experienced by the respondent in her job relationships, to her perception of the nurse's role, and to motivations for entering nursing.

Results: Responses taken verbatim to questions about satisfactions derived from nursing consisted of comments to this effect:

Like to take care of people  
Doing things that are really appreciated  
Enjoy the gratitude which patients express for  
even the smallest service or even when you  
really do not do anything for them

Like to mother the patient as if they were my own  
 husband, child, or some relative  
 Nothing particular about it that you enjoy. It is  
 just another job

The responses which indicated dislike or dissatisfaction included  
 statements such as:

Annoyances were only occasionally with patients  
 but frequently annoyed with fellow workers  
 The girls are sometimes not congenial  
 It is the catty little things that people do or  
 say about each other  
 Buck passing or chiseling on work  
 Nurses are sometimes too autocratic

Uncertainties about freedom to go to supervisors with requests or  
 complaints was noted as annoying. The poor attitude of the supervisor  
 was also mentioned. Another annoyance was the lack of explanation or  
 information regarding personnel policies, promotions, and salary  
 increases.

Dissatisfactions appeared to be associated chiefly with social and  
 organisational rather than technical functional relationships.

Most personnel preferred to deal with patients than to do paper  
 work.

A few young nurses appeared to prefer administrative or teaching  
 duties. Occasional resentment was shown toward individual doctors, but  
 in general there was loyalty to the medical profession.

This study was to be carried out in all Ohio hospitals at a later  
 date. (5) This investigator was unable to find studies indicating  
 that the study had been repeated in other Ohio hospitals.

A project by Zalesnik, Christensen, and Koethsberger, The Motivation,  
 Productivity, and Satisfaction of Workers: A Prediction Study was part of

a broader program of Research in Human Relations which was started in the Harvard Business School in 1951 and developed a number of years later. The study was done to help others arrive at hypotheses which would lead to further research. The investigators have attempted to test systematically some of these hypotheses as to factors determining the behavior of individuals in small work groups.

This study was aimed specifically at providing data for a more up to date body of the theory of organizational and administrative behavior. The objectives were: (1) to diagnose and describe the patterns of human relations that exist in the departmental group of industrial workers; (2) to assess the factors determining the patterns; (3) to evaluate their effects for (a) the productivity of the group; (b) the satisfactions or dissatisfactions of individuals in the group; and (c) the personal development of individuals in the group.

The study to identify determinants of satisfaction was done by the interview questionnaire or survey approach. It was possible for the researcher to build into his questionnaire checks to determine whether certain areas of satisfaction yield conflicting responses or were affected by other areas, in which case they were lifted out of the results for purposes of measurement. There was a final interview which ranged from one to two hours in duration.

The six main areas which the researcher wanted the worker to discuss freely were:

1. The intrinsic characteristics of his job, the degree to which the worker felt the job provided him with an outlet for his technical-work skills.
2. The extended features of his job; his feelings about the pay, the physical working conditions,

- benefits, etc.
3. The supervisor; the worker's feelings toward his foreman as a boss.
  4. His associates at work; his feelings in working with the particular people in the department.
  5. The company; his feelings about working for this particular concern.
  6. The union; his feelings in being a member of this particular union.

In addition to questions aimed at eliciting responses in the six areas listed above, questions were phrased to tap spontaneous statements on the workers' beliefs about what makes a job a good job and a worker a good person to be around.(21)

Following the interview a close verbatim account was written from notes under various headings. The results were categorized, each of which was given a score and a scale was set up.

The data indicated that beside well-established status ranks and high internal group development, another determinant of satisfaction among work groups may be the degree to which external status and internal social status are in line with each other. Specifically,

Workers with high status congruence would tend to be more satisfied than workers with low status congruence.

Workers with a favorable relationship between reward and investment would tend to be more satisfied than workers with an unfavorable relationship.

Workers who were rewarded by management and by the group would be satisfied; workers who were rewarded by the group but not by management would be less satisfied; workers who were rewarded by management but not by the group would be dissatisfied; workers who were rewarded neither by management nor by the group would be most dissatisfied.

There was little relationship between satisfaction and on the line productivity.(5)

In a study by Herzberg, Mausner, and Snyderman, The Motivation To Work, accountants and engineers were chosen as subjects, because

their jobs are rich in techniques.

The major question this study set out to investigate was whether different kinds of factors were responsible for bringing about job satisfactions and job dissatisfactions; the nature of these different factors and how the general psychological principles account for the differences in satisfaction and dissatisfaction. The study was conducted by interviews which were analysed by setting up an analytic scheme; all of the interviews were read by the staff members and the replies were broken down into "thought units". A thought unit was defined as a statement about a single event or condition that leads to a feeling, a single characterization of a feeling, or a description of a single effect.

The findings were set up in criteria for each category. The factor appearing most frequently in 228 sequences was achievement which accounted for 41 per cent of the events. Each of the subjects showed satisfaction in successful completion of a job.

Second in the order of frequency was recognition which was found to come from many sources: supervisors, peers, customers, or subordinates. An important aspect of the effectiveness of recognition for producing high job attitudes was some achievement as a basis for the recognition. Work itself, responsibility, and advancement—appeared in at least one fifth of the high sequences. Responsibility—being allowed to work without supervision, being responsible for one's own efforts, being given a new kind of job, with new responsibilities; the feeling of advancement or knowing there would be advancement.

Company policy and administration was the single most important

factor for determining bad feelings about a job. Approximately one third of the total sequences included this factor. There were two aspects to company policy and administration, namely, that dissatisfactions revolve around company ineffectiveness produced by inefficiency, waste, duplication of effort, or a struggle for power, or the deleterious effects of company policies. These included personnel and other policies which were viewed as unfair or which in some way had a detrimental effect on the respondent or his co-workers. Unfair salary policies also were mentioned.

The same kind of company ineffectiveness that led to bad feelings could be found in the performance of individual supervisors. Technical supervision was second in the order of frequency of factors leading to low job attitudes. The single most frequent failing of the supervisor cited as a reason for low job attitudes was his lack of competence in carrying out his function. The interpersonal relations with the supervisors also were poor. When deteriorated interpersonal relationships between supervisor and subordinate occurred, the effects could be devastating to the employee.

Lack of recognition was cited in almost one fifth of the dissatisfactions. It was mentioned that when there was no recognition to use creative ability, and the opportunity to learn and expand the scope of knowledge, dissatisfaction was high. The simple failure to receive recognition was a source for job dissatisfaction. In many of the situations in which there has been failure to give recognition, a major ingredient was the company policy and administrative practice. Another dissatisfaction was due to lack of concern that his supervisors in the

company in general had for the individual.

When the results were contrasted, several major differences became apparent.

For dissatisfactions, the range of percentages among the factors was not so large as for the satisfactions. Five of the factors in the high sequence appeared in as many as one fifth of the responses. In contrast to this, only two factors of dissatisfaction appeared that often. In contrast, six factors in the dissatisfaction sequences had percentages between 10 and 19 per cent, and only one factor in the satisfaction sequence was in that range. For satisfactions a few factors stood out as satisfiers, with the remaining factors making a negligible contribution to job satisfaction. For the dissatisfactions, the differences in the percentages among the factors was small in contrast. From this result it was speculated that the factors included in this study showed more equal potentiality for leading to job dissatisfaction than they did for leading to job satisfaction. A great many things can be the source of dissatisfaction.

The three factors of work itself, responsibility, and advancement stand out strongly as the major contributions involved in producing high job attitudes. Their effect in producing poor job attitudes is by contrast extremely small. In contrast, company policy and administration, supervision (both technical and interpersonal relationships), and working conditions represent the major job dissatisfiers with little potency to affect job attitudes in a positive direction. The results also indicated that job satisfiers deal with the factors involved in doing the job, whereas the job dissatisfiers deal with factors that

define the job context. (16)

The study by Mary T. Grivest was carried out in partial fulfillment of the requirements for the degree of Master of Arts at DePaul University, Department of Education, Chicago, Illinois: A Personal Inventory of Supervisor, Head Nurses, and Staff Nurses in Selected Hospitals.

The purpose of the study was to survey attitudes of nurses toward their work in four selected hospitals, and to discover the extent to which supervisors, head nurses, and staff nurses derived job satisfaction in the categories established for measuring employee attitudes by the Science Research Associates Employee Inventory.

Three groups of employees were tested: supervisors, head nurses, and staff nurses. The study was done on 215 nurses of which 31 were supervisors, 52 were head nurses, and 132 were staff nurses.

The results of the study indicated that dissatisfactions in nursing were not unique to the working group. The findings showed conflicting feelings in the areas of job demands, working conditions, and employee benefits. The most significant reactions were in the area of human relations. The problems demonstrated were grouped into four classifications: communications, personal relations, supervisory techniques, and status recognition. (19)

In conclusion, the review of the literature directs attention to the following:

1. Job satisfactions are derived from factors involved in doing the job, and dissatisfactions deal with the factors that define the job context.

2. Poor working conditions, poor company policies and adminis-



tration, and poor supervision will lead to job dissatisfaction.

3. All employees have the same psychological needs on the job, and the worker's psychological needs operate to create satisfaction or dissatisfaction with his employment.

4. No one works at peak efficiency unless his deepest human needs receive some satisfaction in the work situation itself.

CHAPTER III  
PROCEDURE AND FINDINGS

Authorities in the field of employer-employee relations have studied the problem of employee satisfactions and dissatisfactions. In hospitals, administrators have endeavored to identify reasons for employee satisfactions as guides to the improvement of patient care.

Due to the increasing complexity of medical practice, the professional nurse has assumed new roles, many of which place her in the position of administering indirect rather than direct nursing care. This creates conflict when the nurse, the patient, and the doctor envision the nurse's role as being at the patient's side. Such was the role the nurse envisioned upon her entrance to nursing school; that role was reinforced throughout her basic nursing education. A true dilemma exists because there is no clear delineation of the duties of the professional nurse, the practical nurse, and the nurse's aide.

This study was carried out to determine what the nurse liked most about her job, what satisfactions she derived from her job; if she had dissatisfactions, what they were and what suggestions she had for alleviating the dissatisfactions.

Data for this study were obtained by the use of an open-end questionnaire presented to 57 staff nurses who met the criteria for participation in the study. The criteria for participation were: (1) employment in the present position for at least six months. This

criterion was established to assure that the participant had functioned in her present setting long enough to become adjusted to the position and be able to identify elements of satisfaction. (2) Graduation from a school of nursing within the past five years. This criterion was selected because the curriculum patterns of the past five years have more likely been focused on patient-centered nursing care than on procedure-centered care.

Five general hospitals were selected for this study. The participants functioned in the following hospital units: surgical, medical, obstetric, pediatrics, operating room, and blood bank; and on the day, evening, and night shifts. In all instances, the unit personnel consisted of head nurse, staff nurses, practical nurses, nurses aides, and there may or may not have been a ward clerk on the unit. It was found that where there were no assistant head nurses, a staff nurse filled in for the head nurse on her days off.

The staff nurse was responsible for giving direct care to patients; for meeting patients' emotional, physical, spiritual, and social needs. The staff nurse was also expected to give some supervision and guidance to non-professional workers. The assignment method varied from unit to unit within the same hospital.

The participants' hours varied from unit to unit and from hospital to hospital. Some participants worked days, 7 A.M.-3:30 P.M., with week-ends free; others were on rotating shifts; some floated any time the administration was pressed for personnel to staff a unit. "Permanent" day, night, or evening shift meant the participant was employed to work only the said shift. A "rotating" shift meant the participant worked

days, evenings, or nights whenever extra staffing was needed for a particular shift. As a "float" nurse, the participant could be assigned to any shift or any unit, or to change from one place to another to meet the needs of the situation.

The hospitals used in this study had some variation in lines of supervision. In each instance the Nursing Service was under the direction of the Director of Nursing Service. In addition to the director and her assistant, some hospitals had supervisors of units or a supervisor for the whole hospital directly under the supervision of the Director of Nursing Service. In such circumstances, the supervision of the units within the hospital was carried out by one individual.

#### PROCEDURE

This study was carried out according to the plan outlined in Chapter I.

The objective was to attempt to identify by means of an open-end questionnaire the staff nurses' stated reasons for satisfaction and dissatisfaction on the job in the hospital.

In preparation of the open-end questionnaire, the literature was searched to obtain content ideas and to determine if the use of the open-end questionnaire was a valid method for identifying areas of satisfaction and dissatisfaction in nursing service. A preliminary draft of an open-end questionnaire was formulated and presented to experienced professional nurses for constructive criticism. The individuals were asked to complete the questionnaire; the wording of the questions was then discussed in view of clarifying ambiguities. The

necessary revisions were made.

A pilot study was next carried out on ten staff nurses who met the criteria for the study.

The purpose of the study and the questionnaire were explained. The participants were requested at this time to indicate on the questionnaire the starting and finishing time. This was to give an indication as to the amount of time to be allotted for administering the questionnaire during the study. It was found that the questionnaire was completed by most participants in 11 to 18 minutes, an average of 15 minutes, which was then planned for each questionnaire. The researcher remained with each participant while she completed the questionnaire. The satisfactions and dissatisfactions were recorded by the participant in her own words. On completing the questionnaire, the participant was asked if she had any difficulty in answering any questions. No difficulty was mentioned. Accordingly, no further revisions of the tool were deemed necessary. The findings of the pilot study were such that they could be categorized and lead to the formulation of conclusions. No data obtained in the pilot study were included in the final study.

An appointment was then made with the Directors of Nursing Service of five hospitals in the city of Portland in order to explain the study and obtain the necessary administrative cooperation and clearance for continuing the study. The questionnaire and procedure for collecting data were discussed. Each Director of Nursing expressed her interest and willingness to cooperate. The Director of Nursing Service was requested to provide a list of the staff nurses who met the criteria

for inclusion in the study. The number of participants obtained from each hospital ranged from 3 to 15, with a total of 57 participants. Participants were obtained from all shifts and various units in the hospitals.

To avoid interference with the patient care and hospital needs, the selection of time, individuals or groups to be interviewed was left to the discretion of the Director of Nursing. The Director informed each participant prior to the interview that she had been selected to participate in a study and that an interviewer would contact her. Three Directors of Nursing Service assembled a number of staff nurses in conference rooms so the questionnaire could be submitted to a group of subjects at one time. The remaining data were collected by visiting a nurse just as she was about to go on or off duty. When submitting the questionnaire to a single subject or a group of subjects, the interviewer remained with the participants while they completed the questionnaire. The participant was encouraged to ask questions. Instructions to clarify the purpose of the study were given to each staff nurse as she received the questionnaire. She was also informed at this time that she would not be identified and that she was not to put her name or the hospital's name on the questionnaire. The participants were reassured that the completed form would not be shared with their Directors of Nursing or the nursing service supervisors. The staff nurses on the night or the evening shifts were approached at the time of their arrival at work. They received the usual instructions and explanation. With the questionnaire, they received an envelope in which to seal the questionnaire after completion. These were collected

by the interviewer at the end of the shift.

#### PRESENTATION AND INTERPRETATION

The tool used to obtain data for this study is included in Appendix A.

The first two questions were designed to obtain information regarding the length of employment and the type of school of nursing from which the participants graduated. The findings may be described and analyzed as follows: sixty-two per cent of the participants had been employed as hospital nurses between one and three years, which indicated that the participants for this study were fairly recent graduates from schools of nursing. Some of this was certainly the result of the limitation of the study in that no individual who graduated more than 5 years ago was included. Furthermore, staff nursing constitutes a beginning experience in nursing. There are many nurses, however, who for various reasons, remain in staff nursing positions throughout their professional lives. It would appear that staff nursing must give them satisfaction or that they derive security from the status quo. Those nurses have been excluded from this study in order to concentrate on those whose careers in nursing are still fluid.

Table I shows the length of time the participants had been employed as hospital nurses.

TABLE I

LENGTH OF EMPLOYMENT AS HOSPITAL STAFF NURSES OF 57 PARTICIPANTS  
OF A STUDY OF SATISFACTIONS AND DISSATISFACTIONS IN NURSING

Length of Time Employed	Distribution of Responses	
	Number	Per Cent
6 months to one year	16	28
1 year to 3 years	35	62
5 years	6	10

The second question sought to identify the type of school the participant had attended. It was found that the majority graduated from diploma schools. These findings as shown in Table II are not surprising in that 81.9 per cent of all schools which offer basic preparation in nursing are under hospital or other non-collegiate control. (17)

TABLE II

TYPES OF SCHOOLS OF NURSING ATTENDED BY 57 PARTICIPANTS  
OF A STUDY OF SATISFACTIONS AND DISSATISFACTIONS IN NURSING

Schools Participants Attended	Distribution of Responses	
	Number	Responses
Diploma	32	56
Baccalaureate Degree	25	44
Associate of Arts Degree	0	0

The remainder of the tool consisted of questions designed to ascertain the nurse's satisfaction and dissatisfaction with her present job.

The third question asked if the nurse enjoyed her job. Eighty-nine per cent of the participants, or fifty-one of the fifty-seven, responded that they enjoyed nursing. One of the six who said she liked nursing only in part indicated that if she were educated for some other



work, she would leave nursing.

The fourth question was directed at the nurse's job. What did she like most about her job? Some of the replies were repeated frequently. There were as many as 90 responses, which gave each participant 1.6 responses. The replies revealed a wide variation in views of what the nurses liked most about their jobs.

Fifty-two per cent of the participants indicated a high degree of desire for obtaining professional goals through direct patient contact, an interest in patient welfare, and a variety of activities in the work. The desire for new experiences, for meeting all kinds of people, or having contact with different people was mentioned repeatedly in the literature as basic needs of all human organisms trying to avoid boredom. The findings of this study are thus consistent with the literature.

The following responses from the questionnaire are cited verbatim with no attempt at editing:

Caring for sick people  
 Contact with all types of people  
 Varied experiences with people  
 Meeting and helping people  
 The great satisfaction of helping my fellow man  
 to regain his health  
 The actual patient contact  
 The diversity of nursing  
 The satisfaction one receives from helping people  
 Meeting and working with all kinds of people  
 Challenge in working with people  
 Feeling of having a job worth while  
 The constant challenge of good performance under  
 different and varying conditions  
 Scientific approach in learning  
 Teaching others  
 Helping patients get well physically, mentally,  
 and spiritually  
 The sense of responsibility one has under dealing  
 with human life

The variety in activities including nursing care of  
critical to convalescent patients--variety in  
patients and duties

Many learning experiences

I especially enjoy working with people and seeing  
their day to day progress in regaining their health

Forty per cent of the participants indicated they wanted to belong  
to a team or have recognition as being part of a group. Sample responses  
of this nature are also quoted verbatim:

The team work involved in doing a surgical procedure  
is satisfying

The reward derived from being able to help others and  
see patients progress is the great feeling of real  
team work in working closely with the doctor and  
other staff members to attain a goal

I find the interpersonal relationships the most  
satisfying part of my job

I like the feeling that I am part of a team--all  
working toward the same goal

Being able to work more closely with the other nurses

Close doctor-nurse relationship

Meeting and working with other people who are inter-  
ested in helping others

The friendly association with the other staff members

The excellent interpersonal relationships between  
nurses and doctors

Free communications among staff members and sharing  
ideas

I like being part of a medical group and accepted  
as such.

Working as a team is very enjoyable, especially when  
you are working for the good of the patient

Chance to meet people

Team nursing - leadership experience

The opportunity to serve on the medical team, whose  
purpose is serving others

Working with people from all walks of life

To know that I have had a small part in helping to  
bring life and healing to another of our fellow  
beings

What the staff nurse wants resembles what most workers elsewhere want--  
a feeling of belonging; to know that what she is doing is important and  
is recognized by those in authority and by her own category of staff

members. She wants to be given the feeling that she is part of a group therapeutic effort.

Participants indicated that they wanted to be understood and recognized as individuals, as persons with certain abilities as well as with certain limitations.

Eight per cent of the participants stated that they liked their jobs because of personnel policies.

The following statements, quoted verbatim, are representative of other comments given by the participants concerning what they liked about their jobs as staff nurses.

Being able to work in the floor requested  
 Inservice training program  
 Security of job  
 Regular hours  
 Good working conditions  
 I enjoy being medicine nurse and working with  
 medicines

Table III shows the distribution and percentage of the responses as to what the staff nurse of this study liked most about her job.

TABLE III

DISTRIBUTION AND PER CENT OF RESPONSES MADE BY 57 STAFF NURSES  
 IN FIVE GENERAL HOSPITALS IN PORTLAND, OREGON CONCERNING  
 WHAT THEY LIKED MOST ABOUT THEIR JOBS

What Staff Nurses Liked Most About Their Jobs	Distribution of Responses	
	Number	Per Cent
Opportunity for obtaining professional goals	47	52
Satisfying the need to belong to group or team	36	40
Good personnel policies	7	8

The fifth question was directed at the satisfactions the staff nurse derives from her work. There were 110 responses, which gave each participant 1.9 responses. Fifty per cent of the participants indicated a high degree of satisfaction in relationship with the patient, specifically in observing patients recover, especially a critically ill patient. It was not possible to categorize the responses of this question, since they were highly homogeneous in nature and indicated that satisfaction was derived from giving direct patient care.

The gratification shown by the patient and his family on recovery gives the nurse satisfaction that she did her best or had had a part in the patient's recovery. Taking care of the critically ill or difficult patient apparently offers a special challenge to the nurse for making use of the knowledge, understandings, and skills she has acquired through study and experience. The 57 participants made the following comments concerning what gave them the greatest satisfaction on the job:

- Working with critically ill patients
- See successful recovery of the patient
- Feeling of having a part in helping a patient get well
- Seeing the results of complete nursing care; physical, emotional and spiritual
- Contribute toward goal of good patient care
- Watching very ill and other patients recover
- Good nursing care
- Being mother image to a sick infant
- Ability to help sick child—alleviating suffering and anxiety
- Leaving a patient comfortable and satisfied
- Having a part in someone's care and recovery
- Helping the patient to understand his treatment and give support
- Being able to anticipate needs of patients and seeing an improvement

Helping patients and families adjust to hospital  
 needs  
 Being able to complete work and feel good care  
 was given to the patient  
 Being able to give patience, understanding and  
 encouragement  
 When patients are receiving good care  
 Seeing patients get well and knowing you had a  
 part in it--seeing patients improve, especially  
 critically ill patients  
 Satisfaction of patient getting well  
 Health teaching to patients  
 Challenge of a critically ill patient getting well

Good interpersonal relations ranked second as contributing to  
 satisfaction on the job, specifically the relationships among the  
 nurse's co-workers and the relationships between doctors and nurses.  
 It was evident that good communication and recognition among the workers  
 was considered as an important factor in job satisfactions.

Twenty-one per cent of the participants referred to good inter-  
 personal relations by the following responses cited verbatim:

Staff members satisfied with their duties  
 Sharing of information which involves patients'  
 well being  
 Congenial and pleasant co-workers  
 Good communications—discuss ward problems  
 Constructive criticism in open discussion  
 Good interpersonal relations  
 Working with reliable personnel  
 Harmony among co-workers  
 Good relations between doctors and nurses  
 Patients and doctors satisfied with care  
 Knowing there is trust of doctors and that doctors  
 give a range of judgment and responsibility to  
 the nurse  
 Helping an appreciative doctor

These statements are consistent with the comments in the literature  
 that imply the importance of satisfactory nurse-doctor and nurse-co-worker  
 relations.

The respondents seemed to experience satisfaction when the patient and doctor were satisfied with the nursing care given, but no respondent commented on satisfaction resulting from the administration being pleased with good patient care.

Table IV refers to areas of most satisfaction on the job expressed by 57 staff nurses.

TABLE IV

THE NUMBER AND PER CENT OF RESPONSES FOR EACH AREA OF JOB SATISFACTION  
EXPRESSED BY 57 STAFF NURSES IN FIVE GENERAL HOSPITALS  
IN PORTLAND, OREGON

Area of Job Satisfaction	Distribution of Responses	
	Number	Per Cent
Performing direct patient care	65	59
Good interpersonal relations	23	21
Achieving professional goals	22	20

Question six was designed to elicit the staff nurse's expressions of dissatisfaction with her job. There were 162 responses, or 2.8 responses per person. Statements of dissatisfaction were expressed in the following order: thirty-one per cent, shortage of hospital personnel; twenty-three per cent, poor interpersonal relations which were directed mostly at co-workers and supervisors; twenty per cent, improper utilization of help; eighteen per cent, poor personnel policies or management; eight per cent, poor supervision or relations with supervisors. There seemed to be much overlapping of comment regarding the areas of dissatisfaction, as will be noted in the sample statements that follow. Relative to shortage of personnel, these statements were made:

Lack of help--not enough time to give bedside  
 nursing care  
 At times too busy to give good care or to inquire  
 why a certain medication or treatment is being  
 given to the patient  
 Shortage of help  
 Being shifted from station to station due to lack  
 of help  
 Floating  
 Going home and feeling you have not done a good  
 job due to lack of help  
 Hiring of inexperienced help in the summer to do  
 the work of graduates or students  
 Physical strain of rotating shifts  
 Unreasonable hours due to lack of help  
 Patients neglected due to insufficient and  
 inefficient help  
 Too heavy a work load

The second category of dissatisfaction centered around poor inter-  
 personal relations. The problems seemed to be mostly concerned with  
 co-workers and seldom with the patient or the doctor. The following  
 statements are representative of the responses:

Disagreement between workers  
 No harmony among personnel of different shifts  
 Poor interpersonal relations between shifts  
 Non-professional worker telling professional  
 nurse what to do  
 Lack of cooperation among help  
 Working with individuals who are unhappy with  
 their jobs and constantly complaining  
 Misunderstandings between professional and  
 non-professional status  
 People who have no interest in the job as a nurse  
 Unprofessional doctor-nurse or nurse-patient  
 relationship  
 Uninterested employees--it's only a job  
 No conferences about patient care plan  
 Loss of regard for patient--becomes a room number  
 Patient who does not follow instructions to recover  
 Trouble balancing between professional and friendly  
 relationships with co-workers

Twenty per cent of the participants indicated dissatisfaction due  
 to improper utilization of help.

The participants also indicated they were performing functions that could be delegated to non-professional personnel, thus releasing professional personnel for direct patient care.

The participants indicated in question five that most of their satisfaction was derived from being with or caring for the patient. In the review of the literature it was pointed out that when a worker had variety and opportunity to use personal skills and abilities on the job, satisfaction was high. Likewise, the staff nurse who can use her skills and abilities has indicated a higher degree of satisfaction on the job. It was not unanticipated, then, that the staff nurse expressed dissatisfaction when she felt that her skills were being improperly utilized. Those feelings were expressed in comments such as:

- Too much desk work
- Routine duties which auxiliary help can perform
- Must follow old routines—old way best—inability of people to change to new ways
- Doing tasks non-professional or auxiliary help could do
- Confusion of what is expected of you
- No distinction between work of aide and registered nurse
- Overly burdened with menial cleaning functions
- Endless charting
- Lack of challenge—doing same tasks as practical nurse and aide
- No job description
- No distinction between practical nurse, aide or R.N. duties

Concerning dissatisfaction with personnel policies and management, remarks such as the following were made:

- Low salaries
- Poor hours
- Change of schedule
- Short notice of change of hours or shift rotation
- Shift rotation



Unreasonable hours  
 No advance due to status of older workers  
 Faulty equipment  
 Inadequacy of necessary equipment  
 Gloomy, dismal wards

The fifth category of dissatisfaction consisted of comments relative to poor supervision or poor relations with supervisors.

Frequent mention is made in the literature concerning the need that workers have expressed for leadership in the form of good supervision.

The following statements are representative of the expressions of dissatisfaction with the supervision:

Better orientation of aides  
 Supervisory personnel who are not equipped to handle staff or patient problems  
 Working with people who are difficult to get along with--people who enjoy being supervisors when they really aren't supervisors  
 Working with nurses who are not prepared for the position they hold  
 Having to take charge of a specific department when I feel I am not adequately trained for it  
 Patient care neglected due to insufficient supervision of non-professional help  
 Inability to get along with department supervisor  
 Poor communications between head nurse and staff nurse  
 Time wasted due to poor communications  
 (Not having specific assignment)  
 Shift rotation--short notice of rotation or change of hours  
 Being on call for other services--due to my limited experience of certain departments  
 Lack of communication between floor supervisor or director of nurses--rigidity of role  
 Poor orientations  
 Critical charge nurse  
 Charge nurses who play favorites  
 Poor organization of units  
 New equipment without directions or orientation  
 Problems going through many channels, thus not dealt with directly or too late  
 Poor call system in surgery  
 Supervisor impressed with her position  
 Opinions of staff nurses not taken into consideration

Table V refers to areas of dissatisfaction on the job expressed by 57 staff nurses.

TABLE V

THE NUMBER AND PER CENT OF RESPONSES FOR EACH AREA OF  
JOB DISSATISFACTION EXPRESSED BY 57 STAFF NURSES  
IN FIVE GENERAL HOSPITALS IN PORTLAND, OREGON

Reasons for Dissatisfaction on the Job	Distribution of Responses	
	Number	Per Cent
Shortage of hospital personnel	50	31
Poor interpersonal relations	37	23
Improper utilization of personnel	32	20
Poor personnel policies	30	18
Poor supervision or relations with supervisors	13	8

Question seven pertained to alleviating the problem of dissatisfaction. There were one hundred responses, or 1.75 per participant. The participants suggested qualified head nurses and supervisors, more staffing, proper utilization of personnel, improved communications, and better personnel policies and management.

Forty-four per cent of the participants suggested qualified head nurses and supervisors, particularly supervisors qualified for their positions, and who could be approached about personnel or ward problems.

The following comments about supervisors are cited as samples of the responses to question seven:

Head nurses should inspire workers to do good work  
Improve interpersonal relations - supervisors and  
ward personnel  
Being able to discuss problems with supervisors  
Discuss problems with people in authority  
More direct contact with supervisor  
Adequate head nurse important--so can discuss  
problems

Better job screening--especially professional help  
 More counseling and guidance of help by supervisor  
 and head nurse  
 Supervisors should show consideration for R.N.'s  
 problems  
 Better planning by supervisor to alleviate rotating  
 of shifts and hour problems  
 Better staffing by administration  
 To be consulted by head nurse or supervisor before  
 hours are changed  
 Supervisor you can approach  
 Non-professional people better supervised

Twenty-three per cent of the participants suggested more staffing  
 as a solution for alleviating some dissatisfaction with nursing. They  
 made suggestions such as:

More professional help  
 More help to lighten load  
 More non-professional help  
 Encourage part-time help  
 More help  
 Steady float nurses

It is rather apparent that these participants are convinced that  
 additional staffing would resolve a problem.

Fourteen per cent of the participants indicated that personnel  
 were not properly utilized. This was brought out as a dissatisfaction  
 with nursing earlier in this study. At this point, comments were made  
 as follows:

Getting R.N. back to bedside  
 Relief from routine work by non-professional help  
 Team work for proper utilization of help  
 Let non-professional help do more - better job  
 descriptions  
 Clerical assistance to get rid of paper work  
 Better utilization of nursing personnel  
 Transfer of menial tasks and desk work to non-  
 professional helpers, thus releasing the nurse's  
 time for professional tasks  
 Team nursing

Another suggestion for alleviation of dissatisfaction in nursing had to do with improving communications. Ten per cent of the participants mentioned poor communications as a problem in different areas. The following have been selected responses to the question, "What suggestions do you have for alleviating dissatisfaction?"

Communications across and up  
 Improve communications  
 Lack of communication between supervisor and  
 personnel  
 Ward personnel meeting  
 Brief sessions after morning report  
 Meeting of shifts for better communications

The literature includes numerous references to communications as a means of improving morale. It has been stated that if communication went up and down and across, the staff nurse would gain the feeling of having a part in the planning, and a feeling of all working toward the same goal would be created.

Nine per cent of the participants indicated that better management and personnel policies would help alleviate dissatisfaction in the staff nurse's job. Some of their comments include:

Higher wages and better working conditions  
 Stimulate personnel to improve and accept change  
 Necessary and better equipment  
 Union of nurses to bargain effectively with  
 hospital employer  
 Charting simplified  
 More rigid standards for nurses

The participants made five suggestions for alleviating the dissatisfaction in the staff nurse's job; namely, qualified head nurses and supervisors, more staffing, better utilization of personnel, improved communications, better personnel policies and management.

The number and distribution are shown in Table VI.

TABLE VI

SUGGESTIONS OF 57 STAFF NURSES IN FIVE GENERAL HOSPITALS IN  
 PORTLAND, OREGON FOR THE ALLEVIATION OF DISSATISFACTION  
 WITH THEIR JOBS

Suggestions for Alleviation of Dissatisfactions with their Jobs	Distribution of Responses	
	Number	Per Cent
Better qualified head nurses and supervisors	44	44
More staffing	23	23
Proper utilization of personnel	14	14
Improve communications	10	10
Better personnel policies and management	9	9

Item eight provided the participants with the opportunity to add additional comments. Ten participants did so as follows:

Educational programs and conventions are fine  
 but should be geared more toward the patient  
 Feel nursing is great and would not change for  
 anything  
 Specialized areas of this hospital seem to have  
 fewer personnel and staff problems  
 Talk problems over with the people in authority  
 Tired of defending the medical profession to the  
 public--need for better public relations  
 Enjoy work very much  
 Good to have LPNs and aides to carry out the  
 routine tasks  
 Working where the ward is adequately staffed--so  
 I can go home without thinking about tomorrow  
 Getting to know and work with doctors  
 Nursing should not lap over into a person's free  
 life so it must all be spent in study

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### SUMMARY OF THE STUDY

This study was undertaken for the following purposes: (1) to define what the nurse enjoys most about her job; and (2) to define what satisfactions and dissatisfactions she derives from her job.

The specific aims of the study were to seek answers to the following questions:

1. What does the staff nurse like most about her job?
2. What gives the staff nurse most satisfaction on the job?
3. What gives the staff nurse most dissatisfaction on the job?
4. What suggestions does the staff nurse have to alleviate the dissatisfaction of her job?

A short open-end questionnaire was devised to ascertain the desired information. After being reviewed by experienced nurses familiar with staff nursing, the questionnaire was revised according to suggestions. It was then administered to a group of staff nurses in order to test the clarity and usefulness. It was found that the questionnaire would serve the purposes of the study. No further revisions were made. Criteria for the selection of participants were established as follows:

- a. Employment in the present position for at least six months.

This criterion was established to assure that the participant had

functioned in her present setting long enough to become adjusted to the position and to be able to identify elements of satisfaction.

b. Graduation from a school of nursing within the past five years. This criterion was selected because the curriculum patterns of the past five years have more likely been focused on patient-centered nursing care than on procedure-centered care.

The directors of Nursing Service of five general hospitals in Portland, Oregon were approached, the nature of the study was described, and a request was made for the participation of the staff nurses who met the criteria for this study. An appointment schedule was then devised.

The questionnaire was administered to fifty-seven staff nurses.

The data were categorized according to the items in the questionnaire, namely, the satisfactions and dissatisfactions of the job.

The findings reveal:

Most participants enjoyed their jobs as staff nurses. Fifty-nine per cent of the participants received their greatest satisfaction from doing something to or with the patients. Forty per cent received satisfaction from belonging to or being part of a group or team. Other sources of satisfaction listed by the participants were meeting professional goals and establishing good interpersonal relationships with co-workers. The participants indicated that some of the sources of dissatisfaction, listed in order of importance, were shortage of hospital personnel, improper utilization of personnel, inadequate head nurses and supervisors, and poor personnel policies and management.

Some of the suggestions offered for alleviating the dissatisfactions of the job were: better prepared head nurses and supervisors, more professional and non-professional help, proper utilization of personnel, improved communications, and better personnel policies and management.

#### CONCLUSIONS

The size of this study does not permit any wide-spread generalizations. The findings, however, do lead to the following conclusions:

1. A simple open-end questionnaire is a useful tool for obtaining expressions of satisfaction and dissatisfaction.
2. A true dilemma exists because there continues to be no precise delineation of the scope of professional nursing versus the functions of non-professional personnel on the staff nurse level.
3. Staff nurses welcome the opportunity to make suggestions for alleviating the areas they have identified as resulting in dissatisfaction with their jobs.
4. Professional nurses employed in first level nursing as staff nurses express that they receive a high degree of satisfaction from performing direct patient care.
5. Even those who express dissatisfaction, continue to function as staff nurses.



RECOMMENDATION FOR FURTHER STUDY

1. Since the findings of this study are consistent with the reports in the literature, it is recommended that the study be repeated on a larger scale with greater depth for the following reasons:
  - a. It is an accepted generalization that basic human needs include "a need to belong" by being identified with a group, and "a need for recognition" by having endeavors appreciated. How do employers satisfy such needs among their personnel? When the needs are not satisfied, what really are the reasons?
  - b. Opinions differ concerning what are good or poor personnel policies; in the same setting some participants expressed satisfaction due to good policies and others were dissatisfied due to the same policies. It would be valuable to study the reasons for these contradictions and endeavor to ascertain how well the policies are interpreted and understood.
  - c. Most of the participants made reference to professionalism and to the satisfactions derived from attaining professional goals. It would be highly informative to ascertain (1) what are their goals, (2) what are their concepts of professionalism, (3) how many belong to their professional organization, and (4) if they are members, what activities they perform that advance the profession.

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APPENDIX A  
QUESTIONNAIRE

The following questions are designed to help identify the general areas of job satisfaction and dissatisfaction in staff nursing.

1. How long have you worked as a hospital nurse?

- \_\_\_\_\_ six months to one year.
- \_\_\_\_\_ one year to three years.
- \_\_\_\_\_ five years.

2. From what type of school of nursing did you graduate?

- \_\_\_\_\_ diploma.
- \_\_\_\_\_ associate of arts.
- \_\_\_\_\_ baccalaureate program.

3. Do you enjoy your job as a staff nurse?

- \_\_\_\_\_ yes.
- \_\_\_\_\_ no.
- \_\_\_\_\_ in part.

4. What do you like most about your job as a staff nurse?

5. What gives you the most satisfaction on the job?

## APPENDIX A (concluded)

6. What gives you the most dissatisfactions about your job?

7. What suggestions do you have for alleviating dissatisfactions?

8. Additional comments.

Typed by  
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