

JOB SATISFACTION AMONG MILITARY AND
CIVILIAN NURSES

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CHAPTER 1

INTRODUCTION

Work is a universal human activity. For most of the adult population, work fills the greater part of the waking hours. For some it is a source of great satisfaction; for many others it is the cause of anguish and despair. Health care administrators have long recognized problems associated with job dissatisfaction as costly sources of absenteeism, high turnover rates, decreased productivity, and poor job performance. When Diamond and Fox (1958) studied nurse turnover, it was found that 30% to 40% of the resignations were directly related to dissatisfaction with job-oriented factors, such as short staffing, weekend work, and non-flexible work hours. In a more recent study, Wandelt, Pierce, and Widdowson (1981) found that nurses continue to leave the profession as a result of conditions in the job setting that interfere with the practice of nursing.

Exactly what variables promote job satisfaction are a complex and difficult question to answer. According to Herzberg, Mausner, and Snyderman (1959), job satisfaction is related to work characteristics that foster the

individual's need for self-actualization and self-realization. These characteristics are: (a) achievement, (b) recognition, (c) the work itself, (d) responsibility, and (e) advancement (Herzberg et al., 1959). However, the process by which these factors are assimilated may vary considerably according to organizational system and control. Most studies of job satisfaction among nurses analyzed highly technical or circumstantial aspects of specific work situations, with little or no reference to broad organizational systems as contributing variables.

The organizational system was believed to be a significant variable which may be directly or indirectly related to the degree of satisfaction nurses derive from their employment situation. The purpose of this investigation was to explore organizational variables in military and civilian settings.

Problem Statement

This study was conducted to examine the following question: Do military nurses differ from civilian nurses in perception of job satisfaction?

Justification of Problem

Numerous studies of job satisfaction among nurses indicate that job satisfaction is directly related to satisfaction of specific psychological needs for achievement, recognition, and self-fulfillment (Everly & Falcione, 1976; Grandjean, Aiken, & Bonjean, 1976; Longest, 1974; Slocum, Susman, & Sheridan, 1972; White & Maguire, 1973). White and Maguire (1973) intentionally excluded military nurses in order to avoid the possibility of introducing extraneous variables. This is of particular interest since there are certain differences between military and civilian organizational systems which may function to influence workers differently.

In many respects, the military system is designated to meet lower level needs to a greater extent than the civilian system, making it possible for higher level needs to emerge. Thus, the individual may be motivated toward self-actualization and the attainment of the greater levels of job satisfaction.

There is a current lack of information concerning job satisfaction among registered nurses in military hospitals. It is believed that the results of this investigation will contribute to existing knowledge of

job satisfaction in nursing and may provide direction for organizational change, leading to greater job satisfaction, and ultimately better patient care.

Theoretical Framework

Several job satisfaction studies have been grounded on Maslow's (1970) need hierarchy theory (Fleishman, 1978; McCloskey, 1974; Slavitt, Stamps, Piedmont, & Haase, 1978; Slocum et al., 1972; White & Maguire, 1973). The theory states that certain human needs are universal and exist in hierarchal order. Such needs are viewed as motivating forces that initiate behavior. When a need exists and is unsatisfied the individual experiences a state of disequilibrium. When the need is satisfied, a state of equilibrium is established and the individual ceases activity directed toward need fulfillment. Behavior is then directed toward meeting other emerging needs (Maslow, 1970).

Maslow identified several preconditions for basic need satisfaction. He mentioned such factors as

freedom to speak, freedom to investigate and seek information, freedom for justice, fairness, and honesty. Any deprivation or blocking of their free use must also be indirectly threatening to the basic needs themselves. (Maslow, 1970, p. 47)

Basic Assumptions of Maslow's Theory

1. Human needs exist in hierarchal order of prepotency. (This need hierarchy does not exist in a rigidly fixed order).

2. If all needs are unsatisfied, then the organism is motivated by basic (physiological) needs.

3. Human needs are motivating forces that direct behavior.

4. Lower level (physiological) needs must be met to some extent before higher level needs emerge.

5. When one need is satisfied, another need emerges.

6. Man rarely achieves a state of complete need satisfaction (Maslow, 1970).

According to Maslow (1970), five levels of needs exist in ascending order:

Physiological needs--food, water, warmth, or other bodily needs.

Safety needs--if basic needs are relatively well satisfied, then a new set of needs emerges, which Maslow categorized as safety needs such as "security, stability, protection, freedom from fear, need for structure, law, order, limits, and so on" (Maslow, 1970, p. 39).

Social needs--love, affection, and belongingness needs. This suggests a human need for comradeship and affiliation with others, or as Maslow (1970) indicated, "the profound hunger for groupiness, for contact, and togetherness in the face of a common enemy" (p. 44).

Esteem needs--represented by the desire for social approval and self-approval. According to Maslow, "all people in our society (with few pathological exceptions) have a need for a stable, firmly based, usually high evaluation of themselves" (p. 45). Esteem needs may be classified as desires for strength, achievement, mastery, prestige, status, and recognition.

Self-actualization needs--the desire for self-fulfillment and maximum achievement. "This tendency might be phrased as the desire to become more and more what idiosyncratically is, to become everything one is capable of becoming" (Maslow, 1970, p. 46). These needs emerge and vary greatly among individuals, but Maslow indicated that the "clear emergence of these needs usually rests upon some prior satisfaction of the physiological safety, and social and esteem" (Maslow, 1970; p. 47).

Within the context of Maslow's (1970) need hierarchy theory, the proposed differences between military

and civilian organizational structures are described and illustrated in Table 1.

In summary, Maslow's theory was felt to be useful as a framework for understanding the relationship between the variables that were investigated. Thus, the following propositions were deduced:

In terms of basic needs:

1. If what an individual perceives differs from what is actually experienced, a need deficit (job dissatisfaction) occurs.

2. If what an individual perceives does not differ from what is actually experienced, a need deficit (job dissatisfaction) does not occur.

3. If basic preconditions to need satisfaction are met, need satisfaction (job satisfaction) is possible.

4. If basic preconditions to need satisfaction are not met, need satisfaction (job satisfaction) is not possible.

Therefore, given the differences between military and civilian systems, one would expect differences in perception of job satisfaction between nurses employed in military settings and nurses employed in civilian settings.

Table 1

Differences between Military and Civilian
Organizational Systems

Hierarchy of Need	Military System	Civilian System
Basic (physiological needs)	In addition to salary, there is access to the Post Exchange and Commissary, offering reduced rates for food and clothing, as well as housing allowances.	Basic salary is expected to satisfy needs for food, clothing, and shelter.
Safety Needs	There is a high degree of job security, as well as medical and dental care for nurses and their families.	Job security varies according to institution and locale. Medical and dental insurance is usually provided as a fringe benefit to the employee. Families and dependents receive coverage for an additional charge.
Social Needs	There is often a high degree of affiliation and comradeship among officers and a group goal of national security. Use of officers' clubs, golf courses, and pools for recreation are part of the system.	Affiliation is usually limited to hospital of employment. Social and recreational outlets are rarely available within civilian system.

Table 1 (continued)

Hierarchy of Need	Military System	Civilian System
Esteem Needs	Achievement, recognition, and status are measured by universally understood ranks. Nurses obtain status according to their rank as officers.	Achievement, recognition, and status are measured by title or position which may be loosely defined and vary among institutions.
Self-Actualizing Needs	Programs for self-improvement, career advancement, and personal growth are available at no cost, with no loss of status or benefits.	Career advancement and personal growth are the responsibility of the individual. Many nurses who pursue career goals by returning to school or attending lengthy conferences risk losing status or benefits.

Assumptions

This investigation was based on the following assumptions:

1. Basic needs exist in hierarchal order.
2. Need satisfaction is an integral part of job satisfaction.
3. Need satisfaction is influenced by the organizational system.
4. Need satisfaction is a desired goal.

Hypothesis

The research hypothesis for this study was:

Civilian nurses will have significantly higher need deficiency scores as measured by the Motivation Feedback Assessment than military nurses.

Definition of Terms

1. Nurse (Registered Nurse)--a male or female who has earned an associate degree, diploma, baccalaureate, or higher degree in nursing and is licensed to practice professional nursing.
2. Military nurse--a male or female registered nurse on active duty in the United States Air Force.

Nurse Corps, functioning in the capacity of staff or head nurse.

3. Civilian nurse--a male or female registered nurse not affiliated with any branch of the federal government, employed on a full-time or part-time basis in the capacity of staff or head nurse.

4. Organizational system--a conceptual and physical environment characterized by identifiable boundaries, structures, interrelationships, goals, and methods of administrative control (Hand, 1978).

(a) Military Hospital (Military system)--a comprehensive health care facility serving the United States Air Force.

(b) Civilian Hospital (Civilian system)--a comprehensive health care facility serving the needs of the community and not affiliated with any branch of the federal government.

5. Need deficiency--the difference between one's perception of need and actual need satisfaction as measured by the Motivation Feedback Assessment.

(a) Job satisfaction--persistent positive feelings toward various aspects of the job situation which are associated with "perceived differences between what

is expected and what is experienced" (Longest, 1974, p. 46). Job satisfaction will be measured by the Motivation Feedback Assessment.

(b) Job dissatisfaction--Persistent negative feelings toward various aspects of the job situation which are associated with "perceived differences between what is expected and what is experienced" (Longest, 1974, p. 46). Job dissatisfaction will be measured by the Motivation Feedback Assessment.

Limitations

The following limitations existed which may have influenced the results of the study.

1. The sample was limited to four communities in the Southwestern portion of the United States.
2. Individuals may have answered questionnaire items in accordance to professionally acceptable responses.
3. Demographic variables of age, race, religious affiliation, generic nursing education, marital status, length of time employed in nursing, or area of specialization were not controlled.
4. Lack of random selection decreased generalizability of results.

5. The research tool had no pre-established validity or reliability.

Summary

By virtue of their organizational system, hospitals may influence the degree to which need satisfaction is possible. Professional boundaries and growth potentials are often set by institutional structure. It is possible that factors contributing to job dissatisfaction are, in a sense, inherent to the system. As Wandelt et al. (1981) indicated, nurses become dissatisfied and leave the profession because of conditions in the job setting that interfere with the satisfaction of nurses' needs for autonomy and professional recognition.

Further knowledge and understanding of variables related to job satisfaction are essential for nursing administrators concerned with organizational manipulation and improvement. The researcher attempted to evaluate the influence of organizational systems on job satisfaction among registered nurses. Concepts derived from Maslow's (1970) need hierarchy theory were examined for theoretical relevance to this investigation.

CHAPTER 2

REVIEW OF LITERATURE

A large body of knowledge is available which attempts to explore and explain factors associated with job satisfaction among nurses. This review of literature describes job satisfaction from a historical point of view and discusses elements contributing to dissatisfaction among nurses. Variables contributing to job satisfaction are also discussed.

Early Studies

As early as 1940 nurse researchers have been concerned with factors associated with job satisfaction. Nahm (1940) studied 275 nurses from institutional, private duty, and public health settings and found that nurses, as a group, experienced a high degree of job satisfaction. Only 1% indicated dislike for their jobs. The study also indicated that relationships may exist between adequacy of educational preparation, satisfactory work relationships, income, and job satisfaction (Nahm, 1940).

In response to rapid increase in turnover among nurses, Lotspeich (1951) conducted a 1 year study based

on exit interviews with 139 general duty nurses who were leaving a university hospital. Lotspeich (1951) recognized the undesirable effects of short tenure in terms of economic loss, low staff morale, and a decrease in quality patient care. The highest turnover rate occurred among the young graduate nurses employed for less than 1 year. The results of the study indicated that there were unavoidable causes for turnover such as marriage, pregnancy, and return to school. However, the findings suggested that nurses needed more thorough orientations and improved communication with nursing service administration.

The persistent problems of an overall shortage of nurses and high turnover rates generated additional research related to job satisfaction. Pickens and Tayback (1957) surveyed 126 public health nurses. When the nurses indicated those features of their work that they liked, four major points stood out: (a) the cooperative nature of their interpersonal relationships; (b) pleasant working conditions; (c) their professional role, allowing them to serve others; and (d) adequate benefits--salary, sick leave, and retirement plans. When the nurses cited criticisms of their jobs, three interrelated problems

were mentioned: (a) inadequate communication, (b) problems arising from the shortage of nurses, and (c) poorly defined work situations.

Maryo and Lasky (1959) reported similar findings in their survey of 57 hospital nurses. In addition to problems of communication, the single most frequently mentioned criticism of hospital nurses was that of "floating" or shifting from ward to ward. The practice of "floating" was believed to contribute to frustration, low morale, and inefficient nursing care (Maryo & Lasky, 1959). It was interesting to compare nurses' attitudes toward the two surveys. The public health nurses expressed keen interest in the study and welcomed the opportunity to present their opinions (Pickens & Tayback, 1957). The hospital nurses were reluctant to cooperate with the study and expressed fear of personal identification and jeopardy of their jobs. Other hospital nurses felt that they were already burdened with too much paperwork and resented being asked to complete more forms (Maryo & Lasky, 1959).

By integrating the findings of a number of job satisfaction studies, Diamond and Fox (1958) found that

aspects of job dissatisfaction were mentioned much more frequently as main reasons for resigning in studies involving anonymous questionnaires than in studies involving direct contact between resigning nurses and representatives of the hospital staff. In general, Diamond and Fox (1958) concluded that hospital staff nurses resembled other employed women in the percentage who leave their jobs because of factors related to the job and working conditions which yield dissatisfaction.

By the mid-1960s, nursing administrators began to emphasize the concept of employee needs in relation to job satisfaction. Marlow (1966) used Maslow's need hierarchy theory as a framework to understand job oriented needs of nurses. Data were obtained from responses of 757 registered nurses in 70 hospitals to a 10-item rank list. Nurses were asked to rank items in terms of most important to least important. Weighted averages were applied to the responses. Such weighting produced the following results: (a) good working conditions, (b) work that keeps you interested, (c) job security, (d) good wages, (e) full appreciation of work done, (f) tactful discipline, (g) personal loyalty to workers, (h) promotion and growth, (i) feeling "in" on things,

and (j) sympathetic help on personal problems (Marlow, 1966).

If these items were reviewed in light of Maslow's theory of motivation, three of the first four categories could be classified as lower order needs. The higher order needs of esteem and self-actualization were of little concern to nurses, according to Maslow's theory. Compared to earlier studies (Nahm, 1940; Pickens & Tackback, 1957), salary decreased in priority with regard to job satisfaction.

The 1960s also reflected trends toward specialization in nursing and provided a new direction for job satisfaction research. Bowden (1967) was concerned with the number of nurses who requested transfer from the intensive care unit (ICU) to the intravenous service (IV service). A sample of 100 registered nurses anonymously returned questionnaires consisting of two core statements: (a) reasons for liking the service, and (b) reasons for disliking the service. The method of factor analysis of data revealed that the chief reason for ICU nurses requesting transfer to IV services was dissatisfaction with shift rotation required by the ICU. Another reason for transfer requests related to the

cordial relationship apparently known to exist among the IV service staff. It was concluded that any impairment in relationships among ICU staff contributed to job dissatisfaction. The emphasis on positive interpersonal relationships is consistent with results of previous job satisfaction studies (Lotspeich, 1951; Nahm, 1940; Pickens & Tayback, 1957).

Melbin and Taub (1966) conducted a study of turnover among hospital nurses from a financial perspective. They studied various replacement activities to determine the costs involved in replacing a nurse. It was concluded that hospitals not only make a substantial investment in each new nurse it employs, but there were also uncalculable costs associated with quality patient care, frequently decreasing with high staff turnover (Melbin & Taub, 1966).

To compound the problem of nursing turnover and shortage, nurse administrators were confronted with loss of nurses to the military services during the Vietnam War. Gott (1966) indicated that the nation's short supply of nurses was being pulled in two directions, between the government service and the domestic or civilian service. With the increase of casualties in

Vietnam, there was an increased need for active duty military nurses to care for wounded soldiers. As an Army Nurse Corps counselor stated, "Not since World War II has the situation been so critical" (Gott, 1966, p. 40). Although the military nurse corps drew only from registered nurses eligible for the rank of second lieutenant or higher, all three military branches offered special training and educational opportunities, financial aid, and travel advantages to attract graduating nursing students.

Later Studies

The women's movement in the 1970s increased nurses' awareness of the need for personal and professional autonomy. Yeaworth (1978) focused on the unique problem of the nursing profession in which the majority of individuals are women. Feminist nursing leaders demonstrated increasing concerns for the inferior status of the profession and identified numerous examples of stereotypical sex biases (Chaska, 1978; Cleland, 1974; Stein, 1972).

Cleland (1971) named sex discrimination as nursing's most pervasive problem. She indicated that the most fundamental problem in nursing is that nurses are members of a woman's occupation in a male dominant culture, making

it difficult and often impossible to gain autonomy. She also pointed out that administrative positions in nursing are generally available only with the approval of male supervisors in medicine, administration, and higher education. Basically, the majority of rules governing nursing has been established by males. To further emphasize the problems faced by nurses, Cleland (1971) cited numerous comments contained in professional nursing journal advertisements, which promoted female nurses as sex symbols.

Although males are in a minority in nursing, there is a paucity of literature related to the status of males in nursing. Yeaworth (1978) indicated that males who enter nursing usually advance quite rapidly to the existing upper-level positions. She explained the males are socialized for achievement, females for affiliation. Men gain status, income, and power by advancing to administrative positions. Women gain status and power by aligning themselves with the "right man" and supporting his efforts toward advancement (Yeaworth, 1978).

In a job satisfaction study of 181 novice Army nurses, Nichols (1971) compared male and female nurses and their intention to remain in military service.

Data were collected using a questionnaire composed of four different scales: (a) an Ease of Movement Scale, (b) an Importance Scale, (c) a Satisfaction Scale, and (d) an Alternative Scale. The questionnaire also elicited biographic data. Findings indicated that only 17% of the nurses intended to remain in the Army while 76% planned to leave, and 7% were undecided. Men intended to remain more frequently than women. Perhaps this may have been related to the benefits available through the military service. There was no difference in the percentage of married and unmarried men intending to remain in the military but a significantly larger percentage of unmarried women than married women intended to remain in the Army nursing. It is interesting to note that men represented a much larger proportion (21%) of the Army Nurse Corps than men in civilian settings (2%).

Using Maslow's need hierarchy theory, Slocum et al. (1972) analyzed need satisfaction and job performance among 39 professional and 41 paraprofessional hospital personnel. By comparing mean need deficiency scores, professional nurses showed significantly higher satisfaction with job security, organizational prestige, and autonomy than did the paraprofessional workers. It was

also found that job performance was significantly correlated with fulfillment of self-actualizing needs

Research by Benton and White (1972) produced similar results. A study of 565 staff nurses from 8 specialty areas indicated that factors of greatest importance to them were safety and security, followed by social, esteem, and self-actualization. Salary and personnel policies were of least importance. It is encouraging to note that patient care ranked first or second for nurses in all specialty areas. In contrast, administrative nurses listed patient care as 15th in importance of the 16 factors, a finding which may be related to role differences between administrative nurses and nurses providing direct patient care. Both studies (Benton & White, 1972; Slocum et al., 1972) revealed that self-actualizing needs were significantly less satisfied than other needs.

Other researchers used Herzberg's (1959) dual factor theory as a framework for understanding job satisfaction and dissatisfaction among nurses (Longest, 1974; White & Maguire, 1973). The dual factor theory of motivation was inferred from a study of need satisfaction and motivational effects of the satisfaction on 200

engineers and accountants (Herzberg et al., 1959). Subjects were first asked to relate incidents that created exceptionally good feelings about their jobs. In a second set of interviews the same subjects were asked to describe incidents that created exceptionally negative feelings about their jobs. From the findings, Herzberg et al. (1959) concluded that job satisfaction and dissatisfaction existed in two independent dimensions, rather than at opposite ends of a single continuum.

According to Herzberg et al. (1959), work characteristics which lead to job satisfaction, but not to dissatisfaction, are "satisfiers," while those that lead to job dissatisfaction but not job satisfaction, are "dissatisfiers." The satisfiers are related to the work itself and the rewards that flow directly from performance of that work. These intrinsic work-related factors were identified as achievement, recognition, work itself, responsibility, and advancement. The dissatisfaction factors included hospital policy, supervision, salary, interpersonal relations, and working conditions. Satisfiers function as effective motivators for increased performance but dissatisfiers do not.

White and Maguire (1973) studied 34 hospital nursing supervisors from six Eastern hospitals. A semistructured interview, adapted from Herzberg et al. (1959), was used to collect data. The list of factors producing job satisfaction and dissatisfaction was notably similar to the list described by Herzberg, et al.

Four years later, Stubbs (1977) conducted a study which partially replicated White & Maguire's (1973) investigation. Thirty new graduate staff nurses were randomly selected from two hospitals and participated in semistructured interviews developed by Herzberg et al. (1959). During the interview, each nurse was asked to describe job events which lead to feelings of exceptional satisfaction and dissatisfaction. Data were analyzed to obtain frequencies of job factors to determine which factors occurred significantly more often in reports of job satisfaction and dissatisfaction. Compared to factors identified by Herzberg et al.'s (1959) interviews with accountants and engineers and White and Maguire's (1973) supervisor interviews, Stubbs (1977) discovered that recognition was the only common satisfier among the three samples. The three studies had no common dissatisfiers (Herzberg et al., 1959; Stubbs, 1977; White & Maguire, 1973).

Working conditions were statistically significant in Herzberg et al.'s (1959) and in Stubb's (1977) sample but they were not significant in White and Maguire's (1973) study. It may be concluded that the factors influencing job satisfaction differed among the three samples.

Previous studies of job dissatisfaction and nursing turnover focused on negative aspects of the work environment. McCloskey (1974) took a more positive approach in her investigation of job rewards and incentives that would keep nurses on the job. It was hypothesized that demographic variables of age, marital status, spouse's income, educational background, salary, and specialty area would influence the length of time hospital staff remained on the job. Ninety-four staff nurses responded to a three-part questionnaire based on Maslow's need hierarchy theory. Part I of the questionnaire provided demographic data. Part II (36 items) categorized items in terms of safety, social, or psychological rewards, corresponding to Maslow's need hierarchy. Part III of the questionnaire was designed to explore the relationship of the psychological reward of self-esteem with nurse turnover.

McCloskey (1974) found that younger nurses left jobs sooner than older nurses. This finding was consistent with other investigations relating nursing turnover rates to the age variable (Lotspeich, 1951; Nichols, 1971; Stubbs, 1977). In addition, the study indicated that single nurses do not remain on the job longer than married nurses and spouses' incomes did not affect turnover. There was no significant difference between diploma and baccalaureate nurses, and neither salary nor specialty area enhanced tenure. Most nurses wanted to attend educational programs, receive credit for course work, receive career advancements above the head nurse level, and receive recognition from significant others within the profession. The study generally revealed that psychological rewards were more important than safety or social rewards in maintaining job stability (McCloskey, 1974). This outcome was consistent with other job satisfaction research (Herzberg et al., 1959; Slocum et al., 1972; Stubbs, 1977; White & Maguire, 1973).

Although most job satisfaction research focused on staff nurses or public health nurses, Grandjean et al. (1976) surveyed nursing educators and work satisfaction. Response to a Likert-type scale was obtained from 154

female faculty at four major state universities. questionnaire presented a list of 21 job characteristics indicating the most important aspects of an ideal job.

Faculty satisfaction scores indicated that the opportunity to be a good teacher was of paramount importance, ranking number one among all subjects. The item marked lowest in importance was "a position involving minimum teaching responsibility" (Grandjean et al., 1976, p. 218). Ranking of other items of importance was very similar to staff nurses in other studies (Marlow, 1966; Pickens & Tayback, 1957; Slocum et al., 1972). Another item that received a low ranking was the opportunity to do quality nursing research as well as a lack of time to conduct research. There was a high degree of similarity among faculty members at the four schools of nursing, giving some confidence in generalizing results of the investigation.

Certain factors related to job satisfaction among nursing educators are unique to university settings. Tenure and related publication requirements were reported as sources of dissatisfaction among educators having less than associate professor status. Grandjean et al. (1976) explained that the tenure decision ultimately influenced

careers of nurse academicians. Realizing that tenure is unlikely without a doctoral degree, many nurse educators reconciled themselves to nontenured positions, creating a source of job dissatisfaction (Grandjean et al., 1976).

Brief (1976) considered lack of autonomy and work challenges as sources of turnover among hospital nurses and proposed a model designed to increase job satisfaction. He encouraged an overhaul of organizational practices promoting independent nursing skills, advanced education, monetary rewards, and assistance with family concerns. Brief (1976) substantiated his propositions by emphasizing fiscal loss to the organization rather than substandard patient services, indicating that staff nurse turnover accounted for the greatest financial and personnel losses within hospital structure.

House (1976) was sympathetic with the needs and concerns of new graduate nurses, describing their dilemma as a "double bind." According to House (1976), employment dissatisfactions emerge when new graduate nurses compare their idealistic perceptions of nursing practice to the realistic expectations of the job. Inherent bureaucratic barriers such as hidden hierarchal powers, resistance to change, and ineffective support

systems were found to thwart enthusiasm among graduate nurses.

Del Bueno and Quaife (1976) were also concerned with unmet needs and turnover among newly graduated nurses and explored flexible alternatives designed to retain graduate nursing staff. They arranged for new graduate nurses to be placed on special orientation units which provided individualized instruction in beginning clinical competencies. Not only did the new graduates report favorable experiences, the turnover rate showed a decline.

Kramer (1974) coined the term "reality shock" to describe the overwhelming conflict between nursing school culture and the work-world culture, requiring graduate nurses to undergo abrupt role transitions. Schmalenburg and Kramer (1979) expressed interest in new graduate transition from nursing school to professional nursing practice. A nationwide study of 307 graduates revealed that "bicultural" training was a cost effective method of reducing new graduate frustration and turnover.

With less emphasis on structured questionnaires and checklists, nurses in the late 1970s were afforded greater opportunities to voice subjective experiences associated with job satisfactions or dissatisfactions

(Donovan, 1980; Godfrey, 1978; Storlie, 1979). In a three-part series, Godfrey(1978) reported on job satisfaction of 17,000 professional and practical nurses. Statistically, most of the respondents were young married women employed in staff nurse positions. All job categories, settings, age groups, geographical locations, and educational levels were represented. Male nurses responded proportionately to their numbers in nursing (3%).

Overall, the vast majority of nurses believed that nursing is one of the better professions. It is interesting to note that educational level greatly influenced favorable opinions of nursing as a profession.

Something like 97% of the students ranked nursing favorably; as did 94% of the LPNs; 92% of the AD and diploma nurses; and 88% of the BS and MS graduates. But only 50% of the Ph.D.s. (Godfrey, 1978, p. 91)

Physical care was listed as a positive aspect of the job, as was recognition and feedback regarding work and a supportive administration. Negative comments considerably outnumbered positive ones. Lack of prestige, non-nursing duties, paperwork, and understaffing were some of the reasons for negative feelings about the nursing profession. Other factors contributing to dissatisfaction included limitations in career mobility,

abuse by authority figures, communication barriers, and lack of professional respect from physicians.

Another source of job dissatisfaction related to salary. As one nurse stated, "There is something inherently ridiculous in a society that pays T.V. repairmen double what it pays nurses" (Godfrey, 1978, p. 90). It was pointed out that, depending on geographic location, a supermarket cashier, waitress, or garbage collector earns more money than nurses. Some nurses related traditionally low salaries to the age-old problems of sexual discrimination. Other nurses felt that the number of males in executive nursing positions was excessive. There was some evidence to support this view. "The State Department of Labor salary studies do show higher wages for men nurses, as for men in every occupation" (Godfrey, 1978, p. 92). Concern over sexism in nursing motivated one faculty group to develop an elective course exploring relationships between sexism and feminism (Krietek & Glass, 1978). In addition to exams, students also completed individual projects designed to study nursing problems from a feminist perspective. Course evaluation yielded sufficiently positive input to continue the course on a permanent basis (Krietek & Glass, 1978).

The influence of historical, social, and cultural changes was the focus of an article by Cowden (1978). It was noted that early schools of nursing were based on intense religious ideals and rigorous discipline. Nursing was primarily based on the notion of service to others with little regard for financial or personal gain. Cowden (1978) believed that nurses' roles have shifted from serving the sick in personal and direct ways, to providing mechanical and technical care. It was also pointed out that modern nurses have become increasingly discontent with the lack of autonomy, power, and low status of the profession. Believing that today's nurses have lost meaning and purpose of their work, Cowden (1978) commented, "her rewards for work are no longer part of a Christian purpose. And, in this change, she has jeopardized one of the most precious gifts: religion" (pp. 204-205).

Slavitt et al. (1978) described a 2-year research project that investigated occupational satisfaction among outpatient nurses in hospital and private practice settings. It is not surprising that professional autonomy ranked first in importance as a component of job satisfaction. Although autonomy was a highly valued item among all nurses, they were only moderately

satisfied with this aspect of their job. Compared to other studies, the area of physical working conditions was omitted. This was justified on the basis of Herzberg's theory which suggested that certain factors are less important as measures of satisfaction, although they can increase dissatisfaction (Slavitt et al., 1978).

The most devastating outcome of job dissatisfaction is nursing burnout. Storlie (1979) interviewed more than 30 intensive care unit nurses who expressed complete frustration with nursing. Burnout was described as a literal collapse of the human spirit, characterized by disillusionment, negative attitudes toward patients, and emphasis on technical aspects of care. Emphasis on monitors and ventilators, joking and laughing about distasteful aspects of the job, and cynicism were behaviors reported by intensive care unit nurses. Staffing problems, medical incompetence, and unreasonable working conditions were cited as common sources of professional burnout. It was also noted that risks for burnout are not equal among all types of nurses. Storlie (1979) indicated that burnout was most commonly experienced by nurses in burn units, intensive care units, and oncology wards. However, it was emphasized that burnout can occur in any nursing setting.

Recent Studies

Further research by Lenhart (1980) discussed faculty burnout and described some contributing factors. Although most educators want to do a good job, there are many intervening forces which inhibit the educational process. With declining enrollments and fewer jobs, faculty members described the increasing need to play politics as a means of satisfying academic administrators. In addition, students' attitudes and demands have placed additional stress on nursing educations. The attitude that, "I paid my money and I want a passing grade" (Lenhart, 1980, p. 425), as well as threats of student appeal and lawsuits were found to contribute to faculty burnout.

In a study of nursing administrators, Clark (1980) identified somatic symptoms often associated with nursing burnout such as fatigue, frequent or prolonged colds, headaches, backaches, and altered sleep patterns. Clark cited several factors contributing to burnout among nurse administrators. A major factor promoting burnout in nurse administrators was believed to be the reluctance to acknowledge one's own right to health and well-being. The potential burnout victim was identified as the administrator who manages primarily by authoritarian methods, was unrealistically dedicated to the job, and

lacked a satisfying personal life. Cherniss (1980) warned that burnout is a contagious phenomena as well as a self-perpetuating cycle.

A nationwide survey (Donovan, 1980) revealed that job expectations and satisfactions are poles apart, supporting the idea that there are differences between real and ideal job perceptions. Of the 1,051 nurses surveyed, only 10.8% reported job satisfaction. Generally, criticism focused on "the system," rather than specific personal complaints. Comments such as, "I'm spread too thin," "too much paperwork," "arrogant M.D.s" reflected some of the problems associated with dissatisfaction (Donovan, 1980, p. 25). The majority of respondents indicated that self-fulfillment was their highest priority in terms of job satisfaction. Results of the survey was strikingly similar to those obtained by Godfrey (1978), indicating common concerns among registered nurses.

A survey of 3,500 nurses in Texas (Wandelt et al., 1981) indicated that nurses leave the profession and remain outside the work force as a result of conditions in the job setting that interfere with nursing practice. Both employed as well as unemployed nurses were included in the study. With some variation in rank order of

factors creating dissatisfaction, results were supportive of earlier job satisfaction surveys (Donovan, 1980; Godfrey, 1978). Comments from small group interviews indicated that perpetual problems of inadequate staffing, lack of autonomy, long hours, and low pay were of concern to the majority of nurses (Wandelt et al., 1981).

Wolf (1981) believed that high staff turnover was a symptom indicating larger problems within an organization. Unrealistic job expectations were cited as a factor contributing to dissatisfaction. It was also noted that hospitals create a delusional image of "the perfect job" by making outlandish claims in journal advertisements, a problem also recognized by Cleland (1971).

Summary

The literature on job satisfaction among nurses has been selectively reviewed. An important influence on job satisfaction studies has been motivational theories developed by Herzberg and Maslow. The majority of studies indicated a relationship between autonomy and job satisfaction. One weakness of job satisfaction studies is the focus on areas easiest to measure and easiest for management to change with little emphasis

on upper level need satisfaction. Since the effect of self-actualization is a complex phenomena, refinements in research design and improved statistical evaluation are encouraged as methods to provide more definitive results in the study of need perception and job satisfaction.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This investigation was an exploratory descriptive study. Polit and Hunger (1978) defined this type of research as a description of distribution of certain attitudes within a population.

The researcher is less concerned with why people are or are not satisfied with a given situation than with the question of how many express satisfaction or dissatisfaction. (p. 197)

Sampling was done by voluntary participation of subjects rather than randomization.

Subjects were evaluated to determine if their level of job satisfaction (dependent variable) differed according to the type of organizational system in which they worked (independent variable).

Setting

The setting for this study included four communities in the Southwest portion of the United States. Community A is composed of approximately 90,000 residents. Major sources of income are derived from military jobs and private enterprise. There is a wide range of

educational opportunities for persons of all ages, including a vocational education center and state university. Most religious denominations are represented, conducting services on a regular basis. There are ample facilities for shopping within the city and a variety of recreational activities are available at a nearby mountain range. There are two civilian hospitals, one Army hospital, and one United States Public Health Service Hospital.

Community B is composed of approximately 27,000 residents. Major sources of income are derived from military jobs, agriculture, and industry. The community has several public schools as well as a newly opened junior college. Although shopping facilities are somewhat limited, there are adequate recreational activities available at a nearby state park. There are 17 religious denominations conducting regular services. There is one community hospital and one United States Air Force hospital.

Community C is composed of approximately 6,165 residents. Major sources of income are derived from agriculture and local businesses. Public education is available for elementary through high school levels. Vocational education, community colleges, and state

universities are located within 50 miles of the community. Shopping facilities are limited to local merchants. Most religious denominations are available. There is one community hospital and an ambulance service providing emergency transportation to larger medical facilities. Recreational facilities are available within a 36 mile radius of the community.

Community D is composed of approximately 89,000 residents. Major sources of income are derived from military jobs, commercial industry, and private enterprise. There are numerous educational opportunities for all age groups, including a vocational/technical center, a junior college, and two state universities. Shopping facilities are plentiful. Numerous recreational and cultural activities are available within the community. There is one community hospital and one United States Air Force hospital serving the immediate community and 11 teaching hospitals within 10 miles of the city.

The agencies utilized for this study were: Hospital A, located in community A, is a 127 bed civilian facility, providing emergency, medical, surgical, oncology, pediatric, and psychiatric services. The hospital employs approximately 47 registered nurses who receive 17 paid days off per year. There are no specific

educational requirements for nurses in this facility, other than licensure to practice professional nursing. Salary increases and promotions are based on merit and position vacancies.

Hospital B, located in Community B, is a 38 bed United States Air Force facility, providing emergency, medical, surgical, obstetric, pediatric, and outpatient services. There are no psychiatric or intensive care services available. The hospital employs 30 registered nurses holding the rank of Second Lieutenant or higher who receive 38 paid days off per year. Nurses entering the Air Force Nurse Corps are required to have a baccalaureate degree in nursing and a complete 6 week basic officer training school before receiving a duty assignment. Salary increases and promotions are based on education, experience, performance, and military rank.

Hospital C, located in Community C, is a 52 bed civilian facility, providing limited emergency treatment, medical surgical, obstetrics, and pediatric services. There are no psychiatric or outpatient services. The hospital employs 14 registered nurses who receive 19 paid days off per year. There are no specific educational requirements for nurses in this facility, other than licensure to practice professional nursing. Salary

increases and promotions are based on merit and availability of advanced positions.

Hospital D, located in Community D, is a 35 bed United States Air Force facility providing emergency, medical, surgical, pediatric, and outpatient services. There are no psychiatric, obstetric, or intensive care services. There are 47 registered nurses holding the officer rank of Second Lieutenant or higher who receive 40 paid days off per year. Air Force nurses are required to have a baccalaureate degree in nursing and complete a 6-week officer training course prior to active duty. Salary increases and promotions coincide with education, experience, performance, and military rank.

Population and Sample

The population utilized for this investigation was all registered nurses occupying head nurse or staff nurse positions in two civilian hospitals and two military hospitals, comprising approximately 129 nurses. The following criteria was used for sample selection: (a) registered nurse status, (b) employed full-time or part-time in nursing, and (c) occupy head nurse or staff position.

The sample was composed of male and female nurses who volunteered to participate in the study and were

employed on a full-time or part-time basis by the selected agencies. The total sample size was 54 subjects.

Protection of Human Subjects

The following steps were taken to assure protection of participants in this study:

1. Approval from the Human Research Review Committee at Texas Woman's University (Appendix A) and from the graduate school (Appendix B) were obtained.
2. Data were used solely for purposes of this study.
3. Participants were requested, verbally and in writing, to omit names, institutions, or other identifying marks on questionnaires in order to assure anonymity.
4. Identifiable questionnaires were discarded.
5. Confidentiality was assured by excluding names, ranks, or other forms of personal or institutional identification in the written report.
6. Agency permission was obtained (Appendix C) prior to data collection.
7. Participants were advised that there would be no expense to them other than the time needed to complete

the questionnaire and that they would not receive any compensation or services for participation in the study.

Instrument

The instrument used for this study was the Motivation Feedback Assessment (Washington, 1980) (Appendix D). Permission to use the research tool was obtained from the developer (Appendix E).

The Motivation Feedback Assessment is a 40-item Likert-type scale based on Maslow's hierarchy of need theory. It is designed to measure and compare ideal and actual feelings toward one's work or job situation. The tool is composed of five motivational need categories ranging from basic security needs to self-actualization. Each category contains eight statements with value ranges from 1 (low) to 7 (high). The first four statements in each category ask the subject to indicate what tasks "should be given" while the last four statements ask what tasks actually "are given" within the organization. The difference between questions 1-4 and questions 5-8 determined the amount of perceived need deficiency for each item and is illustrated in Appendix F.

Since the reliability of the instrument had not been previously determined, the researcher established a reliability coefficient for each of the five sections of the research tool. The split-half technique was utilized and the correlation between scores of the odd and even sets was computed by the Spearman-Brown formula. Reliability coefficients for each section were as follows: (a) .91, (b) .78, (c) .87, (d) .93, and (e) .90. According to Polit and Hungler (1978), reliability coefficients above .70 are considered adequate.

Data Collection

The research was conducted by distribution of questionnaires to nurses in each of the four participating agencies. One week prior to data collection the researcher contacted the director of nurses in each facility to establish a suitable time and place for completion of questionnaires. All clinical specialties were afforded the opportunity to participate in the study. Each data collection package included a Motivation Feedback Assessment and a cover letter (Appendix G). Written consent was obtained from each facility prior to data collection.

There were some variations in data collection techniques according to the preference of the nursing director:

Hospital A--1 day prior to data collection a memorandum was sent to each nursing unit from the nursing director, requesting cooperation with the study. During the first data collection visit a representative from the nursing office accompanied and introduced the researcher to each nursing unit. Questionnaires were distributed and collected approximately 6 hours later. Thereafter, the researcher was expected to make independent visits to distribute and collect questionnaires. A total of eight visits, during various hours and shifts, was made.

Hospital B--the chief nurse for this facility assigned a noncommissioned officer to accompany the researcher to individual nursing units for data collection. Questionnaires were left with registered nurses and retrieved approximately 6 hours later. Two data collection visits were made to this facility.

Hospital C--4 days prior to data collection, the nursing director invited all registered nurses to participate in the study. Nurses from all shifts and

specialty areas met and completed questionnaires in a central location. Only one visit was made to this facility.

Hospital D--7 days prior to data collection, the chief nurse advised all nursing units of the study. The researcher was accompanied by the chief nurse to each of the nursing units, surgery, emergency room, and outpatient clinics. Questionnaires were distributed and retrieved approximately 6 hours later. Two visits were made to this agency.

Treatment of Data

Descriptive statistics were used to present the data; specific central tendency measures included means, medians, and standard deviations for the demographic data. Data collected for the hypothesis, that civilian nurses will have significantly higher need deficiency scores as measured by the Motivation Feedback Assessment than military nurses when gender is controlled, was analyzed by computing the Mann-Whitney U Test. The Mann-Whitney U Test is a non-parametric procedure appropriate for ordinal data with two independent samples. According to Polit and Hungler (1978),

the test is based on the assignment of ranks for the two groups of measures. The sum of the ranks for the two groups can be compared by calculating the U statistic. (p. 552)

For purposes of this study, a significance level of .05 was used to either accept or reject the hypothesis.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this study was to evaluate the question: Do military nurses differ from civilian nurses in perception of job satisfaction? Thirty-one civilian nurses and 23 military nurses participated in a non-experimental descriptive study. Data were collected from these subjects. The findings related to analysis of data are presented in this chapter.

Description of Sample

Sixty questionnaires were distributed to nurses in four general hospital settings. Of these 60 questionnaires, 54 (90%) were voluntarily completed and returned. Total sample size was 54 participants.

Shown in Table 2 is a description of the sample according to their position in the organizational system. Thirty-one (57%) of the 54 subjects were civilian and 23 (43%) were military. A total of 21 (39%) of the subjects were in head nurse positions while 33 (61%) held staff nurse positions.

Table 2
Distribution of Military and Civilian
Nurses by Position

Organizational System	Head Nurse		Staff Nurse	
	<u>n</u>	%	<u>n</u>	%
Military (<u>n</u> = 23)	12	22	11	20
Civilian (<u>n</u> = 31)	<u>9</u>	<u>17</u>	<u>22</u>	<u>41</u>
Totals	21	39	33	61

Displayed in Table 3 are descriptive data regarding the sample with regard to their gender and position held. Nine subjects of the sample were male while 45 were female. Six (11%) of the male subjects were head nurses compared with 14 (26%) of the female subjects. Three (6%) of the males were staff nurses while 31 (57%) of the females held staff nurse positions. Thus, a total of 20 (37%) of the subjects were head nurses and 34 (63%) were staff nurses.

Findings

The hypothesis tested in this study was: Civilian nurses will have significantly higher need deficiency scores as measured by the Motivation Feedback Assessment

Table 3
Distribution of Male and Female
Nurses by Position

Gender	Head Nurse		Staff Nurse	
	<u>n</u>	%	<u>n</u>	%
Males (<u>n</u> = 9)	6	11	3	6
Females (n = 45)	<u>14</u>	<u>26</u>	<u>31</u>	<u>57</u>
Totals	20	37	34	63

than Military nurses. Descriptive statistics, including mean, median, and standard deviation were calculated for each group. These data are presented in Table 4.

Table 4
Mean Need Deficiency Scores Among
Military and Civilian Nurses

Organizational System	Mean	Median	Standard Deviation
Military (<u>n</u> = 23)	29.5	31	25.12
Civilian (<u>n</u> = 31)	29.5	29	14.66

To test the hypothesis, a Mann-Whitney U test was performed on need deficiency scores of the military and civilian groups. No significant differences (U = 314.5;

$p = .23$) emerged between the two groups. Therefore, the hypothesis was not supported.

Additional Findings

Table 5 shows a comparison of need deficiency scores between military and civilian nurses. No significant difference existed between the two groups in any of the need categories. The level of significance was determined by computing a Mann-Whitney U test.

Table 5
Mean Need Deficiency Scores of
Military and Civilian Nurses

Need Category*	Military ($n = 23$)	Civilian ($n = 31$)	Significance
Security	4.6	4.9	$p = .64$
Social	4.3	2.9	$p = .81$
Esteem	6.5	6.7	$p = .56$
Autonomy	6.2	6.7	$p = .57$
Self-actualization	7.9	8.3	$p = .45$

*Note: The higher the score, the greater the need deficiency or job dissatisfaction.

A comparison was made between male and female need deficiency scores. The Mann-Whitney U test revealed that

no significant difference ($\underline{U} = 173$; $\underline{p} = .49$) existed between the two groups. Table 6 presents the total need deficiency scores of male and female nurses.

Table 6
Total Need Deficiency Scores Among
Male and Female Nurses

Gender	Mean	Median	Standard Deviation
Male ($\underline{n} = 9$)	30.0	28.0	18.4
Female ($\underline{n} = 45$)	27.3	17.0	26.09

Mean need deficiency scores of all staff nurses were compared to need deficiency scores of all head nurses. No significant difference ($\underline{U} = 318.5$; $\underline{p} = .70$) was found with the Mann-Whitney \underline{U} test. Summarized in Table 7 are staff nurse and head nurse scores.

Need deficiency scores for civilian nurses occupying head nurse and staff nurse positions were compared by computing the Mann-Whitney \underline{U} Test. No significant difference ($\underline{U} = 106$; $\underline{p} = .76$) was found. Table 8 contains data comparing civilian head nurses and civilian staff nurses regarding their respective need deficits.

Table 7
Need Deficiency Scores of Staff
and Head Nurses

Position	Mean	Median	Standard Deviation
Staff nurse (<u>n</u> = 34)	29.1	27	15.63
Head nurse (<u>n</u> = 20)	30	26.5	25.39

Table 8
Need Deficiency Scores of Civilian
Head and Staff Nurses

Position	Mean	Median	Standard Deviation
Staff nurse (<u>n</u> = 22)	29.18	27.5	14.9
Head nurse (<u>n</u> = 9)	30.2	32	14.7

The Mann-Whitney U test was also used to compute need deficiency scores of military nurses in head nurse and staff nurse positions. No significant difference (U = 53.5; p = .44) was found to exist. Displayed in Table 9 are data comparing military head nurses and military staff nurses.

Table 9
Need Deficiency Scores for Military
Head and Staff Nurses

Position	Mean	Median	Standard Deviation
Staff nurse (<u>n</u> = 11)	29.16	22.5	17.51
Head nurse (<u>n</u> = 12)	29.8	12	32.42

By using the Fisher exact probability test, it was found that a significantly greater ($p = .02$) percentage of males occupied head nurse positions than did female nurses. Table 3 presents this data. It was also found that the percentage of military nurses occupying head nurse positions was not significantly ($p = .08$) different from the percentage of civilian nurses holding similar positions. Refer to Table 2 for this data.

Summary of Findings

A study of nurses' perception of job satisfaction was conducted. All subjects included in the investigation met the criteria by holding registered nurse status, being employed on a part-time or full-time basis, and occupying a staff nurse or head nurse position. All of the subjects voluntarily completed the research

questionnaire. Of the 54 participants, 31 (57%) were civilian and 23 (43%) were military nurses.

Statistical analysis with the Mann-Whitney U test was performed on the data obtained. No significant difference existed between military and civilian nurses in their perception of job satisfaction based on scores obtained from the Motivation Feedback Assessment.

Additional findings indicated that a significantly greater percentage of male nurses occupied head nurse positions when compared to female nurses. There was no significant difference between need deficiency scores of military and civilian nurses in any of the five need categories.

CHAPTER 5

SUMMARY OF STUDY

The purpose of this exploratory descriptive study was to assess nurses' perception of job satisfaction in military and civilian settings. Fifty-four nurses participated in the study by voluntary completion of the research questionnaires. The hypothesis stated: Civilian nurses will have significantly higher need deficiency scores as measured by the Motivation Feedback Assessment than military nurses, when gender is controlled. A summary of the study as well as a discussion of the findings, conclusions and implications, and recommendations for further study are reported in this chapter.

Summary

This study was conducted by distribution of questionnaires to 54 nurses in two military and two civilian hospitals. Nurses in two military and one civilian hospital completed questionnaires while on duty. Nurses in one civilian agency completed questionnaires in a group setting. Participating nurses in each agency

responded to the Motivation Feedback Assessment, indicating the degree to which the agency was and should be meeting their needs.

Descriptive and inferential statistics were used to present the data. The Mann-Whitney U test was used to compare mean need deficiency scores of the military and civilian nurses. Analysis of data revealed that no significant difference in perception of need satisfaction scores was found to exist between the two groups. Additional findings indicated that male nurses occupied a significantly higher percentage of head nurse positions than female nurses.

Discussion of Findings

The hypothesis advanced for this study was not supported by the data obtained and analyzed. It was hypothesized that civilian nurses would score significantly higher on the Motivation Feedback Assessment than military nurses. Although there was no significant difference between the two groups, verbal comments from military nurses indicated a high degree of job satisfaction. When comparing the military system to the civilian system, one military nurse emphasized that "a high degree of comraderie and esprit de corp exists among military

nurses." Several comments by military nurses indicated strong positive feelings and attitudes toward their colleagues. Such comments were heard less frequently among nurses in the civilian settings. Everly and Falcione (1976) found positive interpersonal relations to be a significant variable in job satisfaction. McCloskey (1974) found that nursing turnover in hospitals was related to inadequate relationships among staff nurses, co-workers, and supervisors. Godfrey (1978) also suggested that harmonious relationships among nursing colleagues enhanced job satisfaction.

In the present study, only one agency held a group meeting for data collection. The other three agencies preferred that the researcher distribute questionnaires on nursing units, which created some disruption of work routines. Several nurses in both military and civilian settings indicated a lack of clarity in terminology contained in the research tool, such as "tasks" and "organization." Some nurses were offended that the word "intelligent" was followed, in parentheses, by the word "smart." Perhaps these problems influenced the outcome of the present study.

There was no significant difference between military and civilian nurses in any of the five need categories

(security, social, esteem, autonomy, self-actualization). Although no statistical comparison was performed, nurses in both groups showed higher mean need deficiency scores in the self-actualization category as compared to lower level need categories. This was consistent with findings from other job satisfaction studies (Benton & White, 1972; Marlow, 1966; Slocum et al., 1972). It appears that factors related to satisfaction of lower level needs (basic needs) are often more tangible and easier to define than factors related to satisfaction of self-actualizing needs. Self-actualization is defined as self-fulfillment and the desire to "become all that one is capable of becoming" (Maslow, 1970, p. 46). With such a general definition, it may be difficult to evaluate the extent to which self-actualizing needs are met. Most often, however, these higher level needs are not met in the job situation (Benton & White, 1972).

Maslow (1970) stated that although self-actualizing needs vary greatly among individuals, job satisfaction studies often associate self-actualization with educational achievement (Benton & White, 1972; McCloskey, 1974; Slocum et al., 1972; Wolf, 1981). Perhaps the recent emphasis on formal and continuing education for

nurses will influence their perceptions of professional adequacy and self-fulfillment. In view of this increased emphasis on nursing education, it is somewhat difficult to explain why subjects in the current study showed no significant difference in need deficit scores in the self-actualization category. Whether or not the opportunity and encouragement to continue professional and personal growth is being done by the agencies in this study was not determined.

Studies conducted by Benton and White (1972), Slocum et al. (1972), and Longest (1974) suggested that a relationship may exist between job satisfaction and one's position within the organizational hierarchy. Slocum et al. (1972) found that professional nurses reported significantly higher satisfaction with their status and prestige with the organization than did paraprofessional employees. Benton and White (1972) noted similar results in their study of administrative nurses and staff nurses in various specialty areas. Staff nurses in the various areas were found to have greater need deficiencies than administrative nurses (Benton & White, 1972). Findings from the present study, however, revealed that no significant difference existed between hierarchial positions (staff nurse versus head nurse)

and need deficiency scores among military and civilian nurses. The lack of significant difference between the two groups involved in this study may be a reflection of the trend to provide equitable pay and benefits to all levels of nursing personnel. Thus, no need deficit would be perceived between head nurses and staff nurses.

Further reason for a lack of significant findings may be related to sample size, lack of randomization, and agency size. Benton and White (1972) had a sample of 565 nurses; Longest (1974) had a sample of 195 nurses. The sample in the present study was limited to 54 nurses, increasing the possibility of a sampling error. Agency size and randomization also showed variance and may have influenced results among the studies. Benton and White (1972) utilized randomly selected small, moderate, and large hospitals. Everly and Falcione (1976) conducted their research in four randomly selected hospitals with 200 to 350 beds. The present study was limited to four hospitals ranging in size from 52 to 127 beds. Randomization was not done.

Literature reviewed indicated that male nurses have received little attention from researchers. Although 98% of all nurses are women (Cleland, 1974),

some investigators have expressed concern that male nurses frequently receive prestigious positions, promotions, better working hours, and higher pay than their female colleagues (Christy, 1972; Yeaworth, 1978).

From a historical perspective, males in our society have dominated the labor market, occupied prestigious positions, and received greater financial rewards than females doing the same work (Bird, 1968; Goldring, 1974; Janeway, 1971). Farley (1979) examined the statement, "Woman's work is never done by men" (p. 132). The designation of "men's work" or "women's work" is defined by our culture, and in our culture, men are placed in superior positions with greater incomes and opportunities than women (Farley, 1979).

In consideration of the ambiguous role of women in our society, it may be that male nurses are afforded greater freedom of expression of professional needs (Christy, 1972) than are female nurses regardless of the organizational structure under which they work. This is consistent with Maslow's (1970) tenet of preconditioning prior to basic need satisfaction.

Although results of the present study showed no significant difference in mean need deficiency scores

between male and female nurses, additional findings revealed that male nurses occupied a significantly greater percentage of head nurse positions than did female nurses. This may be related to the previously mentioned historical events and/or to the military settings in which the present study was conducted. Nichols (1971) noted that a greater percentage of male nurses is in the military system than in the civilian system. One factor which may explain male nurses' attraction to the military system is the traditional association of masculinity with military service. They may also move up into an administrative position more frequently and more easily than do their female counterparts. Thus, male nurses in this study may potentially receive greater opportunities for upper level need satisfaction than did female nurses.

The literature reviewed revealed some controversy regarding males in nursing. It has been suggested that if more men entered nursing, then better salaries, increased professional recognition, improved working conditions, and greater job benefits would soon follow (Christy, 1972). This view implies that women are dependent upon men to improve their inferior status. Yeaworth (1978) opposed this view and pointed out that

males are socialized differently than females, resulting in very strong societal norms for each gender. Therefore, it may be possible that male nurses adhere to societal norms, thus seeking and obtaining superior positions and perceiving greater job satisfaction than do female nurses.

Conclusions and Implications

Based upon the findings of this study, it may be concluded that need deficits are not affected by the organizational system. The researcher had hoped to discover a need deficit, documented by this research endeavor, which would be amenable to change. In view of the findings of this study, an analysis of the characteristics of military and civilian systems is not indicated. However, an examination of the traditional career advancement patterns where male nurses are appointed more frequently to administrative positions might be a useful undertaking. Through increased awareness regarding the male/female ratio in higher level management positions, nursing administrators could provide a more rational basis for position assignment and promotion as well as decreasing the possibility of gender bias.

Recommendations for Further
Study

Based on the findings of this study, the following recommendations for further research are made:

1. Replication of the study, utilizing a larger randomized sample, and exerting greater control over variables.
2. Replication of the study utilizing an interview schedule in addition to the written questionnaire in order to determine additional variables related to job satisfaction or dissatisfaction.
3. Further research to determine similarities and differences in levels of job satisfaction between male and female nurses.
4. Research to ascertain reliability and validity of the research instrument.

APPENDIX A

2020

2021

2022

TEXAS WOMAN'S UNIVERSITY
 Box 23717 TWU Station
 Denton, Texas 76204

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Jeanne Lowell Center: Dallas

Address: 4625 W. Gore Apt. 17 Date: July 27, 1981
Lawton, Okla. 73505

Dear Ms. Lowell:

Your study entitled Job Satisfaction Among Military and Civilian

Nurses

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

yy Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

_____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

October 6, 1981

Miss Jeanne Lowell
4625 W. Gore, #17
Lawton, OK 73505

Dear Miss Lowell:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE

GRANTS TO Jeanne Lowell

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

Do military nurses differ from civilian nurses in perception of job satisfaction?

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE

GRANTS TO Jeanne Lowell

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

Do military nurses differ from civilian nurses in perception of job satisfaction?

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3. The agency (wants) (does not want) a conference with the student ~~when the report is completed.~~
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other Written Summary requested

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5. Other Requested written summary of results.

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4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other Written summary requested

APPENDIX D

RETURN OF COMPLETED QUESTIONNAIRE INDICATES YOUR CONSENT
TO PARTICIPATE IN THIS STUDY

7. That they are content (want) to do; i.e., they believe the tasks are meaningful. 1 2 3 4 5 6 7
8. That they are familiar with (i.e., they feel that they can successfully do the task). 1 2 3 4 5 6 7

Section B

Registered Nurses in this organization should be given tasks to perform:

1. With people who are friendly and cooperative inside of the organization. 1 2 3 4 5 6 7
2. In which they have an opportunity to develop close friendships inside of the organization. 1 2 3 4 5 6 7
3. In which they have an opportunity to develop close friendships outside of the organization. 1 2 3 4 5 6 7
4. In which they can give help to others, both inside and outside of the organization. 1 2 3 4 5 6 7

Registered Nurses in this organization are given tasks to perform:

5. With people who are friendly and cooperative inside of the organization. 1 2 3 4 5 6 7
6. In which they have an opportunity to develop close friendships inside of the organization. 1 2 3 4 5 6 7

RETURN OF COMPLETED QUESTIONNAIRE INDICATES YOUR CONSENT
TO PARTICIPATE IN THIS STUDY

7. In which they have an opportunity to develop close friendships outside of the organization. 1 2 3 4 5 6 7
8. In which they can give help to others, both inside and outside of the organization. 1 2 3 4 5 6 7

Section C

Registered Nurses in this organization should be given tasks to perform:

1. In which they can gain recognition both inside and outside of the organization. 1 2 3 4 5 6 7
2. That make them feel intelligent (smart). 1 2 3 4 5 6 7
3. In which they feel better qualified than other people. 1 2 3 4 5 6 7
4. That make them feel important to the organization or its leaders. 1 2 3 4 5 6 7

Registered Nurses in this organization are given tasks to perform:

5. In which they can gain recognition both inside and outside of the organization. 1 2 3 4 5 6 7
6. That make them feel intelligent (smart). 1 2 3 4 5 6 7
7. In which they feel better qualified than other people. 1 2 3 4 5 6 7

RETURN OF COMPLETED QUESTIONNAIRE INDICATES YOUR CONSENT
TO PARTICIPATE IN THIS STUDY

8. That make them feel important to the organization or its leaders. 1 2 3 4 5 6 7

Section D

Registered Nurses in this organization should be given tasks to perform:

1. Which require the making of judgments or taking independent action. 1 2 3 4 5 6 7
2. In which they can participate in solving organizational problems. 1 2 3 4 5 6 7
3. In which they can participate in setting goals. 1 2 3 4 5 6 7
4. In which they can participate in determining methods and procedures of accomplishment. 1 2 3 4 5 6 7

Registered Nurses in this organization are given tasks to perform:

5. Which require the making of judgments or taking independent action. 1 2 3 4 5 6 7
6. In which they can participate in solving organizational problems. 1 2 3 4 5 6 7
7. In which they can participate in setting goals. 1 2 3 4 5 6 7
8. In which they can participate in determining methods and procedures of accomplishment. 1 2 3 4 5 6 7

RETURN OF COMPLETED QUESTIONNAIRE INDICATES YOUR CONSENT
TO PARTICIPATE IN THIS STUDY

Section E

Registered Nurses in this organization should be given tasks to perform:

1. In which they can be imaginative, creative, and/or use their talent/ability. 1 2 3 4 5 6 7
2. Which gives them a feeling of worthwhile accomplishment. 1 2 3 4 5 6 7
3. Which gives them a feeling of self-fulfillment. 1 2 3 4 5 6 7
4. Which provides opportunities for them to grow and develop personally and professionally. 1 2 3 4 5 6 7

Registered Nurses in this organization are given tasks to perform:

5. In which they can be imaginative, creative, and/or use their talent/ability. 1 2 3 4 5 6 7
6. Which gives them a feeling of worthwhile accomplishment. 1 2 3 4 5 6 7
7. Which gives them a feeling of self-fulfillment. 1 2 3 4 5 6 7
8. Which provides opportunities for them to grow and develop personally and professionally. 1 2 3 4 5 6 7

APPENDIX E



North Texas
State
University

Denton, Texas
76203

Public School
Administration
and Supervision

April 21, 1981

Ms. Jeanne Lowell, RN, B.S.
4625 W. Gore, Apt. #17
Lawton, OK 73505

Dear Ms. Lowell:

Certainly, you have my permission to use the "Motivation Feedback Assessment" instrument that I developed. Enclosed is a copy of the instrument with some suggested changes/typos/additions.

Unfortunately, there are no reliability or validity data available on this instrument. It was developed in March, 1980 for use with individuals participating in one of my workshops. I suggest that you use your own population and sample to develop these criteria. I will be pleased to receive a copy of your results (especially raw test data).

Also, if I can be of assistance to you in your research effort, please contact me either at home (817-382-2873) or at my office (817-788-2175, North Texas State University). I wish you well in your work.

Sincerely yours,

APPENDIX F

Motivational Need Categories

	Security	Social	Esteem	Autonomy	Self-Actualization
Questions 1-4					
Questions 5-8					
Difference					

APPENDIX G

I, Jeanne Lowell, am a graduate student at Texas Woman's University in Dallas, Texas and am conducting a research study concerned with beliefs and perceptions about job related experiences among registered nurses. I would like you to participate in the study by completing the Motivation Feedback Assessment. The time required to answer the questions will be approximately 20 minutes.

The benefits of this study include the opportunity to participate in nursing research and provide information which may help nurses achieve greater job satisfaction. Potential risks are minimum. It is important that you do NOT sign your name or make any identifying marks on the questionnaire. Your identity will remain anonymous and all responses will be confidential and used solely for the purpose of this study. All questionnaires and demographic data forms will be destroyed after data analysis. Your participation or non-participation in this study will in no way influence your status in your job or community. There will be no expenses to you other than the time required to complete the questionnaire and you will not receive any direct or indirect compensation or services for your participation in the study at any time. No medical service or compensation is provided to subjects

by the University as a result of injury from participation in research. RETURN OF COMPLETED QUESTIONNAIRE WILL BE CONSIDERED AS CONSENT FOR PARTICIPATION IN THIS STUDY.

Your assistance with this study is very much appreciated and I sincerely want to thank you for the time and effort you have taken to help me with this investigation.

Jeanne Lowell, R.N.

REFERENCES

- Benton, D. A., & White, H. C. Satisfaction of job factors for registered nurses. Journal of Nursing Administration, 1972, 2, 55-63.
- Bird, C. Born female. New York: David McKay Co., Inc., 1968.
- Bowden, E. A. Nurses' attitudes toward hospital nursing services. Nursing Research, 1967, 16(3), 246-251.
- Brief, A. P. Turnover among hospital nurses: A suggested model. Journal of Nursing Administration, 1976, 6, 55-58.
- Chaska, N. L. Introduction. In N. L. Chaska (Ed.), The nursing Profession: Views through the mist. New York: McGraw-Hill, Inc., 1978.
- Cherniss, C. Job burnout: Growing worry for workers, bosses. U.S. News and World Report, February 18, 1980, pp. 71-72.
- Christy, T. Liberation movement: Impact on nursing. AORN Journal, 1972, 15, 67-85.
- Clark, C. C. Burnout: Assessment and intervention. Journal of Nursing Administration, 1980, 10, 39-43.
- Cleland, V. Sex discrimination: Nursing's most pervasive problem. American Journal of Nursing, 1971, 71, 1542-1547.
- Cleland, V. To end sex discrimination. Nursing Clinics of North America, 1974, 9(3), 563-571.
- Cowden, P. Dissatisfaction and the changing meaning and purpose of the nurses' work. Nursing Forum, 1978, 17(2), 202-209.
- Del Bueno, D. J., & Quaiife, M. C. Special orientation units pay off. American Journal of Nursing, 1976, 76(10), 1629-1631.

- Diamond, L. K., & Fox, D. J. Turnover among hospital staff nurses. Nursing Outlook, 1958, 6(7), 388-391.
- Donovan, L. What nurses want (and what they are getting). RN, 1980, 43, 22-30.
- Everly, G. S., & Falcione, R. L. Perceived dimensions of job satisfaction for registered nurses. Nursing Research, 1976, 25(5), 346-348.
- Farley, J. Affirmative action and the woman worker. New York: Amacon Publishers, 1979.
- Fleishman, R. Human resource motivation. Supervisor Nurse, 1978, 9, 57-60.
- Godfrey, M. A. Job satisfaction--or should that be dissatisfaction? Part III. Nursing '78, 1978, 8(6), 81-95.
- Goldring, P. Multipurpose man. New York: Taplinger Publishing Co., Inc., 1974.
- Gott, H. T. The recruitment problem: Military and civilian. Nursing Outlook, 1966, 14, 40-41.
- Grandjean, B. D., Aiken, L. H., & Bonjean, C. M. Professional autonomy and the work satisfaction of nursing educators. Nursing Research, 1976, 25(3), 216-221.
- Hand, L. Nursing supervision. Reston, Virginia: Reston Publishing Co., Inc., 1978.
- Herzberg, F. The motivation to work (2nd ed.). New York: John Wiley & Sons, 1959.
- Herzberg, F. Work and the nature of man. Cleveland: Word Publishing Co., 1966.
- Herzberg, F. I., Mausner, B., & Synderman, B. The motivation to work. New York: John Wiley and Sons, 1959.

- House, K. K. The new graduate looks at service and education. Supervisor Nurse, 1976, 7, 14-16.
- Janeway, E. Man's world, woman's place: A study in social mythology. New York: Wm. Morrow and Co., Inc., 1971.
- Kramer, M. Reality shock: Why nurses leave nursing. St. Louis: C. V. Mosby Co., 1974.
- Krietek, P., & Glass, L. Nursing: A feminist perspective. Nursing Outlook, 1978, 26, 182-186.
- Lenhart, R. C. Faculty burnout--and some reasons why. Nursing Outlook, 1980, 28, 424-425.
- Longest, B. B. Job satisfaction for registered nurses in the hospital setting. Journal of Nursing Administration, 1974, 4, 46-52.
- Lotspeich, R. L. Why do general duty nurses resign? American Journal of Nursing, 1951, 51(7), 468-469.
- Marlow, L. H. The registered nurse and employee needs. Nursing Outlook, 1966, 14, 62-65.
- Maryo, J. S., & Lasky, J. L. A work satisfaction survey among nurses. American Journal of Nursing, 1959, 59(4), 501-503.
- Maslow, A. H. Motivation and personality (2nd ed.). New York: Harper and Row, Inc., 1970.
- McCloskey, J. Influence on rewards and incentives on staff nurse turnover rate. Nursing Research, 1974, 23(4), 239-246.
- Melbin, M., & Taub, D. L. The high cost of replacing a nurse. Hospitals, 1966, 40, 113-122.
- Nahm, H. Job satisfaction in nursing. American Journal of Nursing, 1940, 40(12), 1389-1392.
- Nichols, G. A. Job satisfaction and nurses' intentions to remain with or leave an organization. Nursing Research, 1971, 20(3), 218-228.

- Pickens, M. E., & Tayback, M. Job satisfaction survey. Nursing Outlook, 1957, 5(3), 157-159.
- Polit, D., & Hungler, B. Nursing research: Principles and methods. New York: J. B. Lippincott Co., 1978.
- Schmalenburg, C., & Kramer, M. Bicultural training: A cost-effective program. Journal of Nursing Administration, 1979, 9, 10-16.
- Slavitt, D. B., Stamps, P. L., Piedmont, E. B., & Haase, A. M. Nurses' satisfaction with their work situation. Nursing Research, 1978, 27(2), 114-120.
- Slocum, J. W., Susman, G. I., & Sheridan, J. E. An analysis of need satisfaction and job performance among paraprofessional hospital personnel. Nursing Research, 1972, 21(4), 338-342.
- Stein, L. I. Liberation movement: Impact on nursing. AORN Journal, 1972, 15(75), 67-85.
- Storlie, F. J. Burnout: The elaboration of a concept. American Journal of Nursing, 1979, 79(2), 2108-2111.
- Stubbs, D. C. Job satisfaction and dissatisfaction among new graduate staff nurses. Journal of Nursing Administration, 1977, 7, 44-49.
- Wandelt, M. A., Pierce, P. M., & Widdowson, R. R. Why nurses leave nursing and what can be done about it. American Journal of Nursing, 1981, 81, 72-78.
- Washington, R., Jr. Motivation feedback assessment. Unpublished manuscript, North Texas State University, 1980.
- White, C. H., & Maguire, M. C. Job satisfaction and dissatisfaction among hospital nursing supervisors: The applicability of Herzberg's theory. Nursing Research, 1973, 22(1), 25-30.
- Wolf, G. A. Nursing turnover: Some causes and solutions. Nursing Outlook, 1981, 29, 233-236.

Yeaworth, R. C. Feminism and the nursing profession.
In N. Chaska (Ed.), The nursing profession: Views
through the mist. New York: McGraw-Hill, Inc.,
1978.