

HOSPITAL ADMINISTRATORS' PERCEPTIONS OF THE PERFORMANCE,  
BEHAVIOR AND PROBLEMS OF REGISTERED NURSES

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## CHAPTER I

### INTRODUCTION

Registered nurses comprise one of the largest work forces in the country and the State of Texas. The 1977 National Sample Survey of Registered Nurses conducted by the American Nurses' Association Statistics Department under contract to the Division of Nursing, Department of Health, Education and Welfare (HEW), revealed that there are 1,409,434 registered nurses of whom 988,050 were employed in nursing. Out of the number of employed registered nurses, sixty percent work in hospitals.<sup>1</sup> The Texas Hospital Association survey conducted in January 1979 revealed that there are 29,488 registered nurses employed in Texas hospitals, but still "a critical shortage exists right now in an industry vital to the welfare of every man, woman, and child in the State."<sup>2</sup> In the same year, the Texas Board of Nurse Examiners' figures show a total of 50,588 registered nurses in the State.<sup>3</sup>

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<sup>1</sup>"ANA Sample Survey Offers Profile of RNs," The American Nurse, 20 April 1979, p. 1.

<sup>2</sup>Richard Bettis, "Nursing Shortage Continues for Texas Hospitals," Texas Hospitals, (July 1979): 41.

<sup>3</sup>"A Perspective on the Nurse Staffing Dilemma," Texas Nursing, October 1979, p. 2.



other; In hospitals, registered nurses usually comprise the largest group of personnel. In the entire health care system, nursing personnel comprise fifty percent of the total manpower. These members of the health care delivery system have extensive and diverse knowledge and skill in the care and treatment of the ill. With such varied knowledge and skill, and with their vast number, it is obvious that collectively, these individuals possess enormous powers to cause a complex chain of problems affecting segments in and beyond the hospital.<sup>4</sup>

Registered nurses have been perceived by different individuals in different ways, since each individual observes another from a unique position.<sup>5</sup> These perceptions may not be totally accurate, since what one may perceive may not truly exist.<sup>6</sup> Influencing one's perceptions are the factors of past experiences:<sup>7</sup> (1) what is expected of

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<sup>4</sup>National League for Nursing, Concerns in the Acquisition and Allocation of Nursing Personnel, (New York: National League for Nursing, 1978), p. 8.

<sup>5</sup>Arthur W. Combs, Anne Cahey Richards, and Fred Richards, Perceptive Psychology: A Humanistic Approach to the Study of Persons, (New York: Harper and Row, 1976), p. 10.

<sup>6</sup>Ibid., p. 96.

<sup>7</sup>Ibid., p. 102.

the other;<sup>8</sup> (2) the time of observation;<sup>9</sup> (3) and the present social cultural situation.<sup>10</sup> Seeing individuals and situations as they truly are is necessary to acquire accurate knowledge and true understanding of what motivates others. How one perceives another greatly affects that individual's behavior toward the other.<sup>11</sup>

Nursing and registered nurses are undergoing continual change, which is frequently resulting in managerial problems in hospitals. The extent and accuracy of knowledge and understanding of registered nurses' attributes, aspirations, deficiencies, and problems, which hospital administrators possess relative to registered nurses is necessary. This knowledge and understanding can result in decisions that may alleviate some problems frequently found in hospital nursing departments.

#### Statement of the Problem

What relationships exist between hospital administrators' background and hospital administrators' perceptions and opinions of registered nurses' behavior and performance?

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<sup>8</sup>Ibid., p. 104.

<sup>9</sup>Ibid., p. 115.

<sup>10</sup>Ibid., p. 121.

<sup>11</sup>Ibid., p. 42.

### Purpose of the Study

The purposes of this study were: (1) to determine the extent of hospital administrators' knowledge of registered nurses' duties, and knowledge of nursing education curriculum requirements; (2) to determine hospital administrators' prevailing perceptions of registered nurses' performance and behavior; and (3) to analyze how hospital administrators' knowledge and perceptions are affected by their background.

### Research Questions

1. Does hospital administrators' age and length of hospital administrative experience affect their knowledge relative to the level of familiarity with administrative, head, and staff nurses' duties?

2. Does hospital administrators' age and length of hospital administrative experience affect their awareness of the curriculum requirements of the three different nursing programs?

3. Does hospital administrators' age and length of hospital administrative experience affect their perceptions of which type of nursing program produces the best managerial and technical trained registered nurse?

4. Does hospital administrators' age and length of hospital administrative experience affect their perceptions relative to the adequacy of registered nurses' salary and

contribution to the total delivery of health care?

5. Does hospital administrators' age and length of hospital administrative experience affect their preceptions of registered nurses' dedication to the nursing profession at present, and when compared to five years previous?

6. Does hospital administrators' educational background (health care versus other educational fields) affect their level of familiarity with administrative, head, and staff nurses' duties?

7. Does hospital administrators' educational background (health care versus other educational fields) affect their awareness of the curriculum requirements of the different nursing programs?

8. Does hospital administrators' educational background (health care versus other educational fields) affect their perceptions of which nursing program produces the best managerial and technical trained nurse?

9. Does hospital administrators' educational background (health care versus other educational fields) affect their perceptions relative to the adequacy of registered nurses' salary and contribution to the total delivery of health care in the hospital?

10. Does hospital administrators' educational background (health care versus other educational fields) affect their perceptions of registered nurses' dedication to the

nursing profession at present, and five years previous?

11. Does the hospital bed capacity affect hospital administrators' level of familiarity with administrative, head, and staff nurses' duties?

12. Does the number of registered nurses which hospital administrators are acquainted with by name affect their level of satisfaction with the performance of administrative, head, and staff nurses?

13. Does hospital administrators' level of familiarity of administrative, head, and staff nurses' duties affect their perceptions relative to the level of contribution registered nurses make to the total delivery of care in the hospital?

14. Do hospital administrators' perceptions of how demanding registered nurses are affect their perceptions of how dedicated registered nurses are to the nursing profession?

15. Do hospital administrators acknowledge self-actualization needs as reasons for registered nurses leaving hospital employment?

16. Do hospital administrators acknowledge morale problems of registered nurses in the hospital, and by what means have hospital administrators discovered the existence of morale problems?

17. If the quality of nursing care needed to be im-

proved in the hospitals, do hospital administrators perceive that hiring additional registered nurses would help the situation?

18. Do hospital administrators perceive registered nurses as more aggressive and self-confident than other groups of hospital workers?

### Significance of the Study

A means of measuring hospital administrators' perceptions of his or her knowledge and level of awareness of various factors relative to registered nurses is of importance to determine if a need does exist to educate hospital administrators about registered nurses and the nursing profession. Registered nurses have felt that they are in a subservient role and their contribution to the health care industry has been looked upon by hospital administrators to be minimal. It has been frequently verbalized by nurses that hospital administrators do not understand their problems, skills, and tasks. This study will provide to registered nurses and other interested parties an indication of perceptions of hospital administrators' knowledge and awareness of registered nurses' performance, behavior, and problems.

While formulating the idea of this study, numerous discussions with registered nurses revealed enthusiastic

approval and encouragement to pursue this project. Several past and present hospital administrators were enthusiastic and displayed interest in the results of this study. This study would be of definite value in determining whether a need exists to educate hospital administrators about various aspects of the nursing profession, and the skills and tasks of registered nurses in the hospital.

#### Definition of Terms

A definition of various terms may not be necessary for those familiar with the nursing profession, nursing positions in hospitals, or nursing education programs; but the following definitions may be helpful to those who are unfamiliar with the profession and hospital organization:

1. Registered nurse is a male or female, who has graduated from a school of nursing, taken a state board examination in nursing, and has been granted a license to practice in that particular state. These nurses may have acquired their basic education in one of three types of nursing programs, and may or may not have acquired further education in nursing.

2. Degree or baccalaureate nurse is an individual who has attended a four year college in nursing. This nurse's educational background has met the liberal arts requirements of the college or university and state, along

with the school of nursing and state board of nursing examiners' requirements of nursing curriculum. This nurse has taken a state board examination and has been granted a license to practice nursing.

3. Diploma nurse is an individual who has attended usually a thirty-six month hospital-based nursing program. The liberal arts background may have been minimal, and in some schools totally absent. Some schools may be affiliated with colleges for behavioral, biological, and physical science courses. The curriculum of these schools is determined by state boards of nursing examiners' education requirements. This nurse has taken a state board examination and has been granted a license to practice nursing.

4. Associate nurses are those individuals who receive their nursing education in a two year or eighteen month program in a two year community college. Their theory and practical experience is relatively limited compared to the degree and diploma nurse. The curriculum of these schools is determined by the college and state's board of nursing examiners' education requirements. This nurse, also, has taken a state board examination and has been granted a license to practice nursing.

5. Administrative nurses are those nurses known most frequently by designations of director and assistant director, and nursing supervisors. The director of nursing



service has the task of the overall management and policy formulation of the nursing department. Supervisors are those who come into daily contact with head nurses and other nursing personnel; they also are the highest echelon in the nursing department on the evening and night shifts.

6. Head nurses are the nurses who have the responsibility of the day-to-day management of the nursing unit and work the day shift hours, 7-3 or 8-4, but whose responsibility usually extends over a twenty-four hour period.

7. Staff nurses are under the direct supervision of the head nurse. The duties of the staff nurse bring her into the closest contact with the patient. These nurses are usually assigned to rotation of shifts and days off.

8. Nursing unit is a designated area of the hospital where patients are assigned, depending upon the type of illness, severity of illness, and age.

#### Limitations

This study was confined to hospital administrators of Texas hospitals and, therefore, may not be generalized to the United States. This study was done with a researcher-constructed instrument.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### Nursing: Profession or Occupation

Professional status has been an increasing concern for registered nurses.<sup>12, 13</sup> Seeking greater recognition as important contributing members of the health care delivery system, many registered nurses are seeking unquestionable professional status. Nursing has long been viewed as an occupation, and not as a profession by administrators, physicians, and many nurses, while other nurses and health care workers visualize nursing as "an emerging distinct profession."<sup>14</sup>

The Flexner definition of a profession is that it is based in a scientific body of knowledge evolved from a science of learning through exacting formal education. Members function independently and are formally organized into an association of practitioners, who render an impor-

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<sup>12</sup>Karen E. Claus and June T. Bailey, Power and Influence in Health Care, (St. Louis: C. V. Mosby Company, 1977), p. 9.

<sup>13</sup>Dorothy J. Kergin, "Nursing as a Profession", in Nursing Education in a Changing World, ed. Mary Q. Innis (Toronto: University of Toronto Press, 1970), p. 46.

<sup>14</sup>Marlene Grissum and Carol Spengler, Womanpower and Health Care, (Boston: Little Brown and Company, 1976), p. 23.

tant service to society. Giving a high priority to the altruistic intent of the profession, the interest of society is placed above the interest of the group. In return for services on behalf of society, the association desires complete control to regulate conditions of entry and continuance in the profession; and desires to control the setting of standards for services rendered.<sup>15</sup>

Many strongly contend that nursing does not meet the criteria of a profession. There has been an absence of serious effort to focus work efforts in a scientific mold. Nursing has not devised its own body of knowledge. Compared to other medical advances, nursing has only borrowed from related occupations.<sup>16, 17</sup>

A lack of support for the nursing organizations has been evident. Registered nurses have been found to be either apathetic or critical of both state and national organizations. The deficiency of solidarity among registered nurses has been extended into the nursing organizations. Attempts to combine the two professional organizations, the

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<sup>15</sup>Kergin, "Nursing as a Profession," p. 47.

<sup>16</sup>Oswald Hall, "Social Change, Specialization, Science: Where Does Nursing Stand?" in Nursing Education in a Changing World, ed. Mary Q. Innis (Toronto: University of Toronto Press, 1970), p. 75.

<sup>17</sup>Fred E. Katz, "Nurses" in The Semi-Professions and Their Organizations, ed. Amitai Etzioni (New York: Free Press, 1969), p. 75.

National League for Nursing and the American Nurses Association have been met with failure. The National League for Nursing has been and is presently involved with regulating nursing education for accreditation. The American Nurses Association has advocated that it is the recognized professional organization, and as such should have the responsibility for regulating and setting nursing education and practical standards.<sup>18</sup>

Another problem in the quest for professional status has been the difficulty which the nursing organizations have had in "developing an operational definition" of nurses.<sup>19</sup> In 1966, the American Nurses Association presented its position paper on education. The proposal stated that a minimum requirement for a professional nurse be a baccalaureate education, and diploma and associate nurses be designated as technical nurses.<sup>20</sup> Diploma nurses took offense, and many were enraged by this proposal.

The vast number of registered nurses with diverse opinions and views must become a cohesive group to accomplish its goal of professional status. They must come to

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<sup>18</sup>Grissum and Spengler, Womanpower and Health Care, p. 123.

<sup>19</sup>Kergin, "Nursing as a Profession," p. 47.

<sup>20</sup>Virginia M. Ohlson, "Baccalaureate Nursing Education in the United States," International Nursing Review, 24 (November-December 1977): 168.

agreement on topics of what nursing is and what preparation is necessary.

### Nursing Education

Beyond the lack of recognition of nursing as a full-fledged profession, other problems of registered nurses have been rooted in nursing education. During the first half of the nineteenth century, nursing developed in close conjunction with the American hospitals.<sup>17</sup> These hospitals were infection riddled pest houses for the dying. The work was arduous and unrewarding. There was little time for learning and it was felt that nurses needed no formal education.<sup>22</sup> Nursing education evolved slowly. In 1859, Florence Nightingale declared the need to educate nurses and teachers of nurses in a broad educational scope, but nursing education remained limited for the remainder of the nineteenth century. It was not until 1899 that the first university based program to educate teachers for nursing schools was established at Columbia University Teachers College. Eleven years later in 1910, the University of

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<sup>21</sup>Jerome Lysaught, Action in Nursing: Progress in Professional Purpose, (St. Louis: C. V. Mosby Company, 1974), p. 172.

<sup>22</sup>J. D. Wallace, "An Administrator's View of Nursing Education," in Nursing Education in a Changing World, ed. Mary Q. Innis (Toronto: University of Toronto Press, 1970), p. 150.

Minnesota established the first university based program, which emphasized nursing administration.<sup>23</sup>

Hospitals dominated nursing education until the mid 1960s, when many hospitals closed their nursing schools. Until this time, the concepts of the nineteenth century continued to prevail regarding student nurses in hospital based programs. In these apprenticeship programs, nurses were taught to be obedient, docile, and accept poor working conditions.<sup>24</sup> Since the closing of the majority of the hospital based nursing schools, the number of associate programs in community colleges has grown.<sup>25</sup>

Presently there is much disagreement among hospital administrators, physicians, and nurses, as to which program will attract the kind of nurse best suited for nursing, and what should be the best course of study.<sup>26</sup> Many argue that the hospital based diploma program prepares the best clinical practitioner, where emphasis is placed on direct patient care and clinical experience. These programs seem

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<sup>23</sup>Ibid., p. 151.

<sup>24</sup>Joann Ashley, Hospitals, Paternalism, and the Role of the Nurse, (New York: Columbia Teachers College Press, 1976), p. 21.

<sup>25</sup>Ibid., p. 124.

<sup>26</sup>Lysaught, Action in Nursing: Progress in Professional Purpose, p. 7.

to be the preference of hospital administrators.<sup>27</sup>

Opponents of the diploma school have contended that hospitals have derived financial benefits with students contributing a large portion of labor; and hospitals have not provided quality education. Others declare that the hospital diploma school nursing curriculums have been so enriched and extended, that there is little or no return from students.<sup>28</sup> Further, schools have responded to changes and advances in health care and nursing resulting in broadened quality educational programs.<sup>29</sup>

Diploma nurses in the United States outnumber baccalaureate, associate, and other degree nurses at a rate of sixty-seven percent.<sup>30</sup> In hospitals, the diploma nurse constitutes fifty to ninety-five percent of the nursing manpower.<sup>31</sup>

As with the diploma program, the baccalaureate pro-

<sup>27</sup>Grissum and Spengler, Womanpower and Health Care, pp. 118-119.

<sup>28</sup>Wallace, "An Administrator's View of Nursing Education," p. 147.

<sup>29</sup>Louise Guest, "Diploma Schools Foster Professionalism," Hospitals J.A.H.A., 53 (May 16, 1979): 107.

<sup>30</sup>"ANA Sample Survey Offers Profile of RNs," The American Nurse, 20 April 1979, p. 1.

<sup>31</sup>Maxine H. Soules, "Professional Advancement and Salary Differentials Among Baccalaureate, Diploma, and Associate Degree Nurses," 16 Nursing Forum, (No. 2, 1978): p. 187.

gram has been highly and frequently criticized. These programs were intended to prepare nurses for administrative roles, but contrary to this supposition, evidence has been shown that this has not been accomplished.<sup>32, 33</sup> Poor performance and limited skills of baccalaureate nurses continue to disappoint hospital administrators and administrative nurses.<sup>34</sup> While various hospital members may be dissatisfied with baccalaureate nurses, these nurses themselves are dissatisfied. They are discontent with their professional responsibility and hospital nursing more than diploma nurses.<sup>35</sup> Baccalaureate nurses are frequently in agreement with their critics, that they have not been prepared for the reality of nursing.<sup>36</sup>

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<sup>32</sup>Anna Marie Brock, "Impact of a Management-Oriented Course on Knowledge and Leadership Skills Exhibited by Baccalaureate Nursing Students," 27 Nursing Research (July-August 1978): 217.

<sup>33</sup>Soules, "Professional Advancement and Salary Differentials Among Baccalaureate, Diploma, and Associate Degree Nurses," p. 188.

<sup>34</sup>Evelyn G. Sobol, "Self-Actualization and the Baccalaureate Nursing Student's Response to Stress," Nursing Research 27 (July-August 1978): 238.

<sup>35</sup>Katz, "Nurses," p. 73.

<sup>36</sup>"Perceptions of Baccalaureate Graduates as Beginning Practitioners," Unpublished Ph.D. Dissertation, quoted by Lois F. Nelson in "Competence of Nursing Graduates in Technical, Communicative, and Administrative Skills," Nursing Research, 27 (March-April 1978): 121.



To provide a greater number of nurses in a shorter length of time, the community college associate nursing programs were established.<sup>37</sup> The lack of adequate clinical and patient care preparation in the baccalaureate nurses' program is often a stronger criticism of the associate nurse.

The opinion of hospital administrators and nursing administrators regarding performance of nurses from different schools are similar to opinions of diploma and baccalaureate degree nurses themselves. Nelson conducted a study among new nursing graduates, and discovered that diploma nurses rated themselves higher in technical, communicative and administrative skills than did baccalaureate or associate nurses. Baccalaureate nurses rated themselves higher than associate nurses.<sup>38</sup> Many hospital administrators and nursing administrators contend that with experience of six months to a year, technical competency of baccalaureate and associate degree nurses rivals that of di-

<sup>37</sup> Ashley, Hospital, Paternalism, and the Role of the Nurse, p. 124.

<sup>38</sup> Nelson, "Competence of Nursing Graduates in Technical, Communicative, and Administrative Skills," p. 124.

ploma nurses.<sup>39, 40</sup>

These different nursing programs have even resulted in a "game" among nurses, "Mine is Bigger than Yours." Nurses may be heard arguing among themselves which "Pedigree" is better or best, who should be promoted, who should get more salary, or who should do the dirty work.<sup>41</sup>

Until there is a mutual agreement on the definition of a nurse and what a nursing curriculum should be, disagreement on nursing education will continue. The vast and ever increasing knowledge and technology resulting in greater specialization in all aspects of health care is necessitating various types of nurses. Researchers, specialty practitioners, and bedside technicians with various levels of education are necessary to meet the varied health

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<sup>39</sup>"An Evaluation of Four Associate Degree Nursing Programs in Texas, Based Upon Certain Selected Criteria," Unpublished Ph.D. Dissertation, quoted by Nelson in "Competence of Nursing Graduates in Technical, Communicative, and Administrative Skills," p. 122.

<sup>40</sup>"Followup Study of Graduates of the University of Kentucky," Unpublished Ph.D. Dissertation, quoted by Nelson in "Competence of Nursing Graduates in Technical, Communicative, and Administrative Skills," p. 121.

<sup>41</sup>Pamela Levin and Eric Berne, "Games Nurses Play," American Journal of Nursing, 72 (March 1972): 483.

demands and needs of the country.<sup>42, 43</sup>

### Job Conditions and Turnover

Hospitals are bureaucratic institutions. In a bureaucratic organization, tasks are well defined, with workers contributing only one component of the total activity. Hospital organizational structure is unique in its dual hierarchy: medical staff and administration. Frequently, these lines of authority have opposing interests, which places the registered nurse, who has responsibility to both lines, in a conflicting position.<sup>44</sup>

This tight control hampers autonomy and authority in decision making, and prevents full utilization of skills. This environment precipitates a loss of identity.<sup>45</sup> With the loss of identity, a registered nurse's low status posi-

<sup>42</sup>Dorothy McMullan, "Accountability and Nursing Education," Nursing Outlook, 23 (August 1975): 11.

<sup>43</sup>Lysaught, Action in Nursing, Progress in Professional Purpose, p. 317.

<sup>44</sup>Daniel Charles Feldman, "Organizational Socialization of Hospital Employees," Medical Care, 15 (October 1977): 807.

<sup>45</sup>Mary F. Malone, "The Dilemma of a Professional in a Bureaucracy," Nursing Forum, 3 (No. 4, 1964): 47-48.

tion in the hospital hierarchy reinforces low self esteem.<sup>46, 47</sup>

Maslow's theory of needs suggests that needs are arranged in a hierarchy. The basic need of man is physiological, which is followed in ascending order: safety and security; social and love; ego and self-esteem; fulfillment or psychological actualization. Before a need from a higher level can emerge, the lower level must be at least partially satisfied.<sup>48</sup>

Herzberg's dual factor theory recognizes that there are satisfying and dissatisfying elements in a job. The satisfiers or motivators are: achievement, recognition, advancement, responsibility, and work content. The dissatisfiers or hygienes are company policy and administration, supervision, interpersonal relations, salary, job-security, work conditions, and status. Hygiene factors, when present, can prevent job dissatisfaction, but not necessarily provide satisfaction. He also suggests that motivators are associated with Maslow's system of needs; i.e., actualiza-

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<sup>46</sup>Claus and Bailey, Power and Influence in Health Care, p. 7.

<sup>47</sup>Joanne McCloskey, "Influence of Rewards and Incentives of Staff Nurse Turnover Rates," Nursing Research, 23 (May-June): 237.

<sup>48</sup>Abraham H. Maslow, Motivation and Personality, second ed. (New York: Harper and Row, 1970), pp. 20, 30.

tion is dependent upon achievement.<sup>49</sup>

When satisfaction is not derived from one's job, a frequent response is resignation. Hospitals are plagued with a shortage of registered nurses and high turnover rates. The perplexing problem of turnover is of such magnitude that the American Hospital Association announced in November, 1978, that it has formed an advisory panel to investigate factors which influence the recruitment and retention of registered nurses.<sup>50</sup> Turnover rates in many hospitals are from thirty-five to sixty percent<sup>51</sup> while others report rates as high as sixty to seventy percent.<sup>52, 53</sup>

Turnover is costly to hospitals. These costs are attributed to orientation, training, and processing of newly employed registered nurses. Upon termination, there

<sup>49</sup>Fredrick Herzberg, "One More Time: How Do You Motivate Employees," Harvard Business Review (January-February 1964): 54.

<sup>50</sup>"AHA Forms Nurse Advisory Panel," Hospital Week, 10 November 1978, p. 3.

<sup>51</sup>Hilegard E. Peplau, "The Changing View of Nursing," International Nursing Review 24 (March-April 1977): 17.

<sup>52</sup>Marjorie Godfrey, "Working Conditions: How Do Yours Compare with Other Nurses?" Nursing 75 5 (May 1975): 87.

<sup>53</sup>Robert A. Ullrich, "Herzberg Revisited: Factors in Job Satisfaction," Journal of Nursing Administration 8 (November 1963): 19.

are departure processing costs, and frequently overtime costs. Other costs may be more difficult to measure. The lack of necessary staffing places quality patient care in jeopardy, and the morale and productivity of the remaining nursing personnel are adversely affected.<sup>54, 55</sup>

Explanations of the cause of turnover from hospital administrators are not in agreement with reasons found among registered nurses. Some reasons given by hospital administrators are: (1) registered nurses are more interested in money than in patients, (2) registered nurses do not want to work hard, (3) dedication of registered nurses is less, and (4) since jobs are easy to obtain, high mobility is provided for registered nurses.<sup>56</sup>

Catania claimed that high turnover rates were the result of poor personnel policies, with the greatest number of nurses resigning after one to three years of employment. The frequent reasons given by nurses for termination were family, home, or husband. The majority of these same

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<sup>54</sup>National League for Nursing, Concerns in the Acquisition and Allocation of Nursing Personnel, Publication No. 14-1631, (New York: National League for Nursing, 1978), p. 8.

<sup>55</sup>Diane Cronin-Stubbs, "Job Satisfaction and Dissatisfaction among New Graduate Staff Nurses," Journal of Nursing Administration 7 (December 1977): 44.

<sup>56</sup>Malone, "The Dilemma of a Professional in a Bureaucracy," p. 4.

nurses were then found employed in another hospital in the same area, within a period of two weeks.<sup>57</sup>

Studies have been consistent in identifying the same factors which lead to job satisfaction and dissatisfaction. Cronin-Stubbs found that achievement and recognition were the most important factors relative to job satisfaction and dissatisfaction among new graduate staff nurses, followed by working conditions and the work itself. From the list of fourteen factors, the least important was salary.<sup>58</sup> Also, White and Maguire discovered that achievement and recognition promoted job satisfaction among hospital supervisors. Following in the level of importance was interpersonal relations. The concern relative to salary was compensation based on experience.<sup>59</sup>

Longest found similar results in his study of job satisfaction for nurses in the hospital. Achievement and interpersonal relations ranked high in importance, followed by policy and administration factors. Recognition was

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<sup>57</sup>James P. Catania, "Why Do Nurses Change Jobs?" Hospital Management 98 (August 1962): 94.

<sup>58</sup>Cronin-Stubbs, "Job Satisfaction and Dissatisfaction among New Graduate Staff Nurses," pp. 47-48.

<sup>59</sup>Catherine H. White and Maureen C. Maguire, "Job Satisfaction and Dissatisfaction among Hospital Nursing Supervisors: The Applicability of Herzberg's Theory," Nursing Research 22 (January-February 1973): 27-28.

found to have a low priority level.<sup>60</sup>

As in findings of others, McClosky found that achievement and recognition were of importance, but salary was not. She further discovered time provided for educational opportunities ranked highly in promoting job satisfaction.<sup>61</sup>

The Nursing 75 survey results as reported by Godfrey indicated that the majority of factors relative to job satisfaction and dissatisfaction were all prevalent to various degrees in nursing. Hospital bureaucracy and hospital management was found to be a major problem. Registered nurses complained that hospital management paid little or no attention to their recommendations and problems, and that there is a general lack of communication between nurses and hospital administrators.<sup>62</sup>

It is evident that there is a wide range of factors which provide a work environment for registered nurses that will lead to lower turnover rates. The need for high level psychological rewards is substantial. Maslow describes the

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<sup>60</sup>Beaufort B. Longest, "Job Satisfaction for Registered Nurses in the Hospital Setting," Journal of Nursing Administration 4 (May-June 1974): 48-50.

<sup>61</sup>McCloskey, "Influence of Rewards and Incentives of Staff Nurse Turnover Rates," pp. 241-44.

<sup>62</sup>Godfrey, "Working Conditions: How Do Yours Compare with Other Nurses?" p. 92.



self-actualized individual as one who reached self-fulfillment and becomes what one is capable of becoming. This individual is more integrated, open to experience, creative, independent. Self-actualization provides growth which is self-motivating.<sup>63</sup> It is also evident that until the needs and desires of registered nurses are met on the job, high turnover rates and problems of recruitment will continue.

#### The Changing Image of the Registered Nurse

There has long been a stereotyped image of nurses. This impression may be attributed to the predominance of women in nursing, and the picture conveyed by fictional novels, movies, and television programs. Nursing has not been a career that has been attractive to men. The 1977 National Sample Survey of Registered Nurses reported that only 1.9 percent of registered nurses are male.<sup>64</sup> In the past ten to fifteen years, there has only been an increase of 0.9 percent. Because of the number of women in nursing, many individuals view nursing as an occupation where maternal care is highly prevalent, and scientific knowledge and skill are lacking. Further, nursing is considered as an

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<sup>63</sup>Maslow, Motivation and Personality, p. 58.

<sup>64</sup>"ANA Sample Survey Offers Profile of RNs," The American Nurse, 20 April 1979, p. 1.

inconsequential job en route to marriage. The media has presented nurses and nursing to the public in various ways, but not a true or accurate picture of what contributions nurses do make in the delivery of health care. The nurse, who spends more time with patients than any other health care worker, is seen very little at the bedside. Instead, nurses come in and out of patients' rooms, doing very little. Other representations of nurses have been handmaidens, who are fun loving and inept.<sup>65</sup>

The problems, frustrations, and exploitations of women voiced in the woman's rights movement have always been prevalent among nurses. The concerns and ideas of women were not considered to be valid or significant.<sup>66</sup> Although nursing has always been a woman's occupation, it has been controlled in a health care industry, which has been dominated by men. As with other women in our society, nurses have been placed in a role to serve the needs of men. In the dual hierarchy of hospitals, nurses have been subservient to two masters: administrators and medical staff. Questioning physicians and administrators, who have been predominately male, has been taboo, and has fre-

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<sup>65</sup>"Media Presents Inaccurate Image of Nursing," The American Nurse, 20 September 1979, p. 7.

<sup>66</sup>Grissum and Spengler, Woman Power and Health Care, p. 18.

quently been taken as a threat to the male supremacy.<sup>67</sup>

The work setting of a nurse in the hospital has been one of a "social subgroup."<sup>68</sup> The environment provided policies that have "undercompensated, misutilized, and bullied" nurses, and any attempts or proposals for improvement of the work situations or status has been vigorously attacked.<sup>69</sup>

Nurses have long accepted their low status, which has contributed to their lack of confidence in obtaining needs, and reinforcing their low self-esteem. This situation has been conducive to feelings of anxiety, conflict, frustration, and failure.<sup>70</sup> Noncaring, interested in money and not patients, has been a frequent criticism of nurses. Among some nurses, this behavior does exist, which is frequently a defense acquired after a long period of conflict and frustration resulting from the many problems encountered in their nursing career and hospital employment. When a resolution to this conflict and frustration has not

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<sup>67</sup>Carol A. Garant, "The Process of Effecting Change in Nursing," Nursing Forum 17 (No. 2, 1978): 155.

<sup>68</sup>Grissum and Spengler, Woman Power and Health Care, p. 30.

<sup>69</sup>Lysaught, Action in Nursing: Progress in Professional Purpose, p. 27.

<sup>70</sup>Douglas A. Benton and Harold C. White, "Satisfaction of Job Factors for Registered Nurses," Journal of Nursing Administration 2 (November-December 1972): 55.

been acquired, apathy has become evident.<sup>71</sup>

Nurses are now maturing and making greater efforts for autonomy.<sup>72</sup> They are beginning to become more assertive and are making greater demands in their quest to become masters of their own destiny. Numerous factors have influenced the changing attitudes and behaviors of registered nurses. Women's liberation and other major social, economic, political, and technological transformations have had an impact on registered nurses and nursing.

The 1960s not only brought major social and political changes, but problems to some hospitals, which had been unheard of previously. Hospital administrators, physicians, and the public were confronted for the first time with nurses who began to change their image. The passive and dependent roles of nurses began to dissolve, as they showed greater discontentment with their jobs and roles by demanding better working conditions and increased salaries. In the mid 1960s, in San Francisco, nurses' demands were met several days before a strike deadline. This occurrence followed the example set by registered nurses in New York City. In 1974, nurses in San Francisco actually did

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<sup>71</sup>Anne Marie DeFlippo, "Big Nurse: Little Ego," Supervisor Nurse, 5 (August 1974): 24.

<sup>72</sup>Grissum and Spengler, Woman Power and Health Care, p. 200.

strike. Salary increase was allegedly not the main issue; better working conditions with more trained personnel and increased fringe benefits were the main considerations.<sup>73</sup>

Throughout the country, nurses are becoming more demanding.<sup>74, 75</sup> This behavior is frequently viewed by hospital administrators, and many registered nurses themselves, as one of militancy. Further, this behavior is totally removed from the long held image of nurses. Nurses were considered to be passive and non-aggressive, non-assertive and self-sacrificing, feminine and maternal.<sup>76</sup> Now, they are being visualized as hard, aggressive, assertive, and selfish, which are considered to be unfeminine characteristics. Hospital administrators frequently interpret this behavior of registered nurses as being disloyal and less dedicated.<sup>77</sup>

Registered nurses see themselves differently than they did ten to fifteen years ago. In Reich's and Geller's

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<sup>73</sup>Ibid., pp. 88-89.

<sup>74</sup>"Eight Hundred RNs Protest Staff Shortages, Pay," The American Nurse, 20 August 1979, p. 14.

<sup>75</sup>"Pennsylvania Nurses Ratify New Contract," The American Nurse, 20 August 1979, p. 15.

<sup>76</sup>Pamela E. Butler, Self-Assertion for Women: A Guide to Becoming Androgynous, (San Francisco: Canfield, 1976), p. 4.

<sup>77</sup>Malone, "The Dilemma of a Professional in a Bureaucracy," p. 40.

study of how they perceive themselves, nurses scored themselves highly in areas of dominance, self-control and self-confidence, and overall as more aggressive and assertive. This is opposite of earlier self-image findings, where nurses scored low on aggression and autonomy.<sup>78</sup> Cooper's, Lewis', and Moore's personality study of senior nurses showed a definite difference between nurses and the normative female population. Female nurses were found to be more extroverted, emotionally stable, considerate, experimenting, self-sufficient, controlled and relaxed than other occupational groups of women.<sup>79</sup>

The changing behavior of registered nurses can be of tremendous value if used constructively by nurses themselves, and if accepted positively and understood by hospital administrators. Aggressive and assertive behavior can open communication channels, since timid, shy, passive behavior generates no communication.<sup>80</sup> With so many changes occurring in all areas of society, registered nurses who are becoming more aware of their power are not likely to revert

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<sup>78</sup>Stephen Reich and Andrew Geller, "Self-Image of Nurses," Psychological Reports, 39 (October 1976): 401.

<sup>79</sup>Cary L. Cooper and Barbara L. Lewis, "Personality Profile of Long Serving Senior Nurses: Implication for Recruitment and Selection," International Journal of Nursing Studies 13 (Spring 1974): 254.

<sup>80</sup>Janet M. Beard, "What is Your Attitude Saying?" AORN 24 (October 1976): 782.

to their previous circumstances and status in the health care field.

## CHAPTER III

### COLLECTION AND ANALYSIS OF DATA

#### The Population and Sample Selection

The American Hospital Association's "Guide to the Health Care Field," 1979 edition, was utilized to select 195 hospital administrators throughout Texas. The selection was made randomly from approximately 525 acute care, short-stay, medical and surgical hospitals. Bed capacity ranged from fifty to seven hundred beds.

Data were collected over a two month period, November and December 1979. From the 195 questionnaires mailed to hospital administrators, eighty-seven were returned at a response rate of 44.6 percent. In compliance with the Department of Health, Education and Welfare regulations, respondents were required to sign a consent that they willingly took part in the study. No follow-up was made on the non-respondents. All replies were compiled in this study.

The respondents were eighty-four male and three female, ranging in age from under thirty years to over sixty years, with the greatest number in the age groups of thirty-one to thirty-five and forty-six to fifty years of age. There were eighteen in each of these two age groups (total of 41.4 percent). Fifty-five (63.2 percent) had an



TABLE 1.--Age distribution and education of eighty-seven hospital administrators.

	Frequency	
	N	%
<u>Age</u>		
30 yrs. & less .....	12	13.8
31-35 .....	18	20.7
36-40 .....	9	10.3
41-45 .....	10	11.5
46-50 .....	18	20.7
51-55 .....	4	4.6
56-60 .....	8	9.2
61 and over .....	8	9.2
<u>Education</u>		
<u>Bachelor's</u>		
Business admin. ....	34	75.6
Health care admin. ..	3	6.7
Other .....	7	15.6
Unknown .....	1	2.2
<u>Master's</u>		
Business admin. ....	31	67.4
Health care admin. ..	11	23.9
Other .....	3	8.7
<u>Graduate Certificate</u>		
Business admin. ....	2	33.3
Health care admin. ..	2	33.3
Other .....	2	33.3
<u>Doctoral</u>		
Business admin. ....	3	100.0

education beyond the baccalaureate level, with forty-six (52.9 percent) possessing a master's degree, six (6.9 percent) a graduate certificate, and three (3.5 percent) a doctoral degree. Forty-two hospital administrators failed

TABLE 2.--Frequencies of hospital administrators' length of hospital administrative experience, bed capacities of hospitals, and number of registered nurses employed.

	Frequency	
	N	%
<u>Length of hosp. adm. exp.</u>		
5 yrs. & less .....	18	20.7
6-10 .....	21	24.1
11-15 .....	17	19.5
16-20 .....	8	9.2
21-25 .....	8	9.2
26 & over .....	15	17.2
<u>Bed capacities</u>		
Under 150 .....	52	59.8
150-199 .....	12	13.8
200-299 .....	13	14.9
300-399 .....	3	3.4
400-499 .....	1	1.1
500 or more .....	6	6.9
<u>Number RNs employed</u>		
Under 100 .....	68	78.2
100-149 .....	7	8.0
150-199 .....	2	2.3
200-249 .....	2	2.3
250-299 .....	2	2.3
300-349 .....	2	2.3
350-399 .....	1	1.1
400 & over .....	2	2.3
Not known .....	1	1.1

to respond regarding their baccalaureate education. The greatest number in all educational categories possessed a degree in business administration (see table 1). The length of hospital administrative experience varied from five years and less to over twenty-five years, with the

greatest number, twenty-one (24.1 percent) in the six to ten years category. The greatest number of respondents, fifty-two (59.8 percent) were administrators in hospitals with fifty to 150 beds, the remaining respondents were in hospitals varying in size from 151 to over 500 beds. The majority of hospitals, sixty-eight (78.2 percent) had less than one hundred registered nurses employed, the remaining hospitals employed 101 to over 400 registered nurses (see table 2).

#### The Instrument

A researcher-designed instrument of forty questions was utilized for this study. Questions included demographic data pertaining to hospital administrators' sex, age, education, and length of hospital administrative experience. Other questions included bed capacity; number of registered nurses employed; hospital administrators' perceptions of registered nurses' job satisfaction, contribution to the total delivery of health care in the hospital, aggressiveness, self-confidence, dedication to the nursing profession, and loyalty to the hospital. Further questions included hospital administrators' familiarity with the duties of administrative, head and staff nurses; hospital administrators' awareness of the curriculum requirements of the baccalaureate, diploma and associate nursing programs; hospital administrators' satisfaction with the per-

formance of administrative, head, and staff nurses; and hospital administrators' perceptions of registered nurses' communication skills, and which nursing program produces the best managerial and technical trained nurse. Other points of inquiry were: from what sources do hospital administrators receive information relative to the problems of registered nurses; the amount of contact hospital administrators have with registered nurses, the turnover rate and reasons for resignations of registered nurses; and why registered nurses leave hospital employment.

Most questions were constructed with a scaled response. Questions pertaining to the demographic data were checklist, fill-in, and scaled. Questions of why registered nurses leave hospital employment, and the means by which hospital administrators learn of morale problems were constructed for a ranking response (see appendix A).

#### Analysis of Data

Data were coded, and the DEC-20-SPSS computer system at the Texas Woman's University was utilized to process the data. Data obtained were nominal and interval. Since interval data may be treated as nominal,<sup>81</sup> chi-square was utilized to test if significant differences existed between

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<sup>81</sup>Bruce W. Tuckman, Conducting Educational Research, 2nd edition (New York: Harcourt Brace Jovanovich, Incorporated, 1972), p. 212.

the independent categories in relationship to the dependent categories in the first fourteen research questions. The F-ratio test was done to determine if significant differences existed between the three groups of responses given by hospital administrators relative to research questions 15 and 16. A significance level of .05 was accepted in the chi-square and F-ratio analysis. The remaining research questions and all responses to the questions in this survey were interpreted with the measurements of central tendency and variability, mean and standard deviation.

Research Question 1. There were no statistically significant differences between hospital administrators' age relative to their levels of familiarity with the routine daily duties of registered nurses in the three different nursing positions: administrative nurses' duties (chi-square 27.48, 28 df,  $p=.49$ ), head nurses' duties (chi-square 25.13, 28 df,  $p=.62$ ), staff nurses' duties (chi-square 27.28, 28 df,  $p=.50$ ). (See appendix D, table 5.)

Also, there were no statistically significant differences between hospital administrators' length of hospital administrative experience relative to their levels of familiarity with the routine daily duties of registered nurses in the three different nursing positions: administrative nurses' duties (chi-square 14.37, 20 df,  $p=.81$ ), head nurses' duties (chi-square 21.69, 20 df,  $p=.36$ ), and

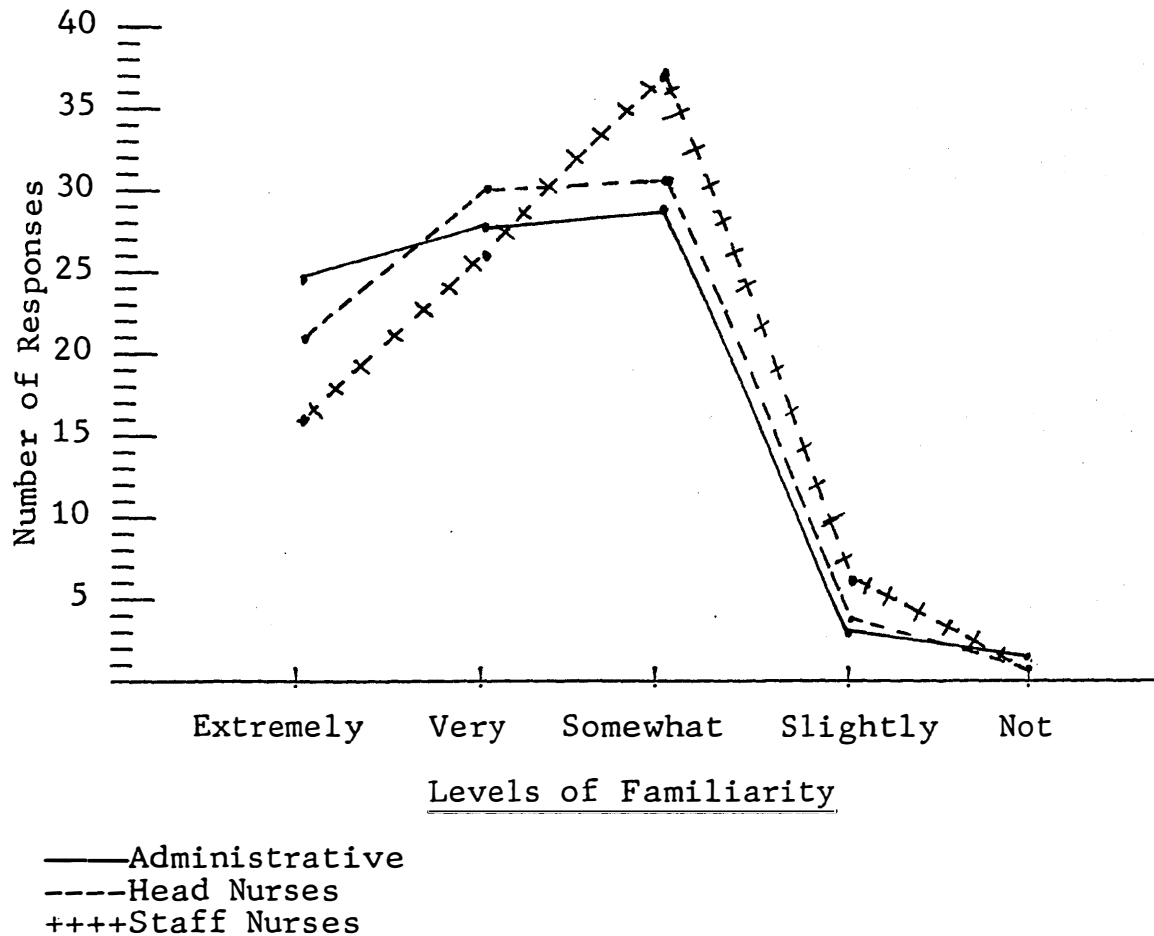
staff nurses' duties (chi-square 20.59, 20 df,  $p=.42$ ).

(See appendix D, table 6.)

Approximately half of the respondents perceived themselves as being very and extremely familiar with the routine daily duties of registered nurses in the three different nursing positions. The total number of hospital administrators who perceived themselves as being very and extremely familiar with the routine daily duties were: fifty-three (60.9 percent) with administrative nurses' duties, fifty-one (58.6 percent) with head nurses' duties, and forty-two (48.3 percent) with staff nurses' duties. A lesser level of familiarity, somewhat familiar, was the most frequent response relative to the duties of registered nurses; twenty-nine (33.3 percent) gave this response of familiarity with the routine daily duties of administrative nurses, thirty-one (35.6 percent) with head nurses' duties, and thirty-seven (42.5 percent) with staff nurses' duties. (See figure 1 and appendix E, table 41.)

Research Question 2. There were no statistically significant differences between hospital administrators' age relative to their awareness of the curriculum requirements of the baccalaureate nursing programs (chi-square 28.02, 28 df,  $p=.46$ ), or the associate nursing programs (chi-square 24.01, 28 df,  $p=.68$ ). The statistically significant differences between hospital administrators' age

FIGURE 1.--Frequencies of hospital administrators' level of familiarity with the duties of registered nurses in three different nursing positions.



relative to their awareness of the diploma nursing programs' curriculum requirements was not an acceptable .05 level, but it was noteworthy (chi-square 40.65, 28 df,  $p=.06$ ). (See appendix D, table 7.) Also, there were no statistically significant differences between hospital administrators' length of hospital administrative experience relative to their levels of awareness with the curriculum requirements of the three nursing programs: baccalaureate

(chi-square 21.87, 20 df,  $p=.35$ ), diploma (chi-square 22.80, 20 df,  $p=.30$ ), and associate (chi-square 23.07, 20 df,  $p=.29$ ). (See appendix D, table 8.)

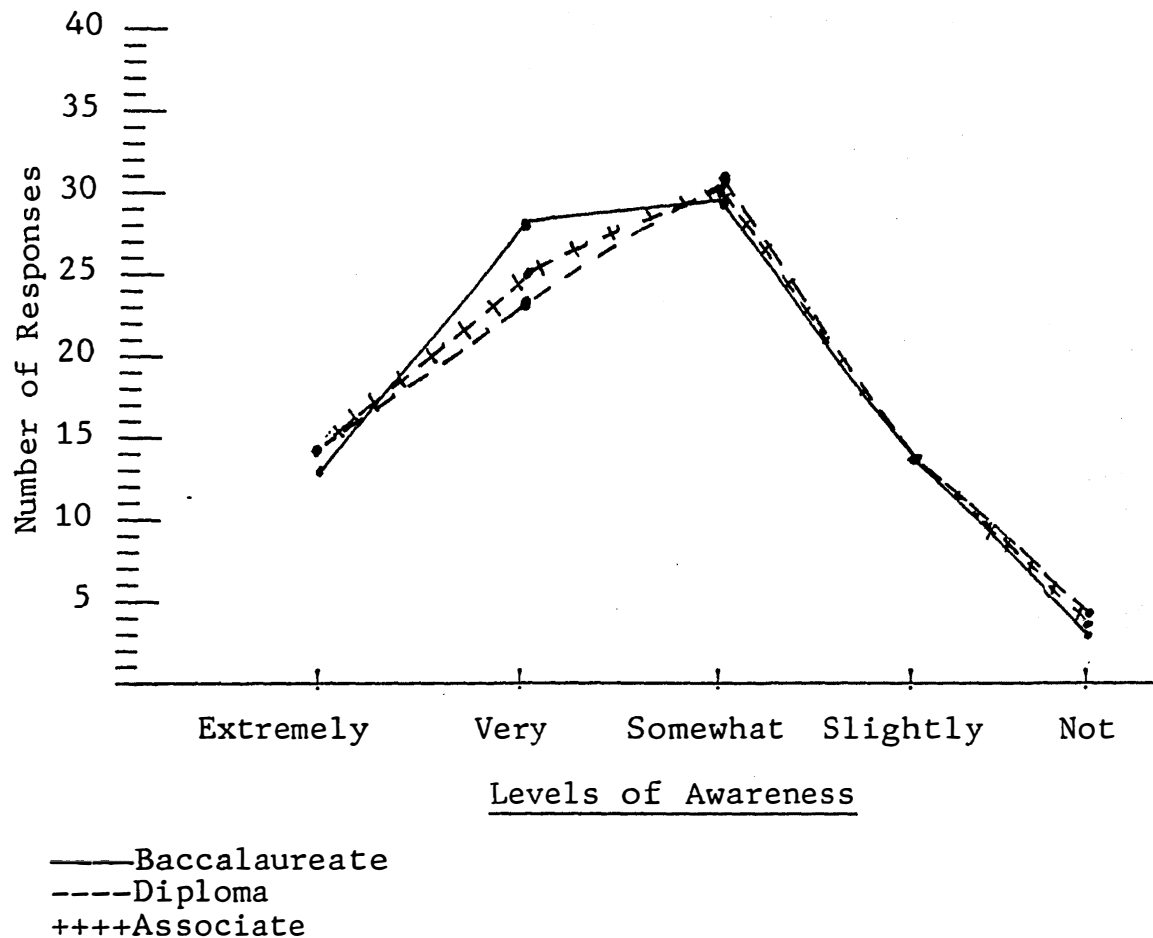
Overall, less than 50 percent of the hospital administrators perceived themselves as being very and extremely aware of the curriculum requirements of the three different nursing programs. Forty-one (47.1 percent) of the hospital administrators perceived themselves to be very and extremely aware of the curriculum requirements of the baccalaureate nursing programs, thirty-seven (42.5 percent) perceived themselves as being very and extremely aware of the curriculum requirements of the diploma nursing programs, and thirty-nine (44.8 percent) perceived themselves as being very and extremely aware of the curriculum requirements of the associate nursing programs. (See figure 2 and appendix E, table 42.)

There is an apparent lack of awareness among some hospital administrators of registered nurses' curriculum requirements. Neither the age nor the length of hospital administrative experience apparently affects hospital administrators' level of knowledge of curriculum requirements of the various nursing programs.

Research Question 3. There were no statistically significant differences between hospital administrators' age relative to their perceptions of which nursing program



FIGURE 2.--Frequencies of hospital administrators' level of awareness of the curriculum requirements of the three different nursing programs.



produces the best managerial trained nurse (chi-square 21.75, 21 df,  $p=.41$ ). Stastically significant differences were found between hospital administrators' age relative to which nursing program produces the best technical trained nurse (chi-square 35.75, 21 df,  $p=.02$ ). (See appendix D, table 9.)

There were no statistically significant differences between hospital administrators' length of hospital admin-

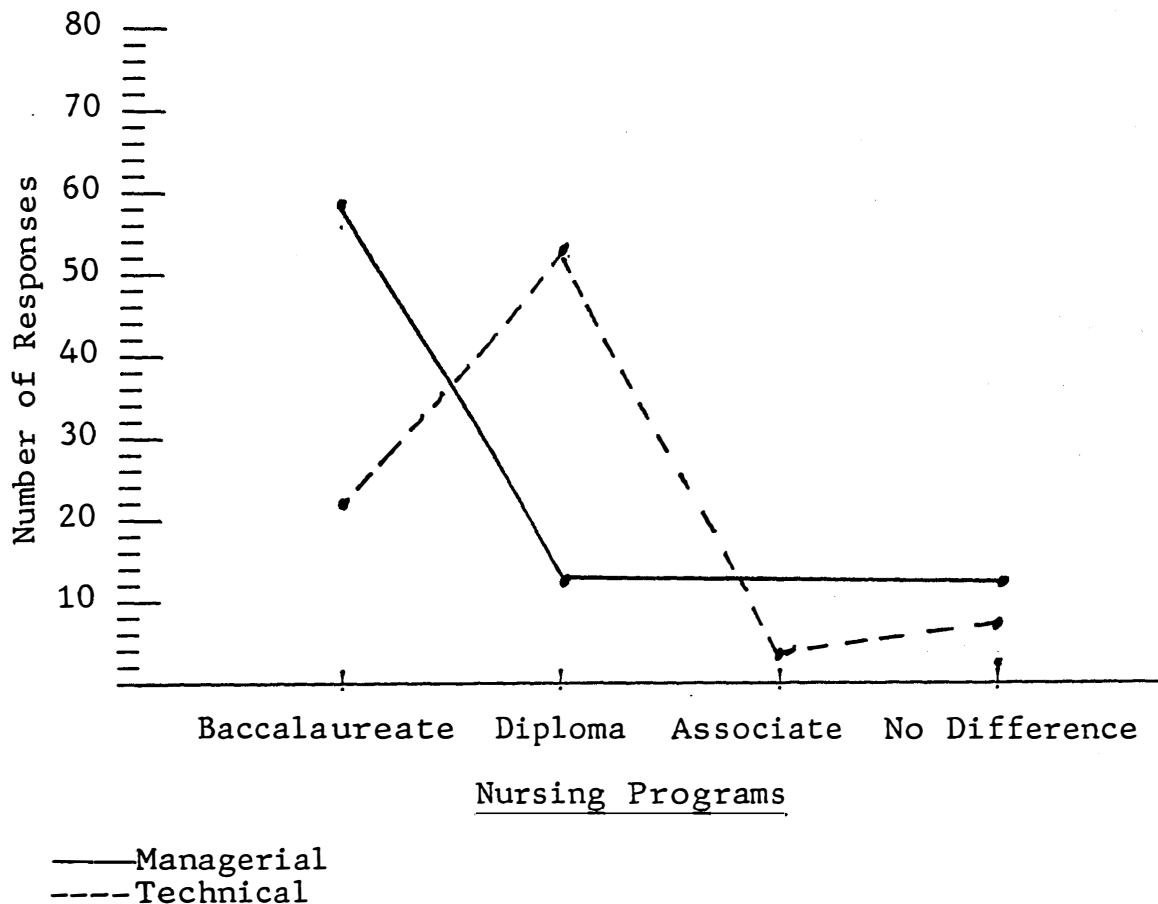
istrative experience relative to their perceptions of which nursing program produces the best managerial trained nurse (chi-square 9.61, 15 df,  $p=.84$ ), or the best technical trained nurse (chi-square 14.11, 15 df,  $p=.52$ ). (See appendix D, table 10.) Fifty-nine (67.8 percent) of the hospital administrators perceived the baccalaureate nursing programs as producing the best managerial trained nurse, and fifty-three (60.9 percent) perceived the diploma nursing programs as producing the best technical trained nurse. In each age and length of hospital administrative experience category, there were more responses of the baccalaureate program producing the best managerial nurse, and the diploma nursing program producing the best technical nurse. (See figure 3 and appendix E, table 43.) These findings, although not statistically significant, agree with the frequently held belief that registered nurses from the baccalaureate nursing programs are more effective in management, and diploma nurses are more effective in patient skills.<sup>82</sup>

Research Question 4. There were no statistically significant differences between hospital administrators' age relative to their perceptions of the adequacy of registered nurses' salary (chi-square 13.52, 14 df,  $p=.49$ ), or the level of contribution which registered nurses make to

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<sup>82</sup>Grissum and Spengler, Womanpower and Health Care, pp. 118-19.

FIGURE 3.--Frequencies of hospital administrators' perceptions of which nursing program produces the best managerial and technical trained nurse.



the total delivery of health care (chi-square 9.32, 14 df,  $p=.81$ ). (See appendix D, table 11.) Also, no statistically significant differences were found between hospital administrators' length of administrative experience relative to their perceptions of the adequacy of registered nurses' salary (chi-square 10.46, 10 df,  $p=.41$ ), or to the level of contribution which registered nurses make to the total delivery of health care (chi-square 10.41, 10 df,

p=.41). (See appendix D, table 12.)

The majority of hospital administrators, sixty-three (72.4 percent), perceived registered nurses as being properly paid, eighteen (20.7 percent) perceived registered nurses as being under paid, and the remaining six (6.9 percent) perceived them as being over paid. Hospital administrators' perceptions of the adequacy of registered nurses' salary is not in agreement with many registered nurses and others who have long and sometimes vigorously charged that there exists inadequacy and inequity in registered nurses' salaries.<sup>83, 84, 85</sup> A charge frequently heard voiced against hospital administrators is that they do not acknowledge and recognize the contribution that is made by registered nurses to the delivery of health care. The results of this study, although not significant, do recognize the contribution that is made by registered nurses. Twenty-seven (31.0 percent) of the hospital administrators perceived registered nurses as making an enormous contribution to the delivery of health care, and fifty-five (63.2 percent) perceived that registered nurses make a substan-

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<sup>83</sup>Ada Jacob, "How Much is a Nurse Worth," 20 August 1979, p. 4.

<sup>84</sup>Godfrey, "Working Conditions: How Do Yours Compare with Other Nurses?" p. 70.

<sup>85</sup>Katz, "Nurses," p. 54.

tial contribution. (See appendix E, table 44.)

Research Question 5. There were no statistically significant differences between hospital administrators' age relative to their perceptions of registered nurses' level of dedication to the nursing profession (chi-square 21.34, 28 df,  $p=.81$ ), or when compared to five years previous (chi-square 31.01, 35 df,  $p=.66$ ). (See appendix D, table 13.) Also, no statistically significant differences were found between hospital administrators' length of hospital administrative experience relative to their perceptions of registered nurses' dedication to the nursing profession (chi-square 17.95, 20 df,  $p=.59$ ), or when compared to five years previous (chi-square 28.50, 25 df,  $p=.29$ ). (See appendix D, table 14.)

Overall, the largest number, forty-one (47.1 percent) of the hospital administrators perceived registered nurses as quite dedicated. When compared to five years previous, forty-three (49.4 percent) of the hospital administrators perceived registered nurses as slightly less dedicated, and eighteen (20.7 percent) perceived them as much less dedicated. Even though these findings were not statistically significant, it is evident that hospital administrators did perceive registered nurses as being dedicated to the nursing profession, but substantially less dedicated than five years previous. (See appendix E, table 45.)

Research Question 6. There were no statistically significant differences between hospital administrators' baccalaureate education relative to their familiarity with the routine daily duties of registered nurses in various nursing positions: administrative nurses' duties (chi-square 13.01, 12 df,  $p=.37$ ), head nurses' duties (chi-square 6.54, 9 df,  $p=.69$ ), and staff nurses' duties (chi-square 10.19, 12 df,  $p=.60$ ). (See appendix D, table 15.)

Only forty-five hospital administrators responded to the question regarding their baccalaureate education. From that number, thirty-four (75.6 percent) had a baccalaureate in business administration, three (6.7 percent) in health care administration, seven (15.6 percent) in other fields, and one (2.2 percent) failed to respond to this question. Other fields of baccalaureate background included teaching, sociology, history, anthropology, political science, physical education, and nursing. Most responses according to baccalaureate education were somewhat familiar and very familiar with the routine daily duties of registered nurses in the three nursing positions.

Further, there were no statistically significant differences between hospital administrators' master's degree education relative to their familiarity with the routine daily duties of registered nurses in various nursing positions: administrative nurses' duties (chi-square 4.39,

8 df,  $p=.82$ ), head nurses' duties (chi-square 3.72, 6 df,  $p=.72$ ), and staff nurses' duties (chi-square 3.84, 6 df,  $p=.70$ ). (See appendix D, table 16.) The largest number of responses according to the master's degree fields of study were somewhat familiar with the routine daily duties of registered nurses in the three different nursing positions.

Because only six hospital administrators had a graduate certificate and three had a doctoral degree, the numbers were too small to analyze statistically. The responses of hospital administrators with a graduate certificate or doctoral degree were mainly very familiar and extremely familiar with the duties of registered nurses. (See appendix D, tables 17 and 18.)

Research Question 7. There were no statistically significant differences between hospital administrators' baccalaureate education relative to their awareness of the curriculum requirements of the three different nursing programs: baccalaureate nursing programs (chi-square 12.22, 12 df,  $p=.43$ ), diploma nursing programs (chi-square 9.12, 12 df,  $p=.69$ ), and associate nursing programs (chi-square 9.51, 12 df,  $p=.66$ ). (See appendix D, table 19.) There were no statistically significant differences between hospital administrators' master's degree education relative to their awareness of the curriculum requirements of the three nursing programs: baccalaureate nursing programs

(chi-square 8.38, 8 df,  $p=.40$ ), diploma nursing programs (chi-square 8.14, 8 df,  $p=.42$ ), or the associate programs (chi-square 11.83, 8 df,  $p=.16$ ). Most responses regardless of field of master's degree education were in the category of somewhat aware. (See appendix D, table 20.) Hospital administrators with a graduate certificate or doctoral degree responded similarly. (See appendix D, tables 21 and 22.)

Research Question 8. There were no statistically significant differences between hospital administrators' baccalaureate education relative to their perceptions of which nursing program produces the best technical trained nurse (chi-square 8.22, 9 df,  $p=.51$ ). Statistically significant differences were found between hospital administrators' baccalaureate education relative to which nursing program produces the best managerial trained nurse (chi-square 20.82, 8 df,  $p=.002$ ). (See appendix D, table 23.)

Also, there were no statistically significant differences between hospital administrators' master's degree education relative to which nursing program produces the best technical trained nurse (chi-square 3.88, 6 df,  $p=.69$ ), or best managerial trained nurse (chi-square 4.61, 6 df,  $p=.60$ ). As in the baccalaureate degree category, most hospital administrators with a master's degree perceived the baccalaureate nursing program as producing the



best managerial trained nurse, and the diploma nurse program as producing the best technical trained nurse. (See appendix D, table 24.) Hospital administrators with a graduate certificate or doctoral degree perceived the nursing programs similarly. (See appendix D, tables 25 and 26.)

Research Question 9. There were no statistically significant differences between hospital administrators' baccalaureate education relative to their perceptions of the adequacy of registered nurses' salary (chi-square 5.83, 6 df,  $p=.44$ ) or the level of contribution which registered nurses make to the total delivery of health care (chi-square 3.11, 6 df,  $p=.80$ ). Most hospital administrators, regardless of field of study, perceived registered nurses as being properly paid, and as making a substantial contribution to the delivery of health care. (See appendix D, table 27.)

In the master's degree category, there were no statistically significant differences between hospital administrators' perceptions relative to the adequacy of registered nurses' salary (chi-square 2.02, 4 df,  $p=.73$ ), or registered nurses' contribution to the delivery of health care (chi-square 1.90, 4 df,  $p=.76$ ). (See appendix D, table 28.) Regardless of the master's degree field of study, most hospital administrators perceived registered

nurses' salary as adequate, and contribution to the delivery of health care in the hospital as substantial, as did those with a baccalaureate degree. Results were similar among hospital administrators with a graduate certificate and those with a doctoral degree. (See appendix D, tables 29 and 30.)

Research Question 10. There were no statistically significant differences between hospital administrators' baccalaureate education relative to their perceptions of registered nurses' dedication to the nursing profession (chi-square 18.55, 12 df,  $p=.10$ ). There were found statistically significant differences between hospital administrators' baccalaureate education and their perception of registered nurses' dedication when compared to five years previous (chi-square 28.18, 15 df,  $p=.02$ ). (See appendix D, table 31.)

Also, there were no statistically significant differences between hospital administrators with a master's degree relative to their perceptions of registered nurses' dedication to the nursing profession (chi-square 10.35, 8 df,  $p=.24$ ), or when registered nurses' dedication was compared to five years previous (chi-square 9.95, 8 df,  $p=.27$ ). As with hospital administrators with a baccalaureate degree, the largest number of responses were that registered nurses were dedicated to the nursing profession, but

less dedicated than previously. (See appendix D, table 32.) Hospital administrators with a graduate certificate or doctoral degree responded similarly. (See appendix D, tables 33 and 34.)

Research Question 11. There were no statistically significant differences between the size, bed capacity of the hospitals relative to hospital administrators' familiarity with the routine daily duties of registered nurses in the three different nursing positions: administrative nurses' duties (chi-square 24.26, 20 df,  $p=.23$ ), head nurses' duties (chi-square 22.68, 20 df,  $p=.31$ ), and staff nurses' duties (chi-square 22.81, 20 df,  $p=.30$ ). Although a greater level of familiarity with various nursing duties might be expected in smaller hospitals, this condition apparently did not exist. (See appendix D, table 35.)

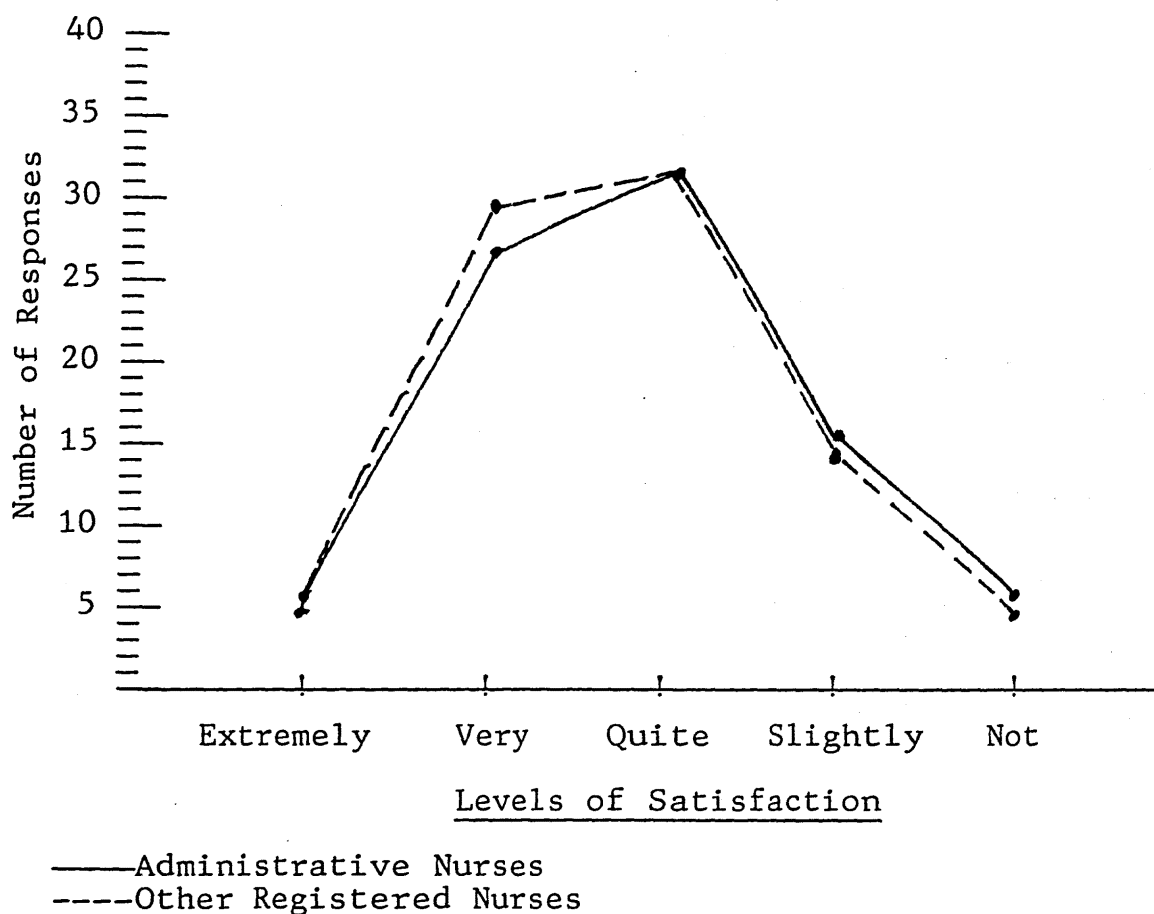
Research Question 12. Statistical differences were not found between the number of registered nurses whom hospital administrators are acquainted with by name relative to their levels of satisfaction with the performance of registered nurses in the position of head nurse (chi-square 7.97, 8 df,  $p=.44$ ), or staff nurse (chi-square 13.36, 12 df,  $p=.34$ ). (See appendix D, table 36.) Since all hospital administrators were acquainted with all administrative nurses in their hospitals, it was not possible to statistically analyze hospital administrators' satisfaction with

these nurses. (Chi-square analysis is not possible with a one-column table.)

Overall, hospital administrators were quite satisfied and very satisfied with the performance of registered nurses in all three positions. Minimal dissatisfaction with administrative and head nurses was reported, and no dissatisfaction with staff nurses. Most hospital administrators were quite satisfied and very satisfied with the managerial skills of administrative nurses, and with the technical skills of other registered nurses. (See figure 4.) The variance of hospital administrators' satisfaction with the managerial skills of administrative nurses ( $\bar{X}$  2.87, s.d. 1.02), and the technical skills of other nurses ( $\bar{X}$  2.83, s.d. 1.00) were not statistically significant. (See appendix E, table 46.) Registered nurses were perceived by most hospital administrators as being quite skilled and very skilled in verbal and written communication skills. (See figure 5.) These findings relative to communication skills were not statistically significant: verbal ( $\bar{X}$  3.24, s.d. 0.79), and written ( $\bar{X}$  3.48, s.d. 0.89). (See appendix E, table 47.)

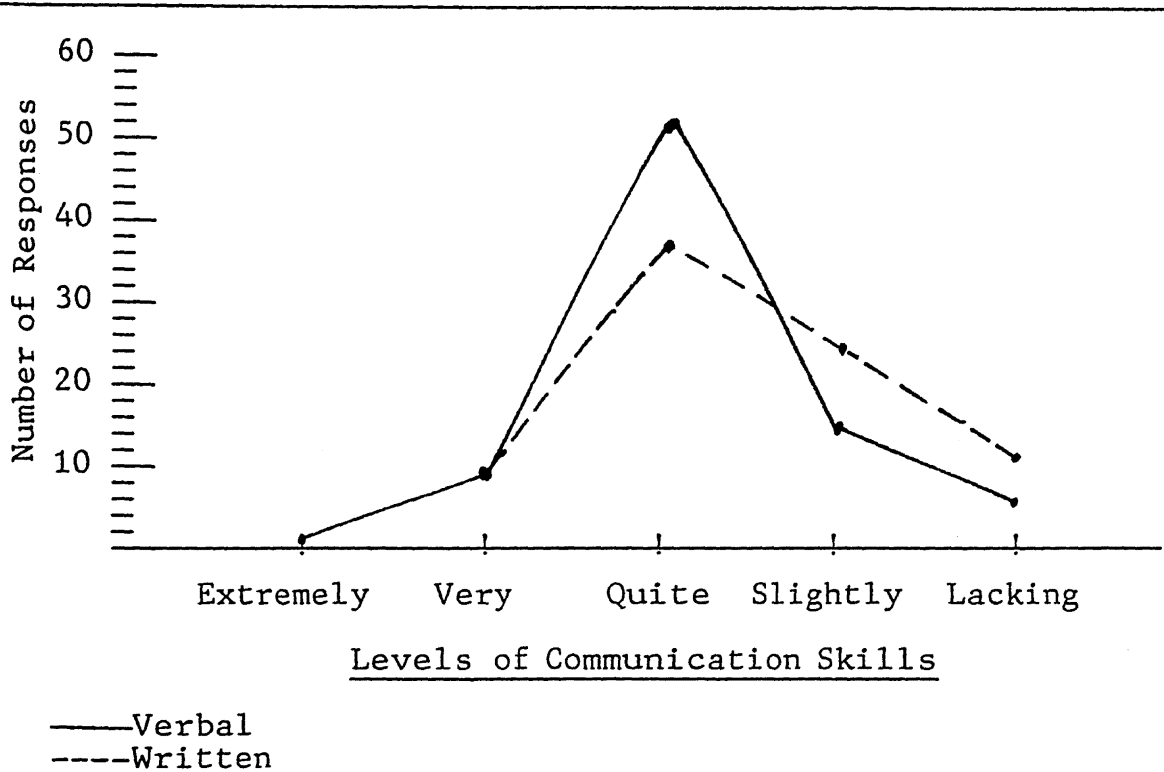
Research Question 13. There were no statistically significant differences between hospital administrators' level of familiarity with registered nurses' routine daily duties relative to their perceptions of the level of con-

FIGURE 4.--Frequency of hospital administrators' levels of satisfaction with the managerial skills of administrative nurses, and the technical skills of other registered nurses.



tribution which registered nurses make to total delivery of health care in the hospital: administrative nurses' contribution (chi-square 2.91, 8 df,  $p=.94$ ), head nurses' contribution (chi-square 7.03, 8 df,  $p=.53$ ), and staff nurses' (chi-square 6.89, 8 df,  $p=.55$ ). The largest number of hospital administrators responded as being only somewhat familiar, while perceiving these nurses as making a substantial contribution to the delivery of health care in the

FIGURE 5.--Frequency distribution of hospital administrators' perceptions of registered nurses' communication skills.



hospital. (See appendix D, table 37.) Evidently, knowledge of the tasks of registered nurses by hospital administrators was not necessary to acknowledge registered nurses' contribution to the total delivery of health care in the hospital.

Research Question 14. There were no statistically significant differences between hospital administrators' perceptions of how demanding registered nurses are relative to their perceptions of the level of registered nurses' dedication to the nursing profession (chi-square 18.87, 12 df,  $p=.09$ ). Also, there were no statistically significant

differences between hospital administrators' perceptions of the dedication of registered nurses when compared to five years previous (chi-square 21.72, 15 df,  $p=.12$ ). (See appendix D, table 38.)

Although the largest number of hospital administrators perceived registered nurses as more demanding, they still find registered nurses substantially dedicated to the nursing profession. When comparing registered nurses' dedication to five years previous, the largest number of hospital administrators perceived registered nurses as more demanding and substantially less dedicated. (See appendix E, table 48.) These findings apparently confirm other hospital administrators' opinions that registered nurses have become more demanding and less dedicated.<sup>86</sup> Also, forty (54.0 percent) of the hospital administrators perceived baccalaureate nurses as more demanding than diploma or associate nurses. (See appendix E, table 49.)

Research Question 15. There was no statistically significant acknowledgement of self-actualization needs by hospital administrators as reasons for registered nurses leaving hospital employment. Hospital administrators were requested to check three reasons out of ten why registered nurses leave hospital employment in rank order of the most

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<sup>86</sup>Malone, "The Dilemma of a Professional in a Bureaucracy," p. 40.

frequent to the least frequent reason. The responses checked most often for the most frequent reason of why registered nurses leave hospital employment were: ease of finding another job, twenty-nine (33.3 percent); work schedule, twenty-six (29.9 percent); and salary, sixteen (18.4 percent). For the second most frequent reason why registered nurses leave hospital employment the following responses were the most frequently checked: ease of finding other employment, twenty-five (28.7 percent); work schedule, twenty (23.0 percent); and salary, fifteen (17.2 percent). The same responses were given for the third most frequent reason why registered nurses leave hospital employment: ease of finding other employment, eighteen (20.7 percent); salary, sixteen (18.4 percent); and work schedule, thirteen (14.9 percent). The statistical variance for the reasons why registered nurses leave hospital employment were: first most frequent reason -  $\bar{X}$  8.16, s.d. 2.38; second most frequent reason -  $\bar{X}$  7.64, s.d. 2.58; and third most frequent reason -  $\bar{X}$  6.56, s.d. 2.99. There were relatively few responses of lack of achievement, lack of recognition, and lack of opportunity for advancement as reasons why registered nurses leave hospital employment. (See appendix E, table 50.) The F-ratio test revealed the variance between the three groups of responses to be statistically non-significant (F-ratio 0.038,  $p > .05$ ). (See



TABLE 3.--F-ratio results of the relationships among the three reasons given by hospital administrators of why registered nurses leave hospital employment.

Source of variation	Sum of squares	DF	Mean squares	F-ratio
<u>Mean scores</u>				
Between groups.....	91.05	2	45.53	0.038*
With groups...	310,658.40	258	1204.10	

\*  $p > .05$

table 3.)

Twenty-four (27.6 percent) of the hospital administrators responded that the turnover rate among registered nurses in their hospitals were less than 10 percent, forty (46.0 percent) responded that the turnover rates were 10 to 25 percent, and nineteen (21.8 percent) responded that the turnover rates were 26 to 50 percent. Seventy-nine (90.8 percent) claimed to have identified the reasons for registered nurses resigning from their hospitals. Fifty-six (64.8 percent) responded that resignations from registered nurses were because of personal reasons, nineteen (21.8 percent) responded that resignations were due to registered nurses finding better jobs, and twelve (13.8 percent) responded that the cause for registered nurses resigning was because of job dissatisfaction. There were no statistically significant variances of the following: turnover

rates ( $X$  2.03, s.d. 0.83), hospital administrators who identified reasons for the resignations of registered nurses ( $X$  1.08, s.d. 0.28), and reasons for registered nurses' resignations ( $X$  2.08, s.d. 0.60). (See appendix E, table 51.)

Further, there was no statistically significant variance of hospital administrators' perceptions of the level of satisfaction which registered nurses have with their jobs ( $X$  2.89, s.d. 0.71). Fifty-two (59.8 percent) of the hospital administrators perceived registered nurses as quite satisfied, eighteen (20.7 percent) perceived them as being very satisfied, and three (3.4 percent) perceived them as being extremely satisfied. (See appendix E, table 52.) The variance of hospital administrators' perceptions of registered nurses' loyalty to the hospitals of employment was, also, not statistically significant ( $X$  2.56, s.d. 0.99). A total of seventy-three (83.9 percent) of the hospital administrators perceived registered nurses as quite loyal and extremely loyal. (See appendix E, table 53.)

Research Question 16. There was no statistically significant variance of hospital administrators' acknowledgement of morale problems among the registered nurses in their hospitals ( $X$  1.33, s.d. 0.47). Fifty-eight (66.7 percent) of the hospital administrators were aware of morale problems, and thirty-nine (33.3 percent) were not.

Out of the fifty-eight who acknowledged morale problems, there was no statistically significant finding of their level of awareness ( $\bar{X}$  2.19, s.d. 0.76). A total of forty-one (60.7 percent) of the hospital administrators claimed to be either very aware or extremely aware of morale problems. (See appendix E, table 54.)

The variance of the ways by which hospital administrators discover morale problems was not statistically significant. Hospital administrators were requested to check three out of six ways in rank order of the most frequent to the least frequent ways by which they discovered the existence of morale problems among the registered nurses in their hospitals. The first most frequent ways were: through nursing administration, thirty-three (56.9 percent); and through informal meetings with staff and head nurses, twelve (20.7 percent). The second most frequent ways were through nursing administration, eighteen (31.0 percent); through the medical staffs, sixteen (27.6 percent); and through staff and head nurses' informal meetings, fifteen (25.9 percent). The third most frequent ways were: through the grapevine, eighteen (31.0 percent); through staff and head nurses' formal meetings, fifteen (25.9 percent); and through nursing administration, ten (17.2 percent). The means and standard deviations of these findings were: first most frequent way -  $\bar{X}$  2.28, s.d. 1.62;

TABLE 4.--F-ratio results of the relationships among the three ways by which hospital administrators discovered morale problems.

Source of variation	Sum of squares	DF	Mean squares	F-ratio
<u>Mean scores</u>				
Between groups	38.84	2	17.42	0.123*
With groups	24190.42	171	141.46	

\*  $p > .05$

second most frequent way -  $\bar{X}$  2.53, s.d. 1.39; and the least most frequent way -  $\bar{X}$  3.32, s.d. 1.46. (See appendix E, table 55.) The F-ratio test found the variance between the three groups of responses of the ways morale problems were discovered to be statistically nonsignificant ( $F=0.123$ ,  $p > .05$ ). (See table 4.)

Overall, nursing administration and informal meetings with staff and head nurses were the major ways which hospital administrators discovered the existence of morale problems among the registered nurses. The amount of contact which hospital administrators claimed to have with the nursing staff did provide ample opportunity to discover the existence of morale problems. Fifty-nine (67.8 percent) of the hospital administrators claimed to have contact with the administrative nurses twice or more daily; and thirty-seven (42.5 percent) claimed to visit the nursing units

daily, while twenty (23.0 percent) claimed to visit the nursing units twice daily. There was no statistically significant variance of the amount of contact hospital administrators had with the administrative nurses ( $X$  1.43, s.d. 0.76); or the number of visits which hospital administrators make to the nursing units ( $X$  2.20, s.d. 1.29). (See appendix E, table 56.)

Research Question 17. There was no statistically significant variance of hospital administrators' perceptions that hiring additional registered nurses would improve the quality of nursing care in their hospitals ( $X$  1.62, s.d. 0.51). Fifty-two (59.8 percent) of the hospital administrators responded that hiring additional registered nurses would not improve the quality of nursing care. The frequently voiced claim that the duties of registered nurses can be performed by less educated personnel was not found to be statistically significant ( $X$  1.34, s.d. 0.35), but forty-five of the hospital administrators claimed that the duties of registered nurses could be accomplished by less educated personnel, with only seven (8.0 percent) who claimed the opposite, and the remainder had no opinion. (See appendix E, table 57.)

Research Question 18. There was no statistically significant variance of hospital administrators' perceptions that registered nurses are more aggressive than other

groups of hospital workers ( $X$  1.54, s.d. 0.57), or that registered nurses are more self-confident than other groups of hospital workers ( $X$  1.66, s.d. 0.63). Also, there was no statistically significant variance of hospital administrators' perceptions of the level of aggression, when compared to other hospital workers ( $X$  3.00, s.d. 0.90); or the level of self-confidence, when compared to other groups of hospital workers ( $X$  2.70, s.d. 1.64). From the forty-three (49.4 percent) hospital administrators who perceived registered nurses as more aggressive, eighteen (41.8 percent) perceived them as quite more aggressive, and eight (18.6 percent) perceived them as very much more aggressive. From the thirty-seven (42.5 percent) hospital administrators who perceived registered nurses as more self-confident, eleven (29.7 percent) perceived them as quite more self-confident, and eleven (29.7 percent) perceived them as extremely more self-confident than other groups of hospital workers. (See appendix E, tables 58 and 59.)

Overall, hospital administrators were almost equally divided in their perceptions of registered nurses being more aggressive and self-confident than other groups of hospital workers. Those who did perceive registered nurses as aggressive and self-confident perceived them as substantially more aggressive and self-confident.

## CHAPTER IV

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary of Study

This study of eighty-four male and three female hospital administrators' perceptions of the performance, tasks and behavior of registered nurses was conducted with a researcher-designed questionnaire. The respondents who took part in this study were mainly from hospitals of 150 beds and less. The greatest number were fifty years of age and less, with fifteen years and less of hospital administrative experience, and had an educational background in business administration on the baccalaureate and graduate levels.

The first fourteen research questions were statistically analyzed utilizing chi-square, and the remaining four research questions and all items on the questionnaire were analyzed utilizing mean and standard deviation. Over half of the hospital administrators perceived themselves as being highly familiar with the duties of administrative and head nurses, while less than half of the hospital administrators perceived themselves as being highly familiar with the duties of staff nurses. The majority of hospital administrators were substantially satisfied with the perfor-

mance of registered nurses in their hospitals, with greater satisfaction of staff nurses' performance than with the performance of administrative or head nurses. Overall, hospital administrators perceived registered nurses as adequately skilled in communication skills, with greater skill in verbal than written communication.

There was greater awareness of the baccalaureate and associate nursing programs' curriculum requirements than the diploma programs' curriculum requirements, with hospital administrators' awareness of the curriculum requirements of all three nursing programs as being substantial. The majority of hospital administrators perceived the baccalaureate program as producing the best managerial trained nurse, and the diploma program as producing the best technical trained nurse.

Hospital administrators mainly perceived ease of finding other employment, work schedule, and salary as the primary reasons why registered nurses leave hospital employment. Only approximately 10 percent of the hospital administrators acknowledged self-actualization needs of registered nurses as reasons for leaving hospital employment.

The majority of annual turnover rates among the registered nursing staffs was reported as being 25 percent and less. Over 90 percent of the hospital administrators



claimed to have identified the reasons for registered nurses resigning, and the majority of hospital administrators claimed that registered nurses resigned because of personal reasons. The majority of hospital administrators claimed to be aware of morale problems, and overall perceived themselves as being highly aware of morale problems. The most frequent ways of discovery of morale problems were through nursing administration and through informal meetings with head and staff nurses. The amount of contact hospital administrators reported would seem to provide ample opportunity to discover the existence of any problems, the majority of hospital administrators reported to have contact with the administrative nursing staff at least twice daily and visits to the nursing units were made at least daily.

The majority of hospital administrators perceived registered nurses as being relatively satisfied with hospital employment, and as being substantially loyal to the hospital of employment. Also, the majority perceived registered nurses as being substantially dedicated to the nursing profession, but less dedicated than five years previous.

Over half of the hospital administrators claimed that hiring additional registered nurses would not improve the quality of nursing care, and that registered nurses

duties could be accomplished by less educated nursing personnel. Approximately a third of the hospital administrators had no opinion relative to the performance of duties by less educated nursing personnel.

Almost three-fourths of the hospital administrators perceived registered nurses as being properly paid, one-fifth perceived them as being underpaid, and the remainder perceived them as being overpaid. The contribution which registered nurses make to the total delivery of health care in the hospitals was highly recognized by over 90 percent of the hospital administrators.

Approximately half of the hospital administrators perceived baccalaureate nurses as more demanding than diploma or associate nurses. Among all registered nurses hospital administrators perceived registered nurses as substantially more demanding than when compared to five years previous. Less than half of the hospital administrators perceived registered nurses as more aggressive and self-confident than other groups of hospital workers, and those who did, perceived registered nurses as substantially more aggressive and self-confident.

There were no statistically significant differences between hospital administrators' age, length of hospital administrative experience, or education background and their level of familiarity with registered nurses' routine

daily duties and their level of awareness with the curriculum requirements of the three different nursing programs. Further, there were no statistically significant differences between hospital administrators' age, length of hospital administrative experience, or educational background and their perceptions of the adequacy of registered nurses' salary and the level of contribution registered nurses made to the total delivery of health care in the hospitals. There were no statistically significant differences between hospital administrators' length of hospital administrative experience and which nursing program produces the best managerial and technical trained nurse. Statistically significant differences were found between hospital administrators' age relative to the diploma nursing program producing the best technical trained nurse. Also, there were statistically significant differences between hospital administrators' baccalaureate educational background relative to the baccalaureate nursing program producing the best managerial trained nurse.

Other statistically non-significant differences were found between the bed capacity of the hospitals and hospital administrators' familiarity with the routine daily duties of registered nurses; and the number of registered nurses hospital administrators know by name and hospital administrators' level of satisfaction with the performance

of registered nurses. Further, no statistically significant differences were found between hospital administrators' familiarity with the routine daily duties of registered nurses and their perceptions of registered nurses' contribution to the total delivery of health care in the hospitals; and their perceptions of how demanding registered nurses were and their perceptions of registered nurses' dedication to the nursing profession.

### Conclusions

This study did not seek to inquire what exactly does exist among registered nurses, but only to discover hospital administrators' perceptions of registered nurses. Hospital administrators' perceptions of registered nurses' performance, tasks, and behavior are highly varied. According to the results of this study, there is evidence that some charges heard voiced by various registered nurses against hospital administrators may be justified. Some of these charges include a lack of knowledge and understanding of the tasks, education, and problems of registered nurses.

A greater number of hospital administrators with greater knowledge of registered nurses' duties and education may be desirable for greater appreciation and understanding of the problems and frustrations, which are so frequently encountered by many registered nurses, not only

in their nursing jobs, but in the nursing profession. A greater awareness of the educational requirements of registered nurses may not necessarily eliminate criticism of the nursing programs, but may provide greater understanding, patience, and appreciation of new graduate nurses, particularly baccalaureate nurses.

A number of hospital administrators in this study made strongly unfavorable comments in reference to the performance of registered nurses from the baccalaureate nursing programs. The general response was that baccalaureate nurses start working with limited capability to function, are difficult to orient to direct patient care, and have a difficult time adapting to any procedure or theory which is different from what they learned. Baccalaureate nurses with two to three years experience were perceived to function comparably to diploma and associate nurses by some hospital administrators. One hospital administrator felt that baccalaureate nurses, along with associate nurses, lacked the necessary training to function in small rural hospitals.

There was also criticism of all nursing programs as not providing adequate and proper training, resulting in greater costs to hospitals. There was an apparent perception that new graduates should be completely prepared to function with greater proficiency with less responsibility

left to the hospitals of employment for the training of new graduate nurses.

Greater familiarity with the duties of registered nurses may provide greater appreciation and recognition of registered nurses. Greater knowledge of registered nurses may not result in greater appreciation or satisfaction with registered nurses, since hospital administrators in this study were more satisfied with staff nurses' performance than administrative or head nurses, while being less familiar with their duties.

The reasons given in this study for the resignations of registered nurses were mainly personal reasons, but it is questionable if this premise did really exist, since if one resigns because of dissatisfaction, one may not be willing to reveal the true cause of the resignation. By revealing the true reasons, one may risk some form of retaliation. There is, also, the question if hospital administrators would be willing to acknowledge discontentment and dissatisfaction among registered nurses resulting from hospital policies and management decisions.

In this study, hospital administrators did not indicate an awareness of psychological needs of self-fulfillment and emotional satisfaction. One hospital administrator who did recognize the self-actualization needs of registered nurses claimed that physicians were greatly

responsible for a lack of recognition and respect of registered nurses.

Some hospital administrators commented strongly on the behavior of registered nurses. One referred to them as a "new breed of R.N.'s, who are anxious to achieve more for personal reasons and financial gain than to take care of patients." Responses by hospital administrators who did comment on the behavior of registered nurses was that they were not interested in patients, but interested in money, were quick to complain, and were lacking in enthusiasm and motivation for their work. One hospital administrator did not perceive registered nurses as being very much more aggressive or demanding, but claimed the changes he did observe were because of the influence of registered nurses who were moving into Texas from the northern part of the United States.

Even though there were some strong negative perceptions of registered nurses, overall hospital administrators were satisfied with the performance of registered nurses in their hospitals, and perceived them as dedicated to the nursing profession and loyal to the hospitals of employment. Some hospital administrators highly praised their registered nurses in all nursing positions.

The critical comments of hospital administrators in this study probably would not surprise many registered

nurses, who have complained, sometimes bitterly, about the way they are treated in hospitals and their lack of recognition. Even though there are many hospital administrators whose perceptions and knowledge of registered nurses' tasks, behavior, and problems is evident, there is still an apparent need for more information relative to registered nurses, which hopefully would result in greater understanding. With greater understanding by hospital administrators of all aspects of nursing in the hospitals, and of the nursing profession, solutions may be brought about to alleviate many nursing problems which plague many hospitals.

#### Recommendations

Further studies are needed to establish the validity and reliability of the instrument used in this study. Comparison studies of hospital administrators' perceptions of registered nurses' personality characteristics with personality inventory studies of registered nurses would provide information indicating the extent of hospital administrators' awareness of registered nurses' personality characteristics.

A study to assess further the extent of hospital administrators' awareness of the curriculum requirements of the baccalaureate, diploma, and associate nursing programs would provide an indication of their knowledge. Also,



testing of hospital administrators' familiarity of the routine duties of administrative, head, and staff nurses would provide an indication of the accuracy and extent of their knowledge of registered nurses' duties.

A study or inquiry of registered nurses who have recently resigned from hospitals as to the reasons for their resignations would provide further information pertaining to hospital administrators' claims or reasons why registered nurses resign. A study of specific causes for morale problems among registered nurses in the hospitals would be helpful in developing solutions to nursing management problems.

Evaluation of the type, extent, and quality of communication between hospital administrators and registered nurses would provide information helpful to the development of a greater understanding of each other's aspirations and problems. A study of registered nurses' opinions of how they believe they are being perceived by hospital administrators would provide valuable information. Such a study would provide further information pertaining to attitudes that are projected by hospital administrators toward registered nurses.

APPENDIX A  
SAMPLE INSTRUMENT

## QUESTIONNAIRE

1. What is your sex?  
Check one: ☐ Male ☐ Female
2. What is your age?  
Check one:  

<input type="checkbox"/> 30 years or under	<input type="checkbox"/> 46 to 50 years
<input type="checkbox"/> 31 to 35 years	<input type="checkbox"/> 51 to 55 years
<input type="checkbox"/> 36 to 40 years	<input type="checkbox"/> 56 to 60 years
<input type="checkbox"/> 41 to 45 years	<input type="checkbox"/> over 60 years
3. What is your educational level?  
Check levels achieved and fill in the blanks when appropriate:  
☐ B.S. or B.A.  
☐ Specify major: \_\_\_\_\_  
☐ Graduate Certificate  
☐ Specify major: \_\_\_\_\_  
☐ Master's Health Care Administration, Health Care Services, or Hospital Administration  
☐ Master's in other field  
☐ Specify field: \_\_\_\_\_  
☐ Doctoral degree  
☐ Specify major: \_\_\_\_\_
4. How many years have you been in Hospital Administration?  
Check one:  

<input type="checkbox"/> Under 5 years	<input type="checkbox"/> 16 to 20 years
<input type="checkbox"/> 6 to 10 years	<input type="checkbox"/> 21 to 25 years
<input type="checkbox"/> 11 to 15 years	<input type="checkbox"/> over 25 years
5. How many beds are in your Hospital?  
Check one:  

<input type="checkbox"/> 150 and less	<input type="checkbox"/> 301 to 399
<input type="checkbox"/> 151 to 199	<input type="checkbox"/> 400 to 499
<input type="checkbox"/> 200 to 300	<input type="checkbox"/> 500 or more
6. What is the total number of R.N.s employed by your Hospital?  
Check one:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 100  | <input type="checkbox"/> 250 to 299 |
| <input type="checkbox"/> 100 to 149 | <input type="checkbox"/> 300 to 349 |
| <input type="checkbox"/> 150 to 199 | <input type="checkbox"/> 350 to 399 |
| <input type="checkbox"/> 200 to 249 | <input type="checkbox"/> over 400   |

7. How often do you visit the nursing units?

Check one:

- |  |   |
|--|---|
| <input type="checkbox"/> Daily                 | <input type="checkbox"/> Once a month               |
| <input type="checkbox"/> Twice or more daily   | <input type="checkbox"/> Twice a month              |
| <input type="checkbox"/> Once a week           | <input type="checkbox"/> Every two months           |
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Less than every six months |
| <input type="checkbox"/> Less than once a week |   |
| <input type="checkbox"/> Never                 |   |

8. How often do you have contact with the Administrative Nursing Staff?

Check one:

- |  |   |
|--|---|
| <input type="checkbox"/> Twice or more daily | <input type="checkbox"/> More than twice a week |
| <input type="checkbox"/> Daily               | <input type="checkbox"/> Weekly                 |
| <input type="checkbox"/> Twice a week        | <input type="checkbox"/> Less than weekly       |

9. How many R.N.s do you have in the Nursing Administration Office?

Check one:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Less than 5 | <input type="checkbox"/> 12 to 14 |
| <input type="checkbox"/> 6 to 8      | <input type="checkbox"/> 15 to 20 |
| <input type="checkbox"/> 9 to 11     | <input type="checkbox"/> over 20  |

10. How many R.N.s do you know by name in the Nursing Administration Office?

Check one:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> Almost All |
| <input type="checkbox"/> Very few | <input type="checkbox"/> All        |
| <input type="checkbox"/> Some     |                                     |

11. How many head nurses do you know by name?

Check one:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> Almost All |
| <input type="checkbox"/> Very few | <input type="checkbox"/> All        |
| <input type="checkbox"/> Some     |                                     |

12. How many staff R.N.s do you know by name?

Check one:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> Almost All |
| <input type="checkbox"/> Very few | <input type="checkbox"/> All        |
| <input type="checkbox"/> Some     |                                     |

13. How familiar are you with the daily routine duties of your administrative nurses, including supervisors?  
Check one:  
☐ Extremely familiar ☐ Slightly familiar  
☐ Very familiar ☐ Not familiar at all  
☐ Somewhat familiar
14. How familiar are you with the daily routine duties of your head nurses?  
Check one:  
☐ Extremely familiar ☐ Slightly familiar  
☐ Very familiar ☐ Not familiar at all  
☐ Somewhat familiar
15. How familiar are you with the daily routine duties of the staff R.N.s?  
Check one:  
☐ Extremely familiar ☐ Slightly familiar  
☐ Very familiar ☐ Not familiar at all  
☐ Somewhat familiar
16. How aware are you of the curriculum requirements of the degree nursing programs?  
Check one:  
☐ Extremely aware ☐ Slightly aware  
☐ Very aware ☐ Not aware at all  
☐ Somewhat aware
17. How aware are you of the curriculum requirements of diploma nursing programs?  
Check one:  
☐ Extremely aware ☐ Slightly aware  
☐ Very aware ☐ Not aware at all  
☐ Somewhat aware
18. How aware are you of the curriculum requirements of associate nursing programs?  
Check one:  
☐ Extremely aware ☐ Slightly aware  
☐ Very aware ☐ Not aware at all  
☐ Somewhat aware
19. In your estimation, what nursing program produces a better trained technical nurse?  
Check one:  
☐ Degree  
☐ Diploma  
☐ Associate  
☐ No difference in the three programs of study

20. In your estimation, what type of nursing program produces a better managerial trained nurse?

Check one:

☐ Degree  
☐ Diploma  
☐ Associate  
☐ No difference in the three programs of study

21. How satisfied are you with the technical skills of your registered nurses?

Check one:

☐ Extremely satisfied ☐ Slightly satisfied  
☐ Very satisfied ☐ Not satisfied at all  
☐ Quite satisfied

22. How satisfied are you with the managerial skills of your administrative nursing staff?

Check one:

☐ Extremely satisfied ☐ Slightly satisfied  
☐ Very satisfied ☐ Not satisfied at all  
☐ Quite satisfied

23. How loyal do you feel your R.N.s are to the hospital?

Check one:

☐ Extremely loyal ☐ Slightly loyal  
☐ Very loyal ☐ Not loyal at all  
☐ Quite loyal ☐ No opinion

24. How dedicated do you think R.N.s are to their profession?

Check one:

☐ Extremely dedicated ☐ Slightly dedicated  
☐ Very dedicated ☐ Not dedicated at all  
☐ Quite dedicated ☐ No opinion

25. How much more dedicated toward their profession do you find R.N.s today than 5 years ago?

☐ Much more dedicated ☐ Much less dedicated  
☐ More dedicated ☐ The same  
☐ Slightly less dedicated ☐ No opinion

26. How satisfied do you think R.N.s are with their jobs in your hospital?

Check one:

☐ Extremely satisfied ☐ Slightly satisfied  
☐ Very satisfied ☐ Not satisfied  
☐ Quite satisfied ☐ No opinion

27. Are you aware of any morale problems concerning R.N.s in your hospital?

Check one:

☐ Yes  
☐ No

If you answered yes, please answer the following questions:

How aware are you of morale problems?

Check one:

☐ Extremely aware                      ☐ Quite aware  
☐ Very aware                              ☐ Slightly aware

How did you discover the existence of morale problems?

Check three (rank order; i.e., assign 1, 2, or 3 to indicate the order of frequency, with 1 being the greater and 3 the least):

☐ Through nursing administration  
☐ Through medical staff  
☐ Through the staff nurses and head nurses formal meetings  
☐ Through the staff nurses or head nurses reporting to you in informal situations  
☐ Hospital grapevine

28. What is the annual turnover rate among R.N.s in your hospital?

Check one:

☐ Less than 10%                      ☐ 51% to 75%  
☐ 10% to 25%                      ☐ More than 75%  
☐ 26% to 50%

29. Has your hospital identified the main reason(s) why your R.N.s resign?

Check one:

☐ Yes  
☐ No

30. What do you feel is the main reason why R.N.s resign not only in your hospital, but also in other hospitals?

Check one:

☐ Job dissatisfaction  
☐ Personal reasons  
☐ Prospect of a better job

31. What do you think are the three main reasons why R.N.s leave hospital employment?

Check three (rank order; i.e., assign 1, 2, or 3 to indicate the order of reasons with 1 being the greater

frequency and 3 the least):

- ☐ Lack of responsibility
- ☐ Too much responsibility
- ☐ Lack of recognition
- ☐ Lack of achievement
- ☐ Lack of opportunity for advancement
- ☐ Inadequate supervision
- ☐ Hospital policy
- ☐ Salary
- ☐ Work schedule
- ☐ Ease of finding other employment

32. How much more demanding do you find R.N.s today compared to 5 years ago, relative to job desires?

Check one:

- ☐ No difference ☐ Less demanding
- ☐ Extremely more demanding ☐ Much less demanding
- ☐ More demanding

33. Do you find R.N.s more self-confident than other groups of workers within your hospital?

- ☐ Yes
- ☐ No
- ☐ Don't know

If you answered yes, please indicate how much more self-confident you feel R.N.s are:

Check one:

- ☐ Extremely more ☐ Quite more
- ☐ Very much more ☐ Slightly more

34. Do you find R.N.s more aggressive than other groups of workers within your hospital?

Check one:

- ☐ Yes
- ☐ No
- ☐ No opinion

If you answered yes, indicate the comparative degree of aggression.

Check one:

- ☐ Extremely more ☐ Quite more
- ☐ Very much more ☐ Slightly more

35. How skilled do you find R.N.s at verbal communication?

Check one:



- |  |   |
|--|---|
| <input type="checkbox"/> Extremely skilled | <input type="checkbox"/> Slightly skilled     |
| <input type="checkbox"/> Very skilled      | <input type="checkbox"/> Lacking in verbal    |
| <input type="checkbox"/> Quite skilled     | <input type="checkbox"/> communication skills |

36. How skilled do you find R.N.s at written communications?

Check one:

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely skilled | <input type="checkbox"/> Slightly skilled     |
| <input type="checkbox"/> Very skilled      | <input type="checkbox"/> Lacking in written   |
| <input type="checkbox"/> Quite skilled     | <input type="checkbox"/> communication skills |

37. Do you think R.N.s from degree programs are more demanding than R.N.s from diploma or associate programs?

Check one:

- ☐ Yes  
☐ No  
☐ Don't know

38. If there were a need to improve the quality of nursing care in the hospital, do you feel hiring more R.N.s would accomplish this?

Check one:

- ☐ Yes  
☐ No  
☐ Don't know

If you answered no, do you agree that many of the R.N.s' duties can be accomplished by less educated nursing personnel?

Check one:

- ☐ Yes  
☐ No

39. Do you feel that R.N.s are:

Check one:

- ☐ Underpaid  
☐ Overpaid  
☐ Properly paid

40. What degree of contribution do you feel the R.N.s make to the total delivery of care in your hospital?

Check one:

- |   |   |
|---|---|
| <input type="checkbox"/> Enormous contribution    | <input type="checkbox"/> Very little contribution |
| <input type="checkbox"/> Substantial contribution | <input type="checkbox"/> No contribution          |
| <input type="checkbox"/> Little contribution      | <input type="checkbox"/> No opinion               |

If you have any additional comments about R.N.s or feel it necessary to elaborate on any items in this questionnaire,

please do so.

APPENDIX B  
TRANSMITTAL LETTER

TRANSMITTAL LETTER

1012 Edgewood Trail  
Ft. Worth, Texas 76126

November 1, 1979

(Individually addressed)

I am appealing to you for your assistance, which will require five to ten minutes of your time.

As you can easily verify, there are a multitude of problems in the complex task of Hospital Administration. One area where problems have been prevalent is in Nursing. I am soliciting your help to identify various problems and causes from a Hospital Administrator's perspective.

By answering the enclosed questionnaire and immediately returning it in the enclosed envelope, you will provide valuable information which may possibly be applied in the future for more effective management. You will assist me in fulfilling my thesis requirement in Health Care Administration at Texas Woman's University. Your individual reply will be kept in the strictest confidence.

The University, complying with the Department of Health, Education, and Welfare regulations, requires that written consents be obtained from all human subjects who take part in any study. Please return the informed consent, signed, along with the answered questionnaire, as soon as possible.

Thank you for your cooperation in this endeavor. If you desire a summary copy of this study, please indicate so on the questionnaire.

Sincerely,

Margaret A. Zagarlick

Enclosures

APPENDIX C  
CONSENT

CONSENT

The purpose and intent of this study has been fully explained to my complete understanding and satisfaction. Without any coercion or promise of future personal benefits, I willingly cooperate in this study.

I understand that my signature constitutes my informed consent to be a subject in this study.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX D  
CHI-SQUARE FREQUENCY TABLES

TABLE 5.--Chi-square analysis of hospital administrators' age according to their level of familiarity with administrative, head, and staff nurses' routine daily duties.

	Years of Age								Chi-sq.
	30 & Less	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60	
<hr/>									
Administrative nurses									
Extremely familiar .....	5	4	1	4	2	2	4	3	27.48
Very familiar .....	2	5	3	4	8	-	2	4	
Somewhat familiar .....	4	6	5	2	8	2	2	-	
Slightly familiar .....	-	2	-	-	-	-	-	1	
Not familiar at all .....	1	1	-	-	-	-	-	-	
N=87, 28 df, p=0.49									
Head nurses									
Extremely familiar .....	4	4	1	3	2	1	4	2	25.13
Very familiar .....	3	2	5	4	8	1	2	5	
Somewhat familiar .....	5	10	3	2	7	2	2	-	
Slightly familiar .....	-	1	-	1	1	-	-	1	
Not familiar at all .....	-	1	-	-	-	-	-	-	
N=87, 28 df, p=0.62									
Staff nurses									
Extremely familiar .....	4	2	1	2	1	-	4	2	27.28
Very familiar .....	2	2	5	4	6	1	2	4	
Somewhat familiar .....	5	10	3	3	9	3	2	2	
Slightly familiar .....	1	3	-	1	2	-	-	-	
Not familiar at all .....	-	1	-	-	-	-	-	-	
N=87, 28 df, p=0.50									



TABLE 6.--Chi-square analysis of hospital administrators' years of hospital administrative experience according to their level of familiarity with administrative, head, and staff nurses' routine daily duties.

	Years of Hospital Admin. Exp.						
	5 & Less	6- 10	11- 15	16- 20	21- 25	Over 25	Chi-Sq.
<u>Administrative</u>							
nurses							
Extremely familiar..	5	4	6	1	4	5	
Very familiar.....	5	6	5	3	2	7	
Somewhat familiar...	7	8	6	4	2	2	14.37
Slightly familiar...	-	2	-	-	-	1	
Not familiar.....	1	1	-	-	-	-	
N=87, 20 df, p=0.81							
<u>Head nurses</u>							
Extremely familiar..	4	5	5	-	3	4	
Very familiar.....	5	3	8	4	2	8	
Somewhat familiar...	8	12	3	3	3	2	21.69
Slightly familiar...	-	1	1	1	-	1	
Not familiar.....	1	-	-	-	-	-	
N=87, 20 df, p=0.36							
<u>Staff nurses</u>							
Extremely familiar..	4	2	5	-	2	3	
Very familiar.....	3	5	6	1	3	8	
Somewhat familiar...	9	11	5	6	2	4	20.59
Slightly familiar...	1	3	1	1	1	-	
Not familiar.....	1	-	-	-	-	-	
N=87, 20 df, p=0.42							

TABLE 7.--Chi-square analysis of hospital administrators' age according to their level of awareness with the curriculum requirements of the baccalaureate, diploma, and associate nursing programs.

	Years of Age								
	30 & Less	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60	Chi-sq.
<u>Baccalaureate</u>									
Extremely aware .....	3	1	-	2	1	2	2	2	28.02
Very aware .....	3	4	3	5	8	-	1	4	
Somewhat aware .....	3	6	4	3	5	2	4	2	
Slightly aware .....	2	5	2	-	4	-	1	-	
Not aware at all .....	1	2	-	-	-	-	-	-	
N=87, 28 df, p=0.46									
<u>Diploma</u>									
Extremely aware .....	4	2	1	1	1	2	1	2	40.65
Very aware .....	1	2	3	5	5	-	3	4	
Somewhat aware .....	3	5	4	2	10	2	3	2	
Slightly aware .....	1	7	1	2	2	-	1	-	
Not aware at all .....	3	2	-	-	-	-	-	-	
N=87, 28 df, p=0.06									
<u>Associate</u>									
Extremely aware .....	3	2	1	1	2	1	1	3	24.01
Very aware .....	2	4	3	5	5	2	2	2	
Somewhat aware .....	4	4	3	4	8	1	4	2	
Slightly aware .....	1	6	2	-	3	-	1	1	
Not aware at all .....	2	2	-	-	-	-	-	-	
N=87, 28 df, p=0.68									

TABLE 8.--Chi-square analysis of hospital administrators' years of hospital administrative experience according to their level of awareness with the curriculum requirements of the baccalaureate, diploma, and associate nursing programs.

	<u>Years of Hospital Admin. Exp.</u>						
	5 & Less	6- 10	11- 15	16- 20	21- 25	Over 25	Chi-sq.
<u>Baccalaureate</u>							
Extremely aware.....	3	1	3	2	-	4	
Very aware.....	6	5	6	4	2	5	
Somewhat aware.....	3	7	7	2	4	6	21.87
Slightly aware.....	5	6	1	-	2	-	
Not aware.....	1	2	-	-	-	-	
N=87, 20 df, p=0.35							
<u>Diploma</u>							
Extremely aware.....	5	1	3	2	0	3	
Very aware.....	3	3	5	3	2	7	
Somewhat aware.....	5	8	6	2	5	5	22.80
Slightly aware.....	3	6	3	1	1	-	
Not aware.....	2	3	-	-	-	-	
N=87, 20 df, p=0.30							
<u>Associate</u>							
Extremely aware.....	4	1	3	2	-	4	
Very aware.....	4	4	6	4	2	5	
Somewhat aware.....	4	7	7	2	5	5	23.07
Slightly aware.....	4	7	1	-	1	1	
Not aware.....	2	2	-	-	-	-	
N=87, 20 df, p=0.29							

TABLE 9.--Chi-square analysis of hospital administrators' age according to their perceptions of which nursing program produces the best managerial and technical trained nurse.

	Years of Age								
	30 & Less	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60	Chi-sq.
<u>Managerial</u>									
Baccalaureate .....	11	13	4	7	12	1	4	6	
Diploma .....	1	2	2	2	2	1	2	1	
Associate .....	-	-	-	-	-	-	-	-	
No difference in the three programs .....	-	1	3	1	3	2	2	1	21.75
No difference between the baccalaureate and diploma .....	-	2	-	-	-	-	-	-	
N=86, 21 df, p=0.41									
<u>Technical</u>									
Baccalaureate .....	4	6	1	3	4	-	1	3	
Diploma .....	6	9	7	6	12	1	7	4	
Associate .....	2	2	-	-	-	-	-	-	35.75
No difference in the three programs .....	-	1	1	1	1	3	-	1	
N=86, 21 df, p=0.02									

TABLE 10.--Chi-square analysis of hospital administrators' years of hospital administrative experience according to their perceptions of which nursing program produces the best managerial and technical trained nurse.

	Years of Hospital Admin. Exp.						Chi-sq.
	5 & Less	6- 10	11- 15	16- 20	21- 25	Over 25	
<u>Managerial</u>							
Baccalaureate .....	13	17	10	5	5	8	
Diploma .....	3	1	3	1	1	4	
Associate .....	-	-	-	-	-	-	
No difference in the three programs	1	2	3	2	2	3	9.61
No difference be- tween the bacca- laureate and di- ploma programs ....	1	1	-	-	-	-	
N=86, 15 df, p=0.84							
<u>Technical</u>							
Baccalaureate .....	5	7	4	2	3	2	
Diploma .....	11	11	11	4	5	10	
Associate .....	1	3	-	-	-	-	14.11
No difference in the three programs	1	1	1	2	-	3	
N=86, 15 df, p=0.52							

TABLE 11.--Chi-square analysis of hospital administrators' age according to their perceptions of registered nurses' salary and contribution to the total delivery of health care in the hospital.

	Years of Age								
	30 & Less	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60	Chi-sq.
<hr/>									
<u>Salary</u>									
Under paid .....	3	2	3	3	3	1	1	2	13.52
Over paid .....	3	1	1	1	-	-	-	-	
Properly paid .....	6	15	5	6	15	3	7	6	
N=87, 14 df, p=0.49									
<hr/>									
<u>Contribution to health care</u>									
Enormous .....	4	8	2	1	6	1	2	3	9.32
Substantial .....	6	9	7	8	11	3	6	5	
Small .....	2	1	-	1	1	-	-	-	
Very small .....	-	-	-	-	-	-	-	-	
None .....	-	-	-	-	-	-	-	-	
No opinion .....	-	-	-	-	-	-	-	-	
N=87, 14 df, p=0.81									

TABLE 12.--Chi-square analysis of hospital administrators' years of hospital administrative experience according to their perceptions of registered nurses' salary and contribution to the total delivery of health care in the hospital

	<u>Years of Hospital Admin. Exp.</u>						
	5 & Less	6- 10	11- 15	16- 20	21- 25	Over 25	Chi-sq.
<u>Salary</u>							
Under paid .....	4	2	3	1	4	4	
Over paid .....	2	3	1	-	-	-	10.46
Properly paid .....	12	16	13	7	4	11	
N=87, 10 df, p=0.40							
<u>Contribution to health care</u>							
Enormous .....	6	7	2	3	5	4	
Substantial .....	10	12	14	5	3	11	
Small .....	2	2	1	-	-	-	10.41
Very small .....	-	-	-	-	-	-	
None .....	-	-	-	-	-	-	
No opinion .....	-	-	-	-	-	-	
N=87, 10 df, p=0.41							

TABLE 13.--Chi-square analysis of hospital administrators' age according to their perceptions relative to registered nurses' dedication to the nursing profession at present, and compared to five years previous.

	Years of Age								
	30 & Less	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	Over 60	Chi-sq.
<hr/>									
<u>Dedication at present</u>									
Extremely dedicated ....	1	1	-	1	2	-	1	1	21.34
Very dedicated .....	4	4	4	3	4	1	2	2	
Quite dedicated .....	7	10	4	3	9	1	3	4	
Slightly dedicated .....	-	3	1	3	3	2	1	1	
Not dedicated at all ...	-	-	-	-	-	-	-	-	
No opinion .....	-	-	-	-	-	-	1	-	
N=87, 28 df, p=0.81									
<u>Dedication compared to five years previous</u>									
Much more dedicated ....	1	-	-	-	-	-	-	-	31.01
More dedicated .....	-	1	2	-	1	-	-	1	
Slightly less dedicated.	7	8	3	4	11	1	4	5	
Much less dedicated ....	1	3	1	4	4	2	2	1	
Same level of dedication	1	3	3	2	1	1	2	1	
No opinion .....	1	3	-	-	1	-	-	-	
N=86, 35 df, p=0.66									



TABLE 14.--Chi-square analysis of hospital administrators' years of hospital administrative experience according to their opinions of registered nurses' dedication to the nursing profession at present, and compared to five years previous.

	Years of Hospital Admin. Exp.						
	5 & Less	6- 10	11- 15	16- 20	21- 25	Over 25	Chi-sq.
<u>Dedication at present</u>							
Extremely dedicated.	1	3	2	-	-	1	
Very dedicated .....	7	3	5	4	3	2	
Quite dedicated .....	9	12	5	3	4	8	17.95
Slightly dedicated..	11	3	5	1	1	3	
No opinion .....	-	-	-	-	-	1	

N=87, 20 df, p=0.59

Dedication compared to five years ago							
Much more dedicated.	1	-	-	-	-	-	
More dedicated .....	-	3	2	-	-	-	
Slightly less dedicated .....	6	12	7	3	7	8	28.50
Much less dedicated.	3	1	5	3	2	5	
Same level of dedication .....	4	4	2	2	-	2	
No opinion .....	3	1	1	-	-	-	

N=86, 25 df, p=0.29

TABLE 15.--Chi-square analysis of hospital administrators' baccalaureate education according to their level of familiarity with administrative, head, and staff nurses' routine daily duties.

	Baccalaureate				Chi-sq.
	Business	Health Care	Other	Unknown	
<u>Administrative</u>					
<u>nurses</u>					
Extremely familiar..	7	3	1	1	13.01
Very familiar.....	11	-	2	-	
Somewhat familiar...	14	-	4	-	
Slightly familiar...	1	-	-	-	
Not familiar.....	1	-	-	-	
N=45, 12 df, p=0.37					
<u>Head nurses</u>					
Extremely familiar..	8	2	1	-	6.54
Very familiar.....	12	1	2	1	
Somewhat familiar...	13	-	4	-	
Slightly familiar...	-	-	-	-	
Not familiar.....	1	-	-	-	
N=45, 9 df, p=0.69					
<u>Staff nurses</u>					
Extremely familiar..	6	2	-	-	10.19
Very familiar.....	10	1	3	1	
Somewhat familiar...	15	-	4	-	
Slightly familiar...	2	-	-	-	
Not familiar.....	1	-	-	-	
N=45, 12 df, p=0.60					

TABLE 16.--Chi-square analysis of hospital administrators' master's education according to their level of familiarity with administrative, head, and staff nurses' routine daily duties.

	Master's			
	Business	Health Care	Other	Chi-sq.
<u>Administrative nurses</u>				
Extremely familiar..	5	4	1	4.39
Very familiar.....	10	2	4	
Somewhat familiar...	13	5	1	
Slightly familiar...	2	-	-	
Not familiar.....	1	-	-	
N=46, 8 df, p=0.82				
<u>Head nurses</u>				
Extremely familiar..	5	3	1	3.72
Very familiar.....	8	2	2	
Somewhat familiar...	15	6	1	
Slightly familiar...	3	-	-	
Not familiar.....	-	-	-	
N=46, 6 df, p=0.72				
<u>Staff nurses</u>				
Extremely familiar..	4	2	1	3.84
Very familiar.....	5	3	1	
Somewhat familiar...	20	4	2	
Slightly familiar...	2	2	-	
Not familiar.....	-	-	-	
N=46, 6 df, p=0.70				

TABLE 17.--Frequencies of hospital administrators' graduate certificate education according to their level of familiarity with administrative, head, and staff nurses' routine daily duties.

	<u>Graduate Certificate</u>			
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Administrative</u>				
<u>nurses</u>				
Extremely familiar..	1	2	-	
Very familiar.....	1	0	1	
Somewhat familiar...	-	-	1	*
Slightly familiar...	-	-	-	
Not familiar.....	-	-	-	
N=6, *				
 <u>Head nurses</u>				
Extremely familiar..	1	-	1	
Very familiar.....	1	1	1	
Somewhat familiar...	-	1	-	*
Slightly familiar...	-	-	-	
Not familiar.....	-	-	-	
N=6, *				
 <u>Staff nurses</u>				
Extremely familiar..	1	-	1	
Very familiar.....	-	1	-	
Somewhat familiar...	1	1	1	*
Slightly familiar...	-	-	-	
Not familiar.....	-	-	-	
N=6, *				

\* N too small to statistically analyze.

TABLE 18.--Frequencies of hospital administrators' doctoral education according to their level of familiarity with administrative, head, and staff nurses' routine daily duties.

	Doctoral	Chi-sq.
	Business	
<u>Administrative nurses</u>		
Extremely familiar..	2	
Very familiar.....	1	
Somewhat familiar...	-	*
Slightly familiar...	-	
Not familiar.....	-	
N=3 *		
<u>Head nurses</u>		
Extremely familiar..	1	
Very familiar.....	1	
Somewhat familiar...	1	*
Slightly familiar...	-	
Not familiar.....	-	
N=3 *		
<u>Staff nurses</u>		
Extremely familiar..	1	
Very familiar.....	1	
Somewhat familiar...	1	*
Slightly familiar...	-	
Not familiar.....	-	
N=3 *		

\* N is too small to statistically analyze.

TABLE 19.--Chi-square analysis of hospital administrators' baccalaureate education according to their awareness of the baccalaureate, diploma, and associate nursing programs' curriculum requirements.

		Baccalaureate	Health Care	Other	Unknown	Chi-sq.
<u>Baccalaureate</u>						
Extremely aware	3	-	2	-		
Very aware	10	3	2	-		
Somewhat aware	13	-	1	1		12.22
Slightly aware	6	-	2	-		
Not aware	2	-	-	-		
N=45, 12 df, p=0.43						
<u>Diploma</u>						
Extremely aware	4	1	2	-		
Very aware	8	2	1	-		
Somewhat aware	13	-	1	1		9.12
Slightly aware	6	-	2	-		
Not aware	3	-	-	-		
N=45, 12 df, p=0.69						
<u>Associate</u>						
Extremely aware	4	-	1	-		
Very aware	10	3	2	-		
Somewhat aware	13	-	2	1		9.51
Slightly aware	5	-	2	-		
Not aware	2	-	-	-		
N=45, 12 df, p=0.66						

TABLE 20.--Chi-square analysis of hospital administrators' master's education according to their awareness of the baccalaureate, diploma, and associate nursing programs' curriculum requirements.

	Master's			
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Baccalaureate</u>				
Extremely aware . . . .	4	1	1	8.38
Very aware . . . . .	9	4	2	
Somewhat aware . . . .	13	2	—	
Slightly aware . . . .	3	4	1	
Not aware . . . . .	2	—	—	
N=46, 8 df, p=0.40				
<u>Diploma</u>				
Extremely aware . . . .	3	2	1	8.14
Very aware . . . . .	7	4	1	
Somewhat aware . . . .	14	2	—	
Slightly aware . . . .	5	3	1	
Not aware . . . . .	2	—	1	
N=46, 8 df, p=0.42				
<u>Associate</u>				
Extremely aware . . . .	3	1	1	11.83
Very aware . . . . .	7	4	2	
Somewhat aware . . . .	14	2	—	
Slightly aware . . . .	6	4	—	
Not aware . . . . .	1	—	1	
N=46, 8 df, p=0.16				

TABLE 21.--Frequencies of hospital administrators' graduate certificate education according to their awareness of the baccalaureate, diploma, and associate nursing programs' curriculum requirements.

	Graduate Certificate			
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Baccalaureate</u>				
Extremely aware . . . .	1	1	-	
Very aware . . . . .	1	-	1	
Somewhat aware . . . .	-	1	-	*
Slightly aware . . . .	-	-	1	
Not aware . . . . .	-	-	-	
N=6, *				
<u>Diploma</u>				
Extremely aware . . . .	1	1	-	
Very aware . . . . .	1	-	1	
Somewhat aware . . . .	-	1	1	*
Slightly aware . . . .	-	-	-	
Not aware . . . . .	-	-	-	
N=6, *				
<u>Associate</u>				
Extremely aware . . . .	1	1	1	
Very aware . . . . .	-	-	1	
Somewhat aware . . . .	1	1	-	*
Slightly aware . . . .	-	-	-	
Not aware . . . . .	-	-	-	
N=6, *				

\* N too small to statistically analyze.



TABLE 22.--Frequencies of hospital administrators' doctoral education according to their awareness of the baccalaureate, diploma, and associate nursing programs' curriculum requirements.

	Doctoral	Chi-sq.
	Business	
<hr/>		
Baccalaureate		
Extremely aware .....	1	
Very aware .....	-	
Somewhat aware .....	2	*
Slightly aware .....	-	
Not aware .....	-	
N=3 *		
Diploma		
Extremely aware .....	1	
Very aware .....	-	
Somewhat aware .....	2	*
Slightly aware .....	-	
Not aware .....	-	
N=3 *		
Associate		
Extremely aware .....	1	
Very aware .....	-	
Somewhat aware .....	2	*
Slightly aware .....	-	
Not aware .....	-	
N=3 *		

---

\* N is too small to statistically analyze.

TABLE 23.--Chi-square analysis of hospital administrators' baccalaureate education according to their perceptions of which nursing program produces the best managerial and technical trained nurse.

	Baccalaureate				Chi-sq.
	Business	Health Care	Other	Unknown	
<u>Managerial</u>					
Baccalaureate .....	29	-	2	1	20.82
Diploma .....	2	2	2	-	
Associate .....	2	1	3	-	
No difference in the three programs.	-	-	-	-	
N=44, 6 df, p=0.002					
<u>Technical</u>					
Baccalaureate .....	14	-	1	1	8.22
Diploma .....	16	3	5	-	
Associate .....	2	-	-	-	
No difference in the three programs.	1	-	1	-	
N=44, 9 df, p=0.51					

TABLE 24.--Chi-square analysis of hospital administrators' master's education according to their perceptions of which nursing program produces the best managerial and technical trained nurse.

	Master's			Chi-sq.
	Business	Health Care	Other	
<u>Managerial</u>				
Baccalaureate .....	21	6	2	4.61
Diploma .....	4	1	-	
Associate .....	-	-	-	
No difference between the three programs .....	4	3	2	
No difference between the degree and diploma .....	1	1	-	
N=45, 6 df, p=0.60				
<u>Technical</u>				
Baccalaureate .....	5	1	1	3.88
Diploma .....	20	9	2	
Associate .....	3	-	-	
No difference between the three programs .....	2	1	1	
No difference between the degree and diploma .....	-	-	-	
N=45, 6 df, p=0.69				

TABLE 25.--Frequencies of hospital administrators' graduate certificate education according to their perceptions of which nursing program produces the best managerial and technical trained nurse.

	Graduate Certificate			
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Managerial</u>				
Baccalaureate .....	1	2	1	
Diploma .....	-	-	1	
Associate .....	-	-	-	*
No difference between the three programs .....	1	-	-	
N=6, *				
<u>Technical</u>				
Baccalaureate .....	-	-	1	
Diploma .....	1	1	1	
Associate .....	1	1	-	*
No difference between the three programs .....	-	-	-	
N=6, *				

\* N is too small to statistically analyze.

TABLE 26.--Frequencies of hospital administrators' doctoral education according to their perceptions of which nursing program produces the best managerial and technical trained nurse.

	Doctoral	Chi-sq.
	Business	
<u>Managerial</u>		
Baccalaureate .....	3	
Diploma .....	-	
Associate .....	-	*
No difference between the three programs .....	-	
N = 3 *		
<u>Technical</u>		
Baccalaureate .....	1	
Diploma .....	1	
Associate .....	-	*
No difference between the three programs .....	1	
N=3 *		

\* N is too small to statistically analyze.

TABLE 27.--Chi-square analysis of hospital administrators' baccalaureate education according to their perceptions of registered nurses' salary and contribution to the total delivery of health care in the hospital.

	Baccalaureate				Chi-sq.
	Business	Health Care	Other	Unknown	
<hr/>					
<u>Salary</u>					
Under paid .....	8	2	2	1	5.83
Over paid .....	2	-	1	-	
Properly paid .....	24	1	4	-	
N=45, 6 df, p=0.44					
<hr/>					
<u>Contribution to health care</u>					
Enormous .....	12	2	2	-	3.11
Substantial .....	19	1	5	1	
Small .....	3	-	-	-	
Very small .....	-	-	-	-	
None .....	-	-	-	-	
No opinion .....	-	-	-	-	
N=45, 6 df, p=0.80					

TABLE 28.--Chi-square analysis of hospital administrators' master's education according to their perceptions of registered nurses' salary and contribution to the total delivery of health care in the hospital.

	Master's			
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Salary</u>				
Under paid .....	6	3	-	2.02
Over paid .....	2	1	-	
Properly paid .....	23	7	4	
N=46, 4 df, p=0.73				
<u>Contribution to health care</u>				
Enormous .....	7	4	1	1.90
Substantial .....	23	6	3	
Small .....	1	1	1	
Very small .....	-	-	-	
None .....	-	-	-	
No opinion .....	-	-	-	
N=46, 4 df, p=0.76				

TABLE 29.--Frequencies of hospital administrators' graduate certificate education according to their perceptions of registered nurses' salary and contribution to the total delivery of health care in the hospital.

Graduate Certificate				
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Salary</u>				
Under paid .....	-	1	-	*
Over paid .....	-	-	-	
Properly paid .....	2	1	2	
N=6, *				
<hr/>				
<u>Contribution to health care</u>				
Enormous .....	-	2	-	*
Substantial .....	2	1	2	
Small .....	-	-	-	
Very small .....	-	-	-	
None .....	-	-	-	
No opinion .....	-	-	-	
N=6, *				

\* N is too small to statistically analyze.



TABLE 30.--Frequencies of hospital administrators' doctoral education according to their perceptions of registered nurses' salary and contribution to the total delivery of health care in the hospital.

	Doctoral	Chi-sq.
	Business	
<hr/>		
<u>Salary</u>		
Under paid .....	1	
Over paid .....	-	*
Properly paid .....	2	
N=3 *		
<u>Contribution to health care</u>		
Enormous .....	1	
Substantial .....	2	
Small .....	-	*
Very small .....	-	
None .....	-	
No opinion .....	-	
N=3 *		

\* N is too small to statistically analyze.

TABLE 31.--Chi-square analysis of hospital administrators' baccalaureate education according to their perceptions of registered nurses' dedication to the nursing profession at present and compared to five years previous.

	Baccalaureate				Chi-sq.
	Business	Health Care	Other	Unknown	
<hr/>					
<u>Dedication at present</u>					
Extremely dedicated.	3	-	1	-	18.55
Very dedicated.....	6	1	1	1	
Quite dedicated.....	21	-	2	-	
Slightly dedicated..	4	2	2	-	
No opinion.....	-	-	1	-	
N=45, 12 df, p=0.10					
<u>Dedication compared to five years ago</u>					
Much more dedicated.	-	1	-	-	28.18
More dedicated.....	-	-	2	-	
Slightly less dedicated.....	17	1	2	1	
Much less dedicated.	6	1	2	-	
Same level of dedication.....	8	-	1	-	
No opinion.....	2	-	-	-	
N=44, 15 df, p=0.02					

TABLE 32.--Chi-square analysis of hospital administrators' master's education according to their perceptions of registered nurses' dedication to the nursing profession at present and compared to five years previous.

	Master's			
	Business	Health Care	Other	Chi-sq.
<u>Dedication at present</u>				
Extremely dedicated.	4	-	-	
Very dedicated.....	6	2	2	
Quite dedicated.:....	17	6	-	10.35
Slightly dedicated..	3	3	2	
No opinion.....	1	-	-	
N=46, 8 df, p=0.24				
<u>Dedication compared to five years ago</u>				
Much more dedicated.	-	-	-	
More dedicated.....	3	-	-	
Slightly less dedicated.....	14	6	-	
Much less dedicated.	5	3	2	9.95
Same level of dedication.....	7	-	1	
No opinion.....	2	2	1	
N=46, 8 df, p=0.27				

TABLE 33.--Frequencies of hospital administrators' graduate certificate education according to their perception of registered nurses' dedication to the nursing profession at present and compared to five years previous.

	Graduate Certificate			
	Business	Health Care	Other	Chi-sq.
<hr/>				
<u>Dedication at present</u>				
Extremely dedicated.	-	-	-	
Very dedicated.....	-	-	1	
Quite dedicated.....	1	1	1	*
Slightly dedicated..	1	1	-	
Not dedicated.....	-	-	-	
No opinion.....	-	-	-	
N=6, *				
<u>Dedication compared to five years ago</u>				
Much more dedicated.	-	-	-	
More dedicated.....	-	-	-	
Slightly less dedicated.....	2	-	1	
Much less dedicated.	-	2	1	*
Same level of dedication.....	-	-	-	
No opinion.....	-	-	-	
N=6, *				

\* N is too small to statistically analyze.

TABLE 34.--Frequencies of hospital administrators' doctoral education according to their perceptions of registered nurses' dedication to the nursing profession at present and compared to five years previous.

	Doctoral	Chi-sq.
	Business	
<u>Dedication at present</u>		
Extremely dedicated .....	1	
Very dedicated .....	2	
Quite dedicated .....	-	*
Slightly dedicated .....	-	
Not dedicated .....	-	
No opinion .....	-	
N=3 *		
<u>Dedication compared to five years previous</u>		
Much more dedicated .....	-	
More dedicated .....	-	
Slightly less dedicated ...	1	*
Much less dedicated .....	-	
Same level of dedication ..	2	
No opinion .....	-	
N=3 *		

\* N is too small to statistically analyze.

TABLE 35.--Chi-square analysis of the bed capacity of the hospitals according to hospital administrators' familiarity with the administrative, head, and staff nurses' routine daily duties.

	Bed Capacity						Chi-sq.
	Under 150	150- 199	200- 299	300- 399	400- 499	500 or More	
<u>Administrative nurses</u>							
Extremely familiar .....	18	1	3	1	-	2	24.26
Very familiar .....	20	5	0	1	1	1	
Somewhat familiar .....	13	5	8	1	-	2	
Slightly familiar .....	1	-	1	-	-	1	
Not familiar .....	-	1	1	-	-	-	
N=87, 20 df, p=0.23							
<u>Head nurses</u>							
Extremely familiar .....	14	-	4	1	-	2	22.68
Very familiar .....	22	5	1	1	1	-	
Somewhat familiar .....	15	6	6	1	-	3	
Slightly familiar .....	1	1	1	-	-	1	
Not familiar .....	-	-	1	-	-	-	
N=87, 20 df, p=0.31							
<u>Staff nurses</u>							
Extremely familiar .....	11	-	3	1	-	1	22.81
Very familiar .....	19	3	1	1	1	1	
Somewhat familiar .....	20	7	5	1	-	4	
Slightly familiar .....	2	2	3	-	-	-	
Not familiar .....	-	-	1	-	-	-	
N=87, 20 df, p=0.30							

TABLE 36.--Chi-square analysis of nurses known by name by hospital administrators according to hospital administrators' satisfaction with the performance of administrative, head, and staff nurses.

	Nurses Known by Name				Chi-sq..
	All	Almost All	Some	Very Few	
<u>Administrative</u>					
<u>nurses</u>					
Extremely satisfied.. 6	-	-	-	-	*
Very satisfied.....27	-	-	-	-	
Quite satisfied.....32	-	-	-	-	
Slightly satisfied...16	-	-	-	-	
Not satisfied..... 6	-	-	-	-	
N=87, *					
<u>Head nurses</u>					
Extremely satisfied.. 4	1	-	-	-	7.97
Very satisfied.....23	4	3	-	-	
Quite satisfied.....18	12	2	-	-	
Slightly satisfied...11	4	-	-	-	
Not satisfied..... 3	1	1	-	-	
N=87, 8 df, p=0.44					
<u>Staff nurses</u>					
Extremely satisfied.. 4	-	1	-	-	13.36
Very satisfied.....16	6	7	1	-	
Quite satisfied.....11	8	13	-	-	
Slightly satisfied... 5	5	4	1	-	
Not satisfied..... -	2	3	1	-	
N=87, 12 df, p=0.34					

\* Chi-square computation not possible with only one column of data.

TABLE 37.--Chi-square analysis of hospital administrators' familiarity with routine daily duties of administrative, head, and staff nurses according to hospital administrators' perceptions of registered nurses' contribution to the total delivery of health care in the hospital.

	Familiarity with Routine Daily Duties					Chi-sq.
	Extremely familiar	Very familiar	Somewhat familiar	Slightly familiar	Not familiar	
<u>Administrative nurses</u>						
Enormous contribution .....	6	10	10	1	-	2.91
Substantial contribution ..	18	16	17	2	2	
Small contribution .....	1	2	2	-	-	
N=87, 8 df, p=0.94						
<u>Head nurses</u>						
Enormous contribution .....	7	6	13	1	-	7.03
Substantial contribution ..	14	22	15	3	1	
Small contribution .....	-	2	3	-	-	
N=87, 8 df, p=0.53						
<u>Staff nurses</u>						
Enormous contribution .....	5	5	15	2	-	6.89
Substantial contribution ..	11	20	19	4	1	
Small contribution .....	-	1	3	1	1	
N=87, 8 df, p=0.55						



TABLE 38.--Chi-square analysis of hospital administrators' perceptions of how demanding registered nurses are according to their perceptions of registered nurses' dedication to the nursing profession now and five years previous.

	How demanding Registered Nurses are				Chi-sq.
	Extremely more demanding	More demanding	Less demanding	No difference	
<u>Now</u>					
Extremely dedicated .....	1	2	-	3	
Very dedicated .....	3	14	3	4	
Quite dedicated .....	5	25	-	11	18.87
Slightly dedicated .....	6	6	-	2	
No opinion .....	-	1	-	-	
N=86, 12 df, p=0.09					
<u>Five years previous</u>					
Extremely dedicated .....	-	-	-	1	
Very dedicated .....	-	2	1	2	
Quite dedicated .....	7	26	2	8	21.72
Slightly dedicated .....	6	11	-	1	
No opinion .....	1	3	-	1	
N=86, 15 df, p=0.12					

APPENDIX E  
FREQUENCY TABLES

TABLE 39.--Hospital administrators' sex, age, education, and length of hospital administrative experience.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<b>Sex</b>				
Male.....	1	84	96.6	X 1.03
Female .....	2	3	3.4	SD 0.18
<b>Age</b>				
30 yrs. & less.....	1	12	13.8	
31-35.....	2	18	20.7	
36-40.....	3	9	10.3	
41-45.....	4	10	11.5	X 4.01
46-50.....	5	18	20.7	SD 2.22
51-55.....	6	4	4.6	
56-60.....	7	8	9.2	
Over 60.....	8	8	9.2	
<b>Education</b>				
<b>Bachelor's</b>				
Business adm.....	1	34	75.6	
Hlth. care adm.....	2	3	6.7	
Other.....	3	7	15.6	X 1.47
Unknown.....	4	1	2.2	SD 0.92
Missing.....	-	42	---	
<b>Master's</b>				
Business adm.....	1	31	67.4	
Hlth. care adm.....	2	11	23.9	X 1.41
Other.....	3	4	8.7	SD 0.65
<b>Grad. certificate</b>				
Business adm.....	1	2	33.3	
Hlth. care adm.....	2	2	33.3	X* SD*
Other.....	3	2	33.3	
<b>Doctoral</b>				
Business adm.....	1	3	100.0	X* SD*
<b>Length hosp. adm. exp.</b>				
5 yrs. & less.....	1	18	20.7	
6-10.....	2	21	24.1	
11-15.....	3	17	19.5	X 3.14
16-20.....	4	8	9.2	SD 1.76
21-25.....	5	8	9.2	
Over 25.....	6	15	17.2	

\* Numbers too small to statistically analyze.

TABLE 40.--Hospital bed capacity and number of registered nurses employed in the hospital.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Bed capacity</u>				
150 and less.....	1	52	59.8	
151-199.....	2	12	13.8	
200-299.....	3	13	14.9	X 1.93
300-399.....	4	3	3.4	SD 1.45
400-499.....	5	1	1.1	
500 or more.....	6	6	6.9	
<u>Number registered nurses employed</u>				
Under 100.....	1	68	78.2	
100-149.....	2	7	8.0	
150-199.....	3	2	2.3	X 7.72
200-249.....	4	2	2.3	SD 1.76
250-299.....	5	2	2.3	
300-349.....	6	2	2.3	
350-399.....	7	1	1.1	
400 & over.....	8	2	2.3	
Not known.....	9	1	1.1	

TABLE 41.--Hospital administrators' perceptions of their level of familiarity with the routine daily duties of administrative, head, and staff nurses.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Admin. nurses</u>				
Extremely familiar...	1	25	28.7	
Very familiar.....	2	28	32.2	
Somewhat familiar....	3	29	33.3	X 2.18
Slightly familiar....	4	3	3.4	SD 0.97
Not familiar.....	5	2	2.3	
<u>Head nurses</u>				
Extremely familiar...	1	21	24.1	
Very familiar.....	2	30	34.5	
Somewhat familiar....	3	31	35.6	X 2.24
Slightly familiar....	4	4	4.6	SD 0.92
Not familiar.....	5	1	1.1	
<u>Staff nurses</u>				
Extremely familiar...	1	16	18.4	
Very familiar.....	2	26	29.9	
Somewhat familiar....	3	37	42.5	X 2.44
Slightly familiar....	4	7	8.0	SD 0.92
Not familiar.....	5	1	1.1	

TABLE 42.--Hospital administrators' perceptions of their awareness of the curriculum requirements of the baccalaureate, diploma, and associate nursing programs.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Baccalaureate</u>				
Extremely aware.....	1	12	14.9	X 2.61 SD 1.04
Very aware.....	2	28	32.2	
Somewhat aware.....	3	29	33.3	
Slightly aware.....	4	14	16.1	
Not aware at all.....	5	3	3.4	
<u>Diploma</u>				
Extremely aware.....	1	14	16.1	X 2.69 SD 1.10
Very aware.....	2	23	26.4	
Somewhat aware.....	3	31	35.6	
Slightly aware.....	4	14	16.1	
Not aware at all.....	5	5	5.7	
<u>Associate</u>				
Extremely aware.....	1	14	16.1	X 2.64 SD 1.08
Very aware.....	2	25	28.7	
Somewhat aware.....	3	30	34.5	
Slightly aware.....	4	14	16.1	
Not aware at all.....	5	4	4.6	

TABLE 43.--Hospital administrators' perceptions of which nursing program: baccalaureate, diploma, or associate program produces the best managerial and technical trained nurse.

	Code	Frequency		Mean & Std. Dev
		N	%	
<u>Managerial</u>				
Baccalaureate .....	1	59	67.8	X 1.69 SD 1.18
Diploma .....	2	13	14.9	
Associate .....	3	--	--	
No diff. in the three programs....	4	13	14.9	
No diff. between bacc. and diploma.	5	2	2.3	
<u>Technical</u>				
Baccalaureate .....	1	22	25.6	X 1.97 SD 0.83
Diploma .....	2	53	60.9	
Associate .....	3	4	4.5	
No diff. in the three programs....	4	8	9.0	

TABLE 44.--Hospital administrators' perceptions of registered nurses' salary, and registered nurses' level of contribution to the total delivery of health care in the hospital.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<hr/>				
<u>Salary</u>				
Under paid .....	1	18	20.7	X 2.52 SD 0.82
Over paid .....	2	6	6.9	
Properly paid .....	3	63	72.4	
 <u>Contribution to the delivery of health care</u>				
Enormous .....	1	27	31.0	X 1.75 SD 0.55
Substantial.....	2	55	63.2	
Little .....	3	5	5.7	
None .....	4	--	--	

TABLE 45.--Hospital administrators' perceptions of registered nurses' dedication to the nursing profession, and when compared to five years previous.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Dedication to prof.</u>				
Extremely dedicated..	1	7	8.0	X 2.76 SD 0.90
Very dedicated.....	2	24	27.6	
Quite dedicated.....	3	41	47.1	
Slightly dedicated...	4	14	16.1	
No dedication.....	5	--	16.1	
No opinion.....	6	1	1.1	
<u>Dedication compared to five years ago</u>				
Much more dedicated..	1	1	1.2	X 3.62 SD 1.05
More dedicated.....	2	5	5.7	
Slightly less dedicated.....	3	43	49.4	
Much less dedicated..	4	18	20.7	
Same level of dedi- cation.....	5	14	16.1	
No opinion.....	6	6	6.9	

TABLE 46.--Hospital administrators' level of satisfaction with the managerial skills of administrative nurses and the technical skills of other registered nurses.

	Code	Frequency		Mean & Std. Dev
		N	%	
<u>Managerial skills of admin. nurses</u>				
Extremely satisfied..	1	6	6.9	X 2.87 SD 1.02
Very satisfied.....	2	27	31.0	
Quite satisfied.....	3	32	36.8	
Slightly satisfied...	4	16	18.4	
Not satisfied at all.	5	6	6.9	
<u>Technical skills of other registered nurses</u>				
Extremely satisfied..	1	5	5.7	X 2.83 SD 1.00
Very satisfied.....	2	30	34.5	
Quite satisfied.....	3	32	36.8	
Slightly satisfied...	4	15	17.2	
Not satisfied at all.	5	5	5.7	



TABLE 47.--Hospital administrators' perceptions of registered nurses' verbal and written communication skills.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<hr/>				
<u>Verbal</u>				
Extremely skilled....	1	1	1.2	
Very skilled.....	2	10	11.5	
Quite skilled.....	3	53	60.9	X 3.21
Slightly skilled.....	4	16	18.4	SD 0.79
Lacking in skills....	5	7	8.0	
 <u>Written</u>				
Extremely skilled....	1	-	-	
Very skilled.....	2	10	11.5	
Quite skilled.....	3	38	43.7	X 3.48
Slightly skilled.....	4	26	29.9	SD 0.89
Lacking in skills....	5	13	14.9	

TABLE 48.--Hospital administrators' perceptions of how much more demanding registered nurses are compared to five years previous.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Level of demanding</u>				
No difference.....	1	20	23.0	X 2.39 SD 0.88
Extremely more.....	2	16	18.4	
More.....	3	48	55.2	
Less.....	4	3	3.4	
Much less.....	5	-	-	

TABLE 49.--The number of hospital administrators who perceive baccalaureate nurses as more demanding than diploma or associate nurses.

	Code	<u>Frequency</u>		Mean & Std. Dev.
		N	%	
<hr/>				
<u>Baccalaureate nurses</u>				
<u>more demanding</u>				
Yes .....	1	47	54.0	X 1.56 SD 0.67
No .....	2	31	35.6	
No opinion .....	3	9	10.4	

TABLE 50.--Hospital administrators' perceptions of why registered nurses leave hospital employment.

	Code	Frequency		Mean & Std. Dev
		N	%	
<u>First reason given</u>				
Lack of responsibility. 1	1	1	1.1	
Excess responsibility.. 2	4	4	4.6	
Lack of recognition.... 3	4	4	4.6	
Lack of achievement.... 4	1	1	1.1	
Lack of opportunity for advancement..... 5	3	3	3.5	X 8.16
Inadequate supervision. 6	3	3	3.5	SD 2.38
Hospital policy..... 7	-	-	-	
Salary..... 8	16	16	18.4	
Work schedule..... 9	26	26	29.9	
Ease of finding other employment.....10	29	29	33.3	
<u>Second reason given</u>				
Lack of responsibility. 1	1	1	1.1	
Excess responsibility.. 2	6	6	6.9	
Lack of recognition.... 3	3	3	3.5	
Lack of achievement.... 4	3	3	3.5	
Lack of opportunity for advancement..... 5	5	5	5.8	X 7.64
Inadequate supervision. 6	7	7	8.1	SD 2.58
Hospital policy..... 7	2	2	2.3	
Salary..... 8	15	15	17.2	
Work schedule..... 9	20	20	23.0	
Ease of finding other employment.....10	25	25	28.7	
<u>Third reason given</u>				
Lack of responsibility. 1	4	4	4.6	
Excess responsibility.. 2	9	9	10.3	
Lack of recognition.... 3	6	6	6.9	
Lack of achievement.... 4	4	4	4.6	
Lack of opportunity for advancement..... 5	12	12	13.8	X 6.56
Inadequate supervision. 6	5	5	5.8	SD 2.99
Hospital policy..... 7	-	-	-	
Salary..... 8	16	16	18.4	
Work schedule..... 9	13	13	14.9	
Ease of finding other employment.....10	18	18	20.7	

TABLE 51.--Annual turnover rate of registered nurses, the number of hospital administrators who had identified the reasons for resignations of registered nurses, and the reasons for the resignations of registered nurses.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Turnover rate</u>				
Less than 10%.....	1	24	27.6	X 2.03 SD 0.83
10%-25%.....	2	40	46.0	
26%-50%.....	3	19	21.8	
51%-75%.....	4	4	4.6	
Over 75%.....	5	-	-	
<u>Identified reasons for resignations</u>				
Yes.....	1	79	90.8	X 1.08
No.....	2	8	9.2	SD 0.28
<u>Reasons for resignation</u>				
Job dissatisfaction	1	12	13.8	X 2.08 SD 0.60
Personal reasons...	2	56	64.4	
Better job.....	3	19	21.8	

TABLE 52.--Hospital administrators' perceptions of registered nurses' level of job satisfaction.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Job satisfaction</u> <u>of registered nurses</u>				
Extremely satisfied	1	3	3.4	X 2.89 SD 0.71
Very satisfied.....	2	18	20.7	
Quite satisfied....	3	52	59.8	
Slightly satisfied.	4	14	16.1	
Not satisfied.....	5	-	-	
No opinion.....	6	-	-	

TABLE 53.--Hospital administrators' perceptions of registered nurses' loyalty to their hospitals (present employers).

	Code	<u>Frequency</u>		Mean & Std. Dev
		N	%	
<hr/>				
<u>Loyalty to hospital</u>				
Extremely loyal....	1	12	13.8	X 2.56 SD 0.99
Very loyal.....	2	30	34.5	
Quite loyal.....	3	31	35.6	
Slightly loyal.....	4	13	14.9	
No loyalty.....	5	-	-	
No opinion.....	6	1	1.1	

TABLE 54.--Hospital administrators who are aware of morale problems, and their perceptions of their level of awareness.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Aware of morale problems</u>				
Yes.....	1	58	66.7	X 1.33
No.....	2	29	33.3	SD 0.47
<u>Level of awareness</u>				
Extremely aware....	1	9	15.5	X 2.19 SD 0.76
Very aware.....	2	32	55.2	
Quite aware.....	3	14	24.1	
Slightly aware.....	4	3	5.2	

TABLE 55.--The ways hospital administrators discovered morale problems among registered nurses.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>First most frequent way</u>				
Nursing admin.....	1	33	56.9	
Medical staff.....	2	2	3.4	
Staff & head nurse				X 2.28
formal meetings.....	3	5	8.6	SD 1.62
Staff & head nurse				
informal meetings...	4	12	20.7	
Grapevine.....	5	4	6.9	
Other.....	6	2	3.4	
<u>Second most frequent way</u>				
Nursing admin.....	1	18	31.0	
Medical staff.....	2	16	27.6	
Staff & head nurse				X 2.53
formal meetings.....	3	4	6.9	SD 1.39
Staff & head nurse				
informal meetings...	4	15	25.9	
Grapevine.....	5	5	8.6	
<u>Third most frequent way</u>				
Nursing admin.....	1	10	17.2	
Medical staff.....	2	6	10.3	
Staff & head nurse				X 3.32
formal meetings.....	3	15	25.8	SD 1.46
Staff & head nurse				
informal meetings...	4	9	15.5	
Grapevine.....	5	18	31.0	

TABLE 56.--Frequency of hospital administrators' visits to the nursing units, and frequency of contact with administrative nurses.

	Code	Frequency		Mean & Std. Dev
		N	%	
<u>Visits to nursing units</u>				
Daily.....	1	37	42.5	X 2.20 SD 1.29
Twice or more daily..	2	20	23.0	
Weekly.....	3	9	10.3	
More than weekly.....	4	19	21.8	
Less than weekly.....	5	1	1.1	
Monthly.....	6	1	1.1	
<u>Contact with adminis- trative nurses</u>				
Twice or more daily..	1	59	67.8	X 1.43 SD 0.76
Daily.....	2	23	26.4	
Twice a week.....	3	2	2.3	
More than twice a week.....	4	2	2.3	
Weekly.....	5	1	1.1	
Less than weekly.....	6	-	-	

TABLE 57.--Frequency of hospital administrators' perceptions of whether or not hiring additional registered nurses would improve the quality of nursing care, and if the duties of registered nurses could be done by less educated nursing personnel.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Additional registered nurses would improve nursing care</u>				
Yes.....	1	34	39.1	X 1.62 SD 0.51
No.....	2	52	59.8	
No opinion.....	3	1	1.1	
<u>Duties performed by less educated</u>				
Yes.....	1	45	51.7	X 1.34 SD 0.35
No.....	2	7	8.0	
No opinion.....	3	35	40.2	

TABLE 58.--Frequency of hospital administrators who perceive registered nurses as more self-confident and their perceptions of the level of self-confidence when compared to other groups of hospital workers.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Perceive registered nurses as more self-confident</u>				
Yes.....	1	37	42.5	
No.....	2	43	49.4	X 1.66
No opinion.....	3	7	8.0	SD 0.63
<u>Level of self-confidence</u>				
Extremely more.....	1	5	13.5	
Very much more.....	2	11	29.7	X 2.70
Quite more.....	3	11	29.7	SD 1.64
Slightly more.....	4	10	27.0	

TABLE 59.--Frequency of hospital administrators who perceive registered nurses as more aggressive and their perceptions of the level of aggression when compared to other groups of hospital workers.

	Code	Frequency		Mean & Std. Dev.
		N	%	
<u>Perceive registered nurses as more aggressive</u>				
Yes.....	1	43	49.4	X 1.54 SD 0.57
No.....	2	41	47.1	
No opinion.....	3	3	3.4	
<u>Level of aggression</u>				
Extremely more.....	1	3	7.0	X 3.00 SD 0.90
Very much more.....	2	8	18.6	
Quite more.....	3	18	41.8	
Slightly more.....	4	14	32.6	



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