RELATIONSHIP BETWEEN NONNURSING TASKS

AND JOB SATISFACTION

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DEDICATION

To those in my life who have made my dream a reality:

The family of the late Margaret Wilson McCollum whose financial support in the form of a generous scholarship made my educational pursuit possible.

My mother, Laura B. Loos, from whom I inherited the determination and perseverance to follow my dream and who has provided me with support and encouragement every step of the way.

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A special friend whose confidence in my abilities served as a motivator to achieve this goal.

To God for giving me strength when I need it most.

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CHAPTER 1

INTRODUCTION

In the early 1900s, it was thought that job satisfaction
was completely dependent upon the amount of pay received.
However, over the years, job satisfaction, or lack of it,
has been shown to be a more complex concept. Consideration
of the worker as a human being with needs and feelings came
about in the 1930s. A psychological component was included
in the concept. Now, job satisfaction is viewed as an
interwoven matrix of physiological, psychological, socio-
logical, and organizational factors which include autonomy,
interaction, prestige, tasks, and administrative require-
ments as well as wages. Lack of job satisfaction has been
implicated as a cause in the shortage of practicing profes-
sional nurses and the grim statistics on burnout, dropout,
and high turnover rates within the profession. Such infor-
mation is alarming to the profession, as well as the public,
in view of the fact that nurses provide most of the direct
professional health services to the patient.

One of the things nurses complain about the most is
the performance of nonnursing tasks; tasks which are
actually the responsibility of other disciplines and consume
valuable nursing care hours. Realizing that nurses'

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complaints are valid indicators of job dissatisfaction,
there is a need to explore more thoroughly the relation-
ship between this component of the nursing job and the
level of job satisfaction. Therefore the purpose of this
study was to describe the relationship between the per-
formance of nonnursing tasks by professional staff nurses
and their level of job satisfaction.

Problem of Study

Research findings indicating the relative importance
of the various components of job satisfaction among nurses
are scant. This information is necessary for administra-
tors and managers to promote job satisfaction in their
institutions. This study focused on the following ques-
tion: Is there a significant correlation between the num-
ber of nonnursing tasks performed by staff nurses and their
level of job satisfaction?

Justification of the Problem

The topic of job satisfaction in nursing was first
reported by Helen Nahm in 1940. At that time, 98% of
nurses surveyed reported they were satisfied with their job
and 78% actually liked their job. However, Nahm (1940)
expressed concern that nurses had not attained the ultimate
degree of satisfaction from their profession. In subsequent

years, numerous statistics on job satisfaction in nursing
have been reported from countries throughout the world and
yet the percentage of satisfied nurses has dropped to dis-
couragingly lower levels. These findings should stimulate
nursing administrators to critically examine the reasons
for this decline and to implement means to reverse the
trend.

In more recent times, McCloskey (1974) revealed that
psychological rewards relating to fulfillment of higher
level needs described by Maslow were more important in
providing job satisfaction than were social or safety
rewards. It is important that nurses maintain their self-
esteem and that the professional image of a nurse not be
destroyed. This image can be destroyed when nurses are
expected to perform nonnursing tasks which could be per-
formed by other disciplines.

In 1965, nurses were looking for support services
and/or ancillary personnel to perform such tasks. At a
conference in London that year, 16 ward sisters identified
the need for the following: ward clerks to perform cleri-
cal duties, answer the phone, and run errands; ward aides
to admit and discharge patients, strip and make empty beds,
pass meal trays and drinks, and care for flowers; ward
housekeepers for all domestic duties; and volunteers to

assist wherever else needed ("Staff for Nonnursing Duties,"
1965). At that time, the sisters agreed that relieving
nurses of these numerous nonnursing tasks allowed them
time to do what they were there for--to care for patients.
The need for these services on a 24-hour basis was stressed.
The sisters stated that nurses should not perform other
peoples' work at night, on weekends, or on holidays. They
recommended that the functions of support services be ade-
quately expanded to function as true support services
rather than adding additional personnel for nursing to
supervise ("Nonnursing Duties," 1966).

Over the last 25 years, some institutions have expanded
their support services to absorb many nonnursing tasks.
This growth, however, has not been universal and varies
greatly from hospital to hospital.

In an extensive survey of 17,000 nurses conducted by
Godfrey (1978a), one third of the respondents reported they
were doing other peoples' work. It is of interest to note
that the respondents stated similar areas of dissatisfac-
tion as the ward sisters in 1965. Nurses were still doing
"other work" besides nursing which destroyed their profes-
sional image, lowered their self-esteem, and added to their
overall job dissatisfaction. There was need to identify
this "other work" as perceived by staff nurses in the study

institution and determine if it was related to their level

of job satisfaction. This may then determine the necessity

for expanding support services within the institution as

a means of increasing job satisfaction.

Theoretical Framework

Abraham H. Maslow's theory of human motivation and

Frederick Herzberg's dual-factor theory of motivation pro-

vide the bases for this study. Maslow (1954) developed a

hierarchy of five needs which an individual seeks to sat-

isfy: physiologic, safety, social, ego or self-esteem, and

self-actualization. He stated physiologic needs are basic

to the individual and must be satisfied, or at least par-

tially satisfied, before the individual can focus on

higher-order needs. He also wrote that all individuals are

dominated and motivated by unsatisfied needs and that once

a need is totally satisfied, it no longer serves as a moti-

vator. According to Maslow (1954), most individuals exist

and function with partially satisfied and partially unsat-

isfied needs all at the same time and with lower needs

being substantially more satisfied than the higher-order

needs.

Satisfaction of higher level ego needs has important

implications in this study. According to Maslow (1954),

all individuals have ego needs which pertain to their need

for status, recognition, and appreciation. Self-esteem is
an integral part of ego needs and refers to one's feelings
of self-confidence, worth, and capability. Thwarting of
these ego and self-esteem needs produces feelings of inferi-
ority, weakness, and helplessness which result in discourage-
ment and dissatisfaction with oneself. McCloskey (1974)
reported that self-esteem of nurses is threatened by an
overload of paperwork and routines, overwhelming responsi-
bilities with limited power to change the systems, and crit-
icisms by patients when their needs are not adequately met.

Satisfaction of psychological needs has implications
for employers. Employees who are satisfied are also moti-
vated to go to work. Slocum, Susman, and Sheridan (1972)
reported that nurses who express satisfaction with their
job are, in essence, saying that the job in some way meets
their psychological needs, while nurses who express dis-
satisfaction are saying the job does not satisfy their
psychological needs. Therefore, dissatisfied nurses are
less likely to work. This is manifested in high absentee-
ism, turnover, and dropout. To alleviate these problems,
nursing administrators need to focus on providing oppor-
tunities for nurses to fulfill their self-esteem needs.

The next step in the identification and solution of
this ubiquitous problem is to identify those factors which
specifically contribute to job satisfaction or

dissatisfaction. Frederick Herzberg developed the dual-factor theory of job satisfaction and motivation which was based on his earlier studies of engineers and account- ants. He proposed that satisfaction and dissatisfaction were two continuums of separate factors and not opposite ends of a bipolar continuum. One group of factors was termed "hygienes" and were plotted on a continuum from no satisfaction to dissatisfaction. The "hygienes" group included factors extrinsic to the job, namely policies, supervision, relationship with the supervisor, salary, and security. These "hygienic" factors were the principal cause of job dissatisfaction. The other group of factors were termed "motivators" and were also plotted on a continuum from no satisfaction to satisfaction. The motivators group included intrinsic factors related to job content such as achievement, recognition, work itself, and responsibility. These factors were the principal cause of job satisfaction (Herzberg, Mausner, & Snydermann, 1959).

The emphasis of this study was on the "motivator" classified as "work itself." The collection of tasks which comprise a job can serve as a source of inherent valued outcomes according to Brief (1976). This belief was sub- stantiated by Godfrey's (1978a) Job Satisfaction Survey which revealed those physical tasks directly associated

with patient care to be very rewarding. However, nurses perform numerous nonnursing tasks. Transcribing orders, housekeeping duties, errands, maintaining supplies and equipment, record keeping, and visitor control were nonnursing tasks identified at Michael Reese Hospital and Medical Center ("Unit Clerk System," 1968). Johnston (1976) reported as much as 65% of nurses' time was spent performing purely administrative tasks. Slavitt, Stamps, Piedmont, and Haase (1978) reported 69.4% of the nurses in their study agreed they could more efficiently meet patients' needs if nonnursing tasks were done by others, and 40.3% agreed that much of what they did could be done by ancillary personnel. Nonnursing tasks devour valuable nursing time which could be used for patient care. This frequently leads to criticism by patients and peers, frustration, and loss of self-esteem.

The nature of the job, therefore, should be a major concern for nursing supervisors and administrators. There is a need to reexamine job relationships, improve personnel utilization, and clearly define the roles of unit personnel in an attempt to delegate nonnursing tasks appropriately. According to the theories of Maslow and Herzberg, improved working conditions will contribute to self-esteem and provide psychological rewards for the nurse, both of which are important in producing job satisfaction in nursing.

Assumptions

The following assumptions were made for the purpose
of this study:

1. All nurses have basic needs.

2. Satisfaction of higher level needs is important for
    job satisfaction in nurses.

3. Job satisfaction is a multi-factorial concept.

Hypothesis

The following hypothesis was proposed for this study:
Staff nurses who spend less time performing nonnursing
tasks will have a higher level of job satisfaction than
those nurses who spend more time performing nonnursing
tasks.

Definition of Terms

For the purpose of this study, the terms are defined
as follows:

1. Job satisfaction--"persistent feelings toward discrim-
    inant aspects of a job situation associated with per-
    ceived differences between what is experienced in
    relation to the alternatives available in a given
    situation" (Longest, 1974, p. 46) as measured by the
    Index of Work Satisfaction Scale.

2. Nonnursing task--any task which does not require the
    services of a professional nurse and which could be

delegated to another discipline without detriment to
the patient. For this study, these were those tasks
included under the broad categories of administrative
duties, interdepartmental coordination, off-unit
errands, and environmental control as measured by the
Nonnursing Task Identification Questionnaire (NTIQ).

3. Staff nurse--a person (a) currently licensed to practice
nursing in the state of Texas, and (b) currently
employed in a staff nurse position within an institu-
tion on either a part-time or a full-time basis.

Limitation

The limitation of this study is as follows:

A sample of convenience was used to obtain data which
prevents generalization of findings beyond the sample
units.

Summary

Providing job satisfaction for staff nurses is a
continuous challenge for nursing administrators. Because
job satisfaction is a multifactorial concept, administrators
must know which factors are significantly important to their
employees before effective measures can be implemented to
enhance satisfaction. This research study was developed to
determine the relationship between time spent performing
nonnursing tasks and job satisfaction of staff nurses.

Understanding human needs and motivation is basic to comprehending the complex concept of job satisfaction. In addition, the nature of tasks inherent in a particular job are important in determining whether a worker will achieve satisfaction in performing them. The review of literature contained in Chapter 2 provides an overview of human needs based on the theories of Maslow and Herzberg with research data to support and refute both theories, as well as a description of task components of jobs. In addition, job satisfaction studies in nursing are reviewed. Chapter 3 contains the methodology used in this study, Chapter 4 presents an analysis of data, and the summary of the study including conclusions, implications, and recommendations is provided in Chapter 5.

CHAPTER 2

REVIEW OF LITERATURE

Employees of any organization develop a set of attitudes about their work, co-workers, pay, and supervisors which is collectively termed job satisfaction. Job satisfaction is a matter of concern for all managers because its antithesis, dissatisfaction, has been consistently correlated with high turnover and absenteeism rates (Porter & Steers, 1973; Schneider & Snyder, 1975). The assumption that high satisfaction and productivity are positively correlated has been widely disputed yet some managers continue to believe that satisfied workers are more productive and a more productive worker becomes more satisfied.

Job satisfaction is a personal evaluation of a perceived relationship between what an individual wants from the job and what he thinks it can provide. It is an attitude comprised of cognitions (beliefs, knowledge, or expectations), emotions (feelings, likes, or dislikes), and behavioral tendencies. It is a complex entity which is the result of the interaction between multiple individual and situational characteristics. It has as its core the needs of the individual. Unsatisfied needs serve as the

impetus in the process of motivation which underlies all behavior (Davis, 1977).

In order for management to effectively promote job satisfaction within an organization, a concrete understanding of human needs is required in addition to examining situational factors which inhibit the employee from satisfying those needs. This review of literature contains: (1) an overview of human needs with emphasis on the theories of Maslow and Herzberg, (2) research data to support and refute the theories, (3) a description of the situational factor termed task component, and (4) a review of job satisfaction studies in nursing.

Needs and Motivation

All individuals behave in a goal-directed manner which revolves around the desire for need satisfaction (Donnelly, Gibson, & Ivancevich, 1981). Unsatisfied needs create a state of psychological or physiological disequilibrium within an individual which motivates him to take action to equilibrate. Motivation concerns the "why" of human behavior and is defined as an inner state of wishes, drives, and desires which energize and activate an individual and cause him to change his behavior and move toward a goal (Berelson & Steiner, 1964). Needs, drives, and goals are the three interacting and interdependent elements of the

motivation cycle. Once a need is apparent, the individual
analyzes various strategies to satisfy the need and chooses
the one with the highest index of success. He then engages
in behavior related to the selected strategy. His perfor-
mance in achieving the goal is evaluated either by himself
or others and rewards or punishment are given. The indi-
vidual then assesses the degree to which his behavior and
rewards have satisfied the original need. If the need has
been met and equilibrium is achieved, a state of satisfac-
tion exists. If the need remains unsatisfied, a state of
dissatisfaction exists and the motivation cycle is again
set into action using alternate strategies (Szilagyi &
Wallace, 1980).

Studies of motivation can be traced back to the
writings of ancient Greek philosophers who presented hedo-
nism as an explanation of human motivation. The major tenet
of hedonism is that a person seeks out comfort and pleasure
and attempts to avoid discomfort and pain. The key assump-
tion of this philosophical approach was that there is an
unlearned predisposition to behavior. This, however, was
inadequate in explaining why individuals choose one behav-
ior over another (Luthans, 1977).

In the early 1900s, there was a shift to a more
psychological approach to motivation. The behavior

exhibited by individuals was viewed as the product of interaction between individual and situational variables. Frederick W. Taylor developed what has come to be known as scientific management theory. Taylor (1911) viewed man as basically a rational-economic being and assumed that he is primarily motivated by fear of hunger and deprivation. In order to escape these hardships, man is motivated to obtain greater financial remuneration for his work. Pay is the motivator based on production. At the same time, however, man was viewed as being lazy and having an inherent dislike for work. The managerial strategy employed by Taylor was to force the employee to greater productivity for the benefit of the organization by providing pay for performance. Taylor's approach was successful for a time and productivity did increase but his assumptions regarding the nature of human motivation were too simplistic to survive. The shortcomings of the scientific management approach became evident over time (Davis, 1977).

Another motivation theory in vogue during the 1920s was McGregor's Theory X (1960). This is a traditional authoritarian approach to motivation which is characterized by assumptions shared by Taylor (1911). The three basic assumptions about human beings inherent in this theory are: (1) the average individual dislikes work and will avoid it

whenever possible, (2) most workers must be coerced, controlled, directed, or threatened with punishment to work towards organizational goals, and (3) most people prefer to be directed, avoid responsibility, have little ambition, and desire security above all (McGregor, 1960). The famed Hawthorne studies conducted during the 1920s and 1930s about the time of McGregor's original work showed these assumptions about human behavior to be unacceptable. The serendipitous findings from these experiments introduced a variable not previously considered, the complex human factor. A variety of factors other than money were later found to motivate individuals to work. Recognition, achievement, the challenging nature of the job, and the opportunity for advancement were additional factors recognized as influential in motivating workers to perform their jobs. Toward the end of the 1930s, these factors were incorporated into a movement now termed human relations theory (Szilagyi & Wallace, 1980). These theorists place emphasis on employee cooperation and morale. The human relations approach is to:

> treat people as human beings (instead of machines in the productive process), acknowledge their needs to belong and to feel important by listening to and heeding their complaints where possible, and by involving them in certain decisions concerning working conditions and other matters. (Miles, 1975, p. 40)

McGregor (1960) classified these newer developments in his Theory Y. A direct contrast to Theory X, his new approach assumes people like and enjoy work, exercise self-direction and self-control, accept and desire responsibility, and have intellectual capacities such as imagination and ingenuity which can be utilized by the organization. He postulated that employee needs can be met by giving praise and recognition for accomplishments, delegating authority for decisions, providing opportunities for professional growth, and involving the employee in problem solving.

Application of the principles of human relations theory may increase job satisfaction in employees, but it has limitations. It does not contain guidelines for employers to motivate employees nor does it contain information about the fact that different factors motivate different employees. Even though McGregor's (1960) theory has limitations, it changed management's focus of employee motivation from monetary to social strategies.

In order to understand what motivates man, it is necessary to understand his wants and needs. One of the most widely accepted theories of motivation was developed by Abraham H. Maslow. Maslow (1954) maintained man is motivated by a desire to satisfy a hierarchy of needs. There are two fundamental premises of his theory:

1. Man is a wanting animal and his needs generate from
   what he already has. Only unsatisfied needs serve as
   motivators and influence behavior.

2. Needs are arranged in a hierarchy in the order of
   importance to the individual. As a lower level need is
   satisfied, a successive one emerges and demands satis-
   faction.

The five basic needs Maslow identified in order of
importance to the individual are physiologic, safety,
social, self-esteem, and self-actualization.

Physiologic needs pertain to the basic needs of the
individual such as air, food, shelter, and relief from pain.
Organizational factors pertaining to this level include
salary and basic working conditions such as heat, air-
conditioning, and food facilities. Safety or security
needs represent security of one's surroundings and protec-
tion from threat and danger. At work, these are translated
into safe working conditions, job security, salary increases,
and fringe benefits such as health insurance and retirement
funds. Social needs encompass love, affection, and friend-
ship which correlate with a feeling of belonging, accept-
ance by peers, recognition as a member of the group, and
employee-centered supervision at work. As one ascends the
hierarchy, the needs become more difficult to satisfy,

however, they hold the greatest potential for motivating people (Anstey, 1975). Achievement, competence, status, recognition, and appreciation contribute to one's self-esteem. Specific organizational factors which satisfy esteem needs include recognition for one's skills and abilities, successful completion of projects or tasks, merit pay increases, and conferring of organizational titles. Self-actualization represents the culmination of all the needs and is reached when the individual realizes his fullest potential. Individuals operating at this level seek work which constantly challenges their skills and abilities, permits them to be creative and innovative, and provides new experiences and opportunities for growth (Luthans, 1977; Maslow, 1954; Szilagyi & Wallace, 1980).

Maslow conducted no research to confirm this theory and very little support has been generated by other studies. Some attempts to test the theory in the work situation have yielded inconclusive results. Porter (1962) investigated job attitudes of management personnel from a wide variety of companies. Five need categories corresponding with Maslow's (1954) hierarchy were studied in 2,000 subjects. Two conclusions were drawn from the study: (1) the vertical location of an individual in the organization is an important determinant of the extent to which he can fulfill his needs, particularly higher level needs,

and (2) esteem, autonomy, and self-actualization levels
are deficient in all levels of management with exception
of the top executive.

Porter (1963) also investigated the relationship
between need satisfaction and the size of the organization
by which one is employed in order to determine the optimum
size work units in large organizations. The nationwide
sample included 1,916 managers. Results indicated that
lower level managers in small companies were more satisfied
than their counterparts in large companies. However, the
reverse was true for higher level managers who were found
to be more satisfied in the larger companies. The conclu-
sion was that need satisfaction within management was not
related to the size of the company.

Ivancevich (1969) compared the need satisfactions of
American managers with their counterparts working overseas.
Security and social needs were more fulfilled in the domes-
tic management group. Autonomy and self-actualization
needs were reported deficient at all levels of management
for both groups.

Lawler and Suttle (1972) tested the validity of the
need hierarchy concept in retail and government managers.
Longitudinal quantitative data were collected on satisfac-
tion and importance of needs from 187 subjects over a

period of one year. Results did not support a multilevel
hierarchy. Instead, two levels were identified with all
basic biologic needs in the lower level and the remaining
needs in the higher level. There was evidence to support
the fact that when lower needs were satisfied they became
less important to the individual. Attempts to prove the
theory are inconclusive; however, Maslow's (1954) need
hierarchy is one of the most publicized and accepted
theories utilized by management.

A value inherent in any theory lies in its utility.
Frederick Herzberg and his colleagues, Bernard Mausner and
Barbara Snyderman, extended Maslow's (1954) work and
developed the dual-factor theory of motivation, an approach
to understanding the motivation to work. These theorists
introduced new perspectives to the concept of job satisfac-
tion when they concluded that the determinants of job satis-
faction are different from the determinants of job dissatis-
faction. Traditional theorists had postulated that if
presence of a given factor contributed to job satisfaction,
then absence of the same factor would contribute to job
dissatisfaction (Graen, 1966).

Herzberg, Mausner, and Snyderman (1959) studied job
attitudes of 203 accountants and engineers employed in the
heavy metals industry and a utility company in Pittsburgh.

The critical incident technique was used to collect data. Participants were asked to recall times when they felt particularly good and bad about their jobs and then relate the conditions which contributed to those feelings.

Two separate groups of factors were found to be related to the good and bad feelings. One group is called "hygienes" or maintenance factors. These factors are those extrinsic to the job itself and relate primarily to the external environment. They include company policy and administration, supervision, interpersonal relations, salary, job security, and work conditions (Herzberg et al., 1959). These factors must be present to prevent job dis-satisfaction; however, their presence contributes little towards job satisfaction because they do not enhance the individual's drive toward achievement (Herzberg, 1965). These factors are plotted on a continuum from "no satisfaction" to "dissatisfaction."

The second group of factors is called "motivators." These factors are intrinsic to the job content and include work itself, achievement, recognition, advancement, responsibility, and opportunity for personal growth (Herzberg et al., 1959). Presence of these motivators con-tributes to job satisfaction because they satisfy a worker's need for self-actualization but their absence does not con-tribute towards job dissatisfaction. These factors are

plotted on a separate continuum from "no satisfaction" to "satisfaction." Therefore, job satisfaction and dissatisfaction are made up of two unipolar sets of factors and are not opposite ends of a bipolar continuum.

According to Argyris (1957), there are assumptions about human motivation which are basic to any management theory. The first is that man is a wanting animal who operates from birth until death in an unending attempt to satisfy his needs. When one need is fulfilled, another emerges to motivate the individual. A salient point to be made is that once a need is satisfied, it ceases to be a motivator.

Second, human needs are organized in a hierarchy—physiological, safety, social, self-esteem, and self-actualization (Argyris, 1957)—as described at length by Maslow (1954). Herzberg et al. (1959) conveyed Maslow's hierarchy to the work situation and grouped the five levels of needs into two categories of factors responsible for producing job satisfaction and dissatisfaction. In general, lower level needs comprised the hygiene factors necessary to prevent job dissatisfaction. Failure to provide these factors in a job situation causes employees to search for other jobs capable of meeting their basic needs rather than striving for higher level needs and organizational

commitment. Many individuals, particularly blue-collar workers, function at this level permanently. Higher level needs, self-esteem and self-actualization, are most significant to the majority of individuals themselves and to management (Argyris, 1957). Herzberg also believed an employee can be motivated by providing challenging work and increasing responsibility. Herzberg's theory provides managers with a framework that enables them to understand what makes workers perform at their best. It provides a good basis for redesigning jobs so that workers can experience adequate responsibility, recognition, and achievement to satisfy their own aspirations and, in turn, be motivated to work towards organizational goals.

Subsequent research relevant to Herzberg's theory has produced conflicting results. Studies which support and refute the two-factor theory are reported in the following sections.

Research in Support of Herzberg's Theory

After Herzberg, Mausner, and Snyderman published their work in 1959, a number of replications and extensions were undertaken to test the validity of the motivation-hygiene theory for a wide range of occupations in diverse organizations. In 1963, Schwartz, Jenusaitis, and Stark studied the motivational factors in the work situation. Subjects

consisted of 111 male public utility supervisors from the
New England and Middle Atlantic states. The authors con-
cluded that most pleasant experiences were related to con-
ditions of the job itself and that most unpleasant expe-
riences were related to the work environment. These find-
ings supported the motivation-hygiene theory.

Myers (1964) reported results from a six year study
of Texas Instruments employees in Dallas in which he
attempted to determine those factors which motivate employ-
ees to work effectively as well as those which dissatisfy
them. Subjects included 282 randomly selected employees
from assembly line workers to scientists. The critical
incident technique was used to obtain data. The results
validated Herzberg's theory that the factors in the work
situation which motivated employees were different from
those factors which dissatisfied them. However, satisfac-
tion or dissatisfaction was not solely a function of the
nature of the factor itself; it bore relationship to the
individual's personality as well. Some individuals were
motivation seekers. These individuals obtained their
greatest satisfaction from advancement, achievement, respon-
sibility, and recognition and demonstrated a high tolerance
for less than optimal environmental factors. Other indi-
viduals were maintenance seekers who were primarily

environment-oriented and focused on pay, benefits, working

conditions and other hygienes while excluding motivation

opportunities. These personality characteristics of the

population studied required consideration when results were

compiled. Friedlander (1964) qualitatively analyzed the

assumption that job satisfaction-dissatisfaction was a

bipolar continuum. Subjects included 80 full-time employees

of various occupations. Two questionnaires were adminis-

tered to measure the importance of job satisfaction-

dissatisfaction characteristics. The results indicated that

satisfaction and dissatisfaction were two separate continu-

ums and therefore gave support to Herzberg's dual-factor

theory.

Friedlander and Walton (1964) examined factors which

might cause an employee to leave his/her organization.

Eighty-two scientists and engineers in an Armed Services

research and development laboratory constituted the sample.

Their methodology differed from Herzberg's in that data

were collected through personal interview using open-ended

questions. It was concluded that functions intrinsic to the

job may serve as motivators and satisfiers and may influence

the worker to remain with the organization. Conversely,

functions considered by the worker to be extrinsic and

peripheral to the job may serve as potential dissatisfiers

and influence the worker to leave the organization. These
findings supported Herzberg's postulated relationship
between motivators and job satisfaction and hygienes and
job dissatisfaction.

In 1965, Herzberg replicated his earlier study.
Subjects included 139 lower level industrial supervisors in
Finland. The critical incident technique utilizing a trans-
lated questionnaire was used to collect data. Motivator
factors were found to account for 90% of the positive feel-
ing towards a job and hygiene factors accounted for 80% of
dissatisfied feelings which provided support for the two-
factor theory.

The relative contributions of motivator and hygiene
factors to overall job satisfaction were tested by Halpern
(1966). Four motivators and four hygienes were tested in
a sample of 93 male counselors. Subjects were asked to
rate various aspects of their best-liked job using a 7-point
Likert-type scale. As predicted by Herzberg, motivator
factors in this study contributed significantly more to
overall job satisfaction than did hygiene factors.

Weissenberg and Gruenfeld (1968) investigated the
relationship between job satisfaction and job involvement.
Their hypothesis stated satisfaction with motivator factors
would be related to increased job involvement but that

satisfaction with hygiene factors and job involvement would be unrelated. Subjects consisted of 93 civil service supervisors. Data were collected using a questionnaire containing two instruments. Job satisfaction was measured using the Wernimont Job Satisfaction Scale (1966) modeled after Herzberg et al.'s (1959) questionnaire. Lodhal and Kejner's Job Involvement Scale (1965) was used to measure the dependent variable. The findings supported the hypothesis and the motivator-hygiene model.

Up until this time, studies testing the dual-factor theory took place in North America and Europe. Cross-cultural differences in the theory were tested by Hines (1973) in New Zealand where working conditions were dissimilar to previous settings. A total of 414 middle managers and salaried employees constituted the sample. A questionnaire was developed to measure 12 job satisfaction factors as well as overall satisfaction. The findings proved Herzberg's theory valid across the occupational levels studied.

The applicability of Herzberg's theory to the nursing profession was tested by White and Maguire (1973). The purpose of their study was to identify factors nursing supervisors in general hospitals identified as contributing to job satisfaction and dissatisfaction. A stratified random

sample of 34 nursing supervisors from four counties in the Philadelphia area were subjected to a semi-structured interview. From the findings it was concluded that job satisfaction was promoted by the motivator factors and that absence of them prevented satisfaction but did not create dissatisfaction.

Research to Refute Herzberg's Theory

In comparison to investigators who have validated Herzberg's theory, there are those which have failed to provide unequivocal support. The ambiguous components of the theory which have been challenged by other investigators include: (1) the assumption that job satisfaction and dissatisfaction are two separate continua, (2) the assumption that motivators and hygienes are disjoint concepts, and (3) the methodology employed. Following is a chronological review of studies which refute various components of the motivator-hygiene theory.

Friedlander (1964) examined specific job characteristics as satisfiers and dissatisfiers in order to quantitatively analyze the assumption of a bipolar continuum. Eighty subjects from a variety of positions and occupations were administered two questionnaires to measure the importance of certain characteristics in producing job satisfaction and dissatisfaction. Those characteristics identified by

Herzberg as intrinsic and important in producing job satisfaction were found to be important to both satisfaction and dissatisfaction in this study. Extrinsic factors were found to be relatively unimportant in either instance. Nonsignificant correlations between satisfiers and dissatisfiers indicated that satisfaction and dissatisfaction were not a biploar continuum and this portion of Herzberg's theory was substantiated by the study.

Ewen, Smith, Hulin, and Locke (1966) tested four hypotheses generated by the Herzberg theory. Subjects included 793 male employees from various occupations. Findings did not clearly support Herzberg's theory or any traditional theory. The conclusions were: dissatisfaction with motivators did produce overall dissatisfaction; monetary rewards alone were not significant in providing overall satisfaction; and intrinsic factors were the most important sources of both satisfaction and dissatisfaction.

Burke (1966) tested the assumption that factors affecting job satisfaction and dissatisfaction represent unidimensional constructs. Five motivators and five hygienes were ranked in order of importance by 187 college students enrolled in a psychology course. The results implied that these factors were neither unidimensional nor independent constructs and that the two-factor theory may be an over-simplified representation of job satisfaction.

Wernimont (1966) attempted to clarify the role of intrinsic and extrinsic factors in producing job satisfaction-dissatisfaction. The conclusions were: individuals' job expectations were influential in their perception of satisfaction-dissatisfaction; both intrinsic and extrinsic factors could contribute to satisfaction and dissatisfaction; and individuals discussed dissatisfaction with extrinsic factors more freely. Studies by Graen (1966) and Hulin and Smith (1967) also demonstrated that motivators acted as both satisfiers and dissatisfiers and were more potent than hygienes which had the same capabilities. All of these studied failed to support the two-factor theory.

Herzberg's methodology has been criticized by several investigators. In all of the studies which supported his theory, the same personal interview and critical incident technique were used to collect data. Ewen (1964) criticized this method due to the selective bias inherent in recall and Hardin (1965) reported evidence that retrospective accounts of satisfaction are often invalid. Ewen (1964) also challenged the narrow range of subjects (accountants and engineers), the lack of reliability and validity, and the lack of measure of overall job satisfaction in Herzberg's original work. Lindsay, Marks, and Gorlow (1967) criticized

the critical incident interview for several reasons. For
instance, it does not control the number of incidents or
job factors within a given incident, the variables are not
constant, and it does not provide for examination of the
interaction between motivators and hygienes in relation to
job satisfaction.

In summary, the early traditional and human relations
theories are noteworthy. Employees should receive adequate
salaries to meet their physiological and safety needs and
organizations must convey a humanistic attitude toward
their workers. However, the concepts addressed by these
early theories fall into the category of hygienes or dis-
satisfiers described by Herzberg et al. (1959). Therefore,
their presence is necessary to prevent dissatisfaction but,
according to the two-factor theory, will not promote job
satisfaction.

Satisfaction of higher level needs has been found to
be important in producing job satisfaction in nursing
(McCloskey, 1974). Intrinsic factors such as achievement,
recognition, responsibility, and the work itself contribute
towards satisfaction of these needs. Managers can con-
tribute significantly to need satisfaction of their
employees by analyzing and restructuring job content.

Task Component of Jobs

Work is the means by which individuals strive to reach their potential as human beings. In order for them to achieve this acme, the job that they perform must be meaningful and fulfilling (Bucholz, 1978). The traditional work design advocated by Frederick Taylor (1911) and his colleagues focused on specialization with a high degree of efficiency in performing one task. This led to a preponderance of assembly-line type jobs throughout the first half of this century. These types of specialized jobs, present in every type of organizational setting, were highly successful in increasing production and lowering operating costs but at a high personal expense to the employee. The human factors of work were ignored. Employees were isolated from their co-workers and they lacked pride in their work as a result of the mechanized, segmental nature of the work resulting in dissatisfaction. The main factor inherent in the problem was that the job design was inadequate to satisfy higher level needs.

Job design is the "specification of the content and the relationships of jobs as they affect both people and organizational success" (Davis, 1977, p. 234). Job content encompasses the status of the job, the degree of standardization or specialization, and the degree to which the job

uses the skills and abilities of the individual (Szilagyi &
Wallace, 1980). It is the critical determinant of whether
employees believe that their performance of the job will
bring them feelings of accomplishment and self-esteem. Job
content is the important factor in determining whether a
specific job will serve as an intrinsic motivator for an
employee.

Lawler (1962) pointed out that no one can specifically
determine what provides intrinsic rewards for an individual
other than himself. There appear, however, to be three
characteristics of jobs which arouse higher order needs and
lead to intrinsic rewards. The first is that the individual
must perceive the job as requiring him to use his valued
skills and abilities. The second is that he receive mean-
ingful feedback about his performance, and third, he must
feel that he has control over setting goals and charting the
path to attain the goal.

The key point is that a worker must perform a job which
he perceives as important. The nature of tasks involved in
the job determines whether the worker will achieve satisfac-
tion from performing them. The relationship between task
performance and satisfaction varies with the extent to which
the employee perceives it as relevant to his self-concept.
If a task is consistent with one's self-concept, successful

performance of it will be accompanied by satisfaction. However, if the task does not require abilities and skills which the employee values, it will evoke dissatisfaction (Korman, 1970; Vroom, 1964).

Utilization of skills and abilities to achieve satisfaction was predicted by Maslow (1943) when he stated:

> A musician must make music, an artist must paint, and a poet must write if he is to be ultimately happy. What a man can be, he must be. This need we may call self-actualization. (p. 382)

Kriedt and Gadel (1953) provided support for this proposition with their study of office clerical workers in which the level of intelligence was found to be negatively correlated with turnover rate in those individuals performing highly routine tasks. Brown and Ghiselli (1953) also found a high turnover rate in taxi cab drivers with aptitude scores higher than the occupational average. Although turnover rate can be attributed to numerous other factors, it can be assumed that it is strongly correlated with dissatisfaction and that individuals will seek jobs in which they can utilize their abilities. Brophy (1959) tested this hypothesis in 81 female nurses and the findings supported the relationship between use of abilities and satisfaction. Kornhauser (1964) documented a positive relationship between use of abilities and skills and mental health of both young and middle-aged workers across various occupational levels.

The same positive relationship between the two factors was found in a study of 489 Canadian oil refinery workers (Vroom, 1962).

Hackman and Lawler (1971) tested the relationship of job characteristics to employee motivation, satisfaction, performance, and absenteeism. The research was conducted in an eastern telephone company and subjects included 270 employees and supervisors from 13 different departments. Results supported the prediction that when jobs are meaningful and satisfy higher level needs, employees tend to have high motivation, satisfaction, performance, and low absenteeism.

Jobs have an impact on employee behavior and attitudes. However, there are employee characteristics which must be considered in conjunction with job characteristics in order to validly predict behavioral and affective responses of employees at work (Hackman & Lawler, 1971). The results of Hackman and Lawler's work suggested there is a sociological-level variable which tempers the relationship between the two factors. Workers with urban backgrounds were found to desire higher order need satisfaction less than rural workers. Another influential employee characteristic is the objective versus the perceived aspects of the job or task. Often, the task to be performed is redefined by the

worker according to his own value system and takes on meaning incongruent with objective reality. The need for interpersonal relationships is a third employee characteristic to be considered when workers have high desires for social need satisfaction. Although results from Hackman and Lawler's (1971) study did not demonstrate a significant relationship between interpersonal dimensions and work motivation or performance, social needs should not be dismissed as unimportant. Supervisor-employee relationships can clearly affect job satisfaction particularly when jobs are changed (Alderfer, 1967).

Another factor which influences job satisfaction and relates to tasks is interruption of work. Maier (1955) suggested that job satisfaction could be increased by decreasing interruptions thereby allowing for completion of work. Interruptions, particularly those which require performance of tasks incongruent with one's self-concepts, are an important contributor to job dissatisfaction. Therefore, nonnursing tasks, those which do not utilize the skills and abilities of the nurse and which take valuable time from her work, are proposed to inhibit attainment of job satisfaction.

In summary, job content and job satisfaction have been shown to be related. Job content, particularly the task component, is one aspect over which managers maintain some

degree of control. Tasks cannot be eliminated but jobs can be redesigned. Those which are important for higher level need satisfaction can be unified and integrated into the job content and those which serve as merely interruptions and obstacles to work performance can be delegated to other disciplines. From the standpoint of human resources, care must be taken to not misuse an employee's capabilities.

Job Satisfaction Studies in Nursing

The shortage of practicing nurses is a nationwide and, perhaps, a worldwide dilemma. In a recent study by Wandelt, Pierce, and Widdowson (1981), 18,000 registered nurses were licensed to practice yet were not working in the state of Texas. This staggering statistic compels nursing adminis-tration to identify those factors responsible for such dissatisfaction and voluntary unemployment within the pro-fession. Presumably, documentation of attitudes concerning various aspects of the nurse's job will result in efforts to correct the problem situation and thereby entice nurses back into practice. Another factor which prompts identifi-cation and amelioration of dissatisfiers is the increasing tendency for dissatisfied workers to gravitate towards labor organizations (Sinha & Sarma, 1962).

The best information about satisfiers and dissatisfiers within a particular institution can be obtained from the

employees (Ganong & Ganong, 1977). The following is a chronological review of job satisfaction studies in nursing with a focus on staff nurses.

The first reported study of job satisfaction in nursing was published in 1940 by Nahm. The study had been conducted at the University of Minnesota during the 1938-1939 academic year and sampled 275 nurses from a variety of fields. The highest degree of satisfaction was 98% in the public health group. Overall, 78% liked their jobs, 21% were indifferent, and only 1% disliked the job.

The consensus of the sample was that they entered nursing for the anticipated satisfaction they would obtain from the work itself. In the group, there was an association between satisfaction and the ability to maintain satisfactory working relationships as well as annual income over $1,000. Nahm (1940) concluded that one means of promoting satisfaction was to admit to nursing schools only those individuals who were highly interested and well-adjusted with special aptitudes and characteristics necessary for success. The problem inherent in this proposition was that characteristics correlating with success had not yet been identified.

In 1957, Pickens and Tayback reported the results of a survey conducted to analyze problems responsible for the

high turnover rate and resulting vacant positions in public
health agencies. Dissatisfaction within this group of
nurses drew attention based on the fact that public health
nurses were the group which was most satisfied 17 years
earlier in the Nahm (1940) study. Subjects consisted of
139 public health nurses employed by the Baltimore City
Health Department. The findings revealed that the majority
of nurses were dissatisfied with salary, number of nonnurs-
ing tasks, and lack of opportunity for advancement. The
conclusions were that nursing administrators themselves
could investigate ways to delete the dissatisfiers and that
they were not dependent on other disciplines for solutions.

The results of five independent studies conducted to
determine the causes of turnover among hospital staff nurses
were summarized by Diamond and Fox (1958). In all the stud-
ies reviewed, reasons for resignation were supplied by the
staff nurses themselves either by questionnaire or inter-
view. All investigations took place between 1948 and 1955.
There were two categories of factors which were reported to
be the reason for resignation: individual factors and job
related factors. Individual factors included personal
reasons such as home and family plans, leaving the city,
and educational plans and accounted for 66% of resignations.
Job-related factors included aspects of job satisfaction and

accepting another position and were reported as the reason for resignation in the remaining 34% of respondents. The type of data collection may have influenced the responses, however. Job dissatisfaction was mentioned more frequently as the cause of resignation in studies where anonymous questionnaires were used. The conclusion was that resignations related to individual factors were probably unavoidable but that at least one-third of the turnover might be alleviated if conditions of employment were made more satisfying.

Maryo and Lasky (1959) reported the results of a job satisfaction survey of a small sample of 57 staff nurses working in a 500-bed midwestern hospital which was prompted by a severe shortage of nursing personnel. Three main problem areas identified were: shortage of personnel itself, lack of management-employee trust, and a poorly defined work situation. Specifically, nurses complained about performing non-professional tasks such as clerical work, transporting equipment, and housekeeping duties. Performance of these tasks created conflict between the ideal and actual professional roles which was accompanied by frustration and led to resignation.

Investigation of tasks which interrupt delivery of nursing care by hospital staff nurses was undertaken by

Smith (1959). A checklist was devised for recording
interruptions experienced on four nursing units with a total
of 252 patients. The greatest number of interruptions was
related to obtaining and maintaining equipment. Obtaining
further information about the patient because of inadequate
communication by co-workers or doctors was another time-
consuming interruption cited as well as searching for help
to assist in patient care. Interruptions to give patients
and/or their families information or assurance were men-
tioned but viewed as part of the nurses' responsibility.

One observation was that interruptions in work were an
individual matter. All nurses reacted differently to the
type and number of delays in completing their work. Inter-
ruptions may also be a function of staffing patterns and
types of patients on the unit as well as the organization
and physical setup of the unit. The consensus was that
time spent conferring with other departments could, for
the most part, be delegated to nonnursing personnel.

Marlow (1966) investigated job needs of 757 registered
nurses representing 70 hospitals at supervisory workshops.
Participants were asked to rank order the following 10
employee needs according to importance: good working con-
ditions, tactful discipline, job security, full appreciation
of work done, sympathetic help on personal problems, feeling

"in" on things, personal loyalty to workers, work that keeps you interested, promotion and growth in the hospital, and good wages. Three of the first four highest ranking needs were good working conditions, job security, and good wages, all of which fell into the category of lower level needs according to Maslow (1954). The higher level needs of esteem and self-actualization were of little concern to this sample of nurses.

In addition, supervisors were asked to rank the items according to how they thought their staff nurses would rank them in an attempt to determine how well the supervisors knew their personnel. The rankings were comparable for both groups indicating that this group of supervisors had a good understanding of their employees' needs which is essential for problem solving as well as development and growth of personnel (Marlow, 1966).

Institutional factors which help or hinder the practice of professional nursing by baccalaureate graduates were explored by Harrington and Theis (1968). Subjects consisted of 46 full-time staff nurses employed in three hospitals in the east and midwest who had been graduated within 15 years from an NLN accredited baccalaureate program and employed more than two months in their position. Analysis of data was descriptive and comparative. The findings revealed

performance of professional nursing skills was affected by:
(1) attitudes and expectations of authority figures,
(2) methods of assignment and number of non-nursing tasks,
and (3) nature, amount, and direction of communication. The
conclusion was that environmental conditions contributed to
the inability of baccalaureate graduates to perform and
utilize skills rather than the nature and character of
their education.

Benton and White (1972) conducted a study similar to
Marlow (1966) in which they surveyed nurses' level of job
satisfaction with 16 job factors. The sample consisted of
565 nurses working in various-sized hospitals in the metro-
politan area of a southwestern city. Respondents rated the
importance of each job factor on a scale from one to seven
indicating low to high importance, respectively.

The job factors identified correlated with Maslow's
(1954) hierarchy and in the same order. Adequate personnel
per shift, job security, physical working conditions, and
appropriateness of hours worked per shift which represented
safety and security needs ranked highest in importance.
Social needs represented by congenial work associates and
appreciation by patients ranked second. Third was esteem
needs consisting of authority, responsibility, and recog-
nition. Concern for patient care, inservice programs, and

promotions comprised the self-actualization need level and
ranked fourth. Concern for patient care as an isolated
factor, however, ranked first among all participants. The
investigators recommended that the importance of job factors
to the nursing staff in any institution be made known to
management. Nurses expect those factors which they judge
important to be provided. If they are deficient, job dis-
satisfaction results. All of the job factors mentioned are
amenable to correction and, therefore, behoove management
to take action.

McCloskey (1974) identified and ranked in order of
importance specific rewards and incentives which would keep
staff nurses on the job. A three-part questionnaire was
administered to 94 staff nurses who had resigned their posi-
tions within four months. Seven hypotheses were tested to
determine whether personal characteristics of age, marital
status, spouses' income, educational background, salary, and
specialty area were influential in keeping a nurse on the
job.

The results of the study were as follows: (1) younger
nurses left jobs sooner than older nurses with new graduates
most likely to leave in the first six months, (2) single
nurses stayed on the job longer than married nurses, and
(3) educational background, spouse's salary, and specialty

area did not influence the length of time a nurse stayed on the job. Rewards and incentives ranked in the descending order of importance for the sample were psychological, safety, and social. Nurses who changed jobs were found to have a higher self-esteem in the new job compared to the old one. However, nurses who became inactive experienced no change in esteem. The conclusion was that safety and social rewards must be provided in order to attract nurses to jobs, but the psychological rewards are what keep them there (McCloskey, 1974).

The effects of the organizational environment on work satisfaction was reported by Hurka (1974). Subjects included 430 diploma and baccalaureate nurses employed in general hospitals, schools of nursing, and public health agencies in the province of Saskatchewan. A three-part questionnaire was used to obtain information regarding demographic data, perceived role orientation, and perceived work satisfaction.

Satisfaction with their present job was reported high by 86% to 90% of the respondents. The lowest satisfaction according to organizational environment, however, was reported by hospital nurses. Only one-third were satisfied with acceptance by the organization as a professional expert, job expectations, and present job in comparison to

other nursing jobs. An analysis of career satisfaction indicated 72% considered nursing one of the most, if not the most, satisfying careers and 81% would probably choose to enter the profession again if they had a choice. Four conclusions were drawn from this study: baccalaureate degree nurses prefer to work in settings other than the hospital; nursing education and public health agencies employ older nurses; organization environment and job satisfaction are related; and organization environment and perceived career satisfaction are not related (Hurka, 1974).

Job satisfaction of nurses who worked in a hospital setting was studied by Longest (1974). The purpose of the study was to determine how registered nurses working in a hospital setting perceived the effect of Herzberg's factors on their job satisfaction. The sample consisted of 195 nurses employed in 10 metropolitan Atlanta hospitals. Participants were asked to rate in order of importance 10 factors which determined their job satisfaction.

The 10 factors ranked in order of importance for this sample were: achievement, interpersonal relations, work itself, policy and administration, responsibility, supervision, salary, working conditions, recognition, and advancement. These factors were correlated with a ranking previously established by House and Wigdor (1967) who

disputed Herzberg's satisfiers-dissatisfiers dichotomy. A
Spearman rank order comparison technique was applied and
yielded a correlation coefficient of +.164. The nurses'
rankings were not significantly correlated with Herzberg's
and the greatest disparity existed in three factors: inter-
personal relations, recognition, and advancement.

Longest's (1974) findings were echoed by Everly and
Falcione (1976) who also found Herzberg's traditional
dichotomy not applicable to staff nurses. Their sample
consisted of 144 female staff nurses from four East Coast
metropolitan hospitals. Using a Likert-type scale, respon-
dents were asked to indicate the degree of importance each
of 18 items held in determining their job satisfaction.
The data were subjected to factor analysis and four inde-
pendent factors were found to be related to job satisfac-
tion: relationship orientation, internal work rewards,
external work rewards, and administrative policies. The
relationship orientation factor accounted for the largest
percentage of variance, 24%, and suggested that nurses'
relationships with co-workers and supervisors were more
important. These findings suggested these relationships
should be reevaluated and reconsidered as primary contribu-
tors to job satisfaction in staff nurses. The results of
this study indicated staff nurses perceived job

satisfaction as a more complex entity than the intrinsic-
extrinsic dichotomy proposed by Herzberg et al. (1959).

The high turnover rate (61%) among new graduate staff
nurses in Chicago was the problem of a study by Cronin-
Stubbs (1977) which was a partial replication of White and
Maguire's (1973) earlier investigation. The purpose of the
study was to: (1) identify factors described by new gradu-
ates as satisfiers and dissatisfiers, and (2) compare the
factors to those identified by White and Maguire (1973) in
nursing supervisors as well as by Herzberg et al. (1959) in
accountants and engineers. A random sample of 30 new
graduate staff nurses was obtained from two Chicago hospi-
tals. Data were collected by interview similar to Herzberg's
prior critical incident technique. The chi-square proce-
dure was used to analyze the data.

The findings cited achievement as the most important
factor for job satisfaction and too much responsibility too
soon as the most significant dissatisfier. Extrinsic fac-
tors such as inadequate staffing, work pace, and inter-
personal relations were prevalent as dissatisfiers in the
sample indicating that the work environment was important
to the new graduate. Recognition was important for satis-
faction indicating the need for feedback and reinforcement
commensurate with achievement in this group of employees.

The needs of new graduate nurses in this sample differed
from those identified by either White and Maguire (1973) or
Herzberg et al. (1959). Thus, the unique needs in this group
of employees must be determined within a given institution
and then manipulated to enhance job satisfaction if there
is to be any hope of decreasing the turnover rate among new
graduates (Cronin-Stubbs, 1977).

Turnover rate was again the problem of a study
conducted by Seybolt, Pavett, and Walker (1978). The pur-
pose of the study was to evaluate turnover rate from a
practical and theoretical viewpoint. Subjects consisted
of a random sample of 242 nurses from a 310-bed university
hospital in Salt Lake City. The independent variables
were job satisfaction, role perception, performance, and
motivation, while the dependent variable was the rate of
turnover. Data were statistically analyzed using the t-test.
The findings revealed high turnover rates among nurses with
low satisfaction levels associated with inability to per-
form at their fullest potential. The investigators con-
cluded that nursing administrators must recognize and meet
nurses' need for growth and development and redesign job
duties and responsibilities to provide more job satisfac-
tion.

Ullrich (1978) attempted to correlate Herzberg's
dual factor theory with turnover in nursing personnel. The

sample consisted of 40 nurses employed in a private general hospital. An interview technique similar to Herzberg's prior critical incident technique was used except subjects were asked only about their present jobs. Responses were divided into component parts: intrinsic and extrinsic factors, affects or subjective feelings of satisfaction or dissatisfaction, and effects or behavior-attitude changes.

The results of the study indicated that five out of six intrinsic factors were greater sources of satisfaction rather than dissatisfaction as predicted by the dual-factor theory and four of the six were significant at the .05 level or beyond. Ten out of 12 extrinsic factors were found to contribute to job dissatisfaction and four were significant at the .05 level or beyond. Responsibility, a presumed intrinsic factor, was found to be a source of dissatisfaction beyond the .05 level of confidence in this study (Ullrich, 1978).

A secondary analysis of data suggested that dissatisfaction with intrinsic factors may, indeed, play a significant role in a nurse's decision to quit her job. This finding contradicted Herzberg's theory which postulates intrinsic factors serve as motivators. Therefore, Ullrich (1978) concluded that the dual-factor theory may be inadequate to explain the needs, motives, and

attitudes of nurses. A major responsibility of nursing management is to arrange the work environment and job structure to meet the job-related aspirations of nurses. This includes developing employee skills, matching employees to tasks, and providing adequate resources and information for subordinates. If such management practices are implemented, symptoms of job satisfaction such as turnover and absenteeism may be reduced.

The largest descriptive study pertaining to job satisfaction of nurses was published by Godfrey (1978a,b,c). Nearly 17,000 nurses answered a questionnaire on job satisfaction published in a nursing journal and sent an additional 800 letters in which they described their personal feelings about the profession. The majority of respondents were young married women employed as staff nurses in health-care institutions, however, all age groups, job classifications, settings, educational levels, and geographic locations were represented. Three percent of the respondents were males. Attitudes were found to be related to education. The higher the education, the more critical the respondent was toward the profession. The results of the survey were published under three general headings: how nurses felt about the profession, how nurses felt about a particular job, and what nurses wanted in their job. The results will be discussed accordingly.

Nurses were extremely ambivalent towards the profession. They overwhelmingly believed (91%) that nursing was one of the better professions yet the problems they encountered were driving them away. In general, they were not willing to make all the compromises necessary to remain in the profession (Godfrey, 1978a).

Major dissatisfactions with the profession fell into three major categories: unsafe practices, poor leadership, and communication breakdown. Only 2% mentioned salary. Dangerous understaffing and retention of incompetent and unmotivated nurses were cited as concerns and obstacles to delivering quality patient care. Caring for patients was what all respondents wanted to do because the emotional rewards received were most important. However, nonnursing chores consumed a lot of what little time they had to spend on direct patient care. Paperwork and housekeeping duties were chores most frequently mentioned. One third of the respondents felt the chores they performed could be done by persons with less education (Godfrey, 1978a).

Poor leadership was the second major category of complaint about the profession. Head nurses without management experience and nursing directors with no recent exposure to the clinical setting were criticized by staff nurses as being incapable of sound management practice and

comprehending their needs. Also, head nurses who used scheduling as a weapon and inflexible supervisors contributed to dissatisfaction because they rejected individual needs. They also felt administration's prime concern was to cut costs even at the expense of quality care (Godfrey, 1978a).

Communications breakdown was the third major category of dissatisfaction with the profession. Forty-eight percent had a clear understanding of their duties and 33% reported they received constructive feedback from their supervisors. Feedback from nursing administration was reported to be fair by 61% of the respondents and the problem was predominant in larger hospitals. Staff nurses felt administration was unresponsive to their requests and therefore showed little concern for them.

In summary, nurses' feelings about the profession were best described as a love-hate relationship. They loved the patient care but they hated the multiple problems cited. Regardless, 84% reported they would choose the profession again if they had to do it over (Godfrey, 1978a).

In the second report, Godfrey (1978b) summarized how nurses felt about their particular job. Overall, 79% were moderately to very satisfied with their jobs. A higher degree of satisfaction was reported at the management level

than at the staff nurse level in hospitals. Administration, education, and emergency room work was associated with the highest degrees of satisfaction in hospital nursing but, overall, hospital work was the least satisfying of all nursing jobs. The highest degree of satisfaction was reported by industrial and school nurses.

There were no significant correlations between satisfaction and salary or the number of hours worked. In general, those who felt a real sense of accomplishment after a day's work were the ones who reported they enjoyed their jobs. The most common complaint revolved around problems with staffing. Inadequate staffing, floating, double shifts, and split days off had destroyed morale. Twelve hour shifts were favored by some but others found the long hours intense and ungratifying. A main concern of all nurses was patient safety due to lack of manpower. These complaints were not confined to hospitals. Nurses in offices also had more work than they could handle in order to even minimally meet patient needs (Godfrey, 1978b).

In summary, the nurses worked in many different settings and performed a variety of services. However, a common parameter which nurses used to evaluate their level of job satisfaction was whether their patients received adequate care. Anything which inhibited delivery of quality patient care could be classified as a dissatisfier.

In the third report, Godfrey (1978c) revealed what
nurses wanted in their jobs. The most important considera-
tion when looking for a new job was opportunity for profes-
sional growth which correlated with Maslow's (1954) highest
level need, self-actualization. According to Maslow's
theory, this finding indicated a general satisfaction with
the lower level needs, specifically salary and working con-
ditions. The primary motivator was challenge. Respondents
wanted to sharpen their skills, learn new disciplines, and
assume more responsibility as part of the health team.
There was an increased demand for workshops, seminars, and
inservice education programs. However, time was a critical
factor cited here. Many complained that since they did not
have adequate time to eat lunch due to staffing problems,
they would be unable to find time for inservice. Only 13%
thought more formal education would benefit them in their
work. Professional growth was not synonymous with advance-
ment. Promotions were viewed as punishments with more
headaches and less patient care.

Choice in scheduling, adequate staffing, and a
supportive nursing administration were other important con-
siderations when shopping for a new job. The majority of
complaints about scheduling were related to having to work
too many weekends and holidays and little consideration of

personal requests. Adequate staffing was reported by 96%
of the respondents as being essential for a good job. A
supportive nursing administration was judged mandatory for
meeting both patient and nurses' needs. Nursing administra-
tion must be communicative, accessible, independent (not
controlled by hospital administration), creative, suppor-
tive, and eager to resolve conflict according to this large
sample of nurses.

Salary was not high on the list of priorities when
looking for a new job, yet 82% of the females and 94% of
the males said it was important for job satisfaction. One
nurse explained:

> When I was satisfied with my job, money seemed less
> important. Now it's the only positive reward I get.
> (Godfrey, 1978c, p. 78)

In summary, Godfrey's survey revealed nurses liked nursing
but disliked the conditions under which they had to prac-
tice.

Many of the same complaints were issued by 3,371 nurses
in the state of Texas who participated in a study reported
by Wandelt, Pierce, and Widdowson (1981). The purpose of
the study, conducted by the Center for Research at The
University of Texas at Austin, was to identify factors
associated with nurse unemployment and to suggest ways to
bring nurses back into the work force. A stratified samp-
ling procedure was done to obtain two samples of nurses

registered in the state of Texas, one employed and the other unemployed, which were representative of all geographical locations in the state. Proportional samples from each of the employment groups were obtained by random selection. A total of 9,976 nurses were chosen to participate in the study; 3,371 nurses returned valid data and constituted the sample for the study.

Data were collected by mail-out questionnaires. Respondents were asked to rate the importance of a variety of job factors for current employment as well as their satisfaction with the factor in their present job using two separate Likert-type scales. Unemployed nurses were asked to rate the same items by the importance of each item in influencing them to leave nursing and then to rate the importance of each item in keeping them out of nursing. Three open-ended questions were included to allow respondents to elaborate. In addition, small group interviews were conducted with a total of 30 employed nurses, unemployed nurses, and supervisors from different geographical areas and different sized institutions. Interviews were guided by a set of broad questions. The purpose of the interviews was to obtain expressions about how nurses viewed the nursing job and to lend credence to findings from the questionnaires (Wandelt et al., 1981).

The 10 job factors with which nurses were most
dissatisfied were as follows:

1. adequate salaries

2. amount of paperwork

3. support by administration of the facility

4. opportunity for continuing education

5. adequacy of laws regulating the practice of nursing
   in Texas

6. support by nursing administration

7. availability of child-care facilities

8. availability of inservice education

9. availability of fringe benefits

10. competence of non-registered staff

The five predominant factors contributing to
resignations were:

1. family responsibilities

2. unavailability of desired work schedule

3. lack of recognition as a member of the health team

4. lack of positive professional interactions with
   physicians

5. lack of individualized patient care

Factors must frequently mentioned in the interviews
were staffing, professionalism, autonomy, and feedback.
Staffing was reported as a major problem; nurses barely had

time to meet the basic physical needs of patients. There
was not enough time for teaching, discharge planning, or
providing emotional support which were aspects of the job
which satisfy nurses' higher level needs. Many complaints
pertained to professionalism. Nurses wanted to be consid-
ered an integral part of the health team and plan patient
care along with the physician and other professionals.
Above all, they wanted to be viewed as providing service
for the patient and not for the physician. Lack of autonomy
caused feelings of career stagnation according to the
sample. Nurses wanted supervisors who were competent in
both clinical and administrative areas to serve as role
models. In addition they wanted: (1) collaboration with
administration about changes that affect them, (2) career
ladders and wage scales which correlate with the complexity
of the job, (3) legalization of nursing order and progress
sheets, and (4) opportunity to plan their own coverage of
the unit. Last, they stated they needed occasional recog-
nition for a job well done. Periodic feedback was essential
for professional growth. Along with a reward system based
on performance, feedback contributed to satisfaction of
higher level needs (Wandelt et al., 1981).

Overall, the prime concern of this sample of nurses was
for quality of patient care. When nurses had to compromise

quality because of environmental factors, they became dissatisfied. The major area contributing to dissatisfaction was administrative support. However, the total blame could not be directed at this area. The authors concluded that staff nurses must assume responsibility for their role in creating change by documenting in detail those conditions which they perceive to be unsafe. Head nurses must serve as leaders and encourage their staff nurses in this endeavor as well as liaisons between the staff nurses and administration (Wandelt et al., 1981).

The results of Wandelt et al.'s (1981) study revealed what staff nurses wanted most was to provide quality patient care. What they disliked most were the conditions in the work setting. These findings correlated with those of Godfrey (1978a). What appeared to be lacking was: (1) an open channel of communication with hospital and nursing administration, and (2) a collaborative effort towards solving the problems.

In conclusion, job satisfaction studies in nursing over the last 41 years have been reviewed. Those factors contributing to job dissatisfaction tend to differ according to the population studied and the socioeconomic conditions prevalent at the time of the study. Common factors, however, can be identified throughout the 41 year span.

Nurses enter the profession for the anticipated satisfaction they will obtain from their work. This satisfaction is relative to the quality care they are able to provide. Environmental factors which hinder them from providing this care are, in general, those which nurses cite as contributing to job dissatisfaction. Nursing administration must identify the dissatisfiers in their own nursing population and redesign job duties to allow nurses optimum time to deliver quality care for therein lies the roots of job satisfaction.

Summary

Man is a wanting animal who strives to satisfy his needs. According to Maslow (1954), man's needs are arranged in a hierarchy of importance with lower level needs predominant. When a need becomes apparent, an individual chooses strategies which he/she perceives will be successful in fulfilling the need. Once fulfilled, the need ceases to be a motivator of behavior and another need emerges. Herzberg thus extended Maslow's theory to the work situation and described two categories of factors responsible for the job satisfaction and dissatisfaction. In general, then, Maslow's lower level needs comprise Herzberg's hygiene factors necessary to prevent job

dissatisfaction while higher level needs constitute the motivator factors necessary to promote job satisfaction.

Work is the means by which most individuals attain satisfaction of the highest level need, self-actualization. To fulfill this need, the job an individual performs must require his/her skills and abilities and, in turn, be meaningful and gratifying. Aspects of the job which are inconsistent with one's self-concept and which could be performed by less qualified individuals frequently evoke dissatisfaction.

This review of literature cited numerous references which document that the problem exists in nursing. The low level of many tasks performed by nurses, compared to their skills and abilities, has been reported as a source of dissatisfaction in several studies. Redesigning jobs to enhance job satisfaction is within the realm of management's responsibility; therefore, the results of these studies suggest that it is important for management to focus on reducing deficient needs within the nurses' job, particularly the need for self-actualization, if job satisfaction in nursing is to become a reality. Efforts must be made to free nurses from nonnursing tasks and allow them to deliver quality patient care which they themselves state provides job satisfaction.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive correlational study was conducted using the survey method. This nonexperimental design is appropriate when the investigator: (1) plans only to describe a relationship between the independent and dependent variables without inferring a causal effect, (2) is unable to manipulate the independent variable, and (3) cannot randomly assign subjects to groups (Polit & Hungler, 1978). The independent variable in this study was the number of nonnursing tasks performed by the professional staff nurse and the dependent variable was the level of job satisfaction.

Setting

The study was conducted in a 1,218 bed, nonprofit, acute care hospital located in a large metropolitan area of southeast Texas. Nurses working on medical, surgical, obstetrical, and intensive care units of the study agency were included in the study.

Population and Sample

Full-time or part-time staff nurses working the 7-3 or 3-11 shifts on medical, surgical, obstetrical, or

intensive care units constituted the target population for this study. The target population size was estimated to be 585 nurses.

A nonprobability sample of convenience was obtained by distributing the questionnaire to 300 staff nurses on duty at the time of data collection. Of the 160 questionnaires returned, 142 contained complete information and were analyzed.

Protection of Human Subjects

To protect the rights and welfare of human subjects involved in research, the following guidelines were established for this study:

1. Approval for the study was secured from Texas Woman's University.

2. Permission for the study was granted by the study institution (Appendix A).

3. Participation in the study was voluntary.

4. The purpose of the study and instructions for completing the questionaire were explained by the investigator in a cover letter (Appendix B).

5. Anonymity was guaranteed by requesting in the cover letter that participants not place their name or any other identifying mark on the questionnaire.

6. The statement "I understand that my return of this completed questionnaire constitutes my informed consent to act as a subject in this research" was included in the cover letter.

7. Participants had the right to withdraw from the study at any time.

Instruments

The questionnaire packet contained a demographic data sheet. It consisted of questions concerning the following: age, sex, marital status, basic nursing education, highest degree held, number of years in nursing, number of years employed in the study institution, shift worked, and employment status (part-time, full-time, mini-week).

Two instruments were used in this study. The independent variable, nonnursing tasks, was measured by a Nonnursing Task Identification Questionnaire (NTIQ) (Appendix). These nonnursing tasks were a composite of those identified: (1) by the investigator as a result of personal experience in the study institution, (2) by staff nurses in the study institution during a survey conducted in 1979, and (3) by a review of literature. The question-naire consisted of 11 items. Participants were requested to estimate the amount of time spent in hours and/or minutes performing that task on a routine day. The total

time spent performing nonnursing tasks was determined and averaged to obtain a mean score for each individual.

The questionnaire was examined for content validity by two Directors of Nursing and one head nurse from the study institution. These individuals each have greater than 15 years clinical experience; two of them have participated in a previous study at the institution which identified off-unit errands by staff nurses. All had verbalized an interest in the study.

The dependent variable, job satisfaction, was measured by the Index of Work Satisfaction Scale (IWSS) (Appendix). The instrument was developed by Slavitt, Stamps, Piedmont, and Haase (1978) to measure the level of job satisfaction of health professionals. It incorporated seven components of job satisfaction based on Maslow's hierarchy of needs and Herzberg's satisfiers and dissatisfiers: pay, autonomy, task requirements, organizational requirements, interaction, job prestige/status, and physician-nurse relationship.

The instrument was composed of two parts. The first section measured the relative importance of each of the seven components of job satisfaction to the individual through the use of paired comparisons. This enabled the investigator to rank the components in order of importance for the sample. The second section consisted of a 48-item

questionnaire which measured the level of satisfaction for each of the components. Responses were recorded on a 7-point Likert-type scale with choices ranging from strongly disagree to strongly agree including a neutral midpoint. The items were randomly arranged and half of the items in each category were positively phrased and half negatively phrased. When scoring, the negative items were reversed so that a higher score correlated with a higher level of satisfaction for that component. A separate satisfaction score for each component was determined and then summed to obtain an overall Index of Work Satisfaction (IWS).

Factor analysis was used to examine the validity of 60 original items in six categories. The method used was principle component analysis with varimax rotation. Based on this analysis, a seventh component, physician-nurse relationships, was identified and 48 items were retained (Slavitt et al., 1978).

Cronbach's coefficient alpha was used to determine internal consistency of the instrument and was reported to be .91. Intra subscale reliability for each component was as follows: pay, .85; administration, .84; interaction, .83; professional status, .76; doctor-nurse relationships, .70; task requirements, .70; and autonomy, .70 (Slavitt et al., 1978).

Data Collection

After approval by the Texas Woman's University and
the study institution, the investigator met with the
Director of Nursing at the study institution to explain the
purpose of the study. Dates and times during which the
investigator was to be present on the units were determined.

The investigator distributed the packets to all staff
nurses working the 7-3 and 3-11 shifts on a specific unit
at the predetermined date and time. The packet contained
a cover letter explaining the purpose of the study and
directions for completing the questionnaire, a demographic
data sheet, the Nonnursing Task Identification Questionnaire,
and the Index of Work Satisfaction Questionnaire. Partici-
pants were asked to return the questionnaire to a sealed
box on the unit provided by the investigator. Three days
were allowed for returns. The cover letter requested those
not wishing to complete the questionnaire to return it
unanswered to the box. Questionnaires were numbered and
color-coded according to the different nursing services.

The investigator distributed all questionnaires within
a four-day period. At the end of one week, 160 question-
naires were returned. However, 18 were found to contain
incomplete information and were eliminated.

Treatment of Data

Demographic data were summarized using descriptive
statistics such as measures of central tendency and fre-
quency distributions. The Index of Work Satisfaction (IWS)
was computed for each participant and a mean IWS for the
sample was reported.

The independent variable, nonnursing tasks, was
measured in time (ratio level data). This was correlated
with the level of job satisfaction as measured by the Index
of Work Satisfaction (quasi-interval data). The Pearson
product-moment correlation coefficient was used in data
analysis. This correlation index is appropriate when the
two variables are measured on interval or ratio scales
(Polit & Hungler, 1978).

CHAPTER 4

DATA ANALYSIS

A descriptive correlational study was conducted to determine the relationship between the amount of time spent performing nonnursing tasks and the level of job satisfaction. The time spent performing nonnursing tasks was measured by the Nonnursing Task Identification Questionnaire and the level of job satisfaction was determined by the Index of Work Satisfaction Scale. This chapter presents the analysis of data from 142 completed questionnaires.

Demographic Data

Questionnaires were issued to 300 nurses on duty at the time the investigator was present on the nursing units. This number represented 51% of the target population. Of the 160 (53%) questionnaires returned, 142 (47%) contained sufficiently complete information for use in data analysis.

Of the 142 subjects, 140 (98.6%) were female and 2 (1.4%) were male. The ages ranged from 21 to 62 years with a mean age of 31.8 years and a mode of 26 years. The majority of respondents, 78 (54.9%), were married; 39 (27.5%) were single. Data concerning participants' basic

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nursing education revealed the largest number, 52 (36.6%), had graduated from diploma schools of nursing. Baccalaureate degrees accounted for the second largest group with 47 (33.1%). Likewise, diplomas were the highest degree held by 54 (38%) of the participants followed by baccalaureate degrees for 49 (34.5%) (Table 1).

Years of experience in nursing for this sample ranged from three months to 36 years with a mean of 8.7 years. The number of years employed at the study institution ranged from one month to 21 years with a mean of 4.4 years. One hundred (70.4%) nurses worked the 7-3 shift and 43 (29.6%) worked the 3-11 shift. Twenty-eight (19.7%) worked full time, 113 (79.6%) worked part time, and 1 (0.7%) worked the mini week which was considered full time employment.

Findings

The relationship between performance of nonnursing tasks and level of job satisfaction among staff nurses was explored. The independent variable, time spent performing nonnursing tasks, was measured by the Nonnursing Task Identification Questionnaire. The minimum amount of time spent performing nonnursing tasks during an average working day was reported to be 20 minutes and the maximum time spent was reported to be 455 minutes. The mean time

Table 1

Frequencies and Percentages of Marital Status, Basic
Nursing Education, and Highest Degree Held of
142 Nurses Who Participated in a
Job Satisfaction Study

Variable	Number	Percentage
Marital Status		
Married	78	54.9
Never married	39	27.5
Single	3	2.1
Divorced	21	14.8
Widowed	1	0.7
Total	142	100.0
Basic Nursing Education		
Licensed vocational program	23	16.2
Diploma program	52	36.6
Associate degree program	20	14.1
Baccalaureate degree program	47	33.1
Total	142	100.0
Highest Degree Held		
Licensed vocational	12	8.5
Diploma	54	38.0
Associate	21	14.8
Bachelor of Science (Nursing)	49	34.5
Bachelor's (other than Nursing)	3	2.1
Master of Science (Nursing)	1	0.7
Master's (other than Nursing)	2	1.4
Total	142	100.0

spent was 219.54 minutes, or a total of 3.66 hours with a standard deviation of 121.19. The dependent variable, job satisfaction, was measured by the Index of Work Satisfaction Scale. For purposes of scoring the individual items, scores were reversed for the negatively stated items so that a higher score denoted a higher level of satisfaction with that item. For all items, a score of six represented the most positive response. Forty-five of the original 48 items were used to compute the Index of Work Satisfaction (IWS) for each respondent. Therefore, the minimum and maximum IWS scores possible were 0 to 270 with a mean of 135. The IWS scores for this sample ranged from 56 to 220 with a mean of 134.85 and a standard deviation of 34.86.

The following hypothesis was stated for this study: Staff nurses who spend less time performing nonnursing tasks will have a higher level of job satisfaction than those nurses who spend more time performing nonnursing tasks. To test the hypothesis, the Pearson product-moment correlation coefficient for the two variables, time spent performing nonnursing tasks and level of job satisfaction, was computed. The coefficient (r) was determined to be -.1684 which was significant at p = .023. Therefore the hypothesis for this study was supported. To determine the intrinsic relationship or true variance between the two variables,

the coefficient of determination (r^2) was calculated and found to be .0284. Therefore, only 2.84% of the variance of job satisfaction could be accounted for by its relationship with performance of nonnursing tasks. The coefficient of alienation ($1-r^2$) or the unexplained variance was .9716. Therefore, 97.16% of the variance in job satisfaction was attributed to factors other than performance of nonnursing tasks.

Other Findings

The relationship between age and job satisfaction was also investigated. The Pearson product-moment correlation coefficient was computed and determined to be -.0178. Therefore, an inverse relationship between age and job satisfaction was found. Higher levels of job satisfaction were reported by younger nurses and lower levels of job satisfaction were reported by older nurses in the sample. This correlation, however, was not significant at $p \leq .05$.

The seven components of job satisfaction identified (Slavitt et al., 1978) as being relevant to occupations within the health care setting were autonomy, interaction, job prestige/status, pay, organizational requirements, task requirements, and physician-nurse relationships. The level of satisfaction for each of these components was determined for this sample. Items pertaining to each

component were grouped, scored, and summed to obtain a component score for each respondent. The lowest possible score indicating maximum dissatisfaction was zero for all components while the highest score indicating maximum satisfaction was determined by mutliplying the maximum score (6) by the number of items representing that component. The minimum and maximum values on each component for this sample are reported in Table 2.

The mean component score was calculated for each respondent and then computed to yield a sample mean component score. The theoretical mean for all components was 3.0. Sample component means were found to be higher than the theoretical mean for four components: interaction, job prestige/status, physician-nurse relationships, and autonomy. The three components in which respondents scored lower than the theoretical mean were: task requirements, pay, and organizational requirements. The one-sample t-test was used to determine whether these differences were significant. All seven sample component means differed from the theoretical mean at $p \leq .01$ (see Table 2).

The relative importance of six out of the seven components of job satisfaction measured by the paired comparison technique was determined (Table 3). Physician-nurse

Table 2

Component Scores on the Attitude Scale for 142 Hospital Staff Nurses
Who Participated in a Job Satisfaction Study

Component	No. of Items	Highest Possible Score	Minimum and Maximum Values Reported	Theoretical Component Mean	Sample Mean Component Score
Pay	9	54	3–45	3.0	2.287*
Job Prestige/ Status	8	48	9–47	3.0	3.709*
Autonomy	5	30	0–30	3.0	3.439*
Organizational Requirements	7	42	0–40	3.0	2.216*
Interaction	7	42	5–42	3.0	3.872*
Task Requirements	6	36	6–32	3.0	2.296*
Physician- Nurse Relationships	3	18	0–18	3.0	3.516*

*$\underline{p} \leq .01$.

Table 3

Frequency and Proportion Matrix of Responses of 142 Staff Nurses to Paired Comparisons

	Pay	Autonomy	Interaction	Organizational Requirements	Task Requirements	Job Prestige
			Most Favored			
Pay		75/.577				
Autonomy						
Interaction	98/.754	103/.792				72/.554
Organizational Requirements	112/.862	110/.846	94/.723		96/.738	110/.846
Task Requirements	92/.708	110/.846	70/.538			88/.677
Job Prestige	76/.585	104/.800				

Least Favored

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relationships were not measured. The rankings for this sample in descending order of importance were: autonomy, pay, job prestige/status, interaction, task requirements, and organizational requirements. The rankings of the importance of the components were then compared to the rankings of the levels of satisfaction with the components (Table 4). Comparison of rankings indicated a discrepancy between importance of and satisfaction with the components.

Table 4

Comparison of Importance of Component to Satisfaction
with Component by 142 Hospital Staff Nurses Who
Participated in a Job Satisfaction Study

Rank	Importance of Component to Sample as Measured by Paired Comparison Technique	Satisfaction with Component as Measured by the Attitude Scale
1	Autonomy	Interaction
2	Pay	Job Prestige/Status
3	Job Prestige/Status	Autonomy
4	Interaction	Task Requirements
5	Task Requirements	Pay
6	Organizational Requirements	Organizational Requirements

Summary of Findings

The sample represented 47% of the 300 staff nurses
who were issued questionnaires. The majority of the
respondents were married females in their 20s. Most were
graduates of diploma schools of nursing with a mean of
8.7 years of nursing experience. Diplomas were also the
highest degree held by the majority of participants.
The majority worked full time at the study institution
where they had been employed an average of 4.4 years.

The findings indicated that the sample of staff nurses
spent approximately one-half of their working day perform-
ing nonnursing tasks. The Index of Work Satisfaction for
the sample was found to be just slightly below average.
There was a significant correlation between the time spent
performing nonnursing tasks and the level of job satisfac-
tion. An inverse relationship between age and job satis-
faction was not found to be significant. Staff nurses
were found to be most satisfied with interaction and
least satisfied with organizational requirements. However,
they ranked autonomy as being most important in providing
job satisfaction and organizational requirements as being
least important.

CHAPTER 5

SUMMARY OF THE STUDY

This study was conducted to determine whether there was a relationship between time spent performing nonnursing tasks and level of job satisfaction of staff nurses. Data were collected using questionnaires to elicit responses from the participants. This chapter presents a summary of the findings, conclusions, implications, and recommendations for further study.

Summary

The target population for this study was 585 staff nurses employed in a nonprofit, acute care hospital in a large metropolitan area of southeast Texas. Questionnaires were distributed to 300 nurses on duty at the time of the data collection. The independent variable, time spent performing nonnursing tasks, was measured by the Nonnursing Task Identification Questionnaire. The dependent variable, job satisfaction, was measured by the Index of Work Satisfaction Scale. Measures of central tendency, frequencies, and percentages were used to describe the demographic data. The Pearson product-moment correlation coefficient was computed to determine the relationship between the

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independent and dependent variables. Significance of the
mean component scores for seven components of job satis-
faction tested was determined by the one-sample t-test.

Discussion of Findings

This study revealed there was a significant correlation
between the time spent performing nonnursing tasks by staff
nurses and their level of job satisfaction. This finding
was not surprising when viewed in relation to Maslow's
hierarchy of needs. A study of job satisfaction in nursing
by McCloskey (1974) revealed that higher level psychological
rewards, particularly self-esteem, were more important in
providing job satisfaction than lower level needs. Perfor-
mance of nonnursing tasks which could be performed by other
disciplines tends to destroy the professional image of a
nurse and lower his/her self-esteem (McCloskey, 1974).
The time spent performing nonnursing tasks is another
problem. It consumes valuable nursing care hours so that
nurses cannot provide quality care. Since nurses enter the
profession for the satisfaction they anticipate to obtain
from providing such care, factors which hinder their work
have been reported to contribute to job dissatisfaction
(Godfrey, 1978c; Wandelt, Pierce, & Widdowson, 1981).

In this study, respondents ranked autonomy, pay, job
prestige/status, and interaction as the four most important

components in providing job satisfaction. The fact that autonomy was ranked first is not a new finding among nurses. Slavitt , Stamps, Piedmont, and Haase (1978) reported autonomy to be the most important component in determining job satisfaction in physicians, nurses, and other health professionals employed in both the hospital and outpatient setting. This finding was thought to be related to the large number of professionalized specialists in the health field. Godfrey (1978c) and Wandelt et al. (1981) reported that autonomy was important because it was necessary for professional growth and satisfaction of the highest level need, self-actualization. According to Slavitt et al. (1978), job prestige/status is included in the category of self-esteem needs and interaction is classified as a social need. Therefore, with the exception of pay, three of the most important components of job satisfaction for this sample were related to higher level needs.

Pay is a lower level need according to Maslow (1954) and a hygiene factor responsible for job dissatisfaction according to Herzberg et al. (1959). Subjects in this study, however, reported pay to be the second most important component in determining job satisfaction. According to Godfrey (1978c), pay was important when nurses were dissatisfied with other aspects of their job and when it was

the only positive reward they were receiving for their work.

Participants in this study were satisfied, in descending order, with interaction, job prestige/status, and autonomy. Assessment of the relationship of these factors to their importance in providing job satisfaction revealed that autonomy ranked first in importance but third in satisfaction. Therefore, this need, which has been reported most important in other studies (Godfrey, 1978c; Wandelt et al., 1981) was not being fulfilled. Interaction was the most satisfying component for this sample but it ranked fourth in importance. Job prestige/ status was relatively comparable in both importance and satisfaction in this study (see Table 4).

The major discrepancy existed in pay. It ranked second in importance for producing job satisfaction for this sample and participants reported they were not satis- fied with their pay. According to Herzberg et al. (1959), pay is a hygiene factor which is necessary to prevent dis- satisfaction but when satisfied will not promote job satis- faction. Therefore, salary adjustments may be necessary to prevent job dissatisfaction for this sample. However, according to the theories of Maslow (1954) and Herzberg et al. (1959), means to enhance autonomy are necessary if job satisfaction is to be attained.

Participants in this study were dissatisfied with task requirements and they rated them as fifth in importance in producing job satisfaction. Herzberg classified work itself as a motivator and a principle cause of job satisfaction. Tasks can be a source of satisfaction if they are directly associated with patient care (Godfrey, 1978c) but nonnursing tasks have been shown to prevent nurses from achieving job satisfaction (Slavitt et al., 1978; Wandelt et al., 1981).

Results of this study revealed these nurses to be least satisfied with organizational requirements which were also ranked least important in producing job satisfaction. These factors are classified as hygienes according to Herzberg et al. (1959), thus, dissatisfaction with them contributes to job dissatisfaction but satisfaction of these factors will not contribute to job satisfaction.

Conclusions

Based on the findings of this study, the following conclusions are presented:

1. The mean Index of Work Satisfaction indicates staff nurses in this institution are neither satisfied nor dissatisfied with their job.

2. Nurses who spend more time performing nonnursing tasks are less satisfied with their job than nurses who spend

less time performing the tasks, however, the correlation does not seem to be of practical significance since the percentage of explained variance is so low.

3. Staff nurses are dissatisfied with task requirements, pay, and organizational requirements.

4. Autonomy, pay, and job prestige/status are the three most important components in providing job satisfaction for staff nurses.

Implications

The following implications are based on the conclusions of this study:

1. Nursing administrators need to focus on providing autonomy for staff nurses in order to promote satisfaction of higher level needs.

2. Management should identify nonnursing tasks and delegate them to other disciplines in order to provide nurses time to deliver quality care.

3. Salary adjustments are necessary to alleviate job dissatisfaction but will not contribute to job satisfaction.

Providing job satisfaction for staff nurses is a continuous challenge for nursing managers and hospital administrators since nurses provide most of the direct professional health services to the patient. Administrators

often increase salaries as a sole means of providing
satisfaction of employees. This bandaid attempt at
providing job satisfaction is either temporary or unsuc-
cessful. Factors important in providing job satisfaction
for a given sample of nurses must be known before judicious
means to provide the satisfaction can be employed by
management.

Recommendations for Further Study

The following recommendations are based on the
findings of this study.

1. A study should be conducted to determine which
   nonnursing tasks consume most of the staff nurses'
   time.

2. A follow-up study should be conducted to determine
   the level of job satisfaction after the nursing job
   is redesigned to eliminate nonnursing tasks.

APPENDIX A

AGENCY APPROVAL

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M. D. ANDERSON BLVD.
HOUSTON, TEXAS 77030

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Methodist Hospital   Houston, Texas

GRANTS TO Joan M. Loos
a student enrolled in a program of nursing leading to a Master's Degree at Texas
Woman's University, the privilege of its facilities in order to study the follow-
ing problem:

Relationship Between Nonnursing Tasks And Job Satisfaction

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.

2. The names of consultative or administrative personnel in the agency
   (may) (may not) be identified in the final report.

3. The agency (wants) (does not want) a conference with the student
   when the report is completed.

4. The agency is (willing) (unwilling) to allow the completed report
   to be circulated through interlibrary loan.

5. Other _agency conference with the student must_
   take place upon completion of report and before
   circulation.

Date: February 11, 1982

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To protect individuals we have covered their signatures.

APPENDIX B

QUESTIONNAIRE PACKET

Dear Colleague,

Job satisfaction in nursing is a topic of concern not only to those in the profession but also to hospital administrators and the public as well. Over the years, job satisfaction, or lack of it, has been related to burnout, dropout, and high turnover rates in the profession. There are many factors involved but one of the things nurses complain about is the performance of nonnursing tasks; tasks which are actually the responsibility of other disciplines and which consume valuable nursing care hours. The purpose of my study as a graduate student at Texas Woman's University, Houston Campus is to describe the relationship between the performance of nonnursing tasks by professional staff nurses and their level of job satisfaction.

All participants in this study will remain anonymous. You are asked NOT to sign your name or place any identifying marks on the questionnaire or the return envelope. The questionnaires are numbered only for the convenience of the investigator.

All findings will be reported on the total sample only and will be available to each participant upon request. The investigator may be contacted at 777-4228. YOU UNDERSTAND THAT YOUR RETURN OF THIS COMPLETED QUESTIONNAIRE CONSTITUTES YOUR INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH. No monetary or compensatory service will be provided by the investigator or Texas Woman's University for your participation in this study.

Please complete the questionnaire according to the instructions within the questionnaire and return it within three days to the box provided in the nurses' station. If you choose not to participate in the study, please return the unanswered questionnaire to the box. You have the right to withdraw from the study at any time.

Thank you in advance for your cooperation.

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

DEMOGRAPHIC DATA SHEET

Please complete the following and circle the approoriate answer when applicable

1. Age _____

2. Sex
   a. Male
   b. Female

3. Current marital status
   a. Never married
   b. Married
   c. Separated
   d. Divorced
   e. Widow(er)

4. Basic nursing education
   a. LVN
   b. RN-Diploma
   c. RN-Associate
   d. RN-Bachelors

5. All degrees held
   a. Diploma
   b. Associate Degree
   c. Bachelor's in Nursing
   d. Master's in Nursing
   e. Bachelor's other than Nursing
   f. Master's other than Nursing
   g. Doctorate

6. Total number of years experience in hospital nursing (do not include time spent in training). _____

7. Total number of years employed at current institution. _____

8. Which shift do you work
   a. 7-3
   b. 3-11

9. Are you employed
   a. Part-time
   b. Full-time
   c. Mini-week

NONNURSING TASK IDENTIFICATION QUESTIONNAIRE

Instructions: Please estimate the amount of time in hours and/or minutes you spend performing the following tasks during an average work day.

Hrs Min

Pharmacy errands for routine patient meds

Pharmacy errands for narcotics

Central supply errands

Laboratory errands to deliver specimens

Transporting patients to diagnostic tests when patients' condition does not require a nurse

Transferring patients from one unit to another when patients' condition does not require a nurse

Discharging patients

Housekeeping duties

Dietary tasks
  Distributing and collecting menus

  Distributing and collecting meal trays

  Distributing nourishments

INDEX OF WORK SATISFACTION SCALE

Listed and briefly defined on this sheet of paper are six terms or factors that are involved in how people feel about their work situation. Each factor has something to do with "work satisfaction." I am interested in determining which of these is most important to you in relation to the others.

Please carefully read the definitions for each factor as given below:

1. Pay--Dollar remuneration and fringe benefits received for work done.

2. Autonomy--Amount of job-related independence, initiative, and freedom either permitted or required in daily work activities.

3. Task Requirements--Tasks that must be done as a regular part of the job.

4. Organizational Requirements--Constraints or limits imposed upon job activities by the administrative organization

5. Interaction--Opportunities and requirements presented for both formal and informal social contact during working hours.

6. Job Prestige/Status--Overall importance or significance felt about the job you perform.

Scoring: These factors are presented in pairs on the questionnaire that you have been given. Only 15 pairs are presented: this is every set of combinations. No pair is repeated or reversed.

For each pair of terms, decide which one is the more important for your job satisfaction or morale. Please indicate your choice by checking the line in front of it.

For example: If you feel that PAY (as defined above) is more important than AUTONOMY (as defined above), check the line before PAY.

_____ Pay   or   _____ Autonomy

I realize that it may be difficult to make choices; however, please do try to select the factor which is more important to you. Please make an effort to answer every item. Don't change any of your answers.

1. _____ Job Prestige/Status   or   _____ Organizational Requirements

2. _____ Pay   or   _____ Task Requirements

3. _____ Organizational Requirements   or   _____ Interaction

4. _____ Task Requirements   or   _____ Organizational Requirements

5. _____ Job Prestige/Status   or   _____ Task Requirements

6. _____ Pay   or   _____ Autonomy

7. _____ Job Prestige/Status   or   _____ Interaction

8. _____ Job Prestige/Status   or   _____ Autonomy

9. _____ Interaction   or   _____ Task Requirements

10. _____ Interaction   or   _____ Pay

11. _____ Autonomy   or   _____ Task Requirements

12. _____ Organizational   or   _____ Autonomy
          Requirements

13. _____ Pay   or   _____ Job Prestige/Status

14. _____ Interaction   or   _____ Autonomy

15. _____ Organizational   or   _____ Pay
          Requirements

(Continued on next page)

The following items represent statements about satisfaction with an occupation. Please respond to each item. It may be very difficult to fit your responses into the seven categories; in that case, select the category that comes closest to your response to the statement. It is very important that you give your honest opinion. Please do not go back and change any of your answers.

INSTRUCTIONS FOR SCORING. In the far right hand space, please place the number that most closely indicates how you feel about each statement. The left set of numbers indicates degrees of Disagreement. The right set of numbers indicates degrees of Agreement. The center number means "undecided." please use it as little as possible. For example, if you strongly disagree with the first item, write 0 in the blank. If you moderately agree with the first statement, you would write 5 in the place provided.

REMEMBER: The more strongly you feel about the statement, the further from the center you should respond, with disagreement to the left and agreement to the right.

	DISAGREE				AGREE		
	Strong	Moderate	Weak		Weak	Moderate	Strong
1. My present salary is satisfactory.	0	1	2	3	4	5	6 _____
2. When I'm at work in this hospital, the time generally goes by quickly	0	1	2	3	4	5	6 _____
3. The nursing personnel on my service don't hesitate to pitch in and help one another out when things get in a rush.	0	1	2	3	4	5	6 _____
4. There is too much clerical and "paper work" required of nursing personnel in this hospital.	0	1	2	3	4	5	6 _____
5. It's my general impression that most of the nursing staff at this hospital really like the way work is organized and done.	0	1	2	3	4	5	6 _____
6. Physicians in general don't cooperate with the nursing staff on my unit.	0	1	2	3	4	5	6 _____
7. I feel that I am supervised more closely than I need to be, and more closely than I want to be.	0	1	2	3	4	5	6 _____
8. Excluding myself, it is my impression that a lot of nursing service personnel at this hospital are dissatisfied with their pay.	0	1	2	3	4	5	6 _____
9. Even if I could make more money in another hospital nursing situation I am more satisfied here because of the working conditions.	0	1	2	3	4	5	6 _____
10. New employees are not quickly made to "feel at home" on my unit.	0	1	2	3	4	5	6 _____
11. I think I could do a better job if I didn't have so much to do all the time.	0	1	2	3	4	5	6 _____
12. There is a great gap between the administration of this hospital and the daily problems of the nursing service.	0	1	2	3	4	5	6 _____
13. I sometimes feel that I have too many bosses who tell me conflicting things.	0	1	2	3	4	5	6 _____
14. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.	0	1	2	3	4	5	6 _____
15. There is no doubt whatever in my mind that what I do on my job is really important.	0	1	2	3	4	5	6 _____
16. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.	0	1	2	3	4	5	6 _____
17. The amount of time I must spend on administration (paper) work on my service is reasonable and I'm sure that patients don't suffer because of it.	0	1	2	3	4	5	6 _____

		DISAGREE			AGREE		
		Strong	Moderate	Weak	Weak	Moderate	Strong
18.	There are plenty of opportunities for advancement of nursing personnel at this hospital.	0	1	2	3	4	5	6 ____
19.	There is a lot of teamwork between nurses and doctors on my unit.	0	1	2	3	4	5	6 ____
20.	On my service, my supervisors make all the decisions. I have little direct control over my own work.	0	1	2	3	4	5	6 ____
21.	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.	0	1	2	3	4	5	6 ____
22.	I am satisfied with the types of activities that I do on my job.	0	1	2	3	4	5	6 ____
23.	The nursing personnel on my service are not as friendly and outgoing as I would like.	0	1	2	3	4	5	6 ____
24.	I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	0	1	2	3	4	5	6 ____
25.	There is ample opportunity for nursing staff to participate in the administrative decision making process.	0	1	2	3	4	5	6 ____
26.	It is possible, at this hospital, for some nursing service personnel to get better pay because of "favoritism" or "knowing somebody in the right place."	0	1	2	3	4	5	6 ____
27.	What I do on my job doesn't add up to anything really significant.	0	1	2	3	4	5	6 ____
28.	There is a lot of "rank consciousness" on my unit. nursing personnel seldom mingle with others of lower ranks.	0	1	2	3	4	5	6 ____
29.	I don't spend as much time as I'd like to taking care of patients directly.	0	1	2	3	4	5	6 ____
30.	There is no doubt that this hospital cares a good deal about the welfare of its employees, nursing personnel included.	0	1	2	3	4	5	6 ____
31.	I am sometimes required to do thing on my job that are against my better professional nursing judgment.	0	1	2	3	4	5	6 ____
32.	From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid.	0	1	2	3	4	5	6 ____
33.	Administrative decisions at this hospital interfere too much with patient care.	0	1	2	3	4	5	6 ____
34.	It makes me proud to talk to other people about what I do on my job.	0	1	2	3	4	5	6 ____
35.	I have the feeling that this hospital in general--and my service to--is not organized with the needs of patients given top priority.	0	1	2	3	4	5	6 ____
36.	The nursing personnel on my service don't often act like "one big happy family."	0	1	2	3	4	5	6 ____
37.	I could deliver much better care if I had more time with each patient.	0	1	2	3	4	5	6 ____
38.	I'm generally satisfied with the way nursing work is organized and gets done at this hospital.	0	1	2	3	4	5	6 ____
39.	Physicians at this hospital generally understand and appreciate what the nursing staff does.	0	1	2	3	4	5	6 ____

		DISAGREE				AGREE		
		Strong	Moderate	Weak		Weak	Moderate	Strong
40.	The only way that nursing personnel at this hospital will ever get a decent pay schedule will be to organize and, if necessary, strike.	0	1	2	3	4	5	6 ____
41.	If I had the decision to make all over again, I would still go into nursing.	0	1	2	3	4	5	6 ____
42.	Nursing personnel at this hospital do a lot of bickering and backbiting.	0	1	2	3	4	5	6 ____
43.	I have all the voice in planning policies and procedures for this hospital and my unit that I want.	0	1	2	3	4	5	6 ____
44.	Considering the high cost of hospital care, every effort should be made to hold nursing personnel salaries about where they are, or at least not to increase them substantially.	0	1	2	3	4	5	6 ____
45.	My particular job really doesn't require much skill or "know-how."	0	1	2	3	4	5	6 ____
46.	The nursing administrators generally consult with the staff on daily problems and procedures.	0	1	2	3	4	5	6 ____
47.	I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	0	1	2	3	4	5	6 ____
48.	An up-grading of pay schedules for nursing personnel is needed at this hospital.	0	1	2	3	4	5	6 ____

THANK YOU FOR YOUR PARTICIPATION!

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