

**STRESS AND JOB SATISFACTION OF NURSE
MANAGERS IN HOSPITAL SETTINGS**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
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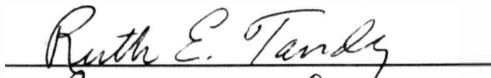
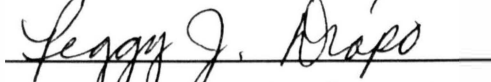

April 6, 1992

To the Dean for Graduate Studies and Research:

I am submitting herewith a thesis written by Nancy J. Pittman, entitled "Stress and Job Satisfaction of Nurse Managers in Hospital Settings." I have examined the final copy of this thesis for form and content, and recommend that it be accepted in partial fulfillment of the requirements for the Degree of Master of Science, with a major in Health Sciences Instruction.



Major Professor

We have read this thesis
and recommend its acceptance:

Chair, Department of Health Studies

Accepted


Dean, College of
Health Sciences


Dean, Graduate
Studies and Research

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Spring, 1992

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Stress as a variable related to job satisfaction appears to assume an important role in society. The problem of the study was to determine whether there was a relationship between stress and levels of job satisfaction among nurse managers in hospital settings.

A correlation study examined the effects of the independent variable, stress to the dependent variable, job satisfaction. A sample of 35 qualifying nurse managers was selected from three hospitals. The Holmes and Rahe Social Readjustment Rating Scale for stress, and Brayfield and Rothe's Index of Job Satisfaction were used to measure the relationship of stress to job satisfaction. This study revealed that nurse managers in a hospital setting with higher job satisfaction scores did not have lower stress scores.

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CHAPTER 1

THE PROBLEM AND ITS BACKGROUND

Stress is a part of life. How a person deals with stress affects the quality of his or her life as well as work (Selye, 1956). Although a great deal of stress is encountered in nursing management where response is individualistic, many nurse executives and hospital administrators question at what point the stress produces job dissatisfaction (Flarey, 1991). Lack of job satisfaction, poor work performance, and attrition rate of nurse managers have continued to disappoint nurse executives and hospital administrators.

In the early 1950s, Brayfield and Rothe (1951) devised an Index of Job Satisfaction in response to the concern of business and industry regarding morale and job satisfaction of employees. Nursing shares these concerns and as management changes within this profession, the role of the nurse manager must be clearly defined. The head nurse as a first-line manager is a new role that is growing in popularity in hospital organizations. Focusing responsibility for decision making at the level where the best nursing decisions can be made is accomplished by making the head nurse a member of the management team (Wells, 1990). Lack of involvement in decision making is a frequent concern of nurses, and the nurse manager approach is becoming an important recruitment

and retention tool (Branson, 1981). Autonomy, the freedom to exercise skill and expertise without the control of an external agent, is a cornerstone of job satisfaction, and evidence exists that workers who do not participate in organizational decision making feel frustrated and dissatisfied with their job (Larson, 1984 & Slavitt, 1978).

Leadership in nursing is probably becoming more important every day in the turbulent environment of the hospital where acuity has increased and available nurses have decreased (Meighan, 1990). Pressure on first line managers, head nurses, has more than doubled because they must develop and retain good staff nurses to provide high levels of patient care while carrying out other managerial functions (Meighan, 1990). It has been reported that nurses in bureaucratic organizations, such as hospitals, experience more role conflict, which leads to greater job dissatisfaction, and greater turnover than nurses in other settings have (Geiger, 1988). In addition, nursing management style has been cited as one of the most important factors in determining job satisfaction (Pfaff, 1987).

Caldwell (1976) noted that everyone needs stress to lead productive lives, but as with sugar and sex, there is a point at which it becomes bothersome. He described situations and events which produced stress and noted that responses to stress were highly individualistic, and unique to each person; everyone carries a different bag of stress.

Much research has been conducted on job satisfaction either as a

dependent or independent variable. Most researchers have attempted to discover which personal and situational variables would open the door to a better understanding of job satisfaction.

Statement of the Problem

The problem of the study was to determine whether there is a relationship between stress and levels of job satisfaction among nurse managers in hospital settings.

Purposes of the Study

The purposes of this study were to:

1. measure the level of job satisfaction of nurse managers.
2. measure the level of stress of nurse managers.
3. determine the relationship between the level of job satisfaction and stress of nurse managers.
4. describe a demographic profile of the population.

Hypothesis

The following null hypothesis was tested: There is no significant relationship between stress levels and job satisfaction of nurse managers, as measured by the Social Readjustment Rating Scale of Holmes and Rahe and the Index of Job Satisfaction of Brayfield and Rothe.

Definition of Terms

The following terms were defined for use in the study:

1. Nurse Manager. A person whose duties revolve around management of nursing personnel and who is formally in charge of an organization or one of the subunits (Jones and Jones, 1979). For the purposes of this study, the nurse manager definition is restricted to managers of nursing personnel in a hospital setting. A corollary role is the Head Nurse.
2. Stress. The nonspecific response of the body to any demand made upon it, pleasant or unpleasant (Selye, 1973).
3. Job Satisfaction. "The overall attitude of well-being with regard to the job and its environment" (Wofford, 1971, p. 502).
4. Holmes and Rahe Social Readjustment Rating Scale. An instrument which measures life stress.
5. Life Changing Units (LCUs). The measurement of life changing events as determined by the Holmes and Rahe Social Readjustment Rating Scale. The Holmes and Rahe Social Readjustment Rating Scale measures stress as life changing events (Holmes and Rahe, "Scale," p. 215).
6. Brayfield and Rothe Index of Job Satisfaction. An instrument which measures the individual's attitude toward his or her work.

Assumptions

The following assumptions were made:

1. Job satisfaction is complex and has many variables, and stress is a variable (Schwab and Cummings, 1970).
2. Stress is a part of every individual's life (Selye, 1956).
3. Stress can be measured.
4. Job satisfaction can be measured.
5. Life changing events can be measured.
6. An individual's perception, coping mechanisms, and available support in a stressful situation all affect how the person perceives stress (Caplan, 1964).
7. Job satisfaction is related to an overall attitude of well-being with regard to the job and its environment (Wofford, 1971).
8. Attitude toward a job is related to life in general (Brayfield, Wells, and Strate, 1957).
9. Life changing events of nurse managers affect attitude, and attitude affects job satisfaction.
10. Interpretation of instruments used may vary from person to person.
11. Location where questionnaire is administered will not influence findings.

Limitations

The following limitations may have influenced the conclusions of this study:

1. The population was confined to a small area of the state.
2. A sample of convenience was used; therefore, generalizability was impacted.

Significance of the Study

From observation of nurse managers in hospital settings, and from nursing literature, it was discovered that many nurse managers report job dissatisfaction, dissatisfaction with the profession, and stressful work environments. Although the literature implies that stress may be a factor affecting job satisfaction, research is needed to determine if the variable of stress has a significant relationship to job satisfaction-dissatisfaction. Nurse managers are described in the literature as experiencing varying degrees of job satisfaction and dissatisfaction (Frank, 1962). Therefore, this study was designed to focus on levels of stress as a factor related to job satisfaction among nurse managers in hospital settings.

A major theoretical proposition evolved in the early 1950s which concerned job satisfaction and its relationship to job performance, a relationship which gained acceptance during that period. The proposition was the focus of this study, that even job satisfaction is determined by a number of variables including stress (Schwab & Cummings, 1970).

If the variables relating to job satisfaction-dissatisfaction can be understood, strategies may then be developed to assist in increasing job satisfaction and decreasing stress. If data are made available, then methods could be developed which would lead to an increase in the quality of patient care by reducing turnover rates and absenteeism.

Summary

This chapter included a statement of purpose and the significance of this study, expressing the importance stress plays in job satisfaction. Terms used in the study were defined and a statement of the problem of the study was included which was to determine whether there is a relationship between stress and levels of job satisfaction among nurse managers in hospital settings.

CHAPTER II

REVIEW OF THE LITERATURE

Many research studies have been conducted on stress since stress is a natural part of everyone's life. The environment is continually changing and producing stressful life events as the world becomes more scientific and specialized. Research has proven prolonged or excessive amounts of stress (in relation to the individual's coping or adaptive abilities) cause illness or produce psycho-physiological malfunctioning. Prolonged stress could explain the reason for high absenteeism among hospital staff personnel. If a situation of prolonged job related stress continues, job dissatisfaction and turnover may occur. The literature review provides strong support for the contention that many work areas in general hospitals are highly stressful due to the nature of care provided by nurses. Registered nurses constitute the largest professional group providing health care in the hospital setting, yet studies show they are finding the hospital an unsatisfactory setting in which to practice (Wells, 1990). The nurse manager role has evolved as that of the primary gatekeeper for effective, efficient nursing care in acute care institutions. More responsibility and accountability has been placed on the shoulders of nurse managers than ever before (Ebrat, 1991). A certain amount of stress is helpful to foster productive lives, yet, high levels of stress result in a threat to self-esteem and the ability of

the person to meet inner needs.

Within the nursing profession, stress has been cited as the number one contribution to burnout (Yee, 1981). If stress is not alleviated, termination or death of the organism may result. In the occupational setting, termination is known as burnout or extreme job dissatisfaction (Greenberg, 1980; Hagemaster, 1983). Job satisfaction is achieved when one is able to cope with and adapt to the occupational environment (Nurenberger, 1981).

Nursing Studies of Job Satisfaction.

Job satisfaction, the degree of positive affective orientation toward employment, is one of the most often mentioned constructs in the theoretical and descriptive literature on nurses' burnout, commitment, and turnover (Mueller & McCloskey, 1990). Although there is documentation of numerous measures of job satisfaction and various facets of this concept, there exists no readily available, easy-to-use, and validated measure specifically designed to assess the job satisfaction of nurses. Brayfield and Rothe (1951), in a quantitative attempt to measure job satisfaction, developed the Brayfield and Rothe Index of Job Satisfaction. Believing that the term "job satisfaction" had not been aptly defined, Brayfield and Rothe (1951) assumed job satisfaction could be inferred from an individual's attitude toward his or her work.

The growing importance of the nurse manager role is shadowed by anecdotal data suggesting a potential for a serious nurse manager shortage

(Ebrat, 1991). Hospitals in all geographic sectors are reporting increasing difficulty recruiting qualified nurse managers. Simultaneously, nurse managers are voicing dissatisfaction with the demands of their respective roles and the inadequacy of administrative support and professional recognition/compensation (Ebrat, 1991). For example, the 1989 survey of Massachusetts Organization of Nurse Executives and the Massachusetts Council of Nurse Managers, 25% of the survey respondents indicated their intent to leave nurse manager jobs. Fifty-three percent of the respondents indicated dissatisfaction with compensation. In that same survey, more than 50% of the respondents indicated dissatisfaction with institutional support of the educational orientation to the nurse manager role (Ebrat, 1991). The industry cannot now afford to neglect the growing demand for qualified nurse managers and the apparent dissatisfaction among incumbents.

In the nursing research literature related to job satisfaction, Nahm in 1940 used the Happock Job Satisfaction Scale with an attitude and occupation scale to study satisfaction of new graduate nurses. Although Nahm found the more adequately prepared a nurse was, the better satisfied he or she was, the closest correlation to satisfaction was with general adjustment to life and satisfactory work relationships (Nahm, 1940).

Neumann (1973) conducted a study in the early 1970s with 760 registered nurses and licensed practical nurses and identified four major areas that consistently dominated either satisfaction or dissatisfaction. These four areas

were intrinsic factors, supervision, financial advancement and rewards, and work load/work stress.

Nurses, nursing educators and nursing executives, like those in business and industry, have long been concerned over the components of job satisfaction. Limited research has been undertaken in the area of job satisfaction. Mueller and McCloskey in 1987 used the McCloskey/Mueller Satisfaction Scale (MMSS) to study satisfaction with selected aspects of a nurse's current job. Because feedback necessarily involves some form of communication, it is understandable that nurses who perceived high levels of feedback were more satisfied with social interaction (Mueller & McCloskey, 1990).

As can be seen in nursing as well as other types of employment, there are many factors contributing to job satisfaction. There are many non-working nurses today who have left the professional field due to stressful work related situations combined with other life stresses.

Contrary to most research reflecting nurses' level of job satisfaction, McManus (1989) found that nurses employed in administration had a healthy, positive experience within their employment role. Administrative nursing positions allow for greater individual control over one's position as compared to staff nurse positions. The area where the nurse administrators were most dissatisfied was advancement (McManus, 1989). This extrinsic factor has been identified by other investigators as a source of employee and staff nurse dissatisfaction.

Perception of Stress

Of the 43 life changing events of the Holmes and Rahe Social Readjustment Rating Scale (SRRS), 9 are directly work related, and a number of the others may indirectly affect an individual's attitude toward his work (Schwab & Cummings, 1970). As Schwab & Cummings noted, the theory of job satisfaction was clearly complex, and in reality little was known about its structure and determinants. Job satisfaction was a variable used with many other theories and variables (Schwab & Cummings, 1970). The probability of stress as a variable related to job satisfaction-dissatisfaction provided a source of interest.

There have been definite differences and points of view on what creates job satisfaction. Present theorists have not adequately taken into account the variety of relevant variables producing job satisfaction in any specific job environment. Defining satisfaction has been one of the biggest drawbacks. Numerous studies on job satisfaction have been researched and linked to motivation (Schwab & Cummings). Haprock, however, reported satisfaction in a broad sense as attitudinal (Haprock, 1935). There is also the question of whether feelings of job satisfaction have been related or non-related to conditions or experiences of other jobs. Job satisfaction may be a product of general satisfaction, or a person's overall attitude to life (Haprock, 1935). Employment of any type today can be stressful. The manner therefore, in which an individual deals with stress, directly affects his or her quality of life as well

as quality of work (Kashoff, 1976).

An individual's perception of stress depends on how tense the individual becomes. Lower tension levels are generally more controllable and productive than high anxiety levels. Stress in its most severe form may evoke responses of shock and depression which are inconsistent to the seriousness of the situation (Janken, 1974).

The Relationship of Job Satisfaction and Stress

A review of the literature indicated that there was limited information specific to nurse managers, but other related studies provide useful insights. In the book In Search of Excellence, the three major employee needs identified were communication, influence and recognition. If employees feel their work is important to the organization, job satisfaction ensues (Peters, 1982). Herzberg (1959) investigated engineers and accountants and found that:

1. Job satisfaction was improved by fulfillment of human needs or motivators including achievement, recognition, responsibility, the work itself and advancement.
2. Job dissatisfaction could occur with unmet environmental needs or hygiene factors including working conditions, salary, interpersonal relationships and company policies.

A final factor found to be related to job satisfaction is stress. In an evaluation of 96 neonatologists, it was found that nearly all members of the study group experienced work-related stress (Kramer and Hafner, 1989).

Role of Nurse Manager

The role of the nurse manager is more demanding than ever. With the current economic climate and the critical need for cost containment within the organization, managers at all levels are being held more accountable for allocation and utilization of human and material resources. This extension of the head nurse role has benefitted both the head nurse and the organization. While decentralization is cost-effective for the organization, it has markedly increased the stress levels of those first-line managers who now find themselves responsible for the operation of the unit (Turner, 1991).

Review of the literature has offered several conclusions regarding stress and job satisfaction. Stress and the anxiety it produces are a part of daily living. Stress is inevitable, affecting everything individuals do. Each person's response to stress is dependent on acquired personality traits, the magnitude of the event, and how the individual views the event. How an individual responds to stress is determined by his or her adaptive or coping mechanisms.

Pressure on nurse managers has more than doubled in recent years, because they must develop and retain good staff nurses to provide a high level of patient care while carrying out other managerial functions. It has been reported that nurses in bureaucratic organizations, such as hospitals, experience more role conflict, which leads to greater job dissatisfaction and greater turnover than nurses in other settings have (Geiger & Davit, 1988). The nurse administrator with a positive sense of job satisfaction will continue the quest to

maintain high standards for nursing care within the nursing service department and will steadfastly promote the quality of the work life for nurse employees, while realizing the importance of addressing outdated or entropy-producing personnel policies and practices. To remain satisfied within their work role, administrators must acknowledge that the health of the organization is interdependently entwined with the degree of satisfaction experienced by personnel (McManus, 1989).

Frank (1962) supported the view of many social psychologists that satisfaction of nurses is dependent on attitude affected by ideals we hold, images of ourselves that have formed, and the value systems that we have developed. Lawton (1970) discovered that work with long hours, producing high levels of stress, and no support or cooperation from administration, precipitated job dissatisfaction. In meeting the emotional demands of nursing, inner conflict develops and changes attitudes, values, and ideas to conform to an ever changing role. Often the change is to meet the demands of society. A certain amount of stress is helpful to foster productive lives, yet high levels of stress can result in a threat to one's self-esteem and decrease the ability of the person to meet inner needs (Caldwell, 1976).

Nurse managers are the core of the nursing department. They hire, supervise, and motivate their staffs and interface with all other areas of the hospital (Stengrevics, Kirby, & Ollis, 1991). Ultimately, they determine the level of care patients receive. Tomorrow they will be the leaders who select and

motivate future nurse managers. Because they are the key to the health care system today and tomorrow, we cannot do enough to assure their job satisfaction (Stengrevics, Kirby, & Ollis, 1991).

Summary

When a nurse experiences stress at work and stress away from work, he or she is experiencing high levels of stress. If continual exposure to high levels of stress exists, attitude is affected, and attitude is considered a major variable in job satisfaction. Like stress, job satisfaction is produced by numerous variables. The goal of this research project was to determine the potential of stress as a variable in job satisfaction-dissatisfaction.

CHAPTER III

METHODOLOGY

The problem of the study was to determine the relationship between stress and levels of job satisfaction among nurse managers in hospital settings. The study was classified as descriptive, correlational research. Descriptive studies are conducted to obtain accurate and meaningful description of phenomena (Abdella & Levine, 1979). Correlation is an index of the extent or magnitude to which variables are interrelated (Polit & Hungler, 1983).

Stress level, the independent variable of the study, was measured using the Holmes and Rahe Social Readjustment Rating Scale (1967). The dependent variable, job satisfaction, was measured by the Brayfield and Rothe Index of Job Satisfaction (1951).

Population and Sample

The accessible population for this study consisted of all nurse managers 22 to 62 years of age, inclusive of males and females from three general hospitals ranging in size from 150 to 250 beds. Job status was limited to nurse managers who have worked in their respective area one year or more.

The convenience sampling method is that of obtaining the most readily available subjects (Polit & Hungler, 1983). According to Polit and Hungler, this form of non-probability sampling is weak because it lacks randomization.

However, the sample of convenience allowed easy access to nurse managers. Each nurse manager was given a questionnaire packet at a scheduled nurse manager meeting. Thirty-five nurse managers participated, which was 100% of those attending.

Instrument

Three instruments were used for data collection in the study. The first instrument was the Demographic Profile Questionnaire (Appendix A) developed specifically for this study. The questionnaire was used to gather information concerning age, gender, marital status, number of dependents, educational level and years of management experience.

The second instrument used was the Brayfield and Rothe Index of Job Satisfaction (Appendix B) (Brayfield & Rothe, 1951). The developers of this instrument assumed that job satisfaction could be inferred from an individual's expressed attitude toward his or her work. Characteristics of the index were that it enabled determination of an over-all indication of job satisfaction, it could be used with various jobs, it was sensitive to various attitudes, and was realistic and interesting enough to attract cooperation of both management and employees (Brayfield and Rothe, 1951). Brayfield's study (1957) supported the existence of a positive relationship between satisfaction and attitudes among the male population when a job was seen as important to life. In Brayfield's study, the female population did not see their jobs as significant contributors to the

female role. Originally, the questionnaire was administered to 231 females employed in various office positions.

The questionnaire is scored using the Likert scoring system. The system consists of 5 categories of agreement-disagreement which is applied to the 18 items of the questionnaire. Questions 1, 2, 5, 7, 9, 12, 13, 15, 17 were scored as favorable with the remaining scored as unfavorable. The satisfied end of the scale is indicated by strongly agree and agree for one-half of the items and by strongly disagree and disagree for the other half of the items. The neutral response is undecided. Scoring weights for each item ranged from 1 to 5. The range of possible total scores is 18 to 90 with the neutral point of 54.

Scores from the sample tested by Brayfield and Rothe (1951) ranged from 35-87. The mean score was 63.8. A reliability coefficient of 0.87 for the instrument was obtained. To test validity, each item on the questionnaire was evaluated by 77 judges. With the attitude variable specified, 77 judges were consistent in stating that the items expressed feelings of satisfaction or dissatisfaction. For further validation, the questionnaire was administered to 91 adult night school students enrolled in a personal psychology course. The correlation coefficient between scores on the Happock (1935) scale and the Brayfield and Rothe scale was 0.92 (Brayfield & Rothe, 1951).

The third instrument used for collecting data was the Holmes and Rahe Social Readjustment Scale (Appendix C) (Holmes & Rahe, 1967). The Social Readjustment Rating Scale of Holmes and Rahe was designed as a means of

calculating life stress scores. To obtain reliability of the tool, Holmes and Rahe asked 394 individuals of different age, race, sex, and educational backgrounds to rate the magnitude of life events by ranking, in order of importance, a list of events causing change in an individual's life. The events were then listed in order of magnitude. The coefficients of correlation obtained using Pearson's r were above 0.90. External validity was further determined by investigation in several cross-cultural studies with high coefficient of correlation in all studies except between race (Negro and White) which was 0.82. (Holmes & Rahe, 1967).

Holmes and Rahe found that scores of 150 to 199 Life Changing Units (LCUs) indicated mild stress, 200 to 299 LCUs indicated moderate stress, and 300 or more LCUs indicated high stress and major life crisis. A normal, healthy Life Changing Unit score was determined to be 88. (Holmes & Rahe, 1967).

Procedures

For this study three general hospitals were non-randomly chosen. After securing administrative permission from the hospitals (Appendix D), 35 nurse managers, employed in the hospitals, were given a packet containing the three part questionnaire. The questionnaire was completed during management meetings at each individual hospital.

A cover letter (Appendix E) clearly stated the purpose of the study. Return of the completed questionnaire constituted consent. The subjects were asked to check the information on the demographic profile form and to answer questions

on two instruments, the Index of Job Satisfaction and the Social Readjustment Rating Scale (Appendices A, B, C).

On the Social Readjustment Rating Scale, subjects were asked to check situations experienced within the past 12 months. On the Job Satisfaction Index, subjects were asked to circle the answer that most accurately reflected the respondent's opinion of each statement. Subjects were left to answer the questionnaires at their discretion without the presence of administrative personnel or of the researcher. They were then asked to place the completed questionnaire in a box before leaving the nurse manager meeting.

Treatment of Data

The data obtained from the questionnaires were ordinal which allowed comparisons of levels of stress to levels of job satisfaction. A Pearson's r was computed as a measure of association between the two variables, stress and job satisfaction, to determine the strength of a linear relationship.

Summary

This research was designed as a correlational study. The sample of convenience studied was nurse managers in general hospitals. The tools for the study were the Social Readjustment Rating Scale as a measure of life stress, and the Index of Job Satisfaction. The study was designed to determine the relationship between levels of stress and job satisfaction of nurse managers in

hospital settings. The results were totaled and evaluated using the Pearson's r statistical analysis.

CHAPTER IV

FINDINGS OF THE STUDY

A descriptive correlational study was conducted to determine the relationship between job satisfaction and level of stress of nurse managers in hospital settings. The Brayfield and Rothe Index of Job Satisfaction was used to determine degree of job satisfaction and the Holmes and Rahe Social Readjustment Rating Scale was used to determine stress levels of study participants. The Demographic Profile was utilized for obtaining information regarding characteristics of the sample population. This chapter presents an analysis and interpretation of the data followed by a summary of the findings.

Description of Sample

The sample of 35 nurse managers is described according to the demographic variables selected for the study: age, sex, marital status, number of dependents, educational level and years of management experience.

Age

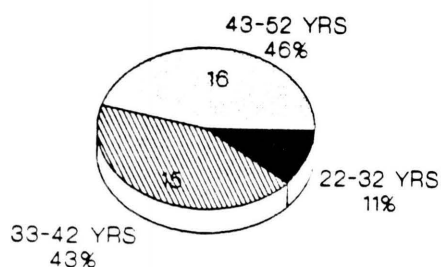
Four nurse managers (11.4%) were in the age range 22-32, 15 nurse managers (42.9%) were in the age range 33-42, 16 nurse managers (45.7%) were in the age range 43-52 and none were over 52 years of age (see Figure 1).

Sex

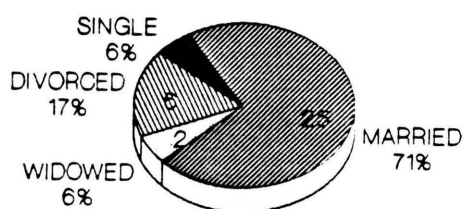
Sex was one of the items on the demographic profile. However, since all

DEMOGRAPHICS

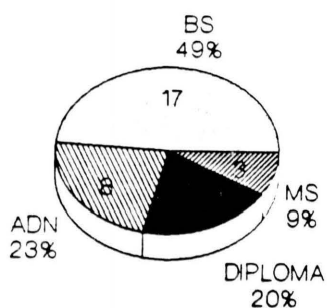
AGE RANGE OF RESPONDENTS



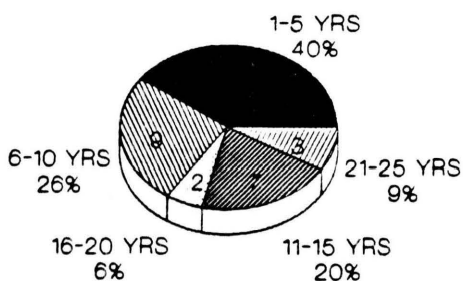
MARITAL STATUS OF RESPONDENTS



EDUCATION LEVEL OF RESPONDENTS



MANAGEMENT EXPERIENCE YEARS IN POSITION



* Percentages rounded to nearest whole number

Figure 1. Demographic Profile of 35 Nurse Managers Participating in a Survey to Study Stress and its Effect on Job Satisfaction

respondents were female, this item was eliminated from consideration.

Marital status

The majority of the nurse managers taking part in this study were married (71.4%). The next highest percentage of the respondents were divorced (17.1%). The remaining nurse managers were single or widowed (see Figure 1).

Number of dependents

The question on number of dependents seemed to be open to interpretation as some respondents included themselves in the total while others did not. This information, thus, was not considered a valid parameter of measurement due to these discrepancies.

Level of education

Nearly half of the nurse managers (48.6%) held baccalaureate degrees and 7 nurse managers (20%) were diploma graduates. Of the remaining 31.4%, 8 nurse managers (22.8%) held associate degrees, and 3 nurse managers (8.5%) held master's of science degrees.

Management experience

With from 1-5 years of management experience, 14 of the responding nurse managers accounted for 40% of the respondents. Nine of the nurse managers (25.7%) had from 6-10 years of management experience, and 7 of the nurse managers (20%) had from 11-15 years of management experience. The remaining 5 nurse managers (14.3%) had between 16-25 years of management experience.

Job Satisfaction and Stress Scores by Category

The range of satisfaction scores on the Job Satisfaction Index was 52 to 85. The mean score was 68.5 which was similar to mean scores of 68.4 and 70.4 obtained by Brayfield and Rothe in 2 of their studies (Brayfield and Rothe, 1951). The median score was 69, and the mode was 69. Brayfield and Rothe's studies contained both lower and higher scores than did this study by as much as 17 points lower, but only 2 points higher (Brayfield and Rothe, 1951).

Table 1 shows the individual scores of the Job Satisfaction Index placed in their respective stress categories. Of the 35 respondents, only 1 (2.8%) could be classified in the low job satisfaction category, yet this respondent indicated a low stress score. Nine (25.7%) were undecided about job satisfaction. Of these 9, 4 (11.4%) scored in the mild to moderate stress category, and 4 (11.4%) scored in the healthy stress category, with 1 subject (2.8%) in the high stress category. Of the sample population, 25 (71.4%) expressed job satisfaction. Of these 25, 12 (34.3%) were in the low stress category, 11 (31.4%) in the mild to moderate stress category, and 2 (5.7%) of the sample scored in the high stress category.

Table 2 portrays stress levels obtained within each of the job satisfaction levels and illustrates that stress range was widely varied in each category but showed no significant pattern. Table 3 demonstrates that of the 17 (48.5%) respondents in the healthy stress area, only 1 (2.8%) was dissatisfied with her job. Three (8.6%) were undecided about job satisfaction for approximately a 1:4 ratio. Of the 15 (42.9%) respondents classified as experiencing mild to moderate

Table 1
Job Satisfaction Scores Placed in Stress Category

JOB SATISFACTION SCORES	HEALTHY STRESS	MILD TO MODERATE STRESS	HIGH STRESS
	0-149	150-299	300-UP
JOB SATISFACTION (65-90)	65 70 76 69 73 77 69 74 82 70 75 85	65 70 78 66 74 81 67 74 81 69 77	69 76
UNDECIDED ABOUT JOB (53-64)	61 61 63 64	55 60 61 64	63
JOB DISSATISFACTION (<53)	52		
Range of Scores	52 - 85	Median Score	69
Mean Score	68.5	Mode Score	69

Table 2
Stress Scores Placed In Job Satisfaction Category

STRESS SCORES	JOB SATISFACTION (65-90)	UNDECIDED ABOUT JOB (53-64)	JOB DISSATISFACTION (<53)
HEALTHY STRESS (0-149)	25 54 133 36 56 142 41 59 148 41 126 54 133	45 93 95	95
MILD TO MODERATE STRESS (150-299)	154 222 284 182 239 196 245 205 261 215 262	172 196 202 255	
HIGH STRESS (300-UP)	339 447	507	
Range of Scores	25-507	Median Score	154
Mean Score	241	Mode Scores	41,54,95,133,196

stress, none were dissatisfied with their jobs, 4 (11.4%) were undecided, and 11 (31.4%) liked their job. This is approximately a 1:3 ratio. Three subjects (8.6%) scored in the high stress category. None of the three disliked their job, 1 (2.8%) was undecided about her job satisfaction, and 2 (5.7%) were satisfied with their jobs. This is approximately a 1:2 ratio.

Table 3
Cross Tabulation Of Stress To Job Satisfaction
With Numerical And Percentage Representation

JOB SATISFACTION				
STRESS	SATISFACTION	UNDECIDED	DISSATISFACTION	ROW TOTAL
	(65-90)	(53-64)	(<53)	
HEALTHY STRESS (0-149)	13 37.1%	3 8.6%	1 2.8%	17 48.5%
MILD TO MODERATE STRESS (150-299)	11 31.4%	4 11.4%	0 0%	15 42.9%
HIGH STRESS (300-UP)	2 5.7%	1 2.8%	0 0%	3 8.6%
COLUMN TOTAL	74.2%	22.8%	2.8%	100%

Pearson's $r = 0.094$

Stress Scores

The stress level scores ranged from 25 to 507. The mean score was 241, the median score 154, and the modes were 41, 54, 95, 133 and 196. The mean and median score fell in the mild to moderate stress category. Four of the mode

scores fell in the healthy stress category, and the other one was in the mild to moderate stress category.

Table 4 demonstrates the response of stress to job satisfaction of nurse managers from each of the hospitals that participated in the study. Nurse managers from Hospital 1 had only 2 scores in the high stress (over 300) category, and both experienced job satisfaction. Three of the 5 job satisfaction scores over 70 were in the healthy stress score range. Six of the 16 respondents had healthy stress scores which was one-third of the nurse managers from

Table 4

Tally Of Scores By Hospital Response

	JOB SATISFACTION	UNDECIDED ABOUT JOB	JOB DISSATISFACTION
HOSPITAL 1 16 OF 16 RESPONDING	11	5	0
	SCORES	SCORES	SCORES
	65(54) 74(245)	60(202)	
	65(284) 74(148)	61(196)	
	66(215) 76(142)	61(93)	
HOSPITAL 2 10 OF 10 RESPONDING	69(59) 77(196)	63(507)	
	69(447) 82(410)	64(172)	
	70(261)		
	8	1	1
	SCORES	SCORES	SCORES
HOSPITAL 3 9 OF 9 RESPONDING	67(182) 74(262)	55(255)	52(95)
	69(154) 76(339)		
	70(126) 78(205)		
	73(36) 81(239)		
	6	3	0
	SCORES	SCORES	SCORES
	69(133) 77(41)	61(45)	
	70(54) 81(222)	63(133)	
	75(25) 85(56)	64(95)	

() = STRESS SCORES

Hospital 1. Nurse managers from Hospital 1 had 11 out of 16 respondents who

expressed job satisfaction, or 68.7%. Hospital 1 also had the second highest job satisfaction score of all the respondents in this study.

Results from nurse managers in Hospital 2 showed only one (1) job satisfaction score over 70 in the healthy stress score range. Nurse managers from Hospital 2 had 6 scores in the mild to moderate stress category. Of these subjects, 5 scored in the job satisfaction range and 1 was undecided about job satisfaction. Nurse managers in Hospital 3 had no scores in the high stress category and had 2 respondents with job satisfaction scores in the 80s. Three of the 4 job satisfaction scores over 70 were in the healthy stress score range. Eight of the 9 respondents had healthy stress scores which was 88.8% of the nurse managers from Hospital 3, which indicated a high frequency and percentage.

A note of interest from Hospital 2 was that the two nurses experiencing the highest stress scores were the only two master's prepared nurses to respond, but both expressed job satisfaction. Hospital 3 had only one master's level nurse manager responding, and she, too, had the highest stress score of that group.

Relationship of Job Satisfaction and Stress

The Pearson's r computations to determine the strength of a linear relationship between the two variables was found to be 0.094, which was insignificant. This analysis supported the hypothesis that there was no significant relationship between stress and levels of job satisfaction of nurse

managers.

A scatter diagram (Figure 2) shows a graphic representation of the sample population's individual responses to stress compared to job satisfaction scores. As the diagram shows, the variables did not relate to each other in any specific pattern, as no linear path is demonstrated. The Pearson's r analysis of linear relationship between two variables further proved this relationship.

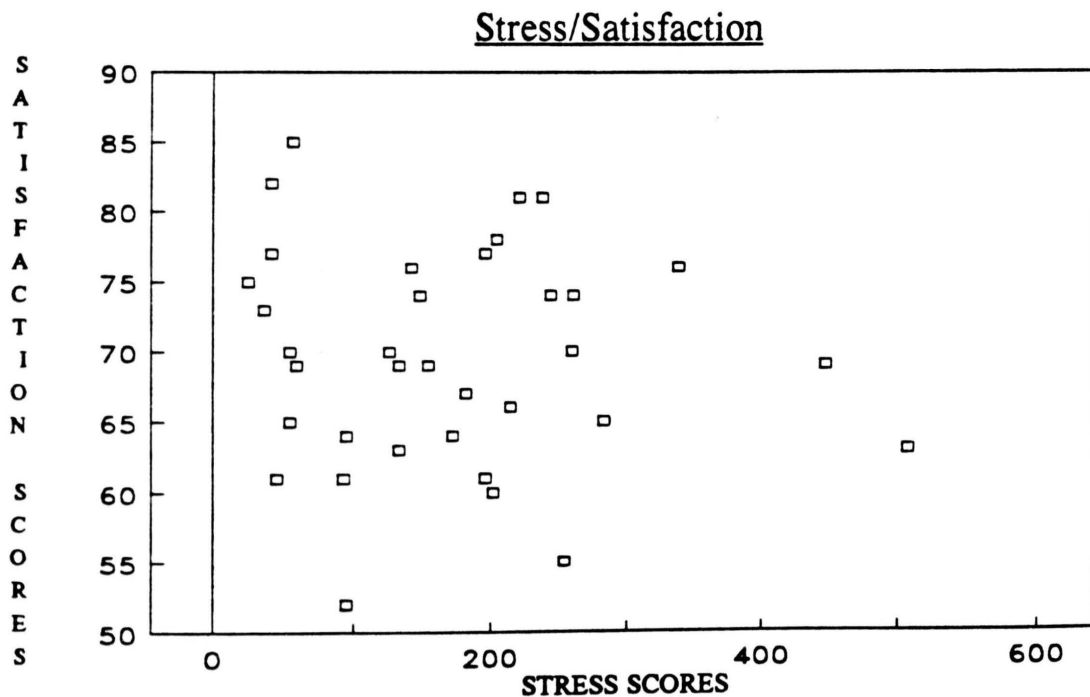


Figure 2. Scattergram of Job Satisfaction Scores plotted against Stress Scores

Summary

This study showed no significant relationship between stress scores and job satisfaction. The hypothesis of no significant relationship between stress and levels of job satisfaction of nurse managers was supported.

CHAPTER V

SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

Summary

The purposes of this study were to determine the level of job satisfaction and the stress levels of nurse managers in a hospital setting. The relationship between the level of job satisfaction and stress of nurse managers was determined and a demographic profile of the population was developed.

To test the hypothesis for this study, a sample of convenience with 35 nurse managers was asked to answer a three part questionnaire. The first of the three questionnaires was a demographic profile, i.e., age, sex, marital status, number of dependents, education level, and years of management experience. The second questionnaire regarded life changing events during the past 12 months as a measure of stress. The remaining questionnaire was related to general job satisfaction. The Social Readjustment Rating Scale of Holmes and Rahe, and the Index of Job Satisfaction of Brayfield and Rothe were the two instruments chosen for this study. Both of these instruments were chosen because of high reliability and validity. A Pearson's r statistical analysis was used to test the data. The hypothesis was: "There is no significant relationship between stress levels and job satisfaction of nurse managers, as measured by the Social Readjustment Rating Scale of Holmes and Rahe and the

Index of Job Satisfaction of Brayfield and Rothe." The results of these surveys supported the hypothesis.

Conclusions

The conclusion of this study was that stress and job satisfaction for nurse managers were not related. However, secondary conclusions are noted below as a matter of interest:

1. Respondents with high job satisfaction had at least moderate stress.
2. Respondents with job dissatisfaction did not indicate higher stress.
3. The majority of nurse managers were satisfied with their job.
4. Respondents who were undecided about their job were equally distributed between healthy stress and moderate stress categories.
5. Respondents with higher levels of education scored in the high stress category.
6. Most nurse managers found their jobs interesting, and felt their jobs were usually interesting enough to keep them from getting bored.
7. Ambiguity of feelings existed among nurse managers in regard to the degree of happiness experienced in their work. This was as opposed to how happy they thought most people in other lines of work were with their jobs. Nurse managers variously found their work rather unpleasant, were satisfied with their job, and some were disappointed they even took their present job.
8. Nursing was not like a hobby to these respondents, and the majority of

nurse managers valued and enjoyed their leisure time more than their work.

9. Job satisfaction levels of nurse managers appeared to depend on individual differences and values.

Discussion

One factor to be noted was that the mean level of stress was 241 which fell into the moderate stress level category. This level is above the healthy stress level and close to the 300 stress level which indicates high stress and major life crisis. This factor prompted the researcher to theorize that nurse managers in the selected hospital settings do contend with above average or above healthy stress levels. The mean stress level did support what a number of nursing authors believe, that nurses are subject, by the very nature of their jobs, to higher stress levels than the average worker.

There were several points of interest in the data. As noted in Tables 1 and 2, two of the three respondents in the high stress category experienced job satisfaction. Several questions arise from these data. How much stress was necessary to cause some individuals to strive toward and to achieve self-actualization and experience job satisfaction, when other individuals succumb to the harmful effects of stress? How much outside stress caused some of the respondents to find refuge in their job? As noted in the literature review, Caplan (1964) stated that an individual's ability to deal with stress was dependent on the person's coping mechanisms and resources available to deal

with the stressful situation. It would be hard to measure these individual differences in response to stress.

Another factor to note was that of the 17 (48.6%) healthy stress score respondents, 1 scored in the job dissatisfaction category, and only 3 of the 17 were undecided about job satisfaction. These nurse managers constituted nearly half of the sample. Fifteen (42.9%) and 3 (8.6%) or 51.5% of the population were in the mild to moderate or high stress category. Does this mean that nurses by the nature of their profession could be victims of more stress than the average worker, or is this a symptom of the society in which we live? Eleven of the 15 of these mild to moderate stress category respondents experienced job satisfaction.

As noted earlier, the three respondents with master's degrees reported the highest stress scores but also reported job satisfaction. Are the challenges of a high stress job compounded by increased educational background? Perhaps those nurse managers with higher levels of education are expected to achieve higher managerial duties. The personalities of these nurse managers may actually thrive on higher levels of stress. It is to be noted that all three of these nurse managers work in the two hospitals that have begun to thin out their management levels, thus giving these nurse managers added responsibilities. If this is truly the trend of nursing management, a further study in the future would be worthwhile. It is presently required that nurse managers seek a master's degree. Will this in fact cause more stress? How will this affect job

satisfaction?

The particular area of the hospital in which the nurse manager works could be another factor to consider. Those nurse managers who work in high demand areas of the hospital may find the stress and tension so high that their job satisfaction wanes. In some hospitals where the nurse in a crisis situation is given physical and emotional support, job satisfaction remains high regardless of assignment to a stressful work area.

The sample size, $N = 35$, was too small for data which were divided into several categories. The results showed that even though respondents scored higher on the stress scale (mean 241) than is considered healthy (up to 149), perhaps individual coping mechanisms, attitude toward life in general, and an ability to overcome dissonance and attain balance with life stressors, had strong bearings on individual attitudes toward the job.

Individual stress coping mechanisms determine how each person views the stressful situation. Coping mechanisms used by nurses are often determined by the individual's prior experiences in similar stressful situations. Positive outcomes reinforce coping mechanisms when similar stressful situations occur.

Stress is only one sub-component of the factors that lead to job satisfaction, hence it is hard to measure separately. Job satisfaction is mainly an attitude, affected by individual ideals, images of self, and personal values. Job satisfaction is an indication of the person in his or her world. It is worth restating that the variables constituting job satisfaction are truly complex. The

results of this study support the hypothesis that there is no significant relationship between stress scores and job satisfaction scores of nurse managers, as determined by responses on the Holmes and Rahe Rating Scale and the Job Satisfaction Index of Brayfield and Rothe.

Recommendations

The discussion presented above has provided insight into recommendations for further study. Among these are the following:

1. Study the level of job satisfaction and stress by specialty of the nurse manager.
2. Study job satisfaction and stress as they relate to the various demographic factors (i.e., age, sex, marital status, number of dependents, level of education, management experience) of nurse managers.
3. Study a larger sample that is randomized to test the hypothesis that there is no significant relationship between stress scores and job satisfaction.
4. Study more hospitals and different types of hospitals throughout the nation, including number of personnel and patients.
5. Study nurse managers' type of degree programs in relationship to job satisfaction and stress.

REFERENCES

REFERENCES

- Abdellah, F., & Levine, E. (1979). Better patient care through nursing research (2nd ed.). New York: McMullin.
- Branson, R. (1981). The nurse as manager. Texas Hospitals, 37, 12-14.
- Brayfield, A., & Rothe, H. (1951). An index of job satisfaction. Journal of Applied Psychology, 35, 307-311.
- Brayfield, A., Wells, R., & Strate, M. (1957). Interrelationships among measures of job satisfaction and general satisfaction. Journal of Applied Psychology, 41, 201-205.
- Caldwell, M. (1976). "Staff stress." Journal of Emergency Nursing, 2, 21.
- Caplan, G. (1964). Principles of preventive psychiatry. New York: Basic Books, Inc.
- Ebrat, K. (1991). Supporting nurse managers. Journal of Nursing Administration, 21, 9, 26.
- Flarey, D. (1991). The social climate scale. Journal of Nursing Administration, 21, 4, 37-44.
- Frank, C. (1962). Satisfaction in nursing practice. Nursing Outlook, 1, 302-304.
- Geiger, J. W., & Davit, J. S. (1988). Self image and job satisfaction in varied settings. Nursing Management, 19, 50-56.
- Greenberg, S. (1980). Stress and the helping professions. Baltimore: Brookes.
- Happock, R. (1935). Job satisfaction. New York: Harper & Brothers.
- Hagemaster, J. (1983). Job stress vs. nurse burnout: Are you caught in the middle? Occupational Health Nursing, 17, 38-40.
- Herzberg, F., Mausner, B., & Snyderman, B. (1959). The motivation to work. New York: John Wiley & Sons.

- Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. Journal of Psychosomatic Research, 11, 213-218.
- Janken, J. (1974). The nurse in crisis. Nursing Clinics of North America, 9, 18.
- Jones, N., & Jones, J. (1990). The head nurse: A managerial definition of the activity role set. Nursing Administration Quarterly, 3, 45-47.
- Kashoff, S. (1976). Nursing your stress. Journal of Emergency Nursing, 2, 20.
- Kobasa, S. (1979). Stressful life events, personality, and health. Journal of Personality and Social Psychology, 37, 1-11.
- Kramer, M., & Hafner, L. (1989). Shared values: Impact on staff nurse job satisfaction and perceived productivity. Nursing Research, 38, 172-177.
- Larson, E. (1984). Job satisfaction: Assumptions and complexities, Journal of Nursing Administration, 14, 31-38.
- Lawton, U. (1970). Why nurses abandon the profession. Nursing Times, 66, 1022-1023.
- McCloskey, J. (1991). Creating an environment for success with fun, hope, and trouble. Journal of Nursing Administration, 21, 5-6.
- McManus, M. (1989). Nurse administrators experience job satisfaction. Nursing Management, 83-86.
- Meighan, M. (1990). The most important characteristics of nursing leaders. Nursing Administration Quarterly, 15, 63-69.
- Mueller, C., & McCloskey, J. (1990). Nurses' job satisfaction: Proposed measure. Nursing Research, 39, 113-116.
- Nahm, H. (1940). Job satisfaction in nursing. American Journal of Nursing, 40, 1389-1392.
- Neumann, E. (1973). Job satisfaction among nursing service personnel. Communicating Nursing Research, 6, 165-178.
- Newman, A. (1990). Here's why nurses are quitting. Canadian Medical Association Journal, 43, 127-128.

- Nurenberger, P. (1981). Freedom from stress. Honesdale, PA: Himalayan International Institute of Yoga Science and Philosophy of U.S.A.
- Peters, T., & Waterman, R. (1982). In search of excellence: Lessons from America's best run companies. New York: Warner Books.
- Pfaff, J. (1987). Factors related to job satisfaction/dissatisfaction of registered nurses in long term facilities. Nursing Management, 18, 51-52.
- Polit, D., & Hungler, B. (1983). Nursing Research: Principles and methods (2nd ed.). Philadelphia: J. B. Lippincott.
- Selye, H. (1973). The stress of life. New York: McGraw-Hill.
- Selye, H. (1965). The stress syndrome. American Journal of Nursing, 65, 97.
- Schwab, D., & Cummings, L. (1970). Employee performance and satisfaction with work roles: A review and interpretation of theory. Industrial Relations, 9, 408-430.
- Slavitt, D. (1978). Nurse's satisfaction with their work situation. Nursing Research, 27, 114-120.
- Stengrevics, S., Kirby, K., & Ollis, E. (1991). Nurse manager job satisfaction: The Massachusetts perspective. Nursing Management, 22, 60-63.
- Turner, B. (1991). The psychological impact of the head nurse manager in transition: Organizational roles for minimizing stress. The Health Care Supervisor, 23-28.
- Wells, G. (1990). Influence of organizational structure on nurse manager job satisfaction. Nursing Administration Quarterly, 14, 1-8.
- Wofford, J. C. (1971). The motivational bases of job satisfaction on and job performance. Personal Psychology, 24, 501-517.
- Yee, B. (1981). The dynamics and management of burnout. Nursing Management, 12, 14-16.

APPENDICES

APPENDIX A

Demographic Profile

DEMOGRAPHIC PROFILE

PART I

Directions: Beside each demographic datum, please circle the response that describes you.

AGE	22-32	33-42	43-52	53-62		
SEX	Male	Female				
MARITAL STATUS	Single	Married	Divorced	Widowed		
NUMBER OF DEPENDENTS	1(self)	2	3	4	5	More
EDUCATION	Diploma	ADN	BS	MS		
MANAGEMENT EXPERIENCE IN YEARS	1-5	6-10	11-15	16-20	21-25	26-35

APPENDIX B

Brayfield and Rothe Job Satisfaction Questionnaire

BRAYFIELD AND ROTHE JOB SATISFACTION
QUESTIONNAIRE

PART II

Directions: Some jobs are more interesting and satisfying than others. We want to know how people feel about different jobs. This questionnaire contains eighteen statements about jobs. There are no right or wrong answers. We would like your honest opinion on each of the statements. Circle the answer that most accurately answers your opinion of each statement.

1. My job is like a hobby to me.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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2. My job is usually interesting enough to keep me from getting bored.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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3. It seems that my friends are more interested in their jobs.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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4. I consider my job rather unpleasant.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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5. I enjoy my work more than my leisure time.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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6. I am often bored with my job.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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7. I feel fairly well satisfied with my present job.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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8. Most of the time I have to force myself to go to work.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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9. I am satisfied with my job for the time being.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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10. I feel that my job is no more interesting than another I could get.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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11. I definitely dislike work.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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12. I feel that I am happier in my work than most other people.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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13. Most days I am enthusiastic about my work.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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14. Each day of work seems like it will never end.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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15. I like my job better than the average worker does.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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16. My job is pretty uninteresting.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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17. I find real enjoyment in my work.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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18. I am disappointed that I ever took this job.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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APPENDIX C

Holmes and Rahe Social Readjustment Rating Scale

HOLMES AND RAHE

SOCIAL READJUSTMENT RATING SCALE

PART III

Directions: Listed below are life events that usually evoke or are associated with some adaptive or coping behavior on the part of the individual involved. Each item has been constructed to contain life events whose advent is either indicative of or requires a significant change in the ongoing life pattern of the individual. Place a check at the items or items you have experienced within the past one year period.

<u>RANK</u>	<u>LIFE EVENT</u>	<u>ITEM</u>
1	Death of spouse	—
2	Divorce	—
3	Marital separation	—
4	Jail term	—
5	Death of close family member	—
6	Personal injury or illness	—
7	Marriage	—
8	Fired from work	—
9	Marital reconciliation	—
10	Retirement	—
11	Change in family member's health	—
12	Pregnancy	—

13	Sex difficulties	—
14	Addition to family	—
15	Business readjustment	—
16	Change in financial status	—
17	Death of a close friend	—
18	Change to a different line of work	—
19	Change in number of marital arguments	—
20	Mortgage or loan over \$10,000	—
21	Foreclosure of mortgage loan	—
22	Change in work responsibilities	—
23	Son or daughter leaving home	—
24	Trouble with in-laws	—
25	Outstanding personal achievement	—
26	Spouse begins or stops work	—
27	Starting or finishing school	—
28	Change in living conditions	—
29	Revision of personal traits	—
30	Trouble with boss	—
31	Change in work hours, conditions	—
32	Change in residence	—
33	Change in school	—

34	Change in recreational habits	—
35	Change in church habits	—
36	Change in social activities	—
37	Mortgage or loan less than \$10,000	—
38	Change in sleeping habits	—
39	Change in number of family gatherings	—
40	Change in eating habits	—
41	Vacation	—
42	Christmas	—
43	Minor violation of the law	—

APPENDIX D

Agency Approvals

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF HEALTH STUDIES

AGENCY PERMISSION FOR CONDUCTING STUDY

The _____ HOSPITAL 1 _____

GRANTS TO NANCY J. PITTMAN,

a student enrolled in the Department of Health Studies who is working on a master's degree in Health Sciences Instruction at the Texas Woman's University, the privilege of its facilities and data in order to study the following problem:

Is there a relationship between stress and levels of job satisfaction among nurse managers in hospital settings?

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of the 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) (~~not willing~~) to allow the completed report to circulate through interlibrary loan.
5. Other: _____

Date: 12/3/91

Nancy J. Pittman
Signature of Student

On File
Signature of Agency
Barbara J. Cameron
Signature of Thesis Committee

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF HEALTH STUDIES

AGENCY PERMISSION FOR CONDUCTING STUDY

The HOSPITAL 2

GRANTS TO NANCY J. PITTMAN,

a student enrolled in the Department of Health Studies who is working on a master's degree in Health Sciences Instruction at the Texas Woman's University, the privilege of its facilities and data in order to study the following problem:

Is there a relationship between stress and levels of job satisfaction among nurse managers in hospital settings?

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
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3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~not willing~~) to allow the completed report to circulate through interlibrary loan.
5. Other: _____

Date: 12/4/91

Nancy J. Pittman
Signature of Student

On File
Signature of Agency
Barbara J. Hamer
Signature of Thesis Committee

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF HEALTH STUDIES

AGENCY PERMISSION FOR CONDUCTING STUDY

The HOSPITAL 3

GRANTS TO NANCY J. PITTMAN,

a student enrolled in the Department of Health Studies who is working on a master's degree in Health Sciences Instruction at the Texas Woman's University, the privilege of its facilities and data in order to study the following problem:

Is there a relationship between stress and levels of job satisfaction among nurse managers in hospital settings?

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of the 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) (~~not willing~~) to allow the completed report to circulate through interlibrary loan.
5. Other: _____

Date: 12/3/91

Nancy J. Pittman
Signature of Student

On File

Signature of Agency
Barbara J. Tramer
Signature of Thesis Committee

APPENDIX E

Explanation of Study to Subjects

Dear Nurse Manager,

My name is Nancy Pittman. I am a Registered Nurse and a graduate student at Texas Woman's University. I am conducting a research study about the relationship between stress and level of job satisfaction among nurse managers in hospital settings. You have been selected to participate in the study. You are being asked to complete a three part questionnaire including: The Demographic Profile, the Holmes and Rahe Social Readjustment Rating Scale for stress, and the Brayfield and Rothe Index of Job Satisfaction. You will be able to complete the questionnaire in 30 minutes or less. Completion and return of the questionnaires will be construed as informed consent to act as a participant in the study.

Anonymity of each participant will be maintained. Your employment at this institution will not be affected whether or not you decide to participate in the study. You are free to withdraw any time without penalty.

The benefits of the study include participation in nursing research and knowledge that the results of the study may help nurse managers, nurses, and patients. Your participation in the study is greatly appreciated. If you have any questions, you may ask them now or contact me at 817-685-4933. Thank you for your time and consideration.

Nancy Pittman, B.S., R.N.