

NURSE ADMINISTRATOR ROLE COMPLEXITY AND ROLE STRAIN  
IN SKILLED NURSING FACILITIES

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our supervision by FERN PIETRASCHKE, RN, BS  
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## CHAPTER 1

### INTRODUCTION

Some degree of individual enjoyment and job satisfaction is important to the practice and growth of a profession. In a people-oriented profession such as nursing, satisfaction from the employment setting is essential to most nurses. New graduates, who have invested time, money, and considerable energy into acquiring a license to practice nursing, often discover that on-the-job reality is not what they were taught and therefore were expecting. This gap in expectations and job reality is known as reality shock (Kramer, 1974).

Nurses who continue to practice later may encounter the phenomenon of burnout (Maslach, 1976). According to Maslach, burnout describes the physical or psychological exhaustion resulting from continual and varied pressures and expectations of the job. Professions having complex roles, such as nursing, have a greater risk of professional burnout due to stress.

Every job has inherent frustrations and potential hinderances to job satisfaction. While salary, title, or benefits may be the initial employment attraction, these

decrease in importance if perceived role complexity and role strain continually exceed perceived job satisfaction. Nursing research efforts include the investigation of possible contributing factors and causes of job dissatisfaction (Baldonado, 1980; Benton & White, 1972; Clark, 1980).

An increasing job turnover rate is one result of job dissatisfaction (Watson, 1979; Wolf, 1981). If the number of dissatisfied nurses continues to increase, the profession itself may be adversely affected. Already, an increasing attrition rate reflects a growing disillusionment with nursing as a profession.

With the currently expanding scope and variety of nursing role responsibilities in many health care settings, one management level position with the potential for increased job tension and dissatisfaction is that of the hospital Director of Nursing (Arndt & Laeger, 1970a). Another type of institution utilizing the role of Director of Nursing is the skilled nursing facility. This type of institution provides specifically defined nursing and ancillary care services for patients who are mainly geriatric.

The patient, family, administrator, physicians, other department managers, and staff members all have



ideas about the function and role responsibilities of the Director of Nursing, thus increasing the complexity of the role. In fact, all persons interacting with the Director of Nursing develop role expectations for that position and individual.

In addition to the requirement of interacting with a variety of people both on a scheduled and an impromptu basis, various job specific tasks contribute to increased role complexity (Arndt & Laeger, 1970a). Furthermore, the director has non-work related responsibilities which also must be met. These may include family, community, and church activities. Finally, the demands and expectations one has of oneself must be considered. Therefore, the Director of Nursing is the recipient of a complex variety of role expectations.

It is then logical to expect an increase in job tension and frustration, as the director attempts to cope with this complex role. The perceived degree of tension and strain will vary in Directors of Nursing. Each director develops individual criteria for evaluating that director's level of job difficulty and frustration known as role strain (Goode, 1968).

When role expectations are perceived as becoming excessive, the Director of Nursing will begin attempts to

reduce role strain. If these efforts are not successful, the director has a final option of changing jobs. However, if this occurs frequently, a state of constant change is created. The instability of frequent change is detrimental to the individual nurse and the organized operation and management of an institution. Therefore, there is a need to further explore aspects of role complexity that may affect the Director of Nursing's perceived degree of role strain.

#### Problem of Study

The problem of this study was to examine the relationship between selected aspects of perceived role complexity and the degree of perceived role strain in Directors of Nursing of skilled nursing facilities.

#### Justification of Problem

Studies investigating factors associated with employment and role expectations of the nurse are not new. Possible explanations for the higher than expected turnover rate in nursing personnel were being sought 20 years ago. Maryo and Lasky (1959) concluded that the three main problem areas related to high turnover rate were understaffing, ineffective communication, and unclear nursing personnel policies and roles. In

addition, their survey showed that more than half of the participants felt a confusion about their professional role. Since then, research continues to substantiate an increasing amount of role strain.

A variety of factors are said to contribute to dissatisfaction within the nursing role. Godfrey (1978) identified several sources of dissatisfaction which included unsafe practices, poor leadership, and communication breakdown. Dangerous understaffing was included in unsafe practices. Poor leadership was identified in both hospital and nursing administration.

Wandelt, Pierce, and Widdowson (1981), in exploring attrition in nursing, found that nurses were leaving the profession due to dissatisfaction with work conditions. Nurses reported that they were satisfied with their nursing practice but dissatisfied with the work setting. Top ranked factors contributing to dissatisfaction were inadequate salaries, the amount of paperwork, and lack of administrative support.

Arndt and Laeger (1970b) suggested that conflict within the work role was a major source of stress for the Director of Nursing. Inter-role conflicts, role overload, and role ambiguity contribute to a perception of increased role strain. In a study of job expectations

and satisfaction, Donovan (1980b) found that almost half of the group studied identified "excessive demands on them" (p. 27) as a crucial problem.

In these studies, the findings demonstrated a growing dissatisfaction with the complex employment conditions in nursing and a potential for increased role strain. Even though the issue of a nurse shortage may be presently questionable, the results of excessive role strain continue to affect nursing turnover and attrition rates. In addition, it is important to note that even though non-work related factors will necessitate changing jobs, the major reasons cited in these studies are specific to the work environment.

Several factors are identified in the literature as possible influences on role complexity and its relationship to perceived role strain in the Director of Nursing (Arndt & Laeger, 1970a, 1970b; Kingston, 1972). No studies were found which examined role strain in the Director of Nursing in a skilled nursing facility. Therefore, this study was undertaken to provide further insight into the problem of role strain in these nurse administrators.

### Theoretical Framework

Goode's (1968) theory of role strain provided the theoretical framework for this study. Goode described role strain as "the difficulty that people feel in trying to carry out their role obligations" (p. 8). An individual learns that during a lifetime, many duties and specific behavior obligations will arise. Furthermore, a system of budgeting available energy must be developed to allow for meeting all of these obligations. A process of determining and assigning importance or value to these demands is begun. Total current role obligations are weighed, and a time and energy budget allowing one to meet these many demands is devised. In addition, Goode stated that people generally want to do what they are supposed to do and that society needs this behavior to continue. Yet, accomplishing all expected role responsibilities is generally difficult.

Goode (1968) described four sources of role strain. First of all, when a role demand is perceived, a response is required at that particular time or place. The second source arises from contradictory role expectations. The third source results from the attempt to respond simultaneously to two or more normative expectations of the role. And fourthly, the potential for role

strain increases with the complexity of role relationships, known as role sets. The problem facing an individual is how to make total role obligations manageable.

An important aspect of the theory is that role strain is normal. However, one's total role obligations generally are excessive. Goode (1968) suggested two mechanisms which an individual may use to reduce perceived role strain: ego's choice and role bargaining.

According to Goode (1968), one's ego chooses whether or when a person will accept a role relationship. Several processes which aid in this decision are presented by Goode. Compartmentalization is the viewing of only one specific aspect of the role being considered to the exclusion of all others. Delegation utilizes assigning certain aspects of a role to other individuals, as a method of achieving compartmentalization.

Another process is the elimination of selected role relationships. Yet another is extension, which involves taking on extra roles to be able later to plead the additional role commitments as a reason for any present unfulfilled role obligations. Finally, the ego may decide to set up barriers against intrusion. This is implemented by setting up hinderances to initiating new

role relationships or preventing the continuance of existing ones.

After one's ego has chosen the number of role relationships to exist, the individual then begins to establish a system of setting role priorities and a sequence of role performances. This process is referred to by the author as role bargaining. Another concept within the process of role bargaining is known as setting the role price. A person may be willing to sacrifice a part or all of one role relationship, if another would be more to the person's advantage.

After choosing a set of roles and making initial role bargains, an individual's future choices and bargains are influenced and frequently determined by the organization or society. Several elements to be considered when making subsequent role decisions include a standard of acceptable role performance, the role's social position within the organization and an over-all value hierarchy. Other considerations are the possible linkage of role obligations between different institutional orders, the existence of ascribed statuses, and a possible lack of profit in mutual role deviation.

When a nurse initially accepts a Director of Nursing position, the organizational structure of the institution

will define the intital number of role relationships. The director may choose to expand or reduce this number. Once the role set has been established, further role decisions are based upon a standard of acceptable performance within that organization and within the profession. It is this complexity of role, which Directors of Nursing of skilled nursing facilities experience, that leads to increased role strain.

#### Assumptions

The assumptions for this study were:

1. Job satisfaction is an important aspect of nursing practice.
2. The Director of Nursing position has the potential for alterations in job satisfaction.
3. Directors of Nursing react individually to their role requirements.
4. Individual Directors of Nursing perceive role strain differently.
5. Staffing complexity, relationship with administrator, and number of role senders reflect aspects of role complexity.



### Hypothesis

The following null hypothesis was tested:

There is no relationship between perceived staffing complexity, perceived relationship with administrator and perceived role senders, as measured by subscores on the Role Complexity Inventory and the degree of perceived role strain, as measured by the score on the Job-Related Tension Index in Directors of Nursing in skilled nursing facilities.

### Definition of Terms

The following operational definitions were used for this study.

Perceived role strain: The difficulty that people feel in trying to carry out their role obligations (Goode, 1968), as measured by a score on the Job-Related Tension Index (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964).

Perceived staffing complexity: The varied expectations and duties believed by the Directors of Nursing to involve personnel management, as measured by a score on Part II of the Role Complexity Inventory.

Perceived relationship with administrator: The business or work association which the Directors of Nursing believe exists with the administrator, as measured by a score on Part III of the Role Complexity Inventory.

Perceived role senders: The number of types of role senders who the Directors of Nursing believe have an influence on them in their role as director, as measured by a score on Part IV of the Role Complexity Inventory.

Skilled nursing facility: State approved institutions which provide care to persons who are primarily geriatric.

Director of Nursing: An individual licensed by the state as a registered nurse and designated by the institution to supervise and manager the nursing department.

#### Limitations

Limitations recognized for this study were:

1. Due to sampling methodology, generalization of findings to other samples can not be made.
2. Variables not included may have affected the Director of Nursing's perception of role strain.

#### Summary

With the inherent and expanding administrative role responsibilities of the Director of Nursing position, the director's potential for role strain increases. These complex role expectations are seen in the nursing director in a skilled nursing facility. Studies investigating the relationship between various aspects of role

complexity and perceived degree of role strain should enable the Directors of Nursing to be more effective in recognizing excessive role strain and planning coping methods and behaviors. Administrative stability is vital to consistent staff management and quality patient care.

## CHAPTER 2

### REVIEW OF LITERATURE

Job satisfaction is a topic of concern in all areas of employment. The examination of sources of job dissatisfaction may be helpful in controlling such negative employment results as job tension and frustration, role strain, and decreased motivation to remain in a particular job setting. Furthermore, the potential for job dissatisfaction is not limited to staff nurses only. Complex role requirements within nursing administration subjects the Director of Nursing to increased potential for role strain.

Chapter 2 includes a review of the literature pertinent to the study of the relationship between selected aspects of perceived role complexity and the perceived role strain in the Director of Nursing in a skilled nursing facility. Topics included are job satisfaction, role complexity, role strain, and nursing turnover and attrition.

### Job Satisfaction

Several sources of job satisfaction and dissatisfaction within nursing can be identified from the nursing literature. Many of these focus on staffing and personnel management issues, administrative leadership ability and support, and the role expectations received from a variety of role senders.

Benton and White (1972) studied job satisfaction factors in terms of importance and deficiency rank perceived by hospital nurses. They found that the most important factors were patient care, adequate personnel, and congenial work associates. Nurses in all occupational areas placed patient care in the higher ranks of importance, while administrative nurses rated personnel matters and authority and responsibility as being most important. Overall, pay differential for experience, adequate personnel per shift, and inservice training programs were ranked highest on the deficiency scale. However, administrative nurses placed pay differential for education, inservice training programs, and written personnel policies as being the most deficient. Administrative nurses generally expressed fewer deficiencies than the occupational nurses.

According to Benton and White (1972), the higher the overall importance of factors perceived as important to an occupational group, the less likely the group was to express a feeling of deficiency or dissatisfaction. In general, nurse administrators had the highest feeling of importance for all factors and the lowest feelings of deficiency. The investigators concluded that by identifying job factors perceived by the nurse as most important and areas having the greatest deficiencies, hospital management can increase employee performance by identifying and reducing factors associated with job dissatisfaction and potential lowered job performance.

Godfrey (1978) surveyed nurses' degree of job satisfaction and found that helping people and the intellectual challenge or interesting work were among the greatest satisfactions in nursing. The three major areas of job dissatisfaction were unsafe practices, including dangerous understaffing and toleration and retention of incompetent nurses; poor leadership, both nursing and hospital management; and communication breakdown. Almost half of the respondents felt the greatest difficulty lies in relationships with other workers (both staff and management). An unmotivated, inefficient staff was identified as the most difficult aspect of nursing, even

though three-fourths of the nurses believed fellow nurses gave good physical care.

Communication from nursing administration to staff members in large hospitals was found to be a weak area, but received a positive rating in nursing homes and extended care facilities. Godfrey (1978) found that nursing personnel viewed administration as unresponsive to their concerns. Nurses felt forgotten in decision-making and perceived little support from nursing administration in situations of conflict. However, the majority of respondents reported at least a fair amount of trust and confidence in their immediate supervisor.

Slavitt, Stamps, Piedmont and Haase (1978) investigated occupational satisfaction in nursing in two hospital settings. They found that nurses ranked autonomy, job prestige/status, and pay as most important. The authors also found that nurses were only moderately satisfied with the autonomy component in their current jobs.

Baldonado (1980) surveyed conditions perceived to have a favorable or adverse influence on job satisfaction in hospital nurses. The author reported finding an increase in job satisfaction when staff nurses perceived having supervisor support, autonomy in decision-making, extending care, and utilizing knowledge as power.

Conditions associated with dissatisfaction included staffing patterns and insufficient time to document care, long work stretches, and temporary staff.

Donovan (1980b) studied the expectations of nurses and their present perceived job reality. The investigator found that the majority of the respondents were at least fairly satisfied with their present job. The nurses listed a sense of achievement, knowing you help others, and intellectual stimulation as factors important to them. Problem areas identified by almost half of the nurses were no input on matters concerning you, low patient care standards, and excessive demands on them. The author suggested that the gap between job expectations and satisfactions is widening.

#### Role Complexity

Kramer (1974) defined role as "a set of expectations about how a person in a given position in a particular social system should act" (p. 52). Many duties, responsibilities, and functions are incorporated into the role of nurse in any employment setting. These represent role complexity. This section will discuss role clarity and role components.



### Role Clarity

In a study concerning role clarity, Burton, Kundtz, Martin, and Pathak (1980) found that hospital managers who reported a high degree of role clarity, also perceived significantly less job tension and significantly greater overall job satisfaction. These researchers indicated that organizational communication of information with respect to role clarity for the hospital administrator is an essential ingredient in determining the degree of motivation factors, job tension, and job satisfaction.

Sherman (1980) listed the seven core tasks considered by management theorists and writers to be central to the role demands of a management position. These are planning, organizing, staffing, leading, communicating, decision-making, and controlling. The investigator studied nurses in the supervisory positions of assistant directors of nursing, supervisors, and head nurses in four large, general hospitals. The nurse participants were asked to identify which of 101 specific activity tasks they performed and how often. The core tasks of decision-making, leading, and communicating were identified as being performed most often by the managers. The author found that 44% of the participants felt that

nursing supervisors often do not have adequate understanding of their responsibilities, duties, and level of authority. Almost three-fourths (70%) said that at times, there is either too much overlap in duties or confusion between supervisory positions, as to individual responsibilities. According to the investigator, nurse managers frequently experience a great deal of frustration due to feeling inadequately prepared for the position and aggravated with organizational policy, unclear role expectations, and responsibility without corresponding authority.

### Role Components

Kulbok (1982) summarized past research findings pertaining to the complex and expanding role of the nurse administrator and developed a composite of eight characteristic roles. These include decision-maker, interdisciplinary colleague and collaborator, nursing scholar and researcher, manager of nursing service, formulator of nursing policy consistent with organizational goals, interpreter and defender of legal and human rights, counselor and teacher of nursing staff, and representative of nursing department and the institution.

Nyberg (1982) suggested two distinct roles within the role of nursing administrator. These are nurse

leader and health care system facilitator. The nurse leader role incorporates the supervision and leadership of supervisors, head nurses, and staff and student nurses. Health care system facilitator encompasses the roles of administration, planning, finance, physicians, and ancillary departments.

### Role Strain

The Director of Nursing position is one management position with complex role requirements. Continued role pressures create the potential for role strain (Goode, 1968). Role strain is described as "the difficulty that people feel in trying to carry out their role obligations" (Goode, 1968, p. 8).

Some studies involved the investigation of role strain at the administrative level in the Director of Nursing position. Arndt and Laeger (1970a, 1970b) investigated the position of Director of Nursing as a diversified role set and the relationship between specific role senders and role strain in the hospital setting. The four basic groups of potential role senders were classified as administrative supervisors, colleagues (other department heads), nursing colleagues and supervisees, and significant others (physicians, patient, and families, etc.). The investigators found a significant

frequency of daily interaction between the four classes of role senders and the directors. Three-fourths of the participants were able to identify 48 role senders they felt influenced them in their role of Director of Nursing. Colleagues (other department heads) were perceived as having the greatest influence. The authors concluded that this inferred support that the Director of Nursing position is highly diversified with regard to relevant role senders. A slight trend was found to indicate that the number of relevant role senders increased with an increase in institution size. No significant correlation between role strain and age or educational level was established. A slight trend toward less role strain was reported with greater lengths of time in the director's position.

Kingston (1972) examined variables related to role strain in the Director of Nursing in extended care facilities. The variables investigated were age, educational level, tenure as Director of Nursing, size of organization, and recent administrative turnover. The investigator found that the younger the director, the higher the perceived role strain. In addition, a higher degree of role strain was found with an administrative change in the preceding 3 months. Significant relationships

between educational level, tenure as director, size of the organization, and role strain were not found.

### Nursing Turnover and Attrition

Nurses often responded to excessive role strain by changing jobs or employment settings. Therefore, when job dissatisfaction continues, the nurse may leave nursing entirely. This section discusses turnover and attrition.

#### Turnover

Maryo and Lasky (1959) studied turnover rate in nursing personnel. They found that nurses perceived understaffing, ineffective communication, and unclear nursing personnel policies and role were three of the main problem areas associated with a high turnover rate. In addition, their survey showed that more than half of the participants felt a confusion about their professional roles.

Kramer and Baker (1971) studied nursing turnover in recent baccalaureate graduates employed in the hospital setting. Conditions within the work environment specifically were investigated. The author found that baccalaureate nurses graduated with a high professional role conception. Upon employment, the graduate learned to

increase bureaucratic role behaviors in response to environmental pressures. Attempts by nurses to retain both high professional and bureaucratic role expectations resulted in a 50% chance the nurse would leave nursing after trying several jobs in different work locales. According to Kramer (1974), reality shock results from this discrepancy between job and role expectations and employment reality.

Behling and Kosmo (1971) in investigating nursing turnover rates found that job dissatisfaction was a major contributing factor. Personal factors, which nursing and hospital administration were unable to control, were found to be related factors, also.

Maslach (1976) studied coping methods and patterns in a variety of service oriented professions including physicians, social welfare workers, clinical psychologists, child-care workers, and psychiatric nurses. The author found that all of these professional groups and perhaps others tended to cope with job stress by using a form of distancing known as burnout. Poor delivery of health and welfare services to people who need them is one obvious and serious outcome found with this coping behavior. The investigator found that burnout rates were lower for professionals who actively express, analyze,

and share their personal feelings with colleagues. The author suggested that by identifying causes of professional burnout and developing treatment approaches both job turnover and attrition could be reduced. Approaches suggested by the author included periods of withdrawal to less stressful work situations, professional support discussion groups, and formal, as well as informal, training in interpersonal skills.

Shublin (1978) surveyed past nursing literature and developed key clues and possible solutions for nursing burnout. Clues that nurses should recognize include emotional exhaustion, minor physical complaints, a negative, cynical attitude about co-workers, and total disgust for humanity and everybody. Solutions suggested by the author begin with prevention by not ignoring feelings and frustrations, by channelling frustrations to other activities, and by taking time to relax with enjoyable activities, and sharing feelings with others. According to the author, leaving a job is considered appropriate if done for positive reasons rather than negative ones.

Storlie (1979) surveyed factors contributing to burnout in the hospital setting. She found major factors included disillusionment and presence of susceptible host (the highly idealistic nurse). In addition, resignation

to the external realities of the job and to the lack of power to alter a situation were other factors associated with burnout.

Watson (1979) investigated factors nurses considered most important to remaining in a nursing position for a considerable period of time and nursing turnover. The author found that the factors identified as most influential in deciding to remain in a position were administrative support, salary, opportunity for advancement, and autonomy. The most frequently cited reasons for leaving a past nursing position were lack of formal educational opportunities, lack of administrative support, and lack of opportunity for advancement.

Clark (1980) investigated burnout in nurse administrators. A major factor leading to burnout found by the researcher was the reluctance of nurse administrators to legitimize their own right to health and well-being. Other important factors found were the use of work as a substitute for a satisfying personal life and authoritarian management methods. The author suggested prevention and treatment approaches which include communication with oneself, adequate nutritional intake, physical outlet for stress, and peer and mentor support systems.



Donovan (1980a) in studying job expectations versus reality found that income was the most common reason nurses contemplated changing jobs. Other reasons cited included greater educational opportunities, better hours, and scheduling improvements. According to the author, job expectancy for the profession as a whole is 3 years and 10 months between job changes. In addition, Donovan (1980b) suggested that one by-product of a high turnover rate is an increase in the cost to a facility for recruitment, orientation, and training of new personnel. The author reports that to attract and hire full-time nurses to staff a 450 bed hospital would cost over \$62,000 or \$866 per nurse per year. The report suggested that a hospital would pay nearly \$20,000 a year to replace nurses, who will be leaving at a rate of 31.7% per year. The author further reported that an estimated 30% of today's 1.4 million qualified and nonretired nurses are currently not working by choice.

Wolf (1981) surveyed sources of job dissatisfaction as causes of nursing turnover. She found that an increase in nursing turnover had an influence on the quality and quantity of patient care and recruitment net cost. The investigator concluded the primary causes of nursing turnover were classified as problems relating

directly to the employee, work division and responsibility, supervision and coordination, and administrative system.

### Attrition

Hallas (1980) investigated attrition within a study on job satisfaction in several different health care settings. The author found the three main problems cited by nurses in most of the work settings were inadequate staffing, poor communication, and poor administration. Nurses in hospitals and nursing homes rated poor communication and poor leadership as an equal problem in both settings. However, staffing in nursing homes was rated slightly worse than in hospitals. The investigator found that the major employment problems cited as leading to dropping out of nursing were diminishing patient contact due to increases in other work demands, inadequate salary and poor leadership, insecurity, and lack of unity. According to the author, approximately one-third of the nurse respondents held nursing leaders responsible for nursings' problems.

Wandelt et al. (1981) studied attrition in Texas. They found that nurses leave nursing due to role strain and job dissatisfaction. The three top ranked dissatisfaction factors were availability of adequate salaries,

amount of paperwork, and support given by the administrator of the facility. The authors concluded that dissatisfaction stems from the work setting, rather than nursing practice itself. The investigators suggested that shortages of nurses were found to exist where distressful employment conditions exist. In addition, when quality of patient care is compromised due to the work environment, nurses become dissatisfied with nursing. Finally, nurses in stressful as well as satisfying situations were found by the investigators as identifying nursing service administration support and clinically competent nurse supervisors essential for quality patient care.

#### Summary

Studies were discussed that identified factors within the complex role of nurse, which are potential causes of job tension and frustrations known as role strain. The majority of the studies involved the staff nurse in the hospital setting. Some research was located which investigated the relationship between aspects of role complexity and perceived role strain in management positions such as the Director of Nursing. Complex role requirements can result in excessive role strain, which fosters increases in nursing turnover and attrition.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive, correlational research study was designed to determine the relationship between perceived role complexity and perceived role strain in Directors of Nursing in skilled nursing facilities. According to Polit and Hungler (1978), this type of study is concerned with describing relationships among variables. A null hypothesis was tested. The independent variables were perceived staffing complexity, perceived relationship with administrator, and perceived role senders; the dependent variable was perceived role strain.

#### Setting

This study was conducted in two metropolitan, southwestern counties of the United States. Data for this study were obtained from questionnaires mailed to Directors of Nursing in skilled nursing facilities in the two counties. All the institutions used met the state minimum licensing standards. Institution bed capacity ranged

from 27 to 366. Ownership was varied and included corporations, hospitals, and individuals.

### Population and Sample

The target population of this study included the 43 Directors of Nursing of skilled nursing facilities in the two southwestern counties of the United States, which were listed in the state directory of long term care facilities. The list of institutions currently licensed as skilled nursing facilities was obtained by phone from the Texas Department of Health. The study sample included the 27 (63%) directors who returned the completed questionnaires.

### Protection of Human Subjects

This study met the requirements in the guidelines provided by the Human Research Review Committee of the Texas Woman's University (Appendix A). Approval was obtained from the Graduate School of Texas Woman's University (Appendix B).

A cover letter stated the purpose of the study, defined informed consent and included directions (Appendix C). The return of the questionnaires constituted informed consent.

In order to insure anonymity, a postcard was included for the Director to sign and return separately from the questionnaires (Appendix D). The returned postcard was used to indicate that a questionnaire had been returned. The entire packet was remailed to any Director who did not return a postcard within 2 weeks. The questionnaires themselves had no means of identification to the researcher.

### Instruments

Two instruments were used in this study. The first instrument, Role Complexity Inventory, was developed by the investigator (Appendix E). The instrument has four parts.

Part I of the instrument includes demographic data. The data were used to describe the sample. Questions included relate to age, educational level, length of present employment, institution bed capacity, and patient census.

Part II of the instrument contains nine statements about staffing complexity. The participant was requested to circle one of the four possible responses listed for each statement. The responses are numbered 4 to 1 respectively and correlate with "highly agree," "somewhat agree," "somewhat disagree," or "highly disagree." The

numbers were summed to obtain the score. The possible range of scores was 36 to 9. A low score indicated high role complexity.

Part III of the Role Complexity Inventory contains nine statements about the Director of Nursing's perceived relationship with the administrator. Answering, scoring, and the possible range of scores for this part is identical to Part II. A low score indicated a poor relationship and therefore high complexity.

Part IV of the instrument contains a list of 31 types of role senders with space for others to be written in. The participating Directors of Nursing were asked to check in the appropriate space, all the types believed by them to affect their role as Director of Nursing. The total number of types of role senders marked or listed is the score. A high number represented a high degree of complexity.

Internal reliability analysis produced an alpha coefficient of .73 for Part II (Perceived Staffing Complexity) of the questionnaire. An alpha coefficient of .95 was found for Part III (Perceived Relationship with Administrator).

The second instrument used was the Job-Related Tension Index (JRTI) (Kahn et al., 1964), which measured the

degree of perceived role strain (Appendix F). The participants were asked to indicate the degree to which they are bothered by 15 job-related problems. The Job-Related Tension Index is a Likert-type scale with five fixed responses possible. The director marked "never," "rarely," "sometimes," "rather often," or "nearly all the time." These responses are numbered 1 to 5 respectively. The numbers were summed to obtain the score. The possible range of scores is 15 to 17. A high score indicated a high degree of perceived role strain.

Content validity of the Job-Related Tension Index is supported by its use in research by Snoek (1966), Arndt and Laeger (1970a, 1970b), and Kingston (1972). These investigators utilized the instrument in studies concerning role strain.

Different scoring techniques and methods of analysis of the Job-Related Tension Index were found in the literature. In an industrial setting, Snoek (1966) defined high strain as a mean score of 1.6 or greater out of a possible 5. Arndt and Laeger (1970a) reported a range of mean scores of 1.6 to 3.05. A mean score of 2.27 and higher was considered to represent high role strain. Kingston (1972) reported the mean score in her study to be 41.66 out of a possible 85.



The items for the Job-Related Tension Index were developed by the University of Michigan Survey Research Center (Kahn et al., 1964). The Job-Related Tension Index was initially implemented in an intensive case study format of 53 selected individuals in six industrial locations (Kahn et al., 1964). In addition to personal interviews and other questionnaires, the participants were asked to complete this index. The Job-Related Tension Index was later administered nationwide by the Survey Research Center. The items of the index were correlated with each other and the index score. A reliability of .85 was established by the Survey Research Center (Kahn et al., 1964). Permission to use and reprint the Job-Related Tension Index was received from John Wiley & Sons, Inc. (Appendix G).

#### Data Collection

Approval was obtained from the Graduate Office of Texas Woman's University. A pilot study was conducted to establish content validity and clarity of items on the Role Complexity Inventory.

Three Directors of Nursing were mailed the Role Complexity Inventory with a cover letter and the Answer Form for Pilot Study of the Role Complexity Inventory (Appendix H). The three questionnaires and answer forms

were returned within the specified 2 weeks. Based on the recommendations of two or more out of the three, one demographic question concerning previous employment under current administrator was deleted. Otherwise, no other changes were made on Part I, Demographic Data. Based upon the suggestions of the directors, a statement concerning attendance was added to Part II, Perceived Staffing Complexity. The only other changes were minor wording changes to two statements for clarity.

No additions or deletions were made on Part III, Perceived Relationship with Administrator. Two minor wording changes were made to improve clarity. No changes were made on Part IV, Perceived Role Senders.

Changes were made as outlined above and a study packet was then mailed to the 43 Directors of Nursing. The packet contained the cover letter, the two questionnaires, the stamped, self-addressed envelope, and the stamped, self-addressed postcard. Upon completion of the questionnaires, the directors were instructed to mail them in the provided envelope. The enclosed postcard was to be signed and mailed separately.

The entire study packet was remailed to all Directors of Nursing who had not returned the designated postcard within 2 weeks. Eighteen questionnaires and 18

postcards were received within 2 weeks of the initial mailing. Therefore, 25 study packets were remailed with another cover letter (Appendix I). A total of 27 (63%) usable questionnaires were returned.

### Treatment of Data

Demographic data for Part I of the Role Complexity Inventory were analyzed to describe the sample. Frequencies and percentages were tabulated. Data for Parts II and III of the instrument were summed into subscores for the statistical analysis used to test the hypothesis. The number of check marks and write-ins for Part IV of the instrument were totalled to become a subscore for the statistical analysis used to test the hypothesis.

The Job-Related Tension Index (Kahn et al., 1964) was scored by summing the scores on the answered items. The score represented the degree of perceived role strain.

The null hypothesis was tested using multiple regression to analyze the data. A significance level of  $p = .05$  was used. Texas Woman's University computer was used for statistical analysis. The statistical package used was SPSS (Statistical Package of Social Sciences).

## CHAPTER 4

### ANALYSIS OF DATA

The purpose of this study was to determine if a relationship existed between selected aspects of perceived role complexity and the degree of perceived role strain in Directors of Nursing in skilled nursing facilities. The null hypothesis was that there was no relationship between perceived staffing complexity, perceived relationship with administrator, and perceived role senders, as measured by subscores on the Role Complexity Inventory and the degree of perceived role strain, as measured by the score on the Job-Related Tension Index in Directors of Nursing in skilled nursing facilities. The hypothesis was tested using multiple regression. This chapter describes the sample, reports findings, and concludes with a summary.

#### Description of Sample

Twenty-nine (67%) of the 43 mailed questionnaires were returned within the 4 weeks allowed. However, only 27 (63%) were usable.

Ten (37%) of the Directors of Nursing were between 31-40 years of age. Eleven (41%) were 41-50 years of age, and six (22%) were 51-60 years old. None of the participants were under 31 or 61 or over. Sixty-three percent of the directors were 41 years of age or over (Table 1).

Table 1  
Age of Subjects by Frequency  
and Percentage  
(N=27)

Age	Frequency	Percentage
21-30	0	0
31-40	10	37
41-50	11	41
51-60	6	22
69 or over	0	0

Thirteen (48%) of the participants reported the highest level of nursing education completed to be diploma education. Seven (26%) reported associate degree education and four (15%) reported baccalaureate degree education as the highest level. Three (11%) reported having a master's degree. No participant reported having

a doctorate degree. In general, 74% of the directors had less than a baccalaureate degree (Table 2).

Table 2  
Highest Level of Nursing Education of  
Subjects by Frequency  
and Percentage  
(N=27)

Education	Frequency	Percentage
Diploma	13	48
Associate	7	26
Baccalaureate	4	15
Master's	3	11
Doctorate	0	0

Five (19%) had been in their present position for less than 6 months. Five (19%) had been directors for 6 months to less than 1 year. One (3%) director had been in her position between 1 year to less than 1-1/2 years. Four (15%) reported having been in their current position for 1-1/2 years to less than 2 years and 12 (44%) for 2 years or more. Of the participants, 41% were noted to have been in their present position for 1-1/2 years or less (Table 3).

Table 3  
Length of Time in Present Position  
of Subjects by Frequency  
and Percentage  
(N=27)

Time	Frequency	Percentage
Less than 6 mo.	5	19
6 mo. to less than 1 yr.	5	19
1 yr. to less than 1-1/2 yrs.	1	3
1-1/2 yrs. to less than 2 yrs.	4	15
2 yrs. or more	12	44

In addition, the participants were asked the length of time they had worked for their present administrator as the Director of Nursing. Review of the data shows that in general, 41% of the directors had been in their present position with their present administrator for 1-1/2 years or less (Table 4).

The bed capacity reported ranged from 27 to 366. The average capacity was 146. The patient census reported was between 27 and 289 with an average of 133.

The range of scores and means for the Role Complexity Inventory was tabulated. In general, there was a

Table 4

Length of Time in Present Position with  
Present Administrator of Subjects  
by Frequency and Percentage  
(N=27)

Time	Frequency	Percentage
Less than 6 mo.	5	19
6 mo. to less than 1 yr.	4	15
1 yr. to less than 1-1/2 yrs.	2	7
1-1/2 yrs. to less than 2 yrs.	2	7
2 yrs. or more	12	45
Missing cases	2	7

wider range of scores for the aspects of perceived relationship with administrator and perceived role senders than for perceived staffing complexity (Table 5).

The range of scores for the Job-Related Tension Index was tabulated. The directors' scores in this study ranged from 18 to 50. The mean was 33.19.



Table 5  
Range of Scores and Means for Aspects  
of Perceived Role Complexity  
(N=26)

Aspects of Role Complexity	Range of Scores	Means
Perceived Staffing Complexity	11 - 27	16.39
Perceived Relationship with Administrator	9 - 30	12.54
Perceived Role Senders	8 - 33	21.73

### Findings

The null hypothesis stated that there was no relationship between perceived staffing complexity, perceived relationship with administrator, and perceived role senders and the degree of perceived role strain in Directors of Nursing in skilled nursing facilities. The correlation matrix for the regression analysis indicated that both perceived staffing complexity and perceived relationship with administrator had statistically significant, positive relationships with role strain and with each other. Perceived role senders had a

statistically nonsignificant, negative relationship with role strain (Table 6).

The stepwise regression analysis indicated that when perceived staffing complexity with a Pearson's correlation coefficient ( $r$ ) of .66 is used as the first step in the regression analysis, it demonstrated a statistically significant relationship with role strain and accounts for 44% of the variance in role strain (Table 7). When perceived relationship with administrator with a Pearson's correlation coefficient ( $r$ ) of .61 is used as the first step of regression analysis, it has a statistically significant relationship with role strain and accounts for 37% of the variance (Table 8). Since the regression analysis indicated that two of the three aspects of role complexity showed a significant relationship with role strain, the hypothesis was rejected.

#### Summary of Findings

Twenty-seven (63%) usable questionnaires were returned. Sixty-three percent of the directors were 41 years of age or over. In general, 74% of the directors had less than a baccalaureate degree. Forty-one percent had been in their present position and in that position with their present administrator for 1-1/2 years or less. The mean score for perceived staffing complexity

Table 6  
Pearson's Correlation Coefficient (r) between  
Aspects of Perceived Role Complexity  
and Perceived Role Strain  
(N=25)

	Staffing Complexity	Administrative Relationship	Role Senders	Role Strain
Staffing Complexity	1.000	0.703*	-0.265	0.664*
Administrative Relationship	0.703*	1.000	-0.108	0.605*
Role Senders	-0.265	-0.108	1.000	-0.379
Role Strain	0.664*	0.605*	-0.379	1.000

\*p = .001

Table 7  
Regression Analysis of Perceived Staffing  
Complexity on Perceived Role Strain  
(N=25)

Variable	Multiple <u>R</u>	<u>R</u> Square	<u>B</u>	Standard Error <u>B</u>	Beta	<u>df</u>	<u>F</u>
Perceived Staffing Complexity	0.66	0.44	1.24	0.29	0.66	1,24	18.94*
Constant			12.84	4.85			

\*p = .0002

Table 8

Regression Analysis of Perceived Relationship with  
 Administrator on Perceived Role Strain  
 (N=25)

Variable	Multiple <u>R</u>	<u>R</u> Square	<u>B</u>	Standard Error <u>B</u>	Beta	<u>df</u>	<u>F</u>
Perceived Relationship with Administrator	0.61	0.37	0.88	0.24	0.60	1,24	13.85*
Constant			22.13	3.28			

\*p = .0011

was 16.39, perceived relationship with administrator was 12.54, perceived role senders was 21.73, and perceived role strain was 33.19.

The null hypothesis was that there was no relationship between perceived staffing complexity, perceived relationship with administrator and perceived role senders, as measured by subscores on the Role Complexity Inventory and the degree of perceived role strain, as measured by the score on the Job-Related Tension Index in Directors of Nursing in skilled nursing facilities. A significant, positive relationship was demonstrated between perceived staffing complexity and perceived role strain and between perceived relationship with administrator and perceived role strain. In addition, perceived staffing complexity and perceived relationship with administrator were found to be significantly correlated. Perceived role senders was found to have a nonsignificant, negative relationship with perceived role strain. Therefore, the null hypothesis was rejected.

The internal reliability of Part II, Perceived Staffing Complexity, and Part III, Perceived Relationship with Administrator, of the Role Complexity Inventory was reported. The reliability of these parts of the instrument was demonstrated by an alpha co-efficient of .73 for

Perceived Staffing Complexity and .95 for perceived Relationship with Administrator. Part IV, Perceived Role Senders, was not found to be a significant predictor of role strain.

## CHAPTER 5

### SUMMARY OF THE STUDY

This study was undertaken to examine what relationship existed between three selected aspects of perceived role complexity (perceived staffing complexity, perceived relationship with administrator, and perceived role senders) and the degree of perceived role strain in Directors of Nursing in skilled nursing facilities. A null hypothesis was tested. This chapter includes a summary of the study and a discussion of the findings. Conclusions are presented and implications for nursing are suggested. Recommendations for further research are made.

#### Summary

Research has shown that job satisfaction is influenced by the amount of frustration and tension in the job (Baldonado, 1980; Godfrey, 1978). Job tension is related to role clarity (Burton et al., 1980) and to the number of role components (Kulbok, 1982). Role strain results from the complex nature of the position of Director of Nursing (Arndt & Laeger, 1970a, 1970b).



However, the literature does not address the issue of role strain in Directors of Nursing in skilled nursing facilities. Thus, this study was undertaken.

The theoretical framework was Goode's (1968) theory of role strain. The null hypothesis was that there is no relationship between perceived staffing complexity, perceived relationship between administrator and perceived role senders, as measured by subscores on the Role Complexity Inventory and the degree of perceived role strain, as measured by the score on the Job-Related Tension Index in Directors of Nursing in skilled nursing facilities.

Twenty-seven (63%) Directors of Nursing became the sample. The two instruments used were the Role Complexity Inventory and the Job-Related Tension Index. The Role Complexity Inventory was developed by the investigator and has four parts. Part I, Demographic Data, was used to describe the sample. Regression analysis was used to test the relationship between the subscores of Part II, Perceived Staffing Complexity, Part III, Perceived Relationship with Administrator, and Part IV, Perceived Role Senders, of the Role Complexity Inventory and the degree of Perceived Role Strain, as measured by the score on the Job-Related Tension Index.

Findings revealed a mean score of 16.39 for perceived staffing complexity, 12.54 for perceived relationship with administration, and 21.73 for perceived role senders. A mean score of 33.19 was obtained for perceived role strain. A significant, positive relationship between the aspects of perceived staffing complexity and perceived role strain and between perceived relationship with administrator and perceived role strain was found. In addition, a significant positive correlation was found between perceived staffing complexity and perceived relationship with administrator. A nonsignificant, negative relationship between perceived role senders and perceived role strain was found. Therefore, the null hypothesis was rejected.

Both perceived staffing complexity and perceived relationship with administrator were found to be highly correlated and significant predictors of role strain. Therefore, when stepwise regression analysis was done, the higher Pearson's correlation coefficient ( $r$ ) of perceived staffing complexity ( $r = .66$ ) was used as step one. In the present study, perceived staffing complexity accounted for 44% of the variance in role strain. The internal reliability of Part II, Perceived Staffing Complexity, and Part III, Perceived Relationship with

Administrator, of the Role Complexity Inventory, was demonstrated by an alpha coefficient of .73 for perceived staffing complexity and .95 for perceived relationship with administrator.

### Discussion of Findings

Studies investigating job satisfaction (Baldonado, 1980; Benton & White, 1972; Godfrey, 1978) have reported several factors identified by nurses as major contributors to job tension and frustration in various nursing roles. Goode (1968) described these job tensions and frustrations as role strain. One source of role strain identified by the author is that the potential for role strain increases with the complexity of role relationships. Based on the findings of a significant, positive relationship between both perceived staffing complexity and perceived role strain and perceived relationship with administrator and perceived role strain, the present study supports this theory.

Benton and White (1972) found the lack of adequate personnel to be a second-ranked job deficiency factor in their study. Godfrey (1978) reported that almost 50% of respondents felt the greatest difficulty lies in relationships with both other staff workers and management. Hallas (1980) found that staffing problems were important

concerns which were worse in nursing homes than in hospitals. Analysis of the findings of the present study by regression analysis showed that perceived staffing complexity and perceived relationship with administrator had a statistically significant influence on perceived role strain. Therefore, since the null hypothesis was rejected, these findings supported those of previous studies, also.

Arndt and Laeger (1970a) studied the relationship between the position of Director of Nursing and role strain. They suggested that the Director of Nursing position is a diversified role set and that the role set is influenced by the frequency of interaction with role senders. A nonsignificant, negative relationship was found between the aspect of perceived role senders and perceived role strain in the present study. Therefore, the findings in the current study did not support the previous research.

Re-examination of Part IV, Perceived Role Senders, of the Role Complexity Inventory, revealed that data concerning types of perceived role senders were requested, not the number or frequency of interaction with role senders. In addition, the scoring technique for Part IV differed from that of Part II, Perceived

Staffing Complexity, and Part III, Perceived Relationship with Administrator. Therefore, due to these methodology problems, the probability that the theory was not truly tested is very strong.

In this study, the range of scores for Perceived Role Strain (Job-Related Tension Index) was 18 to 50 with a mean of 33.19. However, since analysis and scoring techniques have differed among previous investigators (Arndt & Laeger, 1970a; Kingston, 1972; Snoek, 1966), direct comparisons cannot be made.

### Conclusions and Implications

Conclusions from this study are:

1. As suggested in the literature, perceived staffing complexity and perceived relationship with administrator are useful as predictors of perceived role strain in Directors of Nursing in skilled nursing facilities. However, they are not additive. Therefore, if analyzed together on role strain, their ability to predict role strain does not increase.

2. Part II, Perceived Staffing Complexity, and Part III, Perceived Relationship with Administrator, of the Role Complexity Inventory, are reliable measures of perceived role complexity and considered useful for further research.

Implications for nursing from this study include:

1. The Director of Nursing position in skilled nursing facilities is a complex role; therefore, the directors need to develop approaches and methods to reduce this role complexity.
2. Directors of Nursing in skilled nursing facilities might consider delegation of staffing responsibilities as one approach to reducing perceived role complexity and, therefore, role strain.
3. Directors should continue to develop the aspect of their role which pertains to relationships with the administrator.
4. Administrators should investigate approaches and methods for reducing complex or strained relationships with the Director of Nursing.

#### Recommendations for Further Study

Recommendations for further study are:

1. Further research be conducted to examine role complexity in a variety of settings.
2. This study be repeated using a random sample.
3. Further investigation be done concerning the relationship between the type and number of role senders and role strain.

4. Other aspects of role complexity be studied in relation to role strain.

## APPENDIX A



PROSPECTUS FOR THESIS  
APPROVAL FORM

This proposal for a thesis by Fern Pietraschke, RN, BS  
\_\_\_\_\_ and entitled Nurse Role Complexity  
and Role Strain in Skilled Nursing Facilities

\_\_\_\_\_ has been successfully defended and approved by the members of the Thesis Committee.

This research is   X   is not        exempt from approval by the Human Subjects Review Committee. If the research is exempt, the reason for its exemption is         
this study meets the qualifications for Category I of the  
Health and Human Services Regulations incurring no risk  
to the subject.

Thesis Committee: Margaret Mc Elroy, Chairperson

Shirley M. Ziegler, Member


Helene A. Bush, Member

Date: 3-9-83

\_\_\_\_\_, Dean, College of Nursing

Date: \_\_\_\_\_

## APPENDIX B

**TWU**  **Texas Woman's University**  
P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757  
THE GRADUATE SCHOOL

May 9, 1983

Miss Fern Loretta Pietraschke  
1111 O'Conner #212  
Irving, TX 75061

Dear Miss Pietraschke:

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

Sincerely yours,

*Robert S. Pawlowski /RSW*

Robert S. Pawlowski  
Provost

dh

cc Mrs. Margaret McElroy  
Dr. Anne Gudmundsen

## APPENDIX C

Dear \_\_\_\_\_

I am a graduate student enrolled at Texas Woman's University. Currently, I am conducting research for my thesis. I would appreciate it if you would assist in this research by completing the enclosed questionnaires.

My study is concerned with the relationship between role complexity and role strain. Current nursing literature identifies many factors that may affect the role of the Director of Nursing. The enclosed questionnaires ask you to indicate your opinion concerning three of these factors. There are no right or wrong answers to any questions or statements.

As only group data will be reported, you will not be identified in the study. However, your opinion is very important. The questionnaires take about eight minutes to complete. Please do NOT sign your name on the questionnaires.

RETURN OF THE COMPLETED QUESTIONNAIRE WILL CONSTITUTE INFORMED CONSENT TO ACT AS A SUBJECT IN THIS STUDY.

Please return the questionnaires by June 1, 1983. Further directions are included with each questionnaire. Return the questionnaires in the provided envelope. The enclosed postcard should be signed and mailed separately from the questionnaire.

Your prompt participation is very much appreciated.

Thank you.

Sincerely,

Fern Pietraschke, R.N.

## APPENDIX D

Please sign your name below and mail this postcard separately from the questionnaire. This will indicate that you have completed and mailed it.

Thank you for your assistance with this study.

\* \* \* \*

I have returned a completed questionnaire to you.

---

Director of Nursing

## APPENDIX E



COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE  
CONSTRUED AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS  
STUDY

### ROLE COMPLEXITY INVENTORY

#### Part I. Demographic Data

Directions: Place a checkmark (✓) on the appropriate  
line for each item.

1. To which age group do you belong?  
\_\_\_\_\_ 21-30  
\_\_\_\_\_ 31-40  
\_\_\_\_\_ 41-50  
\_\_\_\_\_ 51-60  
\_\_\_\_\_ 61 or over
2. What is the highest level of nursing education that  
you have completed?  
\_\_\_\_\_ Diploma  
\_\_\_\_\_ A.D.  
\_\_\_\_\_ B.S.  
\_\_\_\_\_ M.S.  
\_\_\_\_\_ Doctorate
3. How long have you been in your current position as  
Director of Nursing?  
\_\_\_\_\_ less than 6 months  
\_\_\_\_\_ 6 months to less than 1 year  
\_\_\_\_\_ 1 year to less than 1-1/2 years  
\_\_\_\_\_ 1-1/2 years to less than 2 years  
\_\_\_\_\_ 2 years or more
4. How long have you in your current position as  
Director of Nursing worked for the present  
administrator?  
\_\_\_\_\_ less than 6 months  
\_\_\_\_\_ 6 months to less than 1 year  
\_\_\_\_\_ 1 year to less than 1-1/2 years  
\_\_\_\_\_ 1-1/2 years to less than 2 years  
\_\_\_\_\_ 2 years or more

Directions: Please answer the following questions in  
the space provided.

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE  
CONSTRUED AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS  
STUDY.

5. What is the bed capacity of your institution? \_\_\_\_\_

6. What is your patient census as of today? \_\_\_\_\_

## Part II. Perceived Staffing Complexity

Directions: Indicate the extent to which you agree  
with the following statements by circling  
the appropriate number, using the follow-  
ing key.

Key:            Highly agree            -- 4  
                 Somewhat agree        -- 3  
                 Somewhat disagree    -- 2  
                 Highly disagree       -- 1

- 
- |   |   |   |   |   |
|---|---|---|---|---|
| 1. My institution is of an appropriate<br>or manageable size.   | 4 | 3 | 2 | 1 |
| 2. The institution is filled to<br>capacity most of the time.   | 4 | 3 | 2 | 1 |
| 3. The total allotted number of<br>nursing personnel is appropriate<br>to the bed capacity of the<br>institution.                                   | 4 | 3 | 2 | 1 |
| 4. Considering all nursing personnel,<br>staff members are seldom absent<br>from scheduled duty.  | 4 | 3 | 2 | 1 |
| 5. There are seldom any vacant staff<br>positions.  | 4 | 3 | 2 | 1 |
| 6. The allotted number of positions for<br>the R.N. category is appropriate to<br>the type of care required by the<br>patients in this institution. | 4 | 3 | 2 | 1 |

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE  
CONSTRUED AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS  
STUDY.

7. The allotted number of positions for the L.V.N. category is appropriate to the type of care required by the patients in this institution. 4 3 2 1
8. The allotted number of positions for the nurse assistant category is appropriate to the type of care required by the patients in this institution. 4 3 2 1
9. I spend a greater percentage of my time than I believe I should in staffing activities. 4 3 2 1

### Part III. Perceived Relationship With Administrator

Directions: Indicate the extent to which you agree with the following statements by circling the appropriate number, using the following key.

Key:            Highly agree            -- 4  
                  Somewhat agree        -- 3  
                  Somewhat disagree    -- 2  
                  Highly disagree       -- 1

- 
1. I have the responsibility for the development of policies of the nursing department. 4 3 2 1
  2. I have the opportunity to participate in the development of institutional policies. 4 3 2 1
  3. I have regularly scheduled meetings with the administrator. 4 3 2 1
  4. The administrator is available for unscheduled meetings when necessary. 4 3 2 1

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE  
CONSTRUED AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS  
STUDY.

- |    |  |   |   |   |   |
|----|--|---|---|---|---|
| 5. | I have the responsibility for the organization and management of the nursing department. | 4 | 3 | 2 | 1 |
| 6. | I know what the administrator expects of me.   | 4 | 3 | 2 | 1 |
| 7. | The administrator understands day to day reality in the nursing department.              | 4 | 3 | 2 | 1 |
| 8. | The administrator has knowledge of what occurs in the institution.                       | 4 | 3 | 2 | 1 |
| 9. | In general, the administrator supports me as Director of Nursing.                        | 4 | 3 | 2 | 1 |

#### Part IV. Perceived Role Senders

Directions: Please check the appropriate spaces below to indicate those persons you believe affect your role as Director of Nursing in your current job situation.

- ( ) administrator
- ( ) medical director
- ( ) attending physicians
- ( ) assistant director of nursing
- ( ) R.N. supervisor
- ( ) L.V.N.
- ( ) nurse assistant
- ( ) unit secretary
- ( ) food service supervisor
- ( ) dietitian
- ( ) cook
- ( ) laundry supervisor
- ( ) maintenance supervisor
- ( ) housekeeping supervisor
- ( ) pharmacist
- ( ) physical therapist
- ( ) speech therapist
- ( ) occupational therapist

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE  
CONSTRUED AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS  
STUDY.

- ( ) bookkeeper or accountant
  - ( ) receptionist
  - ( ) medical records clerk
  - ( ) central supply director
  - ( ) social worker
  - ( ) activity director
  - ( ) personnel director
  - ( ) salespersons (supplies & equipment)
  - ( ) patient
  - ( ) patient's family
  - ( ) volunteers
  - ( ) temporary agency directors
  - ( ) facility consultants, how many? \_\_\_\_\_
  - ( ) other (please list) \_\_\_\_\_
- 
- 
- 
- 
-

## APPENDIX F

Job-Related Tension Index

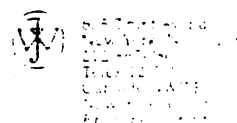
An example of this copyrighted instrument may be  
obtained from the following source:

John Wiley & Sons, Inc.  
605 Third Avenue  
New York, New York 10158

## APPENDIX G



John Wiley & Sons, Inc. Publishers



April 1, 1981

Ms. Fern Pietraschke  
1111 N. O'Connor #212  
Irving, Texas 75061

Re: Your request dated March 24 and <sup>telephone conversation of February 6</sup> for permission to reprint 70 copies of the questionnaire entitled, "Job-Related Tension Index", from Kahn et al., ORGANIZATIONAL STRESS: STUDIES IN ROLE CONFLICT AND AMBIGUITY, to be used in research for your thesis.

A copy of your request is attached.

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*Donald Glawn*  
fr Joan K. Lince  
Permissions Manager

## APPENDIX H

Dear \_\_\_\_\_

Thank you for agreeing to assist me with my thesis research. My study is concerned with the relationship between selected characteristics of role complexity and perceived role strain in Directors of Nursing in Skilled Nursing Facilities. Current nursing literature identifies many factors that may affect the role of the Director of Nursing. I have selected three of the factors identified for investigation in my study.

The hypothesis I will be testing is: There is no relationship between perceived staffing complexity, perceived relationship with administrator, and perceived role senders, as measured by subscores on the Role Complexity Inventory and the degree of perceived role strain, as measured by the score on the Job-Related Tension Index in Directors of Nursing in Skilled Nursing Facilities.

One of the instruments to be used in my study is the Role Complexity Inventory. I am conducting this pilot study to establish content validity and clarity of questions. Enclosed is the four part questionnaire and four corresponding answer forms.

As you read through the questionnaire, please complete the corresponding answer form. Directions are included on each page.

Please return in the enclosed stamped, self-addressed envelope within two weeks.

Thank you for your time and assistance.

Sincerely,

Fern Pietraschke, R.N.

ANSWER FORM FOR PILOT STUDY  
OF  
ROLE COMPLEXITY INVENTORY

Part I. Demographic Data

Directions: For each question on the Demographic Data section of the questionnaire, please check ( ) YES or NO in response to the two questions listed below. If any response is NO, your suggestions would be appreciated.

Question Number	Is this question valid for measuring demographic data?	Is the question worded clearly?
1.	YES _____ NO _____	YES _____ NO _____
2.	YES _____ NO _____	YES _____ NO _____
3.	YES _____ NO _____	YES _____ NO _____
4.	YES _____ NO _____	YES _____ NO _____
5.	YES _____ NO _____	YES _____ NO _____
6.	YES _____ NO _____	YES _____ NO _____
7.	YES _____ NO _____	YES _____ NO _____

Comments:

## ANSWER FORM FOR PILOT STUDY

Part II. Perceived Staffing Complexity

Directions: For each statement on the Perceived Staffing Complexity section of the questionnaire, please check ( ) YES or NO in response to the two questions listed below. If any response is NO, your suggestions would be appreciated.

Statement Number	Is this statement valid for measuring perceived staffing complexity?	Is the statement worded clearly?
1.	YES _____ NO _____	YES _____ NO _____
2.	YES _____ NO _____	YES _____ NO _____
3.	YES _____ NO _____	YES _____ NO _____
4.	YES _____ NO _____	YES _____ NO _____
5.	YES _____ NO _____	YES _____ NO _____
6.	YES _____ NO _____	YES _____ NO _____
7.	YES _____ NO _____	YES _____ NO _____
8.	YES _____ NO _____	YES _____ NO _____

Comments:

## ANSWER FORM FOR PILOT STUDY

Part III. Perceived Relationship with Administrator

Directions: For each statement on the Perceived Relationship with Administrator section of the questionnaire, please check ( ) YES or NO in response to the two questions listed below. If any reason is NO, your suggestions would be appreciated.

Statement Number	Is this statement valid for measuring perceived relationship with administrator?		Is the statement worded clearly?	
1.	YES _____	NO _____	YES _____	NO _____
2.	YES _____	NO _____	YES _____	NO _____
3.	YES _____	NO _____	YES _____	NO _____
4.	YES _____	NO _____	YES _____	NO _____
5.	YES _____	NO _____	YES _____	NO _____
6.	YES _____	NO _____	YES _____	NO _____
7.	YES _____	NO _____	YES _____	NO _____
8.	YES _____	NO _____	YES _____	NO _____
9.	YES _____	NO _____	YES _____	NO _____

Comments:

## ANSWER FORM FOR PILOT STUDY

Part IV. Perceived Role Senders

Directions: For each of the persons listed on the Perceived Role Sender section of the questionnaire, please check ( ) all persons who are POTENTIAL role senders.

- 
- ( ) administrator
  - ( ) medical director
  - ( ) attending physicians
  - ( ) assistant director of nursing
  - ( ) R.N. supervisor
  - ( ) L.V.N.
  - ( ) nurse assistant
  - ( ) unit secretary
  - ( ) food service supervisor
  - ( ) dietitian
  - ( ) cook
  - ( ) laundry supervisor
  - ( ) maintenance supervisor
  - ( ) housekeeping supervisor
  - ( ) pharmacist
  - ( ) physical therapist
  - ( ) speech therapist
  - ( ) occupational therapist
  - ( ) bookkeeper or accountant
  - ( ) receptionist
  - ( ) medical records clerk
  - ( ) central supply director
  - ( ) social worker
  - ( ) activity director
  - ( ) personnel director
  - ( ) salespersons (supplies & equipment)
  - ( ) patient
  - ( ) patient's family
  - ( ) volunteers
  - ( ) temporary agency directors
  - ( ) facility consultants, how many? \_\_\_\_\_
  - ( ) other (please list) \_\_\_\_\_
- 
- 
- 
-

Is this list valid for measuring perceived role senders?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the wording clear? YES \_\_\_\_\_ NO \_\_\_\_\_



## APPENDIX I

May, 1983

Dear

Approximately two weeks ago, you received a questionnaire asking you to respond to various factors associated with your role as Director of Nursing. Your response represents important input about your complex role and the potential for increased role strain.

If your response is now in the mail, thank you for taking the time to express your thoughts and opinions.

As I have not yet received a postcard signed by you, may I ask you to complete the enclosed questionnaire and return as soon as possible. an envelope is provided.

RETURN OF THE COMPLETED QUESTIONNAIRE WILL CONSTITUTE  
INFORMED CONSENT TO ACT AS A SUBJECT IN THIS STUDY.

Thank you again for your time, effort and support.

Sincerely,

Fern Pietraschke, R.N.

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