

A COMPARISON OF NURSING AND NON-NURSING
SALARIES AMONG INACTIVE NURSES

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To the Provost of the Graduate School:

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SALARIES AMONG INACTIVE NURSES

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 Nursing.

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DEDICATION

This work is dedicated to my mother, Mrs. Bernice Marlow, for her belief in me and her constant encouragement; and to my sister, Sandra, for her moral support.

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A COMPARISON OF NURSING AND NON-NURSING
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ABSTRACT

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This descriptive correlational study was undertaken to determine if nursing salaries influenced nurses' decisions to leave nursing. The difference between the last nursing salary and the salary of the current non-nursing employment was determined with years of non-nursing employment controlled. Data collection was done by mailed questionnaire to randomly selected inactive nurses in Texas.

Analysis utilizing the Wilcoxon Signed-Rank test revealed that non-nursing salaries were significantly higher than nursing salaries at the 95% confidence level. A significant association was found between the importance of salary as a reason to leave nursing and the importance of salary in the choice of non-nursing employment.

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CHAPTER 1

INTRODUCTION

Each year large numbers of employed nurses are choosing to decrease the hours they work in nursing, or to leave the profession totally (Aiken, 1984; Hallas, 1980). Hallas (1980) found a 32.7% dropout rate among 3,700 Registered Nurses attending mandatory continuing education in Florida. Knopf (1983) completed a 15 year study of newly graduated nurses. She found a dropout rate of 9.6 to 32.2 percent per year.

Traditionally, nurses' satisfaction and/or dissatisfaction has been studied in connection with non-monetary factors (e.g. type of education, age, sex, organizational position, stressfulness of workplace). In the past, salary has been considered less important to nurses than other aspects of employment. In recent years, salaries of women in various professional capacities have come under scrutiny.

An economic model of nursing supply developed by Reid and Rogers (cited in Johnson & Vaughn, 1982) stated that "each 1.0 percent increase in the RN wage will eventually lead to a 1.5 percent increase in the number of entrants to

nursing programs" (p. 504). Also, a 1.4 percent decline in nursing entrants is expected for each 1.0 percent increase in the wages of female workers in general (Johnson & Vaughn, 1982). Increases in the levels of nurses' salary then have been shown to proportionally increase the number of entrants into nursing programs, while increases in the salary levels of other female workers proportionally decrease the number of entrants into nursing programs. Gulack (1983) concluded that the odds on whether or not a nurse drops out of nursing are determined by the size of the paycheck she earned. Salary may also affect the length of time a nurse remains in nursing. If salaries are inadequate to compensate for education, experience, and the worth of services the nurse performs, nurses may seek employment outside of nursing. The purpose of this study was to determine if nursing salaries were related to nurses seeking non-nursing employment.

Problem of Study

This study focused on the following question:

For inactive nurses, is there a difference in the salary rate of the last nursing employment held within the last two years and the salary rate of the current non-nursing employment?

Justification of the Problem

The nursing shortage has been believed to exist since the end of World War II with only two exceptions--1968 to 1971 and late 1980 (Johnson & Vaughn, 1982). Fralic (1980) observed that there were 250 active nurses per 100,000 population in 1950 and 500 active nurses per 100,000 population in 1979. These figures would reflect an over-supply of nurses without further analysis. Fralic (1980) further explains the nursing shortage:

Health care is distributed more widely today in an ever increasing variety of settings, and many settings use significant numbers of professional nurses. The steadily increasing older population consumes an ever greater share of nursing services. Hospitals have become "RN intensive," because today's patients require more technologically complex, intensified nursing care.

Professional nursing is increasingly viewed as an attractive educational and experiential background for a multiplicity of health-related fields such as quality assurance, regulation, health planning, risk management, and health agency administration (p. 65).

Aiken (1984) found that when salaries increased in 1966 - 1971 and 1980-1981 "inactive nurses returned to active employment, and nurses increased the number of hours that they worked" (p. 19).

The influence of salary on nursing satisfaction and dissatisfaction may be subtle as Gulack (1983) observed. He stated:

Behind these reasons [for nurses leaving the profession] lurks the matter of nursing pay. As a rule of thumb, if a nurse is relatively underpaid, she

is more likely than average to take a leave from the profession. . . . The odds on whether or not she'll actually dropout are significantly influenced by the size of her paycheck (p. 33).

Carter (1981) observed that nurses in Denver, Colorado started at "\$1,000 per year less than painters, tree trimmers, and tire servicemen" (p. 793). Brett (1983) reflected that "in terms of today's salaries, it could be said that a nurse is worth two-thirds of a lab technician or one-half of a hospital pharmacist" (p. 877). Comparatively speaking, nursing salaries do not compensate for experience, the complexity, the responsibility, and the potential liability of employment.

Nurses' salaries have been shown to be deficient in comparison to that of other professionals, blue collar workers, and the male worker in general (Godfrey, 1977; La Violette, 1982; Thomas, 1982; Webster & Webster, 1982, & Stober, 1984). Any work related variable that affects nursing satisfaction and retention of members in the profession warrants further investigation.

Turnover costs related to nurses changing jobs for salary increases and nursing dropouts are exorbitant. Hofmann (1981) calculated the 1980 cost to be \$2,500 per nurse, up \$1,900 from 1978. This figure does not include the cost of decreased productivity of resigning employees prior to their departure.

This study will hopefully reinforce the fact that nurses have needs that must be met. Salary is only one of these needs, but it may influence the nurses' dissatisfaction with other work variables and cause them to abandon or severely restrict their contributions to nursing. Nursing administrators must consider meeting the nurses' needs to decrease both turnover costs and the loss of nurses.

Theoretical Framework

Abraham H. Maslow's theory of human motivation was used as the framework for this study. Maslow (1978) developed a theory of needs which he placed in a hierarchical structure. The lower needs are physiological, safety, and social. The higher needs are ego or self-esteem and self-actualization. Maslow's contention was that lower level needs were satisfied more often than higher level needs, but no need was completely satisfied. Also, satisfaction of needs was highly dependent on the individual. However, once a need is satisfied it no longer serves as a motivator to alter behavior.

Physiological needs are the basic necessities of life (e.g. water, food, shelter, and air), all substances necessary to sustain physical life. Chronically unsatisfied basic needs cause a person to be overly

concerned with physiological matters at the expense of their other needs, which are temporarily non-existent. With the satisfaction of physical needs, attention can be placed on the next level of the hierarchy, safety needs.

Safety needs are concerned with a freedom from fear and danger; a need for security, structure, law and order and predictability of the environment. The personal life safety needs include freedom "from the hazards of life--accident, wars, diseases, and economic instability" (Hershey & Blanchard, 1982, p. 31-32). These safety needs encompass job security and safety in the work setting, along with predictability.

Social needs emerge after safety needs are sufficiently satisfied. Social needs are affiliation, love, and belongingness needs. The need to belong with a group of others and be accepted by them is usually satisfied in a social setting and the workplace (Hershey & Blanchard, 1982). If this social need is not generally satisfied, the person's energies are focused at this point, and they may go out of their way to be more likable and more accepted. Satisfaction of the social needs allows progression to self-esteem needs (Maslow, 1978).

Self-esteem needs focus on self-worth, capability, helpfulness, self-confidence, and the esteem that others

give. In discussing esteem needs, Hershey and Blanchard (1982) felt that there were two motives involved--prestige and power. Maslow (1978) stated unmet self-esteem needs invoked feelings of inferiority, weakness, and helplessness.

The final need on Maslow's hierarchy is self-actualization. Maslow (1978) felt that the self-actualization need was "the desire to become more and more what one is, to become everything that one is capable of becoming" (p. 374). What a person values most highly was what they strived to become. Therefore, Maslow realized that the higher level needs may be reversed in some individuals.

Maslow described self-actualized people as achievement motivated, people who enjoy a challenge. The challenge, however, must be within the realm of successful competition.

Money can mean whatever one wants it to. In this vein of thought, money in sufficient quantities can help satisfy any need. As people are at different levels of Maslow's hierarchy, money may have different meanings to each person at each level.

A professional person has satisfied lower level physiological, social, and safety needs. However, self-esteem and self-actualization needs are usually unsatisfied,

especially for nurses. Having needs met is a primary factor in motivating an individual to join and remain with an organization. The matter of nursing salary has become a primary concern of nurses for their livelihood and as a reflection of the organization's regard for them, their worth, and their ability.

Assumptions

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

1. All nurses have basic needs which vary individually.
2. Nurses are aware of which aspects of employment satisfy or dissatisfy them.
3. Salary plays a significant role in motivating nurses to leave or remain in nursing.

Hypothesis

The hypothesis for this study was the following:

1. For inactive nurses employed in non-nursing situations, the salary rates of their current non-nursing employment will be higher than the salary rates of their last nursing employment held within the last two years.

Definition of Terms

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

1. Inactive nurses--any Registered Nurses who have worked in nursing within the last two years, who are now employed in non-nursing fields, but are not employed as nurses as reported by the Texas State Board of Nurse Examiners (TSBNE).
2. Last nursing employment--the final full-time nursing employment of 31 hours or more a week which required the possession of a Registered Nurse license from the TSBNE to perform the expected duties of the position.
3. Non-nursing situation--any full-time employment of 31 hours or more a week which does not require the employee to possess a RN license to perform the duties of the position.
4. Current non-nursing salary--the per year salary earned from non-nursing employment as self-reported on the King Questionnaire. This amount included any bonuses, commissions, and dividends.
5. Salary rates of their last nursing employment--the per year salary earned from nursing employment as self-reported on the King Questionnaire. This amount included any bonuses, commissions, and dividends.

Limitations

The following were limitations of this study:

1. Findings were limited to the geographic location studied, therefore generalizations were not made.
2. No attempt was made to control attribute variables such as age, gender, or education.

Summary

This study attempted to expose the inequity in nurses' salaries as compared to non-nursing salaries. This information may be useful to nurses and administrators who are involved with or affected by nursing budgets, and may provide justification for more liberal nursing budgets. Maslow's theory of human motivation was the framework of this study. Also included in this chapter were the hypothesis, assumptions, definition of terms, and limitations.

CHAPTER 2

REVIEW OF LITERATURE

This chapter discusses nurses' salaries from several aspects. Salaries were viewed from a retrospective point of view, through history. The discussion was divided into 3 parts--Pre-Nightingale, Nightingale, and Post-Nightingale periods. This section ended with a discussion of collective bargaining and its influence on salaries.

The next section compared current nursing salaries with current non-nursing salaries. Possible reasons for discrepancies in dollar amounts were explored with an emphasis on theories affecting or explaining nursing salaries. Studies which compared nurses' salaries while active in nursing to their salaries after employment in non-nursing situations were not found. Comparable worth was discussed. Finally, this chapter explored reasons why nurses chose to leave nursing.

For the purpose of this review of literature, the term salary was the same as cited in the definition of terms. Authors used the term salary synonymously with the terms wage, earnings, pay, stipend, remuneration, and fees. These terms and salary were used interchangeably.

The Pre-Nightingale Period and Nurses' Salaries

From the earliest time to approximately 1689, nursing was considered one of the few acceptable ways for women to earn a living (Delougherty, 1977). Nurses for the community came from private homes. As women became known for having skill in caring for the sick, their services were sought by others outside the family. No payment was given in these circumstances as nursing was done for humanitarian reasons.

Christianity was a major influence in the concern shown the sick, the poor, the physically disabled, and social outcasts (Culver, 1978). A life was worth very little until Christianity spread as the care given the sick reflected. A number of religious orders provided most of the nursing care and were well known for their work in the community. Women later earned wages by caring for the sick supplementing their income by sewing and teaching. Nursing was valued highly by the community and special funds were created to assist the nurses with their support. During the period from the end of the 17th century to the middle of the 19th century, nursing went into a "dark period" and lost the high regard society held for it. Green (1968) claimed that the "dark period" resulted from the Reformation, during which religious orders were eliminated from hospitals. Singer and Underwood (1962) commented that

"the salary of a nurse was 5 Pounds a year," (approximately \$12.00)(p. 702).

During the 18th century, advances were made in many areas. British philanthropists built numerous hospitals. Improvements were made in sanitation and disease prevention. "Yet, during this period, the status of nurses and the standard of nursing actually declined" (Bingham, 1979, p. 14). Bingham reported 12 hour duty days, no holidays, and no days off. Also the records showed nurses were reprimanded or dismissed for "drinking, insolence, lack of discipline, absenteeism, thieving, or soliciting payment from the patient" (1979, p. 15). No respectable women were sought or hired. The typical nurse was elderly, illiterate, and drunk (Deloughery, 1977).

The London Hospital opened in 1740, yet the first two nurses weren't hired until 1742. The "day" nurse was hired for 14 Pounds a year, while the "night" nurse was hired for 9 Pounds a year. However, when both nurses were actually working in 1743, their salaries were less than 50% of what they contracted for (Bingham, 1979). Despite the breach of contract, both nurses accepted the employment. In regard to salary, Delougherty (1977) stated the nurses':

Pay was poor; if she had to provide only for herself, she could perhaps eke out a miserable living; but if

she had children or other dependents to support, her pay was entirely insufficient, and she was forced to supplement it in any means available in order to survive (p. 24).

During this time, nursing was performed by those women who were unable to earn a living in any other way, usually former prisoners or the elderly. Women had few personal rights during this period. At a time when medicine was making tremendous discoveries, women were fighting for suffrage and other basic rights which men already enjoyed.

The Nightingale Period and Nurses' Salaries

Deplorable care remained a societal problem in England through 1860. During the time of Florence Nightingale's interest in nursing care, it was still socially unacceptable for respectable women to choose nursing as a career. Ms. Nightingale had definite ideas about how to improve the image of nursing. As a result of her success in the Crimean War, she possessed the influence and financial resources (\$220,000) to make changes in nursing (Kalish & Kalish, 1978).

Florence Nightingale has been credited by several authors with causing a very significant reform in nursing (Bingham, 1979; Culver, 1978; Green, 1968; Singer & Underwood, 1962); however, her efforts and thoughts on the economic status of nurses were not generally recognized. Nightingale was an advocate for a decent wage for nurses.

She saw nursing as a vocation which would earn nurses "independence, respect, satisfaction and reasonable or . . .substantial financial rewards" (Bingham, 1979, p. 67).

Nightingale was the first person to pay student nurses during their education. In 1850 her students were given food, lodgings, tea and sugar, one free uniform, free washing, and 10 Pounds a year. If a student was considered worthy of hire, after her education was completed, she was able to contract for 20 Pounds a year plus food and lodging for a five year period (Bingham, 1979).

In her proposal to the British armed forces, before her nursing school was formed, Nightingale recommended that nurses for hospitals be paid on a middle salary range if they were ill-suited for a promotion to head nurse. She also recommended a small yearly raise, or larger raises be given every ten years for all nurses whose employment was satisfactory (Seymer, 1954).

Nightingale proposed that head nurses in civil hospitals should be paid 50 Pounds a year and be given one or two rooms for residence as part of the pay package. She argued that pensions be given nurses due to the demanding nature of the work required of them. The pensions, she felt, should start after ten years of service and increase with every subsequent five years of service (Seymer, 1954).

After her school was started, Nightingale paid a matron, a resident medical officer, and Sisters to instruct the nursing students. The matron was paid 100 Pounds a year, the medical officer 50 Pounds yearly, and the sisters were paid 10 Pounds yearly (Bingham, 1979) in addition to their regular salaries from the hospital (Dolan, Fitzpatrick, & Herrman, 1983).

The salaries paid to Nightingale's nursing staff and the introduction of a pension and yearly wage increases were unusual to the world of working women. The salaries paid by Nightingale to her staff were high in comparison to the prevailing wages of the time. Also, Nightingale introduced the concept of pensions and yearly wage increases which were new for women and highly beneficial to her nurses (Seymer, 1954).

Nurses' Salaries in the United States

During the Civil War, 1861-1865, nurses were employed in the north by the War Department. Dorothea Dix, as superintendent of nurses, required nurses to be less than 30 years old, plain-looking, with common sense and good morals. Dix's restrictions excluded large numbers of women determined to help the soldiers, wives and family members, who served without compensation. The government paid two salary rates--one meal a day plus \$10 a month for Black

nurses and \$12 a month for Caucasian nurses (Kalish & Kalish, 1978).

After the war was over, Civil War nurses worked toward the establishment of training schools for nurses. The first training school for nurses in the United States was the New England Hospital for women and children opened July 1862. Students were paid a small wage and given board and laundry after the successful completion of the first month of training. Students were paid from \$1 to \$4 per week in 1872 after the school expanded. Hospital administrators determined the dollar value of jobs (Dolan et al., 1983).

Nursing schools opened in other areas of the United States. The New York Training School, later renamed Bellevue Training School, opened May 24, 1873, was the first school patterned after Florence Nightingale's school in England. Students were instructed in a two-year course (Dolan et al., 1983). In 1862, before the Boston Training school (the second school patterned after Nightingale) was opened at the Massachusetts General Hospital, nurses were paid \$7.50 a month and head nurses were paid \$12 a month for working from 5 A.M. to 9:30 P.M. (Dolan et al., 1983). Linda Richards, as director of the nursing school, was paid \$600 a year (Kalish & Kalish, 1978).

At the third school patterned after Nightingale, the Hartford Hospital Training School, students were paid \$10 a month for one year and \$14 a month for the second year, plus board, laundry, and medical care for both years (Dolan et al., 1983; Kalish & Kalish, 1978).

Schools of nursing based on the Nightingale system were initially financially independent from hospitals. As their support from philanthropic organizations diminished, schools became the nursing service of the hospitals with which they were associated (Dolan et al., 1983).

The Post-Nightingale Period and Nurses' Salaries

This period included factors that influenced nursing salaries from the late 1800s to the current day. Salaries increased more quickly during this period. Also nurses were more actively involved in making changes in their working conditions.

In the late 1800s nurses were trained by hospitals in exchange for their labor. The hospital benefitted by having a cheap and continuous supply of labor. The student benefitted by obtaining a means of support without a large monetary outlay. The instruction of students was secondary to hospital needs (Kalish & Kalish, 1978) and the students were more employees than students. In the early 1900's nurses were forced to find employment with the public

because the hospitals that taught them wouldn't hire them (Baer, 1985). Two main reasons prevail in the literature. First, the quality of instruction varied and was generally of poor quality. Second, nursing students were plentiful, less expensive employees, and easier to control as employees than trained nurses.

Many nurses sought employment in homes. Working conditions in private homes were less than desirable. Nurses were neither family nor servants, and were therefore in a peculiar position. The hours were long (nurses were on duty 24 hours a day) and the pay minimal, "eight dollars a day or fifty-eight dollars a week" ("Calls Nurses' Charges," 1925, p. 140). However, higher charges were permitted for contagious cases; a rate of ten dollars a day was charged. Nurses earned the same wage as a laundress or charwoman (Ross, 1926).

Nurses were poverty stricken. Conditions were worsened by the nurses lowering their fees to help patients who were financially unable to pay the usual fee. The general public was unaware of the nurses' plight.

Nurses worked for one family or patient at a time, and that family provided the nurse's entire income. Physicians, on the other hand, maintained as many patients as they could manage. Physicians were of the opinion that

nurses were highly unreasonable in their requests for higher salaries. One physician commented that a nurse who requested a higher salary "Shows in her attitude both to the family and to the attending physician a false idea of her position and of the duties required of her" ("The Nurses' Trust," 1912, p. 12).

In addition to low salaries, unemployment for long periods of time was a serious problem for nurses. Nurse leaders recommended a central nurse registry in hope of providing continuous work for nurses and affordable care to the public. Registries were formed; however, they did not function according to the nurse leaders' expectation. First, the nurses earnings were lowered due to additional monetary outlays for registration fees and commissions to the registries. Second, charges to the family/patient increased.

A third problem was that well prepared nurses were competing with hospital based students and "nurses" from correspondence schools and diploma "mills" who charged less and were inadequately trained. Hospital managers charged full fees for the students they provided to the patient and kept the entire fee (Lydston, 1904).

The depression of 1940 had a widespread effect on where nurses worked. Employment shifted from the private

sector to the hospitals because nurses were unable to support themselves due to widespread unemployment in the population. Hospitals hired nurses and gave them room and board in exchange for their labor. The hours worked were limited to provide more work for those nurses still unemployed. At first, nursing salaries were identified on the hospital bills. However, the public complained that nursing was too costly. As a result, hospitals concealed nurses' salaries in the room rate (Bullough & Bullough, 1978).

Large numbers of nurses were used in the World War II effort. After the war was over, practical nurses and nurses aides or orderlies were employed by hospitals in an attempt to decrease the number of Registered Nurses they employed. At this time the average nurse earned about \$40 per 40 hour week (Nurses' Pay Low, 1947).

In 1944 the American Nurses' Association (ANA) Board of Directors, as the national agency for nurses, delegated the authority to bargain with employers to state and district nurses' associations. As the result of an investigation on Registered Nurse employment, the ANA adopted an economic security program that included a no-strike policy. The following year the Taft-Hartley Labor Management Relations Act (Taft-Hartley Act) was sponsored by the

American Hospital Association and John Hopkins Hospital (Carter, 1962).

Hospitals used the Taft-Hartley Act as a reason not to negotiate with nurses. The Taft-Hartley Act combined with the ANA no-strike policy left nurses with no recourse to change employment conditions (Bullough & Bullough, 1978) except frustrated efforts to negotiate with hospital boards and appeals to the public (Schutt, 1968).

The prevailing public attitude in the 1940s was that nursing gave rewards greater than money. Physicians were not bound by the same attitudes. The editor of the New York Times ("Nurses Needed," 1948) commented that the nurses' satisfaction from employment was second only to the doctors'. He also stated:

Nursing never can be a well-paid sinecure, but it will be a sad day for civilization when there cannot be found enough men and women to fill the ranks of this needed and honorable profession, the sort who know that money alone is not the alpha and omega of existence, who know that there is a satisfaction. . . that cannot be paid for adequately in money (p. 14).

Summers (1946), as president of the Registered Nurses Guild, felt that satisfaction was not enough to offset the economic problems nurses experienced. She explained:

The registered nurse is also confronted with an economic decision. . . .to carry on and lower her own living standards even to the extent of impairing her health, or, secondly to leave the profession and seek a more lucrative vocation (p. 18).

Coe, Hart, Brown, Howell, and Banker (1946) echoed Summers comments with their own. In a letter to the New York Times they wrote:

We have no pensions and are denied social security benefits. We have never received enough wages to allow us to save for our old age. . . . Many of us are forced to live in institutions. . . . our pay is not in accord with our hours of work, our responsibilities, our long years of preparation. We are the last to receive a pay raise and the first the have salaries lowered. . . . These are the reasons why nurses are unwilling to stay in nursing or to return to it today.

The time has come when people must realize that we nurse not only because we like to nurse but also as a means of earning a living. We are not martyrs. We do not renounce worldly things.

Do not doctors receive adequate remuneration and live as others do? Why not nurses also (Coe et al., 1946, p. 22)?

Crain (1946) responded to the nurses' argument with the administrator's point of view. He felt that nurses were making demands which the hospitals were unable to meet without overburdening the patients. He remarked that the hospitals had made adjustments in the nurses' salaries within their capabilities and were unable to do more until their charges were adjusted up to cover their spiraling costs.

In 1947 nurses earned \$160 per month for hospital work and \$153 per month for private duty. The highest salary was earned by nurse educators who lived outside the hospital quarters--\$207 a month ("Nurses' Pay Low," 1947).

The first crisis resulting from the Taft-Hartley Act occurred at Kewanee, a non-profit hospital in Illinois. Nurses were making \$235 a month as a starting salary, \$79 below the state average. The patient's fees were raised in January, 1961 with the explanation from administration that the nurses were getting salary increases. Instead of raises the nurses were given the choice of "either a salary increase with a fifty per cent cut in the nursing staff, or the same salary with the same number on the staff" (Carter, 1962, p. 30). The nurses chose to keep all of their staff. In April the Kewanee nurses were given a raise of \$44 a month, then \$54 below the state average. The state association was made the official bargaining representative and recommended that nurses uncover hospital violations of the state laws and use these to force negotiations. The board initially agreed to meet the nurses, but later refused to deal with them as a group. As a result 24 nurses (half of the entire nursing staff) resigned.

The Kewanee event was significant because it happened at a small hospital in a rural area. Other incidents occurred. Nurses turned to collective bargaining as a means of negotiating salaries.

Collective Bargaining and Strikes

Hobart (1980) defined collective bargaining as a process in which an employer and employee representatives meet and discuss, in good faith, matters related to salary, fringe benefits, and other areas of employment. These discussions concluded with a written contract which was mutually binding and could not be changed except by mutual agreement.

The ANA adopted the Economic Security Program in 1946 in an attempt to provide "just" salaries for nurses. This program included a non-strike policy which was supported by all state nurse associations. The program was based on the assumption that employers would cooperate and make fair salary settlements with nurses (Kalish & Kalish, 1978; Schutt, 1968). Miller (1980) stated that nurses expected to be able to exert personal influence on employers to effect changes. However, employers were found to be more interested in capital investments than increasing nurses' salaries.

Hospital managers felt that they did not have to bargain salaries and benefits with nurses because of the Taft-Hartley Act of 1947. The Taft-Hartley Act released non-profit hospitals from the obligation to bargain with nurses. It did not prohibit collective bargaining, but was

interpreted that way by some hospital managers who encouraged others to also refuse to bargain with their nurses (Kalish & Kalish, 1978). Hospitals were the main employers of nurses and felt secure in that position.

A study by the Department of Labor for 1946-1947 (cited in Bullough & Bullough, 1978) "indicated the nurses worked longer hours, did more work, carried more responsibility, received less overtime pay, had fewer fringe benefits, and were paid lower salaries than most workers in industry or in comparable occupations" (p. 207). Nurses were aware of this and made numerous attempts to negotiate with hospitals to rectify the situation. They soon found that they were attempting to bargain from an extremely weak position (Bullough & Bullough, 1978; Kalish & Kalish, 1978).

After 1947, nurses used mass resignations at the Union Hospital in Eureka, California to settle a dispute over salary demands (Kalish & Kalish, 1978). In 1961, at Kewanee Public Hospital, Kewanee, Illinois, a similar incident occurred over substandard salaries and extended working hours (Carter, 1962; Peters, 1961).

Nurses in California and Pennsylvania, dissatisfied with the progress of negotiations and their earnings, anathematized the ANA's no-strike policy in 1966. The ANA renounced its own no-strike policy in 1968, as the

result of pressure from the state nurses' associations (Bullough & Bullough, 1978).

Hospital managements found it necessary to closely observe nurses' strike actions. Some hospital administrators used this information to avoid strikes at their own institutions (Miller, 1980). After the idea became more acceptable to nurses, strikes occurred with more frequency. Miller and Dodson (1980) reported more than 103 incidents of work stoppage and 60 incidents of threatened work stoppage between 1960 and 1974. Miller and Dodson suggested that work stoppages and mass resignation were strikes; that the different terms were used until the term strike was acceptable. Miller (1980) concluded that "quick settlements often resulted after only a short period of negotiations when, prior to the strike or mass resignation, fruitless negotiations had been going on for many months" (p. 97).

Prior to 1969 there were 31 mass resignations and 40 work stoppages, compared to 32 strikes between 1969 and 1980 (Miller & Dodson, 1980). Although motivation for only 80 of the 103 strikes was found, 41 cases were motivated by wage or salary inequity. There were only 19 incidents

professionals (Rhien & Chang, 1981; Webster & Webster, 1982).

Irregular or discontinuous employment should be paid more than employment that is uninterrupted (Webster & Webster, 1982). The authors argued that the low rate of participation in nursing by its members, due to family reasons, made nurses' work periodical. This viewpoint was unique in the literature.

The degree of risk refers to the number of members of the profession that are not employed in that profession, or the probability of success or failure of a person entering the profession. The higher the failure rate, the higher the rate of compensation should be. Webster and Webster (1983) presented inactive nurses as failures. The authors stated that only 30% of all qualified nurses are working, and of these 40% are working only part-time.

Webster and Webster (1982) argued that employment requiring more educational preparation should pay more than employment requiring less educational preparation. The preparation time would then be paid for along with the level of expertise obtained.

The final argument was the amount of trust placed in the employee. Originally the amount of trust concept was applied to employees who dealt with large sums of money.

Later interpretations expanded to include the "seriousness of the error". Webster and Webster (1982) argued that nurses are in a position of great trust and should be paid accordingly.

Greenleaf and Stevenson (1984) found that nurses' earnings were not consistent with the labor market. They emphasized that for salaries to be controlled by the market four conditions must prevail. First, "there must be many small buyers and sellers and they must remain small" (Greenleaf & Stevenson, 1984, p. 58). Hospitals were found by Fralic (1980) to employ the majority of all nurses, 61.4%. Greenleaf and Stevenson (1984) described nurses' employment as confined to an oligopsonistic market, one in which "a few firms control all the jobs in a specific industry" (p. 58). Several authors agreed that an oligopsonistic market has been inefficient in producing correct prices based on prevailing market conditions (Greenleaf & Stevenson, 1984; & Yett, 1970).

Second, "buyers [employers] and sellers [nurses] must be free to enter and leave the market at all times" (Greenleaf & Stevenson, 1984, p. 58). In other words, the nurse must be free to refuse employment if the wage is too low and the employer must be free to refuse to hire if the wage is too high. As employees, nurses may not be free to

leave the market and pursue other employment at will, especially if other jobs are not available.

The third condition is "buyers and sellers must all have perfect information about the quantity and the process of the commodity" (Greenleaf & Stevenson, 1984, p. 58). The problem for nurses was presented as two-fold. Nurses do compare salaries, but the process is costly and time-consuming. Also, nurses are not aware of hospital's staff needs.

The final condition is "there must be product homogeneity, that is, no variation in the quality of the commodity" (Greenleaf & Stevenson, 1984, p. 58). There are multiple pathways to a nursing profession, resulting in a wide variation in the quality of nurses. The authors stated that comparing different types of a commodity is difficult unless one is looking for a particular quality that the commodity has. Employers past behavior has shown that they will hire less skilled personnel to reduce costs.

Comparable Worth

Brett (1983) defined comparable worth as equal pay for jobs that are equivalent in terms of working conditions, skills, responsibilities, and effort. Jobs may not be the

same for the purpose of comparison, only similar, or of equal value to the employer.

Women have received less pay than men as far back as Biblical times (Brett, 1983). Today women generally earn less than 60% of men's wages (Carter, 1981). This trend has been reinforced by a discriminatory market and no one salary system.

Nurses, in particular, have been underpaid in the market place. Several authors commented on nurses' pay (from female occupations) as compared to pay from other employment (from male occupations) (Brett, 1983; Carter, 1981; Kurtz & Hocking, 1983; La Violette, 1982; Selby, 1984; Rothman & Rothman, 1980; & Youngkin, 1985).

No one system of salary and job content analysis has been established. However, jobs are generally compared on skill levels, supervision needed, the degree of judgment needed and the extensiveness of damage from an error in judgment, level of responsibility, public contact, and the sum of numeric points given in each area.

Comparable worth was discussed by Carter (1981). As an example of inequities between salaries, Carter cited litigation between nurses in Denver, Colorado and the city of Denver over the \$1,000 discrepancy in nurses' salaries and salaries of tree trimmers and tire servicemen.

Selby (1984) described the higher rated Nurse IV position as earning \$4,392 less than an accountant position. La Violette (1982) reported nurses' salaries at \$772 biweekly, compared to salaries of \$1,200 for mechanics. Brett (1983) described nurses' salaries as \$772 per month less than fire truck mechanics in San Jose', California, and electrical foremen who were paid \$1,429 per month more than nurses whose work was equally rated.

Nurses have unsuccessfully litigated salary increases. In the cases of *Lemons v. City of Denver*, 1975 and *Briggs v. City of Madison*, 1979, the nurses lost on the basis of a market defense (employers paid the employees the customary amount paid elsewhere). The courts recognized that discrimination "probably" occurred but took the stand that comparable worth had the potential to "disrupt the entire economic system of the United States" (Brett, 1983, p. 881). Continuing, the courts said the law was not meant to be the basis for determining rates of pay for all jobs. To date, the only legal differences in pay allowed by law for jobs are as the "of a seniority system, a merit system, a system that measures earnings by quantity, quality, or production, or a differential based on any factor other than sex" (Brett, 1983, p. 879).

Youngkin (1985) argued that sex discrimination was the least prominent cause of pay disparity between the sexes; other factors--supply and demand, experience, and education, were more prominent. He felt that comparable worth has a detrimental effect on the pay system as it exists today. Comparable worth would inactivate the free market actions of supply and demand, possibly costing businesses large sums of money. Also, according to Youngkin, current systems for the correct determination of wages are fair, practical, and already in place. No one system of job evaluation may be feasible. Finally, the removed pay incentive for low participation professions would decrease attractiveness to those needed in those professions.

Why Nurses Leave Nursing

The reasons why many nurses don't practice nursing have come from varied sources. However, few studies have been done to confirm these reports.

Hallas (1980) studied reasons why nurses left nursing, using a convenience sample of 3,700 nurses in Florida who were attending mandatory continuing education courses. Of these, 1,210 were not working as nurses although 97% held current nursing licenses. The reasons given for inactivity in nursing were: decreased patient contact due to

increasing non-nursing task demands--35%; family related problems--31%; low wages--13%; lack of unity, insecurity, and poor leadership--10%; and, potential lawsuits--1%. Further findings revealed that nurses preferred the following jobs to nursing: no employment--67%; sales and management--12%; clerical work--7%; volunteer work--6%; teaching--5%; and unspecified activity--3% (Hallas, 1980).

A 1983 study by Gulack focused on reasons why nurses left nursing employment on a temporary basis. Gulack (1983) found that family responsibilities were the most important reason indicated by the nurses in his sample, followed by burnout, pursuing more education, trying another career, and income was no longer needed by the family. Gulack (1983) found that nurses earning lower than average salaries were more likely to leave nursing and stay away for longer periods. He also found that diploma nurses were more likely to permanently leave nursing.

Kramer and Baker (1971) completed a longitudinal study of 220 BSN nurses who dropped out of nursing practice. The study was conducted over a period of three years, during 1968, 1969, and 1970. Dropout was defined as withdrawal from nursing practice for reasons other than marriage and having a family. Practicing nursing instructors were also considered dropouts if their reason for employment in

their position was a "push" away from nursing. The sample consisted of nurses who had been employed in nursing practice for 9 months to 1 year.

Summary

This review of literature discussed the initiation of nursing services for pay in the community. Nurses have been poorly paid throughout history. The American Nurses Association sought to provide guidance to nurses by adopting an economic security program. After this program failed, nurses' state associations bargained for higher salaries using mass resignations and strikes.

Nurse salaries were found to be inconsistent with the labor market. Salaries for nurses remained low despite the fact that nurse employment was rated equally to or higher than non-nursing employment.

Nurses were found to leave nursing for several reasons. The primary reasons found in this review of literature were: performing non-nursing tasks, family related problems, low salaries, and reality shock.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive correlational study was conducted using the survey method. A non-experimental design was used. This design was appropriate because no control could be exerted over the independent variables. Specifically, a nonexperimental design was appropriate if the investigator: (1) was unable to manipulate the independent variable, (2) planned only to describe the relationship between the independent and dependent variables without attempting to infer cause, and (3) could not randomly assign participants to groups (Polit & Hungler, 1978).

The independent variable in this study was the salary rate of the last nursing employment. The dependent variable was the salary rate of the current non-nursing employment.

Setting

This study was conducted in the state of Texas. The nurses' residences comprised the setting. Data collection was done by self-report mailed questionnaire in the individual's home or location of convenience.

Population and Sample

The population of this study consisted of Registered Nurses in the state of Texas who were inactive in nursing and had full-time non-nursing employment. The list of inactive nurses was obtained from the Texas State Board of Nurse Examiners.

Cluster sampling was used in this study. Cluster sampling was defined as a "successive random sampling of units" (Polit & Hungler, 1978, p. 463). All counties in Texas were numbered. Seventy counties comprising the inactive nurses' residence were chosen using a table of random numbers.

Each inactive nurse in the 70 counties was then assigned a number, and using a table of random numbers, 100 nurses' names were chosen. A mailing of 100 questionnaires was initially sent out and repeated until a minimum of 30 completed questionnaires fitting the study criteria was obtained. A simple random sampling gave each nurse in the population an equal chance of being chosen (Polit & Hungler, 1978).

Protection of Human Subjects

Permission from the Texas Woman's University Graduate School (Appendix A) was obtained before the study was conducted. This research was classified as Category I by

the requirements of Federal Guidelines and was therefore exempt from review by the Human Research Review Committee (Appendix B).

Printed on each questionnaire was the following statement: Completion and return of this questionnaire will be construed as informed consent. Confidentiality was provided by requesting that participants not place their names or identifying marks on the questionnaire. The participants' work situation was not affected.

Instrument

The questionnaire packet (Appendix C) contained a cover letter and the instrument. The instrument, the King questionnaire, was developed by the investigator and was in two parts. The first part of the questionnaire collected demographic data that was used to describe the sample in terms of age, gender, marital status, number of years employed as an RN, and current occupation.

Questions 1-6 related to demographic data. Question 4 asked for the nurses' employment status. The choices given were:

- 1 employed in a nursing occupation full-time or part-time
- 2 employed in a non-nursing occupation full-time
- 3 employed in a non-nursing occupation part-time
- 4 employed outside the field of nursing less than two years
- 5 employed outside the field of nursing more than two years
- 6 not employed or retired.

All but the second option were designed to disqualify subjects not meeting the study criteria.

The second part of the questionnaire contained 6 questions. Each question was scored separately. Information was collected about the type of non-nursing employment, the hours worked in the non-nursing employment, salaries, and the importance placed on work related variables in the nurses' choice of non-nursing employment.

Questions 7 and 10 determined the importance of nursing and non-nursing working conditions using ten work variables. The ten choices given were obtained from a review of the literature. Each question was scored separately. The importance of each variable was indicated on an ordinal scale of 1 to 10. The most important choice was represented by 1 and the least important choice was represented by 10. The only variable of interest in the study was salary. One open alternative was given for a choice that was not included, but might be important to the nurse.

Questions 8 and 9 were designed to obtain ordinal level data on salary rates for both the nursing and non-nursing employment. The rates started at \$8,000 and increased to \$52,000 with increments of \$4,999 in each

category. Numerical scores were given to each salary rate. A score of 1 represented a salary of \$8,000 - 12,999. Scores increased as salary rates increased until the final score of 12 was reached for a salary of over \$52,000. Question 11 obtained the nurses' current non-nursing profession.

Content validity was established by using a panel of judges. Content validity was defined by Treece and Treece (1977) as the opinion of expert judges that the instrument is appropriate to measure the variables of interest. The panel of judges consisted of three Registered Nurses. Two of the nurses were nursing instructors in a Master's Degree program, and the third was a staff nurse with a Bachelor of Science degree. The panel of judges was given the research question, hypothesis, and the instrument. A validity worksheet (Appendix D) was also provided for suggestions that would enhance the instrument. The worksheet corresponded numerically to the instrument and contained an area for comment. This information was mailed to the judges with a self-addressed stamped return envelope. The judges were asked to rate the instrument on simplicity and clarity of questions, and appropriateness of questions to solicit data to test the hypothesis. The instrument was revised in accordance with the suggestions provided by the panel.

Data Collection

Once approval to conduct the study was granted by the graduate school, data collection began. The questionnaire packet containing a cover letter, the King Questionnaire, and a self-addressed, stamped return envelope was mailed to 100 nurses. The mailings were repeated until a minimum of 30 completed usable questionnaires were obtained. A minimum sample size of 30 completed questionnaires was sought. Three mailings of 100 questionnaires each were done (total = 300) with a 14 day period allowed between each mailing for returns. A 39.3% return of 88 questionnaires was received with 32 questionnaires containing sufficiently complete information for data analysis. Of these, 30 (96.8%) were received before the data analysis deadline. These 30 questionnaires comprised the final sample. The most common disqualifier for the 88 questionnaires not used was non-nursing employment of longer than 2 years.

The cover letter introduced the study, provided brief instructions, and asked for the cooperation of the participants. Participants were informed that the return of the questionnaire indicated their consent to be included in the study.

Treatment of Data

Demographic data was analyzed using descriptive statistics. The summarization of data included averages, percentages, and frequency distributions.

The Wilcoxon Signed Rank statistical test was used to determine if a significant difference existed between the independent variable, nursing salary, and the dependent variable, non-nursing salary. Knapp (1985) described the Wilcoxon Signed Rank test, an analog of the Paired t-test, as comparing ranks and assessing not only the amount of change, but the direction of change. The level of significance was set at .05.

CHAPTER 4

ANALYSIS OF DATA

This descriptive correlational study was conducted to determine if a significant difference existed between the last nursing salary and the salary of the current non-nursing position of RNs who are inactive in nursing. The hypothesis of the study stated: For inactive nurses employed in non-nursing situations, the salary rates of their current non-nursing employment will be higher than the salary rates of their last nursing employment held within the last two years. A description of the sample and an analysis of the data are presented in this chapter.

Description of the Sample

The sample for this study consisted of 30 inactive nurses who were employed in non-nursing situations. Each nurse's last nursing employment was within the last two years.

Table 1 reflects the current non-nursing occupations of the sample. The most common occupations were attorney, utilization review, and business manager. Non-health care occupations accounted for 73.5% (N=22) of the non-nursing

occupations chosen. Although the non-nursing positions chosen were greatly varied, a majority of nurses (16.6%) chose law, either as an attorney or a legal assistant.

Ages of the sample ranged from 20 years to over 60 years (mode = 30-39 years) (Table 2). A majority (88%) of the nurses was female (N=27). Over one-half of the nurses was married (73.4%). Years worked in nursing ranged from 6 months to 40 years, with a mean of 10.9 years (SD = 8.9).

Table 1

Current Non-nursing Occupations Reported by the Sample

Occupation Category	Number	Percent
Health Care Related	8	26.5
Non-health Care Related	<u>22</u>	<u>73.5</u>
Total	30	100.0

Table 2
Frequencies and Percentages of Demographic
Variables in the Sample

Variable	Number	Percent
<u>Age (Years)</u>		
20-29	3	12.0
30-39	14	48.0
40-49	8	24.0
50-59	3	8.0
60 years or more	<u>2</u>	<u>8.0</u>
Total	30	100.0
<u>Gender</u>		
Male	3	12.0
Female	<u>27</u>	<u>88.0</u>
Total	30	100.0
<u>Marital Status</u>		
Single	6	22.0
Married	22	73.4
Divorced	1	3.3
Widowed	<u>1</u>	<u>3.3</u>
Total	30	100.0
<u>Years Worked in Nursing</u>		
Less than 1 year	1	4.0
1-3 years	4	16.0
4-6 years	4	16.0
7-10 years	6	24.0
Over 10 years	<u>10</u>	<u>40.0</u>
Total	30	100.0

Findings

The hypothesis of the study stated: For inactive nurses employed in non-nursing situations, the salary rates of their current non-nursing employment will be higher than the salary rates of their last nursing employment held within the last two years. Nursing salaries were within a narrow range of \$12,001 to \$36,000 with a salary level rating of 2 through 5 (Table 3). The nursing salary range reported most often, accounting for 30.0% of the sample, was \$12,001-16,000/year. Non-nursing salaries were more widely dispersed with a range of \$20,001 to over \$52,000/year. The non-nursing salary range reported most often was \$24,001-28,000, accounting for 33.3% of the sample. Because the highest level for non-nursing salaries, over \$52,000, covered an indefinite amount of salary, it was not known how much above \$52,000 these salaries were.

All of the nurses (except 3) earned more money in a non-nursing profession than they did as a nurse. One nurse's salary rate actually fell by one category. Two nurses had non-nursing salary rates equal to their nursing salary rates.

Table 3
Frequency and Percentage of Nursing and Non-nursing
Salaries Among the Sample

Salary Levels	Salary per year	Nursing No.	%	Non-Nursing No.	%
1	\$8,000-12,000	0	0.0	0	0.0
2	12,001-16,000	9	30.0	0	0.0
3	16,001-20,000	8	26.7	0	0.0
4	20,001-24,000	6	20.0	1	3.3
5	24,001-28,000	5	16.7	10	33.3
6	28,001-32,000	0	0.0	0	0.0
7	32,001-36,000	2	6.6	5	16.7
8	36,001-40,000	0	0.0	5	16.7
9	40,001-44,000	0	0.0	0	0.0
10	44,001-48,000	0	0.0	3	10.0
11	48,001-52,000	0	0.0	0	0.0
12	Over \$52,000	<u>0</u>	<u>0.0</u>	<u>6</u>	<u>20.0</u>
Total		30	100.0	30	100.0

The hypothesis stated: For inactive nurses employed in non-nursing situations, the salary rates of their current non-nursing employment will be higher than the salary rates

of their last nursing employment held in the last two years. Data were computer analyzed using the Wilcoxon Signed Rank statistical test. This analysis revealed that non-nursing salaries were significantly higher than nursing salaries, $T = 1.5$, $p \leq .05$. Thus, the hypothesis was accepted--non-nursing salary rates were significantly higher than nursing salary rates.

The data were analyzed to determine if there was an association between the importance of salary as a reason for leaving nursing employment and the importance of salary as an inducement to non-nursing employment. The Chi-square statistic was used to test this association. The findings revealed $\chi^2 (1, N = 30) = 6.65$ ($p = .01$), $p \leq .05$, indicating a significant association between the importance of salary in the nurses' decision to leave nursing and the choice of their present non-nursing employment.

Table 4
Analysis of the Importance of Salary Among the Sample

Importance of Salary as reason for Leaving Nursing	Importance of Salary in Choice of Non-Nursing Position			
	<u>Not Important</u>		<u>Important</u>	
	No.	%	No.	%
Important	5	17.0	12	40.0
Not Important	<u>10</u>	<u>33.0</u>	<u>3</u>	<u>10.0</u>
Totals	15	50.0	15	50.0

$$\chi^2 = 6.65 \text{ (} p = .01 \text{)}$$

Summary of Findings

This study was conducted to test the hypothesis: for inactive nurses employed in non-nursing situations, the salary rates of their current non-nursing employment will be higher than the salary rates of their last nursing employment held within the last two years. The independent variable was the salary rates of their last nursing employment; the dependent variable was the salary rates of their current non-nursing employment.

The Wilcoxon Signed Rank statistical test was used to test the difference between the independent and dependent variables. A .05 level of significance was specified. The findings revealed $T = 1.5$, indicating that salaries were significantly higher in non-nursing employment than salaries were in nursing employment. The findings also indicated that salary was important to nurses in their choice to leave nursing employment. The hypothesis was supported at the .01 level.

CHAPTER 5

SUMMARY OF THE STUDY

A summary of the study is presented in this chapter. Discussion of the findings and additional findings are also presented. Finally, conclusions, implications, and recommendations for further study are presented.

Summary

A nonexperimental, descriptive, correlational survey research design was used in the present study. Maslow's (1978) theory of human motivation was the theoretical framework for this study. The random sample consisted of the completed surveys of 30 inactive Registered Nurses in 70 randomly selected counties in Texas.

The King Questionnaire, developed by the researcher, was used to collect demographic and employment data. The data was computer analyzed using the Wilcoxon Signed Rank statistical test. The hypothesis was accepted at the $p < .05$ level of significance.

Discussion of Findings

In the present study, non-nursing salary levels were found to be significantly higher than nursing salary levels.

No previous research, however, was found with which to compare these findings.

Hallas (1980) found that non-nursing professions held by inactive nurses were varied, and ranged from clerical to professional positions. The present study supports these findings.

Studies by Hallas (1980) and Gulack (1983) found that among their samples, salary was not important to the decision to leave nursing. These findings are inconsistent with the findings of the present study. The majority of nurses in this study was found to place a high importance on salary in their decision to leave nursing.

The majority of nurses in this study identified salary as an important need left unfulfilled by nursing employment. The decision of these nurses to leave nursing showed a change of behavior directed toward need fulfillment. Maslow's (1978) theory of human motivation upholds that unmet needs activate behavior directed toward need appeasement.

Conclusions and Implications

Based on the findings of this study, the following conclusion was drawn:

Inactive nurses employed in non-nursing occupations earn larger salaries than those they earned while employed

in nursing. Nurses who left nursing employment viewed salary as important in their choice of non-nursing occupation.

Based on this conclusion, the following implication was made:

Nurse administrators and nurse leaders should be more involved in working toward salaries that reward for years of experience, competence and ability, and deserved recognition. The costs of recruitment and turnover could be reduced, leaving more moneys for nurse salary increases and changes in working conditions.

Recommendations for Further Study

The following are recommendations for further study:

1. Replication of this study in other states to effect broader generalization.
2. Replication of this study with the type of education (both nursing and non-nursing education) and total family income as independent variables to determine their relationship to nurses leaving nursing.

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APPENDIX A

Approval From Graduate School



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

September 11, 1985

Ms. Yvonne King
626 Thornwood Trail
Grand Prairie, TX 75051

Dear Ms. King:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,


Leslie M. Thompson
Provost

tb

cc Dr. Oneida Hughes
Dr. Anne Gudmundsen

APPENDIX B

Research Review Committee Approval

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Yvonne King R. N. BSN

_____ and entitled:

A COMPARISON OF NURSING AND NON-NURSING SALARIES AMONG
INACTIVE NURSES

Has been read and approved by the member of (~~his~~/hers)
Research Committee.

This research is (check one):

 x Is exempt from Human Subjects Review Committee
review because this study meets the qualifications for category I
of the Health and Human Services regulations incurring no risk to the
subjects.

 Requires Human Subjects Review Committee review
because _____

Research Committee:

Chairperson, Oruida Hughes

Member, Susan Brad

Member, Sandra Buckland

Date: June 1985

Dallas Campus x Denton Campus Houston Campus

APPENDIX C

Questionnaire Packet

626 Thornwood Trail
Grand Prairie, Texas 75051
October 3, 1985

Dear Fellow Nurse:

There are many conditions which affect the nurses' decision to remain in nursing. Research is one tool that we can use to aid in identifying these conditions. You can assist in this process by contributing a few minutes of your time in answering questions which reflect your experience.

A questionnaire is enclosed which asks you about your nursing and non-nursing employment. It takes less than ten minutes of your time to complete. A list containing your name was obtained from the Texas State Board of Nurse Examiners. Due to the nature of this list, you may not meet the criteria of eligibility for this study. Participation is strictly voluntary. This study determines if there is a difference between nursing and non-nursing salaries. As you answer the questions, include the cash bonuses and commissions that you received, if any.

Please note the heading: "COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE INTERPRETED AS INFORMED CONSENT TO ACT AS A PARTICIPANT IN THIS STUDY". Your confidentiality will be maintained as only group data will be reported. Please do not put your name or other identifying marks on the questionnaire.

You may contact me at (214) 262-8608 for questions or write me at 626 Thornwood Trail, Grand Prairie, Texas 75051. If you would like the results of my study, please inform me of this; otherwise, results will be available in the Texas Woman's University library. Thank you for your time. Please complete the questionnaire and return it as soon as possible, preferably within 7 days of receipt.

Very Sincerely Yours,

Yvonne King RN

Yvonne King R. N.
Graduate Nursing Student
Texas Woman's University

KING QUESTIONNAIRECOMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED CONSENT

Directions: Please check the appropriate answer.

1. Age: ____ 20 - 29; ____ 30 - 39; ____ 40- 49; ____ 50 - 59;
____ 60 years or more
2. Sex: a. ____ Male b. ____ Female
3. Marital Status:
a. ____ Married b. ____ Single (Never Married)
c. ____ Divorced d. ____ Widowed
4. I have worked in nursing for ____ years.
5. Employment Status: Please check all that apply to you.
a. ____ I am currently employed in nursing fulltime or part-time.
b. ____ I am currently employed in a non-nursing occupation fulltime.
c. ____ I am currently employed in a non-nursing occupation part-time.
d. ____ I have been employed outside the field of nursing for less than two years.
e. ____ I have been employed outside the field of nursing for more than two years.
f. ____ I am not employed or I am retired.

IF YOUR EMPLOYMENT STATUS WAS "a", "c", "e", OR "f" PLEASE RETURN THE QUESTIONNAIRE WITHOUT ANSWERING THE REMAINING QUESTIONS.

6. I am working in a field other than nursing:
a. ____ Full-time (31 - 40 hours a week)
b. ____ Part-time (30 or less hours a week).

7. Which of the following influenced your decision to leave nursing?
Please rate the following choices from 1 to 10.
1 = Most important 10 = Least important

<input type="checkbox"/> Heavy workloads	<input type="checkbox"/> Possibility of involvement in legal
<input type="checkbox"/> Hospital politics	<input type="checkbox"/> suit
<input type="checkbox"/> Lack of patient contact	<input type="checkbox"/> Salary inadequate
<input type="checkbox"/> Required to work overtime	
<input type="checkbox"/> Not viewed as professional by others	
<input type="checkbox"/> Obtain more education	
<input type="checkbox"/> Working hours inconvenient to personal life	
<input type="checkbox"/> Other _____	

8. In my last nursing job (before deductions) I was making

a. \$ 8,000 - 12,000/year	g. \$32,002 - 36,000/yr
b. \$12,001 - 16,000/yr	h. \$36,001 - 40,000/yr
c. \$16,001 - 20,000/yr	i. \$40,001 - 44,000/yr
d. \$20,001 - 24,000/yr	j. \$44,001 - 48,000/yr
e. \$24,001 - 28,000/yr	k. \$48,001 - 52,000/yr
f. \$28,001 - 32,000/yr	l. Over \$52,000/yr

9. In my non-nursing job (before deductions) I am making

a. \$ 8,000 - 12,000/year	g. \$32,002 - 36,000/yr
b. \$12,001 - 16,000/yr	h. \$36,001 - 40,000/yr
c. \$16,001 - 20,000/yr	i. \$40,001 - 44,000/yr
d. \$20,001 - 24,000/yr	j. \$44,001 - 48,000/yr
e. \$24,001 - 28,000/yr	k. \$48,001 - 52,000/yr
f. \$28,001 - 32,000/yr	l. Over \$52,000/yr

10. Indicate how important each of the following were to you in choosing your present non-nursing employment. Rate the following choices from 1 to 10.

1 = Most important 10 = Least important

a. <input type="checkbox"/> Vacation time	b. <input type="checkbox"/> Recognition of performance
c. <input type="checkbox"/> Lower workload	d. <input type="checkbox"/> Salary
e. <input type="checkbox"/> On site child care facilities	f. <input type="checkbox"/> Fringe benefits
	g. <input type="checkbox"/> Chances of promotion
h. <input type="checkbox"/> Working hours	i. <input type="checkbox"/> Authority to accompany responsibility
j. <input type="checkbox"/> Educational opportunities	

11. What is your current non-nursing profession?

APPENDIX D

Validity Worksheet

Rating sheet

Instructions: Please read and answer each question. Use Y = Yes and N = NO in the box adjacent to each question. If you have difficulty with a question, please comment as to the nature of your problem in the comments section.

Definitions:

Clear- can the question be interpreted in more than one way?

Simple- Is the vocabulary appropriate to the study sample?

Applicable- can the respondents in the sample be reasonably expected to answer accurately?

Is question #	clear?	simple?	applicable?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

COMMENTS: