

MOTIVATIONAL NEEDS OF REGISTERED NURSES
IN PEDIATRIC SETTINGS

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CHAPTER I

INTRODUCTION

For centuries philosophers and psychologists have been studying the nature of man, attempting to determine what it is that energizes or propells man to perform certain acts, tasks, or feats. Why is it that some desire certain outcomes while others seek different ones? Why are not the same outcomes desired by all individuals? Why is it that over time these desired outcomes change? What makes one outcome more desirable than another?

There are three situations portrayed in table 1, each of which involves the same activity (work) and outcome (money/food) but the motive/need which prompts the activity is different in each. Man has a basic biological need for food to sustain life. In the first situation the representative need or motivating factor or catalyst is man's own hunger. By working man can obtain money to purchase food to satisfy his hunger. In the second situation the man's child is hungry. This brings into play a different need or drive which could be based on love and concern for the child or recognition of his responsibility in meeting the child's need for food.

TABLE 1

MOTIVATIONAL NEEDS

	Situation	Motive/Need	Action	Outcome	
#1	A man is hungry	→ Hunger	→ Work	→ Money→food	→ Need satisfied
#2	A man's child is hungry	→ Love-concern or responsibility for child	→ Work	→ Money→food	→ Need Satisfied
#3	People in India are hungry	→ Humanitarian concern or need for recognition	→ Work	→ Money→food	→ Need satisfied

Whichever, this drive serves as the catalyst to go to work which renders money to purchase food to satisfy the child's hunger and, in turn, satisfy man's need. The third situation is more abstract. If man identifies a need to aid in eliminating hunger in India, his drive or need could be one of many. Perhaps there is true humanitarian concern or it may be the recognition he could receive for donating to such a worthy cause. Whatever the basic drive, it will serve as the catalyst to produce the work which provides the money to purchase food to feed the people in India and thus satisfy man's need.

The above is a relatively simple example of Cofer's (1964) belief that all behavior is motivated and that

behavior serves the organisms' needs. Behavior is a means, not an end. The actions serve the need and the behavior is the instrument by which the need is satisfied.

The scientific inquiry into motivation has been pursued by many theorists. Today there are over fifty-five theories of motivation, most of which have evolved since the early 1900s. The later models attempt to more rigorously define the relationship between voluntary choices people make among different behaviors in a given situation. A considerable amount of research has been conducted in industry to determine the motivational needs of workers and individuals in upper management. By determining what motivates their employees, an organization can then modify their system to elicit greater productivity. The health industry can benefit to as great a degree as private enterprise in this pursuit. With the spiraling cost of health care, the consumer demanding more for his dollar, and the government considering placing a limit on cost increase by hospitals, it is time that consideration be given to making employees more productive--more motivated.

The first step in this process is determining the motivational needs of employees; the second is assessing the system to determine if it is so structured as to enable

employees to meet motivational needs. This study was concerned primarily with identifying the motivational needs of registered nurses employed in three different units of a children's hospital.

Statement of Problem

The problem of this study was to identify whether registered nurses employed in different pediatric settings have similar motivational needs.

Purposes

The purposes of this study were to determine:

1. The motivational needs of nurses employed in a pediatric intensive care unit
2. The motivational needs of nurses employed in a pediatric out-patient clinic
3. The motivational needs of nurses employed in a general pediatric in-patient unit
4. If there were significant relationships between any specific demographic data and identified motivational needs of pediatric nurses

Background and Significance

The terms "motivation" and "motivate" are often used interchangeably with such words as "incite," "urge,"

"influence," "inspire," "impel." The list could go on and on, each word having a slightly different meaning. The word "motivation" is derived from the Latin word "movere" which means to move. Over the years it has been used by different theorists to describe various aspects inherent in the process by which human behavior is activated.

Lawler (1973) presented a definition by Jones which stated that motivation is concerned with "how behavior gets started, is energized, is sustained, is directed, is stopped, and what kind of subjective reaction is present in the organism while all this is going on" (1973, p. 3). Research on motivation has touched on all aspects of this definition, and it will serve as the operating definition of motivation throughout this study.

There are five major theories that have strongly influenced the direction of research in motivation (Steers and Porter 1975). Three of these, called content theories (Murray 1938 [particularly those parts of Murray developed by McClelland and Atkinson 1953], Maslow 1954, Herzberg 1968) identify certain needs or drives which exist within the individual and motivate him to perform. The other two (Adams 1963, Vroom 1964), known as cognitive theories, incorporate a system framework and use the concept of

interactive effects as the basic unit of analysis. A brief description of each of these theories follows.

Need Hierarchy

Maslow's (1954) hierarchial classification of needs has been the most widely used classification system in the study of motivation in organizations. Maslow proposed a sequence or continuum of needs that ranges from the most basic physiological needs of survival to the point of self-actualization and the feeling of having become what one must be.

Maslow's five need categories as presented by Hall (1968) are:

1. Physiological (tissue needs such as hunger and thirst)
2. Safety (needs for security, absence of threat)
3. Affiliation (need for close affective relationships)
4. Achievement and esteem (need for achievement and self-respect)
5. Self-actualization (need for the utilization and growth of one's potential skills and abilities)

When a need is fairly well satisfied, the next higher need emerges and will dominate the conscious life and serve as the center of behavior, since gratified needs are

not motivators. This process of increased satisfaction--decreased importance--increased importance of the next higher need repeats itself until the highest level of the hierarchy is reached. Maslow (1954) postulated that for self-actualization, increased satisfaction leads to increased need strength. These needs are further supported by Steers and Porter (1975), Dalton and Lawrence (1971), and Lawler (1973).

Dual Factor Theory

During the 1960s Herzberg's "Dual Factor Theory" was popular. Herzberg (1968) distinguished between context (hygiene) and content (motivator) factors. The motivator or growth factors that are intrinsic to the job are achievement, recognition for achievement, the work itself, responsibility, and growth or advancement. The hygiene or dissatisfaction avoidance factors that are extrinsic to the job include company policy and administration, supervision, interpersonal relationships, working conditions, salary status, and security. So the primary determinants of job satisfaction are the intrinsic or motivator aspects of the job, and the primary determinants of job dissatisfaction are the extrinsic or hygiene factors (Anstey 1975).

The first hypothesis of the theory is that satisfiers are related to the nature of the work itself and the rewards that flow from the performance of that work. The second major hypothesis is that satisfiers are effective in motivating the individual to superior performance and effort, but the dissatisfiers are not effective motivators. Herzberg (1968) proposed that employers should implement job enrichment programs aimed at increasing the autonomy and responsibility of the employee for what he does and how he does it (Dalton and Lawrence 1971, Lawler 1973, Steers and Porter 1975).

Need Theory

Murray's (1938) theory, as developed by McClelland and Atkinson (1953) posited that motivated behavior is in large measure a function of the strength of various needs at a given point in time (Steers and Braunstein 1976). The list, as proposed by Murray (1938), contained some twenty identified needs. McClelland and Atkinson (1953) suggested that a major portion of an individual's will to perform can be explained or predicted by the intensity of his need for achievement, power/dominance, or affiliation. The need for achievement (n-achievement) is defined as a need to excell in relation to competitive or internalized standards. The need for power/dominance (n-power) is

defined as a need for control and influence over others. The need for affiliation (n-affiliation) is defined as a need for warm, friendly relationships. This conceptualization, based on multiple needs, bears a strong resemblance to Maslow's theory.

Equity Theory

People want to be treated fairly. They observe what happens to others; if they receive either "too much" or "too little" in comparison to other people, they become uncomfortable. Adams' (1963) Equity theory stated that the presence of inequity will motivate an individual to reduce inequity and that the strength of the motivation to reduce inequity varies directly with the perceived magnitude of the imbalance experienced between inputs and outcomes (Pritchard 1969).

Several avenues are available for the individual to reduce inequity. He could increase or decrease his outputs, alter his inputs, distort his inputs or outcomes cognitively (a process of self-justification), leave the situation, or influence the other individual to alter his inputs or outputs. The theory of equity provides a relatively simple model to explain and predict an individual's feelings about various organizational rewards, particularly salary (Adams 1963).

Expectancy-Valance Theory

The theorists presented above assume that outcomes are attractive to a person because of some drive, motive, or need. Vroom (1964), on the other hand, has taken a different approach. His Expectancy-Valance theory maintained

. . . that the strength of a tendency to act in a certain way depends on the strength of an expectancy that the act will be followed by a given consequence (or outcome) and on the value or attractiveness of that consequence (or outcome) to the actor (Steers and Porter 1975, p. 191).

To write this in mathematical terms:

$$F = \Sigma(E \rightarrow P) \times \Sigma(P \rightarrow O) (V)$$

In this equation F is the force to perform; E is the effort expended; P is performance; O is outcome; and V is valance or value of outcome (Vroom 1964).

The expectancy model stated that both the attractiveness of the outcomes V and the person's $E \rightarrow P$ and $P \rightarrow O$ expectancies influence which outcome a person will try to obtain and how these outcomes will be sought. The choice of a behavior also implies a choice of which outcome will be sought, and the choice of an outcome partially determines what behavior will be attempted. The single most important determinant of a person's $E \rightarrow P$ expectancies is the objective situation. The $P \rightarrow O$ expectancies are

determined by past experience in similar situations, the attractiveness of outcomes, communications from others, coupled with the $E \rightarrow P$ expectancies and the actual situation (Mitchell 1966).

Research in the area of motivation is growing. Each of the theories described above has a following which is actively striving to objectify aspects of motivation. For the purpose of this study the content theories of Maslow (1954) and Murray (1938), as developed by McClelland and Atkinson (1953) were utilized. There have been few research studies in nursing which have investigated motivation. Burton (1976) made a study to determine what motivates hospital supervisors. Using various tools with a sample of sixty-three nurses, he concluded that it is to the advantage of administration to determine first what motivates their employees and then place their energies into developing incentives and rewards along those lines.

Two studies (MacDonald 1975, Levenstein 1976) examined motivational needs of nurses in regard to organizational climate. Both used very small samples (thirty-five and fourteen, respectively), but agreed that additional research in this area was warranted. Kramer, in her book Reality Shock (1974), tried to identify why nurses leave the nursing profession. The focus of her study was to determine

what the baccalaureate programs were preparing the student nurses to expect and in reality what they would find. This has generated an amount of revamping and restructuring of educational programs as well as orientation programs for new graduates in hospitals. But to keep the new graduates productive, one must also determine their specific motivational needs (Anstey 1975).

In an article on motivation published in The Dallas Morning News, Lynch (1978) reported that one problem encountered most frequently when investigating productivity of employees is

. . . people running companies today may be reacting to a world that no longer exists. These executives who grew up in a time of economic trauma and job insecurity are doing the wrong things to motivate younger employees who want personal accomplishment (1978, p. F1).

They are attempting to use the same rewards or incentives that they value instead of identifying what would motivate this new generation. The same is true in the health care field. If a hospital were to identify what types of rewards the various nursing units offered, determine the motivational needs of each prospective employee, and then place each nurse in the area where his specific needs could be met, the potential for increased productivity from satisfied employees would be greatly enlarged (Lysaught 1972, McClosky 1974, Anstey 1975).

Hypothesis

The hypothesis of this study was that there would be no significant relationship between motivational needs of nurses employed in different pediatric settings.

Definition of Terms

The following terms have been defined as they were used in this study.

1. Climate--characteristic of the work environment (Stringer 1971)
2. Job satisfaction and/or dissatisfaction--the perceived relationship between what one wants from one's job and what one perceives it as offering or entailing (Locke 1970)
3. Motivation--how behavior gets started, is energized, is sustained, is directed, is stopped, and what kind of subjective reaction is present in the organism while all this is going on (Lawler 1973)
4. Motivational needs--a recurrent/fluctuating desire to reach a specific goal (McClelland 1961)
5. Nurses--those individuals who have successfully completed the Texas State Board of Registered Nurses' Examination or have been granted reciprocity by the Texas State Board of Nurse Examiners

Limitations

The following limitations were identified.

1. All subjects completing the questionnaire did so with the same degree of understanding
2. Each subject completing the questionnaire did so truthfully

Delimitations

For the purpose of this study, the following delimitations were identified.

1. Each subject was currently registered to practice nursing by the State of Texas
2. Only females were included in the sample
3. All subjects were employed full-time by the hospital
4. Each subject had at least one year's nursing experience since completing basic nursing education
5. Each subject was born in the United States
6. Each subject received her basic nursing education in the United States
7. Each subject was working in the clinical area of her choice
8. The subjects of Group A were employed as staff nurses in the pediatric intensive care unit

9. The subjects of Group B were employed as staff nurses in the pediatric out-patient clinic

10. The subjects of Group C were employed as staff nurses on one of the general pediatric units

11. The questionnaires were completed by the nurses on the hospital premises

12. Data collected to determine motivational needs were limited to objective questionnaires

Assumptions

The following assumptions were made in regard to this study.

1. An individual's behavior is influenced by specific motivational needs

2. Motivational needs affect job performance

Summary

This chapter sought to establish the significance of investigating and identifying the motivational needs of professional nurses. Various theories of motivation were presented and the specific limitations and delimitations of this study were acknowledged. Chapter II provides a review of literature regarding several facets of motivation. Selected studies investigating the content theorists are reviewed. In addition, studies in nursing which examined

motivation in regard to productivity, job satisfaction, climate, and job turnover are reviewed. Chapter III provides insight into the setting of the children's hospital used in this study. A description of the three groups sampled and the presentation of the two tools used to determine the subject's motivational needs are included. An explanation of how the questionnaire was distributed and how the data were tabulated is also covered. Chapter IV presents a summary of data collected and statistical findings regarding the identified motivational needs of nurses in different pediatric settings. Chapter V presents the conclusions in regard to motivational needs of pediatric nurses. Significant findings in regard to the application of content motivational theory in nursing are identified and recommendations for further study in this area are included.

CHAPTER II

REVIEW OF LITERATURE

In vain the sage, with retrospective eye,
Would from th' apparent what conclude the why,
Infer the motive from the deed, and show,
That what we chanc'd was what we meant to do
(Pope, 1734, lines 51-54).

The following review of literature will focus initially on the content theories of Maslow (1943) and Murray (1938) as presented by McClelland and Atkinson (1953). Their research serves as the theoretical base for this study. The remaining sections investigate motivation in regard to productivity, personality correlates, and articles in nursing which focus on job satisfaction, turnover and climate. Much of the review of the literature did not specifically identify a theoretical base or differentiate between motivation and job satisfaction. For the purposes of this study these terms were defined in Chapter I.

Content Theories

Maslow (1943) designed a hierarchy of human needs. The basis of this theory is covered in Chapter I. The ordering of needs is not the ultimate answer to all questions of motivation, but for Haar (1971), it has

proven a useful instrument for helping one to understand possible causes of employee behavior. Haar (1971) stated that a worker who has no personal stake in the outcome of his efforts is not going to be very enthusiastic about his job. Indifference could be reflected in costly errors, slowdowns, absenteeism, or possibly militant labor posture. Haar (1971) urged employers to analyze an employee's performance and identify at which level of Maslow's (1943) hierarchy he is functioning. Then techniques designed to meet the identified need can be established.

The hierarchy that Maslow (1970) presented is not in an all-or-none relationship to one another. Maslow contended that decreasing percentages of satisfaction are encountered as a lower level need is replaced in predominance by a higher level need. Slocum, Susman, and Sheridan (1972) gave the example of an individual who might be 90 percent satisfied in his physiological needs, 70 percent in his safety needs, 50 percent in his social needs, 20 percent in his esteem and status needs, and only 10 percent in his self-actualization needs.

Porter (1961) altered the Maslow hierarchy by adding the autonomy need and eliminating the physiological need category. The author contended that the physiological need has largely been met in our society and to continue

to test it is irrelevant and unnecessary. The autonomy need measures the individual's satisfaction, with his ability to make decisions independently, participate in goal-setting, and the authority of his position in the organizational hierarchy (Porter 1961).

Globe (1971) noted that as simple and effective as Maslow's theory is, it is most profound in its total context. To reiterate the author's main concepts, a person's dominant need has a great influence on his behavior. A satisfied need is no longer a motivator for a person. A person's needs are never fully satisfied because a higher level need (or an urgent, stronger lower level need) immediately replaces a need that is satisfied. And finally organizational and environmental conditions influence the ways in which the striving for need satisfaction may be exhibited (Globe 1971).

The second content theory that was used in this study is that of Murray's (1938) need theory as developed by McClelland and Atkinson (1953). This theory postulated that every individual personality is composed of a network of basic motives (needs). Murray (1938) identified some twenty-two needs. McClelland (1961) investigated some of what he considered to be the more important motives. These are need for achievement, affiliation, power, and

fear of failure. The bulk of the early research examined achievement motivation. Individuals that have been found to have a high need to achieve tend to

- "1. seek and assume high degrees of personal responsibility.
- "2. take calculated risks.
- "3. set challenging but realistic goals for themselves.
- "4. develop comprehensive plans to help them attain their goals.
- "5. seek and use concrete measurable feedback of the results of their actions.
- "6. seek out business opportunities where their desires to achieve will not be thwarted" (Stinger 1971, p. 486).

McClelland (1961) proposed that if the right kind of climate can be created, managers can have a very definite impact on the achievement motivation of their subordinates.

Revelle (1976) stated that the theory of motivation can predict that moderately difficult problems or situations will be extremely motivating (when the going gets tough the tough get going). On the other hand, very difficult or impossible tasks will lead to extremely low levels of motivation (wise people do not beat their heads against brick walls) (Revelle 1976).

Motivation-Productivity

With the problems now facing industry in terms of inflation, devaluation of the American dollar, and the myriad of other post-industrial problems, there is increasing interest in ways of getting the most out of

one's employees. Many companies have hired consultants well versed in the theories of motivation. Others have permanent staff positions for industrial psychologists or behavioral scientists who constantly evaluate the system to insure high productivity. This desire is often couched in terms of motivating employees to produce more, but reflecting on the theories presented above, one can see that this phraseology is incorrect, for man is already motivated. There is a difference of opinion among the various theorists as to the nature of motivation and interpretation of the behavior observed, but most theorists would regard man as a motivated, directed being. So, if this is held to be true, a company does not then try different methods to motivate employees, rather the company attempts to vary the environment or change the incentives or enrich the job potential to meet the motivational needs of the employees and, in turn, receive increased productivity (Oldham, Hachman, and Pearce 1976).

Zenger (1976) identified areas that companies should examine for possible improvement. One area involves continuous job performance feedback to an employee and evaluating the design and structure of assigned jobs to see if the jobs could be enriched. In these studies the characteristic which correlated most highly with

productivity was perceived pay equity. One significant point stressed by Zenger (1976) is that it is the perceived pay equity and not the absolute level of pay which is significant to productivity.

Another area that Zenger touched on was the non-monetary reward system. Drawing from studies conducted by McClelland (1961), Zenger stated that "nothing motivates like pride of achievement" (1976, p. 514) and that whenever an organization fails to bestow recognition for special effort and superior work, it loses an opportunity to advance productivity. Another need area that McClelland (1961) investigated and Zinger (1976) identified is the need for affiliation with fellow employees. Whenever team work is utilized in a company, and it is highly developed, and team achievement is recognized and appreciated, the author believes satisfaction-affiliation is greatly enhanced. Some of the other areas that Zinger (1976) suggested as appropriate for improvement are technological interface, labor management relations, work group norms, supervisory skills, and managerial behavior. The position of the author is that a company requires a multi-faceted electric approach. Those companies which have succeeded in increasing productivity have not relied on one popular elixer, but rather focused on improving the health of the

whole organization. The author's whole premise throughout the article is focused on how the company can motivate the employee, instead of initially identifying the individual's motivational needs and then proceeding with identifying what the company can do (Zinger 1976).

Giblin (1976) postulated that contemporary management's courtship of motivation is a fruitless romance. Giblin defined motivation as "the individual's psychological propensity to perform" (1976, p. 84) and something over which management can exert little direct influence. Giblin went on to state that most employees are probably more than adequately motivated to tackle the vast majority of jobs in almost every organization. In reality there are certain barriers which exist in varying degrees in every organization which have more to do with an employee's level of output than his desire to perform. Some of the barriers which were mentioned included lack of adequate authority, a poorly defined job, an effective system to influence interaction, poorly defined goals, and faulty strategies for achieving them. Giblin further stated that the question is not how to motivate employees but how to facilitate and reinforce their efforts to achieve a reasonable and necessary level of performance. The notion of motivating an employee suggests a need to modify an

individual's attitudes, perceptions, values, and, ultimately, behavior.

Several steps were given by Gibling (1976) that management could take to improve employee performance. The first was to establish a significant degree of congruence between individual and organizational goals. The organization should be structured and operated in such a way that organizational objectives will be intrinsically rewarding and provide a means for individuals to simultaneously achieve their own goals. What the author does not mention is that an individual's goals are determined at any point in time by his overriding motivational need. Thus he is suggesting that the organization determine the motivational needs of its employees and then so structure the environment or climate of his work that both the employee's and the organization's goals can simultaneously be met. The second step that Gibling (1976) presented that would improve employee performance was for management to insure that employees perceive a direct relationship between their level of performance/productivity and their level of reward/feedback. The third dictum that the author gave was that organizations should work at eliminating the unnecessary structural barriers mentioned above that tend to inhibit high levels of performance. The

structure of many organizations creates barriers to improved performance, many of which could be eliminated through planned change (Giblin 1976).

Locke (1970) did a theoretical analysis of job satisfaction and job performance. In Locke's opinion, satisfaction should be regarded primarily as a product of performance and only very indirectly as a determinant of performance. Past satisfaction reflects the degree to which one's past actions attained or failed to attain one's values and thus serve as an incentive to maintain one's course of action or change it. A man's actions are directed by the goals he is seeking and these goals are the result of his values, his interpretation of the situation, his knowledge, participation, and methods of thinking. Locke (1970) supported the theory that man's actions are directed by goals and goals are indeed set by man's specific needs.

Several studies (Hackman and Oldham 1975; Oldman et al. 1976) have demonstrated that enriched jobs that are complex and challenging, often enhance the motivation, satisfaction, and productivity of people at work. One research study (Oldham et al. 1976) investigated the moderating effects of employee growth, a need strength, and level of satisfaction with the work context on employees'

responses to enriched work. The authors stated that there are two variables that can affect the degree to which employees respond positively to enriched work. One is the need states of the employees, and the second is their level of satisfaction with the work context, which would include such things as pay, job security, relationships with peers and supervisors. These authors have identified five measurable characteristics of jobs which, when present, improve employee work motivation, satisfaction, and performance. These characteristics are skill variety, task identity, task significance, autonomy, and feedback. The authors have arranged these five elements into an index called the motivating potential score, or MPS. What these authors found was that individuals who have a high need for personal growth and development at work, or a high MPS score, have been shown to respond more positively to enriched work than individuals with a low motivational need strength, or a low MPS score. If an individual is satisfied with the organization's internal environment but has a low MPS, there would be a less significant positive relationship between job characteristics and the outcome measures. Conversely, if the person has a high MPS but is dissatisfied with the work context, the expected outcome of an enriched job would be diminished. If the individual

has a low growth need strength and is dissatisfied with work context, a complex job may have an adverse effect on that person's performance (Oldham et al. 1976).

Hackman and Oldham (1975) developed a tool entitled the "Job Diagnostic Survey" (JDS) which can be used to diagnose existing jobs to aid in redesigning them. The instrument provides data on the following issues.

1. The overall level of motivation and satisfaction of employees on the focal job

2. The overall motivating potential of existing jobs and how specific aspects of the job contribute to attaining the motivating-potential score

3. The readiness of the employees for change

The JDS is intended to diagnose existing jobs to determine if and how they might be redesigned to improve employee motivation and productivity and to evaluate the effects of job changes on employees (Hackman and Oldham 1975).

A considerable amount of research has focused on job enrichment. There are some who are saying that there are more workers concerned about fundamental conditions of the work environment than there are those worried about the intrinsic values of the job itself. Maslow (1970) said that a satisfied lower level need no longer will serve as a potent motivator, but Whitehill (1976) said

that Maslow does not mention how satisfied the basic security and safety needs have to be before they need not be considered in a given plant or industry. Whitehill's (1976) assumption is that too many top level executives have made the risky assumption that such motivational "nuts and bolts" are in good shape in their own organization. This assumption should no longer be made without careful observation of the organization. Motivators will only be successful if the basic maintenance needs of the workers are met. Herzberg (1968), in developing his two-dimensional theory, recognized that the more mundane maintenance factors (such as physical work conditions) could cause much dissatisfaction and serve as high priority gripe areas if neglected. Whitehill's (1976) focus is that more attention needs to be devoted to lower level safety and security needs inherent to the physical environment surrounding the work place itself. Changing the environmental conditions is usually far easier than boosting the intrinsic value inherent in most production level jobs in industry. Therefore, growth maintenance factors and other motivators such as more responsibility, variety, and independence in the work situation need the continued attention of alert, creative executives in their management of human resources.

Personality Correlates of Nurses

There has been limited nursing research regarding motivation prior to the 1970s. There were, however, numerous studies investigating the personality traits of nurses with the authors referring to productivity, job satisfaction, and motivation. One of the first articles to portray the characteristics of the "ideal nurse" was published in 1910 in the American Journal of Nursing (McNeill 1910). The author stated that one of the strongest reasons why every woman should study nursing as an accomplishment was that she could then testify her loyalty and affection to those very near and dear to her. "For in sickness even more than in health we instinctively turn to the mother or sister for that sweet peace and tranquility that women possess" (McNeil 1910, p. 398). The author's "ideal nurse" would be empathetic, would not "be hardened by the scenes of suffering of which she must participate;" objective, would "never lose her sympathy, though she must cultivate the art of controlling it" (McNeill 1910, p. 392); hard working, diligent, faithful, and responsible. As she concluded, "The true nurse is devoted to her work, faithful in all that she does, neither shrinking nor shirking any responsibility that may present itself" (McNeil 1910, pp. 392-393).

Following McNeill's (1910) essay, there have been many studies which have attempted to objectively identify the personality characteristics of nurses. In 1927 Elwood sought to determine if girls in nursing school differed from girls who were in college. The data he collected from a personality inventory test he administered concluded that the nursing students were more extroverted than college girls. The author also found that nurses moved more quickly, preferred working with others, gave less attention to personal appearance, were less inclined to day-dream and blushed less. Elwood did not identify his subjects in terms of where they went to school, age, and financial status; to adequately evaluate the findings of the author, more information would be needed. However, this study does indicate that as early as 1927 investigators were interested in determining what type of individuals chose nursing as their career.

From these rather humble beginnings nursing research into personality characteristics became more sophisticated. In 1965 Lukens examined personality patterns and choice of clinical specialization of nurses. The purpose of this particular study was to determine what particular needs, values, and occupational perceptions, if any, appear to be characteristic of certain groups of nurses attracted to

different fields of specialization. The population consisted of graduate students from 6 different programs with 37 majoring in medical-surgical nursing, and 101 in psychiatric nursing. The investigator utilized Stern's Activity's Index, Poe's Inventory of Values, and an open-ended questionnaire asking for the respondents' perception to the three most important, attractive, and distinguishing characteristics of the chosen clinical field. An Intraception Scale as a measure of psychological mindedness and Sharaf's Self-Deception Scale as a measure of willingness to acknowledge some socially undesirable or some value violating aspects of feeling and motivation were also utilized. A revised ten-item F-scale was used as a measure of authoritarianism or dogmatic stand on social issues.

Lukens (1965) found that the personality patterns of graduate nursing students who specialized in the medical-surgical clinical area of nursing (Group one) differed from personality patterns of graduate nursing students majoring in psychiatric nursing (Group two). Group one had higher needs for natural science knowledge, practical action, order, organization, physical activity, achievement, motivation, applied interests, dependency, and intellectual development than group two. The psychiatric nurses (group

two) had higher needs for sensitivity and reflectiveness than the medical surgery students. The study also demonstrated that the individuals in group one were more authoritarian and had higher religious and humanitarian values than group two. The psychiatric students on the other hand were more psychologically minded and willing to acknowledge socially undesirable and value-violating feelings and motivations than the medical-surgical nursing students. The major conclusion of this study was that, of the many factors probably influencing choice of fields of specialization in nursing, personality traits are important variables associated with the choice process (Lukens 1965).

A study conducted in the same year by Miller (1965) exhausted the characteristics of graduate students in four clinical nursing specialities. The purpose of this study was to describe differences of personality characteristics of groups of graduate nursing students majoring in medical-surgical, public health, maternal-child, or psychiatric nursing. Miller (1965) stated that recent studies had indicated that an increase in specialization in the settings in which nursing occurred may call for a variety of nursing roles and diverse personality patterns. A total of sixty-one graduate students from one particular school were utilized. Each student completed the Strong

Vocational Interest Blank for Women, the California Psychological Inventory, and two brief questionnaires that were concerned with attitudes toward nursing and toward problems faced in nursing. The author found the following traits to be significant. Students in the medical-surgical group versus all others were seen as persons who were most likely to react to stress and trauma in an adaptive manner. The psychiatric nursing students were seen as more independent than all others. The maternal-child group were viewed as more insightful than the other majors and had more capacity for emotional experiences. There were no significant traits found for the public health group. The author's conclusion was that there is a significant difference in occupational interests and in personality characteristics among the four clinical groups. However, the usefulness of such information will depend on identifying the importance of these characteristics for success in a specialized nursing field (Miller 1965).

Stauffer (1968) did a prediction of subsequent professional activity of nursing students as measured by the Edwards Personality Schedule. The intent of this study was to determine if recently graduated nurses gravitate to specific clinical specialties of practice areas on the basis of their personality make-up. The

investigator was also interested in knowing if after five years experience nurses who preferred specific nursing specialties or practice areas differed in personality characteristics as measured by the same tool. The initial test was administered to 680 nursing students; the follow-up of five years later consisted of a population of 453 of the original group. Personality characteristics shown by initial testing did not appear to be linked to the predominate type of work experience during the first five years after graduation. The differences in personality characteristics between the nursing specialties at the time of the second testing were not significant. The follow-up EPS scores were highly significant in that they differed for those individuals who preferred psychiatric nursing, teaching, administration, and research (Stauffacher 1968).

Gilbert, in 1975, conducted an investigation to validate the studies previously mentioned. The author investigated the personality profiles and leadership potential in medical-surgical and psychiatric nursing graduate students using the California Psychological Inventory. The sample consisted of seventy students enrolled in one particular school. Findings demonstrated a similarity between the two groups of graduate students.

The only significant difference found was for the trait of responsibility. These findings did not demonstrate that personality characteristics entered into the choice of a clinical speciality. Gilbert (1975) suggested that perhaps it would be feasible to approach the selection of a clinical specialty by studying attitudes toward caring for persons with mental illnesses compared to attitudes for caring for persons with physical illness as determinants of one's choice of a clinical specialty. The author suggested that many of the differences which may be observed between psychiatric and medical-surgical graduate nursing students result more from what is taught in a specialized curriculum than what is present in a basic personality make-up.

In an attempt to explain the differences between Gilbert's (1975) findings and those of Miller (1965) and Stauffacher (1968), the significant factor is perhaps the time difference between the studies. In recent years the public interest in the field of mental health has greatly increased. Allocation of state and federal funds for research and education in mental health have had preference over the other areas. Today, according to Gilbert (1975), there is a pervasive dissemination of mental health concepts in undergraduate and graduate schools

of nursing that did not exist ten years ago. There is also more funding available for those students who are seeking graduate study in psychiatric nursing. The possibility exists that many students would rather have entered pediatrics or medical-surgical nursing but chose a psychiatric course because of funding (Gilbert 1975).

A study done a year later by Mlott (1976) examined the personality correlates of a psychiatric nurse. The author sought to determine how the personality characteristics of psychiatric nurses differed from those of staff nurses functioning in other sub-specialty areas and placements. Mlott (1976) used nurses from seven different areas with each group consisting of eight nurses. This small group population presented statistical problems in comparison of results, so the conclusions drawn need to be questioned. The author concluded that psychiatric nurses had a very high level of ego strength because they scored higher than all other specialty areas. This would indicate that the level of anxiety would more likely be the lowest of all other groups. Another significant result was that the psychiatric nurses strived the hardest for interesting experiences and social service. Again it was difficult to determine the implication of the study because of the

limited population and the sparsity of information made available (Mlott 1976).

Nursing-Motivation

These prior studies have strived to objectively validate personality types of nurses, but since 1970 there has been a growing interest in studying motivational needs. This has been spurred by such things as a shortage of individuals entering nursing, an increase turnover rate of nurses working in institutions, a lower rate of productivity than is deemed desirable by administration, and the increased number of nurses that leave nursing to enter other professions. Krammer (1974) addressed several of these problems. This author primarily examined the baccalaureate graduates who were prepared in the idealistic professional environment of the college campus, but were expected to function in the realistic bureaucratic setting characteristic of most modern-day organizations. Krammer (1974) found that collegiate nurses were much happier and more job satisfied and less job deprived working in organizations where they were not bound down by rules and regulations, where they were permitted and encouraged to make individualized patient-care decisions, and where they were rewarded for nursing rather

than managing. These are some of the motivational needs identified by numerous theorists. However, Krammer (1974) did not delineate a theoretical base by which she identified the motivational needs of her population (Krammer 1974).

Lysaught (1972) utilized the conceptual approach that Maslow and Herzberg had developed to explain human motivation and behavior. In his article several hypothesis were proposed in terms of American nursing. The first one was that certain viewpoints and patterns in nursing tend to prevent need satisfaction at the basic security level. At the time of this particular study Lysaught found that 75 percent of the community hospitals he sampled paid their nurses \$7,800 per year, while the median salary at that time was \$7,300. The author's position was that society cannot expect nursing, as a whole, to respond to other motivational stimuli while their attention is fixed on unmet needs for individual security. The second hypothesis was that career patterns in nursing tend to prevent motivational satisfaction at higher psychosocial need levels. Lysaught noted that it is the present tendency to reward effective nurses by promoting them further away from direct patient involvement in direct contradiction to what motivational psychologists would say is probably more satisfying to the individual. One could infer that the better a nurse

demonstrates an ability for patient work the more likely she will be further removed from the dynamics of care (Lysaught 1972).

The third hypothesis of Lysaught's (1972) study was to the extent that hypothesis one and two are correct-- we can expect to find a lack of a basic psychosocial need satisfaction reflected in frustration, failure, short-term perspective, and conflict. The author supported this with several propositions. The first being that there is evidence of high frustration in nursing. One out of every four nurses in the United States maintains a license but does not practice and another one out of every four registered nurses does not even maintain their licensure to practice. Proposition B is that there is evidence of high failure rates in nursing. While withdrawal from the profession is a sign of failure as well as frustration, there is other evidence as well. One of every three beginning nursing students withdraws from the program prior to completion. Proposition C states that there is evidence of short-term perspectives in nursing. The clearest single illustration of this phenomenon lies in the turnover rates of staff nurse positions. Across the nation at the time of this study there was an average turnover of 70 percent among staff nurses. The author stated that many nurses changed jobs

hoping to find a difference, but generally the new position was much like the previous one and quite as frustrating. Proposition D stated that there is evidence of conflict in nursing. While there has been many disagreements about nursing education and practice through the years, there is now conflict in regard to nurse practice acts and continuing-education requirements (Lysaught 1972).

Lysaught (1972) further stated that it must be possible for the nurse to satisfy felt needs for belongingness, esteem, and self-actualization in conjunction with prepotent desires to remain in contact with his patients and clients. Lysaught's proposal is far-reaching, stating that

. . . it requires the systematic study of nursing roles and the continued separation of non-nursing tasks from the functions of nursing. It looks to a basic reconstruction of the current positions of the head nurse, supervisor and even the director of nursing service. It emphasizes the importance of their patient contact time and even more basically the fulfillment of their capacity to serve as role models for less experienced practitioners (1972, p. 19).

This would entail a shift from the management of such things as linen supplies, desks, and hospitals, and is the clearest way Lysaught (1972) saw of developing the most satisfying career expectations for the most nurses, particularly for those with the strongest commitments for the primary objectives of the profession. If nursing is to

escape an endless cycle of personnel shortage, frustration, failure, and conflict, administration must make basic sweeping changes in the reward system both extrinsic and intrinsic. Nursing administrators must make patterns for careers and enhance the possibility for self-actualization for more individuals. Essential to this is the recognition that more nurses must reach the higher levels of satisfaction without the need to move away from patient involvement (Lysaught 1972).

Lamb (1977) was interested in what factors motivated nurses to work in the operating room. This study was pursued because of the decreasing number of nurses entering operating room nursing since schools of nursing have deleted this particular clinical rotation from their curriculum. Questionnaires were completed by two hundred nurses working in operating rooms in New York State. Three findings addressed in the study were (1) the convenience and regularity of hours was the most frequent reason given for preferring to practice in surgery; (2) when learning experiences for students included an opportunity to actually scrub and circulate in the operating room, it appeared more likely that some of these students would elect to practice nursing in the operating room after graduation; and (3) nurses who elect to practice in the operating room

setting tend to remain there the remainder of their career (Lamb 1977).

The woman's motive to achieve, as related to the sex role in society, was investigated by Phillips (1974). The author concluded that, for women in a typically feminine occupation, non-traditional attitudes toward sex roles increase the level of aspiration which is associated with the expressed need for self-fulfillment as well as the need for financial independence. Phillips (1974) also found that age and experience were the most significant factors in differentiating women's achievement needs and affiliative needs in the particular sample which consisted of 159 graduating nursing students from two universities. For this population the achievement motive was greater for the ages of twenty-three to forty-one years while the women between the ages of twenty and twenty-two years tended to be more traditional and relatively lower in motive to achieve than the older women. Women between the ages of twenty-three and twenty-eight years were more achievement-minded than either the older group or the younger group. This finding may be related to recurrent interest and greater freedom for women and their realization for career potential. Phillips (1974) utilized the Edwards Personality Preference Schedule to measure the need to

achieve and the need to affiliate. Affiliation per se appeared to be related to traditionality as the younger women differed from the older ones in expressing greater affiliative needs while the older women appeared to choose achievement needs over affiliative needs.

In a review of various theorists in regard to motivation of personnel, Marriner (1976) stated that when personnel are actively striving toward self-actualization and self-esteem as defined by Maslow (1943) and when their goals are consistent with the goals of the organization, there is likely to be a noticeable effect on the accomplishment of organizational goals and productivity. Solocum, Susman, and Sheridan (1972) did a study to test Maslow's (1943) need theory in a hospital setting. Four hypotheses relating need satisfaction to organizational position and job performance were tested among thirty-nine professional and forty-one paraprofessional employees in a particular hospital. They found job performance was significantly correlated to fulfillment of self-actualization needs for professional employees. The conclusion was that it was important for administrators to focus on reducing deficiencies in all needs, but especially in self-actualization needs by providing on-the-job opportunities for nursing personnel to meet their expectations for

growth, development, and self-fulfillment (Slocum et al. 1972).

Nursing/Motivation/Productivity

A study by Kneedler (1977) that was concerned with productivity examined the leadership styles of supervisors. This study showed that the participative supervisor helps the staff form goals and allows them to obtain those goals by aiding their expression of strength and confidence. The more clearly a supervisor understands what behaviors lead to improvement in performance the more carefully the supervisor can consider who will behave that way and what administrative and organizational conditions will help stimulate that behavior. Five factors were identified as strong determinants of job satisfaction--recognition, achievement, potential for growth, responsibility, and advancement. The author said that these job satisfiers are identified as motivators since these factors result in an individual growing and seeking personal growth. These are the same factors that McClelland and Atkinson (1953) identified with those individuals who have a high achievement need. Kneedler (1977) concluded by saying that the factors which contribute to individual growth are important motivators and increased productivity. The

needs of individuals must be considered along with styles of management (Kneedler 1977).

Ansty (1975) stated that if the organization is to fully tap the whole potential of employee productivity, the organization must begin to stress job satisfiers. These satisfiers are those which are identified in Herzberg's (1968) two-factor theory of job satisfaction. The author pointed out that job satisfaction does not necessarily mean increased productivity. Stating that although there is no direct parallel between job satisfaction and productivity, there is a positive relationship between job involvement (an individual's job commitment) and job productivity. Job involvement goes up with increasing levels of recognition, achievement, and responsibility (Ansty 1975).

Nursing/Motivation/Job Satisfaction

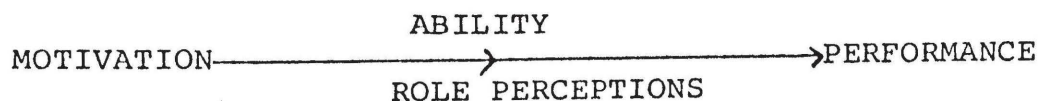
One study entitled "The Perceived Dimensions of Job Satisfaction for Staff Registered Nurses" (Everly 1976) examined the extrinsic and intrinsic motivational needs as defined by Herzberg (1968). In order to measure the importance of dimensions of job satisfaction, 144 female registered nurses from four metropolitan hospitals were given an eighteen-item Likert-type instrument. The results indicated that the traditional intrinsic and

extrinsic dictonomy which exists in elements of job satisfaction did not apply. Nurses perceived their job satisfaction in a more complex fashion. Four statistically independent dimensions emerged with relation-orientation accounting for almost 24 percent of the total variance. Although the author used Hertzberg's two-factor theory she consistently used the terminology that dealt with job satisfaction and did not distinguish between that and motivational needs as defined by Herzberg. The conclusion of the study was that nurses' interpersonal relationships are of particular importance, a suggestion previously overlooked in earlier literature. The author suggested that the role of interpersonal relationships should be reevaluated as a primary contributing factor of job satisfaction for staff nurses (Everly 1976).

Smith (1976) sought to establish the determinants for job satisfaction for nurses in small rural hospitals. The determinants were examined to see which management actions could improve the level of job satisfaction. The job descriptive index (JDS) was utilized to establish the nurses' level of satisfaction and an instrument called the Questionnaire to Explain Job Satisfaction was used to gain insight as to the causes of the JDS score. The author concluded that factors which tended to influence job

satisfaction could be identified and that many of the significant variables could be influenced by the hospital management to raise the overall level of job satisfaction (Smith 1976).

Another factor, besides job satisfaction, that encourages investigators to continually explore the area of motivation is the large turnover rate of nurses. Figures published in 1978 (Seybolt, Pavett, and Walker) estimated the cost of replacing a registered nurse to be as high as \$2,000. These figures included only orientation, training, and processing costs, not recruitment, non-productivity during orientation and training, overtime coverage by others, and departure processing costs. A study by Seybolt, Pavett, and Walker (1978) utilized Vroom's expectancy theory of motivation. This theory, which was explained in Chapter I, suggests that an individual's behavior is determined by a combination of three things: (1) the motivation of the individual, (2) the level of ability of the individual, and (3) the individual's role perceptions. The combination of these three factors predicts individual behavior or performance.



Taken directly from Seybolt, Pavett, and Walker 1978, p. 5.

Seybolt, Pavett, and Walker (1978) had 242 respondents from a 310-bed university hospital fill out a questionnaire, and then one year later compared the responses of those 123 who were still remaining to those who had left the hospital. They found that there was a number of important differences between responses of those who remained and those who left. The satisfaction of the leavers was significantly different from that of the stayers in four areas. These were satisfaction with supervision, overall satisfaction, satisfaction with the chance to use one's abilities, and satisfaction with the freedom from tension and pressure. In a number of areas the leavers perceived that there was less of a link between performing well and obtaining valued outcomes or rewards than did the stayers. The author stated that the tool they utilized in this study showed its usefulness in predicting why nurses leave (Seybolt, Pavett, and Walker 1978).

McClusky (1974) utilized a three-part questionnaire which revealed that psychological rewards were more important than social or safety rewards in keeping nurses on the job. The population consisted of ninety-four staff nurses from two cities who had resigned their positions in the previous four months. The author specifically looked

at possible motives for nurses leaving and did not identify a theoretical base nor identify the items that tend to influence job satisfaction or motivation. Younger nurses and new graduates had the highest turnover. Single nurses stayed no longer than married nurses, the amount of the spouse's salary did not affect turnover, there was no difference between diploma and baccalaureate nurses, and higher pay did not keep a nurse nor was she influenced by a specialty area. Most nurses wanted opportunities to attend educational programs, continue course work for credit, career advancement other than to the head nurse position, and recognition of work from peers and supervisors. One of the suggestions or implications for nursing, the author encouraged, was instituting a change in the traditional career advancement pattern of staff nurse to team leader to head nurse to supervisor to a pattern related more to levels of practice, such as staff nurse to clinician to clinical specialist. This is the same suggestion posed by Lysaught (1972). McClusky (1974) suggested that nursing administrators might provide a more positive working atmosphere to help maintain the staff nurses' self-esteem by emphasizing team nursing or introducing primary care, allowing nurses to have more

decision-making power, especially in primary care, and insisting on problem-oriented charting for nurses.

A study aimed at determining what motivates hospital supervisors was conducted by Burton (1976). Each supervisor completed a four-part questionnaire consisting of (1) Maslow's Hierarchy of Needs, (2) Dubin's non-financial incentives, (3) questions regarding financial incentives, and (4) Tausky's need satisfaction. Results of this study indicated that seven incentives including security, affiliation, esteem, autonomy, self-actualization, privilege, and power were found to be important but so well gratified that they were no longer serving as motivators for work performance. Burton's (1976) opinion was that administration should discontinue investing additional expenditures on incentives until there was some evidence that satisfaction levels were reduced to the point that the above mentioned incentives became action motivators. At the time of this study the only action motivator identified was status pay (Burton 1976).

Motivation-Climate

Using a population of fourteen, McDonald (1975) did a pilot project exploring the extent to which a match between position, climate, and nurses' motivational-need pattern of behavior affect job satisfaction. The idea of

examining motivational need in light of organizational climate was first investigated by Litwin and Stringer (1968). Applying McClelland and Atkinson's (1953) motivational need theory of management, Litwin and Stringer suggested that different tasks require and involve different kinds of climate and different patterns of behavior. These authors stated that the work organization creates a climate which helps determine the kinds of employee motivations that are actually aroused. Ideally then, an employee would be matched with the work climate which is most suited to his motivation personality so that satisfaction is enhanced. For example, if the worker's motivational-need pattern is predominately affiliation directed, he would be most satisfied working in a job which allows warm friendly relationships, socialization, and group effort. McDonald (1975) used a questionnaire designed to measure climate of the position, the nurse's motivational-need patterns, and level of job satisfaction. Findings indicated that an achievement-affiliation climate characterized the position of the nurses he was studying and that those nurses who had achievement-affiliation needs had the highest levels of job satisfaction. Since the population was very small the implications of the study are limited. However, it is

the author's suggestion that nurse managers could apply the process outlined in his pilot project to each position within the existing organization in an effort to prevent a personality conflict between the nurse and the position (McDonald 1975).

A study done by Lyon and Ivancevich (1975) applied the criteria of the organizational climate stated above in a four-hundred-bed teaching referral medical center. These authors examined the motivational needs of ninety-nine administrative personnel and thirty-five registered nurses. The questionnaire provided insight into the four basic measures of perceived climate. These were (1) individual autonomy--the degree to which the climate permits people to exhibit freedom of action, (2) structure--especially the organizational relationships through which leadership operates, (3) rewards--both economic and psychological compensations geared to performance, and (4) consideration--the extent to which employees are treated as individuals. Analysis of the responses in the hospital from this particular study demonstrated some interesting conclusions. The researchers had assumed that the organizational climate of the hospital would be perceived differently by the nurses as a group than by the administrative personnel. This was not borne out by data. There was, however, a difference

between the two groups in the factors which provided job satisfaction. In regard to the esteem factor, nurses were influenced by a challenging job which involved something other than merely going through the motions. Administrators perceived more esteem in a situation in which they were able to associate and affiliate with those around them. In line with other professionals, self-actualization and autonomy are major factors in job satisfaction of nurses. In regard to self-actualization needs, employers should focus on reducing the burden of routine duties and busy work of their employees while at the same time improving their task involvement (Lyon and Ivancevich 1975).

Motivation-Application

With the growing awareness and research in the area of motivation, employers are looking for approaches or systems they can use to motivate their employees. Mager (1976) stated that if performance discrepancies appear not to be due to a lack of skill or motivation, then look for the obstacle. Just because a person is motivated does not mean he will be productive. There might be a lack of authority or time or tools. Perhaps there is a lack of direct information about what to do and when to do it.

Unfortunately, what usually happens when performance decreases is that a sudden emphasis is placed on training or in-service instead of on an evaluation of the environment (Mager 1976).

Lysaught (1972), Krammer (1974) and other authors critiqued have acknowledged the importance of the institution providing some alternate method of career advancement for nurses other than the traditional staff nurse to head nurse to supervisor. The Presbyterian Medical Center in Denver has devised a system which utilizes four methods to motivate and reward the staff nurse (Warren 1978). The first of these programs offers an avenue for promotion of the registered nurse to a staff nurse II position. The nurse must complete at least sixty-five approved validated credits offered by the hospital inservice department. Once the nurses have attained this advanced position they are recognized as experts in their particular area of service. The second program enables staff nurses to go to a rural area for a pre-determined period of time to relieve a nursing need. The staff nurses who have participated in this program report that the experience is extremely rewarding and motivating. Another program offers cross-training in different areas and units of the medical center. Providing opportunities for nurses to orient to

other units where tasks and methods of delivery vary enhances nursing skills and improves communication between nursing units. The fourth motivation and reward factor is the inservice education program which not only provides a variety of offerings but encourages the staff to participate in the planning and production of programs (Warren 1978).

There are many proponents of the program entitled Human Resource Development (HRD). It has been utilized in industry since the late 1960's as a means of stimulating maximum productivity from employees. The function of HRD is the "identification, examination and modification of those factors in an individual's environment, or experience which influence an ability or desire to interact" (Scoville 1977, p. 28). Scoville (1977) gave several examples of applying HRD in hospitals. He stated that one of the most rewarding results of HRD is the reduction in the turnover rate. To counteract the decline in motivation and productivity the author suggested utilizing the following activities within one health care institution: patient education, employee education and training, management training and development, organization development, job development, and human resource accounting (Scoville 1977).

Bedwell (1976), director of the department of Human Resources Development at St. Joseph's Hospital in Milwaukee, said that an increasing number of young workers, ages nineteen to twenty-four years are entering the job market. As their numbers begin to comprise a larger percentage of the hospital work force, managers and supervisors will need to learn how to most effectively employ their talents. The author postulated that the "New Generation" (those between the age of nineteen and twenty-four years) work differently because its members insist that human needs be given priority. The author stated that their values reflect a dedication to society, a questioning of traditional authority, and a need for challenge and self-actualization. Bedwell (1976) also noted that it is imperative for managers to re-evaluate existing practice and procedures in light of the needs of this population. The "New Worker," like many others, is motivated by the feelings of accomplishment, achievement, recognition, and self-esteem derived from a job well done (Bedwell 1976).

In an effort to accomplish the same objective that Bedwell (1976) has identified, many nursing administrators are beginning to utilize management by objectives (MBO). MBO is a philosophy and style which was introduced by

Drucher (1954). There are two basic principles behind the MBO system: (1) it is results-oriented; and (2) it follows the concepts of human behavior and motivation. Cain and Luchsinger (1978) presented MBO as a possible means of optimizing nursing effectiveness, efficiency, and job satisfaction while minimizing frustration. A commitment to this system requires the entire organization to focus attention upon goal-setting. Each person participates in setting his goals and making his plans. The most outstanding advantage of the system is that each person in the organization knows what is expected of him and is directly responsible for decisions in planning his job (Cain and Luchsinger 1978).

Another avenue being utilized in an effort to meet the autonomy and achievement needs of nurses is the concept of primary care. Spitzer (1979) noted that simply to use the words "primary nursing" without comprehending and implementing the total concept is to give way to nursing's desire to try anything to justify itself. The ideal in primary nursing demands that each patient regardless of diagnosis or length of stay, have his own primary nurse and that each registered nurse have responsibility for her own primary patients regardless of what shift she works. The author stressed that primary nursing is a commitment.

Primary care nursing cannot succeed in the traditional hierarchial structure but rather it requires a support system that will promote the development of the potential of each individual providing direct care (Spitzer 1979).

Summary

This chapter has presented a review of the literature which examined the content theories of Maslow (1943) and Murray (1938) as developed by McClelland and Atkinson (1953). Studies relating the possibility of increased productivity with motivated workers were explored. The early investigations which focused on the personality correlates of nurses were presented. Different variables associated with motivation including job satisfaction and climate were investigated. The last section explored various methods being utilized in applying different aspects of motivation.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This descriptive study identified the motivational needs of nurses employed in different pediatric settings. A descriptive study as defined by Abdellah (1965) is one in which the research is primarily concerned with obtaining accurate and meaningful descriptions of the phenomena under study.

Setting

The setting for this study was a 120-bed general children's hospital located in a metropolitan area greater than one million persons. This agency serves children from birth through eighteen years of age. Associated with the Department of Pediatrics of a local medical school, this hospital functions as the regional referral center for pediatric problems. The nursing service department is traditional in organizational structure. Each individual unit has a head nurse who is responsible to the area supervisor who, in turn, reports to the Director of Nursing Service. The majority of the nursing staff are registered nurses. There are a few licensed vocational nurses who work in the general pediatric areas. The intensive care

unit (ICU) is for both medical and surgical patients. The third floor houses the general medical and surgical inpatient unit for children from birth to four years, while the fourth floor is for children ages four to eighteen years. The outpatient department (OPD) has thirty-four clinics which are scheduled on different days of the week. Approximately two hundred patients are seen in the outpatient clinics each day. A functional type of nursing assignment is utilized in the outpatient department while a modified primary care assignment (total patient care for a group of assigned patients) is utilized on the inpatient units and in the ICU.

There is a full-time inservice instructor available to the ICU nursing staff, and a second instructor is employed for the inpatient units and the OPD. Educational programs are offered at various times throughout the day to provide additional opportunity for the nursing staff to attend. Two registered nurses are responsible for patient education (primarily with children who have diabetes and cardiac problems). There is also an active play program with two full-time non-nurse personnel.

The medical staff consists of private physicians as well as interns and residents affiliated with the medical

school. Nurses are encouraged to participate in the scheduled medical conferences.

Population

The population of this study consisted of registered staff nurses working full-time for a minimum of one year in the intensive care unit, outpatient clinic, or one of the general pediatric units in the children's hospital utilized. From this population the subjects for the study were chosen by convenience sampling. Although not a true random sample, this type of sampling does provide an element of randomness (Abdellah 1965). A total of forty-six subjects completed the three-part questionnaire, however, two had to be omitted because they did not meet the delimitations of the study. Therefore, the total sample for this study was forty-four subjects. There were eighteen subjects from the ICU, eighteen from the general units, and eight from the clinic. The proposal submitted prior to the study specified that a minimum of seventy nurses (thirty each from the ICU and general units and ten from the clinic) would be used in the project. However, the total population available consisted of only fifty-seven subjects. Due to vacations, days off, and illness, only fifty (88 percent) of the potential population were available. Four chose not to participate.

Tool

Two separate tools based on different theories of motivation were utilized to identify the subjects' motivational needs. This provided an opportunity to determine if one tool was easier to administer, tabulate, and analyze. Using the two tools also afforded an occasion for comparison of motivational needs identified by each tool. A three-part questionnaire (appendix A) was utilized to obtain data. Part I consisted of demographic data, Part II was the "Manifest Needs Questionnaire" (MNQ), and Part III was the "Ten-Item Needs Questionnaire."

The "Manifest Needs Questionnaire" was developed by Steers and Braunstein in 1976. The questionnaire measures four of Murray's (1938) needs, which are n-achievement, n-affiliation, n-autonomy, and n-dominance. The instrument has been found to

. . . exhibit reasonable levels of convergent and discriminant validity for research purposes when compared with the Personality Research Form (PRF).
. . . Evidence is available in support of reasonable levels of predictive validity . . . [as well as] acceptable test-retest reliabilities and internal consistencies (Steers and Braunstein 1976, p. 264).

The questionnaire consisted of twenty statements that described various things people do or try to do while at work. The subjects were asked to place a check below the word(s) which best described their own actions. The

rating scale ranged from never (valued at one) to always (valued at seven). There were five questions per need item distributed randomly through the tool with five of the questions having reversed scoring. The maximum value of any identified need would then be thirty-five and the minimum would be five.

The "Ten-Item Needs Questionnaire" designed by Mitchell and Moudgill (1976) is an adapted form of "Porter's Need Questionnaire." The factors utilized, obtained through oblique rotation, correspond to the conceptually-derived categories for all three samples tested.

Based on the logic of inherent interdependence of needs in the need hierarchy, the ten-item revised instrument (containing eight original Porter items) is therefore presented as a reasonably successful operationalization of Maslow's constructs (Mitchell and Moudgill 1976, p. 348).

The tool consisted of ten items which dealt with need satisfaction. The subjects were asked to give three ratings:

1. How much of the characteristic is there now connected with your position?
2. How much of the characteristic should be connected with your position?
3. How important is this position-characteristic to you? (Mitchell and Moudgill 1976).

For each of the ten items the subjects were asked to answer by circling a number on a rating scale from one to seven with low numbers representing low or minimum amounts and high numbers representing high or maximum amounts. Each need area (security, social esteem, autonomy, and self-actualization) was represented by two questions. Of the ten items, two had reversed scoring. The maximum score possible for an item was fourteen, the minimal was two.

Permission was obtained by the investigator per telephone on May 21, 1978, from Dr. Steers in Portland, Oregon, and from Dr. Mitchell in Vancouver, British Columbia, to use their questionnaires. They explained that there were no copyrights on the instruments, and they purposely had the tools printed so as to be available to any interested researcher.

Collection of Data

An objective critique of this study was presented to the Human Rights Committee of Texas Woman's University to insure protection of the individual rights of the participants. After receiving approval from this committee (appendix B) the Director of Nurses of the agency was given a copy of the proposal. After receiving approval from the Director, a written consent form (appendix C),

which documented conditions mutually agreed upon by the agency and the investigator, was obtained. Data were collected from August 8 to 10, 1978. In an attempt to contact subjects working on every shift, the investigator was available from 6:30 a.m. to 8:30 a.m., 1:00 p.m. to 3:30 p.m., and 10:00 p.m. to 12:00 a.m. each of the three data collection days.

At the time of the shift report, the investigator was introduced to the nurses and explained that the study was designed to obtain information on how nurses working in different areas of the hospital viewed their positions. Staff nurses who had at least one year of experience since graduation from nursing school were invited to participate. Those that chose to participate in the study were given a consent form (appendix D), which documented their individual approval to engage in the study. A written explanation of the study (appendix E) was given to each subject. This explanation guaranteed anonymity and that all individual responses would be held in strict confidence. There were no questions regarding how to complete the questionnaire. The subjects in the intensive care unit completed the questionnaire in their locker rooms which was located just outside the unit. The room was approximately twelve feet by sixteen feet with lockers

along one wall and several lounge chairs and a desk along the other wall. Those participants employed in the units completed the questionnaire in the report room located just across from the nurses' station. The report room was approximately eight feet by ten feet and contained a low table used as a desk and several stools. The subjects in the clinic used the head nurse's office, which was located on the first floor of the clinic behind the nurses' station. The room was eight feet by six feet and contained a desk and two chairs. The questionnaire took the subjects approximately twenty minutes to complete.

Treatment of Data

The primary aim of this study was to describe the relationship between identified motivational needs, the clinical setting, and specific points from the demographic data of registered staff nurses employed in a children's hospital. A frequency distribution of each demographic variable, the subjects' motivational need for achievement, affiliation, autonomy, and dominance on Part II, and the subjects' hierarchy of needs as assessed on Part III was compiled. Summary statistics of each group and the total sample were calculated on the demographic variables that were numerical in character. These included age, marital

status, religion, number of children, number of years working, number of years in their present position, and educational preparation. In correlating the demographic items with items on Part II and III of the questionnaire, the point biserial and Spearman's correlation coefficients were used (Dayton 1971).

The two tools utilized to determine the motivational needs were based on two different theories of motivation. Therefore, no attempt was made to compare and contrast the findings from Parts II and III. The results from each tool were correlated separately with the demographic data.

This chapter presented the methodology used to identify the motivational needs of pediatric nurses employed in different settings. The research setting, sample, tools, and the data collection and treatment were described.

CHAPTER IV

ANALYSIS OF DATA

A three-part questionnaire was used to collect data identifying the motivational needs of nurses working in different areas of a children's hospital. The first section consisted of demographic information, the second section was a tool devised by Steers and Braunstein (1976) which measured four of Murray's (1938) motivational needs, and the third section was a tool (Mitchell and Moudgill 1976) to measure the individual motivational needs as defined by Maslow (1943).

A frequency distribution of each demographic variable and items on Part II and III of the questionnaire was compiled. Summary statistics for each group and the total population were calculated on the demographic variables that were numerical. A description of the sample will be followed by the identification of the motivational needs and presentation of findings.

Description of Sample

The subjects for this study consisted of forty-four female registered nurses. They were working as full-time

staff nurses in the area of their preference of the children's hospital. Each subject was registered in the State of Texas. All but one was Caucasian, and each was born, reared, and educated in the United States. The mean age for the total sample was 27.5 years, the range was 22 to 61 years. Seventy percent of the sample was between twenty-two and twenty-six years. The mean age for subjects in the outpatient department (OPD) was 29.5 years, for those in the inpatient units, it was 28.4 years, and the mean was 25.7 years for subjects in the intensive care unit (ICU).

The mean number of years the subjects had been engaged in nursing was 4, with the range being from 1 to 25 years with a median of 3.2 years. There was a wide difference between the OPD subjects' mean number of years employed (6.7 years with a range of 2 to 25 years) and that of those subjects in the ICU and inpatient units (2.9 years with a range of 1 to 8 years and 2.7 years with a range of 1 to 23.5 years). In regard to the number of years in their present position, the subjects in the ICU had the lowest mean of 1.2 years, the subjects in the OPD had a mean of 2.2 years, and those subjects in the inpatient units were the highest with a mean of 2.7 years, making the mean for all subjects 2 years (table 2).

TABLE 2

MEAN AND RANGE OF DEMOGRAPHIC DATA FOR PART I

Group	n	Mean Age	Mean Number Years Working	Mean Number Years Present Position
Outpatient department	8	29.5 (24-46)	6.7 (2-25)	2.2 (5mos-7yrs)
Intensive care unit	18	25.8 (23-40)	2.9 (1- 8)	1.2 (6mos-2yrs)
Inpatient units	18	28.4 (22-61)	4.0 (1-24)	2.8 (5mos-24yrs)
Total Sample	44	27.5 (22-61)	4.1 (1-25)	2.0 (5mos-23yrs)

Seventy percent of the subjects checked Protestant as their religious preference, 25 percent checked Catholic, and 5 percent had no preference. Forty-eight percent of the subjects were married. Seven of the total subjects had children. Five subjects on the inpatient units had a total of eleven children, and two subjects in the clinic had one child each. There were six situational statements that helped lend insight into why the subjects were working. Seven (16 percent) of the total said that it was not necessary for them to work to provide support for their family. The remaining thirty-seven subjects (84 percent) noted that it was necessary for them to work to provide additional support or that they were the sole support of

their family or themselves. In addition, twelve subjects (27 percent) checked the option that they worked because they enjoyed helping others, and nineteen subjects (43 percent) noted that they worked because it was personally satisfying and growth producing.

In regard to educational preparation 66 percent of the total subjects held a Bachelor of Science degree in nursing, 16 percent held an Associate Degree in nursing, and 18 percent held diplomas in nursing. The breakdown for each area varied. Fifty percent of the subjects in the OPD held bachelor of science degrees, 25 percent held associate degrees, and 25 percent held diplomas. Seventy-two percent of the ICU subjects were graduates from a diploma school of nursing. Of the subjects from the inpatient units, 67 percent had their basic nursing preparation from a bachelor program, 11 percent from an associate degree program, and 22 percent from a diploma program. Eight of the subjects were enrolled in school part-time (six from the inpatient units and two from the outpatient department). Three of the subjects were pursuing a bachelor degree, four were working toward a master's degree, and one had not specified a major.

The sample included subjects employed on the following shifts: 7:00 a.m. to 3:30 p.m.; 9:00 a.m. to

5:30 p.m.; 3:00 p.m. to 11:00 p.m.; 11:00 p.m. to 7:00 a.m.; 1:00 p.m. to 11:30 p.m. Of the total, twenty-three subjects worked straight days (7:00 a.m. to 3:30 p.m. or 9:00 a.m. to 5:30 p.m.) and twenty-one rotated. All the subjects in the OPD worked days only, while 56 percent of the subjects in the ICU and 61 percent in the inpatient units had to rotate (table 3).

Identified Motivational Needs

Part II of the questionnaire consisted of a tool designed to identify the subjects' motivational needs for n-achievement, n-affiliation, n-autonomy, and n-dominance. The need area with the highest numerical value for the total sample and each group was n-achievement. The mean value for n-achievement for all subjects was 23.8. Very little difference was noted among the groups (24.1 for subjects in the OPD and 23.8 for those in the ICU and in the inpatient units). The need area with the second highest numerical value was n-affiliation. The total sample had a mean score of 21.2, subjects from the outpatient department had a 21.9, those in the inpatient units had a 21.3, and the subjects from the ICU had a 20.8. N-autonomy was the third highest identified need (20.5). The average score ranged from 21.3 for those subjects in the inpatient units, 20.3 for those in the ICU, and 19.3 for the OPD

TABLE III
NUMBER AND PERCENTAGE FOR DEMOGRAPHIC DATA FOR PART II

	Group			
	Outpatient Department	Intensive Care Unit	Inpatient Units	Total Sample
n	8	18	18	44
Religion				
Protestant	6 (75%)	13 (72%)	12 (66%)	31 (70%)
Catholic	2 (25%)	4 (22%)	5 (28%)	11 (25%)
Other	0 (0%)	1 (6%)	1 (6%)	2 (5%)
Marital status				
Single*	4 (50%)	9 (50%)	10 (56%)	23 (52%)
Married	4 (50%)	9 (50%)	8 (44%)	21 (48%)
Number of children	2 (25%)	0 (0%)	5 (28%)	7 (16%)
RN preparation				
Diploma	2 (25%)	2 (11%)	4 (23%)	8 (18%)
Associate degree	2 (25%)	3 (7%)	2 (11%)	7 (16%)
Bachelor degree	4 (50%)	13 (72%)	12 (66%)	29 (66%)
Attend school part-time	0 (0%)	2 (11%)	6 (33%)	8 (18%)

*Includes never married, divorced, and separated.

sample. The total sample's n-dominance had the lowest numerical value (18.7). The scores for individual groups for n-dominance ranged from an average of 19.6 in the OPD to 18.1 for the inpatient units. The ICU subjects had a score of 19.1 (table 4).

TABLE 4
AVERAGE SCORES AND RANGE ON IDENTIFIED
MOTIVATIONAL NEEDS*

Need	Outpatient Department (8)	Intensive Care Unit (18)	Inpatient Units (18)	Total Sample (44)
Achievement	24.1 (21-28)	23.8 (19-28)	23.8 (19-28)	23.8 (19-28)
Affiliation	21.7 (19-26)	20.8 (14-26)	21.3 (17-27)	21.2 (14-27)
Autonomy	19.3 (17-24)	20.3 (14-26)	21.3 (7-27)	20.5 (7-27)
Dominance	19.6 (15-23)	19.1 (13-29)	18.1 (13-22)	18.7 (13-29)

*Based on tool designed by Steens and Braunstein (1976).

Part III of the questionnaire was the instrument designed for measurement of Maslow's (1943) need hierarchy. As described in Chapter III, this tool deletes the physiological need category and adds autonomy. Security, affiliation (social), esteem, autonomy, and

self-actualization were the five needs investigated. The results identified the social need as that which had the highest numerical value in each group in response to question A, "How much is there now"? The mean value for the total sample was 10.6. The subjects in the OPD scored 9.5; for those in the ICU their score was 10.6; and the subjects in the inpatient units had a mean score of 11.1. The lowest value for all groups was the need for autonomy, with the subjects in the OPD having the lowest mean score of 5.0. The ICU subjects had an 8.8 score for n-autonomy; the subjects from the inpatient units had an 8.9; and for the total sample the mean score was 8.2 (table 5).

Question B on the "Ten-Item Needs Questionnaire" (Mitchell and Moudgill 1976) asked, "How much should there be"? This value was then subtracted from value A in response to "How much is there now"? resulting in a figure which represented the fulfillment differential for that specific need. The lower the value the more satisfied the need, the higher the value the more deficient the need. The lowest factor of A-B was the security need (OPD 0.8, ICU 0.7, inpatient units 0.6, all subjects 0.7) and the highest was autonomy (OPD 6.7, ICU 3.2, inpatient units 2.9, all subjects 3.6) (table 6).

TABLE 5

AVERAGE SCORES AND STANDARD DEVIATIONS IN
REPOSE TO QUESTION "A"^a

	Outpatient Department	Intensive Care Unit	Inpatient Units	Total Sample
Security (A)	9.3 (4.5)	9.5 (2.8)	10.7 (2.5)	10.0 (3.0)
Social (A)	9.5 ^b (1.7)	10.6 ^b (1.7)	11.1 ^b (1.3)	10.6 ^b (1.6)
Esteem (A)	7.9 (1.4)	9.2 (1.6)	9.4 (1.6)	9.1 (1.6)
Autonomy (A)	5.0 ^c (2.4)	8.8 ^c (2.4)	8.9 ^c (2.2)	8.2 ^c (2.7)
Self- actualization (A)	8.3 (1.8)	10.0 (2.1)	10.2 (1.8)	9.8 (2.0)

^aBased on question "How much is there?" on tool designed by Mitchell and Moudgill (1976).

^bHighest.

^cLowest.

In response to question C from Mitchell and Moudgill's (1976) tool, "How important is this to me?" all groups were consistent in regard to the lowest need, that being security. The average score was 7.3 for subjects in the ICU, 7.9 for those in the OPD, and 8.4 for subjects in the inpatient units. Both the subjects in the OPD and those in the inpatient units had as their highest value, in

TABLE 6

AVERAGE SCORES AND STANDARD DEVIATIONS FOR
VALUE "A-B"^a

	Outpatient Department	Intensive Care Unit	Inpatient Units	Total Sample
Security (A-B)	0.8 ^b (2.3)	0.7 ^b (2.0)	0.6 ^b (2.3)	0.7 ^b (2.1)
Social (A-B)	2.6 (1.7)	0.8 (0.8)	0.6 (0.8)	1.1 (1.3)
Esteem (A-B)	3.8 (2.0)	2.2 (2.3)	2.4 (1.5)	2.6 (2.0)
Autonomy (A-B)	6.7 ^c (3.1)	3.2 ^c (1.6)	2.9 ^c (2.0)	3.6 ^c (2.4)
Self- actualization (A-B)	4.0 (1.6)	3.0 (2.1)	2.4 (1.7)	2.9 (1.9)

Note: All means have negative values.

^aBased on question A--"How much is there?" and B--"How much should there be?" on tool designed by Mitchell and Moudgill (1976).

^bLowest.

^cHighest.

response to "How important is this to me?" the social need. For subjects in the inpatient units the score of 12.3 for the social need was only one-tenth higher than the score of 12.2 for the self-actualization need. The subjects in the ICU identified self-actualization as their most

important need with an average score of 12.6, and overall the subjects were divided between the social need with a 12.4 average score and a need for self-actualization with an average score of 12.3 (table 7).

TABLE 7
AVERAGE SCORES AND STANDARD DEVIATIONS IN
RESPONSE TO QUESTION "C"^a

	Outpatient Department	Intensive Care Unit	Inpatient Units	Total Sample
Security (C)	7.9 ² (4.7)	7.3 ² (2.8)	8.4 ² (3.3)	7.9 ² (3.8)
Social (C)	13.4 ^c (0.9)	11.9 (1.8)	12.3 ^c (1.1)	12.4 ^c (1.5)
Esteem (C)	10.9 (1.7)	10.1 (2.3)	11.6 (1.8)	10.8 (2.1)
Autonomy (C)	11.1 (2.0)	10.9 (2.1)	10.7 (2.2)	10.9 (2.1)
Self- actualization (C)	12.1 (1.5)	12.6 (1.5)	12.2 (1.2)	12.3 (1.3)

^aBased on question C--"How important is this to me?" on tool designed by Mitchell and Moudgill (1976).

^bLowest.

^cHighest.

Presentation of Findings

The point biserial and Spearman correlation coefficients were used in correlating the specific demographic data with items on Part II and III of the questionnaire. A 0.05 level of significance was selected.

In analyzing the demographic data the subjects in the ICU were younger, more of them had graduated from baccalaureate programs (72 percent) and they were employed in their present position for less time than subjects from either the OPD or inpatient units. There were more subjects employed in the inpatient units who attended school part-time. The OPD group had been employed in nursing longer than the other groups and they were the only ones who worked from 9:00 a.m. to 5:30 p.m. daily.

Examining the significant findings in the correlation of Part II scores with various demographic data, it was found that n-achievement was higher for those individuals in all groups who were the youngest and had spent the fewest years in their present position. The same relationship was identified in regard to n-autonomy. The younger the subject, the less number of children, the fewer years employed and the fewer years in their present position, the higher their score for n-autonomy. There was a significant correlation between n-achievement and

n-autonomy ($p < .001$). In regard to n-affiliation and n-dominance there was a negative correlation ($p < .05$), as the n-dominance increased the n-affiliation decreased (table 8).

TABLE 8

SIGNIFICANT FINDINGS FOR THE TOTAL SAMPLE
FOR MURRAY'S NEEDS (N=44)

	Achievement	Autonomy	Affiliation
Age	$r=.34$ $p<.02$	$r=.49$ $p<.001$	
Number of children		$r=.33$ $p<.03$	
Number of years working		$r=.41$ $p<.007$	
Number of years present position	$r=.37$ $p<.01$	$r=.52$ $p<.0003$	
Achievement		$r=.48^*$ $p .0001$	
Dominance			$r=.30$ $p<.05$

*All of the above stated correlation coefficients have a negative value with this exception.

There were no significant findings noted in the OPD group which could have been a result of the small sample of eight nurses. The one significant finding for the subjects in the ICU was as the n-achievement increased

there was a corresponding increase in the n-autonomy ($p < .02$). All but one of the seven correlates found to be significant for the total sample were found in the inpatient unit sample. The exception was the relationship between n-affiliation and n-dominance. There were two additional correlates identified in the inpatient unit sample, the n-achievement increased with a decrease in the number of work years ($p < .04$) and the n-dominance increased with a corresponding decrease in the number of children ($p < .03$) (table 9).

Correlations were obtained between educational preparation, marital status, and each specific motivational need. The married subjects' n-achievement and n-autonomy increased significantly with a corresponding decrease in age (n-achievement = $p < .008$; n-autonomy = $p < .001$), number of years working (n-achievement = $p < .02$; n-autonomy = $p < .006$) and number of years in their present position (n-achievement = $p < .006$; n-autonomy = $p < .001$). There was a significant relationship between n-achievement and n-autonomy ($p < .002$) and a negative correlation between n-affiliation and n-dominance ($p < .03$). The divorce group had similar relationships. There were no significant findings with the single population. Table 10 presents the mean and range of Murray's four needs in regard to marital status.

TABLE 9

SIGNIFICANT FINDINGS FOR INPATIENT UNITS
FOR MURRAY'S NEEDS (N=18)

	Achievement	Autonomy	Dominance
Age	$r=.56$ $p<.015$	$r=.71$ $p<.001$	
Number of children		$r=.54$ $p<.02$	$r=.51$ $p<.03$
Number of years working	$r=.49$ $p<.04$	$r=.63$ $p<.05$	
Number of years present position	$r=.48$ $p<.04$	$r=.72$ $p<.001$	
Achievement		$r=.56^*$ $p<.02$	

*All of the above stated correlation coefficients have a negative value with this exception.

In examining the level of educational preparation, it should be noted that the groups for diploma and associate degree graduates are significantly smaller than the baccalaureate graduates. Another difference is the average age for each group. The mean age for the baccalaureate graduates was 25 while that of the associate degree graduates was 29.6 years, and the diploma graduates was 35 years. The significant findings indicate that the n-autonomy decreased with the increase in age ($p < .017$),

TABLE 10

MEAN AND RANGE OF COMPARISON OF MARITAL
STATUS TO MURRAY'S FOUR NEEDS

	Single	Married	Divorced	Separated
n	17	21	4	2
Age	26.5 (23-46)	28.2 (23-40)	35.8 (23-61)	26.5 (22-21)
Achievement	23.2 (19-28)	24.2 (21-28)	23.0 (19-25)	24.5 (23-26)
Affiliation	21.2 (17-26)	21.2 (14-27)	22.0 (18-24)	21.5 (21-22)
Autonomy	20.4 (16-26)	20.6 (14-27)	17.3 (7-26)	22.0 (22)
Dominance	18.8 (15-24)	18.7 (13-29)	18.3 (17-19)	18.0 (18)

years of work experience ($p < .04$), and years in their present position ($p < .002$) with the diploma graduates. Table 11 gives the mean and range of each need.

Part III of the questionnaire had fewer significant results than Part II. One significant finding was that the importance of social needs at work (Soc C) for those subjects from the inpatient units decreased as the age ($p < .02$), years of work experience ($p < .03$), and years in present position ($p < .04$) increased. Table 12 presents the mean and range values of Maslow's needs according to

TABLE 11

MEAN AND RANGE OF COMPARISON OF EDUCATIONAL PREPARATION
TO MURRAY'S FOUR NEEDS

	Diploma	Associate Degree	Bachelor Degree
n	8	7	29
Age	35 (23-61)	29.6 (23-40)	25 (22-33)
Achievement	22.3 (19-26)	25.3 (23-28)	23.9 (19-28)
Affiliation	21.5 (15-26)	21.1 (20-23)	21.1 (14-27)
Autonomy	19.1 (7-25)	18.7 (17-22)	21.4 (14-27)
Dominance	17.9 (13-23)	19.4 (16-22)	18.8 (13-29)

marital status. It was found that the married subjects' need for autonomy (C) increased as there was a corresponding decrease in age ($p < .01$), number of years working ($p < .03$) and number of years in their present position ($p < .04$).

Examining educational preparation, the following correlates for baccalaureate graduates had a negative discrimination: self-actualization (C) and number of years in present position ($p < .04$); autonomy (C) and age ($p < .02$) and number of years in present position ($p < .02$). The associate degree graduates also had a significant

TABLE 12

MEAN AND RANGE OF COMPARISON OF MARITAL
STATUS TO MASLOW'S MOTIVATIONAL NEEDS*

	Single	Married	Divorced	Separated
n	17	21	4	2
Age	26.5 (23-46)	28.2 (23-40)	35.8 (23-61)	26.5 (22-31)
Security	7.2 (2-14)	8.3 (2-14)	7.3 (3-13)	8.5 (8-9)
Social	12.8 (9-14)	12.8 (8-14)	11.5 (10-14)	13 (12-14)
Esteem	11.1 (8-14)	10.6 (6-14)	10.5 (8-13)	12.5 (11-14)
Autonomy	10.7 (5-14)	11.0 (8-14)	10.3 (8-14)	11.5 (9-14)
Self- actualization	12.2 (10-14)	12.3 (11-14)	10.8 (10-12)	13 (12-14)

*Based on Question C, "How important is this to me?"

negative discrimination between autonomy (C) and age ($p < .01$). Table 13 gives a comparison of those individuals with different educational preparation and Maslow's (1943) motivational needs.

Summary

The population for this research consisted primarily of Caucasian, protestant (75 percent), registered

TABLE 13

MEAN AND RANGE OF COMPARISON OF EDUCATIONAL PREPARATION
TO MASLOW'S MOTIVATIONAL NEEDS*

	Diploma	Associate Degree	Bachelor Degree
n	8	7	29
Age	35 (23-61)	29.6 (23-40)	25 (22-33)
Security	7.8 (3-12)	9.9 (3-14)	7.4 (2-14)
Social	11.4 (8-14)	12.9 (10-14)	12.5 (9-14)
Esteem	10 (7-12)	10 (7-14)	11.2 (6-14)
Autonomy	10.3 (8-12)	11.7 (9-14)	10.8 (5-14)
Self-actualization	11.5 (11-12)	12.3 (10-14)	12.6 (10-14)

*Based on Question C, "How important is this to me?"

nurses under the age of twenty-seven years, half of whom were married with an average of less than .25 children each. The majority (66 percent) graduated from a baccalaureate nursing program and 16 percent stated that they had to work to help support themselves and/or family.

The purposes of this investigation and the results from the tools utilized to determine the subjects'

motivational needs are presented below. The purposes of this study were to determine:

- A. The motivational needs of nurses employed in the intensive care unit.
 - 1. From Part II--the highest identified need was achievement and the lowest was need for dominance.
 - 2. From Part III--
 - a. Question A--the factor in their position at work that had the highest value was the social need. The factor with the lowest value was autonomy.
 - b. Question C--the concern that was most important to these subjects was the need for self-actualization, the lowest was security.
 - c. Value (A-B)--the need that had the highest deficiency in the work setting was autonomy and the one with the lowest was security.
 - d. With the security need met and the social need satisfied, the strongest motivational needs at the time of this study were need for self-actualization and autonomy and to a lesser degree need for self-esteem.
- B. The motivational needs of nurses employed in the outpatient clinic.

1. From Part II--the highest identified need was achievement and the lowest was need for autonomy. However, there was only three-tenths of a difference between n-autonomy and n-dominance.
2. From Part III--
 - a. Question A--the factor in their position at work that had the highest value was the social need, but it was only two-tenths higher than the security need. The factor with the lowest value was need for autonomy.
 - b. Question C--the concern that was most important to these subjects was the social need and the lowest was security.
 - c. Value (A-B)--the need that had the highest deficiency in the work setting was autonomy, the lowest was security.
 - d. The security needs were met and the need for autonomy had the highest deficiency score; however, the social need was identified by the subjects as the most important, and it still had a relatively high deficiency score, so the social need would be the most important motivating factor, then the need for autonomy and self-actualization.

- C. The motivational needs of nurses employed in the general units.
1. From Part II--the highest identified need was achievement and the lowest was for n-dominance
 2. From Part III--
 - a. Question A--the factor in the work setting that had the highest value was the security need and the lowest was autonomy.
 - b. Question C--the concern that was the most important to these subjects was the social need but only one-tenth higher than the need for self-actualization.
 - c. Value (A-B)--the need that had the highest deficiency in the work setting was autonomy. The lowest values were the security and social needs.
 - d. With the security need met and the social need satisfied, the strongest needs identified which would allow for growth would be self-actualization, then autonomy and self-esteem.
- D. If there were significant relationships between any specific demographic data and identified motivational needs of pediatric nurses.

1. From Part II--

- a. The n-achievement and n-autonomy were higher for the younger subjects overall and for those employed in the general units. There was also a significant negative correlation between the number of years working and the number of years in their present position but this would be anticipated since younger nurses would have fewer years in the work field. Those married subjects who were younger, had fewer number of years of work experience and fewer number of years in their present position, also had a higher need for achievement and autonomy.
- c. Those subjects who had children had lower autonomy and dominance needs.
- d. Those subjects with a high need for dominance had a lower need for affiliation.

2. From Part III--

- a. Social Need (C)--those subjects who were younger, had fewer number of years in work experience and in their present position had a lower social need.
- b. Autonomy (C)--this need was higher for those married subjects who were younger, had fewer

- years work experience and fewer years in their present position.
- c. Self-actualization (C)--this need was higher for baccalaureate graduates with the fewest years in their present position.
 - d. Autonomy (C)--Baccalaureate graduates who were younger and had fewer years in their present position had a higher autonomy need.
 - e. Esteem (C)--the younger subjects who had graduated from an associate degree nursing program had a higher need for self-esteem.

A description of the sample used in this study and a composite of demographic information was presented in this chapter. Motivational needs as identified by the Manifest Needs Questionnaire (Steers and Braunstein 1976) and Mitchell's tool (Maslow's needs) were described. Significant correlations between the identified needs and various items from the demographic data were presented.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

The problem of this study was to identify whether registered nurses employed in different pediatric settings had similar motivational needs. The sample consisted of forty-four registered staff nurses employed in three different settings of a 120-bed children's hospital. The motivational content theories of Maslow (1943) and Murray (1938) as developed by McClelland and Atkinson (1953) served as the theoretical base. The data were collected over a three-day period using a three-part questionnaire. The first part consisted of demographic information. Part II was the "Manifest Needs Questionnaire" as developed by Steers and Braunstein (1976). This tool provided insight into the subjects' needs according to Murray's theory as developed by McClelland (1953) of n-achievement, n-affiliation, n-autonomy, and n-dominance. Part III was the "Ten-Item Needs Questionnaire" designed by Mitchell and Moudgill (1976), which assessed the subjects' needs as defined by Maslow. In order to identify

the relationship between the identified motivational needs (both Part II and III), the pediatric clinical setting, and specific points from the demographic data, frequency distributions, summary statistics, point biserial and Spearman's correlation coefficients were utilized. The findings were examined and the following conclusions and implications were compiled.

Conclusions

The major conclusions of this study supported by the data were as follows:

1. The highest motivating need identified for all groups based on Murray's (1938) needs was n-achievement
2. The needs with the highest motivating potential for the total sample and specifically those subjects from the ICU and inpatient units based on Maslow's Hierarchy (1943) were the needs for self-actualization and autonomy
3. The social need as identified by Mitchell and Moudgill's tool (1976) was considered important by the subjects in the OPD and was not being met in the hospital setting
4. Subjects in the OPD had higher deficiency scores (A-B) in all areas (the highest being autonomy) than the other two groups as measured by Mitchell and Moudgill's tool (1976)

5. The younger the subjects, the higher their level of n-achievement as measured by Steers and Braunstein's tool (1976)

6. The Manifest Needs Questionnaire (Steers and Braunstein 1976) was easier to administer, tabulate, and analyze than the Ten-Item Needs Questionnaire (Mitchell and Moudgill 1976), but it did not provide as much specific information.

Implications

In this nursing investigation the motivating needs of registered nurses were identified as achievement (Murray 1938), self-actualization, and autonomy (Maslow 1943). Nursing administration should be aware that a climate that provides a higher degree of personal responsibility, allows for individual goal-setting and provides feedback would enable these subjects to be more content and productive (McClelland and Atkinson 1953). Providing opportunities for advancement other than the traditional staff nurse to head nurse to supervisor is one way to allow for higher level of personal responsibility. Instituting primary care, which allows the nurse more decision-making power, is another method available. The agency in this study utilized a modified type of primary care assignment, but the individual staff

nurses did not have total responsibility for their own group of primary patients from time of admission to time of discharge on a twenty-four hour basis.

Other programs the nursing administration could utilize to meet the achievement, autonomy, and self-actualization needs of the staff nurses could include the Human Resource Development Program as presented by Scoville (1977) or the Management by Objectives system as introduced by Drucker (1954). In this latter option each individual participates in setting his goals and making his plans. By having clearly defined goals, priorities would be established and individual employees would be accountable and responsible for the attainment of stated objectives (Schaefer 1977).

Recognizing that the younger employees were found to be more achievement-oriented, supervisors need to become aware of how they are rewarding their staff. As pointed out by Lynch (1978) and Bedwell (1976), it is important to alter approaches with the younger employee. The older supervisors need to realize that what motivates them to be more productive may not be what will motivate their employees.

The subjects employed in the clinic were found to have a higher need deficiency in all areas. Acknowledging

that this could be a result of the small sample, nursing administration should initially investigate this area, focusing on the subjects' social need.

Recommendations

Recommendations for further study include

1. Duplicate this study using a larger population of registered staff nurses working in more diverse settings (public health, adult burn units, general adult units)

2. Prepare the demographic data so as to have subjects check an age range instead of stating an exact age. This would allow for grouping of age responses and assist in comparison of this factor to identified motivational needs

3. Conduct a follow-up study using the "Job Diagnostic Survey (Hackman and Oldham 1975) to determine how existing positions can be redesigned to improve employee motivations and productivity

4. Duplicate this study with staff nurses working in different patient care assignment settings (primary care versus modified primary care versus functional assignment)

5. Duplicate this study comparing supervisors' and staff nurses' motivational needs

6. Correlate results from "Dubins Financial Incentive Tool" (Burton 1976) to identified motivational needs

7. Duplicate this study including a tool to determine how the supervisor perceives the motivational needs of their staff nurses

8. Utilize the Manifest Needs Questionnaire for initially identifying a population's motivational needs

APPENDIX A

QUESTIONNAIRE

Part I

Please fill in each blank or check appropriate answer.

Demographic Data

Age: _____ Sex: Male _____ Female _____

Marital Status: Never Married _____ Married _____
Divorced _____ Widowed _____ Separated _____

Religion: Protestant _____ Catholic _____ Jewish _____
Other (specify) _____

Ethnic Group: Caucasian _____ Black _____ Mexican American _____
Other (specify) _____

Citizen of: USA _____ Other (specify) _____
Naturalized: Yes _____ No _____

Children: Number _____ Ages _____
How many living with you? _____

Dependents: Number _____

Check the statement(s) that most accurately describe(s) your situation.

- _____ 1. It is not necessary for me to work to provide support for my family.
- _____ 2. It is necessary for me to work to provide support for my family.
- _____ 3. I am the sole support of my family.
- _____ 4. I work because I enjoy helping others.
- _____ 5. I work because it is personally satisfying and growth producing.
- _____ 6. Other _____

Educational Background

Basic Nursing Preparation:

Diploma _____ A.D. _____ B.S. _____
Location of School _____

Registered in the State of _____

What additional degrees do you have? _____

Are you presently enrolled in school or a continuing education class?

Yes _____ No _____

Part-time _____ Full-time _____

Working toward what degree? _____

Nursing Practice

Working as a Registered Nurse: Years _____ Months _____

In present position: Years _____ Months _____

Position: Staff Nurse _____ Assistant Head Nurse _____
Head Nurse _____ Other (specify) _____

Shift Assignment: 7-3 _____ 3-11 _____ 11-7 _____

10 hr. _____ 12 hr. _____

Rotate: Yes _____ No _____

Shift preference _____

Type of Patient Assignment:

Team Nursing _____ Primary Care _____

Other (specify) _____

Area: OPD _____ ICU _____ General Unit _____

Is this the area you prefer? Yes _____ No _____

If no, what area would you prefer? _____

Part II

Below are listed 20 statements that describe various things people do or try to do on their jobs. I would like to know which of these statements you feel most accurately describe your own behavior when you are at work. Please place a check on the line below that word(s) which best describes your own actions.

	Never	Almost Never	Seldom	Sometimes	Usually	Almost Always	Always
1. I do my best work when my job assignments are fairly difficult. (1)							
2. When I have a choice, I try to work in a group instead of by myself. (2)							
3. In my work assignments, I try to be my own boss. (3)							
4. I seek an active role in the leadership of a group. (4)							
5. I try very hard to improve on my past performance at work. (1)							
6. I pay a good deal of attention to the feelings of others at work. (2)							
7. I go my own way at work, regardless of the opinions of others. (3)							
8. I avoid trying to influence those around me to see things my way. (4)							

9. I take moderate risks and stick my neck out to get ahead at work. (1)
10. I prefer to do my own work and let others do theirs. (2)
11. I disregard rules and regulations that hamper my personal freedom. (3)
12. I find myself organizing and directing the activities of others. (4)
13. I try to avoid any added responsibilities on my job. (1)
14. I express my disagreements with others openly. (2)
15. I consider myself a "team player" at work. (3)
16. I strive to gain more control over the events around me at work. (4)
17. I try to perform better than my co-workers. (1)
18. I find myself talking to those around me about non-business related matters. (2)

[illegible]

19. I try my best to work alone on a job. (3)
20. I strive to be "in command" when I am working in a group. (4)

Never	Almost Never	Seldom	Sometimes	Usually	Almost Always	Always

CODE--1 n-Achievement
2 n-Affiliation

3 n-Autonomy
4 n-Dominance

Part III

Below are listed 10 characteristics or qualities connected with your position as staff nurse. For each characteristic you will be asked to give three ratings:

- HOW MUCH of the characteristics IS THERE NOW connected with your position?
- HOW MUCH of the characteristic do you think SHOULD BE connected with your position?
- HOW IMPORTANT is this position characteristic TO YOU?

You will answer the above three questions by circling a number on a rating scale from 1 to 7, where low numbers represent low or minimum amounts, and high numbers represent high or maximum amounts.

- The feelings of worthwhile accomplishment associated with one's position. (5)
 - How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - How important is this to me? (min). 1 2 3 4 5 6 7 (max)

2. Prestige inside the hospital (i.e., regard received from others within the hospital). (3)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)
3. The opportunity for conversation and exchange of ideas with colleagues and co-workers. (2)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)
4. The feeling of self-esteem a person gets in one's position. (3)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)
5. The opportunity for participating in the setting of goals. (4)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)

6. The feeling of self-fulfillment a person gets in one's position. (5)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)
7. The opportunity to give help to other people. (2)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)
8. The threat of change which could make one's present skills or knowledge obsolete. (1)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)
9. The opportunity for participating in the determination of methods and procedures. (4)
 - a. How much is there now? (min) 1 2 3 4 5 6 7 (max)
 - b. How much should there be? (min) 1 2 3 4 5 6 7 (max)
 - c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)

10. The feeling of insecurity associated with one's position. (1)

a. How much is there now? (min) 1 2 3 4 5 6 7 (max)

b. How much should there be? (min) 1 2 3 4 5 6 7 (max)

c. How important is this to me? (min) 1 2 3 4 5 6 7 (max)

CODE--1 - Security needs
2 - Social needs
3 - Esteem needs
4 - Autonomy needs
5 - Self-actualization needs

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Rebecca Ann Cherry Center: Dallas

Address: 846 Ratcliff
Shreveport,
Louisiana 71104

Dear Ms. Cherry:

Motivational Needs of Registered Nurses

Your study entitled Working in Pediatric Settings

has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,



Chairman, Human Research
Review Committee
at Dallas.

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS
110

DALLAS CENTER
1810 Inwood Road
Dallas, Texas 75235

HOUSTON CENTER
1130 M.D. Anderson Blvd.
Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Children's Medical Center of Dallas, Texas

GRANTS TO Rebecca Cherry

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Motivational Needs of Registered Nurses
Working in Pediatric Settings

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other: _____

Date August 7, 1978

Rebecca Cherry
Signature of student

Suzanne Brach sr
Signature of Agency Personnel
Lommie R. Wallace
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original -- Student; first copy - agency; second copy - T.W.U. College of Nursing.

APPENDIX D

TEXAS WOMAN'S UNIVERSITY

I hereby authorize Rebecca Cherry to perform the following investigation:

Collect data using a three-part questionnaire which will provide additional information on how nurses view their positions.

The procedure of investigation listed in Paragraph one has been explained to me by Rebecca Cherry.

I understand that the investigation described in Paragraph one involves the following possible risks or discomforts:

1. The questionnaire will take approximately thirty minutes
2. The possibility of improper release of data

I understand that the investigation described in Paragraph one has the following potential benefits to myself and/or others.

1. Add to the existing body of knowledge on needs of nurses working in different pediatric settings
2. Provide the hospital with a profile of nurses working in various areas

An offer to answer all of my questions regarding the study has been made. I understand that I may terminate my participation in the study at any time.

Subject's Signature

Date

Witness

APPENDIX E

EXPLANATION TO PARTICIPANTS

I am collecting data which will provide additional information on how pediatric nurses view their positions and if their individual needs are being met. There are three sections to the questionnaire and will take approximately thirty minutes of your time.

There are no right or wrong answers. Please answer all questions frankly as all individual responses will be held in strict confidence.

You will need to sign the consent form before continuing with the questionnaire. Please do not place your name on the questionnaire.

I will be happy to answer any questions regarding the study. Thank you for your assistance.

Rebecca Cherry, B.S.
Graduate Student
TWU College of Nursing

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