

Job Satisfaction and Turnover Among
Hospital Nurses at Parkland
Memorial Hospital

A THESIS

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CHAPTER I

INTRODUCTION

With ever increasing size and complexity, hospitals are becoming more and more like major businesses (Warstler 1974). In fact attention has been focused on this aspect of health care since the Carter administration shifted the focus of national health care policy away from guaranteed access and towards cost containment (Aden 1979).

Consumers, third party payers, and the government expect health care institutions to manage personnel and materials both economically and effectively (Warstler 1974).

The major purpose of the nursing service administration within the hospital setting is to provide nursing care resources to the patients (Aydelotte 1974). Today this must be done through optimal utilization of nursing personnel. This optimal utilization requires not only decisions about the appropriate numbers and kinds of personnel and the quality standards expected on behalf of the patients, but also decisions about the nature of the job design and work environment that will enable nurses to practice optimally. The design and environmental parameters are instrumental in providing job enrichment and

the resultant job satisfaction that is consistent with high performance and low turnover (Lawler 1974). The problem for nursing administration is the identification of design and environmental factors that are most effective in predicting, and thus avoiding costly problems such as turnover.

Problem of Study

The problem of the study was to determine if a relationship exists between nurse job satisfaction and turnover.

Purpose

The purpose of the study was the determination of the relationship between nurse job satisfaction and turnover for registered nurses and licensed vocational nurses employed at Parkland Memorial Hospital.

Justification of the Study

In the general acute care hospital, staffing needs fluctuate on a day to day basis depending on patient census and acuity level. Certain numbers and types of nursing personnel are necessary to meet daily patient needs. As patient needs increase, personnel shortages on a nursing unit can be met by several approaches. A float nurse can be transferred from a unit where needs are

less acute, or another nurse from the unit where the shortage exists can be asked to work overtime. A solution that has increasing importance is the use of supplemental staffing services from commercial agencies.

Current national policies that promote cost containment, coupled with a nationwide shortage of professional nurses, has created a situation in which few hospitals are staffed to the level that excess float nurses are readily available. Consequently, many acute care hospitals utilize supplemental staffing agencies to hire emergency fill-in nurses to cover vacancies (Donovan 1978). The costs created by substituting over-time nurses or supplemental agency nurses to cover vacancies are very high. At Parkland Memorial Hospital in Dallas, the salary and benefit costs to employ an agency nurse were \$160.00 for an eight hour shift as compared to \$80.00 and \$112.00 to utilize the hospital's own nurses at base rate and overtime rate respectively. A reduction in employee attrition or turnover at this 900 bed hospital would have saved 1.5 million dollars in the first year if it led to the filling of only 90% of the current vacancies.

Additional costs are incurred through attrition in the form of recruitment expenditures and losses in continuity of care by the substitution of float, overtime,

and supplemental nurses. Still other problems arise when supplemental nurses are contracted since the nursing service administration remains responsible for the quality of care, but the supplemental nurse remains accountable only to her employer, the agency (Amenta 1977).

Turnover is caused by a variety of factors. Besides a person's voluntary decision to terminate employment, retirement and discharge add to turnover. Demographic variables such as sex and length of service have been found to correlate with turnover (Lawler 1974). However, in groups of like demographic characteristics, turnover should occur at random, and the resultant correlation between job satisfaction and turnover should allow nursing administrators to anticipate turnover problems. Until these problems are explained, they may not be able to be controlled. The difficulties associated with determining the cost of turnover have kept the problem in low visibility. However, management must begin controlling these costs as vigorously as it controls capital expenditures and the like (Dane 1972).

Theoretical Framework

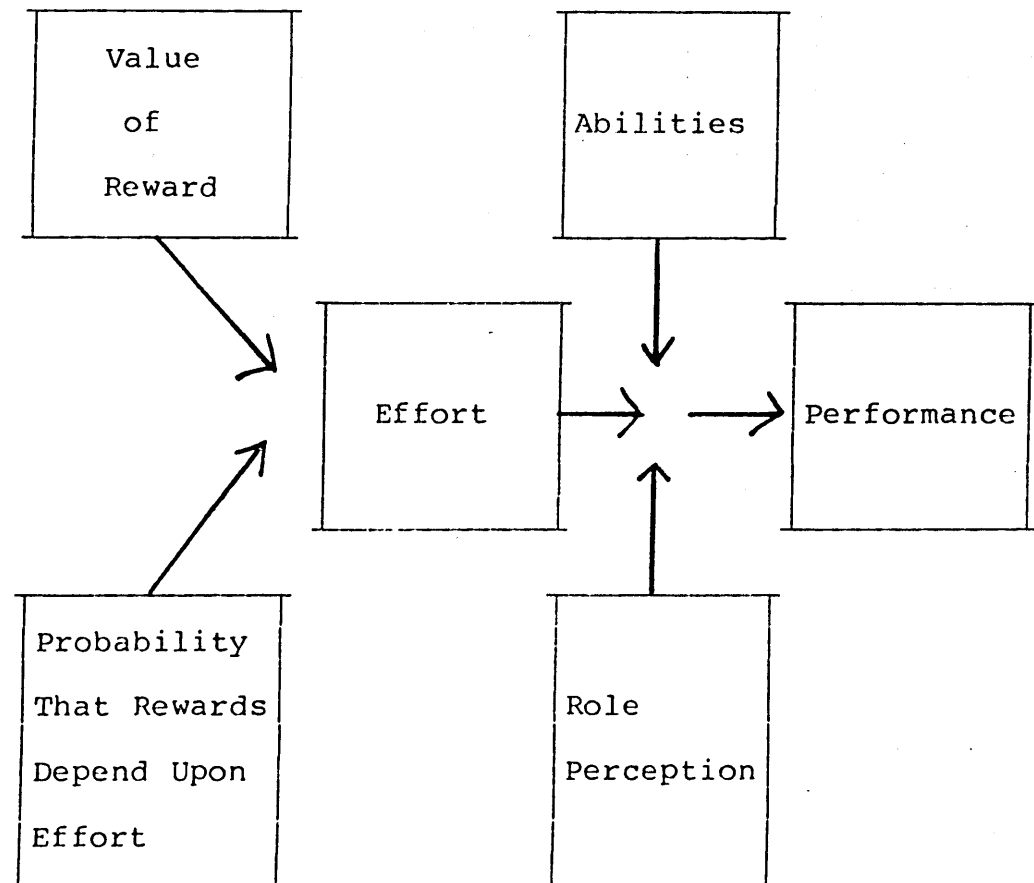
Motivation theory is often used to explain employee behavior. Expectancy theory (Lawler 1974) is a motivation theory that can be used to understand the affects of job

design on employee behavior. According to this theory, motivation is determined by two major factors. The first of these factors is the individual's perception of the probability that expending a given amount of energy will result in obtaining a given valued outcome. This perceived probability is referred to as effort-reward probability. Effort-reward probability also has two components. First is expectancy or the probability that effort will lead to performance. Second is instrumentality or the probability that performance will lead to a desired reward or outcome.

The second major factor in motivation is the valence or value of the reward or outcome. Lawler (1974) argued that the value of the reward is related to the perceived ability of the outcome to satisfy one or more of the human needs as outlined by Maslow: physiological needs, security needs, social needs, esteem needs, and self-actualization needs.

Given the necessary ability to perform and the appropriate role perception, effort-reward probability and outcome valence will lead to employee performance. The strength of this linkage depends on the strength of each component and is referred to as valence of performance. Lawler and Porter (1967) illustrated this

linkage as is depicted below in their conceptual model (see appendix A for permission to use the model).



Lawler identifies two types of rewards relevant to the work setting, yet consistent with his reliance on Maslow for a hierarchy of needs. The first type of reward is rewards that are extrinsic to the individual, are part of the job design, and are given by others. As these rewards are externally mediated, they are best thought of

as meeting lower level needs. The intrinsic or internally mediated rewards can be thought of as meeting higher order needs such as self-esteem and self-actualization. That is, lower needs are met by externally mediated outcomes such as pay, job tasks, and other organizational requirements; while higher order needs are met by internally mediated outcomes such as social interaction, job prestige, and autonomy. Since the connection between intrinsic rewards and performance, that is instrumentality, is more direct than between extrinsic rewards and performance, a higher effort-reward probability can be established for intrinsic rewards. Individuals find jobs to be more or less intrinsically motivating depending on how well the perceived outcomes meet their higher order needs.

According to Lawler (1974), outcome values and effort-reward probabilities combine multiplicatively to determine an individual's motivation. His argument is that for any given outcome, the multiplicative combination of its valence and the corresponding effort-reward probability will indicate the level of motivation to perform. Since an individual's motivation to perform is influenced by more than one perceived reward, it is necessary to combine data for all perceived effort-reward

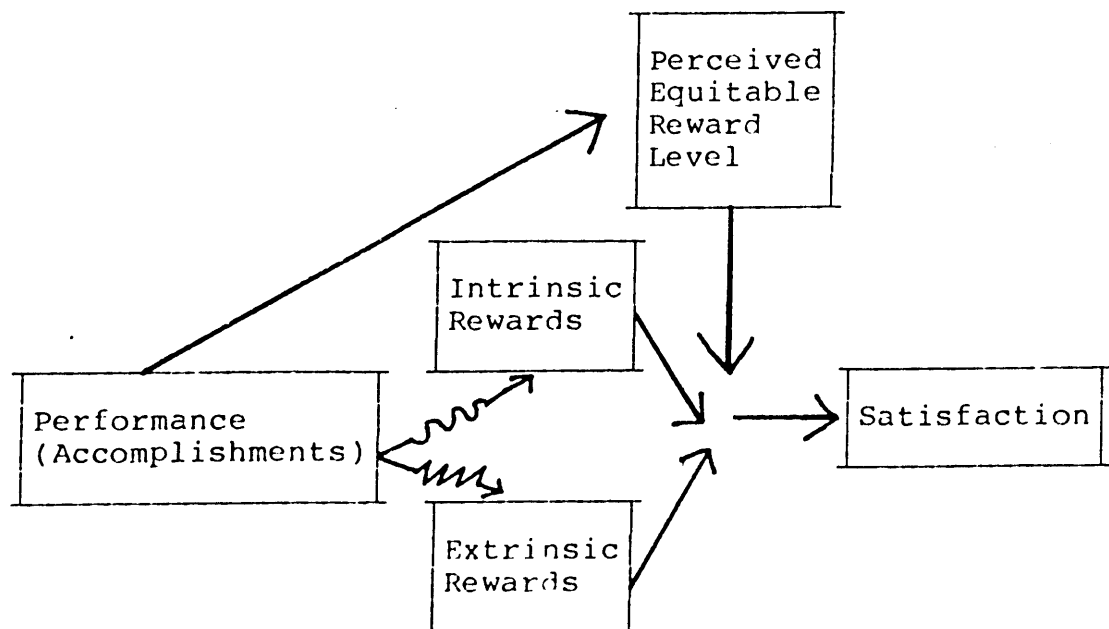
probabilities and the values of the corresponding rewards (Lawler 1974). As outlined, valence and effort-reward probability lead to motivation, performance, and satisfaction of needs. To the extent that this model relates to job design, so will respective job related outcomes and effort-reward probabilities lead to job satisfaction. To the extent that outcome valence and effort-reward probability can be quantified, so can job satisfaction be quantified.

The role played by satisfaction in expectancy and motivation theory evolved from its role in drive theory (Lawler 1974). In drive theory, satisfaction is a psychological feeling of contentedness that results when a desired outcome is received. Most of the research on job satisfaction that developed from drive theory was congruent with an increasing prominence of humanistic psychology in management sciences. That research was often guided by the philosophy that happy workers are productive workers. Researchers believed that satisfaction led to productivity. However, expectancy theory predicts that productivity leads to rewards, then to satisfaction.

If satisfaction leads to performance, then managers should try to ensure that their employees are satisfied.

However, if performance indirectly causes satisfaction, then high satisfaction is not necessarily a goal, but rather is a by-product of performance and productivity.

There is an imperfect relationship between performance and satisfaction. The relationship will be slightly positive when performance leads to valuable rewards that are perceived as equitable. However, there may be a negative relationship if rewards are unrelated to performance. Overall job satisfaction is determined by the difference between all the things a person feels he should receive from a job and all the things actually received. Lawler and Porter (1967) have illustrated this relationship through the following conceptual model (see appendix A for permission to use the model).



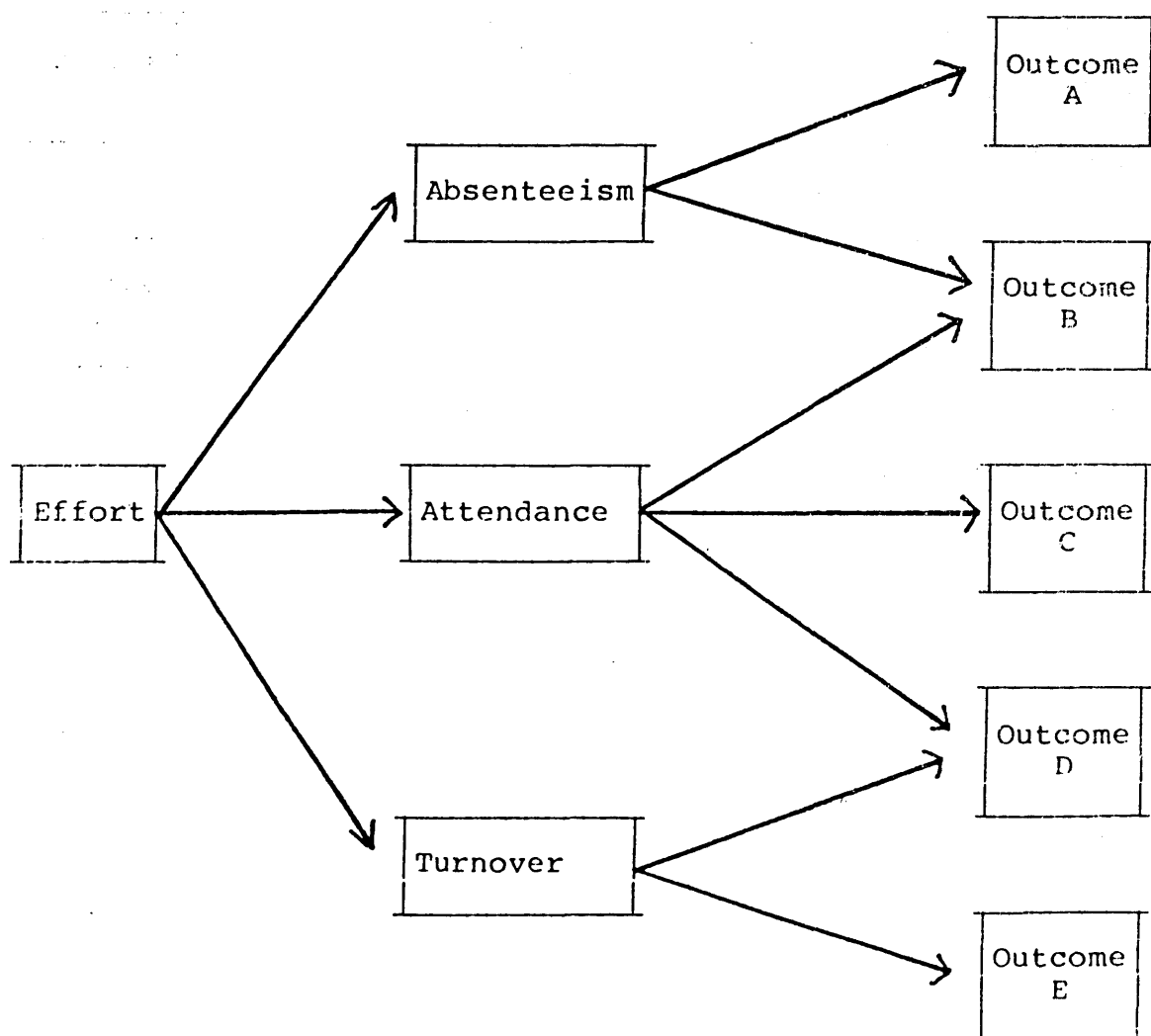
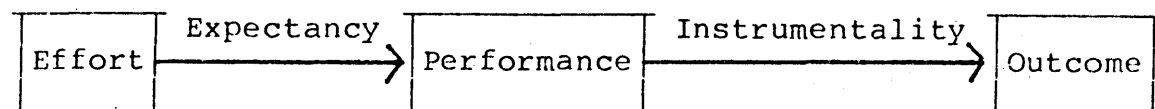
Overall job satisfaction results from a combination of the individual's satisfaction with each job facet. Therefore, there is a connection between how important employees say job factors are and how much job factors actually influence overall job satisfaction. Overall job satisfaction as defined by Lawler (1974) is equal to $\Sigma(\text{outcome satisfaction} \times \text{outcome importance})$. Satisfaction may have a weak relationship to performance, but it has a strong relationship to turnover and absenteeism. The same way that satisfaction is a natural outcome of performance and reward, so is turnover and absenteeism a natural outcome of low effort-reward probability, or low outcome valence.

Any job design encompasses a set of job facets and a requisite set of rewards. As explained previously, the employee's perception of the probability of receiving a given reward or set of rewards is dependent on both the expectancy and the instrumentality. If a given job design has high expectancy, high instrumentality, high outcome valence, and high perceived equity of the outcome; then the individual will be highly motivated, will demonstrate high performance given the ability and role expectation, and will experience a coincidental high job satisfaction. As the value of any of these parameters decreases, so will

the perceived probability of receiving equitable rewards and resultant satisfaction of needs.

Valence of performance is dependent not only upon expectancy, instrumentality, and outcome valence, but also upon past experience, communication with others, and the valence of performance in other areas (Lawler 1974). Even though absenteeism and turnover result more directly from a higher valence of performance off the job or in another setting than they do from low levels of satisfaction, they still indicate a need for management to adjust either expectancy, instrumentality, or outcome valence for the individual nurse in order to create a job design that competes with alternatives to work.

To the extent that the individual perceives a higher valence of performance and more equitable rewards in a setting off the job, absenteeism will occur. To the extent that the individual perceives a higher valence of performance and more equitable rewards in a different job setting, turnover will occur. This expectancy theory explanation for absenteeism and turnover is depicted in the following conceptual model developed by the author.



Assumptions

Several problematic assumptions related to the measurement of job satisfaction are important in the development and interpretation of the study. These assumptions include:

1. Involuntary turnover will occur at random within like demographic groups
2. Job satisfaction is normally distributed
3. Job satisfaction is unidimensional

Hypothesis

There will be no significant difference between the mean Index of Work Satisfaction for nurses who terminate employment and nurses who do not terminate employment.

Definition of Terms

Several operational definitions are necessary in the development and interpretation of the study. They include:

1. Job satisfaction is the unidimensional score, Index of Work Satisfaction (IWS), as calculated from the Nurses' Job Satisfaction Attitude Scale (Stamps 1978)

2. Nursing personnel are registered nurses and licensed vocational nurses employed in an acute care hospital

3. Turnover is indicated when an individual nurse leaves the employment of the hospital and is removed from the current roster of employees

Limitations

Employees make daily decisions about whether or not to participate in the activities of their employer's organization. They decide whether or not to continue their employment by comparing the perceived consequences of their current employment with the consequences of employment in another organization (Lawler 1974). Past experiences influence the employee's behavior as does communication with others. Since employment decisions are made on a daily basis, job satisfaction should rightly be measured on a daily basis in order to obtain the most valid correlation between turnover and satisfaction. This, unfortunately, is not a practical approach. Generalizability of the study is limited to the extent that job satisfaction remains constant during the sixty day test period. It is further limited since the study was undertaken at only one institution.

Other limitations to generalizability exist due to the nature of the research problem. First, the problem does not lend itself to random assignment of individuals to research groups, nor does the independent variable lend itself to manipulation. Second, the possibility of faulty interpretation exists since the inference is not that a causal relationship exists between low satisfaction and turnover, but that both are affected by valence of performance and the equity of outcome as perceived by the employee.

Summary

The growing business nature of the health care industry and the increasing federal pressure for cost containment have forced nursing administrators to become more involved in promoting the efficient utilization of nursing personnel. To that end, the reduction of turnover can be demonstrated to cut costs while improving care (Donovan 1978).

Expectancy theory provides a framework for explaining and predicting employee turnover. Employees will be job satisfied to the extent that they receive equitable outcomes as a result of continued employment. They will decide to continue employment if past

experience and other influences create a valence of performance or propensity to participate in work activities in anticipation of receiving valued outcomes.

If employers are able to predict turnover problems by measuring job satisfaction, then factors contributing to low satisfaction scores can be altered by the employer to reduce attrition. A tool designed specifically for the nursing profession is needed to measure factors of importance that are peculiar to nursing practice.

CHAPTER II

REVIEW OF LITERATURE

Newcomb, Turner, and Converse (1965) have observed that behavior is a function of both attitude and situation. That is, "once the situation is given, behavior is a resultant of the total configuration of relevant attitudes" (Kraut 1975, p. 234). Therefore, it may be unrealistic to expect a single attitude model to explain behavior. However, the Lawler expectancy model (1974) allows for consideration of the total configuration of relevant attitudes and situations. Research into these parameters can be summarized in three areas: (a) employee turnover in general, (b) elaboration of Lawler's model, and (c) turnover among nurses.

Employee Turnover

In the past there have been four noteworthy reviews of the literature dealing with employee turnover. These were conducted by Brayfield and Crockett (1955); Herzberg, Mausner, Peterson, and Capwell (1957); Vroom (1964); and Porter and Steers (1973). Brayfield and Crockett (1955) and Herzberg et al. (1957) found a strong relationship between employee job satisfaction and withdrawal behavior.

Validation of those reviews by this researcher found many methodological weaknesses in some of the respective studies, but enough evidence did exist to accept the attitude-withdrawal relationship. This relationship has since been used by others in theory development relating to organizational behavior (Kraut 1975).

In later literature reviews by Vroom (1964), the attitude-withdrawal relationship was reinforced by a consistent negative relationship between job satisfaction and propensity to withdraw. Vroom interpreted these findings as being consistent with an expectancy/valence theory of motivation for the first time. His work has been referred to by Lawler (1974) and was significant in Lawler's theory development.

Such research has been complemented by later studies that investigate correlations between withdrawal and external factors such as economic conditions, biographical data, and intelligence data (Porter and Steers 1973). Other studies have concentrated on internal factors such as: (a) pay and promotional considerations, (b) supervisory style, (c) work unit size, (d) peer group interaction, (e) job content, and (f) environmental considerations.

The major findings of these studies, when taken together, point to the concept of unmet expectations in the withdrawal decision. Under such a model each employee brings to the employment situation a unique set of expectations. The literature indicates that most employees place a fairly high valence on the attainment of expectations in pay, promotion, supervisory relations, and peer group relations. In addition each individual places varying importance on a variety of other rewards available on the job. "In general the decision to participate or withdraw may be looked upon as a process of balancing received or potential rewards with desired expectations" (Porter and Steers 1973, p. 171).

Theory Development

In 1976, Brief suggested a predictive model to manage employee withdrawal. Job design, job satisfaction, and employee expectations were all considered. A complementary approach was first articulated by Vroom (1964) through expectancy theory. Lawler expanded Vroom's original work in 1974 by connecting it to Maslow's hierarchy of needs as an indicator of employee expectations. Seybolt, Pavett, and Walker (1978) further expanded the model to indicate intervening mobility variables. As presented, Seybolt and associates have the

clearest form of the expectancy model with the highest degree of sophistication. Unfortunately, these authors have not considered outcome valence in their measurements of job satisfaction.

Most job satisfaction and expectancy/valence studies have investigated employees in factory and assembly work. Rarely have studies dealt with professional or service oriented people (Stamps et al. 1978). Within the health field, nurses have received more attention than others.

Job satisfaction studies have considered satisfaction in relation to turnover, to absenteeism, and to unionization. Theories of Herzberg, Hoppock, and Maslow have been tested for applicability to professionals. Personality studies of nurses have been conducted to determine the type of person attracted to nursing (Slavitt et al. 1978). However, there was little work found by the author to predict attrition through a model that will allow remedial or prophylactic management to optimize the utilization of personnel.

Turnover Among Nurses

A recent survey by the Georgia Society of Hospital Nursing Service Administrators identified staffing as the most significant problem faced by nursing service

administrators (McDonald and Shaver 1981). They state that reduction of absenteeism and attrition could alleviate some of the staffing problems. However, not all absence or attrition is controllable. Illness, retirement, family relocation, injury, and death may lead to either of these problems. While experts estimate that fifty percent of absences from work are controllable, very little data is available to make such estimates for turnover (Minor 1976).

In 1974, Lawler differentiated between intrinsic and extrinsic rewards. He believed that these rewards were valued to the degree that they met human needs in accordance with Maslow's hierarchy of needs, and that intrinsic rewards tended to meet needs at the higher end of the scale. Stamps et al. (1978) identified job facets which fall into the intrinsic/extrinsic paradigm such that intrinsic rewards may include job prestige/status, interaction, and autonomy; while extrinsic rewards may include pay, task requirements, and organizational requirements.

This conceptualization is still present in the literature in 1981. McDonald and Shaver (1981) identified intrinsic and extrinsic factors that lead to the withdrawal decision. These factors are outlined on the next page.

Intrinsic Causes

1. The job itself, boredom, and the belief that a particular activity is not critically needed [job prestige/status]
2. Ineffective supervision [interaction]
3. Poor intragroup and intergroup relations [interaction]
4. Lack of control over the decisions affecting one's work [autonomy]
5. Overwork and physical exhaustion [task requirements]

Extrinsic Causes

1. Personnel policies that are too liberal . . . [organizational requirements]
2. Personnel policies which reward non-compliance [rewards not related to performance]
3. Lack of attendance policies
4. Lack of effective employee selection, placement orientation, and training
5. Lack of communication channels . . .
6. Low pay and unpleasant work conditions [pay]

The factors delineated by McDonald and Shaver (1981, p. 14) parallel those of Lawler (1974) and Stamps et al. (1978).

Even these are not the only causes of withdrawal from work. Among staff nurses "burn-out" has been postulated as a significant contributor to nurse turnover (Shubin 1978). McDonald and Shaver (1981) outlined nurse personality factors in addition to extrinsic and intrinsic causes already described. Most researchers believe that the major causes of withdrawal are psychological (Willings 1968). These psychological causes may result from particular job facets, or they may be inherent in the individual nurse. Whatever the source, many of them will

still fall within the portion of employee withdrawal experience that is controllable.

Lawler (1974) has identified three principles of job design that must be followed in order to maximize performance, and thereby control the employee withdrawal behavior that is so costly to hospitals and to other employers. These principles relate to providing the employee with (a) meaningful work, (b) personal responsibility for the work, and (c) feedback on employee performance. Several management strategies can be utilized to provide for these three principles.

Summary

In the past there have been several noteworthy studies of employee job satisfaction and turnover. Many of the studies have found a definite relationship between these two concepts. A number of them have utilized expectancy theory as the framework, and recent literature has assisted in the development and application of this theory to administration and the control of turnover.

So far, the author has not identified any studies that seek a relationship between job satisfaction and turnover for nurses and at the same time apply the full meaning of valence of rewards. Seybolt et al. (1978) utilized Lawler's expectancy theory in measuring nurse

job satisfaction and have elaborated the theory in a sophisticated manner. Stamps et al. (1978) applied the valence of reward concepts of expectancy theory to the measurement of job satisfaction, but did not study the relationship of this job satisfaction parameter to any indicator of performance.

When a nurse is satisfied with a job, the nurse's needs are being satisfied as a result of participating in that job. Lawler's theory predicts that high satisfaction will lead to low turnover because the satisfied individual will be motivated to work where the most important needs are being met (Longest 1974).

CHAPTER III

METHODOLOGY

To test the hypothesis, a case study of the descriptive approach and cross sectional design was used (Polit and Hungler 1978). Establishment of a causal relationship was not of importance in this study. Establishment that satisfaction varies with turnover lends support to the expectancy theory assertion that job satisfaction by past experience alone is enough to encourage continued employment vis-a-vis increased valence of performance. Since random assignment and experimental manipulation were not practical, a descriptive study was appropriate.

Setting

The target hospital was Parkland Memorial Hospital, a 900 bed county facility in Dallas, Texas. Parkland is a general acute care and emergency treatment facility with primary responsibility for the care of indigent residents of Dallas County. The hospital employs approximately 500 registered and licensed vocational nurses. Personnel records at Parkland indicate that turnover within this

group is approximately forty percent. This forty percent annual attrition for 250 subjects selected at random, was expected to yield seventeen terminations within the sixty day test period.

Population and Sample

The population included all registered and licensed vocational nurses employed at Parkland Memorial Hospital in Dallas, Texas. Names and addresses of these nurses were obtained from hospital personnel records. The sampling frame was selected by convenience to include the entire target population. The sample included 250 nurses selected by simple random sampling (Polit and Hungler 1978) from 522 nurses in the sampling frame.

Protection of Human Subjects

The only risk to any human subject related to potential improper release of data. However, even though the data was value related, the items were believed to be low risk items. Return of the questionnaire was construed to mean informed consent and such a statement appeared in the cover letter (see appendix B) and in each questionnaire mailed to the subjects (see appendix B). Permission for the study was obtained from the site

hospital, and from the Human Subjects Review Committee of the Texas Woman's University (see appendix C).

Instrument

The instrument was developed by a team of researchers at the University of Massachusetts (Stamps et al. 1978) in an effort to analyze the occupational satisfaction of nursing personnel in hospital settings. It is applicable to the measurement of overall job satisfaction in line with Lawler's expectancy theory since it allows for the analysis of both job satisfaction and job outcome importance. Overall job satisfaction is equal to $\Sigma(\text{outcome satisfaction} \times \text{outcome importance})$.

Many job factors have been studied relative to job satisfaction both in the health care field and in others. Employee demographic data, job design characteristics, and employee need satisfaction have been covered at length in the literature. Lawler's expectancy theory relates motivation, performance, and satisfaction specifically to Maslow's hierarchy. While the Nurses' Job Satisfaction Attitude Scale does not specifically address each level of Maslow's hierarchy, it does identify extrinsically mediated outcomes (pay, task requirements, and organizational requirements) and intrinsically mediated outcomes

(job prestige/status, interaction, and autonomy)
consistent with Lawler's framework.

Stamps et al. (1978, p. 339) identified six job factors that are defined as follows:

1. Pay--Dollar remuneration and fringe benefits received for work done
2. Autonomy--Amount of job related independence, initiative, and freedom either permitted or required in daily work activities
3. Task Requirements--Tasks that must be done as a regular part of the job
4. Organizational Requirements--Constraints or limits imposed upon job activities by the administrative organization
5. Interaction--Opportunities and requirements presented for both formal and informal social contact during working hours
6. Job prestige/status--Overall importance or significance felt about the job at the personal level and to the organization

The authors selected these particular concepts because of their importance to health professionals. The tool was developed to gather both a qualitative assessment of responses and a quantitative summary score. Additionally, the relative importance of each factor and the perceived level of satisfaction with each could be determined.

The first section of the instrument measures the relative importance of each factor by a paired comparisons technique. The second section measures the individual's satisfaction with each factor through a Likert-type attitude scale.

The first section compares each of the six factors by forced choice, paired comparisons. The relative importance of each is then weighted by means of the paired comparisons test by Edwards (1957). Factors were described to the subjects as listed previously.

The second section of the instrument measures perceived satisfaction with each of the six components. Each component is measured or tested by eight attitude items on a seven point scale. Half of the items in each component are phrased positively and half are phrased negatively while all are arranged in random order. Each item, and in turn, each component yields a separate score.

The overall score is then derived by summing the products of the weighted paired comparison scores and their respective component satisfaction scores. The IWS emphasizes the relative importance of the components and the level of satisfaction with each (see appendix D).

The development of the instrument by Stamps et al. (1978) included three administrations in three separate settings: (a) in 1972 to 246 nurses in a hospital setting, (b) in 1974 to forty-two nurses and physicians in an ambulatory care setting, and (c) in 1974 to 450 nurses in another hospital setting. Each item had been developed by a panel of nurses prior to the first administration. Three

statistical approaches were utilized to analyze the instrument: (a) a validity test of the job satisfaction components and the individual test items, (b) a reliability test of the attitude items, and (c) a comparison of weighted and unweighted scores.

Face validity was tested by principle component factor analysis with a varimax rotation (Nie, Bent, and Hull 1970), yielding seven factors instead of the six already defined. Administration of the questionnaire and replication of this statistical analysis is needed before the job satisfaction components are changed (Stamps et al. 1978). The seven factors were very similar to the original six and accounted for fifty-nine percent of the variance among the items.

Internal reliability was determined by a Cronbach coefficient alpha, a random split-halves reliability test. Reliability for the forty-eight item questionnaire was .912. Intrafactor reliability tests for the six components ranged from .696 to .846. The high reliability of the forty-eight items suggested that each was consistently measuring the general concept of the questionnaire, job satisfaction, and the high intrascale reliability suggested that each item within the scale was measuring that particular component of job satisfaction.

To analyze the difference between weighted and unweighted scores, a Kendall tau correlation statistic yielded a .86 correlation between the two. This result raises criticism of the weighted score. However, Lawler's theoretical framework suggests that more important outcomes lead to greater motivation, performance, reward, and hence increased job satisfaction. Therefore, the weighted score should be maintained unless the weighted score is demonstrated to be superior.

Data Collection

On day one of the sixty day test period, a letter and a questionnaire was mailed to each registered nurses and licensed vocational nurses in the sample. The letter explained the purpose of the study, and that participation was encouraged, but voluntary (see appendix B). Each questionnaire was coded so that results could be compared to employee attrition. A pre-addressed envelope was enclosed with the letter and the questionnaire. At the end of the sixty day test period, personnel records were reviewed to identify those subjects that had terminated employment.

Data Treatment

Six steps were necessary to analyze the data collected in the study. First, the chi-square statistic was used to determine whether or not the respondent sample was significantly different from the entire target population. The frequency of certain demographic characteristics in the respondent group was tested against the frequency of that characteristic in the population. Second, the questionnaire was factor analyzed to test for face validity. For consistency with Stamps et al. (1978) the principle component factor analysis with a varimax rotation was utilized. Third, a Cronbach coefficient alpha, split-halves reliability test was conducted. The paired item nature of the questionnaire lends itself to that statistic. Fourth, calculation of the IWS was done following the method of paired comparisons by Edwards (1957). Fifth, terminations were identified by simple count from personnel records. Finally, a t-test of significance ($p \leq .05$) was conducted to test the difference between the mean IWS for nurses who did and who did not terminate employment during the test period. A significant t-score was necessary to reject the hypothesis.

CHAPTER IV

FINDINGS

The Nurses' Job Satisfaction Attitude Scale (Stamps et al. 1978) was administered to 250 subjects in the Parkland Memorial Hospital population. Of these 250 subjects, 116 returned complete questionnaires to the researcher for a response rate of forty-six percent.

A frequency distribution of demographic characteristics was developed for the population and for the respondent sample of 116 nurses. Chi-square was used to test for any significant differences between categories of demographic characteristics for the two groups. No category of characteristics was found to be significant at the .05 level. There is no significant difference between the Parkland Memorial Hospital population and the respondent sample based on the demographic characteristics studied (see appendix E for definitions for table 1).

Table 1

COMPARISON OF POPULATION AND RESPONDENT
DEMOGRAPHIC CHARACTERISTICS TO TEST
FOR SAMPLE BIAS

Demographic Characteristic	Population	Sample	χ^2	df	p
<u>Job Category</u>					
Assistant Head Nurse . . .	24	6	11.66	7	.20
Head Nurse	17	1			
Staff Nurse	380	87			
LVN	11	3			
LVN I	25	0			
LVN II.	25	7			
Nurse Coordinator	5	0			
Assistant Coordinator . .	35	12			
<u>Nursing Specialty</u>					
Surgery	125	25	7.31	5	.50
Medicine.	120	26			
Emergency	54	16			
Operating Room.	39	9			
Outpatient Clinic	25	6			
Maternal/Child.	159	34			
<u>Basic Education</u>					
LVN	61	9	7.31	6	.50
RN--Diploma	63	18			
RN--Associate	97	13			
RN--Bachelor.	285	72			
Bachelor, Non-nursing . .	4	1			
Higher Degree	8	2			
Other	4	1			
<u>Years Experience</u>					
<u>In Nursing</u>					
1 or less	80	9	7.86	4	.10
1-3	137	35			
3-7	166	40			
7-10.	43	14			
10 or more.	96	18			

TABLE 1-Continued

Demographic Characteristic	Population	Sample	<u>x</u> ²	<u>df</u>	<u>p</u>
<u>Years Experience</u>					
<u>At Site Hospital</u>					
1 or less	124	27	3.96	4	.50
1-3	192	44			
3-7	94	27			
7-10.	49	9			
10 or more.	63	9			
<u>Age</u>					
20 or less.	0	0	4.07	5	.50
20-29	265	67			
30-39	144	30			
40-49	85	14			
50-59	21	5			
60 or more.	7	0			
<u>Sex</u>					
Female.	489	112	1.61	1	.30
Male.	33	4			
<u>Marital Status</u>					
Married	254	48	3.30	1	.10
Single.	268	68			

Face validity was tested by the principle component factor analysis with a varimax rotation (Nie et al. 1970). This produced six factors that accounted for fifty-two percent of the variance. A seventh factor accounted for only an additional three percent of the variance. The authors of the tool previously reported a factor

analysis that indicated six or seven factors on two previous administrations of the scale.

Internal reliability of the questionnaire was tested by the Cronbach coefficient alpha, split-halves reliability test. Reliability for the questionnaire was found to be .917 which is consistent with the results of .912 reported by Stamps et al. (1978). Intrafactor reliability for each of the six components ranged from .701 to .826, also consistent with Stamps et al..

The research hypothesis under study was that there is no significant difference between the mean IWS for nurses who terminate employment and nurses who do not terminate employment. The mean IWS for nurses who did terminate employment was 42.79 ($N = 23$), and for nurses who did not terminate employment the mean IWS was 46.34 ($N = 93$). These means yielded a Student's t of 1.66 ($df = 114$). This t was significant at the .05 level. Therefore, the hypothesis was rejected.

Additional Findings

As additional steps to further ensure that there was no bias in the sampling process, chi-square tests were administered for the frequency of occurrence of attrition and of absenteeism for the population versus the

respondent sample. The number of terminations and the number of days of absence for any individual nurse during the test period were compared for the population and the respondent sample. There were no significant differences found between the frequencies of termination, or between the frequencies of absence for the groups (see table 2).

TABLE 2

COMPARISON OF THE FREQUENCY OF TERMINATIONS AND OF ABSENCES FOR THE POPULATION AND THE RESPONDENT SAMPLE TO TEST FOR SAMPLING BIAS

Performance Parameter	Population Sample		<u>x</u> ²	<u>df</u>	<u>p</u>
<u>Days of Absence</u>					
0	328	75	7.14	6	.50
1	144	31			
2	36	7			
3	10	1			
4	2	1			
5	1	1			
6 or more	1	0			
<u>Terminating Work</u>					
Yes	84	23	1.05	1	.50
No	438	93			

Unweighted scores were calculated for each of the six job factors for each of the respondent groups, terminating and nonterminating. Only pay demonstrated a significant difference in means at the .05 level by Student t (see table 3).

TABLE 3

MEAN SCORES OF SIX JOB FACTORS: TERMINATING
VERSUS NONTERMINATING

Job Factors	Termini- nating	Nontermi- nating	<u>t</u>	<u>df</u>	<u>p</u>
Autonomy	24.42	21.62	.61		
Pay	5.75	8.06	1.84		
Prestige/Status	32.50	35.14	1.36	115	.05
Interaction	27.17	27.21	.02		
Task Requirements	19.13	21.48	1.26		
Organizational Requirements	12.62	15.63	1.49		

To test the six individual job factors against another performance parameter, each of the six unweighted scores were tested for significant differences for nurses who were absent during the test period versus nurses who were not absent during the test period. For these groups, autonomy and prestige demonstrated a difference in means that was significant ($p < .05$) by Student t (see table 4).

TABLE 4

MEAN SCORES OF SIX JOB FACTORS: ABSENT VERSUS NONABSENT

Job Factors	Absent	Nonabsent	<u>t</u>	<u>df</u>	<u>p</u>
Autonomy	19.37	22.47	1.82	115	.05
Pay	6.78	8.03	.63		
Prestige/Status	32.05	35.99	2.13	115	.05
Interaction	25.39	28.19	1.55		
Task Requirements	20.41	21.31	.74		
Organizational Requirements	13.41	15.88	1.50		

As a final calculation the unweighted job satisfaction scores for terminating and nonterminating nurses were tested for a significant difference by Student t. These scores were also found to be significantly different at the .05 level.

Summary of Findings

The validity and reliability of the Nurses' Job Satisfaction Attitude Scale as administered in the study were consistent with those reported by the authors of the instrument. Demographic and performance characteristics of the respondent group were not significantly different from those of the Parkland Memorial Hospital population. Consequently, sampling bias was unlikely. The mean Index of Work Satisfaction as calculated from the questionnaire for nurses who terminated employment was significantly ($p \leq .05$) lower than the mean IWS for nurses who did not terminate employment. Therefore, the hypothesis was rejected.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The problem of the study was to determine if a relationship exists between nurse job satisfaction and turnover. The research hypothesis was that there will be no significant difference between the mean IWS for nurses who terminate employment and nurses who do not terminate employment.

A case study of the descriptive approach and cross sectional design was used to test the hypothesis (Polit and Hungler 1978). A self-administered job satisfaction attitude scale was mailed to the homes of 250 nurses randomly selected from 522 licensed, registered and vocational nurses employed at Parkland Memorial Hospital in Dallas, Texas. Parkland is a county hospital responsible for the care of indigent residents. Forty-six percent of the 250 nurses returned completed questionnaires to the researcher.

Demographic characteristics of the respondents were tested to identify any significant differences between the respondents and the Parkland Memorial Hospital population

that might be from bias in the sample. No significant differences were found.

The mean IWS was calculated for nurses in the respondent sample who terminated their employment and nurses who did not terminate their employment. The difference between means was significant ($p \leq .05$). Consequently, the hypothesis was rejected.

Discussion

Since the sample in this study is similar to samples reported by Stamps et al. (1978) and others, Parkland administrators may assume that low levels of satisfaction for their nurses will be associated with high levels of turnover. Parkland administrators may also use the IWS scoring protocol to identify components of job satisfaction. The respondents in this study ranked the job factors as indicated in table 5.

TABLE 5
RESULTS OF PAIRED COMPARISONS

Job Factors	Rank	Weight
Autonomy	1	.286
Pay	2	.255
Prestige/Status	3	.217
Interaction	4	.145
Task Requirements	5	.096
Organizational Requirements	6	.000

Administrators should focus attention on appropriate managerial changes that impact, first, on nurse autonomy, and second on the other job facets in descending order (see table 5). However, additional inferential statistical tests suggest that other approaches may have a more significant impact on turnover, and on absenteeism. Since job satisfaction is equal to $\sum(\text{outcome satisfaction} \times \text{outcome importance})$, increasing satisfaction with the most important outcome, autonomy, will have the greatest impact on overall satisfaction (Lawler 1974). While managerial changes that affect the factors in the order displayed in table 5 may have an impact on satisfaction, management focus on pay may have the highest impact on turnover since pay is the only individual factor which demonstrates a significant difference in means between the terminating and the nonterminating groups. Management focus on autonomy and prestige may have the highest impact on absenteeism (see table 3 and 4) for the same reasons.

Conclusions

Nurses at Parkland who are more satisfied with their jobs are less likely to terminate their employment. This finding lends support to Lawler's (1974) expectancy theory, thereby adding to the body of knowledge.

If a given job design has high expectancy, high instrumentality, high outcome valence, and high perceived equity of the outcome; then the nurse will be highly motivated, will demonstrate high performance given the ability and role expectation, and will experience a coincidental high job satisfaction (Lawler 1974). To the extent that the value of these parameters decreases, so will the perceived probability of receiving equitable rewards and the resultant satisfaction of needs. To the extent that the nurse perceives a higher valence of performance and more equitable rewards in a setting off the job, turnover will occur.

Twenty-three of the 116 respondents in this study terminated their employment during the test period. While some of this attrition is uncontrollable, some of it might be eliminated by managerial adjustments of the expectancy, instrumentality, or outcome valence associated with those factors that contribute to the significant difference between mean IWS for terminating versus nonterminating nurses. Lawler's (1974) expectancy theory not only predicts and explains low job satisfaction, but also, offers a model for corrective action. Improvements in job satisfaction are not the primary goal, but they are achieved coincidentally with improvements in turnover.

This author's literature review identified three principles of job design that must be followed in order to maximize performance by decreasing turnover (Lawler 1974). These three principles can be viewed as representing autonomy, prestige/status, and interaction; three of the internally mediated factors that were tested in this study. Lawler (1974) has detailed several management strategies that address each principle in turn. Management attention to these factors may increase job satisfaction while decreasing turnover.

Recommendations for Further Research

Stamps et al. (1978) suggest further research studies that follow logically from their earlier work in the development of the instrument. Still others may follow logically from this study. They can be enumerated as follows:

1. All levels of Maslow's hierarchy and more demographic characteristics need to be included in the research
2. A multiple regression analysis may identify significant contributors to turnover
3. The relationship between the IWS and other variables such as productivity should be explored

4. A pretest, posttest design or experimental design should utilize alternative management strategies, and comparative changes in satisfaction and performance parameters should be explored

Refinement of the tool, multiple regression analysis of the results, and experimental manipulation may facilitate the development of a comprehensive tool for the measurement and control of nurse performance parameters in the acute care hospital.

APPENDICES

APPENDIX A
COPYWRITE PERMISSION LETTERS



UNIVERSITY OF MASSACHUSETTS
AMHERST • BOSTON • WORCESTER

SCHOOL OF HEALTH SCIENCES
DIVISION OF PUBLIC HEALTH
AMHERST, MASSACHUSETTS 01003

October 5, 1979

D. Kent Norman
Administrative President
Dallas County Hospital District
Parkland Memorial Hospital
5201 Harry Hines Blvd.
Dallas, Texas. 75235

Dear Mr. Norman:

This is in reply to your September 4, 1979 letter in which you asked for more information about my research on measuring level of occupational satisfaction of nurses.

I am sending you reprints of two other articles that have a little more detail on the scale, a copy of the questionnaire as we gave it the last time, and a copy of a description of how to score the scale.

You certainly have my permission to use the scale: I am only requesting of those who wish to utilize this scale that they send me a copy of the results and that they give me some type of feedback as to their view of the scale itself.

Thank you for your interest in this: please let me know if you have any more questions.

Sincerely yours,

A handwritten signature in cursive script that reads "Paula L. Stamps".

Paula L. Stamps, Ph.D.
Associate Professor

FLS/sah
Enclosures

AUG 29 1980

6003 Abrams Road, #1056
 Dallas, Texas 75231
 August 17, 1980

Organizational Behavior and Human Performance
 Academic Press, Inc.
 111 Fifth Avenue
 New York, New York 10003

Please pardon the informality
 but to speed our reply we have
 answered on your own letter.

Dear Sirs:

I am a student in the Master of Science program at the Texas Woman's University in Dallas, Texas. I am currently conducting work on my thesis which is entitled, Job Satisfaction and Absenteeism Among Hospital Nurses. The theoretical basis of my thesis is Expectancy Theory as delineated by E. E. Lawler.

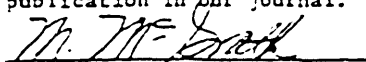
In elaborating Lawler's theory in my thesis, I would like to take advantage of a model utilized by Lawler in an article published in Organizational Behavior and Human Performance. Therefore, I am requesting permission to reprint this figure in my thesis. The figure is titled "Diagram of the Theoretical Model," and it appears in the following citation:

Lawler, E. E. & Porter, L. W. Antecedent attitudes of effective managerial performance, Organizational Behavior and Human Performance, vol. 1, 1967, pp. 111-41.

I would greatly appreciate your favorable consideration of this request.

Sept. 10, 1980

PERMISSION GRANTED, provided that complete credit is given to original publication in our journal.


 Marian McGrath
 Rights and Permissions

Sincerely,


 D. Kent Norman, R.N.

6003 Abrams Road, #1056
Dallas, Texas 75231
August 17, 1980

Industrial Relations
Institute of Industrial Relations
University of California, Berkeley
Berkeley, California 94720

Dear Sirs:

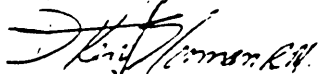
I am a student in the Master of Science program at the Texas Woman's University in Dallas, Texas. I am currently conducting work on my thesis which is entitled, Job Satisfaction and Absenteeism Among Hospital Nurses. The theoretical basis of my thesis is Expectancy Theory as delineated by E. E. Lawler.

In elaborating Lawler's theory in my thesis, I would like to take advantage of a model utilized by Lawler in an article published in Industrial Relations. Therefore, I am requesting permission to reprint this figure in my thesis. The figure is titled "Model of the Relationship of Performance to Satisfaction," and it appears in the following citation:

Lawler, E. E., & Porter, L. W. The effect of performance on job satisfaction. Industrial Relations, 1967, -, 20-28.

I would greatly appreciate your favorable consideration of this request.

Sincerely,


D. Kent Norman, R.N.

Permission Granted
9/4/80
Barbara Porter
Managing Editor

APPENDIX B
RESEARCH TOOL

Nurses' Job Satisfaction
P. O. Box 223911
Dallas, Texas 75222

Dear Parkland Nurse:

A team of researchers at the University of Massachusetts is involved in developing a measurement tool for analyzing the level of occupational satisfaction of nursing personnel in hospital settings. The information gathered will provide a better understanding of the needs of the hospital nursing staff and may indicate areas where a redesign of nursing responsibilities would be helpful.

As part of my thesis for my master's degree at the Texas Woman's University I am sending a questionnaire to you. This research study has been approved by the Department of Nursing Professional Affairs at Parkland Memorial Hospital and is a parallel project to that at the University of Massachusetts. It is important that you are candid and honest in your responses. The more nurses who respond to this questionnaire, the more accurate will be the information available to Parkland in order to institute change.

Questionnaires are coded for control purposes only. Opinions and correlations for the entire nursing staff will be grouped together and reported to the University of Massachusetts, to the Parkland Memorial Hospital, and to the Texas Woman's University. No individual will be able to be identified in this final summary. Participation is voluntary and that participation or non-participation will not affect any nurses' employment.

I hope that you will take a few minutes from your busy day to support this nursing research. As soon as you have completed the questionnaire, please return it in the pre-addressed stamped envelope. Please return it by July 31, 1981 if possible. Return of the questionnaire will be construed as informed consent to participate in this research study.

Thank you for your support of this nursing project.

Sincerely,

D. Kent Norman, R.N., M.Ed.

Nurses' Job Satisfaction Attitude Scale

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

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

1. Pay--Dollar remuneration and fringe benefits received for work done
2. Autonomy--Amount of job related independence, initiative, and freedom either permitted or required in daily work activities
3. Task Requirements--Tasks that must be done as a regular part of the job
4. Organizational Requirements--Constraints or limits imposed upon activities by the administrative organization of Parkland Memorial Hospital
5. Interaction--Opportunities and requirements presented for both formal and informal social contact during work hours
6. Job Prestige/Status--Overall importance or significance felt about the job you perform

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

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

For example: if you feel that Pay (as defined above) is more important than autonomy (as defined above), check the line before Pay

☒ Pay or ☐ Autonomy

We realize that it will be difficult to always make choices; however, please do try to select the factor which is most important to you. Please answer every item: don't change any of your answers.

RETURN OF THIS QUESTIONNAIRE CONSTITUTES INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH. No medical service or compensation is provided to subjects by the university as a result of injury from participation in research. Participants understand that participation is voluntary and that they may withdraw at any time.

-
1. ___ JOB PRESTIGE/STATUS or ___ ORGANIZATIONAL REQUIREMENTS
-
2. ___ PAY or ___ TASK REQUIREMENTS
-
3. ___ ORGANIZATIONAL REQUIREMENTS or ___ INTERACTION
-
4. ___ TASK REQUIREMENTS or ___ ORGANIZATIONAL REQUIREMENTS
-
5. ___ JOB PRESTIGE/STATUS or ___ TASK REQUIREMENTS
-
6. ___ PAY or ___ AUTONOMY
-
7. ___ JOB PRESTIGE/STATUS or ___ INTERACTION
-
8. ___ JOB PRESTIGE STATUS or ___ AUTONOMY
-
9. ___ INTERACTION or ___ TASK REQUIREMENTS
-
10. ___ INTERACTION or ___ PAY
-
11. ___ AUTONOMY or ___ TASK REQUIREMENTS
-
12. ___ ORGANIZATIONAL REQUIREMENTS or ___ AUTONOMY
-
13. ___ PAY or ___ JOB PRESTIGE/STATUS
-
14. ___ INTERACTION or ___ AUTONOMY
-
15. ___ ORGANIZATIONAL REQUIREMENTS or ___ PAY
-

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

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

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

DISAGREE AGREE

- | | | |
|--|---------------|-------|
| 1. My present salary is satisfactory. | 0 1 2 3 4 5 6 | _____ |
| 2. When I am at work in the hospital, the time generally goes quickly. | 0 1 2 3 4 5 6 | _____ |
| 3. The nursing personnel on my service don't hesitate to pitch in and help one another out when things get in a rush. | 0 1 2 3 4 5 6 | _____ |
| 4. There is too much clerical and "paper work" required of nursing personnel in the hospital. | 0 1 2 3 4 5 6 | _____ |
| 5. It's my general impression that most of the nursing staff at the hospital really like the way work is organized and done. | 0 1 2 3 4 5 6 | _____ |
| 6. Physicians in general don't cooperate with the nursing staff on my unit. | 0 1 2 3 4 5 6 | _____ |

DISAGREE AGREE

7. I feel that I am supervised more closely than I need to be, and more closely than I want to be. 0 1 2 3 4 5 6 ____
8. Excluding myself, it is my impression that a lot of nursing service personnel at the hospital are dissatisfied with their pay. 0 1 2 3 4 5 6 ____
9. Even if I could make more money in another hospital nursing situation, I am more satisfied here because of the working conditions. 0 1 2 3 4 5 6 ____
10. New employees are not quickly made to feel at home on my unit. 0 1 2 3 4 5 6 ____
11. I think I could do a better job if I didn't have so much to do all of the time. 0 1 2 3 4 5 6 ____
12. There is a great gap between the administration of this hospital and the daily problems of the nursing service. 0 1 2 3 4 5 6 ____
13. I sometimes feel that I have too many bosses who tell me conflicting things. 0 1 2 3 4 5 6 ____
14. Considering what is expected of nursing service personnel at the hospital, the pay we get is reasonable. 0 1 2 3 4 5 6 ____
15. There is no doubt whatever in my mind that what I do on my job is really important. 0 1 2 3 4 5 6 ____
16. There is a good deal of team work and cooperation between various levels of nursing personnel on my service. 0 1 2 3 4 5 6 ____

DISAGREE AGREE

17. The amount of time I must spend on administration ("paper") work on my service is reasonable and I'm sure that the patients don't suffer because of it. 0 1 2 3 4 5 6 ____
18. There are plenty of opportunities for advancement of nursing personnel at the hospital. 0 1 2 3 4 5 6 ____
19. There is a lot of teamwork between nurses and doctors on my unit. 0 1 2 3 4 5 6 ____
20. On my service my supervisors make all the decisions, I have little direct control over my own work. 0 1 2 3 4 5 6 ____
21. The present rate of increase in pay for nursing personnel at the hospital is not satisfactory. 0 1 2 3 4 5 6 ____
22. I am satisfied with the types of activities that I do on my job. 0 1 2 3 4 5 6 ____
23. The nursing personnel on my service are not as friendly and outgoing as I would like. 0 1 2 3 4 5 6 ____
24. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel. 0 1 2 3 4 5 6 ____
25. There is ample opportunity for nursing staff to participate in the administrative decision making process. 0 1 2 3 4 5 6 ____
26. It is possible, at the hospital, for some nursing service personnel to get better pay because of "favoritism" or "knowing somebody in the right place." 0 1 2 3 4 5 6 ____

DISAGREE AGREE

27. What I do on my job doesn't add up to anything really significant. 0 1 2 3 4 5 6 ____
28. There is a lot of "rank consciousness" on my unit, nursing personnel seldom mingle with others of lower rank. 0 1 2 3 4 5 6 ____
29. I don't spend as much time as I would like to taking care of patients directly. 0 1 2 3 4 5 6 ____
30. There is no doubt that this hospital cares about the welfare of its employees, nursing personnel included. 0 1 2 3 4 5 6 ____
31. I am sometimes required to do things on my job that are against my better professional judgement. 0 1 2 3 4 5 6 ____
32. From what I hear from and about nursing service personnel at the hospital, we at this hospital are being unfairly paid. 0 1 2 3 4 5 6 ____
33. Administrative decisions at this hospital interfere too much with patient care. 0 1 2 3 4 5 6 ____
34. It makes me proud to talk to other people about what I do on my job. 0 1 2 3 4 5 6 ____
35. I have a feeling that the hospital in general—and my service—is not organized with the needs of the patients given top priority. 0 1 2 3 4 5 6 ____
36. The nursing personnel on my service don't often act like "one big happy family." 0 1 2 3 4 5 6 ____

DISAGREE AGREE

37. I could deliver much better care if I had more time with the patients. 0 1 2 3 4 5 6 ____
38. I am generally satisfied with the way nursing work is organized and gets done at the hospital. 0 1 2 3 4 5 6 ____
39. Physicians at this hospital generally understand and appreciate what the nursing staff does. 0 1 2 3 4 5 6 ____
40. The only way that nursing personnel at the hospital will ever get a decent pay schedule will be to organize and, if necessary, strike. 0 1 2 3 4 5 6 ____
41. If I had the decision to make over again, I would still go into nursing. 0 1 2 3 4 5 6 ____
42. Nursing personnel at this hospital do a lot of bickering and backbiting. 0 1 2 3 4 5 6 ____
43. I have all the voice in planning policies and procedures for this hospital and my unit that I want. 0 1 2 3 4 5 6 ____
44. Considering the high cost of hospital care, every effort should be made to hold nursing personnel salaries about where they are, or at least not to increase them substantially. 0 1 2 3 4 5 6 ____
45. My particular job doesn't really require much skill or "know-how." 0 1 2 3 4 5 6 ____
46. The nursing administrators generally consult with the staff on daily problems and procedures. 0 1 2 3 4 5 6 ____

DISAGREE AGREE

47. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.

0 1 2 3 4 5 6 ____

48. An up-grading of pay schedules for nursing personnel is needed at this hospital.

0 1 2 3 4 5 6 ____

Please circle the most appropriate answer to the following items:

1. Current position at Parkland Memorial Hospital.

- a. L.V.N.
- b. Staff Nurse
- c. Assistant Head Nurse
- d. Assistant Coordinator
- e. Coordinator

2. Usual nursing service unit assignment.

- a. Surgery/Surgical Specialties
- b. Medicine, NNRP
- c. Emergency Room
- d. Operating Room
- e. Outpatient Clinic
- f. Maternal/Child

3. Usual work shift

- a. Day
- b. Evening
- c. Night
- d. Rotating Day/Evening
- e. Rotating Day/Evening
- f. 12 hour shifts

4. Basic nursing education.

- a. L.V.N.
- b. R.N.-Diploma
- c. R.N.-A.D.
- d. R.N.-B.S.N.
- e. Bachelor in other field
- f. Higher Degree

5. Total years in nursing after basic education.

- a. One year or less
- b. One to three years
- c. Three to seven years
- d. Seven to ten years
- e. More than ten years

6. Total years employed at Parkland Memorial Hospital.

- a. One year or less
- b. One to three years
- c. Three to seven years
- d. Seven to ten years
- e. More than ten years

7. Age.

- a. Under 20
- b. 20-29
- c. 30-39
- d. 40-49
- e. 50-59
- f. 60 or over

8. Sex

- a. Female
- b. Male

9. Do you feel that this questionnaire has touched on any significant issues of job satisfaction for you?

- a. Yes
- b. No

10. Are there any specific ways in which Parkland Memorial Hospital could provide an atmosphere that would be conducive to your job performance as well as making your job more meaningful?

11. Please list any other comments you would like to make about this questionnaire or work at Parkland Memorial Hospital.

APPENDIX C
AGENCY PERMISSION LETTERS



Parkland Memorial Hospital

Dallas County Hospital District
5201 Harry Hines Boulevard, Dallas, Texas 75235 214/637-8000

June 9, 1981

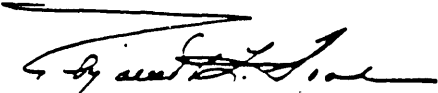
D. Kent Norman, R.N. M.Ed.
2605 Emberwood Road
Garland, Texas 75041

Dear Mr. Norman:

I have reviewed the prospectus for your thesis which you are completing as part of the master's program at Texas Woman's University. On behalf of the Dallas County Hospital District you are granted the privileges of the facility in order to complete your thesis.

The name of Parkland Memorial Hospital and the name of consultative and administrative personnel in the agency may be identified in the final report. Further, the hospital is willing to allow the completed report to be circulated through inter-library loan. In return I would like a conference with you when the thesis is completed. I would also appreciate receiving a copy of the completed work.

Sincerely,



Elizabeth L. Good, R.N., M.S.
Assistant Administrator

jd

TEXAS WOMAN'S UNIVERSITY
Box 23717 TWU Station
Denton, Texas 76204

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: D. Kent Norman Center: Denton
Address: 2605 Emberwood Road Date: November 4, 1981
Garland, TX 75043

Dear Kent Norman,

Your study entitled Job Satisfaction and Turnover Among
Hospital Nurses at Parkland Memorial Hospital

has been reviewed by a committee of the Human Subjects 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 typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

☒ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

____ Other:

____ No special provisions apply.

cc: Graduate School
Project Director
Director of School or
Chairman of Department

Sincerely,

mt
Marilyn Hinson

Chairman, Human Subjects
Review Committee

at Denton

APPENDIX D
SCORING THE QUESTIONNAIRE

This appendix is included for those who are interested in a complete explanation of scoring the questionnaire, including the paired comparisons, the attitude scale, and the Index of Work Satisfaction. A complete model is presented, based on 116 complete questionnaires received from the respondents in this study. The complete model was provided to the researcher by the authors of the instrument. While the data is the direct result of this study, all credit for the model belongs to the authors of the instrument, Stamps et al. (1978).

Scoring of the Set of Paired Comparisons

The scoring procedure for the paired comparisons part of the questionnaire requires respondents to indicate a preference for one of two choices presented in a pair. The six satisfaction components are presented in every possible combination of pairs. These fifteen possible combinations are listed below and the frequency matrix of responses to the paired comparisons are shown in table 6.

1. Job Prestige/Status or Organizational Requirements
2. Pay or Task Requirements
3. Organizational Requirements or Interaction
4. Task Requirements or Organizational Requirements

5. Job Prestige/Status or Task Requirements
6. Pay or Autonomy
7. Job Prestige/Status or Interaction
8. Job Prestige/Status or Autonomy
9. Interaction or Task Requirements
10. Interaction or Pay
11. Autonomy or Task Requirements
12. Organizational Requirements or Autonomy
13. Pay or Job Prestige/Status
14. Interaction or Autonomy
15. Organizational Requirements or Pay

TABLE 6

FREQUENCY MATRIX OF RESPONSES OF NURSES
TO PAIRED COMPARISONS

Job Factor	A	B	C	D	E	F
A. Pay	-	69	26	7	24	52
B. Autonomy	47	-	24	16	16	28
C. Interaction . .	90	92	-	21	43	75
D. Organizational Requirements. .	109	100	95	-	85	105
E. Task Requirements. .	92	100	73	31	-	88
F. Job Prestige/Status	64	88	41	11	28	-

Computing the Index of Work Satisfaction

From table 6 a proportion can be constructed. This proportion appears in table 7.

TABLE 7
PROPORTION MATRIX OF RESPONSES OF NURSES
TO PAIRED COMPARISONS

Job Factor	A	B	C	D	E	F
A. Pay	-	.595	.224	.063	.207	.448
B. Autonomy . . .	.405	-	.207	.138	.138	.241
C. Interaction . .	.775	.793	-	.181	.371	.645
D. Organizational Requirements .	.940	.862	.819	-	.733	.905
E. Task Requirements. .	.793	.862	.629	.267	-	.759
F. Job Prestige/Status	.552	.759	.353	.095	.241	-

From table 7, standardized Z-scores are computed for each component (see table 8).

TABLE 8
Z-MATRIX OF RESPONSES TO PAIRED COMPARISONS

Job Factor	A	B	C	D	E	F
A. Organizational Requirements. .	0	.622	.911	1.310	1.555	1.090
B. Task Requirements. .	-.622	0	.329	.703	.817	1.090
C. Interaction . .	-.911	-.329	0	.377	.755	.817
D. Job Prestige/Status	-1.310	-.703	-.377	0	.013	.703
E. Pay	-1.555	-.817	-.755	-.013	0	.241
F. Autonomy. . . .	-1.090	-1.090	-.877	-.703	-.241	0

A modification of the method of paired comparisons by Edwards (1957) is to relate each of the six Z scores to each other by dividing each of the six scores by the sum of the score. In this way each component assumes a proportionate weighting. The data in table 9 demonstrates the computation of the column differences and the data in table 10 gives the scale values for each component that are computed by adding each column mean from table 8 to all means to the left.

TABLE 9

COLUMN DIFFERENCE MATRIX UTILIZED IN COMPUTING
SCALE VALUES FOR NURSES' RESPONSES
TO THE PAIRED COMPARISONS

Job Factor	B minus A	C minus B	D minus C	E minus D	F minus E
A. Organizational Requirements. .	.622	.289	.399	.245	-.468
B. Task Requirements. .	.622	.329	.374	.114	.273
C. Interaction . .	.582	.329	.377	.378	.062
D. Job Prestige/Status	.607	.326	.377	.013	.690
E. Pay . . . . .	.738	.062	.742	.013	.241
F. Autonomy. . . .	.000	.273	.144	.462	.241
Sum	3.171	1.608	2.383	1.225	1.042
Number (<u>N</u>). . .	6	6	6	6	6
Mean. . . . .	.529	.268	.397	.204	.174

TABLE 10
VALUES FOR EACH OF THE SATISFACTION
COMPONENTS FOR NURSES

Job Factors	Rank	Weighted Value
Organizational Requirements. . .	6	.000
Task Requirements. . .	5	.529
Interaction . . .	4	.797
Job Prestige/Status .	3	1.194
Pay	2	1.398
Autonomy.	1	1.572

The last step in the analysis is to place the weighted values of the components on a zero to one scale for ease in computing the Index of Work Satisfaction. The weighted values are normalized by summing the weighted values and then dividing each value by the sum. The data in Table 11 shows the zero to one, weighted scale values.

TABLE 11

SCALE VALUES ON A ZERO TO ONE SCALE

Job Factor	Scale Value
Organizational Requirements .	.000
Task Requirements . . . . .	.096
Interaction . . . . .	.145
Job Prestige/Status . . . . .	.217
Pay . . . . .	.255
Autonomy. . . . .	.286

To obtain the Index of Work Satisfaction, the mean value for each component is multiplied by its coefficient listed in table 11. This value is then multiplied by a constant that converts the scores for each component to a zero to one-hundred scale. These computations are shown in table 12.

TABLE 12

COMPUTATION OF THE AGGREGATE INDEX OF WORK
SATISFACTION FOR 116 NURSE RESPONDENTS

Job Factor	Component Mean	Scale Value	Scale Value X Constant	Scale Value X Constant X Mean
Organizational Requirements. .	15.01	.000	.000	.000
Task Requirements. .	20.99	.096	.199	4.18
Job Prestige/Status	34.59	.217	.452	15.63
Interaction . .	27.20	.145	.302	8.21
Pay	7.59	.255	.537	4.06
Autonomy. . . .	21.37	.286	.596	12.74
Index of Work Satisfaction. .	44.83			

APPENDIX E
DEFINITIONS FOR TABLE 1

DEFINITIONS FOR TABLE 1

Assistant Head Nurse--a licensed registered nurse employed as a first line manager to assist in the personnel management of other nurses

Head Nurse--a licensed registered nurse employed as a nursing manager to be responsible for a single nursing care unit in a hospital

Staff Nurse--a licensed registered nurse employed to care for patients in a hospital and otherwise having no management responsibility

LVN--a licensed vocational nurse cares for patients in a hospital, but is supervised at all times by a licensed registered nurse

LVN I--a licensed vocational nurse I is employed in the same capacity as the LVN above, but also administers medications to patients

LVN II--a licensed vocational nurse II is employed in the same capacity as the LVN I above, but also may supervise other employees to a limited extent

Nurse Coordinator--a licensed registered nurse employed as a nurse manager to be responsible for more than one nursing unit in a hospital

Assistant Coordinator--a licensed registered nurse employed as a first line manager to assist in the personnel management of other nurses

Surgery--a responsibility area of employment for nursing personnel who care for pre and post-operative patients

Medicine--a responsibility area of employment for nursing personnel who care for hospital patients with non-surgical illnesses

Emergency--a responsibility area of employment for nursing personnel who care for patients with urgent or emergent illnesses

Operating Room--a responsibility area of employment for nursing personnel who care for patients undergoing surgical operations

Outpatient Clinic--a responsibility area of employment for nursing personnel who care for ambulatory patients who are not necessarily experiencing emergency conditions

Maternal/Child--a responsibility area of employment for nursing personnel who care for woman at various stages of pregnancy, for newborn children, or for older children

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