A SURVEY OF FACTORS RELATING TO JOB-SATISFACTION AMONG OPERATING ROOM NURSES IN SELECTED HOSPITALS IN MONTANA

by

Ruth E. Bender

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Approved:

Anna Paul Shemick, R.N., Ed.D.
Head, Major Department

Rita M. Dorsch
Chairman, Examining Committee

Leon J. Johnson
Dean, Graduate Division

Bozeman, Montana
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ABSTRACT

The purpose of this study was to determine the factors which contributed to job-satisfaction in operating room nursing; to determine the factors which contributed to job-dissatisfaction in operating room nursing; and to determine which of these factors were ascendant or descendent as related to job-satisfaction or job-dissatisfaction.

This study was based on a survey conducted by sending a questionnaire to the total population of professional nurses employed in the operating room in the six selected medium sized non-federal hospitals in Montana.

The results of the survey indicated job-satisfaction in the area of social needs and job-dissatisfaction in the areas of security and safety and self-fulfillment needs. There were no areas in which job-satisfaction increased as length of experience in operating room nursing increased. The areas of social and self-fulfillment needs decreased in satisfaction as length of experience in operating room nursing increased.

CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

I. THE PROBLEM

The policies and work situations in hospitals, while of vital importance to the nursing staff, are rarely based on research into the needs of that staff. These policies and situations evolve with little recourse for the employee to meet the satisfaction of the needs and desires of the professional nurses involved. There is little information available for the administration of a hospital to use as a guide in the development of these policies thus making the task extremely difficult. In the work situation, nursing has a responsibility to point out the satisfactions and dissatisfactions inherent in a particular position. The subject of job-satisfaction in nursing has been studied in recent years by several investigators; however, a thorough search of the literature does not reveal a study in this area which deals with operating room nurses as a separate group.

A constant supply of well-oriented professional nurses is essential in the satisfactory attainment of the objectives of the modern operating room. The continuing improvement, diversification, and complication of operative procedures demands a well-oriented nursing staff. These "recent developments in surgery have resulted in many

changes in the function of the operating room nurse."[1] Such functions are changing from the simple to the complex; thus, as time goes by, the operating room nurse will need to have an even broader field of reference to function satisfactorily. Neurosurgery, cardio-vascular surgery, thoracic surgery, and more complicated procedures in many other types of surgery have been increasing apace in the past several years. With the increase in the adequacy and safety of anesthesia, there seems to be no reason why it cannot be expected that the field of surgery will continue to progress in both amount and complexity of the procedures done. Without satisfactory function on the part of the operating room nurse, the patient cannot be served to the point he expects to be served in the modern hospital.

Quality nursing care in the operating room is just as essential as is quantity nursing care. Numbers alone, of operating room nurses, will not guarantee the quality of care needed by the patient. Ginsberg defines quality operating room nursing in terms of interpretation, ministration, and coordination. She sums up as follows:

> Quality operating room nursing may be measured in terms of the nurses' ability to work effectively with all members of the

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[1] Vernita L. Cantlin, "O.R. Nursing Is a Professional Specialty," Nursing Outlook, 8:7 (July 1960), p. 376.

surgical team as well as with the personnel of related hospital departments.[2]

While the total supply of professional nurses is increasing in the United States, their diversification into fields other than hospital nursing limits the number of nurses available to hospital nursing. This proliferation of the areas constituting nursing is, without question, of benefit to the health care of the nation even though it does increase the staffing problems of hospitals. The number of hospitals is also increasing thereby compounding the problem.

In view of the preceeding discussion, it can be seen that operating room nursing is a complex and special field within the broader field of nursing. Competence in the field of operating room nursing cannot and should not be developed in a basic educational program in nursing. Competence is developed over a period of time in the work situation if that situation is conducive to learning and to progress. Consequently, it behooves the administration of a hospital concerned with the maintenance of a competent operating room nursing staff to provide a working milieu designed and managed to promote job-satisfaction in that staff. This job-satisfaction should motivate the nurse to remain in her position for a sufficient length of time to become competent in

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[2]Frances Ginsberg, "A Survey of Operating Room Nursing Needs in Twenty-eight Selected Hospitals with Recommendations Concerning Improvement of Operating Room Nursing Services," (unpublished Master's thesis, Boston, 1951) pp. 12-13.

her field. When the individual nurse does not remain in the field long enough to develop a high level of competence, other problems ensue. One problem, for instance, is the hospital sustains an economic loss when recruitment and orientation of personnel are needed to replace unsatisfied individuals.

Supervisors of departments and clinical instructors in departments are frequently promoted from staff positions. If the nurse in the staff position is not fully competent it follows that the supervisor or clinical instructor may not be fully competent. An inadequate and ill-prepared supervisor may unknowingly continue a situation which is untenable. She may be well aware of her problems in the department, but is not able to perceive methods whereby these problems could be alleviated. The clinical instructor is responsible for the education of the student nurses within the department. If she is ill-prepared for her position, the quality of instruction may suffer. When instruction is such that the inherent satisfactions of operating room nursing cannot be demonstrated to the student, the main source of supply for replacement of staff members is blocked off. When the needs of the staff nurse are not met, she is unable to demonstrate to student nurses the joys of operating room nursing as a career choice. When the staff nurse is unhappy, she is unable to relate satisfactorily to surgeons, non-professional workers, or, most important, to patients. Thus a satisfied staff should be that which every hospital administrator is looking for in the operating room of his institution.

Those areas of high satisfaction need to be strengthened and maintained. Those areas of dissatisfaction need to be ameliorated or eliminated. Before this can be done it is first necessary to determine the present status of job-satisfaction among operating room nurses. The investigation of this problem area, the present level of job-satisfaction among operating room nurses in selected hospitals in Montana, is the primary purpose of this study.

Statement of the problem. Were the working conditions of the staff operating room nurses employed in medium sized hospitals in the State of Montana in the month of July 1961, conducive to job-satisfaction in the areas of (1) security and safety needs, (2) social needs, (3) role definition, (4) ego needs, and (5) self-fulfillment needs as defined by McGregor.[3]

Statement of the purpose. It was the purpose of this study (1) to determine the factors which contributed to job-satisfaction in operating room nursing, (2) to determine the factors which contributed to job-dissatisfaction in operating room nursing, and (3) to determine which of these factors were ascendant or descendent.

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[3]Douglas M. McGregor, "The Human Side of Enterprise," Readings in Human Relations, (New York: McGraw-Hill Book Company, Inc., 1959), pp. 52-54.

II. LIMITATIONS AND ASSUMPTIONS

This study was limited to nurses currently employed in non-federal hospitals in the State of Montana with a bed capacity between one hundred fifty and three hundred beds. It was assumed personnel policies and working conditions in federally operated hospitals, since they are based on national policies, would not reflect the current picture in the State of Montana. In a large sparsely populated state such as Montana, there are a number of small community hospitals. It was assumed small hospitals, if they had operating room nurses as such, would reflect different problem areas than the hospitals selected; therefore, small hospitals deserved separate study.

The study was limited to currently employed nurses and no attempt was made to determine those factors which might have contributed to termination of employment.

A further limitation to the study was that all data gathered was subjective on the part of the nurse respondent. Observation and interviews were not done (1) because of the long distances between the hospitals in the State of Montana, and (2) it had been previously noted by Diamond and Fox that nurses are more apt to identify job-dissatisfactions as such in an anonymous questionnaire than in an interview.[4]

Four of the six hospitals in the State of Montana fulfilling the criteria for inclusion in the study were under religious auspices;

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[4]Lorraine K. Diamond and David J. Fox, "Turnover Among Hospital Staff Nurses," Nursing Outlook, 6:7 (July 1958), p. 390.

Catholic Sisterhoods. Two of the hospitals were classified community hospitals but have only recently been so classified. With this arrangement of hospitals, the data gathered may not be applicable to other states in the Rocky Mountain area.

No attempt was made to differentiate among the types of basic nursing education of the professional nurses involved, baccalaureate, diploma, associate degree, and the level of job-satisfaction of the respondents although it was assumed all three types of basic nursing education were represented. The study was further limited by the exclusion of departmental supervisors, staff nurses only being represented in the data gathered.

III. DEFINITIONS OF TERMS USED

Operating room nursing. Operating room nursing is that branch of professional nursing which is done within the confines of the surgical suite or appertains to the relationship of the function of the operating room nurse to other workers within the hospital. The operating room nurse has many responsibilities of a varying nature. She must maintain the most favorable environment possible for the patient. The accomplishment of this task includes provision of supplies and equipment, handling supplies and equipment so that they are ready at the proper time and in the proper condition for the use of the surgeon, and maintenance of a scrupulously clean division. Promotion of healthy interpersonal relationships with and co-operation with all members of the surgical team

and the promotion of sound interpersonal relationships with and co-operation with other individuals in the institution are essential for adequate function. Evaluation of present procedures and techniques with a view towards improvement, promulgation of needed educational advances in herself and in others, and interpretation of the policies of the department to interested individuals are on-going processes in operating room nursing. These tasks are all subsidiary to the primary task, that of the provision of the best possible physical, mental, and emotional environment for the patient undergoing an operative procedure.

Job-satisfaction. Job-satisfaction is a term connoting an ephemeral feeling subjective in nature. Many factors are involved in any given job which may cause a worker to say, "I am satisfied". For the purposes of this study, job-satisfaction was defined mathematically as corresponding to three on a scale of four. The number was determined from the subjective feelings of the nurse answering the questionnaire. A score of four on the scale denoted high job-satisfaction.

Job-dissatisfaction. Job-dissatisfaction is as ephemeral as is job-satisfaction and is as subjective. One may be dissatisfied with a job and be unable to point out any specific reason for the dissatisfaction. For the purposes of this study, job-dissatisfaction was defined mathematically as corresponding to two on a scale of four. The number was determined from the subjective feelings of the nurse answering the questionnaire. A score of one on the scale denoted high job-dissatisfaction.

Medium sized hospital. A medium sized hospital was defined for the purposes of this study as a hospital having from one hundred fifty to three hundred beds.

Security needs.[5] Every individual has a need to feel reasonably secure financially. He needs to have sufficient income for his daily needs and to provide protection when work is no longer possible. For the purposes of this study, security needs were defined as the needs for income commensurate with the duties and responsibilities of a professional nurse.

Safety needs.[6] In order to work with satisfaction in one's occupation the possibility of injury must be minimized. When injury does occur there should be facilities available for treatment. For the purposes of this study, safety needs were defined as protection from injury and avilability of treatment if injury should occur.

Social needs.[7] Man is a social animal and as such relates to his fellow man. For the purposes of this study, social needs were defined as acceptance of an interaction with other individuals contacted in the work situation.

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[5]McGregor, loc. cit.

[6]ibid.

[7]ibid.

Ego needs.[8] Every individual needs the respect of his fellow man. For the purposes of this study, ego needs were defined as those needs for independence, recognition, and respect.

Self-fulfillment needs.[9] One of the highest needs of mankind is that for self-fulfillment. For the purposes of this study self-fulfillment needs were defined as those needs relating to education and to the development of professional competence.

Role of the operating room nurse. Role defintion in nursing is an area which has been studied but little; consequently, it was not possible to elicit from the literature a comprehensive definition of the role of the professional operating room nurse. For the purposes of this study, the role of the operating room nurse was defined as comprising those duties which the respondent nurse determined subjectively as professional nursing responsibilities in the operating room as differentiated from non-professional nursing responsibilities in the operating room.

Ascendant factor. It is doubtful if any individuals feeling about a given aspect, or factor, of a job remains stable over a period of time. For the purposes of this study, an ascendant factor is a factor on which the level of satisfaction increased as the length of experience in operating room nursing increased.

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[8] ibid.

[9] ibid.

Descendent factor. Change in feeling about a given aspect, or factor, of a job may be plus or minus. For the purposes of this study, a descendent factor is a factor on which the level of satisfaction decreased as length of experience in operating room nursing increased.

IV. HYPOTHESES

1. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is, in total, high or above three on a scale of four.
2. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lower among those nurses in the first year of service than among those nurses with one to five years service.
3. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lower among those nurses with more than five years service than among those nurses with one to five years service.
4. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lowest in the area of security and safety needs.
5. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is highest in the area of social needs.

CHAPTER II

RESEARCH METHOD

I. THE SELECTION OF THE NURSING CATEGORY

In recent years several studies have been done concerning job-satisfaction in nursing. In general, these studies were concerned with nurses as a group. Pickens, in her study deals with public health nurses.[1] Much of the literature is also concerned with non-professional nursing personnel. All these studies developed statistical information which has been useful; however, no study was discovered which dealt with operating room nursing as a separate entity.

There is some difference of opinion in nursing on the subject of operating room nursing. Is it a speciality within the broad field of nursing? In Cantlin's opinion it is a professional nursing speciality.[2] If one accepts this concept of operating room nursing as a speciality, it is possible that the satisfaction and dissatisfaction of professional operating room nurses may differ from those of professional nurses in general. Following this assumption, professional operating room nurses were studied as a separate group.

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[1] M. Elizabeth Pickens, Matthew Tayback, "A Job Satisfaction Survey", Nursing Outlook, 5:3 (March 1957), pp. 157-159.

[2] Vernita L. Cantlin, "O.R. Nursing Is a Professional Specialty", Nursing Outlook, 8:7 (July 1960), pp. 376-379.

II. THE SELECTION OF THE METHOD OF RESEARCH

Of the several research methods available for use, a descriptive survey was determined to be the most useful for the purposes of this study. The information needed to determine the status of job-satisfaction and job-dissatisfaction in operating room nursing in Montana was not available in any official or non-official records precluding a documentary study. It was thought the subject matter would not be amenable to study in an experimental manner. The case study approach would have provided an indepth description of satisfactions or dissatisfactions in the operating room nurses studied; however, it was decided more meaningful information could be gathered by utilizing the feelings of a greater number of operating room nurses. The descriptive survey was deemed to be more applicable to the situation and to the problem under study. The use of a questionnaire was believed to be the most desirable tool for gathering the needed data.

III. THE METHOD OF GATHERING DATA

In order to preserve anonymity, it was decided to use the questionnaire as a tool for gathering the data needed for the study. The questionnaire was developed to elicit responses in the following areas: (1) security and safety needs, (2) social needs, (3) role definition, (4) ego needs, and (5) self-fulfillment needs. Each of the thirty questions could be answered by checking one of the following categories: (1) very satisfied, (2) satisfied, (3) dissatisfied, and (4) very dissatisfied. Values were assigned to each answer in descending order from four to one.

Several questions were listed to determine some specifics about the individual respondents. Information was requested on the length of time the respondent had been active in operating room nursing. Information was also requested on compensation for taking emergency call; if compensation was made for taking emergency call, was this compensation, if made, in time or money. A copy of the questionnaire is included in Appendix A.

After the questionnaire was developed in rough form, it was deemed necessary to make an attempt at validation. Ten experienced operating room nurses, not members of the population surveyed, were asked to critically evaluate the instrument in terms of adequate coverage of possible problem areas, clarity, ease of response, and format. Suggestions of this group were incorporated in the final version of the questionnaire.

The questionnaire was mailed to the professional operating room nurses involved in the study with a cover letter explaining briefly the purposes of the study. A copy of the letter is also included in Appendix A.

IV. THE SAMPLE AND HOW IT WAS OBTAINED

Hospitals in the state of Montana vary in size. Many hospitals in small communities have under a fifty bed capacity. It was assumed hospitals of this type would have a different type of problem than would larger hospitals. For this reason, only non-federal hospitals having between one hundred fifty and three hundred beds were contacted. A list

of these hospitals is available in Appendix A. A letter was mailed to the Director of Nursing Service in each of the six hospitals included in the survey requesting a list of the names and addresses of all professional operating room nurses employed full time in that hospital. When this list had been compiled, it contained fifty names and addresses. A questionnaire with a cover letter was mailed to each individual on the list. Since the total population was small, it seemed advisable to study the total population rather than a sample of the population. It was thought a more thorough review of the present situation could be made with data gathered from the total population.

V. ANALYSIS OF THE DATA

Several methods of analysis were used to develop some meaningful information from the raw data collected. A mean using the formula $M = M' + \frac{i\Sigma fd^3}{n}$ was run for each individual item. Means were developed using the same formula for each section of the questionnaire and for the questionnaire in total. In addition to this, the questionnaires were separated into three groups (1) those from professional nurses with less than one years experience in the operating room, (2) those from professional nurses with from one to five years experience in the operating room, and (3) those from professional nurses with more than five years experience in the operating room. The questionnaires in each of these groups were

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[3] C.C. Ross and Julian C. Stanley, Measurement in Today's Schools, (third edition; Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1954), p. 79.

tabulated separately and means for each section and in total were developed using the same formula as previously stated. Since there was to be no great spread in the possible scores, the mean was deemed to be the measure of central tendency most applicable to the data received for the study.

Because much of the information returned in the comment sections of the questionnaire was not amenable to tabulation, the returns were further analyzed item by item. An attempt was made to develop from the comments some consensus concerning the reasons why a specific item was satisfying or dissatisfying.

CHAPTER III

PRESENTATION OF THE DATA

I. THE DATA IN RELATION TO THE PURPOSE

Collection of the data. Questionnaires were sent to the fifty professional nurses employed full time in the operating rooms of medium sized non-federal hospitals in Montana. Two questionnaires were returned as not being deliverable. Of the remaining forty-eight questionnaires, thirty-six were completed. The response, then, was seventy-five percent of the total population contacted. This response was deemed sufficient for valid analysis.

The responses were tabulated so that means could be determined for the total questionnaire, for each section of the questionnaire; and for each item on the questionnaire.

Purpose of the study. The purpose of this study as previously stated was (1) to determine the factors which contributed to job-satisfaction in operating room nursing, (2) to determine the factors which contributed to job-dissatisfaction in operating room nursing, and (3) to determine which of these factors were ascendant or descendent.

Factors which contributed to job-satisfaction. Two sections of the questionnaire had means of more than three, three being the assigned numerical value for satisfied. These two areas, social needs and role definition, both with a mean of 3.1, were deemed to be the areas in which satisfaction was attained by professional nurses in the operating room. Table I on page 19 contains all the sectional means obtained.

The means on thirteen items within the sections were above three, three being the assigned numerical value for satisfied. Professional operating room nurses were satisfied on three factors in the section on security and safety needs. They were satisfied with the hours of duty scheduled for them. The mean on this item was 3.2. Rest periods were also satisfying to the respondents. The mean on this item was 3.1. The treatment available for injuries incurred while on duty was a satisfying factor. This mean was also 3.1.

The most satisfying factor was found in the section concerning social needs. Responses on relationships with fellow professional nurses within the operating room resulted in a mean of 3.4. Relationships with non-professional workers within the department were also satisfying. The mean on this item was 3.3. Relationships with surgeons, 3.1, were within satisfied limits. The same mean, 3.1, was found to exist in the realm of relationships with personnel from other departments and with the clinical instructor within the department.

In the areas of role definition, professional operating room nurses were satisfied that the work they did was professional in nature. The mean for this factor was 3.3. They were also satisfied, 3.1, with the nature of work done by non-professional workers within the department.

Three factors were satisfying to professional operating room nurses in the section on ego needs. Supervisors were in good repute with the nurses comprising their staffs. A mean of 3.1 was developed

TABLE I

MEANS FOR EACH SECTION ON THE QUESTIONNAIRE
FOR ALL GROUPS

SECTION	All Respondents	Least Experienced Group	Medium Experienced Group	Most Experienced Group
SECURITY AND SAFETY NEEDS	2.7*	2.8	2.6	2.9
SOCIAL NEEDS	3.1	3.4	3.1	3.0
ROLE DEFINITION	3.1	3.2	3.0	3.2
EGO NEEDS	2.9	3.0	2.9	3.0
SELF FULFILLMENT NEEDS	2.6	2.7	2.7	2.3

* All means have been rounded to the nearest tenth

concerning methods available to present ideas to the supervisor and with the supervisor's reception of ideas presented to her. Professional operating room nurses were satisfied with the treatment received from their supervisors. The mean for this factor was 3.3. Table II on page 21 contains all the item means obtained.

Factors which contributed to job-dissatisfaction. Three sections on the questionnaire had means of less than three, three being the assigned numerical value for satisfied. These three areas, security and safety needs, ego needs, and self-fulfillment needs, were deemed to be the areas in which job-dissatisfaction existed. The section concerning self-fulfillment needs had the lowest mean, 2.6. This general area seemed to be the most dissatisfying area in the work situation for professional operating room nurses. The section concerning security and safety needs had a mean value of 2.7. This area was almost as dissatisfying as the area previously cited. The section concerning ego needs had a mean value of 2.9. This mean so closely approached the mean designated as satisfied, it could not be judged to indicate either satisfaction or dissatisfaction.

The means for seventeen factors were below three, three being the assigned numerical value for satisfied. For these factors, the mean for five factors was 2.9. These factors are noted as being neither satisfying or dissatisfying. The mean for the lowest factor, 2.2, was established for salary received. Professional operating room nurses were not satisfied either with the method on on-call pay or the amount of on-call pay. The means for these two factors were 2.6 and 2.4 respectively. The

TABLE II

MEANS FOR EACH ITEM ON THE QUESTIONNAIRE
FOR ALL GROUPS

ITEM	All Respondents	Least Experienced Group	Medium Experienced Group	Most Experienced Group
I-A	2.2*	2.2	2.1	2.3
I-B	2.6	2.4	2.5	2.8
I-C	2.4	2.4	2.1	3.2
I-D	3.2	3.2	3.1	3.3
I-E	2.8	3.0	2.7	2.3
I-F	3.1	3.3	3.1	3.0
I-G	2.9	3.1	2.9	2.8
I-H	2.6	2.6	2.4	2.8
I-I	3.1	3.0	3.2	3.2
II-A	3.4	3.4	3.3	3.5
II-B	3.3	3.8	3.2	3.2
II-C	3.1	3.2	2.9	3.3
II-D	3.1	3.0	3.0	3.0
II-E	2.9	2.9	3.0	2.8
II-F	3.1	3.5	3.1	2.5
II-G	2.9	3.3	2.8	2.4
III-A	3.3	3.3	3.3	3.6
III-B	3.1	3.5	2.9	2.8
III-C	2.9	2.9	2.9	3.2
IV-A	3.1	3.0	3.2	2.8
IV-B	3.1	3.3	2.9	3.2
IV-C	2.6	2.6	2.6	2.5
IV-D	3.3	3.3	3.3	3.3
IV-E	2.9	2.8	2.8	3.2
IV-F	2.6	2.8	2.3	3.0
V-A	2.7	2.9	2.7	2.2
V-B	2.6	2.7	2.8	2.0
V-C	2.6	2.8	2.6	2.5
V-D	2.5	2.5	2.5	2.6
V-E	2.6	2.7	2.8	2.2

* All means have been rounded to the nearest tenth.

arrangement of meal hours was a dissatisfying factor. The mean on this was 2.8. The arrangements for sick leave were dissatisfying. The mean for this factor was 2.6. Another area in the realm of personnel policies, that of methods available to present grievances, was dissatisfying. The mean for this factor was 2.6. The respondents expressed dissatisfaction concerning the provisions for advancement. The mean for this factor was 2.6.

All of the items in section five, self-fulfillment needs, were dissatisfying factors. Professional operating room nurses were dissatisfied with the in service education available within the department, and with the opportunities to contribute to this program. The means for these factors were respectively 2.7 and 2.6. Orientation was a dissatisfying factor. The mean for this factor was 2.6. Opportunities to attend professional meetings was a dissatisfying factor. The mean for this factor was 2.5. The mean on the availability of a ward library was 2.6 which indicated dissatisfaction concerning this factor.

Ascendant and descendent factors. It was doubted that workers would continue to have the same attitudes about any given factor in the job situation over a period of time. Satisfaction in some areas should tend to increase and in some areas should tend to decrease. No areas were noted which demonstrated a consistent rise in satisfaction as work experience increased. Two areas indicated a tendency for satisfaction to decrease as years of experience increased. Section two, social needs, decreased for each experience grouping. The least experienced group had

a mean of 3.4. The medium experienced group has a mean of 3.1. The most experienced group had a mean of 3.0. The means for section five, self-fulfillment needs, declined after showing a plateau. The least and medium experienced groups had a mean of 2.7. The mean for the most experienced group declined to 2.3.

Six factors were found to be ascendant and ten factors were found to be descendent. Two factors remained stable; satisfaction with personnel from other departments remained at a mean of 3.0, and satisfaction with the treatment received from the supervisor remained at a mean of 3.3.

In section one, security and safety needs, the ascendant factors were the method of on-call pay and the treatment available when injured on duty. No factors in section two, social needs, were ascendant. Section three, role definition, had two ascendant factors; work was of a professional nature, and the time allotted to do the kind of nursing the respondent felt capable of doing. The one factor in section four, ego needs, which was ascendant was the personal recognition received for doing good work. In section five, self-fulfillment needs, the factor concerning opportunity to attend professional meetings was ascendant although the mean for the most experienced group only reached 2.6. Figure 1 on page 24 demonstrates the means on the ascendant factors.

Three of the ten descendent factors were located in section one, security and safety needs. The professional nurse with the most experience was less satisfied than were other professional nurses in the operating room on the following factors: meal hours, down 0.7; rest periods, down 0.3; and physical facilities and equipment, down 0.3.

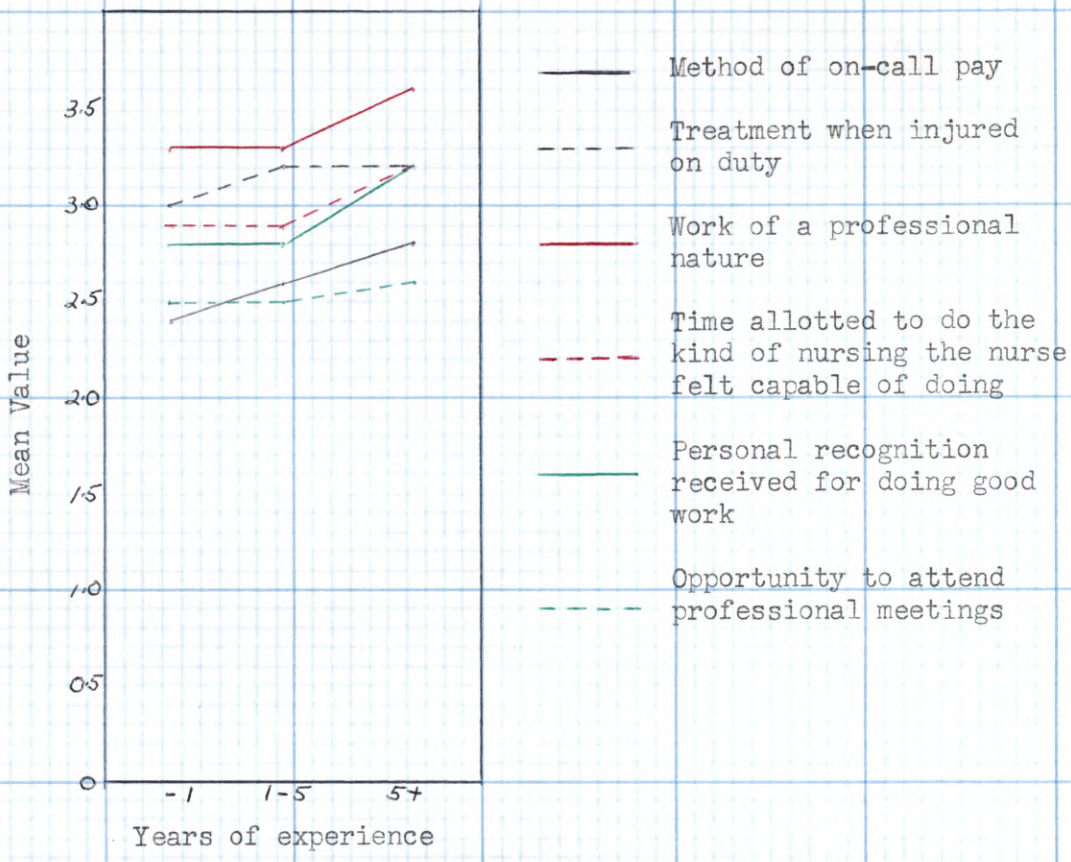


FIGURE 1

MEANS ON ASCENDANT FACTORS

Section two, social needs, contained three factors which were descendent. A decline of 0.6 was noted on the items concerning the relationships with non-professional workers. The greatest decline was noted on the factors concerning relationships with both clinical instructors and student nurses. These mean values declined 1.0 and 0.9 respectively. Table III demonstrates the variation of the means for group two, under one years experience; group three, one to five years experience; and group four, over five years experience; on these two factors.

TABLE III

MEAN FOR RELATIONSHIPS WITH
CLINICAL INSTRUCTORS AND STUDENT NURSES
FOR EXPERIENCE GROUPINGS

RELATIONSHIPS WITH	Least Experienced Group	Medium Experienced Group	Most Experienced Group
CLINICAL INSTRUCTORS	3.5	3.1	2.5
STUDENT NURSES	3.3	2.8	2.4

Section three, role definition, contained one factor which was descendent. Satisfaction with the nature of work done by non-professional workers declined in mean value 0.7. Section, four, ego needs, contained one factor which was descendent. Methods available to present grievances declined 0.1 in mean value which may not have been a significant decline.

Section five, self-fulfillment needs, had two factors which were descendent. Satisfaction with the in service education available and the opportunity to contribute to that program declined in mean value 0.7 and 0.3 respectively. Figure 2 on page 27 and Figure 3 on page 28 demonstrate the means on the descendent factors.

II. THE DATA IN RELATION TO THE HYPOTHESES

Hypothesis I. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is, in total, high or above three on a scale of four.

The operating room is often the bastion of "home-guardism" as determined by Hughes, Hughes, and Deutscher.[1] This sense of closeness among the professional nurses and the intimate association with the surgeons coupled with a relative isolation from the rest of the hospital may foster a deep sense of participation and worth which should be reflected in a high degree of job-satisfaction. It was on this basis the hypothesis was developed. Having assigned a value for the level of satisfaction as previously stated: very satisfied, four; satisfied, three; dissatisfied, two; very dissatisfied, one; it is possible to compare the mean value as determined by the analysis. A mean value of 2.88, rounded to the nearest hundreth, was established from the questionnaires

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[1]Everett C. Hughes, Helen M. Hughes, and Irwin Deutscher, Twenty Thousand Nurses Tell Their Story, (Philadelphia: J.B. Lippincott Co., 1958), p. 68.

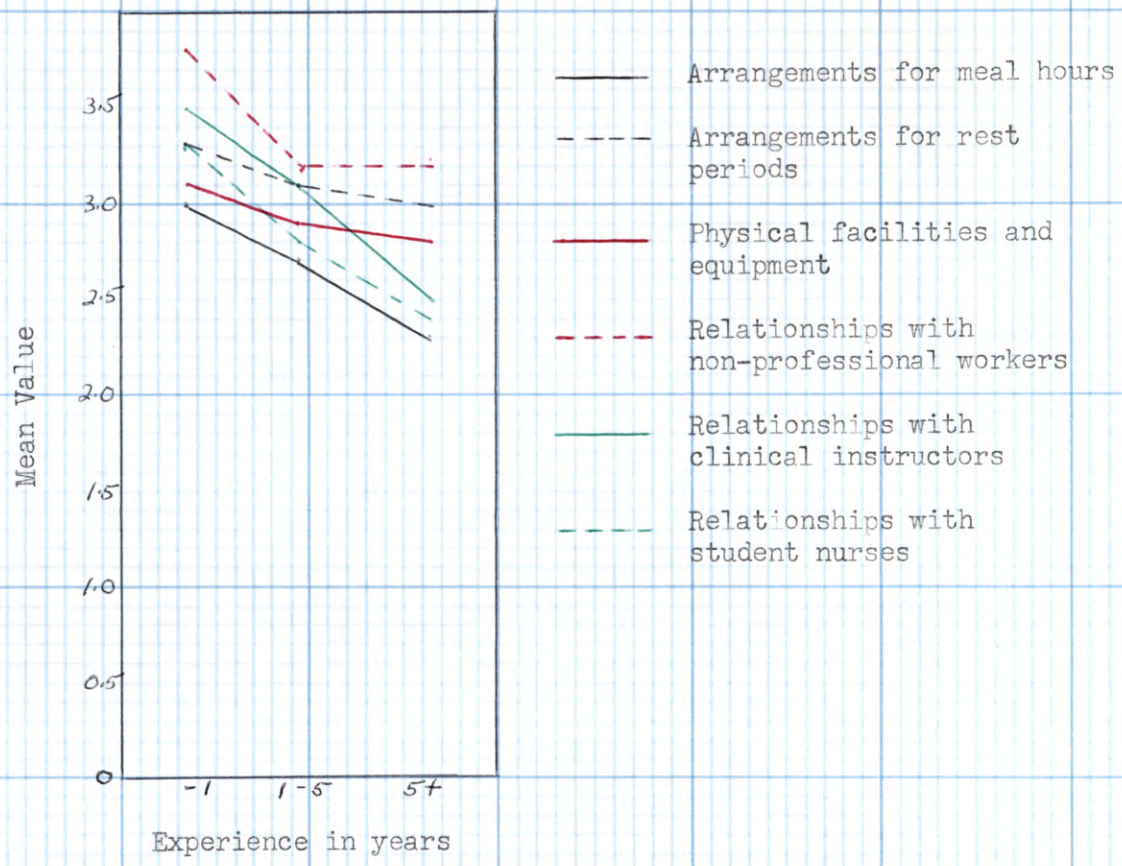


FIGURE 2

MEANS ON DESCENDENT FACTORS IN THE AREAS OF SECURITY-SAFETY AND SOCIAL NEEDS

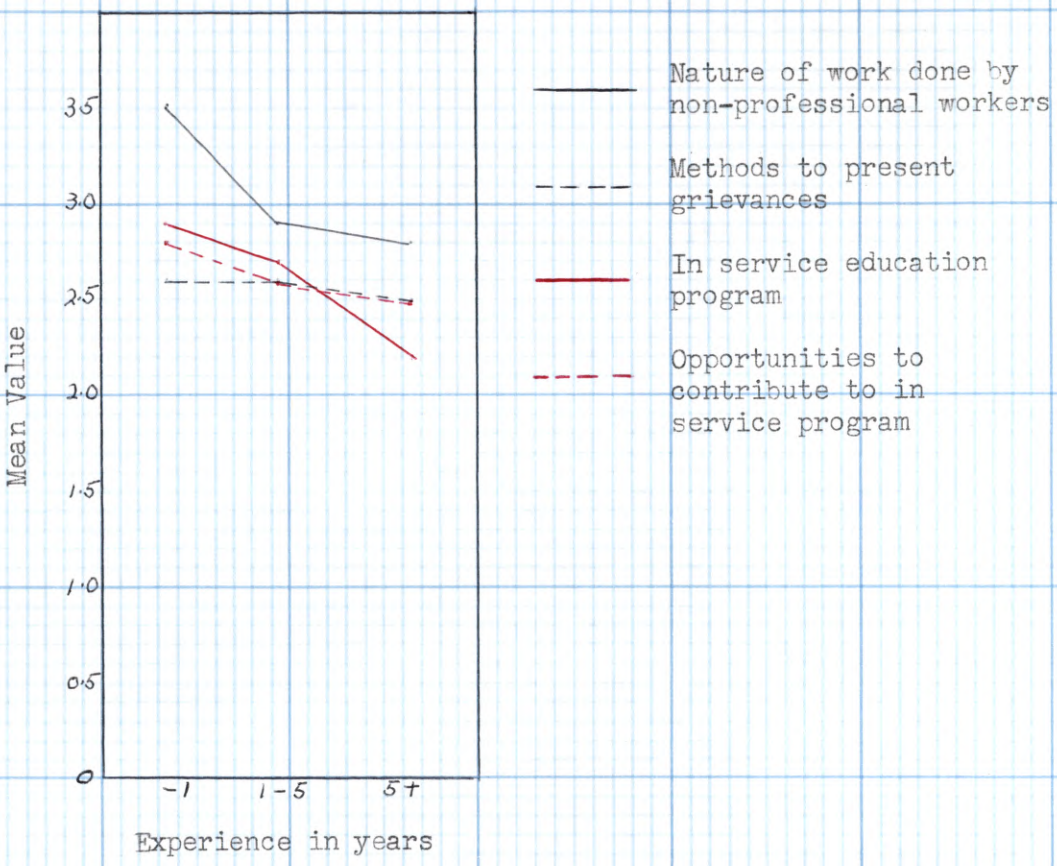


FIGURE 3

MEANS ON DESCENDENT FACTORS IN THE AREAS OF EGO AND SELF-FULFILLMENT NEEDS

returned. This value indicated a state between dissatisfied and satisfied which did not substantiate the hypothesis. While the respondents are reasonably well satisfied, 2.88 would not indicate high satisfaction.

Hypothesis II. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lower among those nurses in the first year of service than among those nurses with from one to five years service.

Operating room nursing demands skills and knowledge not taught and developed within the basic curriculum in professional nursing. The first year as a staff nurse in the operating room therefore, must be a period of learning and adjustment. A well rounded educational program within a milieu conducive to the development of the beginning nurse was deemed necessary for satisfaction in group one, nurses with less than one years experience in the operating room. Figure 4 demonstrates the means of the least experienced professional operating room nurses as contrasted to the means of the medium experienced professional operating room nurses. The curve for the least experienced group is consistently higher than is the curve for the medium experienced group. The least experienced group rates lower than the medium experienced group in only five of the thirty factors thus the hypothesis was not substantiated.

The mean for the least experienced group exceeds the mean for the medium experienced group on the factor "how satisfied are you with the relationships you have with the non-professional personnel with whom you

work?" by 0.6. The difference of the mean on the factor "how satisfied are you with the nature of work done by the non-professional workers in your department?" is 0.4. The high variation on these points indicated that beginning professional nurses in the operating room were happier in their associations with non-professional workers than were other professional nurses. The mean for the least experienced group exceeds that for the medium experienced group on the two factors concerning relationships with students and clinical instructors. There is a possibility that the beginning professional nurse, being closer to her own student days, had a better understanding of the students and the current educational goals and processes than did professional nurses in the more experienced groups.

Hypothesis III. The Level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lower among those nurses with more than five years service than among those nurses with one to five years service.

One of the basic human needs is that for self-fulfillment, for progress. The number of supervisory positions within the operating room is severely limited; therefore, promotion is not often available to the nurse having demonstrated ability. Financial rewards may be limited both in amount and number. A professional nurse after a period of years may lack external stimuli for progress and become stultified by the status quo. For these reasons it was assumed the level of job-satisfaction for the most experienced group would be less than that for the medium

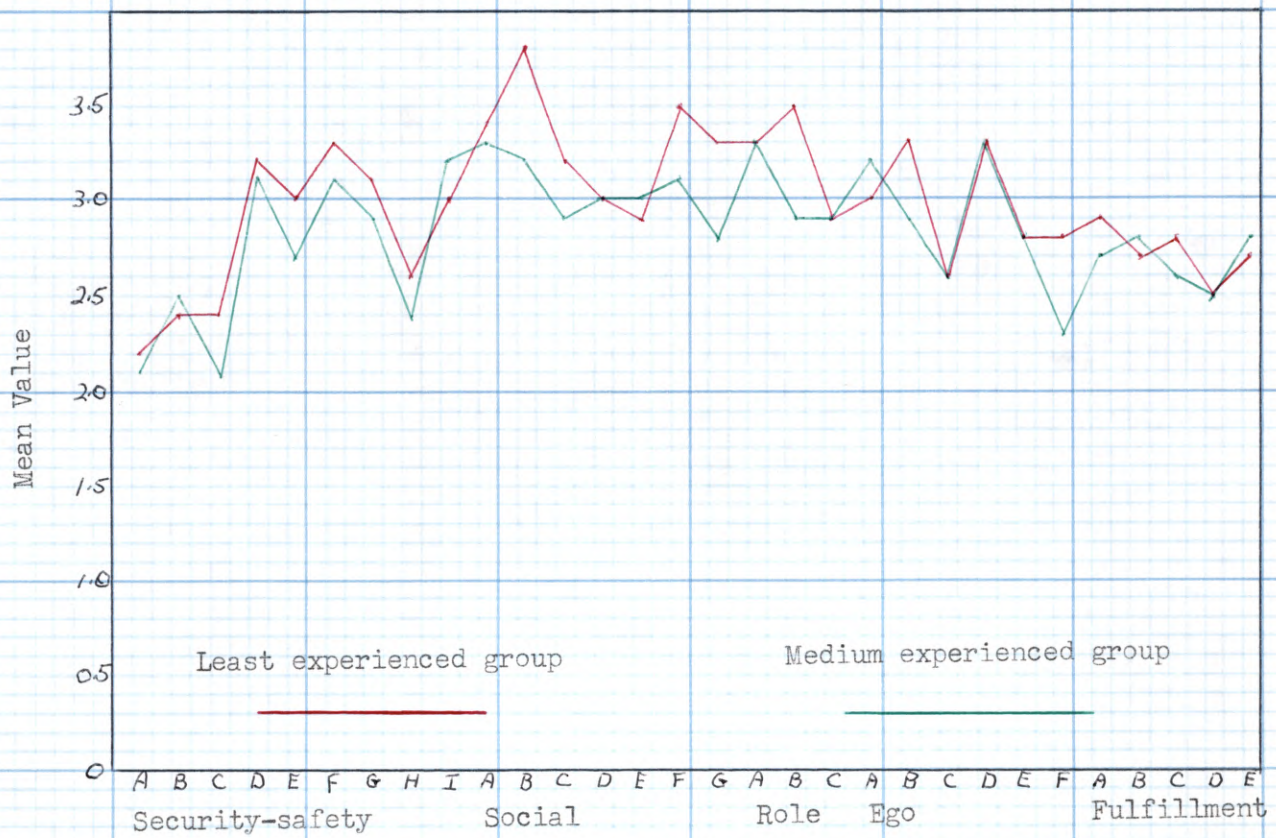


FIGURE 4

MEANS FOR LEAST AND MEDIUM EXPERIENCED GROUPS CONTRASTED

experienced group. Figure 5 on page 33 demonstrates the means of the most experienced professional operating room nurses as contrasted to the means of the medium experienced professional operating room nurses. The trend of the means would tend to substantiate the hypothesis; however, certain aspects of the variation by factors were noted.

The curve for the most experienced group crosses and recrosses the curve for the medium experienced group. In fifteen items the most experienced group is higher than is the medium experienced group. The means for professional nurses in the most experienced group exceeds the mean for the medium experienced group on the factor concerning satisfaction on the amount of pay for on-call duty by 1.1. This difference is quite large. The mean for the most experienced group was lower than was the mean for the medium experienced group on the factors concerning the relationships with clinical instructors and students. The decline in the mean values for these factors were 0.6 and 0.4 respectively.

One might assume the professional operating room nurse in the most experienced group would be less concerned with provisions for continuing education since she should have accumulated more knowledge. However, the mean scores for the most experienced group ran consistently lower than did the mean scores for the medium experienced group on those items pertaining to staff education. The professional operating room nurse seems to maintain an interest in furthering her education at least with on the job programs.

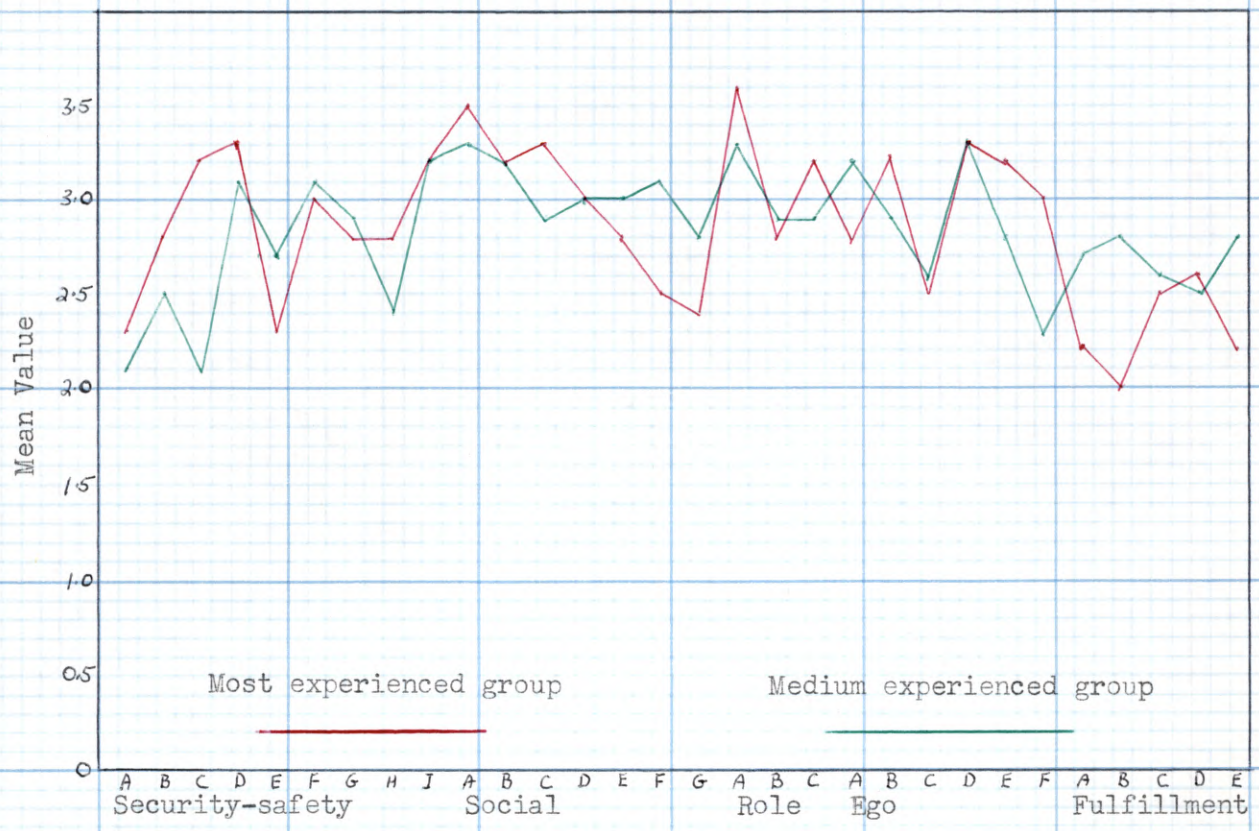


FIGURE 5

MEANS FOR MOST AND MEDIUM EXPERIENCED GROUPS CONTRASTED

Hypothesis IV. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lowest in the area of security and safety needs.

Nursing as a profession is attempting through the Economic Security Program of the American Nurses' Association to improve its financial position. While progress has been made, much more needs to be done. Hospitals, as employing agencies, lag behind other industries in the provision of health service, grievance procedures, and other mechanisms common in todays social world. For these reasons it was assumed the level of job-satisfaction would be lowest in section one, the area of security and safety needs. The mean score for this section was low, 2.7; however, the mean score for section five, self-fulfillment needs, was lower, 2.6. This would not substantiate the hypothesis. Table I on page 19 demonstrates that these two areas were the problem areas in the group studied.

Hypothesis V. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is highest in the area of social needs.

Operating room nursing entails close association with ones fellow workers. These workers vary from low skilled workers to highly skilled nurses and doctors. The professional nurse is in a pivotal position in the correlation of the activities of all to provide the best possible patient care. This close association with the fostering of the feeling of kinship with the "team" would be conducive to a high degree

of satisfaction within the social area. Section two of the questionnaire tests the attitudes of the professional operating room nurses in the area of social needs. The mean score for this area was 3.1 indicating satisfaction. This score would indicate social needs are being met substantiating the hypothesis.

CHAPTER IV

DISCUSSION OF COMMENTS MADE BY RESPONDENTS

All respondents to the questionnaire had an opportunity to insert comments on any or all items in the questionnaire. The number of comments varied by item; some respondents commented on all items, some on only one or two items. Comments on the items deemed sensitive by the author, on the basis of number and type of comment, are supplied in Appendix B.

I. SECTION ONE SECURITY AND SAFETY NEEDS

Item A in section one, how satisfied are you with your salary?, was the most frequently commented on item. Forty-four per cent of the respondents chose to comment. Eighty-seven per cent of the comments received were of the opinion the salary scale was too low. By checking the comments, however, this opinion that salary rates were too low was most often based on the respondents status as a professional nurse and not on her employment within the operating room. The respondents felt nursing salaries were too low. No comments were received which would indicate an opinion by the respondents on what would be an equitable salary.

Item B in section one, how satisfied are you with the method of on-call pay?, was commented on by twelve, or thirty-three per cent of the respondents. Eighty-three per cent of the comments were derogatory in nature. The comments also indicated several different methods of payment

for emergency call. Since the responsibility of taking call is primarily an operating room nursing responsibility and not a responsibility in any other nursing category within the hospital, the activity itself may be dissatisfying. On this item several of the respondents stated ideas on what they thought to be fair and equitable.

Item C in section one, how satisfied are you with the amount of on-call pay?, was commented on by twelve, or thirty-three per cent of the respondents. All of the respondents expressed dissatisfaction on this item. One comment was made on student activity during the call period. The respondent felt that requiring a student to assume a responsibility for which she was not prepared created an untenable situation for all concerned. The comments indicated varying amounts of compensation for call duty none of which seemed to be fully acceptable to the nurses involved.

Item E in section one, how satisfied are you with the meal hours in your department?, was commented on by twelve, or thirty-three per cent of the respondents. Fifty-eight per cent of the respondents felt meal hour accommodation should be improved. Operating room nursing entails much physical and mental activity; therefore, for good nurse function, provision should be made for adequate relaxation and nutrition.

Item H in section one, how satisfied are you with the sick leave available in your hospital?, was commented on by fifteen, or forty-two per cent of the respondents. Sixty per cent of the comments reflected dissatisfaction with the available sick leave. The point deemed most

unsatisfactory was the short period of time the nurse was required to be off duty prior to being eligible for compensation. It was stated many illnesses are of a short duration or that the nurse would not remain home with minor infectious illnesses such as colds.

II. SECTION TWO SOCIAL NEEDS

Item A in section two, how satisfied are you with the relationships you have with the nurses with whom you work?, was commented on by six, or seventeen per cent of the respondents. Sixty-six per cent of the comments denoted satisfaction in this area. The comments denoting dissatisfaction were founded on the lack of a co-operative milieu between inexperienced and experienced nurses.

Item B in section two, how satisfied are you with the relationships you have with the non-professional personnel with whom you work?, was commented on by four, or eleven per cent, of the respondents. Fifty per cent of the comments indicated dissatisfaction with the supervision of non-professional personnel.

Item C in section two, how satisfied are you with the relationships you have with the surgeons with whom you work?, was commented on by nine, or twenty-five per cent, of the respondents. Sixty-six per cent of the respondents indicated satisfaction in this area.

Item F in section two, how satisfied are you with the relationships you have with the clinical instructor in your department?, was commented on by five, or fourteen per cent, of the respondents. Eighty

per cent of the comments indicated dissatisfaction with what the staff nurse considered inability to function as a clinical instructor rather than associated with the personality of the individual clinical instructor. The staff nurse felt the clinical instructor was delinquent in knowledge of subject matter.

Item G in section two, how satisfied are you with the relationships you have with the student nurses in your department?, was commented on by eleven, or thirty-one per cent,of the respondents. The comments were concerning the type of instruction rather than the personality of the student. There was no indication in the comments that the professional staff nurses had any knowledge of the philosophy and goals of the schools of nursing involved in the study concerning operating room experience for student nurses.

III. SECTION THREE ROLE DEFINITION

Item B in section three, how satisfied are you with the nature of work done by the non-professional workers in your department?, was commented on by eight, or twenty-two per cent of the respondents. Sixty-two per cent of the comments denoted dissatisfaction on the type of work done by the non-professional workers. The roles of the various types of personnel involved in the operating room do not seem to be delineated with enough clarity to eliminate conflict.

IV. SECTION FOUR EGO NEEDS

Item B in section four, how satisfied are you with your supervisors reception of the ideas you present to her?, was commented on by seven, or nineteen per cent, of the respondents. Forty-three per cent of those commenting were dissatisfied with the reception of ideas. The comments indicated some supervisors were not as yet using democratic processes in the administration of their departments.

V. SECTION FIVE SELF-FULFILLMENT NEEDS

Item A in section five, how satisfied are you with the in service education available in your department?, was commented on by eleven, or thirty-one per cent, of the respondents. Seventy-three per cent of the comments indicated an in service program did not exist or was unsatisfactory where it did exist. Some comments indicated a lack of understanding of the purpose and components of in service education for professional nurses in or out of the operating room.

Item E in section five, how satisfied are you with the ward library available in your department?, was commented on by eight, or twenty-two per cent, of the respondents. Fifty per cent of the respondents considered the ward library inadequate. Adequate facilities for finding information quickly and conveniently would seem to be necessary in the hospital where many types of procedures are done. Provision of library facilities, as an adjunct to staff development, would seem to be an administrative function; however, one satisfied respondent indicated library financing was under-written by the surgeons.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

Many problems are of concern within the broad field of nursing. The maintenance of a stable and informed staff is not the least of these many problems. In an effort to illuminate some facets of the staffing problem, this study was concerned specifically with the investigation of the working conditions of professional operating room nurses and the satisfactions and dissatisfactions inherent therein.

For reasons of interpretation of data, the study was limited to professional operating room nurses employed in Montana hospitals with a bed capacity between one hundred fifty and three hundred beds. Communications with the directors of nursing service in the six hospitals fulfilling the requirements of the study elicited a list of fifty professional operating room nurses. Of this number, it was possible to contact forty-eight with a mailed questionnaire. Thirty-six questionnaires were completed giving a response from seventy-five per cent of the total population contacted.

The questionnaire was subdivided into five areas as follows: (1) security and safety needs, (2) social needs, (3) role definition, (4) ego needs, and (5) self-fulfillment needs. A total of thirty questions were asked which could be answered by checking one of the following responses: very satisfied, satisfied, dissatisfied, or very dissatisfied. Space was available on the questionnaire for the insertion of a comment on any

item if the respondent desired to do so. For analysis, each response was assigned a numerical value: very satisfied, four; satisfied, three; dissatisfied, two; and very dissatisfied, one. The returned questionnaires were analyzed in the following groups: all respondents, respondents with less than one years experience in operating room nursing; least experience group; respondents with from one to five years experience in operating room nursing, medium experienced group; and respondents with more than five years experience in operating room nursing, most experienced group.

The analysis involved the establishment of means for the total questionnaire, each section of the questionnaire, and each item of the questionnaire for each of the four groups of respondents. The formula $M = M' + \frac{i\Sigma fd}{n}$ was used throughout in developing the means. The comments made by the respondents were not tabulated, but were discussed in some detail.

II. FINDINGS

The data in relation to the purpose. It was the purpose of this study (1) to determine the factors which contributed to job-satisfaction in operating room nursing, (2) to determine the factors which contributed to job-dissatisfaction in operating room nursing, and (3) to determine which of these factors were ascendant or descendent.

Factors contributing to job-satisfaction. Of the thirty factors studied, thirteen factors contributed to a sense of satisfaction in the

work situation. In the area of security and safety needs the following factors were satisfying: (1) hours of duty; (2) allocation of rest periods, and (3) treatment provided for injuries incurred on duty. The satisfactions noted in the area of social needs were as follows: (1) relationships with professional nurses within the department, (2) relationships with non-professional workers within the department, (3) relationships with surgeons, (4) relationships with the clinical instructor within the department, and (5) relationships with personnel from other departments. The satisfying factors in the area of role definition were identified as follows: (1) the work done by the nurse was professional in nature, and (2) the nature of work done by the non-professional workers within the department. Satisfactions identified within the area of ego needs were as follows: (1) methods available to present ideas to the supervisor, (2) the supervisor's reception of ideas presented to her, and (3) treatment received from the supervisor.

Factors contributing to job-dissatisfaction. Of the thirty factors studied, twelve factors contributed to a sense of dissatisfaction; the remaining five factors were neither satisfying nor dissatisfying. In the area of security and safety needs the following factors were disssatisfying: (1) amount of salary received, (2) method of on-call pay, (3) amount of on-call pay, (4) the arrangement of meal hours, and (5) the arrangement for sick leave. In the area of ego needs dissatisfaction was indicated on two factors: (1) methods available to present grievances, and (2) opportunities for advancement. The factors identified as dis-

satisfying in the area of self-fulfillment needs were as follows: (1) the in service education available, (2) the orientation received, (3) opportunities to contribute to the in service program, (4) opportunities to attend professional meetings, and (5) the ward library available. All factors under self-fulfillment needs were dissatisfying.

Ascendant factors. Of the thirty factors studied, six factors were found to be ascendant in that satisfaction increased as years of experience in operating room nursing increased. The ascendant factors were as follows: (1) methods of on-call pay, (2) treatment available when injured on duty, (3) the work done by the nurse was professional in nature, (4) adequate time allotted to do the kind of nursing the nurse felt capable of doing, (5) personal recognition received for doing good work, and (6) opportunities to attend professional meetings. While these factors were ascendant, the end result at times was not satisfaction, but a lesser degree of dissatisfaction.

Descendent factors. Of the thirty factors studied, ten factors were found to be descendent in that satisfaction decreased as years of experience in operating room nursing increased. The descendent factors were as follows: (1) arrangements for meal hours, (2) arrangements for rest periods, (3) physical facilities and equipment, (4) relationships with non-professional workers within the department, (5) relationships with clinical instructors within the department, (6) relationships with student nurses within the department, (7) nature of work done by non-professional workers within the department, (8) methods available to

present grievances, (9) amount of in service education available, and (10) opportunities to contribute to the in service program.

The data in relation to the hypotheses.

Hypothesis I. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is, in total, high or above three on a scale of four. The mean established for satisfaction in total was 2.88. This mean indicated satisfaction, but not high satisfaction thus the hypothesis was not substantiated.

Hypothesis II. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lower among those nurses with from one to five years service. The mean established for the least experienced group was 2.97 and the mean established for the medium experienced group was 2.84 thus the hypothesis was not substantiated.

Hypothesis III. The level of satisfaction among operating room nurses in medium sized hospitals in Montana is lower among those nurses with more than five years service than among those nurses with one to five years service. The mean established for the most experienced group was 2.87 and the mean established for the medium experienced group was 2.84 thus the hypothesis was not substantiated.

Hypothesis IV. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is lowest in the area of security and safety needs. The mean established for section one, security and safety needs, was 2.7. A lower mean, 2.6, was established for section five, self-fulfillment needs, thus the hypothesis was not substantiated.

Hypothesis V. The level of job-satisfaction among operating room nurses in medium sized hospitals in Montana is highest in the area of social needs. The mean established for section two, social needs, was 3.1. This indicated satisfaction. Even though the mean for section three, role definition, was the same, these two sections are interrelated. Making an allowance for this relationship, the hypothesis was substantiated.

III. CONCLUSIONS

While the findings discussed previously were based on a small sample of respondents in a specific geographical area, some generalizations can be made.

Professional operating room nurses in the major hospitals in Montana have unmet security needs. The need for security is a first level human need which must be satisfied before higher needs can be met. Additionally, the nurse, because of the nature of her profession, must constantly endeavor to meet the physical and emotional needs of her patients. It is quite difficult, if not impossible, to adequately meet the needs of others if ones own needs are not met. Consequently, agencies employing professional nurses, professional operating room nurses included, must give serious consideration to meeting the expressed security needs of their staff nurses. Discussion carried on in an open and democratic manner to determine what would be acceptable base salaries, what would be acceptable on-call remuneration, what would be acceptable arrangements for sick leave are needed in the immediate future.

Considering the advances made in industry in the provision of grievance procedures, it seem strange Montana hospitals are so lax in the provision of such procedures. Hospitals are a major industry in the United States and are supposedly engaged in a humanitarian undertaking. This interest of hospital administration in humanity and in the patient as a person of worth should apply no less to the individual employee.

Staff development is a supervisory responsibility. This responsibility is not being fulfilled in the group studied. Not only is there little in service education available, what may be more important is the dissatisfaction on the part of the professional nurses studied on their own opportunities to contribute to an on-going program. This is one area within the hospital nursing field in which each individual can have a voice in planning. The voice in the planning may well be more important than the final plan in meeting the needs of the nurse. Professional operating room nurses, and other professional nurses, have a capacity for thought and are capable, with varying amounts of assistance, of planning and administering their own educational program. The provision of facilities and time for democratic planning and implementation of an in service program, by developing within the staff a feeling of being appreciated as thinking individuals, will increase knowledge and the sense of participation. Participation in the task, whatever the task, can aid in increasing job-satisfaction. In service education is not limited in time. While orientation of new workers is essential, the need for continuing education in the work situation was expressed by the experienced operating room

nurse. This activity should be stressed and backed by all administrative personnel. The growth of all individuals no matter the position is less expensive than the replacement of the individual.

The nature of work done by non-professional workers in the operating room needs close scrutiny. These individuals are important in the proper functioning of the department. However, when the non-professional worker does professional nursing tasks and has rights and privileges not granted to the professional nurse, dissatisfaction is bound to ensue. When employing surgical technicians, great care must be given to the development of job descriptions which are suitable to the level of the worker and do not impinge upon professional nursing responsibilities. Some data gathered in the course of this study leads the writer to believe these individuals were employed as a substitute for professional nurses and not as an adjunct to professional nurses.

The problem of the student nurse in the operating room seemed to be an issue of importance. The experienced nurse should be able to aid in the education of the student nurse to a greater degree than the less experienced nurse. However, precisely this group was the least satisfied with the education of the student nurses. In some way it will be necessary for staff nurses and nursing educators to come to some mutually agreeable policy concerning student nurses. The policy at the present time may be acceptable to both groups if this policy were equally understood by both groups. The impetus for clarification of policy could come from either side, but it might be wise for nursing educators to take the

initiative. Co-operation between the groups concerned with the education of student nurses should make the hospital, in any department, a laboratory setting more conducive to learning. It is reasonable to assume this dichotomy of policy interpretation is not limited to the operating room but extends throughout the hospital.

IV. RECOMMENDATIONS FOR FURTHER STUDY

While some facts were uncovered concerning the present level of satisfaction among operating room nurses in Montana, further study is needed. Dissatisfaction was indicated on the subject of call, both amount and method varied throughout Montana. Further study in this area in an attempt to determine what would be fair and equitable remuneration for on-call duty might alleviate an important area of job-dissatisfaction.

Dissatisfaction was apparent concerning the preparation of instructors in operating room nursing. An investigation into the adequacy of present instructors and the criteria for the selection of these instructors would be in order.

There appeared to be a lack of understanding on the part of operating room nurses concerning the philosophical and educational objectives of the schools of nursing in Montana. This problem should be investigated in depth to determine if the same problem exists in relation to the staff nurses in other departments of the hospital. Such a study might indicate some guides for action in the improvement of communications between the nurses involved in hospital service and the nurses involved

in nursing education. Nursing as a profession can only loose if these two groups within nursing continue separate activity without adequate communication.

The two problem areas as determined in the study about operating room nurses, low salary levels and the lack of in service education, may be problem areas for nurses in other hospital staff positions. It would be advisable to carry out a similar study involving these other staff nurses to determine if the problem areas are consistent.

The factors found to be ascendant or descendent concerned only the group involved in this study. It would be advisable to re-study the same group in a few years to see if the internal changes within the group would change the ascendant and descendent factors.

Professional operating room nurses in hospitals of less than one hundred fifty beds may have problems of a different nature or the same problems in different relationships. This group deserves separate study.

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APPENDIX A

MEDIUM SIZED HOSPITALS IN MONTANA

Billings Deaconess Hospital
Billings, Montana

St. Vincent's Hospital
Billings, Montana

St. James Hospital
Butte, Montana

Columbus Hospital
Great Falls, Montana

Montana Deaconess Hospital
Great Falls, Montana

St. Patrick's Hospital
Missoula, Montana

LETTER MAILED TO THE DIRECTOR OF NURSING SERVICE IN MEDIUM SIZED HOSPITALS IN MONTANA

As partial fulfillment of the requirements for a Master's degree in nursing, I am doing a survey on the subject of job-satisfaction among operating room nurses in Montana. In order to contact these nurses it would be helpful to have a list of their names and addresses. Would it be possible for you to supply the names and addresses of the professional nurses employed full time in the operating room in your hospital?

Yours truly,

The faculty and staff from Montana State College School of Nursing appreciate your assistance with this study.

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

LETTER ACCOMPANYING THE QUESTIONNAIRE

As partial fulfillment of the requirements for a Master's degree in nursing, I am doing a survey on the subject of job-satisfaction among operating room nurses. The Director of Nursing Service at your hospital supplied your name to me. I would appreciate your answering the enclosed questionnaire and returning it in the envelope provided at your earliest convenience.

I hope to determine those areas contributing to job-satisfaction and those areas contributing to job-dissatisfaction among operating room nurses in the state of Montana. The information gained may lead to the recruitment of more operating room nurses and to higher levels of satisfaction among those currently employed.

Thank you for your co-operation.

Yours truly,

The faculty and staff from Montana State College School of Nursing appreciate your assistance with this study.

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Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

JOB SATISFACTION SURVEY FOR OPERATING ROOM NURSES

Filling out the questionnaire:

When answering the introductory questions, please place a check in the proper space. The remaining questions are to be answered by placing a check in the blank that most nearly matches your feelings about the question. The terms are defined below for your convenience. Space is left for you to comment if you wish.

Definition of terms:

1. Very satisfied: the present situation is one which is so agreeable you would fight any change.
2. Satisfied: the present situation is one you would prefer to remain the same.
3. Dissatisfied: the present situation is one you would like to see changes discussed and considered.
4. Very dissatisfied: the present situation is one you would definitely change had you the authority to do so.

GENERAL QUESTIONS

Do you receive a stated sum of money for taking call? Yes ___, No ___.

Are you paid for the hours actually worked on call? Yes ___, No ___.

Is this payment made in time_____ or money_____?

How long have you been working in the operating room?

_____ 6 months or less
_____ 6 months to 1 year
_____ 1 to 5 years
_____ over 5 years

SURVEY QUESTIONS

	very satisfied	satisfied	dissatisfied	very dissatisfied
1. Security and safety needs:				
A. How satisfied are you with your salary?				
Comment:				
B. How satisfied are you with the method of on-call pay?				
Comment:				
C. How satisfied are you with the amount of on-call pay?				
Comment:				
D. How satisifed are you with your hours of duty?				
Comment:				
E. How satisfied are you with the meal hours in your department?				
Comment:				
F. How satisfied are you with the rest periods in your department?				
Comment:				
G. How satisfied are you with the physical facilities and equipment in your department?				
Comment:				

	very satis-fied	satis-fied	dissat-isfied	very dissat-isfied
H. How satisfied are you with the sick leave available in your hospital?				
Comment:				
I. How satisfied are you with the treatment available when you are injured on duty?				
Comment:				
II. Social needs:				
A. How satisfied are you with the relationships you have with the nurses with whom you work?				
Comment:				
B. How satisfied are you with the relationships you have with the non-professional personnel with whom you work?				
Comment:				
C. How satisfied are you with the relationships you have with the sur-geons with whom you work?				
Comment:				
D. How satisfied are you with the relationships you have with personnel from other departments?				
Comment:				

	very satisfied	satisfied	dissatisfied	very dissatisfied
E. How satisfied are you with the relationships you have with the nursing service department?				
Comment:				
F. How satisfied are you with the relationships you have with the clinical instructor in your department?				
Comment:				
G. How satisfied are you with the relationships you have with the student nurses in your department?				
Comment:				
III. Role Definition:				
A. How satisfied are you that your work is of a professional nature and not of a clerical or non-professional nature?				
Comment:				
B. How satisfied are you with the nature of work done by the non-professional workers in your department?				
Comment:				

	very satis-fied	satis-fied	dissat-isfied	very dissat-isfied
C. How satisfied are you with the time allotted to do the kind of nursing you feel you are capable of doing?				
Comment:				
IV. Ego needs:				
A. How satisfied are you with the methods available to present your ideas to your supervisor?				
Comment:				
B. How satisfied are you with your supervisors reception of the ideas you present to her?				
Comment:				
C. How satisfied are you with the methods available to present grievances in your hospital?				
Comment:				
D. How satisfied are you with the treatment you receive from your supervisor?				
Comment:				
E. How satisfied are you with the personal recognition you get for doing good work?				
Comment:				

	very satisfied	satisfied	dissatisfied	very dissatisfied
F. How satisfied are you with the provisions for advancement when you do good work?				
Comment:				
V. Self-fulfillment needs:				
A. How satisfied are you with the in service education available in your department?				
Comment:				
B. How satisfied were you with the orientation you received when you were first employed?				
Comment:				
C. How satisfied are you with your opportunities to contribute to the in service program?				
Comment:				
D. How satisfied are you with your opportunities to attend professional meetings, compensation being paid while you are away from duty?				
Comment:				
E. How satisfied are you with the ward library available in your department?				
Comment:				

Thank you for your co-operation in filling out this questionnaire.

APPENDIX B

APPENDIX B

COMMENTS MADE BY RESPONDENTS

SECTION I SECURITY AND SAFETY NEEDS

ITEM A How satisfied are you with your salary?

1. Pay scale is very low and thereby harder to get help for surgery and on call duty.
2. The salary here is $25.00 below that the A.N.A. has set as a standard--yet the hospital bed cost is more to the patient than at the last hospital worked.
3. I guess its the same as in all Montana Hospitals low.
4. My own salary is now satisfactory but it has taken 9 years to receive the salary that I now receive--I don't believe any nurse receives the pay she should--when non-trained people (clerk etc.) make better wages.
5. The hospitals in Montana should meet A.N.A. standards.
6. I do not feel our salary is comparable to the economic conditions existing--as to other jobs.
7. Satisfied for the length of time I've been out of training.
8. I believe that more consideration should be put on the time over eighty hour (two week) time put on call. I feel a better feeling would be established if we were paid a bonus per hour for overtime put in on call.

9. Salary scale too low to interest nurses in working--or encouraging people to enter the profession--several nurses I know work in business because of the pay--although they prefer nursing to business.
10. Now adequate for the technical work we do, in comparison to general duty nurses.
11. I think nurses generally and on the whole are underpaid for the responsibilities they are expected to assume.
12. I think nurses should receive better wages for the responsibility they are expected to assume.
13. The salary is average. Of course everyone would like a slightly higher wage for doing anything.
14. I feel that wages could always change--nurses are underpaid.
15. Salary is quite good but in general nurses'wages could be raised especially for call duty.
16. Nurses are deserving of a higher rate of pay for the work they do due to educational qualifications.

ITEM B. How satisfied are you with the method of on-call pay?

1. A schedule could be worked out whereby both a stated sum of money per month would be paid plus being paid actual hours worked on call because of sacrifices made, required of no other department.
2. As the pay office here states "A total of 177 hours must be worked before you collect a $25 call bonus" therefore seldom is it paid.
3. We are lucky that we do get paid for call, but I do think we should get paid more per hour for the call duty that we actually work as

the inconvenience and extra hard work warrant it.

4. I think if we couldn't get time and a half for any call time, we should receive some compensation for all the time we sacrifice on call.
5. The addition of a definite amount, such as $25.00 a month, to the basic pay, is a fair one for being on call.
6. Feel we should get paid whether we are called or not in addition to pay for actual call hours.
7. I like the increased hourly rate.
8. We are paid by a time clock basis. If we check in after 10 minutes after the hour we are not paid for that half hour and the same goes for after 10 minutes to the hour. I think that we should be paid for every minute spent in or on call basis.
9. I think we should be paid more instead of the flat sum.
10. Except that time and a half pay doesn't start until after 5 pm--then if you work through 5 pm until late its straight time. Sundays its straight time which I don't like--after all its over your regular 40 hours.
11. We are paid $2.00 a night on call, if a person isn't called back it really doesn't add up to much. The last hospital I worked paid $6.00.
12. Some days you hardly get home than you go back and work all night long without any relief, and the next person on call doesn't have anything and gets paid the same as you. A beginner gets the same as a nurse who has worked 3 or 5 years.

ITEM C How satisfied are you with the amount of on-call pay?

1. Not enough pay for call, by the time you pay cab fare back and forth you've lost the money you've made for call.
2. We are paid time and a half for call backs. This is better than I had been paid in any other hospital. But I do feel it is better for the O.R. nurse to be paid more for being on call and just straight time for call backs.
3. We don't get time and a half unless its after five pm even on Sundays. If we get called before 5 pm and clock in before then, even though we may stay til 4 am we get straight salary. I don't think $2.00 a night for taking call is enough when you consider how restricted you are. Every three months we have new students to take call with. Sometimes they've been in surgery 1 week before taking call with us. It's horrible for them and horrible for us. It's no wonder the doctors are so unhappy most of the time. If I ever decide to change jobs, I think this will be the reason, can you imagine students scrubbing for brain surgery or a C. Section after a week in surgery?
4. We receive $2.00 for 12 hours and $5.00 for week-end--<u>But</u> overtime is time and a half; but not considered ovetime until after 5 pm. It doesn't seem fair to work a 40 hour week and then get called Sunday morning and work all day at straight salary.
5. I feel that anything over 8 hours should be considered overtime and receive time and a half pay as others do.

6. I think we should be paid a stated amount for each day we take call--as well as with the overtime.
7. I believe that more people would work in Surgery if a fair compensation would be made for overtime and actual working time in the department.
8. I think the differential should be increased.
9. Should definitely get more for hours put in after already having worked 8 hours.
10. I think time and one-half for hours spent working on call would be fair; including all time clocked in .
11. I think we should get time and a half for hours of call we must work.
12. We are lucky that we do get paid for call, but I do think we should get paid more per hour for the call duty we actually work, as the inconvenience and extra hard work warrant it.

ITEM E How satisfied are you with the meal hours in your department?

1. I feel with the present work load our hours are satisfactory, although we are sometimes late in getting to eat.
2. They are too short to eat a meal properly.
3. On the whole they are all right--occasionally one half hour is barely enough for a busy crowded dining room.
4. Many times lunch hour is missed if the department is busy. The time is usually made up to us however.

5. The surgery schedule determines one's meal hours--sometimes lunch is quite late.
6. At times we have to eat lunch very late--due to certain cases.
7. They don't provide any kind of meal that's free and we have to eat in a small room--sometimes standing as there's no room.
8. We don't always get meals and many times get only a 5 or 10 minute break for lunch if we relieve each other.
9. Half hour isn't sufficient time to change to go out of department for lunch and we are often called out during our half hour lunch period which we aren't paid for.
10. Our head nurse never sees to it that we're relieved. The rest of us try to relieve each other. Sometimes its not until around 2 pm. We feel its the head nurse's job to see that we get a chance to eat.
11. Sometime we don't get relief for a dinner break till 2 pm.
12. I don't think they should take lunch periods off because some days you don't eat.

ITEM H How satisfied are you with the sick leave available in your hospital?

1. You have to be out 3 days before you can even start to collect sick pay.
2. Since I've never taken sick leave I don't know much about it but according to our policy book it is OK.
3. Our policy book says we aren't paid when being sick until after the third day.

4. We are paid holiday vacation and sick leave time on a pro-rated basis.
5. A person has to be sick more than 3 days before you even get paid for one--the thing to do is don't get sick.
6. Part time help should receive some compensation--also now you have to be off one week instead of one day to qualify.
7. We do not get paid for our days off unless we are sick three days, so if you are sick two days it would be better to stay off an extra day so you could get paid but this would be taking advantage of the hospital.
8. I think you should receive pay for all sick days--many times I can't go to work for the first day of a menstrual period and do not receive pay. I think it would be unfair to take more time off.
9. It is set up that after one year we are paid only after being ill for three days. Therefore many of the girls come to work when they should not be working for their own and the patients welfare, especially when they can not afford to be docked three days.
10. As good as most places.
11. I think it is fair--it discourages staying home for minor ailments and indispositions.
12. We must be sick for 4 days before we get paid for one. I have yet to use this benefit, for if I am ill, its usually only 1 or 2 days.
13. At this time we have to be ill 3 days before receiving any pay for sick leave. To me this is unfair as I may be ill for only 1 day

and then I lose a whole day. Right now I need the money if I'm sick.

14. Was just recently improved to take effect July 26.

15. We are not paid till after 3rd day of absence. I don't feel enough people take advantage of sick leave to warrant this.

SECTION II SOCIAL NEEDS

ITEM A How satisfied are you with the relationships you have with the nurses with whom you work?

1. They're interested in their jobs as surgical nurses.

2. Like a big "family group". First names when no students are present.

3. Discounting individual "off days", the atmosphere is generally very pleasant.

4. I have never worked with a more co-operative bunch of girls as are in this department. They are very willing to help out in all cases and with this in mind it gives you the incentive to aid them when they need it.

5. Dissatisfied at time with nurses who have worked in the department too long--appear very clickish.

6. There's room for improvement of the attitude of the older and more experienced nurses toward the newer and inexperienced nurses.

ITEM B How satisfied are you with the relationships you have with the non-professional personnel with whom you work?

1. We all share same nurses lounge and this shouldn't be--as in service officers and enlisted were not allowed to fraternize.

2. On the whole, there is no complaint.

3. We work with them very closely--we have Tech's who scrub also.

4. Too close--no real control over aides and who is really in charge of them.

ITEM C How satisfied are you with the relationships you have with the surgeons with whom you work?

1. Most of them are unreasonable and inconsiderate. The doctors I worked with before were most considerate so I was surprised when I found them different here. I still treat them with respect but sometimes its hard.
2. Some are always difficult.
3. They are like surgeons the world over.
4. Some doctors have a tendency to be critical of the nursing staff.
5. With a few exceptions, the relationships with the surgeons is one that cannot be surpassed. We have never had any differences with them that had to go further than the department to be ironed out.
6. Couldn't be better
7. Considering the variety of personalities and their individual ideosyncrasies, I find I can still enjoy the work.
8. Surgeons have their disagreeable moments, but as a whole are fine to work with.
9. They're our best teachers

ITEM F How satisfied are you with the relationships you have with the clinical instructor in your department?

1. I think our present instructor hasn't sufficient experience in surgery herself to be a very capable instructor.

2. We have none at present, a graduate who flunked state boards 3 times is incharge of students.
3. I believe that in order to have really good relationships with the clinical instructor she must be one who is well aware of the techniques. We have all adjusted ourselves to do the same in all
4. Frequent exchanges of views and comments keep unsolved problems at a minimum.
5. We don't have one so to speak--a graduate who hasn't passed her boards is taking them over.

ITEM G How satisfied are you with the relationships you have with the student nurses in your department?

1. The school doesn't stand behind the nursing personnel when they get after the students for poor work. They think we're too hard on them.
2. On the whole I'm very satisfied, but a few exceptions come up.
3. Very few of them fail to take advantage of the excellent practical aspect afforded in this department to the classroom theory.
4. Not around enough to make any difference one way or another.
5. I believe that since the clinical instructor is not able to be with the students at all times that it would benefit them to assign them in a big sister manner to the graduates by the week and in that way the students would benefit by more than one in aiding and also that they do not spend enough of the day in the department or on call.
6. They are too disinterested and have too little time in O.R.
7. I feel their money is wasted as far as surgery is concerned and don't believe many will want to come back to surgery. They are

underdogs--made to clean all surgeries even if aides have scrubbed.

8. The students are not in the department long enough so that the nurses are able to evaluate and give them the necessary help.
9. They don't work the hours to gain actual experience they need to learn the procedures.
10. I feel we need more practice time in the students learning experience in order to develop a better relationship.
11. They do not receive adequate experience--we don't see them long enough.

SECTION III ROLE DEFINITION

ITEM B How satisfied are you with the nature of work done by the non-professional workers in your department?

1. Sometimes its difficult because they haven't had any instructions as to conducting themselves in front of patients, the one's we have in our department are fine--they have been there a long time.
2. I don't like the way a couple of aides that have worked there several years can call their own terms concerning call and days off. Even our head nurse can't do that. I also think R.N.'s should scrub--we seldom scrub.
3. Technicians are given too much responsibility of a professional nature.
4. We have some LPN's and aides who have been in surgery for a number of years and say what they will and won't do and get by with it. I don't feel they should refuse to take call or scrub for cases when asked.

5. The non-professional workers are a real help to us and without them we certainly would have a hard time. They are good workers and know their bounds and are most happy to co-operate with us in our work.
6. They all seem to know their duties and do them well.
7. We have recently trained some technical aides and I feel their work is good and they help lighten the work load for us.
8. Tech's seem to be taking over very completely.

SECTION IV EGO NEEDS

ITEM B How satisfied are you with your supervisors reception of the ideas you present to her?

1. Very kind and considerate
2. She is most fair and whenever feasible makes necessary adjustments to keep the department running smoothly.
3. She is always open to suggestion and gives us the push we need to go ahead on our own and use our own initiative in bettering the department. We feel a real lift with her presence and not a feeling "that she is watching over our shoulder."
4. If put to her in a way it is made to look like her idea it's all right--otherwise no!
5. At times it is apparent there isn't much time or effort put forth to new ideas.
6. Our supervisor is always willing to listen to any ideas we may have.
7. In small matters she listens but something concerning the aides in the department she doesn't listen.

SECTION V SELF-FULFILLMENT NEEDS

ITEM A How satisfied are you with the in service education available in your department?

1. There is very little given to anyone, nurses or aides.
2. Inservice education could be improved to keep up with modern methods --very little given
3. With the other things discussed in our departmental meetings we also plan and send for many movies of interest to our group as surgery personnel--one every 3 months and we attend in a body those meetings put on by the regular in service department.
4. I feel the opportunity is there and available for anyone wishing to further her education in this department.
5. The aides or nurses who start up in surgery are usually those who have been out of surgery for quite some time and they're just thrown into the work. If we're not busy then they are given a little help.
6. I've never attended any in service in our department.
7. Very little except what we can get from the surgeons.
8. I learned the hard way--by trial and error.
9. It's very good but always in every field there is room for improvement and I wouldn't fight it.
10. Need more time to devote to this to make it a better program.
11. I believe we could do well with more inservice education.

ITEM E How satisfied are you with the ward library available in your department?

1. Needs to be more complete but we are working on this.

2. The only book I've found available is the medical dictionary.
3. Mostly all surgical equipment and supply catalogs.
4. It is very good--the various aspects areas and situations of the department are well covered.
5. Fairly up to date
6. We have the most complete ward library of any department of the house merely through the generosity of the doctors and the co-operation of our supervisor. It is at our disposal at all times and we really have all profited by it.
7. Could be more complete with more books on operating techniques, operating room procedures and operations.
8. Our ward library is very inadequate--consisting of one anatomy book and a medical dictionary.