



Rural nurses perception of job satisfaction
by Lynnette Nilan

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

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Abstract:

The purpose of this study was to determine the level of perceived job satisfaction of rural registered nurses and to identify factors that influenced the level of satisfaction. The conceptual basis for the study was based on King's (1971) Theory of Goal Attainment. To determine the level of job satisfaction and identify the factors affecting that level the researcher utilized a descriptive correlational study.

The sample consisted of 1548 professional nurses residing in and licensed by the State of Montana. The Montana Nurses Association composed the Montana Nurses Association Opinion Survey to gather data related to demographic characteristics, job satisfaction, legislative concerns, and Montana Nurses Association membership services. The portions of data utilized for this study included the demographic data and the job satisfaction data.

The findings of this study determined that the majority of rural nurses in Montana rated their job satisfaction as excellent (8.9%), good (46.6%) or just OK (19.2%). There was a significant degree of correlation between level of satisfaction with overall conditions of employment and (a) relationships with administration, $r=0.6234$, (b) fair treatment by supervisors, $r=0.5800$, (c) wages, $r=0.5691$, (d) requirements to perform non-nursing duties, $r=0.5146$, (e) paperwork requirements, $r=0.5272$, and (f) professional respect, $r=0.6400$.

The results of this study imply that there are common employment issues which concern both rural and urban nurses. These issues influence the level of satisfaction perceived by the registered nurses and may have a direct impact on the willingness of the nurse to continue employment and in some cases the nursing career.

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by

Lynnette Nilan

**A thesis submitted in partial fulfillment
of the requirements for the degree**

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APPROVAL

of a thesis submitted by
Lynnette Nilan

This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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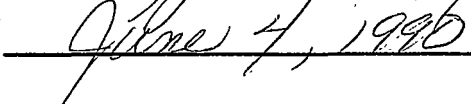
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ABSTRACT

The purpose of this study was to determine the level of perceived job satisfaction of rural registered nurses and to identify factors that influenced the level of satisfaction. The conceptual basis for the study was based on King's (1971) Theory of Goal Attainment. To determine the level of job satisfaction and identify the factors affecting that level the researcher utilized a descriptive correlational study.

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CHAPTER 1

INTRODUCTION

Background and Rationale for Study

The recruitment and retention of professional nurses has become a topic of great importance to the health care industry and the profession of nursing. The inability of health care systems to get the kind of nurses needed, where they are needed, when they are needed and to keep them there once they do get them has become a topic in both popular and professional literature (Aiken, 1982; Aiken & Mullinix, 1987; American Hospital Association, 1981, 1986, 1987; American Nurses Association, 1983, 1984, 1987; Fagin, 1980; Gorman, 1988; Prescott, Dennis, Creasia & Bowen, 1985; Prescott, 1987).

To meet these needs for increasing the number of available registered nurses recruitment must take place on several fronts, including initial recruitment of students into the field and recruitment of inactive professional nurses who have left the profession. In addition to recruitment, retention has become a major factor in maintaining the work force that is presently attempting to meet the needs of the health care system.

A number of issues are raised when discussing retention of professional nurses. Not least among these is the issue

of job satisfaction. The degree to which the professional nurse finds a position pleasing, gratifying, and rewarding has a great deal of impact on the decision to continue employment (Huey & Hartley, 1988; Nichols, 1971; Seybolt, Pravett, & Walker, 1978)

Problem Statement

There have been many studies and reports as to the degree of satisfaction and factors that determine job satisfaction in the urban areas of this country (Aiken, 1982; Fagin, 1980; Huey & Hartley, 1988; Jacox, 1982; Prescott, Dennis, Creasia & Bowen, 1985; Scherer, 1987). Although no published studies on job satisfaction in rural health care settings have been located, two unpublished Masters theses were discovered that dealt with job satisfaction as an element of rural nursing practice. Ballantyne (1988) discussed job satisfaction as a determining factor in the intended job turnover of rural nurses. Bunde (1982) identified job satisfaction as one of the stressors in her study of job-related stressors and coping mechanisms of rural nurses.

It is assumed that perceived job satisfaction among rural and urban nurses are similar, but this must be explored before such an assumption can be accepted. The measurement of the level of job satisfaction of registered professional nurses in rural areas has not been the focus of

study. Job satisfaction among rural nurses has been identified as a contributing factor in job turnover (Ballantyne, 1988) and identified as a stressor in rural nursing practice (Bunde, 1982). Since there was no attempt in these studies to measure the actual level of job satisfaction the field is currently without good indicators of the satisfaction among nurses in rural areas.

Purpose of Study

Studies have been completed to measure the level of perceived job satisfaction and the factors affecting job satisfaction among professional nurses but these have focused predominantly on urban employment settings. The purposes of this study are to determine: (1) the perceived level of job satisfaction and (2) identify factors that influence the level of job satisfaction among rural nurses.

Definitions

Rural Setting: A location which has a population density of less than 500 persons per square mile (Tamblyn, 1973).

Registered Professional Nurse: A person who has met the qualifications and has been licensed by the state to practice professional nursing.

Rural Nurse: A registered professional nurse who is employed in a rural setting.

Job Satisfaction: The degree to which the registered professional nurse is gratified, pleased or content with employment conditions.

Assumptions

This research is based on the following assumptions:

1. Perceived job satisfaction can be measured in registered professional nurses.
2. Perceived job satisfaction affects professional nurses' willingness to remain employed in nursing.

Significance to Nursing

Professional nurses are the largest group of health care providers in this country. Fewer available professional nurses mean that health care institutions face increased recruitment costs, potential closure of beds and decreased revenue (Curtin, 1987). Moreover, fewer professional nurses means that those employed must work harder with longer hours.

The perceived stresses and rewards of employment in institutions have an effect on the willingness of the professional nurse to remain within the institution and within the work force (Aikens, 1982; Fagin, 1980; & Prescott, Dennis, Creasia, & Bowen, 1985). This willingness to remain within the work force has a direct effect on the numbers of professional nurses available for employment.

Knowledge gained from professional nurses regarding job satisfaction and factors that influence that satisfaction will enable employers to plan and institute strategies to enhance satisfaction and increase recruitment and retention of professional nurses. It is only through the identification of the elements of a problem that action can be taken to resolve that problem.

CHAPTER 2

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

The review of literature presented in this chapter will be divided into three sections. The first section deals with the historical trends of professional nursing employment conditions, the second section deals with the issue of job satisfaction and the third section describes the conceptual framework of the study.

Historical Trends of Professional Nursing
Employment Conditions

Civil War through World War I

The Civil War first brought to the attention of the American public the need for organized hospital care and sanitary improvements. Thousands of American women on both sides of the war rushed to aid in the establishment and maintenance of army hospitals. Many were working-class women who were accustomed to hard manual labor and the care of the sick and injured, but many were middle-class women whose only experiences were caring for ill family members (Reverby, 1987). These "Nightingales", as the New York Herald of 1864 called them, left their homes for various reasons: romantic ideals, patriotism, searching for meaningful work and adventure, or escaping from domestic responsibilities (Reverby, 1987).

What they found was overwhelming filth, stench,

shortages of supplies, and the pain and suffering of the wounded and dying. Septicemia, erysipelas, gangrene and tetanus were common complications in the hospitals. The nurses brought order to the chaos, they dressed wounds, cleaned the wards, wrote letters, made night rounds, and gave medications. Louisa May Alcott (Cheney, 1889)

portrayed a daily schedule in her journal:

Up at six, dress by gaslight, run through my ward and throw up the windows, though the men grumble and shiver. But the air is bad enough to breed a pestilence, and no notice is taken of our frequent appeals for ventilation, I must do what I can...for a more perfect pestilence box than this house I never saw - cold, damp, dirty, full of vile odors from wounds, kitchens, washrooms, stables. Till noon I trot, trot, trot, giving out rations, cutting up food for helpless "boys", washing faces, teaching my attendants how beds are made or floors swept, dressing wounds, dusting tables, sewing bandages, keeping my tray tidy, rushing up and down after pillows, bed linens, sponges, and directions until it seems as if I would joyfully pay down all I possess for fifteen minutes' rest. At twelve comes dinner for the patients and afterwards there is letter writing for them or reading aloud. Supper at five sets everyone running that can...evening amusements...then, for such as need them, the final dose for the night. (pages 143-144)

In addition to the formidable working conditions the nurse had to contend with the physicians. The physicians saw the nurses as meddling women who interfered with their authority and their patients. The power of the physicians and the need for strict discipline were emphasized in the recruitment of women to care for the victims of the war. New York reformer Georgeanna Woolsey (1863) declared "that sublime, unfathomed mystery - Professional Etiquette [an]...absolute Bogie...which puts its cold paws on private

benevolence...which keeps shirts from ragged men, and broth from hungry ones". (page 208) According to Reverby (1987) "in such a context, some women quickly replaced their meekness with indignation and outrage". (page 46)

The lessons of the war were carried into the reform of private and public institutions after the war. The need to systematize hospital care and to train respectable women in nursing skills were the emphasis of the post war reformers. In the years that followed a small group of upper-class women who had served in nursing, the Sanitary Commission, or other relief activities during the war, returned to the communities determined to play a larger role in society and the health care of the nation (Reverby, 1987).

The hospitals during this era were in a deplorable state of affairs. The nursing care was provided by women who were ex-convicts; fees were collected from the patients for inadequate care. Drunkenness and foul language were common; soaps, linens and other supplies were almost nonexistent (Donahue, 1985).

As early as 1894 Isabel Hampton identified the problem of an inadequate professional nursing force in her paper on "Standards in Nursing Education". She stated "the idea prevails in many minds that almost any kind of woman will do to nurse the sick, and that the woman who has made a failure of life in every other particular may as a last resource undertake this work". (p.33)

Those who did undertake the work in the hospitals were usually poorly treated and few stayed for long. Rules were established to govern everything from general behavior to sexual activity, alcohol and tobacco restrictions, and usage of improper language. The nurses were expected to live in the hospital itself, usually in corners of the institution, attics, or small rooms off the wards. Monthly wages were common with room, board and some laundry services provided. Nurses and patients shared the same physical space and conditions. The nurses frequently complained about the hospital's refusal to provide separate eating, cooking and lodging areas (Reverby, 1987). The work was hard, the hours long, the pay poor and the training inconsistent, lacking any standardized knowledge base.

The 1890's brought an awakening of the need for schools of nursing. The original schools were created independent of hospitals but were soon absorbed into the hospitals due to lack of funding. The schools became affiliated with hospitals in a reciprocal relationship where in the nurses received their training, and provided staffing in return. The students generally worked the first six months without pay as "probationers". After this period they received a stipend, board, and uniforms. The students received very few lectures, spending most of their time in the practical work through which they gained experience (Donahue, 1985).

The advent of World War I and the occurrence of the flu

pandemic in its wake had dramatic effects on the struggle to educate nurses. The demand for nursing personnel during this era produced raging debates over the need for "overnight" nurses. The leaders of the era recognized immediately the threat to nursing standards that was inherent in the introduction of minimally trained "aides". In 1917, Clara Noyes, director of Red Cross nursing, wrote to Adelaide Nutting:

tell Anne of Albany [Annie Goodrich] that if I were not convinced before, I should be now that the most vital thing in the life of our profession is the protection of the word nurse. Everyone seems to have gone mad. I talk until I am hoarse, dictating letters to doctors and women who want to be Red Cross nurses in a few minutes. (Marshall, 1972, p. 225)

Isabel Maitland Stewart took up the issue of standards in 1915. In a summary of her observations/research prepared for presentation to the Vocational Guidance Committee at the National League of Nursing Education she described the crisis in nursing recruitment in the following way:

There [has] never been much difference of opinion among nurses themselves regarding the need for the highest type of woman in the profession on the one hand, and on the other, the absolute worth-whileness of the work itself; but the fact remains that highly eligible women are not clamoring to enter in overpowering numbers. (Stewart, 1915, p. 44)

In essence, the early leaders in nursing viewed the profession's greatest problem as that of recruiting quality candidates into the profession. Suitable qualifications at this time meant a high school education and a middle-class background. These early leaders believed the key to

recruitment was to improve the image of professional nursing (Nutting, 1926).

Stewart (1915) conducted two surveys in New York to verify her theory of recruitment needs. The first survey was sent to training hospitals and other hospitals, the second to high school students. The responses from the hospitals and the schools of nursing suggested that a shortage of applicants existed and the causative factors were educational requirements (one year of high school), long strenuous duty shifts, harsh discipline, inadequate living conditions and age restriction (Stewart, 1915).

Responses to the second portion of the survey, that issued to students of the New York High Schools, indicated that the students: (a) were not interested in the work; (b) disliked the work; or (c) did not see themselves as possessing the required qualifications such as even temperament, poise, aptitude, patience, courage, gentleness, or nerve. In addition, many noted they did not meet the minimum age requirement of age 21, and believed the work was too hard, the hours too long and irregular, the salary insufficient and there was a lack of social prestige (Stewart, 1915).

Adelaide Nutting (1926), in a presentation to the American Nurses Association, described the problem of recruitment. She told her colleagues to:

look back as you will through the pages of our journals, through the reports of our associations and

over your own immediate experience and observation, and you will find, I am confident, that the difficulty in securing enough applicants of suitable qualifications [emphasis Nutting's] to provide adequate nursing service for our many hospitals has been an ever present one. It is mentioned and discussed again and again. (p. 264)

Problems identified by these early leaders pointed to numerous factors that influenced the recruitment of candidates. These early studies also provided insight into problems related to the nurses' working environment, such as long hours, poor wages and lack of respect in the employment setting. Nutting (1926) and Stewart (1915) did not address these issues however. They chose instead to address the issue of nursing image and recommended the standardizing of education and publicity campaigns to entice new recruits.

The 1920's and 1930's

In 1923, there were 6,830 hospitals in the United States and every fourth one had a nursing school (Reverby, 1987). The "training school" provided the hospital with both a cheap labor force and a source of income. The students, in addition to staffing the hospital, were sent to private homes to perform nursing services for which the hospital collected fees. The nursing students received an allowance for their personal expenses and their room and board. Reverby (1987) commented that more than one hospital superintendent admitted that "it would be impossible financially to maintain [the] hospital if they did not have

pupil nurses". (p. 61)

Hospital nursing remained work that included hard physical labor and consisted mainly of dull, repetitive tasks. In the 1920's the tasks included, scrubbing bathrooms and floors, washing laparotomy pads, operating sheets and towels. These tasks were to be accomplished "cheerfully" by the student.

These students were expected to remain on duty ten or more hours a day, six days a week. Lectures, when they were available, were offered in the evenings after the nurses had completed their shifts. The actual educating of the students took place on the wards. The demands of the routines frequently resulted in exhaustion and illness.

Upon graduation, a small number of the nurses obtained positions with the hospitals as either supervisors of an operating room or a school of nursing. The remainder of the nurses worked in public health or as private duty nurses.

In the home the nurse had few guidelines to govern practice. The nurses were usually from lower class background than the employing family. The nurse was neither family nor domestic servant and frequently was snubbed by both. Socially apart from servant and family, the nurse was frequently isolated, taking meals and spending leisure time alone.

Shifts of 12 to 24 hours were the expected norm, the nurse often worked 84 to 168 hours per week. The nurse

lived in the employer's home and was expected to be on duty at all times. This greatly limited any opportunity for any outside interests such as social activities, organized activities or nursing politics (Reverby, 1987).

The introduction of new technologies and innovations during the 1930's resulted in the need for assumption of more hospital responsibilities by the professional nurse (Brown, 1948). Professional nurses were assisting in the operating room, delivery room and in outpatient facilities. More individuals were being admitted to hospitals and they were having greater numbers of procedures requiring advanced nursing skills (Brown, 1948). The employment of professional nurses versus students became a necessity in these technically advanced institutions.

Graduate nurses expected more from their employers than did the students. The nurses complained that the hospitals maintained low salaries through area-wide hospital agreements. The hospitals expected the nurses to work split shifts, long hours and further expected them to live and eat within the hospital. Nurses complained about lack of job security as well. Frequently the nurses were dismissed when cheaper workers became available (Reverby, 1987).

The hospital nursing system made it difficult for the nurses to provide adequate care for their patients. Poor pay, heavy patient loads, lack of opportunity for promotion or advancement and rigid rules resulted in frequent turnover

and general dissatisfaction on the part of the nursing staff (Donahue, 1985).

World War II

War began to threaten the country in 1940. Isabel Stewart wanted professional nursing to be ready to meet the challenges should war occur. In July of 1940 the Nursing Council for National Defense was instituted. The council was comprised of six nursing organizations, the federal nursing service, and representatives from the hospital associations. In 1941, when war was declared the organization's name was changed to the National Nursing Council for War Service. The council formulated plans to promote a national nurse inventory of registered nurses, determine the role of professional nurses and nursing in the defense program, expand facilities of the existing accredited schools and colleges of nursing, and supply supplementary professional nursing services to hospitals and public health agencies (Goostray, 1954).

Large numbers of professional nurses enlisted in the Army and the Navy Nurse Corps. The profession was again faced with the problem of recruitment into schools and colleges of nursing if adequate numbers of professional nurses were to be available for employment. The Council assigned the task of recruitment to the Committee on Education Policies and Resources, chaired by Isabel Stewart. The committee determined that there was a need for financial

aid to assist schools and colleges in the preparation of faculty and to assist candidates who could not afford to enter nursing (Donahue, 1985).

The result of the efforts of Ms. Stewart and the Committee was the Appropriations Act for 1942 which provided funding for professional nursing education. In 1943, the Nurse Training Act appropriated sixty million dollars for students entering schools and colleges of nursing. The bill commonly known as the Bolton Act (named for its sponsor, Mrs. Francis Payne Bolton), created the United States Cadet Nurse Corps.

Quotas were established based on national nursing needs: 125,000 for the first two years with 65,000 recruited during the first twelve months and 60,000 the following year. The quotas were both exceeded. The total number who joined the corp was 179,000 (Donahue, 1985).

The fear that there would be an oversupply of professional nurses for civilian work following World War II did not materialize. Many professional nurses returned to family responsibilities, and many refused to be involved in a work that involved few rewards, long hours, hard physical work and very low salaries (Haldeman & Abdellah, 1959). Hospital nursing remained rigid and controlled resulting in the refusal of many nurses to return to employment after the war.

Changes within the organizational pattern for hospital

care also compounded the situation. The war had demonstrated the success of specialty units to deal with emergency care, post-anesthesia and recovery care. These specialty units further delineated into the intensive care units, the emergency care units, intermediate care units and long-term care units. Each of these arenas of care created the need for specialized nursing skills and varying nurse-patient ratios. All of this contributed to the increased demand for professional nurses (Haldeman & Abdellah, 1959).

Team Nursing

Team Nursing was introduced in the 1950's in an attempt to meet the demand for nursing care. The concept involved the introduction of nursing personnel who were trained to provide technical assistance to the professional nurse. These technical nursing personnel were to be supervised and directed by the professional nurse in all aspects of patient care. Unfortunately, the quality of patient care and patient satisfaction diminished as fewer registered nurses were giving direct care to patients (Lambertsen, 1953). The work was coordinated, but the care was very fragmented, given by various personnel with varying levels of skills and responsibilities. This system became increasingly unstable as major advances in diagnostic and treatment procedures and sophisticated technology were introduced (Fitzpatrick, 1983).

The hospital's attempts to control costs by decreasing

the differential between registered nurse pay and licensed practical nurse pay, together with the discontent of registered nurses with confinement to the coordinating role lead to the virtual demise of team nursing (Reverby, 1987).

Lydia Hall (1963) lead the movement which began in the 1960's to close the gap between the professional nurse and the patient. Hall (1963) inspired the philosophy of primary nursing care, wherein the nursing care is given solely by professional nurses who coordinate the combined efforts of the patient, the family and the nurse in attaining recovery.

Primary Care

It was not until the 1970's, however, that the combined goal of nursing care by professional nurses and total patient care (holistic care) began to be implemented in the practice of "primary nursing" (Marram, Barrett, & Bevis, 1979). Although primary nursing had grown in its popularity, its success was dependent on adequate staffing, administrative support, and technically and educationally prepared professional nurses (Marram, Barrett, & Brevis, 1979). The increasing demand for professional nurses was being realized by the close of the 1970's.

The 1980's

Health care institutions have found the professional nurse to be the most versatile and relatively inexpensive workers in the institution (Minnick, Roberts, Curran &

Ginzberg, 1989). The registered nurse manages and delivers patient care, supervises ancillary personnel, and in addition, frequently assumes the duties of ward clerk, secretary, pharmacist, physical therapist, social worker or hospital manager when these employees are not available. Institutions are realizing the cost effectiveness of employing registered nurses, while the nurse at the same time experiences frustration resulting from the assumption of non-nursing duties which hinder the nurse's ability to deliver nursing care.

The hospital is not the only consumer of nursing in the 1980's. Nurses are being recruited for employment in outpatient clinics, ambulatory care facilities, industrial programs and many other settings. The nurse is now sought after as a public educator, quality control manager and health care expert by numerous employers.

The demand for increasing numbers of registered nurses has resulted in a shift in the valuation of professional nurses by the employer. The nurse provides the service for which the patient enters the hospital: nursing care. This leads to increased emphasis on recruiting and retaining registered nurses. One factor that is commonly cited as a vital element in the recruitment and retention of nursing staff is that of job satisfaction.

Job Satisfaction

Multiple factors have been identified as contributing to job satisfaction. Four major factors repeatedly appear in the literature: (a) salaries and benefits; (b) control over basic working conditions (e.g. hours, days, nurse/patient ratios and adequate numbers of support personnel); (c) professional issues (e.g. autonomy, control over nursing practice, respect from others, especially doctors and administrators, and opportunities for growth and promotion) and; (d) the increased complexity of the health care environment and the acuity level of the patient (Aiken, 1982; American Hospital Association [AHA], 1981, 1987; American Nurses Association [ANA], 1983; Fagin, 1980; Prescott, Dennis, Creasia & Bowen, 1985; Prescott & Bowen, 1987; Reverby, 1987).

The nurse's perspective of job satisfaction takes into account economic, environmental, physical and psychological aspects of their employment. Job satisfaction has been shown to have a direct impact on turnover, or the employee's decision to leave a position (August, 1988; Ballantyne, 1988; Nichols, 1971; Seybolt, Pavett & Walker, 1978; Wescott & Murphy, 1990). August (1988) stated:

Central to any discussion of nurse retention is the issue of job satisfaction. Extensive research on employee satisfaction including nurse satisfaction, has identified the impact of personal and organizational variables on an employee's decision to stay or leave a position. (p. 3)

Wescott and Murphy (1990) surveyed 596 critical care nurses in the Veterans Administration system. They found that 107 of the respondents (18%) were planning to leave critical care, some hoping to leave nursing altogether. The reasons cited for planning to or wanting to leave were dissatisfaction with: (a) salaries (60%); (b) poor schedules (48%); and (c) lack of recognition and respect (25%). When asked what they wanted from their jobs, 244 (41%) respondents answered "job satisfaction".

Conceivably, dissatisfaction leads to the loss of individuals from the pool of skilled, experienced, professional nurses. In Ballantyne's (1988) study of rural nurses' intention to vacate positions of employment, job satisfaction was identified as a factor influencing the decision to continue their present employment or resign.

Turnover data suggests that the large majority of professional nurses who leave their jobs do not leave nursing, rather they take similar positions, usually in the same local market (Aiken, 1982; Weisman, 1982; Weisman, Alexander & Chase, 1981).

In a study conducted from 1980 to 1984, staff nurses who resigned from selected patient units in 15 hospitals in various geographic areas were interviewed by phone and asked to complete a brief questionnaire regarding their reasons for resignation and their present employment status. Of the professional nurses who participated, 89% (N=111) were

employed in some capacity in another hospital, and 8% were employed outside the hospital but still in nursing. Data indicate that the professional nurses in the study gave more work-related than nonwork-related reasons for their resignations. Most frequently mentioned in order of importance were: (a) scheduling factors (e.g. days, shifts, and hours of work); (b) problems with administrators; (c) lack of stimulation; (d) dissatisfaction with nursing practice; (e) inadequate staffing; (f) poor nurse staffing; (g) desire for new experiences; and (h) problems in staff interpersonal relationships (Prescott & Bowen, 1987).

Conceptual Framework

The conceptual framework which formed the basis for this study of job satisfaction is that of Imogene King. The basic premises of King's theory emphasize the interaction between persons and their environment. Major concepts from King's theory which apply to this study include nurse, environment, interaction, perception, role, stress and goal attainment.

Although King's theory literally was meant to apply to the nurse/client relationship, the concepts and definitions lend themselves to the investigation of the interaction that exists between the professional nurse, the work environment, and the employing facility. Not unlike the nurse/client

relationship, the relationships developed between the professional nurse and the work environment are dynamic, involve perceptions, roles, stresses, and interactions.

Nurse

King (1981) stated that nursing is:

perceiving, thinking, relating, judging, and acting vis-a-vis the behavior of individuals who come to a nursing situation. A nursing situation is the immediate environment, spatial and temporal reality, in which nurse and client establish a relationship to cope with health states and adjust to changes in activities of daily living if the situation demands adjustment.
(p. 2)

The professional registered nurse is the individual who is educated and socialized to aid the client in accomplishing the identification and resolution of life problems. The professional nurse in this study is that individual who is employed in a health care setting for the purpose of providing professional nursing care.

The nurse is also a person and as an individual is a perceiving being, a social being, a purposeful being, and an action-oriented being (King, 1971). King wrote:

"Individuals have a right to knowledge about themselves,...a right to participate in decisions that influence their life, their health, and community service". (page 143)

Some of the parameters that influence the perceptions of individuals in this study of rural nurses are; age, gender, level of education, years as a registered nurse, employment setting, time in that setting, employment status

(full time, part time, casual call), primary shift and hourly wage. It is assumed that these factors may have an effect on the level of perceived job satisfaction of nurses participating in a work environment.

Environment

King (1981) viewed the environment as an open system, implying that human beings interact with constantly changing internal and external energy fields. King ascertained that: "The internal environment of human beings transforms energy to enable them to adjust to continuous external environmental changes" (King, 1981, p. 5). The professional nurse must constantly interact with the environment that is the employment setting, mobilizing energies to adjust to the stressors of that environment.

Interaction

One of the major concepts in King's (1981) theory is interaction. King (1981) defines interaction as "a process of perception and communication between person and environment and between person and person, represented by verbal and nonverbal behaviors that are goal directed" (p. 145). The professional nurse brings to the work environment different knowledge, needs, goals, past experiences, and perceptions, all of which influence the interactions that take place in the employment setting.

Interactions occur on a variety of levels.

Interactions may include such tangible items as wages, educational opportunities, fringe benefits and staffing ratios, or more abstract perceptions such as the nurse's relationships with administrative, treatment by supervisory personnel and job security.

Perception

Perception is defined as each person's representation of reality (King, 1981). This concept represents the intake and transformation of energy, processing, storing, and release of information and energy (King, 1971). Perceptions are rooted in past experiences, concept of self, socioeconomic groups, biological inheritance, and educational background. The professional nurse formulates perceptions of the environment based on all prior life experiences and beliefs. Perceptions are personal and individualized views of the environment which evolve over time.

Role

King (1981) defined role as "a set of behaviors expected of persons occupying a position in a social system; rules that define rights and obligations in a position" (p. 147). Professional nurses experience varied definitions of their roles as defined by the institution which employ them. Requirements to perform non-nursing duties serves to threaten the professional role of the nurse and paperwork

requirements are frequently viewed by nurses as interfering with their ability to provide nursing care (Blenkarn, D'Amico & Virtue, 1988; Nichols, 1971; Roedel & Nystrom, 1988).

Professional respect is a perceived value that is inherent in the definition of self-esteem and role identity. The perceived lack of professional respect within the work place is assumed to have a direct effect on role identity for the nurse and may be related to the perceived level of job satisfaction.

If expectations of the professional nurse's role differs from perception of the existing nurse role then role conflict and confusion exists. This conflict may lead to stress and decreased effectiveness (King, 1971).

Stress

Stress is "a dynamic state whereby a human being interacts with the environment to maintain balance, development, and performance" (King, 1981, p. 147). Stress involves an expenditure of energy by the nurse.

Professional nurses deal with stressors originating from their work environment, in the form of interactions with patients, objects and events. Stressors that have been cited in the literature include: (a) the increased complexity of the health care environment and the acuity level of the patient; (b) lack of control over basic work place issues (e.g. hours, nurse/patient ratios, and

adequate support personnel); and (c) professional issues (e.g. autonomy, control over nursing practice, respect from doctors and administrators, and opportunities for growth and promotion) in the employment setting (Aiken, 1982; American Hospital Association [AHA], 1981, 1987; American Nurses Association [ANA], 1983; Bunde, 1982; Fagin, 1980; Prescott, Dennis, Creasia & Bowen, 1985; Prescott & Bowen, 1987).

Goal Attainment

The theory of goal attainment proposes that:

nurse and client interactions are characterized by verbal and nonverbal communication, in which information is exchanged and interpreted; by transactions, in which values, needs, and wants of each member of the dyad are shared; by perceptions of nurse and client and the situation; by self in role of client and self in role of nurse; and by stressors influencing each person and the situation in time and space. (King, 1981, p. 144)

King's (1981) theory focuses on the interpersonal interactions of the individual in the nurse/client dyad. The basis of the process is interaction between two parties working toward a specific goal, within the nurse/patient dyad the goal is the attainment of health. In the case of the nurse/employer dyad the goal to be attained is job satisfaction. The relationship that exists in the nurse/employer dyad is a reciprocal one. The professional nurse has special skills and knowledge the employer requires and the employer provides rewards that are of importance to the nurse. When the members of the dyad perceive that they are both having their needs met then goals are attained and

the job is perceived as satisfying.

The concepts stress, environment, and perception were not measured in this study. Although these are important concepts the tool did not facilitate their measurement.

CHAPTER 3

RESEARCH METHODOLOGY

The purpose of this study was to determine the level of perceived job satisfaction of professional nurses in rural settings. The secondary purpose of the study was to identify factors which effect perceived job satisfaction. A discussion of the research design, population/subjects, data collection and analysis of data is presented in this chapter.

Research Design

The intent of this exploratory study was to assess perceived job satisfaction in a sample of rural professional nurses and describe factors that influence job satisfaction. A descriptive correlational survey was used to facilitate assessing the "extent to which levels of one phenomena correspond to levels of another" (Woods & Catanzaro, 1988, p. 124). This type of descriptive design is appropriate for exploring phenomena and factors affecting phenomena relating to rural nurses' issues.

The survey response data used for this study was collected by the Montana Nurses Association in January 1988 for the purpose of formulating a database of the concerns and interests of Montana nurses. The database has not been analyzed prior to this study. For the purposes of this

study a selected portion of the data was abstracted for primary analysis. The sections of the MNAOS selected for use in this survey were the demographic, or general information, portion and the job satisfaction portion.

Population/Subjects

The population studied comprised all registered professional nurses licensed by the State of Montana as of January 1988. The Board of Nursing licensed a total of 5300 registered professional nurses listing residence within Montana. The sample for the study was comprised of the 1548 registered professional nurses licensed by and residing in Montana who responded by completing the MNAOS.

Data Collection

In 1987, the Montana Nurses Association (MNA) developed a survey questionnaire to determine the demographic characteristics of the registered nurses in the state and to determine responses to questions regarding job satisfaction, legislative issues, interest in services provided by the Association (MNA) and economic and welfare issues (see Appendix A). The survey questionnaire contained both closed and open ended questions. Closed ended questions included multiple choice questions and rating scales. An example of the multiple choice questions is question number nine: "What is your employment status? (1)

Full time; (2) Part time; or (3) Per Diem/Casual". Question number 17 " Please rate your level of satisfaction with the following aspects of your job: Hourly wages...(1) Very Satisfied; (2) Mainly Satisfied; (3) Just Somewhat Satisfied; (4) Not At All Satisfied; and (5) Not Sure " is an example of the rating scales. Questions number 16 and number 23 are examples of the open ended questions: "What is the most troublesome aspect of your job?" and "If you had a chance to choose ONE ISSUE that you would want MNA to fight for, it would be:". The questionnaire contained 25 questions.

Questionnaires were mailed to registered nurses residing in and currently licensed by the state of Montana as of January 1988. The mailing list and permission to use the list were granted by the Board of Nursing, State of Montana. The Montana Nurses Association mailed 5300 questionnaires. The registered nurses completed and returned 1548 (29.2%) questionnaires.

Instructions for completing the questionnaire were printed within the text. The "purpose" of the study was stated in the opening paragraph of the questionnaire. Participation permission/informed consent was inferred when the nurses completed and returned the questionnaire.

Responses to the closed ended questions were coded and stored in a computerized database. Responses to open ended questions were summarized, coded and stored in the data

base.

Analysis of Data

The CRUNCH statistical package was used to analyze the demographic and the job satisfaction portions of the stored database for statistical description. CRUNCH is a set of computerized programs that performs statistical analyses and manipulates data. The statistical programs are capable of generating numerical descriptive statistics, graphical outputs and inferential statistics. Frequency distributions and Pearson's r correlations were used to describe the job satisfaction and demographic portions of the data.

The concepts which were chosen for this study of level of job satisfaction included: nurse, interaction, role and goal attainment. The defining variables for each concept are presented in Table 1.

Table 1. Job Satisfaction Concepts and Defining Variable

Concepts	Defining Variables
Nurse	age gender basic level of education highest level of education years as an RN employment setting length of employment employment status shift
Interaction	wages fringe benefits job security continuing education intra-facility education relations with administration treatment by supervisor staffing ratios
Role	non-nursing duties paperwork requirements professional respect
Goal Attainment	overall satisfaction with conditions of employment

CHAPTER 4

RESULTS

The purpose of this study was to measure perceived job satisfaction of professional nurses in rural settings. The secondary purpose of the study was to identify factors which affect perceived job satisfaction. Registered nurses from throughout Montana completed the Montana Nurses' Association Opinion Survey (MNAOS) that contained demographic items as well as questions related to job satisfaction, legislative interests and Montana Nurses' Association membership services. The demographic and job satisfaction portions of the MNAOS were used.

The job satisfaction and demographic data are presented in three sections. These three sections coincide with the concepts presented in King's (1971) Theory of Goal Attainment. The major concepts selected for analysis include: (a) nurse, (b) interaction, (c) role, and (d) goal attainment.

The first section of the results presents an analysis of the concept "nurse". The defining variables for this concept are: age, gender, basic education, highest education, years as a registered nurse, employment status, primary shift, and hourly wage. Each of these variables describes an aspect of the sample responding to the MNAOS. The result is a demographic overview of the rural nurses

responding to the survey.

The second section of this chapter presents the nurses' ratings of their levels of satisfaction using a number of defining variables for these two concepts. The concept "interaction" is defined by the variables: (a) wages, (b) fringe benefits, (c) job security, (d) continuing education, (e) intra-facility education, (f) relations with administration, (g) treatment by supervisors, and (h) staffing ratios. The variables delineating the concept "role" include; non-nursing duties, paperwork requirements, and professional respect.

The third and final portion of this chapter focuses on the concept of "goal attainment". Goal attainment is operationally defined in this study as the level of satisfaction with overall conditions of employment. The data was analyzed using Pearson's r correlations. The correlations describe the relationships that exist between the concepts of nurse, interaction and role and the concept of goal attainment.

Nurse

The nurses who participated in the study where asked to complete a section of the MNAOS titled General Information (see Appendix A). The items contained demographic questions that included the variables that define the concept "nurse". The responses were coded and the resulting data was placed in table form. Response totals are dependent on the number

of nurses answering each item; therefore, totals will not always equal sample total of 1548. The concept of nurse and its defining variables are presented in Table 2.

Table 2. Nurse Concept Variables.

Variables	n	%
Age		
18 to 24	12	0.8
25 to 34	412	26.7
35 to 49	655	42.5
50 to 64	395	25.6
65 +	67	4.3
Totals	1541	100
Gender		
Female	1467	96.7
Male	50	3.3
Totals	1517	100
Basic Education		
Associate	292	19.0
Diploma	675	43.9
Bachelor	570	37.1
Total	1537	100
Highest Education		
Associate	254	16.5
Diploma	583	37.8
Bachelor	607	39.4
Master	94	6.1
Doctorate	4	0.2
Total	1542	100
Years as Registered Nurse		
less than 5	174	11.3
6 to 10	249	16.2
11 to 15	278	18.1
16 to 20	177	11.5
greater than 20	661	42.9
Total	1539	100

Table 2. Nurse Concept Variables (continued)

Variables	n	%
Employment Setting		
Hospital	822	53.3
Long Term	166	10.8
Public Health	60	3.9
Home Health	42	2.7
Private Duty	6	0.4
Agency/Temporary	6	0.4
Medical Office	117	7.6
Nurse education	36	2.3
Retired	105	6.8
Other	181	11.7
Total	1541	100
Years at Present Employer		
5 or less	619	43.4
6 to 10	449	31.5
11 to 15	192	13.5
16 to 20	76	5.3
greater than 20	89	6.2
Total	1425	100
Employment Status		
Full Time	764	54.0
Part Time	591	41.8
Per Diem/ Casual	60	4.2
Total	1415	100
Primary Shift		
Days	986	71.8
Evenings	238	17.3
Nights	150	10.9
Total	1374	100
Hourly Wages		
less than \$9.00	144	10.5
\$ 9.01 to 11.00	452	33.0
\$11.01 to 13.00	501	36.6
\$13.01 to 15.00	142	10.4
\$15.01 to 17.00	69	5.0
over \$17.00	61	4.5
Total	1369	100

Professional Nurses' Perceived Job Satisfaction

The MNAOS job satisfaction segment (see Appendix A) consisted of 12 items arranged in a five point Likert-like scale. These items asked the respondents to rate their satisfaction with specific aspects of employment. The five point Likert-like scale consisted of ratings from (a) 1 = very satisfied, (b) 2 = mainly satisfied, (c) 3 = just somewhat satisfied, (d) 4 = not at all satisfied, to (e) 5 = not sure.

Interaction and Role Concepts

The responses of the professional nurses to the rating of the elements of job satisfaction were coded by the assigned values for each rated item. The coded data was analyzed to yield frequency distributions and corresponding percentages for each of the items. The findings have been organized into groupings based on King's concepts of interaction and role.

Interaction

The concept of interaction was measured using questions from the MNAOS which referred to satisfaction with: (a) wages, (b) fringe benefits, (c) job security, (d) relationships with administration, (e) treatment received from supervisors, (f) paid continuing education, (g) intra-facility education, and (h) staffing ratios. The interaction variables measure perceived level of job

satisfaction with specific aspects of employment. The nurses rated their level of satisfaction with these elements as either: (1) very satisfied, (2) mainly satisfied, (3) just somewhat satisfied, (4) not at all satisfied, and (5) not sure. Totals may not equal sample size as not all respondents answered all items. The ratings of satisfaction with the interaction variables are presented in Table 3.

Table 3. Satisfaction with Interaction Variables

Variables	Very	Level of Satisfaction			Not Sure	Totals
		Mainly	Some- what	Not At All		
Wages						
N	153	517	448	275	4	1397
%	10.9	37.0	32.0	19.7	0.3	100
Fringe Benefits						
N	205	476	401	276	18	1376
%	14.9	34.6	29.1	20.1	1.3	100
Job Security						
N	323	539	301	187	51	1401
%	23.1	38.5	21.5	13.3	3.6	100
Relationship with Administration						
N	261	467	382	245	26	1381
%	18.9	33.8	27.7	17.7	1.9	100
Treatment from Supervisor						
N	445	585	234	109	7	1380
%	32.2	42.3	17.0	7.9	0.5	100
Intra-facility Education						
N	338	395	246	349	33	1361
%	24.8	29.0	18.1	25.7	2.4	100
Paid Continuing Education						
N	239	305	259	484	1	1288
%	18.6	23.7	20.1	37.6	0.1	100

Table 3. Satisfaction with Interaction Variables
(continued)

Variables	<u>Level of Satisfaction</u>					Totals
	Very	Mainly	Some- what	Not At All	Not Sure	
Staffing Ratios						
N	225	471	357	262	10	1325
%	17.0	35.5	27.0	19.8	0.8	100

Role

Role, for the purposes of this study, is operationally measured using items of the MNAOS referring to: (1) requirements to perform non-nursing duties, (2) paperwork requirements, and (3) being treated with professional respect. These elements reflect the nurse's definition of the duties, responsibilities, and social value of the professional role. The respondents' ratings of role elements are presented in Table 4.

Table 4. Satisfaction with Role Concept Variables

Variables	<u>Level of Satisfaction</u>					Totals
	Very	Mainly	Some- what	Not At All	Not Sure	
Non-nurse Duties						
N	188	563	212	212	31	1206
%	15.6	46.7	17.6	17.6	2.6	100
Paperwork Requirements						
N	92	453	467	377	11	1400
%	6.6	32.4	33.4	26.9	0.8	100
Professional Respect						
N	296	593	321	203	1	1414
%	21.0	41.9	22.7	14.4	0.1	100

The final portion of this chapter deals with the nurses' ratings of overall job satisfaction and with the correlations between the concepts: nurse, interaction, role, and that of goal attainment. These correlations are displayed in Pearson's r correlation format with their respective p values.

Goal Attainment

The nurses were asked to rate their overall conditions of employment. This measure of the level of job satisfaction closely paralleled King's (1971) concept of goal attainment. Overall conditions of employment were rated as: (1) excellent, (2) good, (3) just OK, (4) not good, (5) poor, and (6) not sure. Ratings of overall conditions of employment are listed in Table 5.

Table 5. Satisfaction with Goal Attainment Variable

Variable	<u>Level of Satisfaction</u>						Totals
	Excel	Good	Just OK	Not At All	Poor	Not Sure	
Overall Job Satisfaction							
N	261	722	298	89	35	4	1409
%	18.5	51.2	21.2	6.3	2.5	0.3	100

Concept Correlations with Job Satisfaction

Nurse

The professional registered nurse is the individual who is educated and socialized to aid the patient in attaining

their goals. The nurse is also a person and as an individual is a perceiving being, a purposeful being, and an action-oriented being (King, 1971).

This study defines the nurse sample by describing the parameters that were obtained from the demographic portion of the MNAOS. The defining variables are: age, gender, basic education, highest education, years as a registered nurse, employment setting, years at that setting, employment status, primary shift, and hourly wage. These correlations are presented in Table 6.

Table 6. Correlation Between Nurse Concept Variables and Job Satisfaction

Variables	Pearson's Correlation	p value*
Age	- 0.1804	0.0000
Gender	0.1379	0.0000
Basic Education	0.0084	0.7425
Highest Education	- 0.0344	0.1757
Years as Registered Nurse	- 0.1774	0.0000
Employment Setting	- 0.3611	0.0000
Years in Setting	0.1738	0.0000
Employment Status	0.2784	0.0000
Primary Shift	0.3873	0.0000
Hourly Wage	0.0515	0.0000

* significant at $p < 0.001$ level

Interaction

The concept of interaction was defined by its variables: (a) wages, (b) fringe benefits, (c) job security, (d) paid continuing education, (e) intra-facility education, (f) relationships with administration, (g) treatment by supervisors, and (h) staffing ratios. The variables were rated by the nurses based on their perceived level of satisfaction with each of these aspects of employment.

The nurse's responses were coded to correlate the overall level of satisfaction reported for the interaction variables. It was expected that there would be a relationship between these variables. These correlations are presented in Table 7.

Table 7. Correlation Between Interaction Concept Variables and Job Satisfaction

Variables	Pearson's Correlation	p value*
Wages	0.5691	0.0000
Fringe Benefits	0.5149	0.0000
Job Security	0.4868	0.0000
Paid Continuing Education	0.4744	0.0000
Intra-facility Education	0.4475	0.0000
Relations with Administration	0.6234	0.0000
Treatment by Supervisors	0.5800	0.0000
Staffing Ratios	0.5497	0.0000

* significant at $p < 0.001$

Role

Role denotes a set of behaviors expected of a person involved in a position, in this case nursing. The nurse role defines the rights and responsibilities inherent in the position. Role was measured using the elements of: (1) requirement to perform non-nurse duties, (2) paperwork requirements, and (3) perception of professional respect received. These elements were rated and then correlated to determine relationship between level of perceived satisfaction with role elements and level of perceived satisfaction with overall employment conditions. These correlations are presented in Table 8.

Table 8. Correlation Between Role Concept Variables and Job Satisfaction

Variables	Pearson's Correlation	p value*
Non-nursing Duties	0.5146	0.0000
Paperwork Requirements	0.5272	0.0000
Professional Respect	0.6400	0.0000

* significant at $p < 0.001$

This chapter has presented the results of portions of the MNAOS which were chosen specifically to address the purposes of this study. The concepts and their elements were selected in an effort to determine the level of perceived job satisfaction among rural nurses and to determine if there were any factors which impacted upon that

level of satisfaction. The factors chosen were based on King's model and illustrated the concepts of nurse, interaction, role, and goal attainment. The concepts were measured using items in the MNAOS which related to the selected concepts of King's Goal Attainment theory (1971).

CHAPTER 5

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to determine the perceived level of job satisfaction among rural nurses and to identify factors that influence that level of satisfaction. It was assumed that professional nurses' satisfaction could be measured and that demographic and employment factors affect levels of job satisfaction.

The review of literature indicated that there has been a history of job dissatisfaction in the nursing profession. This dissatisfaction has been attributed in part to conditions of employment including: (1) salaries and benefits; (2) control over work conditions [e.g. autonomy, control of nursing practice], (4) respect from doctors, administrators and others, and (5) opportunities for growth and promotion (Aiken, 1982; American Hospital Association [AHA], 1981, 1987; American Nurses Association [ANA], 1983; Ballantyne, 1988; Bunde, 1982; Fagin, 1980; Prescott, Dennis, Creasia & Bowen, 1985; Reverby, 1987).

In 1988 the Montana Nurses Association (MNA) conducted a survey of 1548 registered nurse for the purpose of formulating a database of the concerns and interests of Montana Nurses. The participants in the study consisted of 1548 nurses presently residing in and licensed by the State

of Montana. The participants in the study were asked to complete a questionnaire that contained items pertaining to demographic information, job satisfaction, legislative interests and Montana Nurses Association membership services. The survey tool was designed and administered by the MNA and produced a wealth of data. The general information (demographics) portion and the job satisfaction portion of the data were selected for use in this study.

The conceptual framework for the study was the Goal Attainment Theory of Imogene King (1971). This theory provided an organizing framework for the delineation of concepts and the defining variables within each of the concepts. The major concepts selected for this study were nurse, interaction, role, and goal attainment.

The concepts were operationally defined and measured by categorizing the responses of the rural nurses by age, gender, basic and highest level of education, number of years as a registered nurse, employment setting, years in that setting, employment status, primary shift, and hourly wage. The nurses' rating of their level of satisfaction with specific aspects of employment defined additional categories for comparison. These categories included level of satisfaction with: (a) wages, (b) fringe benefits, (c) job security, (d) staffing ratios, (e) relationship with administration, (e) treatment received from supervisors, (f) educational opportunities, (g) requirements to perform

non-nurse duties, (h) paperwork requirements, and (i) professional respect received.

The data was analyzed to determine: (1) a demographic overview of the nurse sample, (2) the perceived level of satisfaction of the nurses regarding interaction, role and goal attainment variables, and (3) correlation between nurse, role and goal attainment variables and level of overall job satisfaction.

Conclusions

The conclusions are presented in categories defined by the concepts of the conceptual framework. The major concepts chosen for the study were nurse, interaction, role, and goal attainment. The conclusions are related to the data as analyzed in chapter four and to the current literature as cited in the review of literature in chapter two.

Nurse

The sample for this study consisted of 1548 registered professional nurses from throughout Montana. A profile of the rural nurses responding indicates that they were females (96.7%), age 35 to 49 (42.5%), employed full-time (54%), in hospitals (53.3%), had bachelor degrees (39.4%) and had been in nursing greater than 20 years (42.9%).

These statistics are similar for the most part to national statistics for the nursing population. However,

the sample deviates from the national statistics in the areas of employment setting, employment status, and educational background. Nationally 68% of the registered nurses are employed in hospitals (compared to 53.3% of the Montana sample), and 73% are employed full-time, versus 54% in Montana (Department of Health and Human Services, 1983). In 1984, only 15% of the registered nurses nationally had bachelors degrees, versus 39.4% of the Montana sample (American Hospital Association, 1986)..

There are many possible explanations for differences along these three variables: employment setting, employment status, and educational background. For example, although Montana hospitals employ the largest percentage of the rural nursing population responding to this survey, this percentage is below the national average. These percentages may be misleading due to the limited number of nursing positions available in Montana institutions.

Montana hospitals are relatively small and therefore employ smaller numbers of nurses resulting in a smaller percentage of the total number of nurses employed. Montana hospitals utilize their staff nurses in multiple roles: staff nurse, administrator, quality assurance coordinator, and shift supervisor may in fact all be the same individual. Whereas in larger hospitals employing larger staffs, these positions may be held by four different individuals (Scharff, 1987).

It is also known that Montana hospitals hire many of their employees on a part-time basis for various reasons including: (a) nurses' preference, family responsibilities and financial needs; and (b) financial resources; institutions pay less for part-time employees because they are not required to pay fringe benefits. (Task Force on Nursing Supply, 1988).

Rural nurses in this sample reported their bachelors level background at a rate of greater than twice the national average. This may be due in part to the educational opportunities historically available in Montana. Montana has two baccalaureate degree programs which have been graduating students for over 40 years, and two newer associate degree program. There have been no diploma programs in the state since 1976 (Office of Commissioner of Higher Education, 1988).

The average age (35 to 49 years) and number of years in nursing (> 20 years) should be noted for their significance to overall nursing supply in future years. The majority of the nurses in the sample are older and have worked for a considerable number of years. This reflects the trend of fewer young people entering the profession. The concern lies in the dilemma of finding nurses to staff positions when this large percentage of nurses reach retirement age in the near future. The number of nurses and students entering the nursing profession are not adequate to fill these soon

to be vacant positions.

Interaction

The majority of rural nurses in this sample were mainly satisfied with their wages (37%), fringe benefits (34.6%), job security (38.5), relations with the facilities administration (33.8%), treatment from supervisors (42.3%), intra-facility education (29%) and staffing ratios (35.5%). The majority of the rural nurses were not at all satisfied with continuing education opportunities (37.6%).

The geographic expanse and relative isolation of Montana require nurses to travel relatively great distances to attend educational offerings. The small number of nurses in the state also makes it difficult to attract and finance offering by speakers and educators with a national reputation. Institutional leave time and finances are limited; therefore, the ability of the nurses to attend offerings are also limited. This inability to access educational opportunities has been noted as a source of stress and frustration for rural nurses (Bunde, 1982; Scharff, 1987).

Satisfaction with wages and fringe benefits suggests an area for concern. The hourly wages for the majority of nurses in the study (approximately \$12.00) fell well below the national average of \$13.50. These figures become even more alarming when viewed in the context of wage compression. The rural nurses in the study presented a

salary range that spanned only \$8.00 per hour for a lifetime of employment.

The nurses wages suggest that they are not receiving pay that is commensurate with national standards, but only a minority of nurses rated their wages as not at all satisfactory (19.7%). This could be due to a number of factors including: (a) relative cost of living in Montana, (b) relative level of income compared with other Montana workers, (c) lack of reference due to long-term residency, and (d) lack of competition in areas where a local hospital is the only employer of nurses. This acceptance of relatively low salaries as satisfactory by the nurses is an interesting topic for further study.

Role

Rural professional nurses in this sample rated their level of satisfaction with requirements to perform non-nursing duties as mainly satisfactory, as was their satisfaction with respect received. The nurses' response to paperwork requirements indicated that they were only somewhat satisfied with this variable of employment.

Paperwork requirements have been cited as a factor of dissatisfaction in a number of studies (Nichols, 1971; Roedel, 1988; Weisman, Alexander, & Chase, 1981). Nurses commonly express their frustration about the growing requirements for documentation and the amount of time that this task demands. The frustration results when time spent

on documentation rivals the time needed at the patients' bedside delivering care.

The nurse role is centered on patient care. Frequently the time required for non-nursing duties and paperwork is perceived as taking time from the professional role as patient care provider. This inconsistency in the definition of the requirements of the institution and the requirements of the professional role can be a source of frustration and dissatisfaction may result.

Goal Attainment

The level of overall satisfaction with employment condition was interpreted in this study to reflect overall job satisfaction. Overall job satisfaction parallels King's concept of goal attainment and as such will be discussed in this section of the discussion.

The majority of the rural nurses responding to the survey rated their overall level of satisfaction as good (46.6%), only 8.0% rated their level of overall satisfaction as not good, or poor. These rating responses appear to indicate that most rural nurses are generally satisfied with their employment conditions.

The nurses' ratings of goal attainment (job satisfaction) were correlated to determine the existence of relationships between this concept and the concepts of nurse, interaction, and role. These correlations were calculated with a level of significance of $p < 0.001$. The

correlations were divided into the following levels of correlation: low correlation ($r = +$ or $- 0.0500$ to 0.3999), moderate correlation ($r = +$ or $- 0.4000$ to 0.4999) and high correlation ($r = +$ or $- 0.5000$ to 0.6999).

Correlation by Concepts

Nurse concept. Nurse concept variables which exhibited a low level of correlation with job satisfaction included gender, years in employment setting, employment status and hourly wage. Age ($r = -0.1804$) and years as a registered nurse ($r = -0.1774$) resulted in negative correlations of a low level. The correlation between job satisfaction and primary shift ($r = 0.3873$) indicated a moderate level of relationship between these two variables. The correlations of job satisfaction with basic level of education and the highest level of education were not significant in this study.

The above correlations appear to indicate that the relationship between nurse concept variables and the level of job satisfaction are not very strong. The primary shift worked by the nurse had the highest correlation ($r = 0.3873$) to job satisfaction. This finding would appear to substantiate prior research which revealed shift dissatisfaction as a major contributor to dissatisfaction resulting in job turnover and intentions to leave employment (Ballantyne, 1899; Blenkarn, D'Amico, & Virtue, 1988;

Nichols, 1971).

Interaction concept. The correlations between the interaction concept variable and job satisfaction produced higher levels of relationships. There were no low level correlations in the relationships between interaction and job satisfaction. There was a moderate correlation between job satisfaction and the interaction variables of job security ($r = 0.4868$), paid continuing education ($r = 0.4744$), and intra-facility education ($r = 0.4475$).

High levels of correlation existed between job satisfaction and wages ($r = 0.5691$), fringe benefits ($r = 0.5149$), treatment by supervisors ($r = 0.5800$), staffing ratios ($r = 0.5497$) and relations with administration ($r = 0.6234$).

The highest correlations in this portion of the data suggests that the nurses place great value on their relationships with supervisors and administration. This may in part reflect the social network that exists in rural areas where the nurse, supervisor and administrator commonly socialize outside the facility (Scharff, 1987). These data may also reflect the importance of personal acceptance that is vital to self esteem and personal satisfaction (King, 1971).

Correlations of elements in the concepts reveal some interesting contradictions. Although the nurses rated their greatest dissatisfaction with educational opportunities,

they rated the relationship of this variable as only moderately impacting on overall job satisfaction. On the other hand, the nurses rated their wages and fringe benefits as somewhat or mainly satisfying and the relationship of that variable to overall job satisfaction as high. These data seems to indicate that wages and benefits are not meeting national standards, yet the nurses find them satisfying and relate them as highly important in their rating of overall job satisfaction.

Role concept. Role variables correlated highly with job satisfaction. The nurses rated all three variables (non-nursing duties, paperwork requirements, and professional respect) as impacting to a high degree on their perceived level of job satisfaction. In fact, the highest correlation in the study was the correlation between professional respect and job satisfaction ($r = 0.6400$).

Summary. The concepts presented in this study were correlated to determine the factors which effect job satisfaction in the sample. The factors exhibiting the highest level of correlation with job satisfaction were: (1) professional respect, (2) relations with administration, (3) treatment by supervisors, (4) wages, (5) staffing ratios, (6) paperwork requirements, (7) fringe benefits, and (8) non-nursing duties.

Limitations of the Study

The MNAOS was constructed and administered by the Montana Nurses Association. There was not pilot testing and no validation of the tool; therefore, caution should be used in generalizing the findings to other populations of nurses. The MNAOS was not designed specifically for the purpose of this study. The selected data used for this study was chosen from data acquired prior to the initiation of the study.

Recommendations

The measurement of the concepts and variables within this study suggest that job satisfaction is an issue in rural nursing. The level of satisfaction with the concept variables of nurse, interaction, role, and goal attainment has been shown to have an effect on the level of overall job satisfaction among the rural nurses in this study. Other studies have shown that the level of job satisfaction has an impact on the willingness of nurses to remain employed in an institution and in fact to remain in the profession at all.

Additional concepts from King (1971) such as stress and environment which were not addressed by this study, but which could theoretically impact on satisfaction should be studied. The use of King's model to further the study could also add credence to the applicability of this theory to rural nursing practice.

The validation of this tool requires that further testing be implemented to confirm the validity of the results of the data collected through its usage. Additional study using standardized job satisfaction tools with known validity and reliability would also be helpful in validating the results of the data reported in this survey.

The results of this study indicate that there are common employment issues which concern both rural and urban nurses such as wages, professional respect, and primary shift assignment. These issues influence the level of satisfaction that is perceived by registered professional nurses and may have a direct impact on their willingness to continue employment.

In this era of nursing shortage, it is important for institutions and their nurses to reflect on those employment issues that may result in the loss of the nurse from the institution or from the profession. Steps must be taken to address issues of concern if health care institutions and the health care providers are to meet the growing needs of the American population.

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APPENDIX

Montana Nurses Association Opinion Survey

Montana Nurses Association Opinion Survey

The Professional, Economic and Employment Council of the Montana Nurses' Association is interested in your opinions as a nurse on a number of important health care issues. Please take a few moments to complete this survey. It will help us determine our goals.

**The MNA values your experience and participation in this survey.
Thank you!**

Please circle the number corresponding to your response for each question.

General Information

1. What is your position?(If working in more than one, select the one in which you spend the majority of your time.)
 - 1 Hospital/medical center
 - 2 Intermediate or long-term care facility
 - 3 Public health
 - 4 Home health agency
 - 5 Private duty
 - 6 Temporary nurse agency
 - 7 Medical office/clinic
 - 8 University (Nurse Educator)
 - 9 Retired
 - 10 Other (please specify) _____
2. How long have you been a registered nurse?
 - 1 5 years or less
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 Over 20 years
3. What age group are you?
 - 1 18-24
 - 2 25-34
 - 3 35-49
 - 4 50-64
 - 5 65 and over
4. What is the highest level of nursing education you have achieved?
 - 1 Associate Degree
 - 2 Diploma
 - 3 BSN
 - 4 Master's in Nursing
 - 5 PhD in Nursing
5. What was your basic nursing education?
 - 1 Associate Degree
 - 2 Diploma
 - 3 BSN
6. If you answered 1 or 2 above, are you interested in obtaining a BS in Nursing?
 - 1 Yes
 - 2 No
 - 3 Not sure
7. Are you a member of the Montana Nurses' Association?
 - 1 Yes
 - 2 No
8. How long have you been working at your current place of employment?
 - 1 5 years or less
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 Over 20 years
9. What is your employment status?
 - 1 Full time
 - 2 Part time
 - 3 Per Diem/Casual
10. Do you work in a supervisory position?
 - 1 Yes
 - 2 No
11. What is your base hourly wage?
 - 1 Less than \$9.00 per hour
 - 2 \$ 9.00 - 9.50 per hour
 - 3 \$ 9.51 - 10.00 per hour
 - 4 \$10.01 - 10.50 per hour
 - 5 \$10.51 - 11.00 per hour
 - 6 \$11.01 - 11.50 per hour
 - 7 \$11.51 - 12.00 per hour
 - 8 \$12.01 - 12.50 per hour
 - 9 \$12.51 - 13.00 per hour
 - 10 \$13.01 - 13.50 per hour
 - 11 \$13.51 - 14.00 per hour
 - 12 \$14.01 - 14.50 per hour
 - 13 \$14.51 - 15.00 per hour
 - 14 \$15.01 - 15.50 per hour
 - 15 \$15.51 - 16.00 per hour
 - 16 \$16.01 - 16.50 per hour
 - 17 \$16.51 - 17.00 per hour
 - 18 Over \$17.00 per hour

12. What shift do you usually work?

- 1 Day Shift
- 2 Afternoon Shift
- 3 Night Shift

13. What is the rate per hour differential you receive for working afternoons or nights?

- 1 Afternoons _____
- 2 Nights _____

14. Are You:

- 1 Female
- 2 Male

JOB SATISFACTION

15. How would you rate your overall conditions of employment?

- 1 Excellent
- 2 Good
- 3 Just OK
- 4 Not so good
- 5 Poor
- 6 Not sure

16. What is the most troublesome aspect of your job?

Please specify: _____

17. Please rate your level of satisfaction with the following aspects of your job:

	Very Satisfied	Mostly Satisfied	Just Somewhat Satisfied	Not At All Satisfied	Not Sure
a. Hourly wages . . .	1	2	3	4	5
b. Being treated with professional respect . . .	1	2	3	4	5
c. Fringe Benefits . . .	1	2	3	4	5
d. Relationship with health facility administration . . .	1	2	3	4	5
e. Job security and protection from layoffs . . .	1	2	3	4	5
f. Requirement to perform non-nursing duties . . .	1	2	3	4	5
g. Paperwork requirement . . .	1	2	3	4	5

	Very Satisfied	Mostly Satisfied	Just Somewhat Satisfied	Not At All Satisfied	Not Sure
h. Being treated fairly by your supervisor . . .	1	2	3	4	5
i. Staffing ratios . . .	1	2	3	4	5
j. Being allowed to work all scheduled hours . . .	1	2	3	4	5
k. Paid inservice education . . .	1	2	3	4	5
l. Paid continuing education . . .	1	2	3	4	5

LEGISLATIVE ISSUES

18. Do you favor new legislation that would require all future registered nurses to have a four-year nursing degree?

- 1 Yes
- 2 No
- 3 Not sure

19. Do you favor a national health insurance policy funded through tax dollars?

- 1 Yes
- 2 No
- 3 Not sure

20. Do you feel that Medicare's diagnostic related groups (DRG) reimbursement policy has had an adverse impact on the quality of patient care?

- 1 Yes
- 2 No
- 3 Not sure

If yes, what adverse affect?

MONTANA NURSES' ASSOCIATION

21. MNA provides a variety of services for its members. How important is each of the following to you?

	Extremely Important	Important	Not At All Important	Can't Rate
a. Representation and lobbying at the state and national levels . .	1	2	3	4
b. Providing professional liability insurance . .	1	2	3	4

	Extremely Important	Important	Not At All Important	Can't Rate
c. Negotiation on behalf of nurses at local level (collective bargaining) . . .	1	2	3	4
d. Working for higher nurse wages . . .	1	2	3	4
e. Community outreach programs . . .	1	2	3	4
f. Political interaction with candidates who support nurses' interests . . .	1	2	3	4
g. Legal assistance and grievance representation . . .	1	2	3	4
h. Public relations services to improve nurses' professional image . . .	1	2	3	4
i. Keeping nurses informed on important issues . . .	1	2	3	4
j. Helping nurses with individual problems . . .	1	2	3	4
k. Giving nurses a chance to speak out on nursing issues . . .	1	2	3	4
l. Providing continuing education for nurses . . .	1	2	3	4
m. Providing group purchasing accounts - special travel plans, life insurance . . .	1	2	3	4

22. Are you interested in attending Continuing Education sponsored by MNA?
 1 Yes
 2 No

If Yes, list 3 topics of interest to you:

23. If you had to choose ONE ISSUE that you would want MNA to fight for, it would be:

24. Are nurses where you work currently represented under a collective bargaining contract?
 1 Yes
 2 No
 3 Not sure

If Yes, what union? _____

25. Do you believe it is a good idea for nurses to be represented under a collective bargaining contract?
 1 Yes
 2 No
 3 Not sure

IF YOU WOULD LIKE MORE INFORMATION ABOUT MNA, PLEASE FILL IN YOUR NAME AND ADDRESS BELOW:

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