Rural nurses peception of job stisfaction
by Lynnette Nilan

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

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.

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
Bozeman, Montana

June, 1990

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.

June 4, 1990
Date

Barbara P. Rogers
Chairperson, Graduate Committee

Approved for the Major Department

June 5, 1990
Date

Anna M. Shannon
Head, Major Department

Approved for the College of Graduate Studies

August 10, 1990
Date

Henry J. Parsons
Graduate Dean

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a master's degree at Montana State University, I agree that the Library shall make it available to borrowers under the rules of the Library. Brief quotations from this thesis are allowable without special permission, provided that accurate acknowledgment of source is made.

Permission for extensive quotation from or reproduction of this thesis may be granted by my major professor, or in her absence, by the Director of Libraries when, in the opinion of either, the proposed use of the material is for scholarly purposes. Any copying or use of the material in this thesis for financial gain shall not be allowed without my written permission.

Signature Lynnette K. Nelson

Date June 4, 1996

ACKNOWLEDGMENTS

I wish to thank the many individuals; friends and advisors, confidants and supporters, who have helped to make this project a reality. Their faith and encouragement have enabled me to achieve more than I ever dreamed was possible.

J. Thomas Nilan

Annette, Tony and Patrick Carter

Tony and Emma Finstad

Annette Finstad

Elizabeth Gilbertson

Dorothy Nelson

Anna Lythgoe

Brenda Strong

Dr. Barbara P. Rogers

Friends and co-workers

TABLE OF CONTENTS

Table of Contents (continued)

LIST OF TABLES

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.

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 "over-night" 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)