THE ROLE OF EMPLOYEE ATTITUDE SURVEYS IN REDUCING ORGANIZATIONAL TURNOVER

A Thesis

by

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ABSTRACT

A STUDY OF THE ROLE OF EMPLOYEE ATTITUDE SURVEYS IN REDUCING ORGANIZATIONAL TURNOVER. (December 1983)

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The purpose of this study was to describe a means for hospital management to assess nurses' attitudes and perceptions in a wide range of areas. Specifically, the study dealt with a 220-bed hospital located in the Southeastern United States. As of January 1981 this hospital had eight budgeted vacancies and requested help in improving its retention rate. The hospital provided the data base for this study which examined the role of employee attitude surveys in reducing organizational turnover.

Two employee attitude surveys were administered at the hospital within a six-month period. After the first survey (or pre-test) several changes took place within the hospital in an effort to better meet the needs of its nursing staff. The second survey (or post-test) was administered to monitor the nurses' reaction to the changes that had taken place.

For this study, the populations of interest were comprised of RNs and LPNs working on January 7, 1981, and July 3, 1981. Administration of the two surveys yielded 86 and 87 usable questionnaires, respectively.

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

The nursing shortage -- is it fact or fiction? Depending on whom you talk to, the answer to that question is likely to vary dramatically. Whether there is a shortage, a maldistribution, or just a low participation rate among nurses, the problems facing the health care field are very real. In the summer of 1980, 88 percent of the nation's hospitals were unable to fill all their full time nursing slots.[1] In response to the vacancy problem RN magazine recently surveyed hospitals in various locations across the nation. The results showed that 48 percent of the hospitals in the West and 40 percent of the hospitals in the South estimated that the "shortage" in their area was very serious.[2] Perpetuating the problem is the fact that approximately 40 percent of the nation's licensed RNs drop out of active nursing at some point in their nursing career.[3]

Why is it that so many nurses eventually leave the profession? According to Barbara Nichols, president of the American Nurses' Association, nurses are undervalued and under appreciated.[4] Across the nation, nurses are asking for better pay, improved working conditions, and increased professional status. Because attractive alternatives now exist for those interested in a professional career, nursing has to compete with other fields.[5]

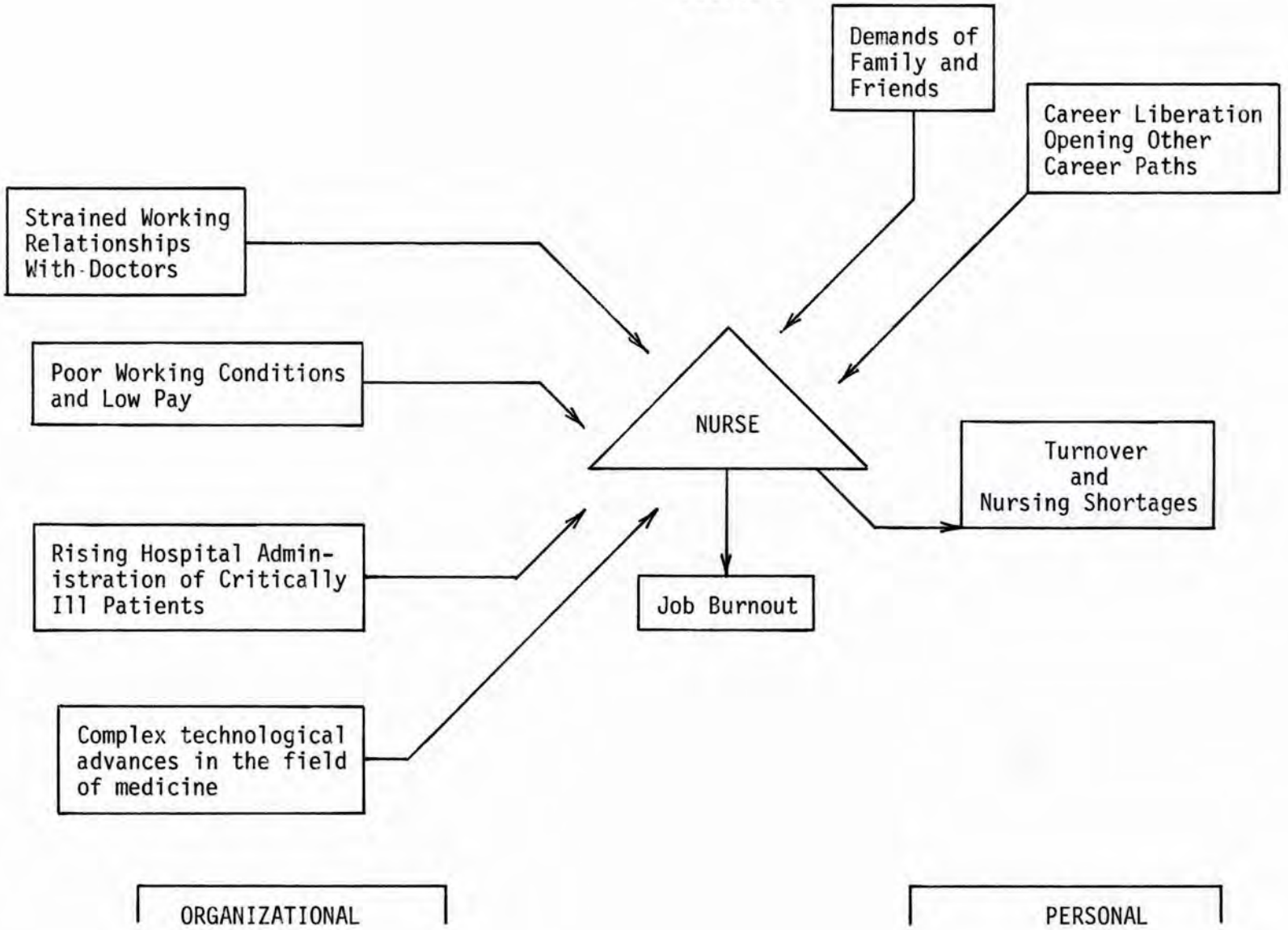
The problem becomes more complex when other factors are taken into consideration. Nurses face greater job demands than ever before. Technological developments in medicine have placed within the hospital a vast amount of complex machinery which often adds to the nursing dilemma rather than solving it. In order to adjust to rapid changes in technology, nurses are forced to return to school, often at their own expense, for advanced training.

As the level of technology has increased, so has the acuity level of the average hospital patient. With new treatments available for previously incurable conditions, the nurse is faced with patients who are "kept alive" longer than ever before. The sick are sicker and place more intense demands on the nurse who is responsible for their well-being. Figure 1 provides a summary of the demands facing nurses today.

When nurses facing these demands are placed in hospitals that are inadequately staffed, the chances of "job burnout" are likely to be increased. Thus, a vicious cycle of tardiness, absenteeism and turnover begins. The hospital that needs nurses most is likely to lose them the quickest.

Budgeted nursing vacancies are creating serious problems for the health care industry. The National Association of Nurse Recruitment has calculated the national turnover rate for registered nurses to be 29 percent.[6] On the average, a hospital spends between $2,500 and $3,000 to replace one lost nurse.[7] Simple multiplication makes it clear that the high turnover rate not only threatens quality patient care, but also places a financial burden on the health care industry.

FIGURE 1


Demands of Family and Friends
Career Liberation Opening Other Career Paths
Strained Working Relationships With Doctors
Poor Working Conditions and Low Pay
NURSE
Turnover and Nursing Shortages
Rising Hospital Administration of Critically Ill Patients
Job Burnout
Complex technological advances in the field of medicine
ORGANIZATIONAL
PERSONAL

In order to meet the challenges presented by the "nursing shortage," hospitals have switched their emphasis from recruitment to retention of nurses. One valuable tool available to hospitals for use in their retention programs is the employee attitude survey.

The employee attitude survey has four functions.[8] First, the survey provides management with a means of assessing employee attitudes and perceptions. In hospitals with rapid change, this feedback can be utilized to monitor reactions to change. Second, the survey can also be used for early detection of problem areas within the hospital. For instance, if a hospital recently implemented a new performance evaluation program and then administered a survey designed to assess the nurse's reaction to the process, the survey would not only provide an assessment of the program from the viewpoint of the nurse, but would also detect areas of dissatisfaction and inequity within the system. Management through early evaluation and detection would then be equipped to fine tune the evaluation process before any real problems arose. Third, the survey process can be used effectively by hospital administration to obtain information about current problems of turnover, stress, and absenteeism. The information then can be used to minimize the negative effects of these problems. In the last two decades, for instance, there have been several major studies reviewing the relationship of turnover and job satisfaction. The results consistently show that there is an inverse relationship between satisfaction and turnover.[9] Equipped with the knowledge of what makes employees satisfied hospitals have a better chance of improving their retention rates. The

fourth function of the survey is management training. When management-level employees are involved in the survey process they gain valuable insight into the wants and needs of their subordinates.

In this study it is hypothesized that information gained from an organizational survey administered at the Southeastern Hospital will be helpful in identifying problem areas within the hospital and aid in nurse retention.[10] A previous study, reported by John W. Seybolt and Duane D. Walker involving the use of a survey at a 310-bed hospital, revealed the survey to be helpful in uncovering problem areas within the hospital. The Seybolt Walker study provides the framework for this current research.[11]

STATEMENT OF PROBLEM

This study deals with a 220-bed hospital located in the Southeastern United States. As of January 1981 this hospital had eight budgeted vacancies and requested help in improving its retention rate. The hospital administration agreed that administration of an employee attitude survey would provide management with valuable information regarding the nurses' perceptions of their job, working environment and managerial policies.

The following hypothesis was examined in this study:

Employee attitudes can be favorably influenced when program and policy changes are made to better meet their needs.

Two employee attitude surveys were administered at the hospital, the first on January 7, 1981, and the second on July 3, 1981. After the

first survey (or pre-test) several changes took place within the hospital, including: a clinical ladder promotion plan, an objective-based performance evaluation system, a strengthening of the Nursing Advisory Council, special appreciation dinners, a new organizational structure and a review of staffing and scheduling procedures. The second survey (or post-test) in July was administered to monitor the nurses' reaction to the changes that had taken place.

Data analysis for the two surveys consisted of a frequency analysis, Chi-Square testing for independence, multiple regression tests, and a demographic profile of the "nurse" at this hospital during both survey administrations.

This study was not intended to investigate every facet of the problem, but rather to examine the needs and concerns of this one hospital. Although this study focused on one hospital, the information gained could be applicable to all hospitals facing similar problems.

PURPOSE OF THE STUDY

The purpose of this study is to describe a means for hospital management to assess nurses' attitudes and perceptions in a wide range of areas. The information gathered from the survey provided the framework for future planning and program implementation. This study was designed to allow for several survey administrations to take place within a pre-determined time frame, thus providing the hospital with a tool to monitor its success in meeting the needs of its staff.

WORKING DEFINITIONS

The following terms are defined according to their specific use in this study.

Acuity Level: degree of illness based on nursing needs.

Administration: as defined by the author to include: Hospital Administrators, Assistant Administrators, and Directors of Nursing.

Job Burnout: a specific set of symptoms brought on by severe or chronic stress directly related to the job rather than personal difficulties.[13]

Licensed Practical Nurse: one who is licensed to administer care, usually working under the direction of a licensed physician.

Patient Classification: the grouping of patients according to observable or inferred properties or characteristics. Systems of classification include: blood type, medical speciality, or insurance coverage.[14]

Registered Nurse: a graduate nurse who has been registered and legally licensed to practice by state authority.

ASSUMPTIONS AND LIMITATIONS

This research is based on the following assumptions:

1. It is assumed that the responses given by the surveyed nurses are truthful.
2. The response rate of 78 percent is assumed to provide a representative profile of the population of interest.

This research is based on the following limitations:

1. In order to meet the needs of the hospital, the survey had to be tailored to its specific concerns and therefore parts of the study may not be applicable to all institutions.

2. In Section II of the survey, questions 63 and 64 have response gaps because of an oversight on the part of the researcher. For example, in question 64, the salary range of 50-75 percent is omitted. The data will be analyzed with this in consideration.
3. The administration of Survey II took place during a stressful period (during the 4th of July weekend) and therefore responses may reflect this.
4. In order to insure confidentiality, a limited coding system was employed which would allow for comparisons between departmental units only. It would have been more informative if comparisons could have been made between the same individuals from pre-test to post-test and also if comparisons between shifts could have been made.

FOOTNOTES

[1]Lynn Donovan, "The Shortage - Good Jobs Are Going Begging So Why Not Be Choosy?" RN, June 1980, p. 21.

[2]Ibid.

[3]Ibid.

[4]Alan Appelbaum, "RNs. Crisis? Shortage? Or Both." Perspective, Fall 1980, p. 2.

[5]George Kaye, Stephen Krol, "The Nursing Shortage This Time ... Traditional Responses Won't Work." The Journal For Nursing Leadership and Management, July 1981, p. 16.

[6]Donovan, p. 22.

[7]Gail Wolfe, "Nursing Turnover: Some Causes and Solutions." Nursing Outlook, April, 1981, p. 233.

[8]Randall B. Dunham and Frank J. Smith, Organizational Surveys (Oakland, NJ, 1979), p. 43.

[9]Ibid, p. 44.

[10]The survey instrument used in this study is a modification of an instrument developed by Dr. Robert Goddard, III, of Organizational Development Associates, Banner Elk, NC, for use in assessing employee opinions in a variety of organizational settings.

[11]John Seybolt and Duane D. Walker, "Attitude Survey Proves to be a Powerful Tool for Reversing Turnover." Hospitals, May 1, 1980, p. 77.

[12]Alan Appelbaum, "RNs. Crisis? Shortage? Or Both?" Perspective, Fall 1980, p. 8.

[13]Edwina McConnel, "How Close Are You to Burnout?" RN, May 1981, p. 30.

[14]Phyllis Giovannetti, "Understanding Patient Classification Systems." Journal of Nursing Administration, February 1979, p. 4.

CHAPTER TWO

LITERATURE REVIEW

It is important for those in health care to be aware of the components of the nursing crisis and have up-to-date information available in order to effectively combat the problem. If nursing administration is to function properly, it must be responsive to the needs of both the hospital and its nursing staff. Hospital administrators, nursing directors, and all other management-level nursing staff must be aware of how nurses perceive their working environment so development and implementation of programs and policies will be in tune with current needs.

While many of the problems facing hospitals are unique to health care facilities, just about all organizations have concerns regarding turnover, productivity, performance and employee attitudes. According to Sirota,[1] one technique that has gained acceptance in management circles as a reliable and valid method for gauging the above concerns is the employee attitude survey.

While the "nursing crisis" sets the parameters of the study, and is important in its own right, it is the employee attitude survey which serves as the tool by which to examine the problem. For that reason, this review places its primary focus on the survey itself, with a final section tying the survey to the specific problems facing hospitals today.

Benefits of Employee Attitude Survey

Historically, the primary reason for administering attitude surveys has been to find out how employees felt about their working environment. However, with careful administrative procedures and follow-up programs, many subsidary benefits can be realized. Pritchett[2] maintains that at least six benefits should be attainable through the proper use of an employee attitude survey. A discussion of each benefit follows.

1. To Obtain Better Upward Communication

The survey is a tool through which management solicits the opinions of their employees. The data collected from a survey is unique in three ways; it is comprehensive and systematic; it travels rapidly; and it is deemed accurate because of the confidentiality of the responses.[3] This upward flow of communication is important from the workers' point of view in that it allows them to ventilate feelings and provides a sense of participation. From the employers' standpoint, it provides management with data to assess worker's perceptions and attitudes. The upward flow of information aids in pinpointing trouble spots within the organization along with gathering suggestions which may improve work efficiency.

2. To Improve Downward Communication

The employee attitude survey provides management with an excellent opportunity to respond to the needs of its employees and enhance its reputation for being concerned about their needs. This can best be accomplished by conducting feedback sessions. These sessions provide management with the opportunity to explain to its employees its future plan of action.

3. A Boost in Morale

Pritchett[4] indicates that an upswing in morale is attributable to three things:

1. Employees develop a participative spirit and a sense of involvement.
2. Employees perceive they have more control over their environment.
3. An optimistic attitude develops that things will get better.

It is important to stress that the following benefits result from a properly implemented attitude survey. If management conducts a survey poorly and then fails to follow up on the results, it will probably do more harm than good.

4. Increased Productivity

Vast amounts of research exists indicating that high morale and productivity do not always go together. On the other hand, Pritchett[5] believes that if a survey can lead to an improvement in the working environment, reduce turnover, and improve existing programs and policies, then productivity should be favorably affected.

5. To Educate

Survey data provides an indication of how managers are performing and where problem areas exist. When managers are actually involved in the survey process valuable insight is gained into the wants and needs of subordinates.

results will depend on whether they felt the right questions were asked. It is agreed that widespread participation in the planning stages usually causes a higher level of confidence in results and a greater willingness to use the survey data in decision-making.

Once the basic objectives have been formulated and the parameters set, the decision of how to actually collect the data must be made. Hawk[11] lists four alternatives:

1. Develop an in-house survey.
2. Purchase a commercially available survey.
3. Use surveys or scales from behavioral science research.
4. Retain a consultant to develop a survey.

There are pros and cons associated with each of these alternatives. The best choice for any particular organization is a function of its objectives, resources, and talents.

Hawk[12] states that, regardless of the technique used, an organization should try to measure those dimensions which have been found to be significant in different job satisfaction studies. Included in those dimensions are attitudes toward the organization, working conditions, promotional opportunities, employee benefits, supervision, financial rewards and co-workers.

Likert-type statements about an issue are the most common ways to measure opinions. Usually the statements are set up in a three, five, or seven point scale.[13] For example:

Sample Question: My job has high security.

Scale:	1	2	3	4	5
Value:	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

This Likert-type statement allows for the measurement of the intensity of the employee's opinion on an issue. When formulating the actual survey, Morana[14] suggests including several statements pertaining to the same issue in order to enhance the intra-reliability of the survey.

When deciding on the number of statements to include in the questionnaire, Wheatley and Cash[15] suggest that a questionnaire take no longer than thirty minutes to complete. A questionnaire requiring over thirty minutes to complete will often be considered "excessive" in length and may encourage unwanted reactions from the surveyed employees. When faced with too many questions, participants feel overworked and opinions begin to center around the neutral zone.[16]

The final stage in survey design involves pretesting the instrument on a representative sample. Pretesting will aid in reworking the questionnaire so that it contains concise, easy to read statements.

Administration

There are several steps that can be taken to insure that the administration phase of the employee attitude research is successful. The general consensus among authors reviewed is that, ideally, an outside consultant should be brought in to administer the survey and tabulate the results. Holmes[17] states that employees will feel more comfortable if an outsider handles the survey because it assures them of greater confidentiality.

According to Morano,[18] the survey should have a professional appearance, be easy to complete with few open-ended questions, and be worded in a non-threatening manner. He also recommends that the survey be accompanied by a cover letter from a high-ranking executive. The

cover letter should stress both the importance of the survey and honest, complete answers. This has the tendency to encourage a higher percentage of individuals to fill out the survey and to do so in a thorough manner.

Another way to improve the survey response rate is to have the survey administrator take the time to explain to the group the reasons behind the survey. Hawk[19] stresses that the employees should understand that the survey is not a test and honest answers are essential. To reinforce this idea, the survey can be made completely anonymous, with comparisons being limited to groups or departmental units.

One final point Tripp[20] makes is that the timing of the survey administration is very important. Surveys should not be taken right after any significant changes in the employee's work place (i.e. changes in pay scale, evaluation, management).

Data Analysis

Hawk considers data interpretation to be one of the most difficult phases of employee attitude research. The difficulty is not necessarily in the actual statistical analysis, but in relating that data to the specific organization. The data must be reviewed within the context of the organization.

In order to develop action plans based on survey results, rigorous analysis must take place to correlate survey findings with organizational practices. Hawk[21] lists factors that may be helpful when trying to interpret satisfaction levels. For example, when

examining low satisfaction levels with pay, answers to the following questions may be enlightening:

1. Are pay rates competitive within the labor market?
2. Do employees understand pay policies?
3. When merit is a consideration, is the performance evaluation job related?
4. Is the wage and salary structure fair?
5. Are there roadblocks to pay increases?

Answering the preceding questions within the context of the organization may provide valuable insights into the attitudes and perceptions of the employees. This information in turn can be used in developing recommendations and action plans.

Again, it must be stressed that to properly interpret survey results, the analyst must be aware of the internal (leadership, policies, control systems, and management objectives) and external factors (union pressure, economic conditions) facing the organization at the time of the survey administration in order to keep the results in perspective.

Feedback Process and Action Plan

According to Hawk,[22] the feedback process has two distinct phases. The first phase involves sharing the results with the line managers and developing action plans as a group. This process increases participation opportunities for the managers and results in more specific plans of action.

The second phase of the feedback process involves sharing the refined plan of action with the employees, as well as the actual survey results. The entire feedback approach is very important since research

points out that more favorable attitudes result when groups receive feedback than when they do not.

Financial Impact of Survey

Although survey research is expensive, Hawk[24] feels the benefits of measuring employee attitudes outweigh the costs.

The problem is to measure the benefits of a survey in a concrete manner. In his article, "Effective Attitude Surveys," Hawk[25] suggests the following procedure to make the measuring attempts more effective:

1. Focus on the smallest possible self-contained organizational unit.
2. Collect as much routine data on as many indicators as possible.
3. Look for correlations between the indicators monitored and the attitudes in the department.

Specific Implications

Hospitals, like other organizations, are often faced with problems involving employee attitudes and job satisfaction. Weaver and Holmes[26] again stress that job satisfaction is important for many reasons, including its association with turnover, absence rates, and the quality of employee life.

In a study reported by Seybolt and Walker,[27] a nursing director of a 310-bed hospital used an employee attitude survey to analyze the hospital's 52 percent turnover rate. The survey revealed that 46 percent of the respondents were dissatisfied with career and promotional

opportunities. In response to this issue, a clinical career ladder was developed.

The Seybolt and Walker survey also revealed that more than 65 percent of the staff were dissatisfied with the nursing service orientation they received. In order to correct this situation, the orientation program was completely revised. Several other potential problem areas were uncovered and attempts to correct the situation were made.

One year after the initial survey was administered, a follow-up survey was distributed. More than 30 percent of the staff reported they had seen changes in policies and programs in the year following the first survey. Out of that same group 51 percent felt that the changes were improvements.

While the changes in attitudes cannot be directly linked to the survey, the changes did seem to be related to problems highlighted by the survey that were later corrected. In this specific case, hospital management was able to reassess its programs and policies in light of the survey results and better meet the needs of its staff.

In another study, researchers Slavitt, Stamps, Piedmont and Haase[28] set out to define and measure levels of satisfaction among nurses in two hospitals. The purpose of the study was to provide hospital management with more information upon which to base their decisions and policies.

The research instrument was set up to measure six areas related to job satisfaction, including:[29]

1. Pay
2. Autonomy
3. Task Requirements
4. Organizational Requirements
5. Interaction
6. Job Prestige or Status.

A two-part questionnaire was developed to measure the current level of satisfaction of nurses along with their perception of ideal situations. This was accomplished by asking the respondents to compare the above six components of satisfaction in a forced choice between all possible combination of pairs.[30]

The second section of the questionnaire was a Likert-type attitude scale measuring current levels of satisfaction with each of the six components. The sections were scored treating each of the components as a separate unit yielding its own score.[31]

The survey was administered to two separate hospitals. At each hospital the respondents included RNs, LPNs, nurses aides, ward clerks, orderlies, operating room technicians and child care technicians. The following section will summarize the survey results.

Position - At both hospitals, the level of satisfaction was related to job level. Supervisors were the most satisfied and the "other groups" (i.e. nurse's aides, orderlies, and technicians) were the least satisfied.

Unit - Special Care Units (ICU, OR, ER) had the highest scores measuring job satisfaction. At both hospitals, below average scores on overall satisfaction occurred in medical-surgical units.

Education - RNs with diplomas were more satisfied than LPNs or RNs with bachelor's or associate degrees.

Years at Hospital - At both hospitals satisfaction was low for the first year and then increased after seven to ten years at the same hospital.

Age - Satisfaction levels among the less than 20-year-old category was moderate. In the 20-29 age group the level dropped and then increased. In general, those over 40 were more satisfied with pay, organizational requirements, and task requirements.[32]

While the results of this study warrant further research, the implications for hospital management are very interesting. It was the research by Slavitt, Stamps, Piedmont and Haase that provided a comparative base for this current study. Utilizing multiple regression analysis, seven categories related to job satisfaction were examined in this study, including:

1. Hospital
2. Management
3. Unit Coordinator
4. Job
5. Working Conditions
6. Employee Benefits
7. Pay.

The results of these multiple regression analyses are reported in Chapter Four and analyzed in Chapter Five.

FOOTNOTES

[1]David Sirota, "Why Managers Don't Use Attitude Survey Results." Personnel, January-February 1980, p. 24.

[2]Price Pritchett, "Employee Attitude Surveys: A Natural Starting Point for Organization Development." Personnel Journal, April 1975, p. 202.

[3]Ibid.

[4]Ibid, p. 203.

[5]Ibid, p. 204.

[6]Donald L. Hawk, "Effective Attitude Surveys." Personnel Journal July 1978, p. 384.

[7]Ibid, p. 385.

[8]Sandra Holmes, "What to Expect From Your First Survey of Employee Morale." Personnel, March-April 1979, p. 70.

[9]Bonnie Goldberg and George G. Gordon, "Designing Attitude Surveys for Management Action." Personnel Journal, October 1978, p. 546.

[10]Holmes, p. 71.

[11]Hawk, p. 386.

[12]Hawk, p. 387.

[13]Richard A. Morano, "Opinion Surveys: The How-to's of Design and Application." Personnel, September-October 1974, p. 12.

[14]Ibid.

[15]Bruce C. Wheatley and William B. Cash, "The Employee Survey: Correcting its Basic Weakness." Personnel Journal, June 1973, p. 457.

[16]Ibid.

[17]Holmes, p. 71.

[18]Morano, p. 14.

[19]Hawk, p. 387.

[20]W.H. Tripp, "One More Time: Attitude Surveys." Personnel Journal, March 1971, p. 232.

[21]Hawk, p. 388.

[22]Hawk, p. 389.

[23]Ibid.

[24]Hawk, p. 384.

[25]Hawk, p. 389.

[26]Charles N. Weaver and Sandra Holmes, "A Multi-variate Study of Job Satisfaction Among Hospital Employees." Toward Renewal in Management Thought and Practice, 1978, p. 10.

[27]John Seybolt and Duane D. Walker, "Attitude Survey Proves to be a Powerful Tool for Reversing Turnover." Hospitals, May 1, 1980, p. 77.

[28]Dinah Slavitt, Paula Stamps, Eugene Piedmont, and Ann-Marie Haase, "Measuring Nurses' Job Satisfaction." Hospital & Health Services Administration, Summer 1979, p. 63.

[29]Ibid, p. 64.

[30]Ibid.

[31]Ibid, p. 65.

[32]Ibid, p. 67.

CHAPTER THREE

METHODOLOGY

General Description

Two employee attitude surveys were administered at the hospital, the first on January 7, 1981 and the second on July 3, 1981. Following the first survey (or pre-test) several changes took place within the hospital, including:

1. Implementation of a Clinical Career Ladder Promotion Plan
2. Implementation of an Objective-Based Performance Evaluation System
3. Strengthening of the Nursing Advisory Council
4. Special Appreciation Dinners
5. New Organizational Structure within the Nursing Department
6. Review of Staffing and Scheduling procedures.

Most of these changes were in the planning stages during the administration of the first survey. While they were developed in response to the general "nursing crisis," findings from the first survey reinforced the hospital's awareness of the need for action on a local basis.

The second survey (or post-test) in July was administered to monitor any differences in nurses' attitudes since the above mentioned changes had taken place. This study represents the classical pre-test, post-test type of research. Ideally, this type of research should be conducted with a control group, but because of the hospital's request to survey the entire nursing staff, a control group was not formed. Lack

of a control group impeded the formation of cause and effect relationships, but did not hamper the discovery of general problem areas within the hospital.

Survey Description

The survey instrument (see Appendix A) contains 62 statements concerning employees' impressions, attitudes and opinions about their Hospital, Management, Unit Coordinators, Job, Working Conditions, Employee Benefits, and Pay. The nurses were asked to indicate their agreement or disagreement with each of the items on a five-point Likert scale. The Likert scale included the following anchors: strongly disagree, disagree, don't know, agree, and strongly agree. The nurses were instructed to place responses directly on the survey instrument. A section was included on the survey for the nurses to provide information on their length of service at the hospital, travel time to work, salary contribution to family income, career intent, previous nursing experience, marital status, professional status and birthdate. Additional space was provided on the last page of the survey for write-in comments and use of this space was encouraged.

The survey was broken down into two major categories -- how nurses perceived things should be and how they actually were. This type of design allows for measurement of the extent to which an individual's perception of an actual job differs from how the job "should be." Deprivation analysis, in which comparisons are made between how an individual perceives things and how things actually are, was a feature of the questionnaire that was not used for this particular study.

Administration

The first step in the administration process was to obtain the commitment from upper management to sponsor and follow up on the survey results. Two formal meetings were held at the hospital before the actual survey administration took place. The Hospital Administrator, Assistant Administrators and the Director of Nursing were present during these meetings and provided input concerning the particular needs of the hospital. The benefits of employee attitude surveys were reviewed by the sponsoring professor and the author. It was agreed that, with a few modifications, a previously tested survey would adequately meet the needs of the hospital.[1] At that point, a specific schedule for the first survey administration was developed and the survey process began.

The first employee attitude survey was administered by the author during all three work shifts, January 7 and 8, 1981. Due to lack of familiarity with the hospital at this time, the author was escorted by the Director of Nursing to each of the hospital units. In an effort to gather as many nurses together as possible at one time, the administration was planned around relatively "slow" periods of the day. Once the nurses were gathered on the unit, the Director of Nursing introduced the author as an outside researcher working on a Master's thesis. It was stressed to all nurses that the survey was being administered independent of the hospital and that management would receive only group percentages. The purpose of the survey was described to the nurses along with the benefits to be derived. Time was allowed for questions after the proper procedures for completing the survey were reviewed. Upon the hospital's recommendation, no coding system was implemented for the first survey and confidentiality was guaranteed.

The importance of complete and honest answers was emphasized in a cover letter signed by the Assistant Administrator. (See Appendix B.)

The nurses were asked to return the completed surveys within 48 hours of receipt to a box in their units. This collection procedure insured confidentiality and allowed for comparative analysis among units.

The administration procedure for the second employee attitude survey remained the same as the first with two basic modifications. First, the Director of Nursing did not accompany the author during the actual administration process, and secondly, a unit identification code was placed on the second survey in an effort to make inter-unit comparisons easier and more accurate. The nurses were told of the code and its purpose at the time of the second administration.

Sample Design

For this study, the populations of interest were comprised of RNs and LPNs working on January 7, 1981, and July 3, 1981. The survey attempted to reach all nurses working at the hospital during this time, but because of vacations, travel, sick days, etc., not all of the nurses could be reached.

Eleven separate units, including: intensive care, neuro-intensive care, emergency room, second surgical, third surgical, pediatrics, nursery, OB/GYN, OB/Labor, fourth medical, and fifth medical were divided among four strata, with assignment based upon similarity of care given. The following divisions were formed:

Stratum I: ICU, NICU, ER

Stratum II: 2nd, 3rd Surgical

Stratum III: Pediatrics, Nursery, OB-G, OB-L

Stratum IV: 4th, 5th Medical

This stratum design was chosen to allow for comparisons between high stress units and relatively lower stress units.

Data Analysis

As stated in Chapter One, the hypothesis to be examined in this study was:

Employee attitudes can be favorably influenced when program and policy changes are made to better meet their needs. One of the objectives of the first survey (pre-test) was to determine areas of dissatisfaction among nurses at the hospital. With this information available, it was assumed that new programs and policies could be developed to better meet the employees' needs. The second survey (post-test) was then administered to monitor changes in satisfaction levels among the nurses.

Before any formal data analysis took place, the raw survey data was coded from the actual questionnaire onto general use op-scan computer forms. Then, utilizing the SPSS computer package, various statistical tests were performed. A discussion of each of these tests follows.

Frequency Analysis

General frequency analysis was performed on both Survey I and Survey II. The analyses were reported as the adjusted percentage of nurses who responded favorably to a survey statement, the designation "percent favorable" meaning the percentage of nurses who responded either "Agree" or "Strongly Agree" to a statement. The exceptions were

questions 56, 58, 59, 60, 61, and 62. These items were negatively worded; therefore, "Disagree" or "Strongly Disagree" represented favorable responses.

Chi-Square

Often data available for analysis consists of frequency counts rather than actual measurement. When this is the case, Chi-Square distributions can be used to analyze the frequencies.

The Chi-Square tests help to determine whether there is a systematic relationship between two variables.[2] This determination is accomplished by computing the cell frequencies which would be expected if no relationship were present between the variables given the actual row and column totals. The expected frequencies are then compared to the actual values found in the Chi-Square Table. The greater the difference between the actual and expected frequencies, the larger the Chi-Square. If no relationship is found between the variables, then any difference from the expected values are due to chance.

For this study, Chi-Square was used to determine if independence existed between certain factors of interest. The factors of interest are said to be independent if the distribution of one factor in no way depends on the distribution of the other.[3]

The Chi-Square test was used to determine if there was independence between the responses given and the time period the survey was taken. In other words, did the responses differ significantly depending on whether the survey was taken in January or July of 1981? The Chi-Square test was also used to determine if there was independence between which of the strata the nurse was in and the survey responses given.

Demographic Analysis

The last section of the survey included nine demographic questions (see Section III of the survey). The purpose of including demographic data was two-fold. First, the information enabled the author to compile a demographic profile of "the typical nurse" at the hospital. This profile was designed to aid the hospital in planning and coordinating its program for nurses in the future.

In addition, by using the following question as a selector ("I intend to leave this job within the next six months"), it was possible to develop a profile of potential leavers and potential stayers. In comparison studies utilizing frequency analysis, it was possible to determine if there were any significant differences between the two groups.

Multiple regression comprised the second phase of the demographic analysis. Multiple regression is a general statistical technique that analyzes the relationship between a dependent variable and a set of independent variables.[4] In this study six separate multiple regressions were performed to measure the relationship between overall job satisfaction and satisfaction with the following: Hospital, Management, Unit Coordinator, Job, Working Conditions, Employee Benefits and Pay.

Feedback Process

The hospital's interest in the analysis process focused on the results of the frequency analysis. At their request, this was the only data made available to the hospital.[5] Using the results of the raw frequency analysis, findings and recommendations were submitted to the

Hospital Administrator. (See Appendix C for a summary of recommendations after the first survey.) This report provided the basic guidelines for the hospital retention effort.

Once the top administrators had been presented with the survey results, efforts were made to disseminate the findings throughout the nursing staff. Group meetings were held with Unit Coordinators and survey results were discussed. From that point on, it became the Unit Coordinator's responsibility to relay the information to their subordinates.

FOOTNOTES

[1]The survey instrument used in this study is a modification of an instrument developed by Dr. Robert Goddard, III.

[2]Norman H. Nie, C. Hadlai Hull, Jean G. Jenkins, Karin Stenbrenner, and Dale H. Bent, Statistical Package For The Social Sciences, 2nd ed. (New York, 1975), p. 223.

[3]Wayne W. Daniel and James C. Terrell, Business Statistics, 2nd ed. (Dallas, 1979), p. 390.

[4]Nie and others, p. 322.

[5]It is the author's contention that frequency analysis alone does not provide enough information upon which to base future planning and program implementation.

CHAPTER FOUR

DATA ANALYSIS

Administration of the first survey yielded 86 usable questionnaires, out of approximately 112 employees taking the survey. The second survey yielded 87 usable questionnaires out of a total of 115 employees taking the survey. A variety of analyses were performed on the 173 usable surveys. In the following sections, three major statistical analyses will be discussed in detail and highlighted in tabular form.

Frequency Analysis

The adjusted frequency analysis described in Table 1 reports the percentage of employees who responded favorably to a particular survey item. This designation - "percent favorable" - refers to the percentage of individuals who responded either "Agree" or "Strongly Agree" to the statements. The exceptions include questions 56, 58, 59, 60, 61, and 62. Since these questions were negatively worded, the scores were reversed prior to computer analyses.

According to the developer of the questionnaire, Dr. Robert Goddard, III, it is helpful to keep in mind the benchmarks of 80 percent, 60 percent, and 30 percent when interpreting the results reported in Table 1.[1] It is generally agreed that the 80 percent figure represents the practical limit for favorable responses.

The 60 percent figure appears to indicate the absence of substantial problems, while the 30 percent mark reflects significant concerns. Dr. Goddard also points out that items dealing with pay satisfaction need to be interpreted on a scale generally 8 to 12 points lower than other items. The preceding bench marks provided the guidelines for interpreting the results of this study.

Impression of How Things Should Be

The first ten questions of the survey dealt with impressions of how a job should be and how a Unit Coordinator should interact with nurses. Using the above benchmarks as guidelines, there seems to be a high level of agreement among the nurses on the types of characteristics both a job and Unit Coordinator should possess.

Overwhelmingly, the nurses felt a job should offer high security, promotional opportunities, and some degree of autonomy. They also felt that it was important to know what the responsibilities of the job were. Approximately 96 percent of those surveyed in January and 90 percent of those surveyed in July felt individuals should look forward to coming to work every day.

The respondents to both surveys valued two-way communications with their Unit Coordinator. In all but one question at least 97 percent of the nurses agreed that a Unit Coordinator should provide employees with job performance feedback and also solicit their suggestions and opinions.

In Item 8, "A Unit Coordinator should check up on employees often," the responses were widely distributed across all the anchors.

After discussing this statement with the nurses, it was discovered that they found it to be ambiguous and misleading. For that reason, Item 8 was considered unreliable and therefore will not be analyzed in this study.

How Things Are

The second part of the survey shifted emphasis to how the nurses perceived things as they actually were. This section was divided into eight segments including: Hospital, Management, Unit Coordinators, Job, Working Conditions, Employee Benefits, Pay, and Feeling about the Job. Each of these segments was examined separately.

Hospital

Items 11, 12 and 13 dealt specifically with the respondents impressions about the hospital. In both Survey I and Survey II, the nurses were proud to tell people that they worked for the hospital, and they also felt like the hospital had a good reputation within the community. But in Survey I, only 55.5 percent of the respondents felt the hospital valued them as an employee. In Survey II, that percentage dropped over 20 points to 34.7 percent. This represents an area of dissatisfaction that deserves further investigation.

Management

The hospital was viewed in both surveys as being less than honest in dealing with the nurses (Item 15) and by and large unconcerned about the needs of employees (Item 14). Survey I showed that 57.5 percent of the respondents felt management was "available when needed," while only 47.5 percent of the respondents felt that way in Survey II.

Approximately 50 percent of the nurses in Survey I and in Survey II felt that management was constantly trying to improve things for them.

Unit Coordinator

The majority of the respondents (60 percent or more) in both Survey I and Survey II agreed that their Unit Coordinator was knowledgeable about hospital policies (Item 19) and job procedures (Item 20), could be depended upon (Item 21), was easy to talk to (Item 22), and was believable (Item 23). Both groups reported dissatisfaction concerning job feedback (Items 24 & 30). Sixty-four percent of the nurses in Survey I agreed that their Unit Coordinators asked for suggestions and opinions (Item 29), but only 48.6 percent agreed to that same item in Survey II. Item 26, "My Unit Coordinator checks up on me too often," was disregarded because of previously mentioned controversy over this statement.

Job

Significant levels of dissatisfaction were highlighted in this segment of the survey. In both Survey I and Survey II respondents did not feel that they had a good chance for promotion (Item 32). The nurses also indicated that they felt overworked (Item 33).

There was a high level of agreement among both groups that their job was diversified (Item 35), they were able to make decisions about their work (Item 36), and they rarely got bored on the job (Item 40).

A substantial drop in satisfaction was noticed on Items 37 and 39, dealing with rewards and job difficulty. This change is highlighted in Table 2, which focuses on major differences in attitudes between Survey I and Survey II. (A change of 12 percentage points or more between Survey I and II was considered major.)

Working Conditions

There was general agreement among the nurses in both Surveys I and II that the eating facilities were poor (Item 46). The respondents agreed that the hospital had good restrooms. During the winter (Survey I) 74.3 percent agreed that the heating and air conditioning in the hospital was good (Item 47). Interestingly, only 50 percent of the nurses agreed with that same statement during the summer (Survey II). The results of the first survey indicated that 84.5 percent of the respondents agreed with Item 43, "Compared to other hospitals I could work for, the working conditions are good." Only 63.6 percent of those completing Survey II agreed with this same statement.

Employee Benefits

The majority of respondents in Surveys I and II agreed that they were given an adequate explanation of employee benefits (Item 50) and that those benefits were good (Item 51). The nurses also felt that they had a good knowledge of their benefits (Item 52), but that if they did have any questions, their Unit Coordinator could answer them (Item 53).

Pay

There seems to be a significant drop in agreement between Survey I and Survey II in regard to pay. In the first survey, 59.5 percent of the respondents agreed that comparatively, their pay was good. Only 31 percent of the respondents agreed to that statement in Survey II. Another significant percentage point drop was evidenced in Item 55, "My pay is fair for the kind of work I do."

Feelings About Job

The majority of nurses from both surveys indicated that they felt their performance was good. They also felt like they knew what was expected of them on the job (Item 60).

On the average, 40 percent of all the respondents felt like it would be easy to find another job equal to or better than the one they presently occupied (Item 58). Even though this was the case, only 5.8 percent of Survey I's respondents and 4.5 percent of Survey II's respondents indicated they intended to leave their job within the next six months (Item 60).

TABLE 1

Frequency Analysis

Percent Favorable Response

#	Statement	Survey I	Survey II
1.	A job should have high security.	87.4	97.3
2.	An individual should have a good chance for promotion.	100.0	98.6
3.	A job should allow a person to do a number of different things.	97.3	95.8
4.	A job should allow a person to make decisions about his/her work.	98.6	95.7
5.	People should always know what they are responsible for on the job.	100.0	98.6
6.	People should look forward to coming to work everyday.	95.8	90.3
7.	A Unit Coordinator should always let employees know how they are doing on their job.	100.0	97.2
8.	A Unit Coordinator should check up on employees often.	61.6	69.1
9.	A Unit Coordinator should ask employees for suggestions and opinions about their work.	100.0	98.6
10.	A Unit Coordinator should tell employees when they have done a good job.	95.8	98.6
11.	This hospital feels that I am a valuable person.	55.5	34.7
12.	This hospital has a good reputation in this community.	95.8	86.9
13.	I am proud to tell people I work for this hospital.	94.4	86.9
14.	Management is concerned about the needs of employees.	49.3	45.6
15.	Management is honest in dealing with employees.	37.2	32.8
16.	Management is constantly trying to improve things for employees.	51.6	50.0
17.	People in management are available if I want to talk to them.	57.5	47.5
18.	During my first few weeks with the hospital, my Unit Coordinator gave me a good explanation of hospital rules and regulations.	43.5	49.2
19.	My Unit Coordinator can usually answer any questions I have about hospital policies.	77.4	78.5
20.	My Unit Coordinator can usually answer any question I have about getting my job done.	81.0	89.4

TABLE 1 (continued)

Frequency Analysis

Percent Favorable Response

#	Statement	Survey I	Survey II
21.	I can depend on my Unit Coordinator to help me when I have a problem or complaint.	74.3	63.4
22.	My Unit Coordinator is someone I can talk to easily.	74.0	73.6
23.	When my Unit Coordinator tells me something, I know I can believe her.	68.5	65.3
24.	My Unit Coordinator always lets me know how I am doing on my job.	37.0	44.4
25.	My Unit Coordinator is always fair when it comes to enforcing the rules.	54.8	44.4
26.	My Unit Coordinator checks up on me too often.	5.5	9.8
27.	My Unit Coordinator tells me when I have done a good job.	47.3	44.4
28.	My Unit Coordinator makes it clear how I should do my work.	50.7	47.3
29.	My Unit Coordinator asks me for suggestions and opinions about my work.	64.4	48.6
30.	My Unit Coordinator always knows if my work is good or bad.	41.1	38.9
31.	My job has high job security.	59.1	49.3
32.	My job has a good chance for promotion.	37.2	31.0
33.	I do not feel overworked on my job.	32.9	19.5
34.	I always know what I am responsible for on my job.	68.9	64.8
35.	My job allows me to do a number of different things.	91.7	90.4
36.	My job allows me to make decisions about my work.	83.3	79.4
37.	I get rewarded when I do my job well.	47.2	27.5
38.	I feel I really know how to do all parts of my job.	64.3	66.7
39.	It is not too difficult to keep up with the work on my job.	50.0	38.8
40.	I do not get bored on my job.	76.4	86.8
41.	I look forward to coming to work every day.	48.6	35.7
42.	I do not mind having to work overtime.	54.1	44.1
43.	Compared to other hospitals I could work for, the working conditions are good.	84.5	63.6
44.	The parking facilities at this hospital are good.	51.4	47.1
45.	The eating facilities in this hospital are good.	39.1	39.7
46.	The restrooms in this hospital are good.	80.5	88.3
47.	The heating and air conditioning in this hospital are good.	74.3	50.0
48.	I have the proper equipment to do my job.	69.5	71.9

TABLE 1 (continued)

Frequency Analysis

Percent Favorable Response

Statement	Survey I	Survey II
49. During my first few weeks with the hospital my Unit Coordinator gave me a good explanation of policies and procedures.	45.1	39.7
50. When I first came with this hospital I was given a good explanation of my employee benefits.	80.9	81.0
51. Compared to other hospitals I could work for, my benefits here are good.	68.5	81.0
52. I have good knowledge of my employee benefits.	75.7	75.0
53. If I have any questions about my benefits, I can get an answer from my Unit Coordinator or someone in management.	90.3	84.7
54. Compared to other hospitals I could work for, my pay is good.	59.5	31.0
55. My pay is fair for the kind of work I do.	39.7	26.7
*56. I do not have enough time to do what is expected of me on my job.	47.7	42.5
57. My performance on my job is very good.	83.6	84.7
*58. It would be easy to find another job equal to, or better than, this one.	47.6	28.7
*59. My job is difficult to do.	54.7	47.1
*60. I don't know what is expected of me on my job.	86.0	86.2
*61. I often think of quitting my job.	69.8	63.2
*62. I intend to leave this job within the next six months.	75.5	71.3

*Note: When interpreting these results remember that items 56 and 58 through 62 have been reversed because of their negative wording. For example, item 60 should now be interpreted as "I know what is expected of me on my job."

TABLE 2

RED FLAGS

Items with at least 12 percentage points change between Survey I and Survey II.

Agreement Percentage

#	Statement	Survey I	Survey II	Change
11.	This hospital feels I am a valuable person.	55.5	34.7	20.8
29.	My Unit Coordinator asks me for suggestions and opinions about my work.	64.4	48.6	15.8
33.	I do not feel overworked on my job.	32.9	19.5	13.4
37.	I get rewarded when I do my job well.	47.2	27.5	19.7
43.	Compared to other hospitals I could work for, the working conditions here are good.	84.5	63.6	20.9
47.	The heating and air conditioning in this hospital are good.	74.3	50.0	24.3
51.	Compared to other hospitals I could work for, my benefits here are good.	65.5	81.0	12.5
54.	Compared to other hospitals I could work for, my pay is good.	59.5	31.0	28.5
55.	My pay is fair for the kind of work I do.	39.7	26.7	13.0
58.	It would be easy to find another job equal to or better than this one.	47.6	28.7	18.9

Chi-Square Analysis

As indicated in Chapter One, the hypothesis examined in this study was: Employee attitudes can be favorably influenced when program and policy changes are made to better meet their needs. One way to support this hypothesis was to determine if, in fact, there was a change in attitudes from Survey I to II. The next step was to support that the change in attitudes were favorable.

The first test performed was an examination of attitude differences between Survey I and Survey II. Frequency analysis pointed out that ten of the items (Table 2) produced a change of at least 12 percentage points between Survey I and Survey II. Chi-Square analysis was then used to determine whether these differences were significant or merely a matter of chance.

The second test performed was an analysis of independence between the stratum the nurse was in and the responses given. This test was performed to determine whether there was a significant difference in responses between nurses in high stress stratum versus low stress stratum. A summary of the findings follows.

Independence Between Survey I and Survey II

Chi-Square analysis indicated that the survey responses were independent of the time period in which they were taken in all but five cases at the 95 percent confidence level, i.e., it made no difference in responses whether the survey was taken in January or July of 1981, except for those five items listed in Table 3.

Please note that those five items were also listed in Table 2 as Frequency Analysis Red Flags.

TABLE 3

Chi-Square Analysis
Survey I vs. Survey II

#	Statement	$X^2_{.05}$	Observed X^2
11.	This hospital feels that I am a valuable person.	9.5	9.9
29.	My Unit Coordinator asks me for suggestions and opinions about my work.	9.5	9.6
43.	Compared to other hospitals I could work for, the working conditions are good.	9.5	11.2
47.	The heating and air conditioning are good in this hospital.	9.5	11.2
58.	It would be easy to find another job equal to, or better than this one.	9.5	11.3

*NOTE - In Table 3, the symbol X^2 stands for Chi-Square. The subscript .05 indicates which confidence level was examined (.05 = 95% confidence).

Independence Between Strata

At the 95 percent level of confidence, all but eight-item responses were independent of strata classification. Table 4 highlights this finding.

Further analysis utilizing cross tab tables highlighted where the discrepancies between strata occurred. A cross-tabulation was computed by selecting those respondents who checked agree or strongly agree to the eight items in question. A comparison among strata was undertaken and the results are reported in Table 5.

TABLE 4
Chi-Square Analysis
Strata/Response Dependence DF_{32}

#	Statement	$X^2_{.05}$	Observed X^2
18.	During my first weeks, my Unit Coordinator gave me a good explanation of hospital rules and regulations.	43.7	46.3
29.	My Unit Coordinator asks me for opinions about my work.	43.7	49.8
33.	I do not feel overworked on my job.	43.7	49.7
41.	I look forward to coming to work every day.	43.7	47.1
45.	The eating facilities in this hospital are good.	43.7	47.2
47.	The heating and air conditioning in this hospital and good.	43.7	47.6
54.	Compared to other hospitals I could work for, the pay is good.	43.7	46.0
61.	I often think of quitting my job.	43.7	50.0

*NOTE DF_{32} indicates that there were 32 degrees of freedom.

TABLE 5
Stratum/Response Breakdown
Percentage Reporting Favorable Responses

#	Statement	Stratum I ICU, NICU, ER	Stratum II 2 & 3 Surgi-cal	Stratum III Ped, NURS, OB-G, OB-L	Stratum IV 4 & 5 Medi-cal
18.	During my first few weeks, my Unit Coordinator gave me a good explanation of hospital rules and regulations.	27.7	16.7	25.0	30.5
29.	My Unit Coordinator asks me for suggestions and opinions about my work.	20.2	27.8	24.0	27.8
33.	I do not feel overworked on my job.	33.3	12.5	25.0	29.1
41.	I look forward to coming to work everyday.	27.0	13.5	32.4	27.0
45.	The eating facilities in this hospital are good.	24.1	27.5	13.8	34.4
47.	The heating and air conditioning in this hospital are good.	23.9	34.8	10.8	30.4
54.	Compared to other hospitals I could work for, the pay is good.	23.3	25.6	30.2	20.9
61.	I often think of quitting my job.	24.5	18.9	28.3	28.3

*NOTE: The percentage was computed by dividing # reported in each Stratum by Total # reported for that item. The numbers reported are those that Agreed or Strongly Agreed to the above eight items.

Demographic Analysis

In this study, the demographic analysis was divided into five sections:

1. Profile Analysis of the Typical Nurse
2. Profile Analysis of Potential Leavers
3. Comparative Analysis between Potential Leavers and Stayers
4. Multiple Regression Analysis of Job Satisfaction
5. Listing of Write-in Comments from Survey I and Survey II.

Each of these five sections will be discussed separately.

Profile of the Typical Nurse

The "typical" nurse during the administration of Survey I was a full-time employee who had worked at the hospital three years or less. During the second survey administration the typical length of service was 3-10 years. The majority (64 percent of Survey I and 78 percent of Survey II) were married with a salary contribution representing approximately 50 percent or less of the total family income. The "typical nurse" was registered and had worked as a nurse in another hospital before. Approximately 48 percent of both Survey I and Survey II respondents indicated they would seek employment in another field if they left nursing. Finally, the majority of the nurses lived within 20 minutes of the hospital. See Table 6 for a summary of this information. Profile Analysis also included a cross-tabulation of the age of the respondent and length of service at the hospital.

At this hospital, the typical nurse fell into the 46-55 age category for both Surveys I and II. As indicated earlier, the average length of service during the first survey was 3 or less years, but jumped to 3-10 years in Survey II. Table 7 summarizes these data.

TABLE 6

TYPICAL NURSE

Agreement Percentage

#	Statement	Survey I	Survey II
63.	Live within 20 minutes of the hospital.	48.6	74.7
64.	Salary represents 50% or less of family income.	57.0	58.3
65.	If left nursing, would probably seek employment in another field.	47.3	48.6
66.	Have worked at the hospital three years or less.	49.3	42.7
67.	Have worked as a nurse in another hospital.	62.5	62.9
68.	Married	64.3	77.9
69.	Full Time Employee	91.4	83.8
70.	Registered Nurse	65.4	73.1
71.	Mean Age	44.4	43.5

TABLE 7

Cross-tabulation of Age and Length of Service

Survey I

	Length of Service					
Age	Less than 1	1-3	3-5	5-10	10-15	Over 15
Under 25	0	0	1	1	0	0
26-35	1	1	1	2	0	1
36-45	3	2	2	5	3	0
46-55	5	7	6	4	2	0
Over 55	8	6	1	1	0	0

Survey II

	Length of Service					
Age	Less than 1	1-3	3-5	5-10	10-15	Over 15
Under 25	2	1	3	1	0	0
25-35	2	1	3	2	1	2
36-45	1	4	4	1	1	0
46-55	4	3	8	5	1	0
Over 55	3	7	1	1	0	0

Profile of a Potential Leaver

Analysis of the data indicated that nine cases out of 173 total stated that they intended to leave the hospital within the next six months. These nine cases represented only five percent of the total population examined (both Survey I and Survey II) and therefore were not a statistically significant proportion.

Although a group comprised of only five percent of the population was not large enough to draw any reliable or valid conclusions, a comparative analysis was performed in order to provide the hospital with information regarding this group.

Comparison of Leavers and Stayers

Comparative analysis between potential leavers and potential stayers indicated that the major frequency differences were in the following areas: Management, Unit Coordinators, Job, and Pay. Potential leavers were very dissatisfied with their pay, objected to working overtime, felt they had little opportunity for promotion, and generally distrusted management. Table 8 represents a comparative analysis of the average percentage of agreement with the statements in each of the ten sections. Again it must be emphasized that, because of small sample size, specific relationships could not be supported.

TABLE 8

Summary Comparisons between Leavers & Stayers

Percent Favorably Reported

CATEGORY		Leaver	Stayer
I	How A Job Should Be	100%	95.85%
II	How A Unit Coordinator Should Be	91.65	89.15
III	Impression of Hospital	59.3	71.87
IV	Impression of Management	21.2	45.15
V	Impression of Unit Coordinator	25.5	52.6
VI	Impression of Job	33.9	53.4
VII	Impression of Working Conditions	41.3	61.0
VIII	Impression of Employee Benefits	50.35	74.25
IX	Impression of Pay	16.65	38.7

Multiple Regression

Six multiple regressions were performed in this study utilizing a procedure known as "stepwise inclusion." This procedure instructs the computer to enter independent variables in single steps in the regression equation.[2] The independent variable that explains the greatest amount of variance in the dependent variable enters the equation first, followed by the independent variable that explains the greatest amount of variance in addition to the first variable, and so on.

In this study, the dependent variables of interest included:

X57: My performance on my job is very good.

X58: It would be easy to find another job equal to or better than this one.

X59: My job is difficult to do.

X60: I don't know what is expected of me on my job.

X61: I often think of quitting my job.

X62: I intend to leave this job within the next six months.

These variables were selected to serve as measures of over-all job satisfaction.

The independent variables studied in this research included eight demographic statements (Items 63-70) and seven summation categories adapted from the survey format. The seven categories included:

1. Hospital: Items 11-13
2. Management: Items 14-17
3. Unit Coordinator: Items 18-30
4. Job: Items 31-42
5. Working Conditions: Items 43-49
6. Employee Benefits: Items 50-53
7. Pay: Items 54-55

The preceding 44 items were merged into the categories in order to provide a general measurement of satisfaction within each of the seven groupings. The demographic items were included in the study to determine the relationship between job satisfaction and specific factors such as marital status and income contribution.

Table 9 highlights the results of the multiple regression analyses for both Survey I and Survey II. It is useful to keep in mind that the independent variable that explained the greatest amount of variance in the dependent variable appears in the first position in the table. The final R^2 reported in each of the sections represents the total amount of variance explained by the independent variables. For clarity, each of the regressions will be examined separately in the following section. This discussion was limited to the first three independent variables that entered into the equation since they explained the majority of variance in the dependent variables.

Survey I

Regression One

The first multiple regression examined the relationship between the dependent variable, Item 57, "My performance on my job is very good," and the previously mentioned independent variables. The regression equation for this relationship is as follows:

X57 = 2.75 + .23 (X64) - .34 (X70) + .35 (X63) + .38 (Management)
- .27 (Pay) + .3 (X65) - .48 (Unit Coordinator) + .16 (X67)
- .17 (X68) + .12 (X69) + .22 (Hospital)
- .15 (Working Conditions) + .05 (X66) + .11 (Job).

As noted above, the first variable to enter into the equation was Item 64, "My salary represents ___% of the family income." The positive relationship indicated that as the level of salary contribution increases, so did the level of self-reported performance. This

relationship could be explained by the increase in self-esteem that is likely to occur as the individual contributes more to the total family income.

The second independent variable that entered into the equation was Item 70, "Professional Status" (RN or LPN). The negative relationship was a function of the coding process (RN = 0; LPN = 1). It was expected that the higher the level of professional status, the higher the self-reported performance would be.

The third independent variable to enter into the equation was Item 63, "Distance from Work." Here also the relationship is positive indicating that the further away the individual lived from the hospital, the higher the self-reported performance was. The total amount of variance in the dependent variable, Item 57, as explained by the independent variables was 48 percent.

Regression Two

The second regression equation examined the relationship between Item 58, "It would be easy to find another job equal to or better than this one," and the independent variables of interest. The regression equation was:

X58 = 4.72 - .76 (Unit Coordinator) - .16 (X70) + .3 (X63)
- .22 (Pay) - .38 (Management) + .09 (X64)
- .17 (X67) + .32 (Job) - .07 (Benefits)
- .18 (Working Conditions) + .22 (Hospital) + .06 (X66)
- .08 (X68) + .05 (X65).

The first independent variable to enter into the regression equation was the satisfaction with the Unit Coordinator category (Summation of Items 18-30).

The negative relationship indicated that as satisfaction with Unit Coordinators increased, perception of job availability decreased.

The second variable to enter into the equation was Item 70, "Professional Status." The negative relationship was consistent with the belief that more qualified individuals would perceive greater job availability (remembering the coding pattern RN=0; LPN=1).

The third variable to enter in the equation was Item 63, "Distance from Work." Individuals having to travel greater distances to work perceived greater job availability. Again, this is consistent with what we would expect to find.

The total amount of variance in the dependent variable (Item 58) explained by the independent variables was 71 percent.

Regression Three

The third multiple regression examined the relationship between Item 59, "My job is difficult to do," and the previously listed independent variables. The regression equation for this relationship was:

X59 = 3.98 - 1.17 (Job) + .2 (Hospital) - .13 (X70)
- .23 (Benefits) + .38 (Management) + .33 (Working Conditions)
- .21 (X63) - .16 (X66) - .16 (X69) + .12 (X64) + .25 (Unit Coordinator) -.09 (X67) + .11 (X65) - .07 (Pay) + .09 (X68).

The first independent variable that entered into the equation was the Job category (summation of Items 31-42). It seems logical that a variable comprised of job satisfaction elements would explain the most variance in a statement dealing with job difficulty.

The second independent variable to enter into the equation was the Hospital category (summation of Items 11-13). This variable explained an additional 7 percent variance in Item 59, "My job is difficult to do." The third independent variable to enter into the equation was Item 70, "Professional Status." The equation indicates that as the level of professional status increased, so did the perception of job difficulty.

The total amount of variance in the dependent variable, Item 59, as explained by the independent variables was 54 percent.

Regression Four

The fourth multiple regression examined the relationship between Item 60, "I don't know what is expected of me on my job," and the selected independent variables. The regression equation for this relationship was:

X60 = 4.08 - .6 (Job) + .27 (X70) - .29 (Hospital) + .23 (Benefits)
- .21 (X68) - .15 (X63) + .21 (Unit Coordinator) - .10 (X67)
- .09 (Pay) + .08 (Management) - .03 (X64)
- .03 (Working Conditions).

The first independent variable to enter into the equation was the Job category (summation of Items 31-42). Once again it makes sense intuitively that a relationship would exist between overall job satisfaction and expectations on the job. In this study, the more satisfied individuals are with their jobs, the more they felt like they knew about what was expected of them.

The second independent variable to enter into the regression equation was Item 70, "Professional Status." The higher the

individuals' professional status, the more they felt like they knew what was expected of them. This variable explained an additional 10 percent of the variance in responses to Item 60.

The third variable to enter into the regression equation was the Hospital category (summation of Items 11-13). The more satisfied individuals were with the hospital, the more they felt they knew about what was expected of them.

The total amount of variance in the dependent variable, Item 60, as explained by the independent variables was 54 percent.

Regression Five

The fifth multiple regression examined the relationship between the dependent variable, Item 61, "I often think of quitting my job," and the previously mentioned independent variables. The regression equation turned out to be:

X61 = 3.41 - .42 (Management) - .3 (Pay) - .2 (X63)
+ .64 (Hospital) - .47 (Job) - .26 (Working Conditions)
- .24 (X68)+ .18 (X69) + .13 (X65) - .05 (Benefit)
+ .03 (X64) -.02 (X67).

The first independent variable to enter into the equation was the Management category (summation of Items 14-17). As would be expected, the more satisfied with management individuals were, the less they thought about quitting their jobs.

The second independent variable that entered into the regression equation was the Pay category (summation of Items 54-55). This variable explained an additional 9 percent of the variance in the dependent variable. In this Survey, the more satisfied individuals were with pay, the less they reported thinking about quitting their job.

The third independent variable that entered into the regression equation was Item 63, "Distance from Work." The further away individuals live from work, the less likely they were to consider quitting their jobs.

The total amount of variance in the dependent variable as explained by the twelve independent variables that entered into the equation was 64 percent.

Regression Six

The final multiple regression examined the relationship between the dependent variable, Item 62, "I intend to leave this job within the next six months," and the previously described independent variables. The regression equation was:

X62 = 3.54 - .51 (Job) - .16 (X68) - .26 (X66)
+ .23 (Unit Coordinator) - .09 (X63) - .25 (Pay) + .17 (X65)
- .29 (Working Conditions) - .28 (Hospital) - .16 (X64)
+ .12 (X67) - .12 (Benefits) + .08 (X70) + .04 (X69)
+ .07 (Management).

The first independent variable that entered into the regression equation was the Job category (summation of Items 31-42). Satisfaction with the job explained 15 percent of the variance in the dependent variable. In this case, those who experienced greater job satisfaction had less intention of leaving their jobs.

The second variable to enter into the regression equation was Item 68, "Marital Status." Since this item was coded incorrectly by the researcher, a relationship could not be supported. (Marital Status was coded as Single = 0, Married = 1, Divorced = 2, Widow = 3. It should have been coded: Unmarried = 0, Married = 1.)

The third variable to enter into the regression equation was Item 66, "Length of Service." The longer the length of service at the hospital, the less intention the respondent had of leaving.

The total amount of variance in the dependent variable as explained by the fifteen independent variables that entered into the equation was 41 percent.

Survey II

Regression One

The first multiple regression examined the relationship between the dependent variable, Item 57, "My performance on my job is very good," and the independent variables described earlier. The regression equation for this relationship was:

$$X57 = 1.11 - .9\,(Job) - .16\,(X67) + .26\,(X66) + .64\,(X65) + .06\,(Pay) + .57\,(X70) + .95\,(X64) + .63\,(Hospital) - 1.10\,(Management) + .81\,(Working\ Conditions) - .10\,(Benefits) + .45\,(X68) + .39\,(X69) - .41\,(X63) + .12\,(Unit\ Coordinator).$$

The first independent variable that entered into the regression equation was Job category (summation of Items 31-42). This variable explained 12 percent of the variance in the dependent variable. In this survey, the less satisfied individuals were with their jobs, the higher they tended to rate their performances.

The second variable to enter into the regression equation was Item 67, "Previous Nursing Experience." This variable explained an additional 8 percent of variance in the responses to the dependent variable. The negative relationship may have been a function of the

coding technique (Yes=0, No=1). It was expected that previous nursing experience would contribute to a higher self-reported performance.

The third independent variable to enter into the regression equation was Item 66, "Length of Hospital Service." The positive relationship indicated that individuals with the longest length of service were also the ones who perceived high self-reported performance.

The total amount of variance in the dependent variable as explained by the fifteen independent variables that entered into the equation was 68 percent.

Regression Two

The second multiple regression examined the relationship between Item 58, "It would be easy to find another job equal to or better than this one," and the previously mentioned independent variables. The regression equation for this analysis was:

$$X58 = 1.28 + .001\,(Pay) - .0005\,(X63) - .21\,(Unit\ Coordinator) + .55\,(X70) - .16\,(Benefits) - .03\,(X67) - .79\,(X64) - 1.14\,(Management) + .47\,(Hospital) + .58\,(Working\ Conditions) + .41\,(X69) + .28\,(X68) - .08\,(X66) - .12\,(Job) + .07\,(X65).$$

The first independent variable to enter into the regression equation was the Pay category (summation of Items 54-55). This variable explained 27 percent of the variance among responses to Item 58. According to the regression equation, as satisfaction with Pay increased, the perception of job availability also increased. This finding was contrary to what we would expect. The explanation was that possibly those individuals who felt like they were being compensated fairly now had increased self-esteem and were confident that they would be able to find

another job. This was not a proven relationship, but merely a possible explanation.

The second independent variable to enter into the regression equation was Item 63, "Distance to Work." This variable explained an additional 6 percent of variation in responses to the dependent variable. The equation indicated that those individuals having to travel the farthest to work perceived the least amount of job availability. This result was inconsistent with the results reported in the section dealing with Survey I. It could be that the population of nurses responding to Survey II that had to travel the furthest to work did so because they lived in remote areas with few job opportunities. Again, this was only a possible explanation offered and should not be accepted without further investigation.

The third variable that entered into the regression equation was the Unit Coordinator category (summation of Items 18-30). This variable explained an additional 7 percent of the variance in the dependent variable. As reported in Survey I, it seems logical that a individual's level of satisfaction with <u>their</u> Unit Coordinators would influence <u>their</u> perception of job availability. In this case, there is an inverse relationship between Unit Coordinator satisfaction and perception of job availability.

The total amount of variance in the dependent variable as explained by the fifteen independent variables that entered into the regression equation was 68 percent.

<u>Regression Three</u>

The third multiple regression examined the relationship between Item 59, "My job is difficult to do," and the independent variables of

interest. The regression equation for this analysis was:

X59 = 3.20 - .31 (X70) - .86 (Job) - .67 (X69) + .14 (Pay)
+ .29 (X68) + .08 (X67) + .15 (X66) - .21 (X64)
+ .20 (Management) + .22 (Unit Coordinator) + .21 (X65)
+ .04 (Hospital) + .08 (Benefits) - .09 (Working Conditions).

The first independent variable to enter into the regression equation was Item 70, "Professional Status." Reversing the sign to compensate for the coding technique (RN=0, LPN=1), the relationship indicated that as an individual's professional status increased, so did the perception of job difficulty. Intuitively, one would assume that as job responsibilities increased, perception of job difficulty would also increase.

The second variable to enter into the regression equation was the Job category (summation of Items 31-42). The equation indicated that as job satisfaction increased, the perception of job difficulty decreased.

The third independent variable to enter into the regression equation was Item 69, "Employment Status." The equation indicated that full time employees perceived more job difficulty (keeping in mind the coding system: Full Time = 0, Part Time = 1). It seemed logical that full time employees would perceive greater job difficulty because of their increased responsibility, accountability, and longer working hours.

The total amount of variation in the dependent variable as explained by the fourteen independent variables that entered into the equation was 68 percent.

Regression Four

The fourth multiple regression looked at the relationship between Item 60, "I don't know what is expected of me on my job," and the previously mentioned independent variables. The regression equation for this relationship was:

X60 = .77 - .86 (Job) + .11 (X68) + 1.06 (X64) + 1.00 (Working Conditions) + .20 (X65) + .35 (X70) - .43 (X63) + .34 (X67) - .31 (Unit Coordinator) - .08 (Benefits) + .52 (Pay) -.49 (Management) + .34 (X69) - .05 (X66).

The first independent variable to enter into the regression was Job category (summation of Items 31-42). The equation indicates that the more satisfied individuals were with their jobs, the more they felt like they knew about what was expected of them on the job.

The second variable to enter into the regression equation was Item 68, "Marital Status." Since this item was improperly coded, all that could be stated was that a relationship exists.

The third variable to enter into the equation was Item 64, "Income Contribution." The positive relationship indicated that as individuals' income contribution increased, understanding of what was expected of them on the job decreased. It was the author's contention that as income contribution increased (and with it family dependence on that individual), increased pressure resulting in uncertainty may have occurred. This was only a conjecture and not a proven relationship.

The total amount of variation in the responses for Item 60, as explained by the fourteen independent variables that entered into the regression equation, was 86 percent.

Regression Five

The fifth multiple regression examined the relationship between the dependent variable, Item 61, "I often think of quitting my job," and the previously described independent variables. The regression equation was:

$$X61 = -.323 + .27\,(Job) + .50\,(X69) - .85\,(X63) + .02\,(X68) - 1.02\,(Hospital) - .18\,(Working\ Conditions) = 1.07\,(Pay) - 1.08\,(Management) + 1.52\,(X64) + .90\,(Benefits) + .44\,(X67) + .38\,(X65) + .15\,(X70) + .14\,(Unit\ Coordinator).$$

The first independent variable to enter into the regression equation was the Job category (summation of Items 31-42). The equation indicates that as job satisfaction increased so did the intention of quitting. This finding was contrary to previous findings and could not be logically explained. Further investigation was recommended.

The second variable to enter into the regression equation was Item 69, "Employment Status." Reversing the sign to compensate for the coding technique, the equation indicated that there was a negative relationship between professional status and intention of quitting.

The third variable to enter into the regression equation was Item 63, "Distance from Work." The negative relationship indicated that as distance from work increased, intention of quitting decreased.

The total amount of variance in the dependent variable as explained by the independent variables was 83 percent.

Regression Six

The final multiple regression examined the relationship between the dependent variable, Item 62, "I intend to leave this job within the next six months," and the previously described independent variables. The

regression equation was:

X62 = 2.54 - .59 (Hospital) + 1.15 (Pay) - .06 (Working Conditions)
+ .13 (X70) - .68 (Management) - .41 (X65) + .62 (X69)
+ .27 (X67) - .31 (Unit Coordinator) + .34 (Job) + .28 (X64)
- .1 (X63) - .04 (X66).

The first independent variable to enter into the equation was the Hospital category (summation of Items 11-13). This variable explained 40 percent of the variance in the dependent variable. The equation indicated that as satisfaction with the hospital increased, intention to leave decreased.

The second variable to enter into the equation was the Pay category (summation of Items 54-55). The equation indicated that as satisfaction with pay increased, intention to leave the job also increased. Again, this relationship was contrary to what one would expect, and further investigation was recommended.

The third variable to enter into the equation was the Working Conditions category (summation of Items 43-49). An inverse relationship existed between working conditions and intention of quitting.

The independent variables explained a total variance of 78 percent in the dependent variable as indicated by the regression equation.

Several similarities were noted between the multiple regression results of Survey I and Survey II. Responses to Item 58, "It would be easy to find a job equal to, or better than this one," in both surveys were positively related to the individuals' satisfaction with <u>their</u> Unit Coordinators. In Item 59, "My job is difficult to do," responses were negatively correlated to the Job category. (As satisfaction with the job increased, perception of job difficulty decreased.) Responses in both

surveys were positively correlated with Item 70, "Professional Status." (As professional status increased so did perception of job difficulty.) The responses to Item 60, "I don't know what is expected of me on my job," were negatively correlated to the Job category in both surveys. In other words, as satisfaction with the job increased, uncertainty regarding job expectancy decreased. And finally, responses to Item 61, "I often think of quitting my job," was negatively correlated to Item 63," "Distance from Work." As distance from work increased, intention to quit decreased in both surveys.

Discrepancies between the multiple regressions for Survey I and Survey II were observed in 3 items. In the second regression examining perceptions of job availability, respondents in Survey I indicated those having to travel greater distances to work perceived greater job availability. The results in Survey II were just the opposite. After further investigation no logical explanation could be offered for this inconsistency.

The second discrepancy was in Regression Five, examining Item 61, "I often think of quitting my job." In Survey II, as job satisfaction increased, so did the respondent's intention of quitting. This was inconsistent both with the findings in Survey I and previous research. No logical explanation could be offered for this inconsistency.

The final discrepancy noted occurred in Regression Six, Item 62, "I intend to leave this job within the next six months." In Survey II, as satisfaction with pay increased, so did the intention of leaving the job. This result was inconsistent with the findings in Survey I. It could be possible that those individuals who were satisfied with their

pay were intending to leave the hospital for reasons beyond their control (spouse transfer, illness, pregnancy).

TABLE 9
Regression Analysis
Survey I

Independent	X57 Dep. Var. = My performance on my job is very good.	R	R^2
X64	My salary represents ____% of the family income.	.3972	.1578
X70	Check Appropriate RN__ LPN __	.4675	.2186
X63	Do you live ___ (Distance from work)	.4995	.2495
MGMT	Management Section	.5293	.2801
Pay	Pay Section	.5764	.3322
X65	If you left nursing, would you seek employment in another field?	.6166	.3802
Unit C	Unit Coordinator Section	.6539	.4276
X67	Have you worked as a nurse in another hospital?	.6772	.4586
X68	Marital Status	.6809	.4636
X69	Employment Status	.6841	.4680
HOSP	Hospital Section	.6864	.4712
WCON	Working Conditions	.6918	.4786
X66	How long have you worked for the hospital?	.6929	.4801
Job	Job Section	.6944	.4822

Independent	X58 Dep. Var. = It would be easy to find another job equal to or better than this one.	R	R^2
Unit C	Unit Coordinator Section	.6509	.4237
X70	Check Appropriate RN___ LPN___	.7114	.5060
X63	Do you live ___ (Distance from work)	.7524	.5661
Pay	Pay Section	.7828	.6128
MGMT	Management Section	.7963	.6341
X64	My salary represents ____% of the family income.	.8077	.6524
X67	Have you worked as a nurse in another hospital.	.8173	.6681
Job	Job Section	.8258	.6819
Ben	Benefits Section	.8309	.6905
WCON	Working Conditions Section	.8343	.6960
HOSP	Hospital Section	.8381	.7025
X66	How long have you been working for the hospital?	.8401	.7058
X68	Marital Status	.8416	.7083
X65	If you left nursing, would you seek employment in another field?	.8424	.7097

TABLE 9 (continued)
Regression Analysis
Survey I

Independent	X59 Dep. Variable = My job is difficult to do.	R	R^2
Unit C	Unit Coordinator Section	.7210	.5198
X67	Have you worked as a nurse in another hospital?	.7259	.5264
X65	If you left nursing, would you seek employment in another field?	.7287	.5310
Pay	Pay Section	.7302	.5332
X68	Marital Status	.7322	.5361
Job	Section of Job	.5544	.3074
Hosp.	Hospital Section	.6118	.3743
X70	Check Appropriate RN___ LPN___	.6429	.4133
Ben	Benefit Section	.6583	.4333
MGMT	Management Section	.6709	.4501
WCON	Working Conditions Section	.6844	.4685
X63	Do you live ___? (Distance from work)	.6984	.4877
X66	How long have you been working for the hospital?	.7051	.4923
X69	Employment Status	.7118	.5067
X64	My salary represents ___% of the family income.	.7177	.5150

Independent	X60 Dep. Variable = I don't know what is expected of me on my job.	R	R^2
Job	Job Section	.5869	.3445
X70	Check Appropriate RN___ LPN___	.6641	.4411
HOSP	Hospital Section	.6916	.4783
BEN	Benefit Section	.6999	.4899
X68	Marital Status	.7113	.5060
X63	Do you live ___? (Distance from work)	.7239	.5241
Unit C	Unit Coordinator Section	.7277	.5296
X67	Have you worked as a nurse in another hospital?	.7319	.5357
Pay	Pay Section	.7358	.5414
MGMT	Management Section	.7371	.5434
X64	My salary represents ___% of the family income.	.7373	.5436
WCON	Working Conditions Section	.7376	.5441

TABLE 9 (continued)
Regression Analysis
Survey I

Independent	X61 Dep. Variable = I often think of quitting my job.	R	R^2
MGMT	Management Section	.5676	.3222
Pay	Pay Section	.6435	.4142
X63	Do you live ___? (Distance from work)	.6728	.4527
X64	My salary represents ___% of the family income.	.8007	.6411
Hosp.	Hospital Section	.7102	.5044
Job	Job Section	.7503	.5630
Ben	Benefit Section	.8004	.6406
X67	Have you worked as a nurse in another hospital?	.8008	.6414
WCON	Working Conditions Section	.7601	.5778
X68	Marital Status	.7763	.6026
X69	Employment Status	.7930	.6289
X65	If you left nursing, would you seek employment in another field?	.7991	.6386

Independent	X62 Dep. Variable = I intend to leave this job within the next six months.	R	R^2
Job	Job Section	.3808	.1450
X68	Marital Status	.4319	.1865
X66	How long have you been working for this hospital?	.4711	.2219
Unit C	Unit Coordinator Section	.5164	.2667
X63	Do you live ___? (Distance from work)	.5488	.3011
Pay	Pay Section	.5748	.3303
X65	If you left nursing, would you seek employment in another field?	.5836	.3406
W Con	Working Conditions	.5921	.3506
Hosp.	Hospital Section	.6122	.3747
X64	My salary represents ___% of the family income.	.6264	.3924
X67	Have you worked as a nurse in another hospital?	.6323	.3998
Ben	Benefit Section	.6349	.4031
X70	Check Appropriate RN___ LPN___	.6368	.4055
X69	Employment Status	.6386	.4078
MGMT	Management Section	.6395	.4089

TABLE 9
Regression Analysis
Survey II

Independent	X57 Dep. Variable = My performance on my job is very good.	R	R^2
Job	Job Section	.3523	.1241
X67	Have you worked as a nurse in another hospital?	.4435	.1967
X66	How long have you worked for the hospital?	.5209	.2713
X65	If you left your nursing career, would you seek employment in another field?	.5529	.3057
Pay	Pay Section	.6025	.3630
X70	Check Appropriate RN___ LPN___	.6361	.4047
X64	My salary represents ___% of the family income.	.6872	.4722
Hosp.	Hospital Section	.6995	.4894
MGMT	Management Section	.7182	.5159
W CON	Working Conditions	.7363	.5422
Ben	Benefit Section	.7773	.6043
X68	Marital Status	.8085	.6536
X69	Employment Status	.8137	.6621
X63	Do you live ___? (Distance from work)	.8241	.6791
Unit C	Unit Coordinator Section	.8263	.6828

Independent	X58 Dep. Variable = It would be easy to find a job equal to or better than this one.	R	R^2
Pay	Pay Section	.5221	.2726
X63	Do you live ___? (Distance from Work)	.5769	.3329
Unit	Unit Coordinator Section	.6399	.4095
X70	Check Appropriate RN___ LPN___	.6880	.4733
Ben	Benefits Section	.7066	.4993
X67	Have you worked as a nurse in another hospital?	.7184	.5161
X64	My salary represents ___% of the family income.	.7331	.5375
MGMT	Management Section	.7527	.5666
Hosp	Hospital Section	.7706	.5938
W CON	Working Conditions Section	.7867	.6190
X69	Employment Status	.8074	.6520
X68	Marital Status	.8197	.6719
X66	How long have you worked for the hospital?	.8226	.6767
Job	Job Section	.8240	.6790
X65	If you left your nursing career, would you seek employment in another field?	.8246	.6801

TABLE 9 (continued)
Regression Analysis
Survey II

Independent	X59 Dep. Variable = My job is difficult to do.	R	R^2
X70	Check Appropriate RN___ LPN___	.4793	.2298
Job	Job Section	.5928	.3514
X69	Employment Status	.6795	.4617
Pay	Pay Section	.7658	.5864
X68	Marital Status	.7808	.6097
X67	Have you worked as a nurse in another hospital?	.7923	.6278
X66	How long have you worked for the hospital?	.8010	.6416
X64	My salary represents ___% of the family income.	.8090	.6545
MGMT	Management Section	.8143	.6630
Unit C	Unit Coordinator Section	.8186	.6701
X65	If you left your nursing career, would you seek employment in another field?	.8236	.6783
Hosp.	Hospital Section	.8252	.6810
Ben	Benefit Section	.8257	.6818
W CON	Working Conditions	.8265	.6832
Independent	X60 Dep. Variable = I don't know what is expected of me on my job.	R	R^2
Job	Job Section	.5863	.3437
X68	Marital Status	.6823	.4655
X64	My salary represents ___% of the family income.	.7341	.5390
W CON	Working Conditions Section	.8007	.6411
X65	If you left your nursing career, would you seek employment in another field?	.8241	.6791
X70	Check Appropriate RN___ LPN___	.8429	.7105
X63	Do you live ____? (Distance from work)	.8712	.7590
X67	Have you worked as a nurse in another hospital?	.8836	.7808
Unit C	Unit Coordinator Section	.8952	.8014
Ben	Benefit Section	.9031	.8156
Pay	Pay Section	.9117	.8312
MGMT	Management Section	.9137	.8348
X69	Employment Status	.9245	.8548
X66	How long have you worked for this hospital?	.9255	.8566

TABLE 9 (continued)
Regression Analysis
Survey II

Independent	X61 Dep. Variable = I often think of quitting my job.	R	R^2
Job	Job Section	.5936	.3524
X69	Employment Status	.6897	.4757
X63	Do you live _____? (Distance from work)	.7209	.5198
X68	Marital Status	.7420	.5507
Hosp	Hospital Section	.7824	.6121
W CON	Working Conditions Section	.7958	.6333
Pay	Pay Section	.8076	.6522
MGMT	Management Section	.8142	.6630
X64	My salary represents ___% of the family income.	.8284	.6863
Ben	Benefit Section	.8467	.7170
X67	Have you worked as a nurse in another hospital?	.8876	.7879
X65	If you left your nursing career, would you seek employment in another field?	.9016	.8130
X70	Check Appropriate RN___ LPN___	.9074	.8234
Unit C	Unit Coordinator Section	.9098	.8277
X66	How long have you been working at the hospital?	.9121	.8320

Independent	X62 Dep. Variable = I intend to leave this job within the next 6 months.	R	R^2
Hosp	Hospital Section	.6290	.3956
Pay	Pay Section	.7463	.5570
W Con	Working Conditions Section	.7978	.6364
X70	Check Appropriate RN___ LPN___	.8134	.6617
MGMT	Managment Section	.8246	.6800
X65	If you left your nursing career, would you seek employment in another field?	.8329	.6938
X69	Employment Status	.8497	.7220
X67	Have you worked as a nurse in another field?	.8329	.6938
Unit C	Unit Coordinator Section	.8621	.7433
Job	Job Section	.8753	.7663
X64	My salary represents ___% of the family income.	.8811	.7764
X63	Do you live ____? (Distance from work)	.8828	.7794
X66	How long have you been working for the hospital?	.8834	.7805

Correlation Coefficients were determined as part of the regression analysis problem. The coefficients indicate the degree in which a change in one variable was influenced by a variation in another. When interpreting correlations it is helpful to remember that r=0 signifies no correlation and r=1 signifies a perfect correlation. This information was helpful in determining the strength of relationships between variables. Table 10 summarizes the correlation relationships for Survey I and Survey II, using .4 as the lower limit of inclusion. (In behavioral research, a correlation of .4 is frequently accepted as the lower limit of inclusion.)

TABLE 10

Correlation Coefficients

Survey I

r		
.58	It would be easy to find another job equal to or better than this one.	(X58)
	Hospital Section.	
.50	It would be easy to find another job equal to or better than this one.	(X58)
	Management Section	
.65	It would be easy to find another job equal to or better than this one.	(X58)
	Unit Coordinator Section	
.56	It would be easy to find another job equal to or better than this one.	(X58)
	Job Section	
.44	It would be easy to find another job equal to or better than this one.	(X58)
	Working Condition Section	
.41	It would be easy to find another job equal to or better than this one.	(X58)
	Benefit Section	
.55	My job is difficult to do.	(X59)
	Job Section	
.47	I don't know what is expected of me on my job.	(X60)

	job.	(X60)
	Unit Coordinator Section	
.58	I don't know what is expected of me on my job.	(X60)
	Job Section	
.61	I often think of quitting my job.	(X61)
	I intend to leave this job within six months.	(X62)
.56	I often think of quitting my job.	(X61)
	Management Section	
.49	I often think of quitting my job.	(X61)
	Job Section	
.44	I often think of quitting my job.	(X61)
	Pay Section	
.43	Have you worked as a nurse in another hospital?	(X67)
	Marital Status	(X68)
.40	Marital Status	(X68)
	Benefit Section	
.56	Hospital Section	
	Management Section	

TABLE 10 (continued)

Correlation Coefficients

Survey I

r	
.80	Hospital Section Management Section
.67	Hospital Section Job Section
.61	Hospital Section Working Conditions Section
.47	Hospital Section Benefits Section
.73	Management Section Job Section
.47	Management Section Benefits Section
.68	Unit Coordinator Section Job Section
.43	Benefit Section Unit Coordinator
.41	Job Working Conditions
.49	Job Benefits

TABLE 10

Correlation Coefficients

Survey II

r		
.42	My performance on my job is very good.	(X57)
	It would be easy to find another job equal to or better than this one.	(X58)
.41	It would be easy to find another job equal to or better than this one.	(X58)
	I often think of quitting my job.	(X61)
.40	It would be easy to find another job equal to or better than this one.	(X58)
	If you left your nursing career, would you seek employment in another field.	(X65)
.49	It would be easy to find another job equal to or better than this one.	(X58)
	Management Section	
.44	It would be easy to find another job equal to or better than this one.	(X58)
	Management Section	
.47	It would be easy to find another job equal to or better than this one.	(X58)
	Working Conditions Section	
.52	It would be easy to find another job equal to or better than this one.	(X58)
	Pay Section	
.47	My job is difficult to do.	(X59)
	Check Appropriate RN LPN	(X60)

.53	I don't know what is expected of me on my job.	(X60)
	I often think of quitting my job.	(X61)
.46	I don't know what is expected of me on my job.	(X60)
	Marital Status	(X68)
.41	I don't know what is expected of me on my job.	(X60)
	Marital Status	(X68)
.58	I don't know what is expected of me on my job.	(X60)
	Job Section	
.50	I often think of quitting my job.	(X61)
	Hospital Section	
.59	I often think of quitting my job.	(X61)
	Management Section	
.42	I often think of quitting my job.	(X61)
	Working Conditions	
.62	I intend to leave this job within the next six months.	(X62)
	Hospital Section	
.42	I intend to leave this job within the next six months.	(X62)
	Management Section	

TABLE 10 (continued)
Correlation Coefficients
Survey II

r		
.46	Do you live _____? (Distance from work) Unit Coordinator Section	(X63)
.60	My salary represents ___% of the family income. If you left your nursing career, would you seek employment in another field?	(X64) (X65)
.52	If you left your nursing career, would you seek employment in another field? Employment Status	(X65) (X69)
.43	If you left your nursing career, would you seek employment in another field? Working Conditions Section	(X65)
.57	If you left your nursing, would you seek employment in another field? Pay Section	(X65)
.42	How long have you been at the hospital? Hospital Section	(X66)
.70	My salary represents ___% of the family income. Employment Status	(X64) (X69)
.77	Hospital Section Management Section	
.57	Hospital Section Job Section	
.48	Hospital Section Benefits Section	
.60	Management Section Unit Coordinator Section	
.69	Management Section Job Section	
.67	Management Section Working Conditions Section	
.44	Management Section Benefits Section	
.61	Management Section Pay Section	
.58	Unit Coordinator Section Working Conditions	
.66	Unit Coordinator Section Working Conditions	
.57	Unit Coordinator Section Pay Section	
.59	Job Section Working Conditions	
.56	Working Conditions Benefits Section	
.62	Working Conditions Pay Section	

Write-In Comments

The last section of the survey included space to be used for write-in comments. During the survey administration, the nurses were encouraged to write down any additional comments they might have had. Approximately 40 percent of the nurses did use the space and their summarized comments appear in Table 11.

TABLE 11
Write-in Comments
Survey I

The morale in this hospital is good as far as friendliness is concerned. The morale is bad when it comes to pay and the work we do. Lack of pay rewards will result in lack of interest and a decline in morale.

Understaffing in certain areas and pulling of staff on floors is causing frustration.

- Much pressure put on supervisors by management.
- Existing units should be in good repair before further expansion is undertaken (ex. stopped-up sinks).
- Supply costs seem too high ($4.00 for a small tube of vaseline).
- Compromising on the part of management causes frustration and fear. (Allowing aides to give medicines, etc.)
- Disorganization.
- Poor quality of food; set-up of cafeteria is poor (ex. garbage placed at entrance.)
- Improvement needed for on-job teaching.
- Need humidifiers!
- Too heavy a work load.
- Need to have more recognition from Administration.
- I would like to see a parking lot set aside for employees, with entrance only by ID.
- Weekends are poorly staffed.
- Morale low due to poor leadership - reorganization is needed.
- I love the hospital and all it stands for.
- Poor arrangement for calling in sick.
- Understaffed.
- Feel that nursing department has more support since new Director of Nursing has arrived.
- Competitive hospitals in area pay better.
- Employees are close and work well together.

TABLE 11
Write-in Comments
Survey II

- Doctors in this hospital are basically nice.
- The pay we are getting isn't enough.
- Not enough recognition for work well done.
- Often nurses are asked to do things above and beyond the call of duty.
- This is a nice place to work.
- Not enough time to perform tasks.
- Too many chiefs and not enough Indians.
- Filling these surveys out are a waste of time.
- This is a good hospital to work for.
- There is too much bickering and jealousy among nurses.
- Very unhappy with Unit Coordinator.
- Inequitable Salaries.
- 11-7 shifts spread too thin.
- Feel like salaries should be higher in Critical Care Units.
- Understaffing is a Big Problem.
- Nursing Administration is Primary Problem.
- Improvements in staffing are needed.
- Hospital Cafeteria is extremely poor.
- This hospital is good.
- Comparatively, salaries are poor.
- Need new elevators.
- I love my work and the hospital.
- Heating and Air Conditioning needs improvement.

TABLE 11 (continued)
Write-In Comments
Survey II

- I enjoy working here.
- A lot of promises made with no intentions of keeping them.
- Would like better understanding of pay scale.
- Inadequate salaries.
- Poor staffing.
- Need cost of living raise.
- Bad staffing.
- Evaluations and raises are often several months late with any evaluation.
- Central Supply runs out of necessary articles frequently.

FOOTNOTES

[1]Dr. Robert Goddard, III, refers to these benchmarks in his research report to Cokers Builders, Inc., p. 5.

[2]Norman H. Nie, et al, Statistical Package For The Social Sciences, 2nd ed. (New York, 1975), p. 345.

CHAPTER FIVE

CONCLUSIONS

When analyzing data that has been collected without the benefit of a control group, it is important to remember that cause and effect relationships can not be formulated. It was that basic truism that provided the guidelines for data interpretation in this chapter. While direct relationships could not be supported, general assumptions were made about the status of overall satisfaction at the hospital.

This chapter has been divided into four major sections, including Frequency Interpretation, Chi-Square Interpretation, Demographic Interpretation, and General Conclusions. Although each of the analyses are important, conclusions are based on the accumulation of results from all the sections.

Frequency Interpretation

In general, the major areas of dissatisfaction evolved from management, job, and pay. The nurses indicated that management was not totally honest when dealing with them and, in general, was unconcerned about their wants and needs. The nurses also expressed dissatisfaction with their promotional opportunities and pay levels. Also major dissatisfaction was expressed concerning the hospital's eating facilities and environmental control systems.

Looking realistically at the nursing profession as a whole, promotional opportunities and pay levels are poor. Without further analysis it is impossible to know whether or not promotional opportunities

and pay are worse at this hospital when compared to others. Further investigation into the heating and air conditioning problem is recommended. As noted in Table 1, there was more dissatisfaction expressed concerning Item 47 (The heating and air conditioning in this hospital are good) during the summer months. More investigation may help determine that the heating system in the hospital was adequate, but the air conditioning was poor. After observing the conditions in the hospital cafeteria for over two months, it is the author's contention that the eating facilities are poor. Food selection tended to be sparse and overcrowding was always a problem during the lunch period. A recommendation was made to the hospital to set up separate eating times for employees and visitors to alleviate the crowding problem.

Several recommendations were made to the Hospital Administrator and Assistant Administrator concerning the nurses's level of dissatisfaction with management. One specific recommendation was to have the Administrator and Assistant Administrator spend more time on the units, especially during the 3rd shift. Personal interviews with the nurses revealed that often when they did not see members of management on a consistent basis, they concluded that the hospital management did not care about them.

Specific variations in attitudes from Survey I to Survey II were of special interest in this study. Table 2 in Chapter Four highlighted items in which the changes in percentages varied by more than twelve points.

In all but two cases, levels of satisfaction appeared to decrease in Survey II as compared to the results recorded in Survey I. Before analyzing these changes, background information is necessary.

A month before Survey I was administered, a substantial pay increase was given to the entire nursing staff. This recent increase may have produced a "halo effect" in the responses to Survey I. Therefore, it may be possible that the level of satisfaction at the time of Survey I was unusually high, thus inflating the base of comparison for Survey II.

Several factors may have also influenced the responses during the administration of Survey II. Administration of Survey II occurred during the Fourth of July weekend. Because of the increased number of outdoor activities, and thus accidents, hospitals as a rule are extremely busy during this time. This may have had a negative effect on the nurse's immediate level of job satisfaction.

Two weeks before the administration of Survey II, a new job performance appraisal system was implemented. Since merit increases and promotions were attached to this appraisal, the nurses expressed a great deal of concern and confusion over the system. This also may have negatively affected the survey responses.

And finally, the feedback process after the first survey was less than adequate. Since many of the lower level nurses never received the results of the first survey, their attitude towards having to complete a second survey was less than favorable.

While knowledge of the situations surrounding the administration of the surveys was helpful, it did not provide the answer to the question, "Why did the majority of satisfaction levels decrease in Survey II?" These results were the opposite of what the Hospital Administration expected. It could be that conditions at the hospital actually got worse instead of better since the administration of the first survey.

Further analysis into the conditions at the hospital were recommended along with administration of a third survey.

Chi-Square Interpretation

Results from the first Chi-Square test indicated that, except for five items, the responses given in the Survey were independent of the time period. The interpretation from this was that respondents' attitudes were approximately the same in Survey I and Survey II except in five cases. This evidence does not support the hypothesis that employee opinions and attitudes can be favorably influenced when programs are implemented to better meet their needs.

It is interesting to note that the five exceptions to independence are also in Table 2 of "Red Flags." This supports the assumption that levels of reported satisfaction were lower in Survey II.

The second Chi-Square test resulted in independence for strata responses at the 95 percent confidence level except in eight cases. Further analysis indicates that the hypothesis that High Stress Units have lower levels of job satisfaction can not be accepted. The differences found among stratas was fairly evenly distributed with variations appearing to be a function of the item. Out of the four, Strata II, which included 2nd and 3rd floor Surgical Units, had the highest level of dissatisfaction. Further analysis was recommended to examine this occurrence.

Demographic Interpretation

Analysis of the data indicated that the typical nurse working for the hospital was a full-time, married employee with a salary contribution of 50 percent or less. The typical nurse during January of 1981 had worked for the hospital three years or less. The average

length of service during the second survey administration was between 3-10 years. These data was summarized in Table 5.

Further analysis of the data indicated that only 5 percent of the total population of nurses could be classified as "Potential Leavers." This group was not studied extensively because of its small size. Comparative analysis was performed between potential leavers and stayers in order to provide the hospital with some basic information. Findings, which are summarized in Table 7 in Chapter Four, indicated that as a group, potential leavers are more dissatisfied with management, Unit Coordinators and pay. These findings were expected.

The Correlation Coefficients determined as part of the Regression Analysis were reported in Table 10. As previously stated, correlation coefficients indicate the degree in which a change in one variable is influenced by a variation in another. Survey I produced 27 correlations and Survey II produced 41 correlations that were acceptable at the .4 level.

The cumulative results from all the analyses uncovered the following relationships:

Position - Self-reported performance was higher among RNs than LPNs. RNs perceived greater job availability than LPNs but also indicated a higher level of perceived job difficulty. The RNs indicated less intention of quitting their job than LPNs.

Length of Service - Individuals that had been with the hospital longer reported higher performance levels and perceived a higher level of job availability. The longer individuals were on the job the less difficult they perceived their jobs to be.

Unit - Below average scores on several satisfaction items occurred in surgical units.

Intention to Quit - As would be expected, as satisfaction with management, the hospital, and working conditions increased, intentions of quitting decreased.

The last section of the survey provided space for write-in comments. These comments are reported in Table 11. Although several of the comments were very positive, the majority of them reinforced concerns raised in the survey. Areas of concern that were not directly mentioned in the body of the survey included: high supply costs, compromising disorganization, parking lot facilities, understaffing, and poor elevators. One specific area that needed further investigation was the staffing problem.

General Conclusions

This study was designed to test the following hypothesis:

Employee attitudes can be favorably influenced when programs and policies are implemented to better meet their needs.

Results from Survey I (pre-test) and Survey II (post-test) indicate that the above hypothesis can not be accepted. In fact, the findings indicate that employee attitudes recorded by Survey II were actually worse than at the time of Survey I.

CHAPTER SIX

SUMMARY

This study dealt with a 220-bed hospital located in Southeastern United States. In January 1981 this hospital had eight budgeted vacancies and requested help in improving their retention rate. The consensus was that administration of an employee attitude survey would provide management with valuable information regarding the nurses' perceptions of their job, working environment, and managerial policies.

Two employee attitude surveys were administered at the hospital, the first on January 7, 1981 and the second on July 3, 1981. After the first survey (or pre-test) several changes took place within the hospital, including:

1. A Clinical Ladder Promotion Plan
2. An Objective-based Performance Evaluation System
3. A Strengthening of the Nursing Advisory Council
4. Special Appreciation Dinners
5. New Organizational Structure
6. Review of Staffing and Scheduling Procedures

The second survey (or post-test) in July was administered to monitor any differences in nurses' attitudes since the changes had taken place. This type of design represented the classical pre-test, post-test type of research, without a control group.

The following hypothesis was examined in this study:

Employee attitudes can be favorably influenced when program and policy changes are made to better meet their needs.

Data analysis used to test the hypothesis consisted of frequency analysis, Chi-Square testing for independence, multiple regression, and demographic analyses of the "typical" nurse, the potential leaver, and the potential stayer.

This study was not intended to investigate every facet of the problem, but rather to examine the needs and concerns of this one hospital. Although this study focused on one hospital, the information gained would be applicable to other hospitals facing similar problems.

The results of the adjusted frequency analysis indicated that the nurses were dissatisfied with management, job feedback, promotional opportunities, pay, and the hospital's eating facilities. The nurses were satisfied with their employee benefits, unit coordinators, and the hospital's reputation. Substantial changes in attitudes since the time of the first survey were noted in ten items. Generally, these changes represented a decrease in satisfaction.

Chi-Square analysis indicated that, at the 95 percent confidence level, there was independence between responses given and the time period the survey was taken except in five cases. This did not provide enough evidence to prove that attitudes were significantly different at the time of the second survey as compared to the first.

Examination of stratum classification and responses given indicated that at the 95 percent confidence level, responses given were in no way dependent on the stratum the nurse was in. Further analysis utilizing cross-tabulation indicated that it could not be proven that nurses in high stress units had lower levels of job satisfaction.

The multiple regression analyses reinforced the importance of satisfaction with management, working conditions, the hospital and the job in the eyes of the Hospital Administrator.

While the results of the study did not support the research hypothesis, they did provide the hospital with several benefits. The results of the survey increased the hospital's body of knowledge concerning its nursing staff. Better upward communication was obtained and several potential trouble spots within the organization were identified.

A follow-up interview with the Assistant Administrator revealed that the eight budgeted nursing positions had been filled since the time of the first survey administration. The Assistant Administrator felt that the survey results proved to be very helpful in planning future policies concerning the nursing staff. At the Assistant Administrator's request, a third survey administration is being planned.

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APPENDIX A

Hospital Survey

HOSPITAL SURVEY

This follow-up survey is part of a study designed in cooperation with the Hospital to learn what you think about your job. If this study is to be helpful to you and your hospital, it is important that you answer each question as honestly as possible. This is not a test, and there are no right or wrong answers. We want your honest opinion.

Answer all questions in Section I and II by checking (✓) the appropriate space after each question.

Section I

The first part of this survey asks for your impression of how things should be.

A. For the following questions, give your impression of how a JOB should be:

1. A job should have high security.

strongly disagree	disagree	don't know	agree	strongly agree

2. An individual should have a good chance for promotion.

strongly disagree	disagree	don't know	agree	strongly agree

3. A job should allow a person to do a number of different things.

strongly disagree	disagree	don't know	agree	strongly agree

4. A job should allow a person to make decisions about his/her work.

strongly disagree	disagree	don't know	agree	strongly agree

5. People should always do what they are responsible for on their job.

strongly disagree	disagree	don't know	agree	strongly agree

6. People should look forward to coming to work every day.

strongly disagree	disagree	don't know	agree	strongly agree

B. For the following questions, give your impression of how a Unit Coordinator should be:

7. A Unit Coordinator should always let employees know how they are doing on their job.

strongly disagree	disagree	don't know	agree	strongly agree

8. A Unit Coordinator should check up on employees often.

strongly disagree	disagree	don't know	agree	strongly agree

9. A Unit Coordinator should tell employees when they have done a good job.

strongly disagree	disagree	don't know	agree	strongly agree

10. A Unit Coordinator should tell employees when they have don a good job.

strongly disagree	disagree	don't know	agree	strongly agree

Section II

The second part of this survey asks for your impression of how things are now.

C. For the following questions, give YOUR IMPRESSION OF THIS HOSPITAL:

11. This hospital feels that I am a valuable person.

strongly disagree	disagree	don't know	agree	strongly agree

12. This hospital has a good reputation in this community.

strongly disagree	disagree	don't know	agree	strongly agree

13. I am proud to tell people I work for this hospital.

strongly disagree	disagree	don't know	agree	strongly agree

D. For the following questions, give your impression of the Management of this hospital (Administrator, Assistant Administrators & Directors of Nursing).

14. Management is concerned about the needs of employees.

strongly disagree	disagree	don't know	agree	strongly agree

15. Management is honest in dealing with employees.

strongly disagree	disagree	don't know	agree	strongly agree

16. Management is constantly trying to improve things for employees.

strongly disagree	disagree	don't know	agree	strongly agree

17. People in management are available if I want to talk to them.

strongly disagree	disagree	don't know	agree	strongly agree

E. For the following questions, give your impression of YOUR UNIT COORDINATOR.

18. During my first few weeks with the hospital, my Unit Coordinator gave me a good explanation of hospital rules and regulations.

strongly disagree	disagree	don't know	agree	strongly agree

19. My Unit Coordinator can usually answer any questions I have about hospital policies or methods.

strongly disagree	disagree	don't know	agree	strongly agree

20. My Unit Coordinator can usually answer any questions I have about getting my job done.

strongly disagree	disagree	don't know	agree	strongly agree

21. I can depend on my Unit Coordinator to help me when I have a problem or complaint.

strongly disagree	disagree	don't know	agree	strongly agree

22. My Unit Coordinator is someone I can talk to easily.

strongly disagree	disagree	don't know	agree	strongly agree

23. When my Unit Coordinator tells me something, I know I can believe her.

strongly disagree	disagree	don't know	agree	strongly agree

24. My Unit Coordinator always lets me know how I am doing on my job.

strongly disagree	disagree	don't know	agree	strongly agree

25. My Unit Coordinator is always fair when it comes to enforcing the rules.

strongly disagree	disagree	don't know	agree	strongly agree

26. My Unit Coordinator checks up on me too often.

strongly disagree	disagree	don't know	agree	strongly agree

27. My Unit Coordinator tells me when I have done a good job.

strongly disagree	disagree	don't know	agree	strongly agree

28. My Unit Coordinator makes it clear how I should do my work.

strongly disagree	disagree	don't know	agree	strongly agree

29. My Unit Coordinator asks me for suggestions and opinions about my work.

strongly disagree	disagree	don't know	agree	strongly agree

30. My Unit Coordinator always knows if my work is good or bad.

strongly disagree	disagree	don't know	agree	strongly agree

F. For the following questions, give your impression of YOUR JOB.

31. My job has high job security.

strongly disagree	disagree	don't know	agree	strongly agree

32. My job has a good chance for promotion.

strongly disagree	disagree	don't know	agree	strongly agree

33. I do not feel overworked on my job.

strongly disagree	disagree	don't know	agree	strongly agree

34. I always know what I am responsible for on my job.

strongly disagree	disagree	don't know	agree	strongly agree

35. My job allows me to do a number of different things.

strongly disagree	disagree	don't know	agree	strongly agree

36. My job allows me to make decisions about my work.

strongly disagree	disagree	don't know	agree	strongly agree

37. I get rewarded when I do my job well.

strongly disagree	disagree	don't know	agree	strongly agree

38. I feel I really know how to do all parts of my job.

strongly disagree	disagree	don't know	agree	strongly agree

39. It is not too difficult to keep up with the work on my job.

strongly disagree	disagree	don't know	agree	strongly agree

40. I do not get bored on my job.

strongly disagree	disagree	don't know	agree	strongly agree

41. I look forward to coming to work every day.

strongly disagree	disagree	don't know	agree	strongly agree

42. I do not mind having to work overtime.

strongly disagree	disagree	don't know	agree	strongly agree

G. For the following questions, give your impression of YOUR WORKING CONDITIONS:

43. Compared to other hospitals I could work for, the working conditions here are good.

strongly disagree	disagree	don't know	agree	strongly agree

44. The parking facilities at this hospital are good.

strongly disagree	disagree	don't know	agree	strongly agree

45. The eating facilities in this hospital are good.

strongly disagree	disagree	don't know	agree	strongly agree

46. The rest rooms in this hospital are good.

strongly disagree	disagree	don't know	agree	strongly agree

47. The heating and air conditioning in this hospital are good.

strongly disagree	disagree	don't know	agree	strongly agree

48. I have the proper equipment to do my job.

strongly disagree	disagree	don't know	agree	strongly agree

49. During my first few weeks with the hospital my Unit Coordinator gave me a good explanation of policies and procedures.

strongly disagree	disagree	don't know	agree	strongly agree

H. For the following questions, give your impression of YOUR EMPLOYEE BENEFITS:

50. When I first came with this hospital I was given a good explanation of my employee benefits.

strongly disagree	disagree	don't know	agree	strongly agree

51. Compared to other hospitals I could work for, my benefits here are good.

strongly disagree	disagree	don't know	agree	strongly agree

52. I have a good knowledge of my employee benefits.

strongly disagree	disagree	don't know	agree	strongly agree

53. If I have any questions about my benefits, I can get an answer from my Unit Coordinator or someone in management.

strongly disagree	disagree	don't know	agree	strongly agree

I. For the following questions, give your impression of YOUR PAY:

54. Compared to other hospitals I could work for, my pay is good.

strongly disagree	disagree	don't know	agree	strongly agree

55. My pay is fair for the kind of work I do.

strongly disagree	disagree	don't know	agree	strongly agree

J. The following questions relate to HOW YOU FEEL ABOUT YOUR JOB:

56. I do not have enough time to do what is expected of me on my job.

strongly disagree	disagree	don't know	agree	strongly agree

57. My performance on my job is very good.

strongly disagree	disagree	don't know	agree	strongly agree

58. It would be easy to find another job equal to, or better than, this one.

strongly disagree	disagree	don't know	agree	strongly agree

59. My job is difficult to do.

strongly disagree	disagree	don't know	agree	strongly agree

60. I don't know what is expected of me on my job.

strongly disagree	disagree	don't know	agree	strongly agree

61. I often think of quitting my job.

strongly disagree	disagree	don't know	agree	strongly agree

62. I intend to leave this job within the next six months.

strongly disagree	disagree	don't know	agree	strongly agree

Section III

In this section, place a check (✓) by the most appropriate answers.

63. Do you live in (please check one):
( ) Within 10 minutes of hospital?
( ) Within 20 minutes of hospital?
( ) Within 30 minutes of hospital?
( ) Over 45 minutes from the hospital?

64. My salary represents ____% of the family income.
( ) Less than 25%
( ) 25-50%
( ) About 50%
( ) 75-99%
( ) 100%

65. If you left your nursing career, would you seek employment in another field?
    ( ) Yes
    ( ) Probably
    ( ) Don't Know
    ( ) Probably Not
    ( ) Definitely Not

66. How long have your worked for this hospital?
    ( ) Less than one year
    ( ) 1-3 years
    ( ) 3-5 years
    ( ) 5-10 years
    ( ) 10-15 years
    ( ) Over 15 years

67. Have you worked as a nurse in another hospital?
    ( ) Yes
    ( ) No

68. Marital Status:
    ( ) Single
    ( ) Married
    ( ) Divorced
    ( ) Widowed

    Birthdate (year only) 19___

69. Employment Status:
    ( ) Full time
    ( ) Part time

70. Check appropriate block:
    ( ) Registered Nurse
    ( ) Licensed Practical Nurse

Additional Comments Are Welcome:

_____
_____
_____
_____
_____

APPENDIX B

APPENDIX B

MEMORANDUM

To: All Registered Nurses and Licensed Practical Nurses

Date: July 8, 1981

From: _____
Assistant Administrator

In order to provide quality patient care at [the hospital], we must have an adequate number of qualified personnel. Therefore, nurse recruitment and retainment [sic] are of utmost importance to Nursing Administration. We are extremely interested in creating an environment that will assist you in achieving excellence in patient care.

In January of this year, a survey was distributed to all nursing personnel in order to pinpoint areas in which Nursing Administration could improve your working environment. The data collected from that survey has proven to be very helpful in assisting Administration to better meet your needs. In an effort to keep in touch with nursing personnel, a follow-up survey will be administered by JoAnn Herrman. Your cooperation and assistance are necessary if we are to obtain a valid survey. Names of participants are not required. The information obtained in this survey will be evaluated by JoAnn Herrman, a graduate student from ASU, and recommendations will be reported to Nursing Administration.

Ms. Herrman will pick up the completed survey from each nursing station. In order for the information to be tabulated, we must have the survey completed no later than Wednesday, July 15, 1981.

Your candid responses are essential and appreciated.

WCG:sl

APPENDIX C

APPENDIX C

A. Job Specific Recommendations:

1. Management should communicate sincere interest in employee welfare.

2. Management should allow nurses more meaningful input into decision making aspects of job.

3. Management should investigate nurse's complaints in the following areas:

   A. Overtime

   B. Overwork

   C. Inadequate Training

   D. Performance-to-reward contigencies

4. Management should consider alternatives:

   A. Longer shifts - fewer days

   B. Short shifts - full week

   C. Nurse crisis teams

   D. Part-timers

   E. Invest more in training

   F. Link rewards to performance

   G. Direct supervisor relationships

5. Management should actively solicit and reward suggestions.

6. Management should consider improving parking and eating facilities.

   A. Parking lot for employees with admission by ID.

   B. Removal of garbage from entrance to cafeteria.

7. Management should gradually increase pay (based on performance and seniority) to levels above other area hospitals.

8. Other suggestions:

   A. Discuss results of study with supervisors.

   B. Set up joint problem solving sessions aimed at eliminating problems and increasing job satisfaction.

   C. Consider a supervisory training program.

   D. Assign day work on basis of seniority.

   E. Develop flexible benefit package tailored to meet individual needs.

VITA

JoAnn Margaret Yates was born in Rockville Center, New York, on February 16, 1958. She attended St. Rose of Lima elementary school in Massapequa, Long Island, and then went on to attend Commack High School, in Commack, Long Island. After moving to North Carolina, she completed her Junior year at West High School in Hendersonville, North Carolina. Yates was then accepted into the Advanced Placement Program at Appalachian State University, Boone, North Carolina.

She majored in Nutrition at Appalachian State University and received her Bachelor's degree in the Spring of 1980. Yates then began work on her Master's degree in Business Administration, concentrating in Health Care. This degree was awarded in the Fall of 1983.

The author's parents are Mr. and Mrs. John Herrman of Flat Rock, North Carolina. She is married to Bryan David Yates of Boone, North Carolina.