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## RECRUITING AND RETAINING ARMY NURSES: AN ANNOTATED BIBLIOGRAPHY

Benjamin J. Roberts  
and  
Kathryn M. Kocher

December 1988

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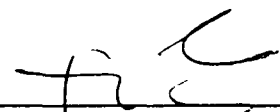
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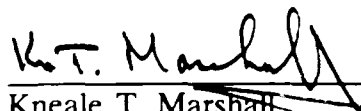
  
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**RECRUITING AND RETAINING ARMY NURSES:**

**AN ANNOTATED BIBLIOGRAPHY**

by

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December 1988

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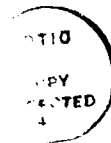
## EXECUTIVE SUMMARY

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## I. OBJECTIVES

The purpose of this report is to provide an accessible listing of timely publications which give insight into the forces influencing members of the Army Nurse Corps in their career decisions. Demographic, economic, social, attitudinal, and psychological factors all play important roles. A broad perspective has been taken in collecting references relating to both civilian and military nursing environments. The labor market for nurses serves as the context in which the Army Nurse Corps must act in recruiting and retaining nursing personnel and this bibliography offers a multifaceted view of the national market for nursing services.

Published sources have been annotated to increase the utility of the bibliography to researchers and to give others interested in current issues in nursing an opportunity to select relevant references from among the vast literature which has evolved in the wake of recognition of a nursing "shortage." Studies dealing with Army Active Duty and Reserve nurses have been given particular emphasis.



## II. BACKGROUND

Attracting sufficient numbers of nurses to the Army Active Duty and Reserve components presents a significant recruiting problem. Predictions of both the supply and the demand for registered nurses indicate that recruiting and retaining RNs are likely to become even more difficult tasks in the next several decades. The lack of nursing staff can result in inadequate or prolonged medical care for service members and detract from the paramount goal of personnel readiness.

Current discussions of a nursing "shortage" have heightened interest in the literature dealing with all aspects of the labor market for nurses. A period of relatively greater nurse availability preceded the current situation and this has slowed recognition of the signs of rapidly growing demand for registered nurses and the equally important indicators of very slow growth in the pool of qualified nurses.

A large body of research has emerged which describes the factors influencing the size of the population licensed to practice nursing. A common misconception holds that many nurses have left the profession and might be lured back into the labor force in the short run. Recent studies have shown that the labor force participation rate for nurses is greater than that for women in comparable age groups and also for women in other professions with similar education and experience. The literature indicates that there is little hope of a dramatic short run increase in participation in response to improved remuneration or working conditions.

Discussions of the structure of the market for nurses focus on its monopsonistic characteristics which arise as a result of the control over wages which lies in the hands of a relatively few firms (hospitals) which employ a

majority of those in the profession. Low relative wages which are a feature of this type of market lead to the overuse of RNs in the short run and discourage prospective members of the profession in the long run. A number of theoretical and empirical studies dealing with market concentration are included in this bibliography.

The long run prospects for the supply of nurses are not encouraging. Falling enrollments and declining admissions for nursing programs and the discontinuation of many basic and specialized programs are described in the literature as is the lack of vocational interest in nursing among young men and women. Demographic factors are also at work to limit the long run supply of nurses; the pool of potential entrants (young men and women) is declining in size relative to other groups in the population.

While supply has expanded only gradually, the demand for nursing services has grown dramatically and promises to continue in the same pattern. Institutional and technical changes have encouraged demand for skilled nursing care and the relatively low wages of RNs have led to the substitution of registered nurses for nonRN personnel in health care settings. In addition, demographic trends promise an expansion in the proportion of the population made up of older individuals whose health care needs are comparatively great.

high levels of turnover among hospital nursing staff have also created a costly problem for many hospitals. Replacing experienced RNs is especially difficult for the military services as they must compete with civilian hospitals and other employers. Studies of the determinants of job turnover among nurses have proliferated in recent years as retention of these key personnel has come to be recognized as a serious problem. Job satisfaction and its influence on a nurse's decision to quit has received particular attention. Researchers have

investigated the determinants of retention among military nurses, both Active Duty and Reserve, many of them emphasizing job satisfaction issues.

The literature annotated in this report provides a rich resource for scholarly investigations of this important area of health care economics, for forecasts of nursing populations and nursing needs, and for evaluations of policy affecting nurses in civilian and military settings. Strategies for recruiting and retaining Active Duty and Reserve Army nurses must be considered in the light of the current and projected characteristics of the nursing environment which are described in this bibliography.

### III. ANNOTATED BIBLIOGRAPHY

Ahmadi, K.S., Speedling, E.J., and Kuhn-Weissman, G., "The Newly Hired Hospital Staff Nurse's Professionalism, Satisfaction and Alienation," in International Journal of Nursing Studies, 1987: 24(2): 107-21.

**Abstract:** In a previously reported panel study (Speedling et al. (1981). *Int. J. Nurs. Stud.* 18, 217-225). 180 Registered Nurses, three-quarters new graduates, were given questionnaires at time of hire and a year later. Using the panel study data, relationships among bureaucratic-professional role conception, actual situation and role discrepancy, and importance of job factors, job satisfaction and alienation, as well as age and length of stay at termination for time of hire only, are explored in this follow-up report. Mean bureaucratic actual situation ( $t=-5.18$ ,  $P<0.001$ ), bureaucratic role discrepancy ( $t=-2.77$ ,  $P<0.01$ ) and alienation ( $t=2.36$ ,  $P<0.05$ ) increased, while professional actual situation ( $t=3.39$ ,  $p<0.01$ ) and importance of job factors ( $t=2.33$ ,  $P<0.05$ ) decreased during this first year of employment. In correlational analysis, at the time of hiring relationships were found between numerous variables, including: bureaucratic role conception with alienation ( $r=0.17$ ,  $p<0.05$ ); bureaucratic actual situation with alienation ( $r=0.19$ ,  $P<0.05$ ); professional role conception with alienation ( $r=-0.02$ ,  $p<0.05$ ) and with job satisfaction ( $r=-0.35$ ,  $P<0.001$ ); professional actual situation with job satisfaction ( $r=-0.19$ ,  $P<0.01$ ); and professional role discrepancy with job satisfaction ( $r=0.23$ ,  $P<0.01$ ). A year after hiring, many relationships were found, including: professional actual situation with job satisfaction ( $r=0.26$ ,  $P<0.05$ ) and alienation with job satisfaction ( $r=-0.33$ ,  $P<0.01$ ). In stepwise regression analysis, age accounted for 8% of the variance in the importance of the actors ( $P<0.05$ ), professional role conception for 28% of the variance in job satisfaction ( $P<0.001$ ) at time of hire. A year after hiring, alienation and job satisfaction accounted for 12% of the variance in each other ( $P<0.01$ ). As in the correlational analysis, there were many relationships among the bureaucratic-professional variables. Professional socialization theory was utilized in this study, helping to clarify the relationships among staff nurse professionalism, satisfaction and alienation.

Aiken, Linda H., "Nursing Education, the Public Policy Debate" in Current Issues in Nursing, ed by Joanne C. McCloskey and Helen K. Grace, Blackwell Scientific Publications, Boston, 1985, pp 680-696, ISBN 0-86542-019-x.

**Abstract:** This discussion of the 1981 Institute of Medicine study of nursing education is similar to Aiken, 1983. It addresses issues related to Federal support of nursing education including: basic nursing education; eliminating persistent shortages; graduate education; nurse productivity increases; effects on demand of advances in science and technology; and the relationship of the demand for nurses to National economic growth.

Aiken, Linda H., "Nursing's Future: Public Policies, Private Actions," in American Journal of Nursing, October 1983; pp. 1440-1444.

**Abstract:** This article discusses the 1981 Institute of Medicine study of nursing education mandated by Congress. This study concluded that the supply and demand for nurses would be in balance over the next decade and therefore increased Federal aid for nursing education was not needed. The author points out deficiencies in the study and presents other evidence to suggest that there will be increasing pressure on nursing resources. However, she feels that nurses will be better off without increased education for nurses because a shortage would increase their wages.

Aiken Linda H., "Nursing Priorities for the 1980's: Hospitals and Nursing Homes," in American Journal of Nursing, 81:324-330, Feb. 1981.

**Abstract:** In discussing the nursing shortage of the 1980s, this author examines hospital staffing as a function of "something amiss" in our hospital environment. The number of nurses has doubled since 1960 and the number of hospital bed supply has decreased by almost one-third during the same period. The suggested accounting for the shortage lies in three issues as proposed here. 1. The hospital environment has become a less satisfying place for nurses to work, 2. there are now other options for nurses aside from this environment; and nurses have chosen to take advantage of these other options, 3. patient care in hospitals has become much more complex and demanding over recent years due to the nature of patient conditions and the nature of technology in the hospital setting. With no net growth in bed capacity between 1972 - 1978, the increase in number of nurses employed in hospitals increased by 30%. Re: hospital nursing: dissatisfaction is attributed to the absence of organizational and managerial arrangements between nurses, physicians, and hospital recognition of the role of the nurse in modern medical practice; these are termed fundamental incompatibilities in the social contract among these entities. Six specified areas are addressed: transfer of technology from M.D.s to R.N.s, less physician availability, heightened level of clinical decision making required of nurses, fragmentation of care due to specialty and subspecialty nature of medical practice resulting in duplication or omission in care issues, transition from direct care practice of nurses to the "all-services" coordination activities now part of the nursing role, and the change in career aspirations among women from short perspective to current long-term views. There is discussion of each of these six issues. Author views a non-confrontation and movement to new frontiers as major reason these problems continue to exist coupled with hospital inadequacies. Also, an increase in expectations among nurses about what professional means poses discongruity with practice in the hospital setting. With the view that these expectations cannot be met in nursing, people are not even entering the field. The rise in physician supply coupled with slowing of ambulatory care growth suggests competition between the two for the same pool of patients. There is indication that care provided by nurse practitioners and

midwives is safe, less costly, acceptable to most consumers, preferred by some, and higher quality in some clinical areas than care provided by M.D.s. The implication is that the numbers and types of nurses needed is a function of how many physicians we have. Other health related occupations are perceived as "laying claim" to the emerging set of ambulatory health problems and therefore nurses should concentrate in areas not met by these, e.g. the hospitals and nursing home environments. Suggested: renegotiations of working relationships between nurses, physicians, and hospitals; redefinition of the role of nurses in the administrative organizational and management structure, including the wage structures. Specific ways are discussed.

Aiken, Linda H., "The Nurse Labor Market" in Health Affairs. 1:30-40, Fall 1982.

Abstract: This 1982 article suggests that the nurse shortage is over. It summarizes the factors that influence the market for nurses, looks to the future to avert the problem should it arise again. The wage structure is cited as a major issue. The national economic picture effects the employment of nurses with economic downswing putting more nurses into jobs by virtue of the upswing of dual career couples; however, unemployment effects lower occupancy in hospitals. Relative income effects reduction in shortage. Studies indicate that the quality of working life, evidence of having contributed being recognized and valued, involvement in decision making, and professional autonomy are as important to nurses as monetary reward. Yet, relative wage is seen as central to solving a shortage. Low relative wages result in substitution of nurses for many other healthcare and health associated workers on a temporary basis. The difference between R.N. and M.D. wages has increased since 1945; it was about 1:3 then and is about 1:5 at this(1982) time. Income between nurses and other health care workers (L.P.N./Aide) has narrowed. Therefore more nurses were hired and less of the other two categories. Thus, with low wages there is an artificial shortage. Nurses choose part-time employment which increases the need for numbers of nurses to fill FTEs needed. Low relative wages result in delays of nurses reentering the labor force when they have left to have children. There is suggestion that nurses choose to not work or to leave nursing for other better paying occupations, or attracted away from hospitals to other nonhospital jobs. The increased intensity of hospital care is also seen as a reason nurses leave the hospital environs.

Aiken, Linda H., Robert J. Blendon, and David E. Rogers, "The Shortage of Hospital Nurses: A New Perspective," in Annals of Internal Medicine, 1981; 95:pp 365-372.

Abstract: There appears to be a critical shortage of hospital nurses in the United States, despite a 15-year national effort to bring the supply of nurses into balance with increased demand. Careful review of supply and requirement data does not provide an adequate explanation for the persistent shortage, and common misconceptions about the

nature of the nurse shortage have clouded the debate. Several popular explanations for the shortage do not appear to be valid. Evidence strongly favors the explanation that the shortage has been caused by the depression of nurses' incomes relative to incomes of other workers. The present wage structure has both short and long-term effects on the shortage of nurses; allowing nurses salaries to rise to levels of comparable workers may be the only solution.

Aiken, Linda H. and Connie F. Mullinix, "The Nurse Shortage: Myth or Reality," in New England Journal of Medicine, Vol. 317, No. 10, September, 1987, pp. 641-646.

Abstract: This article emphasizes the changing demand for nurses.

1. Patients are sicker/require more care
2. Changing budget allocations in Hospitals
3. Changes in nurses relative wages. "captured labor market"

Recommendations include expansion of nursing school enrollments, recruiting inactive nurses, development of incentives.

Altman, Stuart H., Present and Future Supply of Registered Nurses, Bethesda, MD: U.S. Department of Health, Education and Welfare, 1971.

Abstract: This report examines several important factors that may have an impact on the future supply of nurses. These factors include the relative economic attractiveness of nursing compared with other professions, the proportions of female high school graduates entering and completing nurse training, the proportion of trained nurses who for various reasons are not working as nurses, and the shift in training from hospital-diploma programs to baccalaureate and associate degree programs. Several changes in the nursing labor market are also anticipated to have an effect on nursing supply. First, the noncompetitive characteristics of the hospital industry are breaking down and nurses appear to have more choice as to where they work and for how many hours. Second, state and local governments have increasingly undertaken the responsibility for training professional nurses. Combining these factors and trends indicates that: (1) the dominant form of training professional nurses will be in associate degree programs; (2) the percentage of female high school graduates actually entering the field of nursing will fall from 1.4 percent in 1969 to 1.0 percent in 1980; (3) the changing educational mix and the expected slowdown in the growth of nurse earnings will further retard the growth in the percentage of trained professional nurses participating in the labor force; (4) the supply of nurses will continue to grow faster than population. The author concludes that the projected supply of nurses will increase substantially.

Altman, Stuart H., Present and Future Supply of Registered Nurses, (DHEW Publication No. (NIH) 73-134). Washington, D.C.:U.S. Government Printing Office, 1972. (ILL)

Abstract: This report examines the nature of the shift in training from hospital-operated diploma schools to associate and baccalaureate programs. It examines the nature of this shift and its anticipated impact on future supply. Other important factors that bear on the future supply of nurses are also analyzed, including the relative economic attractiveness of nursing compared with other professions, the proportions of female high school graduates entering and completing nurse training, and the proportion of trained nurses who for various reasons are not working as nurses.

American Hospital Association, Division of Nursing, Hospital Data Center, Report of the Hospital Nursing Personnel Survey 1987, American Hospital Association, Chicago, Illinois, 1987. AHA catalogue # 154752.

Abstract: This report summarizes the results of the 1987 Hospital Nursing Personnel Survey conducted by the American Hospital Association Division of Nursing and analyzed by the University of Illinois College of Nursing in conjunction with the Hospital Data Center. The purpose of this survey was to gather national data about current issues related to nursing in hospitals. Topics included nursing care delivery systems, education, compensation, recruitment, retention and utilization.

American Hospital Association, Division of Nursing, Surviving the Nurse Shortage: Strategies for Recruitment and Retention of Hospital Nurses, American Hospital Association, Chicago, Illinois, 1987, AHA Catalogue # 154101.

Abstract: From the perspective of the hospital, focuses on marketing strategies and retention of nurses vs. recruitment. Strategies discussed in the book are designed to increase the job satisfaction of staff nurses and thus improve retention. Case studies of successful retention programs include graduate work study programs, case management, career ladders, nurse reentry, night shift bonus, nurse sabbaticals, realistic job previews, and collaborative practice.

American Hospital Association, American Organization of Nurse Executives, Report of the 1986 Hospital Nursing Supply Survey, American Hospital Association, Chicago, IL, 1986. AHA catalogue # 154751.

Abstract: The AHA fielded a survey to one third of the hospitals in the U.S. asking for vacancy and recruitment information as of Dec. 1, 1986. Over 1,000 hospitals returned the questionnaire. These indicated that 13.6% of RN full time equivalent positions were vacant. Differences by specialty, region, and size of hospital were indicated. Methods used by hospitals to recruit RNs included: career days; booths at professional meetings; radio and TV ads; and refresher courses. Hospitals did not attempt to recruit people into the profession itself.

American Hospital Association, Division of Health Economic Studies and Hospital Data Center, "Key Trends in 1986," Economic Trends, Spring, 1987, vol. 3, no. 1,



American Hospital Association: Chicago, Il, pp.1-11. ISSN #0882-5807.

Abstract: A quarterly report on community hospital finances, utilization, and staffing trends produced by the AHA's office of Health Finance and Data Analysis. Year end 1986 hospital data show a moderation of the sharp inpatient utilization declines of the previous two years and a stronger upswing in outpatient activity. Moderating inpatient utilization trends and faster outpatient volume growth contributed to a slight rise in total full-time equivalent employees, following two successive years of strong declines. Despite the upswing in outpatient activity and the moderation of inpatient day declines, financial trends deteriorated, as revenue growth lagged behind expense growth and revenue margins dipped markedly.

American Journal of Nursing, "BSN Enrollments are Falling at a Faster Rate; AACN Finds Biggest Losses in Generic Students," American Journal of Nursing, April 1987, 87(4):529,542.

Abstract: This article summarizes a report issued by the American Association of Colleges of Nursing (AACN). For the second straight year, the association disclosed a substantial drop in the numbers of students attending a group of 284 AACN member schools that have reported enrollments every year since 1983. In 1986-87, the schools suffered their biggest loss to date in full-time undergraduates: a 10.7 percent decrease that followed an 8.5 percent decline the previous year. As a group, the schools have lost 19 percent in total full-time undergraduate enrollments over the past two academic years. The programs polled by AACN also reported a combined gain of less than one percent in part-time students. Generic enrollments have also declined 12.3 percent in full-time and 8.2 percent in part-time programs. While the number of RN returnees increased by 13.4 percent, this increase could not compensate for the falling numbers of first-time students. The statistics cited in the report confirm what nursing leaders have been foreseeing for every type of nursing program. The pool of high school graduates is in rapid decline and nursing educators agree that nursing has lost popularity with women students as more seek degrees in business, law and medicine.

American Journal of Nursing, "DRGs Still Stymie Economic Gains For Nurses" in American Journal of Nursing, Jan. 1987, vol. 87, no.1, pp. 114-117, 121-123.

Abstract: This very brief news article focusses on 1986 pay increases for nurses. Pay for staff nurses increased by less than 5%. Supervisors received much larger pay increases. Regional differences are noted. Such small wage gains in the face of growing shortages are decried.

No author, "RN Shortage Suddenly Surfaces in Many States: Hospitals Scramble to Hire Critical Care Nurses," American Journal of Nursing, 1986 July. 86(7):851.

Abstract: This two page document explores the issue of shortage of critical care nurses across the U.S., also OR and med-surg nurses. Nurses are being paid to move to shortage areas and temporary agencies are doing

well as businesses due to the need. In 1986 nurses were able to make demands and they were more likely to be listened to regarding their requests for pay, hours, and assignments. The impact of acuity of patient illness appears to be a major perceived reason for shortage associated with nurse burnout in the critical care area; and that due to this, some nurses are leaving nursing altogether, others are moving to part-time work in order to cope. There has been an impact on hospital nurse levels also, by virtue of the evolution of expanded home health care services needed due to DRGs and shorter hospital stays. The evolution of chemical dependency, and psych units in some areas has also made for greater demand for psych nurses; experienced nurses in these areas are hard to find. Decreases in school enrollments also are discussed relative to probable non-resolution of the shortage problem in the near future.

Andrews, L.B. "Health Care Providers: the Future Marketplace and Regulations," in Journal of Professional Nursing, 1096 January-February, 2(1):51-63.

Abstract: History of nursing regulation, particularly as it related to physician regulation, is discussed. The increase in physicians is discussed as it relates to limiting the role of nurses. Chronicity of disease, health care costs, computer applications, and consumerism are discussed as issues which may expand or limit nursing role. Regulation of the future is explored, discussing issues as access to health care, quality of health care, patient choice as a factor in health care. Alternative licensing tactics are discussed relative to law of practice of nursing: joint practice committees, physician delegation of function to nurses, nursing certification, expanded function using standard protocol within practice of nursing, expanded definition of nursing practice, institutional licensure, consumer decision about practice desired are all highlighted as issues associated with the future of nursing practice. The nursing profession has the power to shape its future by the way in which it defines its nature and role. It is found that autonomy in practice has an even greater importance to nurses than does salary. Respect and freedom are the most vulnerable to the pressures of current trends.

Barhyte, D.Y., Counte, M.D., Christman, L.P.; "The Effects of Decentralization on Nurses' Job Attendance" in Nursing Administration Quarterly, 1987 Summer: Vol. 11, No. 4, pgs. 37-46.

Abstract: As recently as 1984, 833,647 registered nurses were employed in hospitals; staff turnover rate was estimated as 70% per year; e.g. 583,552 R.N.'s change positions each year with an average replacement cost of \$140,000.00 per year. Increased nurse retention should cut this cost. Structural changes within the nursing department could lead to retention. The positive effects of decentralization have been discussed by nurses as efficacious in promotion of job satisfaction. This study looked at the effects of opportunity given to nurses to determine structural forms for their work units. The research questions were: 1. Can the retention of professional nursing

staff be positively influenced by changing the administrative structure from bureaucratic (B) to a collegial (C) model? 2. What are the differences between B and C structured patient care units as related to job attendance? 3. What are the differences between B and C units in terms of formalization and participation in decision making? 4. How do individual and unit-level attributes modify the impact of decentralizing units? Four units and four contrast (control) units were selected from a 900 bed hospital which employed over 1,100 registered nurses. Data were collected on each of the 8 units at three points in time and from staff nurses and unit leaders in semistructured interviews. Times were one month prior to decentralization, 3 months after decentralization, and 6 months after decentralization. There were no between unit differences in data upon first measurement; significant differences were found between decentralized and control units on the formalization index. Fewer sick days were used, and absenteeism was lower; increase ability to participate in decision making had direct positive effects on attendance behaviors and job attendance and a modest effect on vacation time usage. Staff nurses reported increased sense of responsibility for colleagues and patients extending to after duty hours, that there was increased involvement in developing clinical nursing performance and that primary nursing format was enhanced. Overall, job withdrawal is decreased by decentralized management.

Blalack, R.O., "How Satisfied are Hospital Staff Nurses with Their Jobs?" in Hospital Topics, 1986 May-June: Vol. 64, #3; pgs. 14-8.

**Abstract:** This is a research report on job satisfaction of hospital staff nurses attempting to discover possible areas of dissatisfaction. Using Maslow's model as rational in conjunction with Porters Need Satisfaction Index, 100 (71% returned) completed questionnaires were analyzed for need fulfillment and need deficiency. Findings: greatest need fulfillment-security and social needs; need deficiencies were identified as autonomy and esteem needs. Conclusion: staff nurses are satisfied with the nature of their work and feel relatively secure in their positions, although this item is not of great concern to them. Areas of dissatisfaction include: perceived opportunities for personal growth and development, the participation in setting goals, job resultant low self-esteem, the inability of their jobs to satisfy their esteem needs. Nurses derive dissatisfaction from elements which are extrinsic to the work performed and which are under the direct control of hospital managers. MBO could solve some of the problems associated with these dissatisfaction; MBO would also provide a link to career planning and opportunity for personal growth and development would also be provided.

Blau, G.J., "Job Involvement and Organizational Commitment as Interactive Predictors of Tardiness and Absenteeism," in Journal of Management, 1986 Winter: Vol. 12, #4; pgs 577-84.

**Abstract:** This study examined job involvement and organizational commitment as

interactive predictors of absenteeism and tardiness behaviors. Personnel records and questionnaires were used to collect tardiness and absence data for a subsample of 82 registered staff nurses out of a total sample of 228 nurses from a large midwestern hospital. Results showed support for the hypothesis that individuals showing higher levels of job involvement and organizational commitment would exhibit less unexcused tardiness and absenteeism than those with lower levels of job involvement and organizational commitment. The implications and limitations of these findings are discussed.

Blegen, M., Mueller, C.W., "Nurses' Job Satisfaction: A Longitudinal Analysis," in Research in Nursing and Health, August 1987; Vol. 10, #4; pgs. 227-37.

**Abstract:** A causal model of nurses' job satisfaction was tested using longitudinal analysis of 13 causal determinants and five correlates measured at Time 1, and job satisfaction measured at Time 2. Data were collected from 370 registered nurses at five hospitals using questionnaires mailed eight months apart. Four different models were analyzed using the LISREL maximum likelihood procedure to estimate the path coefficients. Variables reaching statistically significant levels included, in order of importance, routinization, promotional opportunity, distributive justice, age, day shift, workload, kinship responsibility, and opportunity for jobs outside the employing hospital. With the prior level of job satisfaction controlled only the effects of day shift remained significant.

Bonaquist, P., "From Job Satisfaction Emerges New Leadership: How to Meet Healthcare Demands," in Nursing Success Today, Oct. 1986, Vol. 3, #10, pgs. 15-21.

**Abstract:** This study examined job satisfaction of 18 dialysis staff nurses using the Minnesota Satisfaction Questionnaire (short form). The responses were divided into two groups: BSN grads (GR1) and AD or diploma grads (GR2). Each item of the questionnaire referred to a reinforcer in the work environment. A 5-point Likert type scale measured response from very dissatisfied to very satisfied. All respondents were female between ages 21-38 years, 78% of whom worked full time on the unit for less than 4 years. Fifty per cent fell into in each of the two educational groups. 33% indicated they needed a change from their current positions; 52% GR1 were satisfied, 35% GR2 were satisfied. There were little differences between groups; the top ranked satisfier was security. Dissatisfaction variables were: recognition, achievement, supervision-human relations, company policies and procedures, responsibility and working conditions. The environment needed to change to provide for growth, open communication, trust, support, and participation. A participatory style of management was implemented. Work and educational issues were dealt with in this style; nurses became accountable for scheduling their time within the budget and staffing pattern requirements; open communication, participation, and confrontation developed both staff and leader. Quality of work life improved.

Buchan, J., "Nurse Recruitment: A Shared Future...Job-Sharing Schemes," in Nursing Times, Jan 28-Feb 3, 1987; Vol. 83, #4; pgs 44-5.

**Abstract:** The idea of job-sharing (JS) has been cited by NHS Management Board (of Britain) as one of several measures which could help retain skilled nursing staff. The board did not deal with increases in wages. The advantage of JS is retention of advantages of full-time employment while working less hours for those advantages, and at the same time creating time available for other interests, e.g. child-rearing, studies etc. JS has been encouraged in banking, insurance, and by local authorities. There has been no commitment in NHS to this idea presently. It is seen as costly and disruptive. There are benefits to the employer: reduced contributions by employer to the insurance carrier, longevity in the job position due to satisfaction of employees, decreased turnover costs, decreased recruiting costs, reduced absenteeism, increased work-force flexibility, increased productivity, greater continuity, and enhanced skill availability. Policy and procedures will have to be developed, attitudinal issues need to be worked through(change); there are no other fundamental barriers.

Bureau of Health Professions, U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, (Rockville, MD 20857), Report on Nursing, Fifth Report to the President & Congress On the Status of Health Personnel in the United States, March 1986, pub by U.S. Dept of Commerce, National Technical Information Service (NTIS Accession No. HRP 0906804).

**Abstract:** This report presents and analyzes recent developments in the supply, geographic and specialty distribution, and education of the Nation's health personnel. It also provides an assessment of what the health personnel situation may be in the year 2000 and provides recommendations for nursing and public health as required by specific legislation.

Bureau of Health Professions, U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, (Rockville, MD 20857), The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses, Nov. 1984, pub by U.S. Dept of Commerce, National Technical Information Service, Springfield, Va. (NTIS Accession No. HRP 0906938).

**Abstract:** This document summarizes the results of the third survey of the population of registered nurses undertaken by HHS. The population consists of about 2 million licenced RNs. The sample was designed to provide data on basic characteristics including: employment (type of employer, nonnursing work), education, specialty, geographic location and movement. The growth of the population (slower than in previous years) and the activity rate (larger than previously) were noted. Extensive tables.

Cairns, B.J.S., Cragg, C.E., "Sources of Job Satisfaction and Dissatisfaction Among Baccalaureate Staff Nurses in Hospitals," in Nurs. PAP, Spring 1987; Vol.

**Abstract:** What are the sources of job satisfaction and dissatisfaction among baccalaureate nurses who are working as general duty staff in hospitals. As nursing moves toward its goal of baccalaureate preparation for entry to practice, increasing numbers of nurses with degrees will be hired by hospitals, the largest source of nursing jobs. At present, nurses with degrees are proportionately under-represented in the ranks of general duty nurses. With greater numbers of baccalaureate nurses in the workforce, the nursing job options away from the bedside will be more limited. Job satisfactions and dissatisfactions among general duty baccalaureate nurses must be identified in order to promote a work environment that encourages them to stay. Otherwise, hospitals run the risk of wasting human resources through discontented employees and flight from the profession.

Cavanagh, Stephen J., The Relationship Between Conflict Management Style, Selected Variables and Turnover Among Nurses in Hospitals, Dissertation, Austin, TX: The University of Texas, 1987.

**Abstract:** This study examines how staff nurses and nursing managers in for-profit and non-profit hospitals manage conflict situations in the workplace. It investigates the relationship between conflict management style and job turnover rates for these nurses, as well as identifying organizational variables which can be used to predict job turnover. Full-time female registered nurses working on general medical/surgical units in the greater Los Angeles area completed questionnaires to provide the data for this investigation. Little is known about the conflict management style of nurses or the effect of these styles on job turnover rates; there is anecdotal reporting but a dearth of empirical research. Further, nursing historically has had a higher turnover rate than other professional groups; this can have adverse effects on patient care, employee morale and the cost of healthcare. Most nursing turnover studies have focused on staff nurses working in the non-profit hospital sector; little is known about managerial or for-profit hospital employee turnover behavior. This study seeks to expand on what is currently known about staff nurse turnover in non-profit hospitals, to improve knowledge about nursing manager turnover, and to identify organizational characteristics in stresses, coping strategies, Type A behavior, and stress-related outcomes. These hypotheses were tested utilizing questionnaire data collected from 136 recently-graduated nurses in 10 hospitals. As predicted, Type A was positively associated with job stresses, both Type A and job stresses were related to felt strain and organizational commitment, and commitment predicated turnover intention. Hypotheses concerning the proposed moderating effect of coping on the stress-strain and stress-commitment relations were not supported. Because both the role of coping and some relations among other variables in those model remained unclear, a revised model was proposed and tested post hoc using path analysis. The results of the path analysis suggested

that: (a) Type A behavior was a determinant of job stresses and felt strain, (b) coping behavior affected nurses' feelings of strain, (c) strain influenced nurses' organizational commitment, and (d) commitment played a role in determining turnover intention. Overall, the results indicated that Type A behavior and job stress can adversely affect a nurses' adaptation to a new job, and suggested the importance of developing programs to help new nurses adapt their jobs. In addition, the results pointed to the need for continued examination of the process and outcomes of coping with job stress.

Cavenar, Mary G., Factors Influencing Job Satisfaction and Retention Among Faculty Members in Schools of Nursing Offering the Ph.D. Degree, Dissertation, Chapel Hill, NC: The University of North Carolina, 1987.

**Abstract:** The purpose of this study is to investigate the magnitudes and directions of the relationships between professional communication, role conflict and ambiguity, job satisfaction, and retention among faculty members in schools of nursing which offer the doctor of philosophy degree. Retention is defined as intent to remain with the organization. The literature suggests links among these variables as well as influence of geographic location and reputation of the school, calibre of students, salary, perceived potential for tenure, and family priorities upon retention.

Role expectations may be especially demanding and complex, leading to the same discomforts described in studies of many general faculty members who experience conflict between research, teaching, and service. There have been studies concerning job satisfaction and retention among this group, but none have attempted to relate all variables listed above to retention.

Using the theoretical base of socialization, a causal model was constructed to test these relationships. A survey questionnaire was mailed to a national sample of 380 nurse faculty members in PhD-granting programs, resulting in a return rate of 76%.

Results were that geographic location of the school had the greatest impact upon retention followed by role ambiguity and role conflict. Promotional satisfaction was next highest followed by work satisfaction and school reputation. Perceived likelihood for tenure attainment, calibre of students and external professional communication have indirect effects upon retention.

These results suggest while geographic location has the greatest influence upon intent to remain at the current school of nursing, role ambiguity and role conflict are nearly as influential in a negative direction. Satisfaction with pay and promotion are less influential, which is contrary to commonly held expectations by administrators concerning reasons for retention.

This study lends support based upon quantitative data to a number of qualitative observations frequently suggested for enhancing job satisfaction and retention. Implications include giving a clear public statement of expectations of scholarly work to prospective faculty members in research universities, and allowing faculty members to concentrate their activities in research or teaching as they prefer. Increased interdisciplinary interaction may enhance

socialization and decrease role conflict and role ambiguity.

Cohen A.G., "Nursing Shortages: Will There be Another Nursing Shortage?" Hospital Topics, 1986, July/August. 23.

**Abstract:** Temporary nursing businesses evolved due to the difficulty that health care providers experienced during the 1970's. This led to even more reduced hospital staff as nurses chose to work for agencies. Many inducements as tuition assistance, flextime, special medical/dental benefits came into the picture for recruiting to hospital staff positions. A conclusion reached was that there was shortage of skill levels rather than a shortage of nurses. Relevant economic issues are explored including: increase in demand, increase in wages, increase in numbers employed, increase in numbers entering the field. However, equilibrium may not be reached due to employers not raising wages rapidly enough, or high enough to meet the demand; and non-participating nurses do not return at all or quickly enough to meet the increased demand. Assumption of dynamic shortage (with effective resolution) is based on: 1. continued vacancies for nurses, 2. wages are still rising, 3. there is continued return to the workforce of available nurses, and 4. there is continued use of substitutes e.g. aides, L.P.N.'s, agencies. If there is a static shortage, it results from a failure of wages to equilibrate. In this case there is ineffective resolution and the shortage continues. Planning and policy are required to maintain an effective market of nurses. Raising wages in the 1970's seemed to be effective in dealing with that shortage. Then, it was found that if wages were commensurate with wages of professionals of similar sex, age, and educational levels, a favorable impact on supply of nurses resulted. Cost containment issues impact directly on this process. Also, subsidies provided for nurse education contributed to increased nurse supply, however did not provide enhanced skill level. In fact, the rate of return for B.S. nurses is less than that of lesser trained nurses. Mid-level health practitioners will provide alternatives to high priced primary care now rendered by physicians. Therefore, tuition assistance may encourage a broader range of health services provided by nurses. Summary: an expanded role for nurses may increase entry into nursing, enhance care delivery systems, add to the nursing profession; this would be successful if compensation rates equal the demand.

Coleman, J.R., Dayani, E.C. and Simms, E. "Nursing Careers in the Emerging Systems" in Nursing Management, 1984, 19-27.

**Abstract:** Hospitals are moving toward big business; this has impacted roles of health care providers and has confounded the existing delivery system. Patient care functions are moving to being computerized; access to health care is becoming a less important factor in health care as cost containment grows as an issue. Care delivery is moving toward out-patient and preventive health care, to community and home based models. The use of hospitals is changing. There is more demand for critical care in hospitals. Cost of technology is a major



emphasis of the changing situation. Individual cost versus social benefit is an unresolved issue. Competition for resources is impacting the field to cause major realignments in the system; examples include HMO's, PPO's, multi-hospital systems, all of which provide basis for nursing transitions to the corporate milieu. Meeting change as it or after it occurs hinders nursing from shaping health care delivery to answer needs of nurses and to fulfil society's expectations. As this situation evolves, nursing must be prepared to defend its positions and to negotiate for new definitions of position, Opportunity will present itself; will nursing translate the changes into positive adaptation? Where and how nurses work will be defined by these changes. As old structures dismantle, and as new evolve, opportunity for nurses and nursing will present itself; nursing should plan now to see to it that the profession itself determines who and how nursing care will be delivered. Nursing needs to set itself to take advantage of the doors opened by the restructuring.

Crosby, L., "Coping With Shrinking Resources," Nursing Outlook, 1985. 33(4):175-180.

**Abstract:** This report explores enrollment trends of undergraduate and graduate nursing programs, methods of providing program and student support, and projected program designs directed toward reducing operating costs of schools of nursing. Thirty-five percent of 197 B.S.N. programs reported a decline in enrollment over 5 years (1980-1985); and they cited decline in number of qualified applicants, student financial problems, and decreased federal funds as the predominant reasons. 27% (31) of the master's programs in nursing reported a decline for the same period, attributed to the loss of federal funds, student financial problems, and decreases in qualified applicants. Concern then about nurse leaders for the future is discussed. 71% (163) projected being able to replace a maximum of 20% of funds for student support. 64% (147) estimated they could replace 20% of the federal funds they receive for program support. 62% said they could not replace lost funding. A change to year-round operation and consolidation of duplicate coursework were cited most often as program changes necessary. Faculty/student ratio was also considered, as was the halting of new programs among 151 programs. These fiscal problems are viewed as limiters to program enhancement and will probably lead to stagnation. Many of the future nursing students may come from minority groups and may have significant financial needs. Older applicants may be available but may require more flexible programs to accommodate employment schedules. Middle-income students may tend not to select nursing or other low-wage professions, rather they will choose higher paying professions to eliminate the high-interest loans more quickly. The key to nursing education surviving over the next decade may be found in use of resources more effectively, identification of priority programs, cutting of low-priority programs, use of long-range planning, use of business and marketing personnel, and more participatory management style in university decision-making.

Cummings, Philip H, Men in Nursing: The Development of a Theoretical Construct for Delayed Occupational Choice (Vocational, Career), Dissertation, Raleigh, NC:North Carolina State University, 1984.

**Abstract:** The problem was defined as a lack of information on why men do not enter nursing, since practically all (97.29 percent in 1981) nurses are women. Reviews of the literature on occupational choice theory, sex equity, and men in nursing revealed few consistencies about men who enter nursing. From the literature and pilot study conducted in eastern North Carolina of male nurses, a list of 31 factors believed to be related to men choosing nursing as a career was identified. Data were collected via a mail-out questionnaire from a study population of 85 male nurses who had graduated from North Carolina schools of nursing from 1978 to 1981. The men in the study population had delayed their entrance into a school of nursing 0 to 30 years after completing high school, with an average delay of 7.5 years. Of 15 work values studied, men in nursing were scored higher than a population norm on 9 of 15 work values on Super's Work Values Inventory (1970), and lower on six values. There was no difference between the population norm and the men in the study population on nine of the work values. Most of the men in the study population had a health related experience in the military service, and/or had been employed in another health related job, and were encouraged by close friends and relatives in health occupations to enter nursing. In addition to the Work Values Inventory (Super, 1970), three other dependent variables were studied: Delayed Choice, that is the number of years between high school graduation and entrance into nursing, Satisfaction With Nursing, and Beliefs About Society's Image of Nursing as a Career Option for Men. Three regression models were designed, and the dependent variables were regressed on selected independent variables. A large proportion of the variability in the dependent variable was accounted for by the regression model in each instance. Also in each instance, three partial regression coefficients were found to be significantly greater than zero. Implications and recommendations were made and a theoretical construct for delayed occupational choice was presented.

Curran, Connie R., Ann Minnick and Joan Moss, "Who Needs Nurses" in American Journal of Nursing, vol. 87, no. 4, April, 1987, pp 444-447.

**Abstract:** This study reports the results of a December, 1986 survey supported by the American Organization of Nurse Executives (AANA). Confirms that the shortage is real: vacant positions for registered nurses in hospitals have doubled since 1985. Vacancies and recruiting data presented by area of country.

Daly, Ellen T., Nurse-Faculty Work Motivation and Publication Productivity in Relation to Core Job Characteristics, Job Satisfaction and Demographic Variables (Hackman and Oldham's Theory, Diagnostic Survey), Dissertation, Boston, MA:Boston University, 1986.

**Abstract:** The purpose of this study was to extend to the university setting

Hackman and Oldham's Job Characteristic Theory of Work Motivation by investigating the relationships among graduate program nurse-faculty's perceptions of core job characteristics, job satisfaction, internal work motivation, publication productivity within the past five years and demographic characteristics of age, professional age and tenure status.

The hypotheses predicated that core job characteristics and job satisfaction would be positively related to internal work motivation and publication productivity. Also professional age was expected to be positively related to publication productivity. The study instrument consisted of the Job Diagnostic Survey, Short-Form developed by Hackman and Oldham and the Graduate Faculty Publication Productivity Questionnaire designed by the writer. Administered by mail to 687 nurse-faculty with earned doctorates teaching in graduate programs of collegiate schools of nursing which confer doctoral degrees in nursing, the instrument elicited data for hypotheses testing from 317 respondents (46 percent).

Data analysis, which included univariate, bivariate and multiple regression analysis established the existence of statistically significant relationships in seven of the twelve hypotheses tested. A probability of .05 or less was used as the level of statistical significance. The conclusions indicate that for this population of nurse-faculty, the core job characteristics variable appears to be a predictor of publication productivity and the best predictor of internal work motivation. General job satisfaction appears to be a predictor of internal work motivation and quantity of publication productivity. Tenure status appears to be a predictor of publication productivity and the best predictor appears to be a predictor of quantity of publication productivity. Professional age appears to be a predictor of publication productivity and the best predictor of quality of publication productivity. As this population's chronological and professional age increased their internal work motivation appears to decrease. Chronological age appears not to be a predictor of quantity of publication productivity. Variables other than the ones included in this study are predictors of internal work motivation and publication productivity.

The implication of this study for nursing education, research and educational management are discussed.

Dann, Joyce E., Sources of Job Satisfaction and Dissatisfaction Among Navy Nurses, San Diego, CA:Naval personnel and Training Research Lab, Sept. 1972.

**Abstract:** The proportion of Navy nurses who remain in the Nurse Corps after completing their obligated service has been relatively small. An increase in retention would be expected if Navy nursing could be made more rewarding by identifying and removing causes of dissatisfaction. The study sought to determine sources of job satisfaction and dissatisfaction among Navy nurses and to identify areas where constructive changes in the nurse Corps might be made. Aspects considered most attractive by nurses in the total sample included interpersonal relations, travel, achievement, the work itself, and security and fringe benefits. Aspects considered least attractive

were hospital policy and administration, Nurse Corps policy and administration, non-nursing duties, and supervision. Suggestions for change were most often in the areas of Nurse Corps policy and administration, hospital policy and administration, job duties, supervision, and achievement opportunities.

Davis, N.B., "Surviving the Nursing Shortage: Making Every Nurse Count," in Association of Operating Room Nurses, September 1987, Vol. 46, #3, pgs, 393, 396.

Abstract: This article deals with reasons people do not do the work for which they contracted. The author summarizes the reasons as: 1. Individuals do not want to do their jobs, 2. individuals cannot do their jobs, 3. a combination of the two. Re: 1. due to laziness, prolonged breaks, tardiness, absenteeism, slowness, take shortcuts, all of which add up to compromised patient care. Keeping underproductive nurses is not a solution for the nurse shortage because these behaviors take a toll on the morale of the working group. Re: 2. education, lack of resources, inter-staff communication problems may be linked to this area of "cannot." Continued learning is necessary for all OR nursing employees. This is a major focus of AORN; AORN also provides consultants to OR managers if such consultation is requested. Summary listing of challenges: examine job performance; make contributions to job, to coworkers, to patients; provide environment where people can function productively; give recognition and awards; eliminate those who do not adequately contribute; work together.

Department of Defense, Health Manpower Statistics, Fiscal Year 1986, Published by U.S. Department of Commerce, National Technical Information Service. NTIS Accession # DIOR M06-86.

Abstract: This report is an annual publication containing data on health medical personnel employed by the military departments within DoD. The report includes comparison data for the end of the fiscal year by requirements and authorizations and assignments by corps level and selected specialties. Other formats present recruiting summaries, gains by program source, force strength projections, and extensive displays of rank, years in service, and primary duty specialties for medical and dental officers. Education summaries show recruiting sources and projections for Armed Forces Health Professions Scholarship Program and graduate medical and dental education programs.

Dolan, N., "The Relationship Between Burnout and Job Satisfaction in Nurses," in Journal of Advanced Nursing, Jan. 1987, Vol. 12, #1, pgs. 3-12.

Abstract: Nursing is a stressful occupation. This study, carried out on two groups of nurses, confirms the thesis that job satisfaction as measured by the Job Satisfaction Questionnaire designed for this study was a reliable indicator of burnout. It was expected that an inverse relationship between job satisfaction and burnout would be found. The hypothesis was that high job satisfaction would be

associated with low burnout. It was found that a relationship exists between job satisfaction as measured by the Job Satisfaction Questionnaire and burnout as measured by Maslach Burnout Inventory.

Doyle, T.C., Cooper, G.E., and Anderson, R.G. The Impact of Health System Changes on the Nation's Requirements for Registered Nurses in 1985, (DHEW Publication No. HRA-78-9). Washington, D.C:U.S. Government Printing Office, 1978. (III).

Abstract: The research described in this report assesses the impact of three anticipated changes in the health care system on the future requirements for registered nurses. The three health care system changes investigated were:

1. the introduction of national health insurance.
2. the increased enrollment in health maintenance organizations.
3. the reformulation of nursing roles.

To analyze the impact of these health system changes on nurse requirements, estimates of future requirements in the general absence of each change were quantitatively compared to estimates incorporating substantial occurrence of the change.

Dubuque, S.E., Harvey, J.A., "The Nurse Shortage: A Brief Opinion Survey," in Association of Operating Room Nurses Journal, Oct. 1987, Vol. 46 #4, pgs. 653-4, 656-60.

Abstract: This report is concerned with issues such as withdrawal from nursing, lower enrollments, increased need for nurses; the survey contains two tables in response to the questions: 1. What is the primary reason hospitals are experiencing a nursing shortage? 2. What is the primary step that can be taken to improve the situation? There were 908 responses to question 1 representing 37 issues. The most frequent response was low pay (300). The most frequent response to question 2 was "increase salaries" (136). Image, working conditions, and stress/burnout were cited among the top issues which need to be addressed. Suggested solutions included modifications in: money/benefits, working conditions, professional image, educational opportunities, external factors/miscellaneous. The responses to the survey were completely taken from operating room nurses; hence there may be a difference if the survey was rendered to other specialty nurses. Image involves both the way nurses are seen by others and the way they see themselves. A 32% response in this area suggested that this is a critical factor among nurses related to the shortage. The area of career opportunity experienced an 11.2% response rate suggesting that this area needs attention in order to impact on the shortage. Although 21% of suggested causes are attributed to working conditions, only 11% of solutions responses suggested that making improvements in this area would help. Data from this study suggest that improvements in educational opportunities associated with skill and clinical experiences present a modification area on which to

concentrate in order to make a change in the shortage. This focus, however, is perceived as only helpful to the recruiting level and not at the retention level of managing the shortage.

Eisenstadt, Steven, "Money, Nurse Shortages Deal Hospitals a One-Two Punch," Army Times, March 28, 1988, (48-#33), pp. 1,8.

Abstract: This news article notes the shortage of Army nurses and the effects of medical care budget cuts. Discussion of competition with the civilian sector for nurses. Retirees will feel the effects of budget cuts first, but all will be affected. Quotes Brig. Gen. Adams-Ender. The Army has 4,400 A.D. nurses and hires 2,035 civilian nurses. The article is anecdotal - no aggregate data.

Ethridge, P., "Nurse Accountability Program Improves Satisfaction, Turnover," in HEALTH PROGRESS, May 1987, Vol. 68, #4, pgs. 44-9.

Abstract: St. Mary's Hospital and Health Center, Tucson, AZ, responding to changes in health care reimbursement and the need to maintain quality, developed a comprehensive program to improve nurses' professional accountability. The project was based on the assumption that increased job satisfaction and decreased job stress for nurses in an acute care facility would improve retention and recruitment and facilitate decentralization of care delivery. The plan included the following components: 1. Identify and enhance qualification of nurses through a credentialing mechanism; 2. Restructure nurses' coemployment terms to professional salaried status; 3. Implement a spiritual, holistic framework for nursing; 4. Identify programs to extend nursing's sphere of influence to activities that promote a continuum of care; 5. Use the patient classification staffing tool as an acuity billing system; 6. Decentralize the nursing organization and move it into the community; and 7. Promote an environment conducive to two levels of nursing practice--professional nurse case managers and associate registered nurses. The program's effectiveness was evaluated by measuring nurses' job stress and job satisfaction in 1983 (before the program's implementation), 1985, and January 1987. In 1985, compared with 1983, job stress was significantly lower in several areas measured, while job satisfaction was higher in four of six areas measured. Turnover rate of nurses decreased from 15.2 percent in 1983 to 5.4 percent in 1986. Financial savings from the program also have been substantial: more than \$500,000 for the last two fiscal years.

Ezrati, J.B., "Labor Force Participation of Registered Nurses," in Nursing Economics, Mar-Apr 1987, Vol. 5, #2, Pgs. 82-5, 89.

Abstract: This investigation examined the relationship between extent of labor force participation of registered nurses and wage, income, job satisfaction, and family composition. Labor force participation was found to be positively related to wage and negatively related to household income and the presence of children in the home.

Fagin, C.M., "Nurses for the Future: Strategies for Change," in American Journal of Nursing, Dec. 1987, Vol. 87, #12, Suppl: 1643-8.

**Abstract:** This report is an excerpt from a transcript of a conference (undefined) held by a group of nurse leaders. The strategies evolving out of these conversations include: nursing needs to offer appropriate recognition and authority, career tracks, and adequate pay in order to provide satisfaction to nurses who provide patient care; to compete for the brightest and best men and women, nursing must offer as much or more satisfaction than alternative careers. The stereotype on nurse must be changed. The lack of clear consensus as to what nursing really is must be managed. Physicians, concerned about their turf, perpetuate the stereotype. Therefore, define the nursing profession in a way that will provide the greatest overall satisfaction for its practitioners, reach accommodation with medicine, working with physicians to define the common ground and thereby the separate ground. Then, and only then, tell the public in a compelling way. How nursing is viewed by the "graying populous" will be important during the next few decades. Find allies within the health care structure and clarify purposes and definitions. Then recruit aggressively and honestly. Place the nurse executive as a member of the executive staff. This has helped in some hospitals which are feeling the shortage less because of it. The case management or primary care nursing model appears to help with recruiting and retention. Bring proposals forward regardless of non-consensus among nurse leaders; there will never be consensus and there has to be movement, therefore, without consensus. A definition of the value of the nurse must be established. Equilibration of wages with other professions must be established. Schools have to offer more flexible curriculum. A more appropriate student-faculty ratio would help. Allow for creative new methods of delivering nursing care to evolve rather than accepting only the case and team methods. Money is the bottom line in solving the problems. Find out the cost of nursing and build around reality of this. Nursing needs to control nursing in order to serve people, which is what nursing is about. The nurse executive needs to be more flexible in managing the budgets which will allow payment for experience and quality of care. Measure patient satisfaction before patients move to the next level of care, the outpatient arena. That is in someone else's budget. Find economic models which go across settings and across levels. Nursing does have control of budgets now; nursing needs to do a better job with controlling and influencing revenues. Nursing needs professional agreements as to priorities and the message nursing is trying to get across. Public persona must be developed and communicated to those who pay for services. Why should society want to support nursing; why does society need nursing? The central strategy should be based in what is in the best interest of patient care. An example would be a study who's findings indicate that a patient's length of stay is abbreviated due to the quality of patient care given....demonstrating the economic advantage. Also addressing what nurses are prepared to trade with other disciplines rather than just what they are prepared to take can become important to making

progress for nursing. Public relations is a critically important arena right now for nursing also.

Feldstein, Paul J., Health Care Economics, John Wiley and Sons, N.Y., 1 - see especially Ch. 16, "The Market for Registered Nurses," pp. 357-379.

Abstract: This textbook is designed for a 1 semester course in health economics. Ch. 13, Health Manpower Shortages: Definition, Measurement, and Policies, explains vacancy statistics and discusses commonly used methods for estimating health manpower requirements. Ch. 16, The Market for Registered Nurses, is an excellent presentation of relevant labor market theory.

Feltham, Mary A., A Study of Role Stress Conflict, Role Stress Ambiguity, Participation in Decision-Making, and Social Support in Relation to Job Satisfaction and to Organizational Commitment Among Professional Nurses, Dissertation, Austin, TX: The University of Texas, 1983.

Abstract: This research study was designed to investigate the relationship of role stress conflict, role stress ambiguity, participation in decision-making, and perceived social support to job satisfaction and to investigate the relationship of role stress conflict, role stress ambiguity, participation in decision-making, and perceived social support to organizational commitment. Five instruments plus a demographic questionnaire were used to gather data. Role conflict and role ambiguity were assessed through the scale developed by Rizzo, House and Lirtzman (1970). Job satisfaction was measured through the Job Satisfaction Index evolved by Brayfield and Rothe (1951). Participation in decision-making (PDM) was gauged using the PDM scale constructed by Vroom in 1959. Social support was appraised through the Social Support Scale created by G. Caplan. Organizational commitment was surveyed through the organizational commitment questionnaire formulated by Mowday, Steers, and Porter (1979). Data were obtained from 148 professional nurses in the Army Nurse Corps via random stratified sampling. Significant relationships were found between role stress conflict and job satisfaction, between role stress ambiguity and job satisfaction, and between participation in decision-making and job satisfaction but not between perceived social support and job satisfaction. Significant relationships were found between role stress conflict and organizational commitment, between role stress ambiguity and organizational commitment, between participation in decision-making and organizational commitment, and between social support and organizational commitment.

Ferguson, Harriett W., Predicting Successful Completion of the Bachelor of Science in Nursing Degree and Successful Performance on the National Council Licensing Examination from Preadmission Variables, Dissertation, New York, NY: Columbia University Teachers College, 1987.

Abstract: The need for the nursing profession to recruit and retain the most able and promising applications has been well recognized. In the



present economic climate and with the current and projected shortage of professional nurses, this concern has become even more crucial. This study was designed to determine how well present admission criteria to a school of nursing predict subsequent successful program completion and a passing score on the professional licensing examination.

Nine demographic variables and 11 academic variables were used as predictors with the two outcome variables. The ex post facto convenience sample of 192 was taken from the records of three years of students who entered an upper division nursing program in a major urban university. Questions answered by the study were: (1) what is the relationship between high school rank, Scholastic Aptitude Test scores, selected preprofessional courses, the preprofessional grade point average, and successful completion of the baccalaureate degree in nursing, as well as the professional licensing examination? (2) What is the relationship between demographic data and successful completion of the baccalaureate degree, as well as successful performance on the professional licensing examination? (3) What combination of preadmission variables best predicts successful completion of the baccalaureate degree and subsequent successful performance on the professional licensing examination?

Findings indicated that the location of place of residence, the type of education institution which provided the preprofessional courses, the score earned on the SAT-Verbal test, and the grade earned in the course Introduction to Sociology demonstrated the highest predictive power for program completion. The type of preprofessional education institution was highly related to the earning of a passing score on the professional licensing examination as were the courses Chemistry I and Introduction to Sociology, the preprofessional grade point average, and the score earned on the SAT-Verbal test.

Future research indicates a need to test the prediction equation derived from the data and to engage in cooperative and comparative research with other educators in institutions offering the nursing major. The need for a more flexible and creative approach to the preprofessional curriculum is suggested.

Feris, Michael L., and Peters, Vernon M., Organization Commitment and Personnel Retention in the Military Health Care System, Master's thesis, Monterey, CA:Naval Postgraduate School, Dec. 1976.

**Abstract:** The question of how sufficient numbers of military health care providers can be maintained to meet an increasing demand on their services in the face of the all-volunteer service provides the focus for study. This thesis addresses the personnel retention issue through a model of organization commitment developed for a synthesis of research findings in related areas of organization psychology. The model is tested upon an existing pool of survey data drawn from the three military medical services. Discriminant analysis is employed to segregate the sample into degrees of commitment to determine the most successful predictors of retention and motivation. It was found that an individual's length of service and the perception of the command's concern for human resources were

consistently more powerful predictors than the concern for salary, status, and educational opportunities. Profiles of the four categories of commitment are developed which provide insight into which individuals can more likely be retained in service. The profiles suggest areas in which organizations can move to improve upon retention and organizations can move to improve upon retention and motivation. It is concluded that the concept of organization commitment discloses a broader range of effective policy choices than models presently available.

Frelin, A.J., Misener, T.R., and Mchanic, H.F., Army Nurse Corps Personnel Management Practices, Fort Sam Houston, TX:Army Health Care Studies and Clinical Investigation Activity, Sept. 1984.

**Abstract:** Study was assigned as part of AMEDD Study Program FY 82. All ANC officers were surveyed (91% responded) to provide insight into important attitudes, preferences, and responses to a wide range of personnel proposals, education, opportunities, and nursing assignments. This will provide ANC planners with a method for identifying those policy alternatives which appear to offer the most effective and efficient control of the recruitment, training, promotion, retention, separation, and retirement of nursing personnel and for predicting the effects of these policy alternatives upon future ANC activities.

Frelin, A.J., Misener, T.R., and Mechanic, H.F., Army Nurse Corps Personnel Management Practices (Executive Summary), Fort Sam Houston, TX:Army health Care Studies and Clinical Investigation Activity, Sept. 1984.

**Abstract:** All Army Nurse Corps (ANC) officers were surveyed (91% responded) to provide insight into important attitudes, preferences, and responses to a wide range of personnel proposals, education, opportunities, and nursing assignments. Conclusions were: (1) Pay/Allowances/Benefits (a) not a primary issue in attrition except for 66Fs (do not have pay parity with civilians), (b) most support the issue of professional pay for some groups of nurses, and (c) much concern with perceived erosion as evidenced by pay caps, high unreimbursed expenses, and proposals to reduce existing benefits; (2) Present Duty (a) primary concern of all groups is short-fall of personnel available to carry out mission, (b) most ANCs like their jobs; (3) Assignments/Career Planning. ANCs do not believe they have adequate input into career planning/assignments; (4) Military Professional Issues (a) ANC is a professional Corps, proud of its place/responsibility to USA, (b) reluctant to give up recognition of excellence for promotion/selection for leadership positions; (5) Professional Issues (AMEDD Nursing) - ANCs perceive role of AMEDD nursing more professionally challenging than civilian sector, and (6) Attrition Propensity (a) not high in ANC, (b) most frequently cited reason for leaving is inability to combine career and family, (c) most frequently cited reason for staying is professional growth opportunities.

French, Diana Gail, An Investigation of the Beliefs of Registered Nurses Towards Service in the Army Nurse Corps, Reserves (Military, Recruitment, Attitude), Dissertation, Toledo, OH: The University of Toledo, 1986.

**Abstract:** An investigation was undertaken to examine the beliefs of registered nurses in the state of Ohio towards service in the Army Nurse Corps, Reserve. Martin Fishbein's behavior-intention model, a major theoretical model designed to predict and explain behavior, was used as the conceptual framework for the investigation. Data were collected from 334 registered nurses, both civilian and Army Reserve, in the state of Ohio. Statistical analyses included chi-square analysis of sample demographics, Student t-tests, Pearson correlations, multiple regression and stepwise multiple regression analysis, discriminant analysis, and reliability analysis. Student t-tests, with the Bonferroni correction, revealed significant differences ( $p < .05$ ) between the behavioral and normative beliefs of civilian and Army Reserve nurses regarding serving as a nurse in the Army Reserve. Pearson correlations support the validity of the attitudinal and normative components of the Fishbein model. Multiple regression analysis of the primary model components revealed that attitude and subjective norm accounted for 52% of the variance in the criterion variable. Stepwise multiple regression analysis showed that the belief and evaluation variables accounted for 65% of the variance regarding serving as a nurse in the Army Reserve. The findings were further validated by a discriminant analysis which showed that 94% of the cases were correctly classified by the belief variables.

Friss, L., "An Expanded Conceptualization of Job Satisfaction and Career Style." Nursing Leadership, 4:13-22, 1981.

**Abstract:** From where will the nurses come given that the prediction is that patient care in the future will consist of increased acuity and the nurse/patient ratio will necessarily be lessened? More nurses are leaving the profession and tend to not return to it; those planning to return wish to return to part-time work. Dependence on previous strategies will not provide enough nurses to meet the demand. At this point in time nurses were paid less than the average teachers wage; if nursing were a male dominated work type, pay would be 29-43% higher. Fringe benefits associated with tenure have been minimal. Nurses are viewed by hospital administrators as a pool of local women who have minimal career aspirations. Women are now interested in developing career situations which parallel with men. Job satisfaction is described as a positive attitude toward work with a good fit between what the employee is seeking and what the employer wants done: knowledge fit, efficiency rewards fit, the ethical fit, the psychological fit, and the task fit are discussed. Work motivation theory suggests that turnover and participation rates of females are related to earnings, the content of the work itself acts to enhance or diminish job satisfaction, voluntary withdrawal is related to the individual's expectations and perceptions. These factors are the basis for exploring the balance among contracts in

hospitals e.g. policy and labor-relations issues. Concept of career vs. job is discussed. These concepts are integrated in discussion, the resulting parameters include: Making existing career lines visible, defining jobs, establishing staffing policies and strategies. These are discussed in detail.

Greene, Kathleen S., Head Nurse Leader Behavior and Employee Job Satisfaction, Absenteeism and Turnover in Veterans Administration Medical Centers, Dissertation, New York, NY: Columbia University Teachers College, 1987.

**Abstract:** This hypothesis testing study addresses the problems of ineffective leadership behavior and high absenteeism and turnover rates among nursing personnel. Hersey and Blanchard's Situational Leadership Theory provided the framework supporting the research by considering the relationship between leaders and followers in various situations in selected Veterans Administration Medical Centers.

The significance of the study lies in an attempt not solely to identify the style of the leader, but to determine the impact of the effectiveness of the perceived style on employee job satisfaction, absenteeism and turnover. Unlike other leadership studies which focus on the leader, this study focuses on followers' perceptions of leaders in various situations.

The sample consisted of 300 registered nurses, licensed practical nurses, and nursing assistants selected from two Veterans Administration Medical Centers on the east coast. Each person received a survey packet consisting of three sections: demographic questions, Leadership Effectiveness and Adaptability Description Questionnaire (LEAD/OTHER), and two independent subscales of the Minnesota Satisfaction Questionnaire. One hundred seventy respondents (56%) returned the survey packets by mail in pre-addressed stamped envelopes.

Pearson Product Moment Coefficients, Point Biserial  $r$  or the Kendall Tau test for correlation were performed on six general hypotheses using a significance level of  $P \leq .05$ . Additional comparative analyses between Hospital 1 and Hospital 2 were employed to further elucidate findings and provide more meaningful implications and recommendations for future research.

Results of the study indicate that employees are most satisfied with a high task/high relationship leadership style. Three general hypotheses suggesting a positive correlation between satisfaction with supervisor and overall job satisfaction, effectiveness of the leader and style of the leader were supported. Two hypotheses suggesting a negative correlation between employee satisfaction with supervision and absenteeism and turnover were not supported. These results are discrepant with previous research findings and deserve further exploration. The hypothesis suggesting a positive correlation between satisfaction with supervision and perceived effectiveness was not supported.

Recommendations for future research include: a clearer definition of effectiveness, larger VA survey representation, contrasting data from private sector hospitals, and an improved method for collection of absenteeism data.

Grove, Kathleen A., The Paradox of Happiness: Job Satisfaction Among Nurse Practitioners, Dissertation, San Diego, CA: The University of California, 1987.

**Abstract:** The quality of working life, and the issue of job satisfaction, has long been a concern of social scientists. The literature on job satisfaction points to the importance of the objective features of work. It is theorized that the presence of such factors as adequate pay, autonomy, and so forth, are directly responsible for worker satisfaction or dissatisfaction.

This dissertation will analyze a basic paradox concerning job satisfaction. Focusing on one occupational group, nurse practitioners, I explore why they report so much job satisfaction, especially since objective indicators (such as level of supervision, worker control over the pace of work, and degree of autonomy) would suggest high rates of dissatisfaction and worker alienation.

Data from in-depth interviews with 65 practitioners as well as observations of job sites revealed that practitioners experience a great deal of job satisfaction—feeling that overall their work provided them with significant personal and professional rewards.

I begin the dissertation by describing the structural and cultural atmosphere that has surrounded the introduction and development of the NP role, including its relation to the professions of medicine and nursing. Following this I examine organizational factors that impact on the NP role and the individual experience and satisfaction. Two occupational settings are analyzed in detail, both providing expanded degrees of autonomy and flexibility. In the HMO, the process is facilitated by active physician-NP relationships. In the community clinics, autonomy is by default, as NPs fill a creneau or void and become the backbone of the clinic system. In both instances, NPs can expand their practice parameters and experience professional growth. These occupational contexts, and their impact on flexibility and autonomy force us to question simpler definitions of professional status and formulas for job satisfaction.

Finally, the dissertation presents an expanded model of job satisfaction which incorporates the influence of mediating factors (such as class and gender) on workers' perceptions and evaluations of job content and satisfaction. The comparative framework (which analyzes occupational choices and alternatives) focuses on the subjective evaluations of work and the relative nature of job satisfaction.

Haas, Sheila A.W., A Survey of Staff Nurse Perceptions of Proposed Outcomes of Clinical Ladder Performance Appraisal Systems (Job Satisfaction, Commitment, Continuing Education, Productivity), Dissertation, Chicago, IL: The University of Illinois, 1986.

**Abstract:** Clinical ladder performance appraisal systems have been recommended to nursing service administrators as a means of recruiting and retaining nurses by providing recognition and status. A clinical ladder performance appraisal system is a set of behavioral criteria organized into levels; each successive level specifies an increase in proficiency in clinical nursing.

A theoretical model was developed to explain the impact of clinical

ladders on staff nurses' perceptions. Fifteen research hypotheses inherent in the model were tested to answer the following question: Do nurses who work in an organization with a clinical ladder performance appraisal system perceive higher levels of performance feedback, continuing education in nursing, job satisfaction, professional achievement, and commitment when compared with nurses who work under more traditional forms of performance appraisal?

A survey was done to determine the impact of a work environment structured by a clinical ladder. All medical and surgical staff nurses working in three large metropolitan teaching hospitals were given questionnaires. Two of the hospitals had clinical ladders, one did not. Two follow-ups of nonrespondents yielded an 83 percent response rate, providing a sample of 671 staff nurses. Chi square and ANOVAs demonstrated that there were differences among the groups of nurses on some personal and organizational variables, but not on the variables age, sex, and experience.

Regression analyses demonstrated little support for the hypothesis that nurses working in an environment structured by the clinical ladder performance appraisal system perceive more performance feedback, continuing education involvement, job satisfaction, professional achievement, and commitment than nurses working under a more traditional performance appraisal system. However, clinical ladders are perceived determinants of the productivity component of professional achievement. Use of longitudinal design, further refinement of certain questionnaire subscales, and use of objective measures in conjunction with the questionnaire are suggested for future research efforts.

Hale, C., "Measuring Job Satisfaction," in NURSING TIMES, Mar 26-Apr 1, 1986, Vol. 82, #13: Occas Paper (5): pgs. 43-4.

Abstract: This paper is divided into two sections. Section One describes the literature on job satisfaction which has been developed, mainly in industry. A brief review is included of some of the main theories of job satisfaction and their development as well as a discussion of the problems of measuring job satisfaction. Section Two outlines some of the studies of job satisfaction which has been carried out among nurses in Britain and America and illustrates how this work has contributed to the understanding of job satisfaction in general.

Harvey, B.J., Hannah, T.E., "The Relationship of Shift Work to Nurses' Satisfaction and Perceived Work Performance," in Nursing Papers/Perspectives in Nursing, Winter 1986, Vol. 18, #4; pages 5-13.

Abstract: Shift work is an important issue in the nursing profession because it is difficult for most nurses to avoid it in some form or another (Mott, Mann, McLoughlin & Warwick, 1965; Rose, 1984). Being a working nurse, in most circumstances, implies working some form of shift schedule. Not only does shift work affect an individual's health, social life and performance (Aschoff, 1980; Colligan, 1983; Colquhoun & Rutenfranz, 1980; Felton, 1975), it also affects job satisfaction, fitness and life satisfaction in general (McGrath,

Kelly & Machatka, 1984). The deleterious affects of shift work have generally been attributed to desynchronization of the work-sleep cycle (Felton, 1975). This, in turn, may lead to disruption of the various metabolic functions which follow a circadian pattern (Tom, 1976; Walker, 1978). Thus, while shift work is essential for patient care, it can obviously result in negative effects on the nurses themselves. It is important, therefore, that researchers concern themselves with the effects of shift work and, in particular, with predicting individual responses to shift work.

Higashi, Carol J., A Correlational Study of the Characteristic Values and Needs With Work Related Factors Among Registered Nurses (Aspiration, Job Satisfaction), Dissertation, Stockton, CA: The University of the Pacific, 1986.

**Abstract:** Purpose. The purpose of this study was to determine whether there were distinctive interpersonal characteristic values and personality needs which related to registered nurses as a group and, whether these characteristics differed within the categories of various work related factors.

Procedures. A multistage cluster sampling procedure was used within a four county area in northern California. A random sample of staff-level nurses from five acute care hospitals provided data for this study. Dependent variables were derived from Gordon's Survey of Interpersonal values, Edwards Personal Preference Schedule, and a questionnaire devised and pre-tested by the researcher measuring the nurses' level of job satisfaction and aspiration in nursing. Independent variables included demographic data which included work related factors. The t-test, Pearson product-moment correlation, one-way analysis of variance, Fisher's L.S.D. multiple comparisons approach, and multiple regression analysis procedures were used to answer the research questions in this study.

Findings. The sample group demonstrated significant correlations between job satisfaction scores and the interpersonal characteristic values of Conformity and Independence with Independence being negatively correlated. Significant positive correlations were noted between the nurses' aspiration level in nursing and Leadership, Affiliation, Dominance, and Heterosexuality, whereas, negative correlations were noted with Independence, Deference, and Order. Diploma nurses scored higher than associate and baccalaureate degree nurses on Conformity and Order. Nurses employed within the categories of twelve years or more scored higher on Deference. Nurses who were employed less than twelve years scored higher on Heterosexuality. Results also indicated a significant relationship between the intensity level of the nurses' work assignment and Heterosexuality.

Recommendations. Development of a research instrument which is more specific to the assessment of critical elements associated with the nurses' values and needs and employment factors is recommended. Although the variables measured by the instruments employed in this study were appropriate, it was a very time consuming process for the participants. Further research question were generated from this study.

Hilton, T.F., Individual, Organizational, and Job Factors Affecting the Quality of Work Life Among Navy Nurse Corps Officers, Bethesda, MD:Naval School of Health Sciences, March 1987.

Abstract: This report summarizes results of a Navy-wide survey of all Navy Nurse Corps officers. Results showed that Navy nurses were satisfied with their jobs in general, were performing at or above expectations, and had a low turnover intent. Self reported quality of work life scores significantly predicted performance, job satisfaction, turnover, and perceived quality of nursing care in the Navy. The majority of nurses were dissatisfied or ambivalent with the quality of nursing care delivered in the Navy and they were dissatisfied or ambivalent with the quality of their work lives.

Hubbard, Sarah C., The Relationship of Job Satisfaction to Work Settings of Staff Registered Nurses, Dissertation, Boston, MA:Boston University, 1987.

Abstract: Registered nurses' job satisfaction is affected by a variety of intrinsic and extrinsic factors. The purpose of this study was to determine if differences existed among staff registered nurses in three different types of work settings (i.e., hospitals, nursing homes and home health agencies) in terms of job satisfaction and selected components of job satisfaction. A sample of 308 staff registered nurses from 38 work settings volunteered to participate in this study. The Stamps, Piedmont, Slavitt and Haase Work Satisfaction Scale (1978) and the Cornell Job Satisfaction Index (Smith, Kendall & Hulin, 1969) were used to measure job satisfaction. The ten job satisfaction components were autonomy, pay, supervision, job status, interaction, task requirements, organizational requirements, present job, promotion and co-workers. Data were analyzed with descriptive statistics, Pearson correlation coefficients and the MANOVA model. Major findings indicated a significant difference between job satisfaction scores and seven components of job satisfaction for staff registered nurses between at least two of the three groups. There were significant differences in Job in General scores, as measured by the Cornell Job Satisfaction Index, between hospital and home health registered nurses and between nursing home and home health care registered nurses. There were significant differences in the total scores, as measured by the Work Satisfaction Scale, between hospital and home health registered nurses and between hospital and nursing home registered nurses. Overall there was a difference in the degree of job satisfaction and all of its components (both intrinsic and extrinsic factors) except for pay, supervision and task requirements for staff registered nurses based on the type of work setting. The results suggest that the causes and relationships of job satisfaction are complex. The findings of this study identified intrinsic and extrinsic job satisfaction factors, which are influenced by structural and organizational variables in the work setting, that have implications for recruitment and retention of staff registered nurses. These findings can be used by employers of nurses, nursing educators, researchers and the profession.



Huey, F.L., "AJN Nursework Survey: What Keeps Nurses in Nursing?," in American Journal of Nursing, June 1987, Vol. 87, #6, pgs. 809-12.

Abstract: This report presents a survey form which is aimed at readers of the journal for their response to be mailed in after completion. NOTE: I suggest follow up by phone to the author for results of her survey, if she has them put together since June 1987. She presents results from a statewide survey with the same instrument used with a Texas response sample. Findings: After salary, the other conditions that made up the top 10 dissatisfactions of employed nurses were, in order: 2. Amount of paperwork, 3. Support given by administrators of the facility, 4. opportunity for furthering professional education, 5. Adequacy of laws regulating the practice of nursing, 6. Support given by nursing administration, 7. Acceptable child-care facilities, 8. Inservice education available, 9. fringe benefits, 10. Competence of non-RN staff.

Humphrey, Patricia A., Staff Nurse Job Satisfaction as Related to Perceived Head Nurse Leader Behavior in Selected Veterans Administration Hospitals in the Southeastern United States, Dissertation, Raleigh, NC:North Carolina State University, 1986.

Abstract: The major purpose of this study was to examine the relationship between staff nurses' job satisfaction and perceived head nurse leader behavior (consideration-structure). Secondary purposes were to (1) determine the relationship between selected demographic, situational, and organizational variables, and level of staff nurse job satisfaction and (2) to identify aspects of the head nurses' leader behavior that impact on staff nurses job satisfaction. A descriptive survey research design was used to gather data from a sample population of 220 staff nurses from 24 patient care units in two Level II Veterans Administration Hospitals in the southeastern United States using a three-part survey instrument. The survey instrument included: (1) Demographic Data; (2) the Needs Satisfaction Instrument; and (3) The Leadership Opinion Questionnaire. The data collected were subjected to analysis of variance, paired t tests, linear and multiple regression. Major conclusions that emerged from the findings were: (1) staff nurses perceived head nurse leadership behavior as being higher on consideration than on structure; (2) there were no significant relationships between perceived head nurse leadership behavior and selected demographic, situational, and organizational variables except for the variable patient capacity; (3) staff nurse job satisfaction was related to race, marital status, years of nursing experience, number of years in present position, size of unit, and willingness to accept other employment; and (4) staff nurse job satisfaction was positively correlated with perceived head nurse consideration behavior.

Hunter, J.K., Bamberg, D., Catiglia, P.T., McCausland, L.L., "Job Satisfaction: Is Collective Bargaining the Answer?," in NURSING MANAGEMENT, Mar 1986, Vol. 17, #3, pgs. 56-60.

Abstract: In this article a study exploring the attitudes of nurses regarding collective bargaining (CB) was presented. The results indicate that ADN nurses were more supportive of CB than were BSN nurses. Does CB increase job satisfaction? This study states "no." CB was seen as having no effect on advancement. Do represented nurses, those with CB units to work on their behalf, rate their jobs as better? Fringe benefits, grievance procedures, job security, shift differential, and choice of shift were rated as better by represented nurses than by non-represented nurses; these were able to be managed through collective bargaining. Those not represented said that these were less than adequate except for security. Does age, sex, marital status and position affect attitudes about CB? The age range for the affirmative responses about CB was 26-35. Marital status had no effect. 69% of supervisors said CB cannot help improve a job; 71% felt they do not have more input into working conditions with CB. However, supervisors are part of management and usually do not come under CB. Regarding having change control over job conditions, 60% of those reporting yes were not represented by CB. Attitudes toward CB become more favorable with increasing job satisfaction.

Iglehart, John K., "Problems Facing the Nursing Profession," in New England Journal of Medicine, Vol. 317, no.10, September 1987, pp. 646-651.

Abstract: This is a timely article that examines a variety of factors contributing to the nurse shortage: conditions in hospitals under which most nurses work - small financial rewards as compared with their responsibilities, limited autonomy in clinical situations, and little involvement in hospital management decisions regarding standards of practice and support services.

Institute of Medicine (U.S.) Division of Health Care Services, Nursing and Nursing Education: Public Policies and Private Actions, National Academy Press, Washington, D.C., 1983. ISBN# 0-309-03346-2; LOCC # 83-60053.

Abstract: This is the final report of a two-year study of nursing and nursing education underway early in 1981 by the Institute of Medicine of the National Academy of Sciences. The study was prompted by controversy in the late 1970's as to whether further substantial federal outlays for nursing education would be needed to assure an adequate supply of nurses. Included is an assessment of the need for continued federal support of nursing education programs, recommendations for improving the distribution of nurses in medically underserved areas, and suggested actions to encourage nurses to remain active in their profession.

Johns, Lois A., Koneck, Anna, and Mangelsdorff, A. David, Army Nurse Clinician Satisfaction and Retention, Fort Sam Houston, TX:Academy of Health Sciences (Army), Health Care Studies Division, Nov. 1978.

Abstract: The purpose of this study was to identify those factors which Army nurse clinicians perceive to affect their job satisfaction and retention on Active Duty. Statistical review indicated that nurse

clinicians were more satisfied than staff nurses and were well utilized in their jobs. They were not satisfied with supervisory competency and indicated job opportunities were greater in the civilian than in the military community. There were indications for middle management education.

Kirsch, Janet S., Hospital-Sponsored Education and Nurse Employment Satisfaction, Commitment to the Organization, and Intent to Stay: An Exploratory Study, Dissertation, Bloomington, IN: Indiana University, 1987.

Abstract: The purpose of the study was to determine the extent to which nurse perceptions of available hospital-sponsored educational opportunities are associated with: (1) their commitment to a hospital organization, (2) their intent to remain employed in the organization, (3) their overall work satisfaction, and (4) selected demographic variables.

Employee turnover models developed by Mobley, Griffith, Hand, and Meglino (1979) and Steers (1977) and Herzberg's two-factor theory of motivation (1959) provided a majority of the theoretical base. Commitment as defined by Becker (1960), Fishbein's theory of behavioral intention (1979) and Tobin's model for hospital-sponsored education (1979) provided further conceptualization.

The following research instruments were completed by a convenience sample of one hundred and forty-one registered and licensed practical nurses employed in a large inner-city teaching hospital: (1) the Job Description Index (JDI) which measures overall work satisfaction, (2) the organizational Commitment Questionnaire, (3) the Perception of Educational Opportunity Scale, (4) Intent to Remain questions, and (5) the demographic assessments.

Utilizing Pearson-product moment correlations the findings were: (1) a significant positive relationship between nurse satisfaction with hospital-sponsored educational opportunities and overall work satisfaction, commitment to the organization, and intent to remain employed in the organization, (2) a significant inverse relationship between satisfaction with hospital-sponsored educational opportunities and age, number of years in nursing practice, and number of years in present position, (3) no significant relationship between satisfaction with hospital-sponsored educational opportunities and level of respondent education, employment status, occupational position, marital status, and number of children. Multiple regression revealed with organizational commitment, age and overall work satisfaction taken together accounted for 34 percent of the variance in satisfaction with hospital-sponsored educational opportunities.

Kosmoski, K.A., Calkin, J.D., "Critical Care Nurses' Intent to Stay in Their Positions," in RESEARCH IN NURSING AND HEALTH, March 1986, Vol. 9, #1, pgs. 3-10.

Abstract: The purpose of this study was to build upon earlier research into the relationships among locus of control, organizational unit structure, job satisfaction, and registered nurses' intentions to remain in their positions. The data were collected by a questionnaire from 214

registered nurses from adult critical care units within 12 hospitals in two Midwestern cities. The best predictor of intent to stay was satisfaction with work activities ( $R = .43, p < .05$ ). Satisfaction with job remuneration, lower level of nursing education, and less intent to continue work toward a advanced degree or to do work-related educational activities also contributed to intent to stay on the job ( $R = .52, p < .05$ ).

Lemler, S.F., Leach, A.K., "The Effect of Job Satisfaction on Retention," in NURSING MANAGEMENT, April 1986, Vol. 17, #4, pgs. 66-8.

Abstract: This study found that the usual reasons as salary, professional practice issues, and staffing were not the reasons why nurses at an Indiana pediatric hospital were leaving their jobs. Those leaving reported being more satisfied than less satisfied with their work and work settings. This hospital had all-nurse staffs, decentralized management, and modified primary nursing. These nurses left for "personal" reasons. It is proposed that nurses make the decision to leave based on more factors than those which have been addressed in research findings to date.

Lensing, S.B., Model of Career Orientation for Military Nurse Corps Officers, Master's thesis, Monterey, CA:Naval Postgraduate School, Dec. 1984.

Abstract: The purpose of this thesis was to investigate whether the perception of alternative job factors affected the career orientation of military Nurse Corps officers in both their initial and non-initial period of service obligation. The sample was selected from the 1978 Department of Defense Survey of Officer and Enlisted Personnel conducted by the Rand Corporation. Nurses were divided into career orientation groups according to years of service intended. The groups were homogeneous with respect to demographic and current job characteristics. Stepwise discriminant analyses were performed to select the set of alternative job attributes which best discriminated between each career orientation group. Discriminant analyses were also performed on each individual alternative job attribute to determine the single best discriminator. Knowledge of the perception of alternative job factors will provide manpower planners with useful information to evaluate the effect of personnel policies on the stay/leave decision of junior Nurse Corps officers.

Link, Charles R., "Returns to Nursing Education: 1970-1984," The Journal of Human Resources, 23(3):372-387.

Abstract: Using four large micro data sets, this paper examines the returns to investments in education by registered nurses during the period 1970-84. Wage models are estimated by a maximum likelihood technique that accounts for selection bias. No wage difference existed between associate and diploma degree nurses. Modest hourly wage premiums were found for baccalaureate (BS) compared with associate degree nurses. Returns to positions of responsibility were substantial. However, when career patterns of promotion were examined in a

multinomial logit model, and although statistically significant differences existed in favor of the baccalaureate nurses, the differences were small. Blacks made substantial gains over the period while males consistently earned large wage premiums.

Longo, R.A., Uranker, M.M., "Why Nurses Stay: A Positive Approach to the Nursing Shortage," in NURSING MANAGEMENT, July 1987, Vol. 18, #7, pgs. 78-9.

**Abstract:** Hospitals should adopt a premise: A nurse retained is a nurse recruited. Retention of nurses means an investment protected. If satisfiers that cause nurses to stay are identified and used properly, nurses will probably stay. This study was conducted in two 500 bed teaching hospitals in PA, one private, one government. The instrument used to measure satisfaction was the Job Descriptive Index (JDI). It measured five variables: present pay, work on present job, opportunity for promotion, supervision of present job, people on present job. The 72 items indicated a satisfying or dissatisfying attribute regarding one's job using subscales from those items. Average government nurse: female, 38.5 years old, married, w/o dependents, diploma grad., employed for 9.33 years at the hospital, fulltime with rotating shift and on a medical unit. Private hospital nurse: female, 32.1 years old, single, w/o dependents, diploma grad., employed for 8.58 years there, worked fulltime rotating shifts on a surgical unit. Pearson PPM correlation was used to test: there are sig. correlations among the five variables measured for nurses in these two settings relative to nurses degree of job satisfaction. Low or moderate correlations were found among all variables except pay and supervision at the government hospital. Implications of the results toward development of a retention plan: Develop a staff nurse consultation program, encourage and support management education, increased communications skills development, addressing salary issues and career opportunities for growth and direction within the institution, enhanced availability of support systems such as child care, availability of parking, merit increases, recognition sources, and flex scheduling based on longevity and service. The monetary value of these must be imparted. Capitalizing on satisfiers currently available could improve retention. Improving promotion opportunities may add to retention also. Constant monitoring of the satisfiers and their performance is important for long range planning for retention.

MacKay, R.C., Storey, R.G., MacLean, L.C., Misick, J.D., Glube, R.H., Pereira, L., "Job Design: Matching Jobs to Staff Nurses' Interests," in NURSING MANAGEMENT, April 1987, Vol. 18, #4, pgs. 76-8, 80.

**Abstract:** In a study of 456 nurses in eastern Canada, five profiles were distinguished as reasoning groups for leaving their present position: kinship (20%), hospital related voluntary (18%), these two together (21%), these two plus health/retirement reasons (28%), and other reasons (13%). Correlation of intention to leave with resignations was .63 (stat sig). Further analyses looked at 360 nurses who stayed with no change in either job or employment status (n=240) or left

their hospitals (n=120) one year after stating intention about leaving or staying. More of group 1 were married with less aversion to authoritarianism; it follows the family reasons would be a decision factor for leaving or staying. Group 2 tended to be mostly single, highly mobile, independent, and averse to authoritarianism. Group 3 tended to have the shortest tenure; they were the youngest, tended to be least authoritarian, about half were married. Group 4 were most like those in group 5. Rankings on intentions to leave were in the order 3, 2, 1, 4, 5; on resignations one year later rankings of the groups were 3, 2, 1, 4, 5, (e.g. group 1 was ranked 3rd, etc.). Five factors seemed to dominate the various decisions of nurses in these groups. These are workload, role clarity, professional growth and development, shift work, size of the work group. only 8 (1.8) were promoted during this one year period. The flat career path suggests that there is no future in the profession of nursing.

Mallison, M.B., "Selling a Career that Starts with Care". American Journal of Nursing, 1986 October.

Abstract: This article looks at the issues of nurses in achievement positions and discusses the emotional rollercoaster of finding how good it can be for some versus the recent indicators of downturn in nursing such as low enrollments, and what isn't going on with recruitment for nursing of the future. The intent of this piece was to discuss a funded project called "Nursing Now" (NN) being conducted in Chicago as a major effort to recruit people into the career field of nursing. NN recruits through formal interactions with area schools and by informal referral from school nurses to recruiters. In selling nursing, nurses will be successful by selling themselves as examples of the profession.

McCloskey, J.C., McCain, B.E., "Satisfaction, Commitment and Professionalism of Newly Employed Nurses," in IMAGE: THE JOURNAL OF NURSING SCHOLARSHIP, Spring 1987, Vol. 19, #1, pgs. 20-4.

Abstract: Over their first year of work all nurses employed in a large hospital reported decreased job satisfaction, decreased organizational commitment, and decreased professionalism. This happened with both new graduates and experienced nurses alike; only Master's prepared nurses did not report this decline. The results suggest that employers need to assess the initial expectations of new nurses and either meet more of those expectations or help new nurses form more realistic expectations about their jobs.

McClosky, Joane C. and Helen K. Grace, eds, Current Issues in Nursing, 2nd edition, Blackwell Scientific Publications, 1985, Boston, Mass. ISBN # 0-86542-019-X.

Abstract: This is an edited volume covering areas of: Definition of Nursing; Nursing Knowledge; Changing Education; Changing Practice; Quality Assurance; Personal and Professional Assertiveness; Role Conflict;

Cultural Diversity; and Ethics. Each section is preceded by an overview.

McMahon, M., "Preserving the Freedom...Shortage of 31,000 Nurses in the United States Military Reserves," in JOURNAL OF EMERGENCY NURSING, Jul-Aug. 1987, Vol. 13, #4, pgs. 194-6.

Abstract: The shortage of 31,000 nurses in the U.S. military, including the reserve programs, is the reason that the National Nursing Executives Conference, sponsored by the DOD, convened and gave two days of undivided attention to the topic. NOTE: SEE OPENING PARA FOR NAMES OF VIPS IN ATTENDANCE. Solutions to the problem are not clear. Strategies: Inform the nursing community, increase entry age into the reserves to 48 years, put in place educational assistance programs and bonus for entry programs. (The Reserve program is the targeted need locus rather than active duty). Also, identify ways in which nursing organizations could assist DOD in recruiting, develop videos of current nursing leaders who are also reservists for PR purposes, and to encourage nurses who are reservists to recruit on a personal level those nurses who participate in the civilian arena with them.

Miller, Jean, USAR/ARNG Nurse Corps Survey II: An Analysis of Factors That Influence Recruitment, Retention, and Mobilization. University of Utah College of Nursing, Salt Lake City, Utah, 1987.

Abstract: The purpose of this planned study is to identify nurse and unit characteristics that affect nurse satisfaction and consequently retention in the US Army Reserve. The main variables are nurse characteristics, job satisfaction, commitment and retention. A written questionnaire will be fielded to a sample of Army Nurse Corps members in troop program units and telephone interviews will be undertaken with nurses who have recently left the Reserves. Data will be cross-tabulated and correlations calculated.

Miller, Neale, The Nursing Shortage: Facts Figures, and Feelings, Research Report of the American Hospital Association, Division of Nursing, American Hospital Association, Chicago, Illinois:1987. AHA Catalogue # 154100, ISBN 0-87258-458-5.

Abstract: This report presents information on the perceived nurse shortage that was available to the American Hospital Association in early 1987. This report provides a perspective on the nurse recruitment and enrollment issue as reflected in the literature as well as through the opinion and reflections of the critical parties involved - the student, the practitioner, and the administrator.

Montague, Mamie C., The Relationship Between Job Satisfaction and Communication, Decision-Making, and Work Attitudes of Nursing Service Personnel, Dissertation, College Park, MD:The University of Maryland, 1986.

Abstract: This research explored the relationship between job satisfaction and attitudes toward organizational communication, decision-making, and work among nursing care providers using a correlational and factorial

research design.

The sample consisted of two hundred and twenty-seven (N=227) nursing service employees at an inner city hospital. The respondents were randomly selected and assigned to five groups. These were: (1) associate degree nurses; (2) baccalaureate nurses; (3) diploma nurses; (4) licensed practical nurses; and (5) nurses' aides. A sixth group (N=53) was formed through random selection of respondents from each of the previous five groups.

The groups were administered five scaled instruments. Three instruments developed by the investigator were used to measure the independent variables--attitudes towards organizational communication, decision-making, and work. Two instruments were used to measure the dependent variable--job satisfaction. Stamps' Revised Occupational Satisfaction Scale for Hospital Nurses was used to measure multifaceted satisfaction, and Brayfield and Roth's Index of Job Satisfaction was used to measure overall satisfaction. In addition to completing the five instruments, respondents of the sixth group provided questionnaire and interview data.

Results of the Stepwise Multiple Regression analysis showed that attitudes toward work and organizational communication were significantly related to job satisfaction on both dependent measures. Attitudes toward decision-making did not show a single or isolated effect in the linear analysis.

Analysis of variance showed: (1) significant main effects for attitudes toward work and communication on both dependent measures; (2) two significant two-way interactions between the attitudes toward work and decision-making, and attitudes toward work and level of education; and (3) a significant four-way interaction among attitudes toward decision-making, communication, work and level of education on Stamps' measure.

It was concluded that: positive attitudes toward work and communication have a definite influence on job satisfaction; attitudes toward work were the best predictor of overall job satisfaction; communication attitudes were the best predictor of multifaceted job satisfaction; positive work attitudes were associated with positive attitudes toward decision-making, coupled with positive attitudes toward organizational communication; and baccalaureate and diploma nurses experience more job satisfaction than associate degree nurses, licensed practical nurses, and nurses' aides when their work attitudes were positive.

The descriptive data provided support and plausible explanations for these findings.

National Commission on Nursing (an independent commission sponsored by American Hospital Association, the Hospital Research and Educational Trust, and American Hospital Supply Corporation), Summary Report and Recommendations, April, 1983, ISBN 0-87914-071-2, Trust Catalogue # 654200, The Hospital Research and Educational Trust:Chicago, IL.

**Abstract:** This report is a compendium of the commission's analysis of nursing-related problems and issues and future directions. Nurses; physicians; health care administrators; hospital trustees; and



representatives from business, academia, government, and professional organizations worked together in the forum of the commission. The commission set out to develop the broad perspective needed for analysis and resolution of the problems pertaining to providing high quality nursing care in hospitals.

National League for Nursing, Division of Public Policy and Research, Nursing Data Review, 1986, National League for Nursing, New York, NY, 1987, Pub. # 19-2176. ISBN 0-88737-357-7.

Abstract: This report offers an overview and summary of the League's recent research activities. The data were compiled by the Division of Public Policy and Research and report the findings of two major surveys: the annual survey of state-approved schools of nursing (1983-84) and the biennial survey of nurse faculty (1986). Module format, with each module covering the results of a particular study. Many Tables.

Nichols, Glennadee A., "Important, Satisfying and Dissatisfying Aspects of nurses' Jobs," Supervisor Nurse, Jan. 1974.

Abstract: The perceptions of 181 young nurses are reported regarding the importance of and satisfaction or dissatisfaction with selected aspects of their jobs. The report is based on the results of a comprehensive survey using a 18-page questionnaire to explore factors associated with career decisions of military nurses. All survey respondents had been registered nurses for two or three years and had experienced staff nursing in hospitals. Almost 50 percent of respondents had also held positions of head nurse or assistant head nurse. Biographic characteristics of the nurses were as follows: 79 percent were women, 59 percent were under 24 years of age, 39 percent were married, and 31 percent had baccalaureate degrees. The following five aspects of the job were viewed as the most important and satisfying for nurses (those intending to remain in practice and those intending to leave military service): challenge in the job, working relationships with coworkers, type of clinical work, periodic increases in salary, and amount of salary. Two items were satisfying to less than 50 percent of nurses: independence in making professional decisions, and assignment according to preference. Rated important but particularly dissatisfying for 40 to 50 percent of all nurses were impartial treatment of employees, quality of supervision, opportunity to voice opinions at work, and information regarding the evaluation of work.

Nichols, Glennadee, A., "Job Satisfaction and Nurses' Intentions to Remain With or to Leave an Organization," Nursing Research, May-June 1971, 20(3):218-228.

Abstract: Findings are presented of a job satisfaction study of 181 novice Army nurses, conducted using a questionnaire that included four different scales; ease of movement (from military to civilian life), importance, satisfaction, and available alternatives. The latter three related to fringe benefits, job challenge, pride in employer,

and amount of vacation per year. The study hypotheses and methodology are included, as is the study instrument. The questionnaire also elicited biographic and working and living experience data. Findings indicated that 17 percent of the nurses intended to remain the Army Nurse Corps, seven percent were undecided, and 76 percent planned to leave military service. men intended to remain more frequently than women. There was no difference in the percentage of married and unmarried men intending to remain, but a significantly larger percentage of unmarried than married women intended to remain. The difference also was significant among respondents without dependents. There was a significant difference between stayers and leavers in the satisfaction expressed with 30 items in the working and living situation in the Army. The stayers were more satisfied. There was no difference, however, in the satisfaction expressed by men and women, nor by married or unmarried nurses.

Nichols, J.C., Turnover Among Air Force Nurses, Master's thesis, Wright-Patterson AFB, Ohio:Air Force institute of Technology, March 1987.

Abstract: Nursing turnover is costly in money, personnel, and employee morale. The research in nursing turnover has alluded the job satisfaction, the personal reasons or the job itself as possible causes. This study identified U.S. Air Force Nurse Corps officers at risk for turnover, how satisfaction impacts on the turnover, the impact of Work Role Design and Individual motivation on the satisfactions, and the stated reasons for turnover. It was reasoned that if satisfaction factors do have an impact on turnover, more administrative attention could be focused on these factors through Work Role Design and/or motivational Theory to decrease turnover. The sample population consisted of 1,200 Active Duty nurses working in medical Treatment Facilities worldwide. The specialties included: Administration, Clinical Nursing, Nursing Education, Mental Health Nursing, and the Operating Room. In all, 885 surveys were returned (73.75%).

Noether, Monica. The Growing Supply of Physicians: Has the Market Become More Competitive? Journal of Labor Economics, 4:4, 1986, pp. 503-537.

Abstract: The stock of U.S. physicians at any point in time is modeled as a weighted average of the supply that a perfect cartel would produce and that would prevail under perfect competition. Estimation of a system of stock and income equations over the post-World War II period shows that, after holding constant demand and marginal cost conditions and accounting for gradual adjustment to changes in equilibrium, the weighting parameter has moved toward the competitive extreme since 1965. This rise in the degree of competition is estimated to have increased physician stock by 6%-20% and concomitantly decreased medical incomes by 19%-45%.

NURSING, "Nursing Shortage Poll Report," February 1988, Vol. 18, #2, pgs. 33-41.

Abstract: How is the nursing shortage affecting nurses today? To answer that question, we ran a poll in our July issue last year, and we were overwhelmed by the response—8,023 nurses took the time to tell us what's happening, and many of them wrote long letters. This was an unusually high response, so we know these problems are pervasive. We'd wanted to get this grass roots feedback—no other organization or publication that we knew of was seeking nurses' opinions on such a large scale as this. But we also wanted to see if staff nurses at large were saying the same thing nursing management was saying. So, at the same time, we mailed a separate survey to 500 nursing executives—primarily directors of nursing (DONs)—across the country. We compared these responses (and those from the DONs who'd answered our magazine poll) with the responses from nurses at large.

NURSING TIMES, "News Focus: On the Move," May 13, 1987, 83(19):16-19.

Abstract: This article summarizes the results of a survey conducted by the RCN (Royal College of Nursing). Over half the nurses questioned revealed they are considering leaving, or have actually left, the health service. The major reasons cited to explain the decision to leave included too much stress, a bad atmosphere at work, excessive workload and a desire for wider experience. Less commonly mentioned were "the constant struggle with underfunded resources", management style, poor promotion prospects and the desire for a higher standard of living. Factors which were found to be important in convincing nurses to stay in, or to return to the health service included better pay, realistic staffing levels and better counseling and support for nurses.

Okraimec, G.D., "Men in Nursing," in CANADIAN NURSE, August 1986, Vol. 82, #7, pgs. 16-8.

Abstract: More men are choosing nursing as a career. Are they happy with their choice? In response to a survey, 163 Canadian male nurses responded: yes. Only 4.3% expressed dissatisfaction with nursing. The response category Very Satisfied was given most often to: the attitude of male patients to male nurses, acceptance as a nurse by female co-workers, and the attitude of female patients to men in nursing. Respondents indicated satisfaction with salaries, attitude of other health care professionals toward them, and their interpersonal relations with co-workers. The neutral response was given to: opportunity for upward mobility, level of professionalism. A few responded negatively to respect afforded the profession, they were unhappy about performance appraisals. Demographics of age, years in nursing, type of institution, and years of employment there, educational program type, and geographical location did not influence job satisfaction. Marital status did make a difference; 71% were married and were generally more dissatisfied with salary as compared to single men. Men who said they would choose nursing again if given opportunity were more satisfied with most aspects of their work than were men who said they would choose differently. Those who were positive about nursing would recommend nursing to other men as a

career. Most respondents were satisfied with their careers.

Packard, J.S., Motowidlo, S.J., "Subjective Stress, Job Satisfaction, and Job Performance of Hospital Nurses," in RESEARCH IN NURSING AND HEALTH, August 1987, Vol. 10, #4, pgs. 253-61.

**Abstract:** This research concerns the relationship of subjective stress, job satisfaction, and job performance in hospital nurses. Obtained were self reports from 366 nurses, and performance ratings from 165 supervisors and 139 co-workers nominated by the original respondents. reported are the results of exploratory path analyses, based on a general model, whereby standardized beta coefficients were used to estimate paths. The findings are that stress and job satisfaction are not directly related, and that stress, primarily acting through depression, is associated with lower levels of job performance. Job satisfaction is unrelated to job performance, and is based on depression and hostility which are affected by stress and personal characteristics.

Pfaff, J., "Factors Related to Job Satisfaction/Dissatisfaction of Registered Nurses in Long-Term Care Facilities," in NURSING MANAGEMENT, August 1987, Vol. 18, #8, pgs. 51-5.

**Abstract:** Previous research indicates that nurses avoid long-term care nursing because of inadequate work conditions and lack of education about geriatric nursing. Job related factors which lead to satisfaction were explored and those which lead to job-dissatisfaction were defined; the study was done in Wisconsin. n=16, sex=all female, mean age was 39.4 years; 66% were single. The instrument used identified recognition, responsibility, achievement, advancement, and the work itself as issues associated with satisfaction. Dissatisfiers included facility policy, current job environment, salary, job security, peer interaction, and supervisor/staff relationships. 85% indicated that there was no advancement opportunity associated with their jobs. 80-82% indicated having responsibility given to them as they could handle it. About 78% reported finding the work itself challenging; 51% felt they used their full capabilities on the job; 78% indicated that they had little freedom to make decisions regarding their work; and 65% said that their work suffered because of too little time and too much to do and they left work feeling dissatisfied with the job they had done because of this. 68% indicated that they received recognition for their ideas which contributed to quality patient care, while 61% said that they received little praise for the work they did. 100% reported that they felt secure in their job positions; 41% reported seeing no advancement in their job positions. 86% stated satisfaction with work environment, 100% reported a safe environment. 82% of the urban subset stated pay was too low; all said pay was too low for the responsibilities they encounter; 40% of urban nurses felt this way. 60% said their supervisors were fair to them. All nurses in the urban subset held BSN; 70% in the rural subset held diploma in nursing.

Pilkington, W., Wood, J., "Job Satisfaction, Role Conflict and Role Ambiguity--A Study of Hospital Nurses," in AUSTRALIAN JOURNAL OF ADVANCED NURSING, Mar-May 1986, Vol. 3, #3, pgs. 3-14.

Abstract: This article presents data from Australia. In this study registered nurses employed in a large teaching hospital on full-time, permanent part-time and casual bases were compared on measures of job satisfaction, role ambiguity, role conflict and propensity to leave the organization. The data obtained were analyzed using t-tests and correlations. It was found that permanent part-time workers experienced more job satisfaction than casual and full-time workers. Role ambiguity was highest for the casual workers, while permanent part-time workers experienced less role conflict than full-time or casual workers. High levels of role conflict and not ambiguity were related to job dissatisfaction; likelihood of leaving the job was related to job dissatisfaction and not to role ambiguity or high role conflict.

Pincus, J.D., "Communication: Key Contributor to Effectiveness -- The Research ...Nurses' Job Satisfaction and Job Performance," in JOURNAL OF NURSING ADMINISTRATION, September 1986, Vol. 16, #9, pgs. 19-25.

Abstract: This field study of 327 professional nurses at an east coast teaching hospital investigated the effects of nurses' satisfaction with different facets of organizational communication on their job performance. The author found that certain aspects of communication (e.g., communication with supervisor, communication climate, personal feedback, and communication with top-level executives) are influential contributors to nurses' job satisfaction and, to a lesser extent, to nurses' job performance. The author suggests a number of ways nurse executives can increase the communication effectiveness of their nursing staffs.

Prescott, P.A., "Vacancy, Stability, and Turnover of Registered Nurses in Hospitals," in RESEARCH IN NURSING AND HEALTH, March 1986, Vol. 9, #1, pgs. 51-60.

Abstract: The purpose of this study was to determine if organizational, administrative, and practice factors differentiate among hospitals and patient care units as to registered nurse vacancy, stability, and turnover rates. Data from 90 patient care units in 15 hospitals are reported. Results from stepwise multiple regression indicate that 52% of the variability in vacancy, 56% of the variance in registered nurse stability, and 42% of the variance in relative turnover rates were explained by seven variables. Important predictors included nursing workload, characteristics of nurse staffing and practice, as well as job satisfaction. These findings indicate that a combination of organizational attributes and staff attitudes are important for understanding nurse staffing.

RN, "What Really Makes Nurses Angry...Short Staffing and Paperwork," January 1986, Vol. 49, #1, pgs. 55-6, 58-60.

Abstract: In a survey of 600 nurses, problems cited include: lack of staff, lack of support from hospital administrators, poor pay, too much paperwork, inter-nurse disloyalty, divided perspective about nursing education, lack of willingness to become involved politically, an employee mentality among some, limited time to do appropriate patient care, too much overtime needed in order to provide quality care, too often the evidence of a corporate climate, burnout.

Riordan, Janice M, The Relationship of Nurse Job Satisfaction to Perceptions of Autonomy in Different Work Settings, Dissertation, Oklahoma State University, 1987.

Abstract: Scope and Method of Study. The purpose of this study was to examine dimensions of job satisfaction, autonomy, and demographic variables of staff nurses working in hospital and non-hospital settings (community health, schools, and home health) and to identify predictors of nurse job satisfaction. The sample consisted of 204 registered nurses working in staff positions in three Kansas cities during Fall, 1986. Three instruments were used: (a) the Staff Satisfaction Scale, (b) the Index of Job Satisfaction, and (c) a demographic questionnaire. Participants were randomly selected from a computer list obtained from the Kansas State Board of Nursing. Findings and Conclusions. Non-hospital nurses reported significantly higher levels of overall job satisfaction and of two job satisfaction components: organizational requirements and task requirements. A strong trend toward greater satisfaction with autonomy was reported by non-hospital nurses but the difference between the two groups was not significant ( $p = .057$ ). Findings from the full sample showed prestige to be the strongest predictor (24%) of nurse job satisfaction.

Rosenfeld, Peri, Nursing Student Census with Policy Implications, 1987, New York, NY: National League for Nursing, 1988.

Abstract: This report presents the results of the NLN's 1986 annual survey of state-approved schools of registered nursing and higher degree programs. The following areas are examined in this report: basic RN education, admissions, enrollments, graduations, returning RNs in the BSN programs, men and minority students in basic nursing, doctoral programs and master's programs. Associate degree programs comprise over half the basic RN programs, with generic baccalaureate programs and diploma programs representing 31 and 16 percent, respectively. Sixty-five percent of all basic RN programs are publicly funded. Annual admissions--the number of first-time nursing students admitted between July 1985 and August 1986--plummeted 14.7 to 100.791. This is the lowest annual admissions figure since the early 1970's. Decreases in fall 1986 admissions were reported by all program types suggesting that enrollment will continue to drop in the next few years. The recent declines in admissions and enrollment have affected graduations. In 1985-86, 77027 students graduated from RN programs. This represents a drop of 6.2 percent since 1984-85.

While enrollments of first-time nursing students are dropping, the number of RNs returning for baccalaureate degrees continues to grow. The number of RNs graduating from baccalaureate programs grew over 8 percent. Baccalaureate programs reported declines in the percentage of men and minority enrollees, whereas associate degree programs reported increases. The number of graduates from doctoral programs increased 25.8 percent. Enrollment in master's programs rose to 19,958—a 3.3 percent increase since 1985. The largest number of master's students are preparing for advanced clinical practice. Medical-surgical nursing continues to attract the largest numbers of master's students in clinical practice and teaching.

Roth, A.V., and Walden, A.R. The Nation's Nurses: 1972 Inventory of Registered Nurses. Kansas City, Mo.: American Nurses' Association, 1974.

**Abstract:** The total number of RNs in the United States has increased 33 percent during the past decade and more than doubled since 1949. Furthermore, the estimated employment rate (percent of licensed RNs who are actively employed in nursing) has increased from 59.4 percent in 1949 to 70.5 percent in 1972. To what extent this increase may be due to an increase in the part-time complement over the years is not known. The supply to nurses has increased significantly and the nurse to 100,000 population ratio has risen from 298 to 380 in 10 years. Distribution still appears to be a problem in 1972. Some New England states have an estimated 600 or more RNs per 100,000 population while some southern states have yet to reach the national ratio of a decade ago (298).

The proportion of employed nurses who are married has increased steadily since 1949. The rise in the percent of married nurses who are employed from 1949 to 1972 is accompanied by a decline in the percent of employed nurses who are single. There appears to be no major fluctuation in the marital status of inactive nurses.

Some trends have been found in the proportion of registered nurses by activity and age group. In particular, the proportion of inactive registered nurses under 30 has fallen from 33.1 percent to 13.8 percent since 1949. The proportion of inactive nurses between 30 years and 39 years has also declined, from 38.3 percent to 29.0 percent.

A trend for older nurses to maintain active licenses to practice had developed. While the number of registered nurses had risen 33 percent between 1962 and 1972, the number of registered nurses over 50 years rose by 59 percent during the same period. In fact there were over 4.6 times as many nurses over 50 included in the 1972 inventory as in the 1949 study.

In 1970, the Division of Nursing of the Public Health Service, Department of Health, Education, and Welfare projected the need for employed nurses in the United States would reach 1,000,000 by 1975. The projection was broken down by type of educational preparation required. The 1972 Inventory indicates over three-fourths of the manpower needed by 1975 was available. However, the number of nurses prepared at the baccalaureate level or higher falls well short of the projected need. Furthermore, there are areas of the country where

there exists shortages of nurses prepared at all levels. Interpretation of these data should take into account factors related to the maldistribution of the nurse supply.

Rowden, R., "Consideration Costs Nothing...What we Have in Nursing is a Retention Problem," in NURSING TIMES, Aug. 26-Sep. 1, 1987, Vol. 83, #34, pg. 21.

Abstract: Reasons why staff leave the NHS(London) include poor pay, stressful working conditions, not being supported in reaching one's potential, view that selfless devotion to duty rules thinking as it used to, and the unspoken obligation to be perfect. Resources are finite and demand is infinite. It becomes important that employers attend to retention as a component of recruiting and work with staff to retain them rather than just allow the revolving door to continue. More consideration for the individual in the workplace costs nothing and can go far toward making work a more pleasurable experience. NOTE: London (NHS) views its problem as more non-employed nurses rather than a shortage of trained personnel. There is an anticipated change evolving now however that will effect a shortage in the next 2-3 years by virtue of a current reduced entry into nursing schools.

Scheffler, Richard, ed., Research in Health Economics, Vol. 1, (Greenwich, Conn.:JAI Press, 1979). (ILL)

Abstract: This work represents the first volume of the annual compilation of research in health economics. Of the many articles in this edited work, two on nurses stand out: Frank Sloan and Richard Elnicki provide a useful and important analysis of the factors that affect wage determination of nurses in hospitals. With an excellent data base, they set hypotheses about monopsony power, the effect of hospital unions, as well as the effect of education and training on nurse wages. Because of the complexities of the market for nurses, Donald Yett and Robert Deane developed a twenty-five equation simulation model. The model does provide a useful framework to explore the factors that affect aggregate requirement for nurses.

Seevers, James S. Recruiting Physicians and Nurses for the Reserve Components. Executive Research Project, The Industrial College of the Armed Forces. 1988.

Abstract: This paper introduces the problem of recruiting large numbers of health care professionals into the DoD Reserve Components by reviewing the recent history of the Total Force mix and the demand for physicians and nurses, especially those with critical specialties. The analysis includes a look at alternatives to reduce demand such as preventive medicine and provider substitution; however, the major thrust of the paper is an examination of the efforts to successfully tap the available supply to satisfy the growing demand. The presentation reviews previous recruiting initiatives, both proposed and implemented, and provides an assessment of the advantages and disadvantages of each. In addition to previous initiatives, the



author reviews current and projected trends in health care, such as increased competition and corporatization, and the potential effect on military recruiting. The author assesses less tangible factors that influence the propensity to serve, including leadership, unit cohesion, and the professional challenge. The paper also suggests additional incentives such as increased flexibility in military training and use of reserve physicians, collaborative training with the civilian sector, the potential draw of technology, and the ability to take advantage of changes in the U.S. health care environment.

Seybolt, J.W., "Dealing with Premature Employee Turnover," in JOURNAL OF NURSING ADMINISTRATION, Feb. 1986, Vol. 16, #2, pgs. 26-32.

**Abstract:** Premature nurse turnover was a topic of critical concern to nursing managers through the early 1980s. For the past few years, there has been less discussion of such turnover and what had previously been an acute shortage of nurses. A recent Wall Street journal article suggests why this lack of overt interest in nurse turnover may have arisen: "Economic downturns, paradoxically, often act as apparent cures for existing problems. In the midst of the past recession, for example, few companies (substitute hospitals) paid much attention to a management problem that was pervasive during the prerecession growth period: professional turnover." While the earlier nursing shortage may never reappear as critically as before, it is increasingly clear that understanding the causes of premature nurse turnover is essential if hospitals are to be able to retain their most valued nurse staff members. Thus, there remains a strong interest in the attitudinal precursors of such turnover and how they might help nursing managers avert dysfunctional nurse turnover.

Shields, Elizabeth A., A History of the United States Army Nurse Corps (Female): 1901-1937, Dissertation, New York, NY: Columbia University Teachers College, 1980.

**Abstract:** The purpose of this study was to provide an accurate report of the origin and development of the United States Army Nurse Corps (Female) from its inception through 1937, with emphasis on its special contributions to nursing through the standards of entrance to the corps and through the Army School of Nursing. An overview of the United States Army Medical Department is included as an aid to understanding the reasons for the establishment of the United States Army Nurse Corps and the department's relationship to significant activities and events in the development of the corps. The Spanish-American War forced the United States to utilize trained nurses by contract. The chapters dealing with the early years of the organization describe the contract system of nursing from the Army Medical Department, the activities of the Daughters of the American Revolution, and the societies of the Red Cross, with emphasis on the contributions of Dr. Anita Newcombe McGee in the organization and implementation of the Army Nurse Corps (Female). Included is a discussion of the contributions of the Superintendents of the Corps:

Mrs. Dita Kinney, Miss Jane Delano, and Mrs. Isabell McIsaac. Also included is a discussion of the American Red Cross Nurse as a member of the Army Nurse Corps Reserve and the issue of a third class of hospital worker, student nurses versus aids.

The chapters on the war years describe the difficulties of administration of the corps as it expanded from slightly more than 250 and 21,480 members. Included are the issue of rank for nurses, the recruitment of nurses, mobilization, and the shortage of nurses in the American Expeditionary Forces. Also described are the influenza epidemic that created a demand for nurses, the heroism of the nurses, and the death of Jane Delano.

The overview of the Standard Curriculum of the National League of Nursing Education is included in the chapter on the Army School of Nursing. The curriculum made implementation of the school possible throughout the United States. The training sites, methods of teaching, and the types of affiliation are explained.

The last chapter deals with the post-war years and the change in the nurse's status once relative rank was achieved. Included is a discussion of the changes in the corps that occurred under the leadership of Julia Stimson, the superintendent from 1919 to 1937. Also discussed is the relationship of the corps to the nursing organizations.

Slewitzke, Connie L., Vail, James D., and McMarlin, Susan A., US Army Reserve and National Guard Survey: An Analysis of Factors Which Influence Recruitment, Retention, and Mobilization. Nursing Research Service, Department of Nursing, Walter Reed Army Medical Center, Washington, D.C., 1982.

Abstract: A sample of 1,360 Army Reserve and National Guard nurses were surveyed to: (1) assess mobilization training needs and assets, (2) assess problem areas related to recruiting and retaining professional nurses, and (3) obtain data for policy change recommendations. Findings indicated that policy should be directed toward: providing more extensive educational opportunities, resolving civilian job-Reserve conflicts, utilizing flexibility in scheduling, and improving communications at all organizational levels.

Sloan F.A., Equalizing Access to Nursing Services: the Geographic Dimension. Hyattsville, MD.:DHEW; 1978:57-66. (DHEW pub. no. (HRA)78-51.

Abstract: This report looks at hospital exercising monopoly power regarding the market for nurses, and collective bargaining in the health care industry. This study isolates various types of factors on professional nurses wages using data from a 1973 cross section of hospitals. These factors include monopsony power, collective bargaining, nonwage benefits including fringe benefits, working conditions, amenities associated with the hospital location, and "philanthropic wage effects."

Taylor, M.S., and Covalleski, M. A., "Predicting Nurses' Turnover and Internal Transfer Behavior", Nursing Research, 1985.34(4):237-41.

Abstract: This research examined the predictability of internal job transfer and turnover behavior from nurses' career plans, work values, and job satisfaction. Values and career plans rather than job satisfaction were found to discriminate between persons who remained in their jobs, accepted internal transfers, or turned over within a one-year research period. Results raise doubts about nurses' use of internal transfer as a substitute for turnover and support the importance of employees' expectations about future satisfaction as a major determinant of job movement.

Texidor, Margaret S., and Hyde, Barbara L., A Survey of the Army Nurse Corps Reserve Program Membership Within the 807th Medical Brigade, unpublished manuscript presented at the Phyllis J. Verhonick Research Conference, Walter Reed Army Hospital, Washington, D.C., April 1988.

Abstract: The authors surveyed 193 nurse-members of a single Army Reserve medical brigade to identify factors which influenced nurses to enter the Reserves and to remain affiliated. Sixty percent of the respondents had previously served on Active Duty. The factors determined to be important for entry included: patriotism, being able to practice nursing from a different perspective, enhance self-worth, additional career direction providing contrast to civilian work, and promotion/personal and professional recognition.

Thies, C.J., "Nurse Recruiter: Interview Skills that get the Job," in KANSAS NURSE, October 1986, Vol. 61, #10, pgs. 2-3.

Abstract: Matching the job to the person is the theme of this article. Basic interviewing issues from the interviewee perspective are addressed. What hospitals should look for are also addressed: leadership qualities, knowledge of specialty, commitment to nursing, positive personality, flexibility.

Tobin, B.K., "'Would you Encourage your Child to be a Nurse'...Reader Poll Report," in NURSING LIFE, May-June 1987, Vol. 7, #3, pgs. 42-5.

Abstract: The reason nurses entered the profession in the 60's was that there were few occupations open to them. 77% of respondents in this survey (of 959 responding nurses) said they would not encourage their children to go into nursing. Reasons cited: poor pay, more education doesn't make a difference, poor hours, overwork and high stress, no respect, infrequent and unfair promotions, education means no change in limited autonomy in practice, professional leaders are divided about entry level and advancement=divided front, lack of power to make nursing decisions, lack of ability to use creativity, multitudinous government restrictions. Respondents said if they had it to do all over again, they would combine nursing with another professional track like law for example. Others suggest that it is time to look at what is right about nursing rather than what is wrong with it.

Todd, S.S., Wallace, L.F., "Will Inactive Nurses Help Solve the Nursing Shortage?," in NURSING MANAGEMENT, Sep. 1987, Vol. 18, #9, pgs. 104-6.

**Abstract:** A survey of 600 R.N.'s who were classified as unemployed by the N.C. State Board of nursing and who had retained licenses as active resulted in the following: 201 surveys were returned. 140 were usable for analysis; 45 nurses had returned to work. Age range=23-79; 76% under 65; 101 grads of diploma programs; 2 had MSN; 8 had ADN; remainder(14.6%) had BSN; 77.5% were married; 13.7% were widowed; 7.2% were single; most reported being homemakers; 10% reported being student, other, or no response. Most recent employment for 52% was hospital, 33% nursing school faculty, 15% office nurses. 24% were employed in non-nursing jobs. Reasons for stopping work: family, childbearing, health, low salary, retirement, working hours, non-nursing employment. Some indicated inadequate staffing, lack of child-care, lack of part time opportunities, termination of position, unreasonable supervision, distance to work, too many non-patient care tasks, lack of recognition, other problems. 20% said nothing would influence them to return to nursing, 19% said higher salary and better work hours, 10% indicated part-time opportunity. The hospital was the preferred area of nursing for 39%; with 43% indicating med-surg nursing as their preferred field. Of the 105 not employed at all, 26 indicated interest in returning to nursing if pay or hours were better, better working conditions and child care, autonomy, recognition, and part-time opportunity were also mentioned. CCU ICU area was preferred by 17% as area of choice if returning to nursing. Working hours and unavailability of flexible hours were cited in a reference of another study as the primary reasons to not return to nursing. Results and review of other literature indicated that there could be a fair proportion on non-employed nurses willing to return to work if child-care were available, part-time work were available, and work hours could be more flexible. 60% of the reasons for unemployment were employer controlled.

U.S. Department of Health and Human Services. Secretary's Commission on Nursing: Interim Report, July, 1988. Washington, D.C.

**Abstract:** This interim report was prepared by a 25-member public advisory panel established by Health and Human Services' Secretary Otis R. Bowen, M.D., to examine reports of widespread shortages of registered nurses. The intent of this report is to convey the conclusions reached to date by the Commission regarding the character, causes, and consequences of the current nurse shortage. Thus, the report is structured as follows. The definition of shortage is put forth so as to establish a framework within which to view the current situation. This is followed by an assessment of the extent and severity of the reported nursing shortage in a variety of health care settings, to include hospitals, nursing homes, home health, and ambulatory care. Causes or contributing factors are discussed in detail followed by a discussion of the consequences. Implications for the future, both short-term and long-term, are discussed along with the presentation

of some long-term projections made by the Division of Nursing.

Weisman, C.S., "Recruit from Within: Hospital Nurse Retention in the 1980s", in Journal of Nursing Administration, 1982.12(5):24-31.

Abstract: Nursing administrators and nurse recruiters coping with staffing shortages can profit from some recent studies of the causes of nursing turnover. Research reveals that the problem lies not in the motivations or characteristics of individual nurses but the nature of hospital nursing jobs and incentive structures. Using the research findings as a basis for discussion, Weisman suggests target areas for administrative intervention in the design of hospital nursing jobs. Her insightful commentary provides stimulus for some basic rethinking of the nature of nursing jobs and the traditional employer-employee relationship between hospitals and nurses -- as well as some specific suggestions for "recruiting from within" to retain those productive nurses in whom the hospital has already invested time and money.

West, M.D. Projected Supply of Nurses, 1990: Discussion and Methodology. Background paper of the Institute of Medicine Study of Nursing and Nursing Education. Available from Publication-on-Demand Program, National Academy Press, Washington D.C., 1983.

Abstract: This paper suggests that a high number of nurses in the U.S. will occur again as it did in 1980, during 1990. It explores admission projections, graduations, labor-force participation,

White, C., "Nursing Shortage, Turnover, and Some Proposed Solutions," in Hospital Forum, 1979.10-13.

Abstract: The introduction explores dichotomous views between nursing realities and government fiscal issues. There is summarization of reasons that numbers of nurses who are licensed to practice and are not practicing nursing. Management personnel have viewed this issue as nurses in role conflict home vs. career, and have subscribed to the idea that career always loses rather than look at alternative reasons that career lost. The focus of shortage seems usually on supply rather than solving issues of retention. Strategy: provide solutions to career development issues in nursing, afford flexible functional approaches for socializing additional workers when fluctuations in the census necessitate changed staffing levels, concentrate on retention issues as increasing rewards, positive feedback, other positive actions which are overall less expensive than turnover and recruiting, allow nurses decisional freedom regarding work hours and days off, build in advancement opportunities with associated pay advancement, provide recognition of the work nurses do, use education and/or clinical expertise as selection criteria for advancement, support nurses to make their own work related decisions. The unanswered question is: Is there a shortage or is the problem a geographic maldistribution of supply?

Wilson, J., "Why Nurses Leave Nursing," in CANADIAN NURSE, March 1987, Vol. 83, #3, pgs. 20-3.

Abstract: Canadian view. It's easier to go find new personnel than to straighten out the problems that exist in order to retain nurses—this is a common theme. Part-time work to have a family has been a reason given that no longer works so well today. The reasons include leaving a profession which no longer right for her. All the hard work gets more hard work. Opportunities for advancement and promotion and career movement upward are few and far between. Salaries increases stop after seven years. "Nursing isn't a career, its a job." There is little relationship between responsibility and authority in the work; this presents incredible frustration. Nurses move out of nursing to other positions where they can use the knowledge they have in work which offers opportunity for advancement. Nursing is often felt to be, by nurses, a thankless job without rewards for investment. Many view the work as having gotten worse; lack of supporting staff of aides and orderlies to assist—"all the other helpers are no longer available to us and we have to do it all." There is more to do and less time to do it in. In Canada through the legal system, the message is that nurses are to obey first and grieve later. The courts view nurses as employees rather than as professionals in charge of themselves based in judgement and knowledge base. Treatment given to nurses (publicly questioned in atmosphere of suspicion) is specifically different than that given to physicians (deference and respect, not open publicly). Nurses lack support from institutions, supervisors, and sometimes colleagues. The old fashioned head nurse figure no longer exists. Support for personal and professional development is withheld due to the volumes of work which take first precedence. There is no difference in pay or work assignment even if one is better educated. OR, ICU, and CCU nurses have more education, and more responsibility; they are not rewarded in any way for this. These nurses manage crisis after crisis with no positive feedback or participation in care after the crisis is finished and resolution occurs. "These are vibrant, intelligent women who have a lot of knowledge, a lot of skill, and tremendous energy. "It's only natural that they should turn to something where all these attributes can be put to use." "Nurses are always made to feel guilty for wanting a little for themselves.... when I worked as a nurse, I didn't feel particularly productive or worthwhile. "Career choices in the 60's were limited. 1986 Working Woman magazine named nursing as one of the "dead-end" occupations. Nurses are educated to become independent thinking professionals; the nursing workplace offers no accommodation for this type of individual. To the public, nurses are supposed to nurse because they like to help people, no because they wish to advance a career or to make money. Physicians and hospital administrators feel that nurses are there to just take orders and get the job done. "Who will want to be a nurse in the year 2000?"

Wilson, Leslie, Patricia A. Prescottt, and Leah Aleksandrowicz, "Nursing: A Major Hospital Cost Component," in Health Services Research, 22:6 (Feb. 1988), pp.773-

**Abstract:** The authors report that selected studies of nursing costs demonstrate a wide variation per patient-day and per patient stay within the same DRG. These differences could reflect either actual differences in nursing practice or methodological differences in calculating practice costs. Several alternative methods to find hospital nursing costs of the same group of patients were examined.

Yett, Donald E., An Economic Analysis of the Nurse Shortage, (Human Resources Research Center Monograph Series), Lexington Books, Lexington, Mass., 1975.

**Abstract:** This text provides a thorough analysis of the economics of the labor market for nurses as well as an econometric approach to forecasting the supply and the demand for nurses. Out of print.

Zager, Larry K., The Relationship Between Job Satisfaction and Intent of Army Nurses to Remain in or Leave the Reserves, San Antonio, TX: The University of Texas, 1987.

**Abstract:** The purpose of the study was to determine how job satisfaction of Reserve Army Nurse Corps officers was related to the intent to remain in or leave the Reserves during their initial service obligations. Twenty general hospital Reserve units were randomly selected for inclusion in the study. A pilot study was conducted at a local Reserve unit prior to implementation of the study to identify any specific problems before the data collection packets were distributed. The recommendations which evolved from the pilot study were incorporated and the study was implemented. Seventeen units were able to participate in the study. Data-collection packets were mailed to a contact person within the unit. The packets consisted of: letters to the participant and the point of contact briefly explaining the study, an Intent Questionnaire which identified the respondents intent to "probably stay," "undecided," or "probably leave" the Reserves, a Demographic Data Questionnaire and the Job Descriptive Index. The point of contact gave packets to those officers in the unit who met the study criteria and also agreed to participate in the study. Completed packets were returned to the point of contact in sealed envelopes and returned to the investigator. One hundred and eighty-one packets were mailed to the units. A total of 153 packets were returned to the investigator and 108 were completed appropriately and met the study criteria. Therefore, the sample for the study was 108 Army Reserve nurses in their initial service obligation. The study participants ranged in age from 22-55 years. The sample was predominately female (83.3%). Nearly half (48.2%) had either a baccalaureate or master's degree in nursing. The Statistical Package for the Social Sciences/PC+ was used for data analysis. A significance level of .05 was used in this study. Pearson's product moment coefficient was used to identify demographic variables which were related to the six subscales of the Job Descriptive Index. The mean scores of the six subscales of the Job

Descriptive Index, by the three groups of intent, with the identified covariates tested for significant differences using multiple analysis of covariance (MANCOVA).

The findings from the study indicated that there was no significant differences among the three groups of intent related to their level of job satisfaction. Therefore, the study hypothesis, "Army Nurse Corps officers in general hospital units who have intent to stay in the Reserves will have greater job satisfaction than those who have intent to leave as measured by the six subscales of the Job Descriptive Index" was rejected. However, the study demonstrated that overall nurses in the Reserves were satisfied with their job. It also suggested that female officers had an intent to "probably stay" in the Reserves and had a higher degree of satisfaction as measured by the Job Descriptive Index than male officers. The study also demonstrated that the Job Descriptive Index could be used to effectively measure job satisfaction in a part-time job. A future replication of the study using a larger sample may be able to identify other significant differences among groups of intent. Recommendation for future studies include comparing Army nurses in the Reserves with civilian nurses employed in part-time jobs to determine if similarities exist.



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