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ACADEMY OF HEALTH SCIENCES (ARMY) FORT SAM HOUSTON TE--ETC F/G 5/10
ARMY NURSE CLINICIAN SATISFACTION AND RETENTION.(U)
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ARMY NURSE CLINICIAN SATISFACTION AND RETENTION

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November 1978

Final Report

Prepared for:

UNITED STATES ARMY HEALTH SERVICES COMMAND
Fort Sam Houston, Texas 78234

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REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER HCSD Report-78-008	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER 9
4. TITLE (and Subtitle) ARMY NURSE CLINICIAN SATISFACTION AND RETENTION.	5. TYPE OF REPORT & PERIOD COVERED Final Report. Apr 76 to Nov 78.	
6. AUTHOR(s) COL Lois A./Johns, ANG, US Army Anna/Koneck A. David/Mangelsdorff	7. CONTRACT OR GRANT NUMBER(s)	
8. PERFORMING ORGANIZATION NAME AND ADDRESS Health Care Studies Division (HSA-CHC) Academy of Health Sciences, US Army Fort Sam Houston, Texas 78234	9. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS	
10. CONTROLLING OFFICE NAME AND ADDRESS Commander, US Army Health Services Command ATTN: HSPA-N Fort Sam Houston, Texas 78234	11. REPORT DATE November 1978	
12. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office) 1233p.	13. NUMBER OF PAGES 32	
	14. SECURITY CLASS. (of this report) Unclassified	
	15a. DECLASSIFICATION/DOWNGRADING SCHEDULE	
16. DISTRIBUTION STATEMENT (of this Report) Unlimited distribution.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Satisfaction; Dissatisfaction; Retention; Attitudes; Nurse Clinicians		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) 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.		

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SUMMARY

The purpose of this study was to identify those factors which Army nurse clinicians perceived to affect their job satisfaction and retention on active duty. Study results could be used to provide management indicators for the managers of nurse clinician/practitioner resources.

The objectives of the study were: to identify satisfying aspects of the nurse clinicians jobs; to identify dissatisfying aspects of the nurse clinicians jobs; to identify those factors that the nurse clinicians define as sufficient for staying on active duty; and to compare nurse clinicians with a control staff nurse group.

Statistical analysis and review of responses to an extensive questionnaire resulted in the following findings and conclusions. The majority of responses from all subjects indicated few differences between the clinicians/practitioners and the staff nurse control groups. The clinicians expressed greater satisfaction as regarded their work situations and indicated that they were well utilized in their jobs. Dissatisfactions were few and concerned adequacy of nursing supervision of the clinicians. There were no differences between the two groups as to why individuals would leave or stay in the Army. There was an indication within the clinician group that members might stay on active duty but not until retirement.

Report recommendations are: one, clearer lines of authority and responsibility for clinicians/practitioners; two, development of the role of a senior practitioner to serve as a coordinator; three, development of middle management programs; four, development of a method of accounting for all clinicians/practitioners regardless of place of assignment, and five, for purposes of feedback copies of this report should be made available to all chief nurses.

ACKNOWLEDGMENT

The Army Nurse Clinician Satisfaction and Retention (ANCSAR) study was begun by LTC Anna Koneck, ANC. LTC Koneck developed the study protocol including the instruments. She contacted each subject and was in the act of processing the data when she left the Health Care Studies Division. LTC Koneck reported to Germany and found that her duties precluded her being able to complete the study. The raw data were returned to the division where the remainder of the study requirements were completed.

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ANCSAR REPORT

1. Introduction.

1.1 Purpose. 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. The study results could be used to provide management indicators for the managers of nurse clinician/practitioner resources.

1.2 Background. The first Army educated nurse clinicians/practitioners began to practice in 1971. A study was done in 1973 to evaluate the practice effectiveness of Army Nurse Clinicians (PEANC).¹ The study had been requested by the Chief, Army Nurse Corps, with the stipulation that evaluation of job satisfaction and retention of nurse clinicians be done at a later date. Although the PEANC study did not specifically measure staff satisfaction, there was an indication that there were varying degrees of job satisfaction among the nurse clinician specialty groups.

In April 1976, the following attrition patterns were estimated for all of the Army educated nurse clinicians:²

- a. Intensive Care - about 50%
- b. Pediatrics - 34%
- c. Obstetrics and Gynecology - 27%
- d. Ambulatory Care - 11%
- e. Psychiatric and Mental Health - unknown

The Resource Management Division, Academy of Health Sciences, did not have a cost estimate per graduate since these individuals were educated in the field and not at the Academy. Since the students were usually in the O-2, O-3, or O-4 pay grades, the costs were likely to be in excess of \$10,000 per graduate. Although the cost of this education could be amortized in services performed, loss of a nurse clinician/practitioner must be considered as the loss of a valuable resource. The clinician groups with attrition rates estimated to be over 20 percent were considered to be of particular interest to management.

The problems concerning job satisfaction and retention of Army nurse clinicians/practitioners have not been studied. In work reported by Nichols³ to determine the factors related to retention or loss of novice Army nurses, those nurses who expressed an intention to remain in the military had higher satisfaction levels than those who expressed an intention of leaving. A novice Army nurse was defined as a former member of the Army Student Nurse Program whose first employment

after passing state board examinations was with the Army. The Technical Analysis Division Institute for Applied Technology of the National Bureau of Standards⁴ conducted a study of the Army Nurse Corps surveying 3,500 nurses. A strong professional orientation was found among these officers as well as some dissatisfactions that appeared to be related to this professional orientation.

2. Objectives.

The objectives of the study were:

- a. To identify satisfying aspects of the nurse clinicians' jobs.
- b. To identify dissatisfying aspects of the nurse clinicians' jobs.
- c. To identify those factors that the nurse clinicians define as sufficient for remaining on active duty.
- d. To compare nurse clinicians with a control staff nurse group.

3. Methodology.

3.1 Overview. The study protocol was planned to be carried out in two sections. The first part was to be a pilot study to develop the instruments. The second portion was to be a longitudinal study of graduates of the five nurse clinician/practitioner courses, i.e., Pediatric, Obstetrics and Gynecology, Intensive Care, Ambulatory Care, and Psychiatry and Mental Health. These graduates were to be followed for a period of years. The results were to be compared with those of a staff nurse control group who would have been followed for the same period of time.

The project officer assigned to the study was reassigned to Germany and departed the Academy of Health Sciences in February 1977. Her intent was to write the report of the results of the pilot study while in Europe. This did not prove to be practicable. The longitudinal phase of the study was deleted as a result of her transfer. A second project officer was appointed in February 1978, and the data were received from Europe and processed.

3.2 Procedures. The establishing document for the study was DASG-CN "Request for a Research Project: Army Nurse Contemporary Practice Program," dated 21 June 1972. PEANC (Practice Effectiveness of Army Clinicians, 1976) was the first study performed under the guidance of that document.

The subjects in the pilot study were divided into the clinician/extended care group and staff nurse or control group. The individuals in the clinician/extended care group were identified by the chief nurses of the medical treatment facilities (MTF) and were Army Nurse Corps officers and civilian professional nurses working in an extended nursing

role. The control group was composed of individuals who were working in nursing service staff positions and were selected by the chief nurses of the MTF's to match the clinician group.

A total of 472 questionnaires were sent out (See Appendix A). Three hundred sixty-seven (78%) were returned. The division of returns indicated that 211 (87%) of the clinician group, and 156 (68%) of the control group had responded to the instruments. Seventeen civilian professional nurses were identified as being in the clinician group.

4. Findings.

4.1 The first objective was to identify satisfying aspects of the clinicians' jobs. A review of the statistical findings pointed out that the clinician and control groups were in agreement concerning the vast majority of the statements. There were a number of responses noted that were more significant to the clinician group than to the staff nurse control group.

4.1.1. The responses to question 16, Part A (See Appendix A) indicated that both groups were being utilized in their specialty areas. Question 17 results indicated that the clinicians were "mostly satisfied" ($p < .0274$) in their present jobs or positions. Responses to question 18 were similar for both groups as to the satisfying aspects of the military or military nursing. The commonest responses were the educational opportunities, chances for leadership, professional growth and opportunity, chances for travel, pay, benefits and retirement, patient care delivered, and status as an officer.

4.1.2 Twelve of the 50, two-part, statements in Part B (See Appendix A) showed significant differences (probability $[p]$ less than 0.05) with the clinicians expressing greater satisfaction. The twelve statements and the levels of significance are shown in Table I.

4.1.3 Two of the ten statements made in Part D, Utilization (See Appendix A) showed significant differences between the groups. The statements "Facility where I work (MEDDAC or MEDCEN)" ($p < .0034$) and "Type of Unit/Clinic where I Work" ($p < .0366$) indicated that the clinicians felt that they were being best or fully utilized in their assignments.

4.1.4 Part E, Job Satisfaction (See Appendix A) was divided into two sections. Responses from the subjects varied so greatly that it was not feasible to analyze Section B. Section A had the only significantly different finding for the staff nurse group in the entire questionnaire. This was "Competency of Staff" ($p < .0031$) indicating it was a more important job satisfaction factor to the staff nurse control group than to the clinician group.

TABLE I
STATEMENTS OF IMPORTANCE AND SATISFACTION LEVELS
OF SIGNIFICANCE AND MORE POSITIVE GROUPS

STATEMENT	LEVEL OF SIGNIFICANCE	MORE POSITIVE GROUP
8. Having <u>written job descriptions</u> .		
b. How <u>satisfied</u> am I with this?	p < .0042	Clinician
13. Being able to <u>use my assessment skills</u> .		
b. How <u>satisfied</u> am I with this?	p < .0035	Clinician
14. Having <u>adequate personnel</u> to do my job		
b. How <u>satisfied</u> am I with this?	p < .0000	Clinician
24. Receiving <u>competent technical supervision</u> .		
a. How <u>important</u> is this to me?	p < .0010	Clinician
b. How <u>satisfied</u> am I with this?	p < .0093	Clinician
27. Being able to <u>control the time</u> (shift I work.		
b. How <u>satisfied</u> am I with this?	p < .0218	Clinician
38. The amount of <u>leisure time</u> which is is available to me.		
b. How <u>satisfied</u> am I with this?	p < .0479	Clinician
40. Having <u>adequate supplies</u> to do my job.		
b. How <u>satisfied</u> am I with this?	p < .0366	Clinician
43. The feeling of <u>achievement</u> in my job.		
b. How <u>satisfied</u> am I with this?	p < .0308	Clinician
44. Having <u>responsive support services</u> (i.e., Lab, pharmacy, supply, etc.)		
b. How <u>satisfied</u> am I with this?	p < .0029	Clinician
45. <u>Efficient layout</u> and <u>design</u> of my work area.		
b. How <u>satisfied</u> am I with this?	p < .0507	Clinician
47. The feeling of having an interesting job.		
b. How <u>satisfied</u> am I with this?	p < .0081	Clinician

4.2 The second objective of the study was concerned with the identification of dissatisfying aspects of the clinicians' jobs. Here, too, there were very few differences between the groups.

4.2.] Question 19, Part A (See Appendix A) dealt with elements that were dissatisfying or frustrating about the military or military nursing. The two groups' responses were intermingled in their similarities. Among the most frequent responses were:

- a. Rank not reflective of competency.
- b. Lack of communications upward.
- c. Decrease or erosion of benefits.
- d. Amount of paperwork required for patient care.
- e. Possibility of being moved.
 - 1 From job to job.
 - 2 From station to station.
- f. Need for more stabilized tours.
- g. Lack of job satisfaction.

4.2.2 Part C (See Appendix A) of the questionnaire was concerned with attitudes toward the military establishment. Forty statements were given with only two showing significant differences. The clinicians noted that statement number 8 "For the most part, nursing supervision in the military is supportive and progressive" was "much too positive," ($p < .0025$). They also indicated that statement number 22 "Choice jobs are more plentiful in the civilian than in the military nursing job field" came close to their own feelings, ($p < .0110$).

4.2.3 One statement in Part D, Utilization (See Appendix A) "Well defined supervisory channels" was indicated to be of average visibility ($p < .0397$) to the clinician group. The response appeared to be linked with the response to statement 8, Part C.

As a part of this segment of the questionnaire was the statement "IMPORTANT: For each of the items above which you rated 0, 1, 2, or 3 on the scales, please clarify how this applied to your particular situation." Some of the clinicians complained of their being poorly utilized as clinicians. Individuals in both groups commented on the adage, "A nurse is a nurse is a nurse," and noted their feelings. They felt unprepared for roles in which they were working. Both groups made comments concerning the "bureaucracy and red tape" of the military (#7), poorly defined administrative channels as regards nurses and nursing (#8), and poor lines of communication (#9).

4.3 The third objective was to identify those factors that the nurse clinicians defined as sufficient for their remaining on active duty. Question 20, Part A (See Appendix A) asked the respondents in view of their present feelings, would they stay or leave the military. There were no significant differences between the groups. There was a tendency toward significance ($p < .0600$) within the clinician group for the response "Plan to remain on active duty, but not necessarily until you retire."

4.3.1 The respondents in both groups gave similar answers to question 21, Part A (See Appendix A) "What do you presently consider are strong or sufficient reasons for remaining on active duty?" These included availability of education; medical, retirement, and pay benefits as compared to the civilian community; job security (financial), professional growth; job satisfaction, able to work in role for which educated, and chance for travel.

4.3.2 Question 22, Part A (See Appendix A) was "What do you presently consider are strong or sufficient reasons to leave active duty?" Reasons given were multiple and ranged from jobs based on rank not education, pushed into nursing administration, lack of utilization of nursing skills, frequent moves and lack of stabilization, and lack of job security, i.e., passovers and movement from job to job. These responses came from both groups of subjects.

4.3.3 As noted, responses to questions 21 and 22 were similar for both groups of subjects. One point made by the respondents was that they had difficulty being a part of the Army with its regulations, extra duties for personnel, and, in general, the bureaucracy.

4.4 The last study objective was to compare the clinicians to a similar group of staff nurses. This was accomplished through the statistical comparison of the two groups.

5. Discussion.

5.1 Several factors must be considered in a discussion of the findings. These concerned the amount of active duty the respondents had and the actual loss of clinicians from the Army.

5.1.1 The respondents were not asked whether they had entered the Army through the Army Student Nurse Program or the Walter Reed Army School of Nursing (WRAIN). Failure to ask this question and each individual's interpretation of question 14, Part A (See Appendix A) "How long have you been on active duty in the Army Nurse Corps, (to the nearest half-year)" may have created a problem in interpretation since one could not readily determine the number of first-term individuals, i.e., those who were on an initial tour of duty as a commissioned officer in the Army Nurse Corps.

5.1.2 The second factor concerned the estimated loss of nurse clinicians/practitioners from the Army. At the beginning of this study, there were no definitive figures regarding clinician loss from the Army nor filtration from the clinician role to educational or administration roles. One aspect was that the Additional Skill Identifier (ASI) was not awarded to graduates of the several courses until these individuals had had six months of on-the-job (OJT) experience. Not all of the clinicians applied for the ASI, not all chief nurses requested ASIs for clinician staff, and individuals departed from the service without the ASI or while awaiting the awarding of the ASI, thus never having been identified as clinicians. Many of these factors still apply.

5.2 As noted previously, there were few differences between the clinician group and the staff nurse group. Overall review of the findings indicated that the clinicians/practitioners were as satisfied, or, in some instances, more satisfied with their place in the military than members of the control group were. Clinicians, also, felt that the best utilization of them was being made.

5.3 Twice the clinician group evidenced dissatisfaction with nursing supervision. They indicated that nursing supervision was not adequate and there seemed to be a lack of well-defined supervisory channels. As part of this, comments were written by both clinicians and staff nurses that there was a lack of communication upward and an apparent lack of understanding between senior and junior officers.

The clinicians appeared to believe there were more choice jobs for them in the civilian community than in the military one. They expressed concern about their insecurities in being able to remain in a clinician role and not having to move into administration which they felt would occur with promotions. Similar comments were made by the staff nurse group who expressed fears of being placed in jobs for which they were not prepared or being required to move beyond the head nurse role. Of interest when consideration was given to the above was that the clinicians gave the apparent indication they were more likely to remain on active duty but not necessarily until they retired.

5.4 The two groups of subjects were very similar in their responses concerning immediate future types of jobs, i.e., within a five year period. Individuals indicated interests in recruiting, head nursing, teaching, advanced education, and being clinicians. Long range career plans for the clinician group tended to show a preference for remaining in their roles. A number expressed an interest in teaching and/or administration preferably in regards to their having some part to play with the clinician role. The control group tended toward an interest in administrative growth, albeit at the head nurse level. A number of staff nurses expressed the desire to enter into the clinician roles. Of note was the point that a small number of subjects were planning on leaving nursing altogether and entering a different field of endeavor.

5.5 A review of subject responses as to how to make their present jobs better were varied. Both groups went back to the need for better communication, a need for continuing education, and better control of civilian workers. Of particular interest was the indication of a need for middle management education. The clinicians indicated a need for a more standardized role and job descriptions. Their strong desire for unified control rather than divided control (physician vs. chief nurse) was quite apparent.

6. Conclusions.

a. Few differences could be noted between the clinicians and staff nurse groups.

b. Where differences were found between the groups, the clinicians seemed to be more satisfied than the staff nurses and felt themselves being well utilized in their jobs.

c. The clinicians had negative feelings toward competency of supervision.

d. The clinicians indicated they felt that job potentials for them were better in the civilian rather than the military community.

e. Responses for open-ended questions were very similar for all subjects.

f. There were indications for the need for middle management education.

7. Recommendations.

a. Clearer lines of authority and responsibility for clinicians.

b. Development of a method of accounting for all nurse practitioners within the Army Nurse Corps regardless of their place of assignment.

c. For purposes of feedback to clinicians/practitioners, a copy of the report should be sent to each chief nurse.

REFERENCES

¹Mary V. Russell and Edith Williams, Practice Effectiveness of Army Nurse Clinicians, Health Care Studies Division, Academy of Health Sciences, US Army, 1976.

²Telephone Communication with Colonel Connie L. Slewitzke, Nurse Consultant, US Army Health Services Command, Fort Sam Houston, TX, on 22 April 1976.

³Glennadee A. Nichols, "Job Satisfaction and Nurse Intention to Remain With or to Leave the Organization," Nursing Research, 20 (May-June, 1971): p. 218.

⁴John W. Rowen, Ralph B. Swisher, and Patsy B. Saunders, Structure Analysis and Program Planning Study of the Army Nurse Corps, Technical Analysis Division, National Bureau of Standards, Washington, D.C., October, 1973, pp. 3-59.

APPENDIX A

CODE NUMBER: _____

SUPPLEMENTAL INFORMATION SHEET

1. Please list your professional educational preparation in chronological order (both military and civilian): *List name of course, where given, length of course, year when you completed it, and whether it was degree, diploma, or certificate granting.*

2. Do you function in what you consider an extended nursing role?

☐ Yes

☐ No

If yes, please answer the following:

- a. Designation (name) of the clinic or unit on which you primarily work _____
- b. Average monthly patient caseload:
Outpatient: _____
Inpatient: _____
Other: (explain) _____

BACKGROUND INFORMATION

1. Age on last birthday? _____
2. Sex? (Check one) ☐ Female ☐ Male
3. Present GS rating? (Check one)
☐ GS-8, ☐ GS-9, ☐ GS-10, ☐ GS-11
4. Marital status? (Check one)
☐ Single ☐ Married ☐ Other
5. Your basic nursing education? (Check one)
☐ A.D., ☐ Diploma, ☐ B.S.N.
Name of institution where you had your basic training: _____

6. What is the highest level of your professional education?

7. Are you taking educational courses at present?
☐ Yes ☐ No
If yes, please explain:
8. What preparation have you had for your present job? (Please explain)
 - a. Place of didactic preparation: _____

 - b. Length of didactic preparation: _____
 - c. Place of clinical preparation: _____

 - d. Length of clinical preparation: _____
 - e. Was a degree ☐, a certificate ☐, or none ☐ awarded?
 - f. Other:

Format C

CODE NUMBER: _____

9. Name of facility (hospital) where you presently work?

10. Name of the clinic or unit on which you work? _____

11. Present job title? _____

If you have more than one role, please describe them briefly:

What percent of the time do you spend with:

Inpatients: _____%

Outpatients: _____%

12. How many years of professional nursing experience have you had in an extended role? (to the nearest half-year)

13. How many years of professional nursing experience, as a graduate nurse, have you had? (To the nearest half-year)

14. Do you feel that you are being utilized in your specialty? (Check one)

☐ Yes

☐ No

☐ No, but it is close to my specialty

15. Estimate the percent of your time you feel is spent in each of the following categories of function. Also, indicate whether you feel this is excellent, good or poor use of your time. Do this for each of the categories.

Categories of Function:	Percent of Time	Utilization: (Check one for each category)		
		Excellent	Good	Poor
Nursing-type				
Physician-type				
Administration				
Maintenance of clinic				
Other				

Please explain what you include in other:

16. How satisfied (overall) are you in your present job? (Check one)

- ☐ Completely satisfied
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ Indifferent
- ☐ Somewhat dissatisfied
- ☐ Mostly dissatisfied
- ☐ Completely dissatisfied

17. What do you find satisfying about your present job?

18. What do you find dissatisfying about your present job?

19. What career progression do you see in this job?

20. Considering how you feel now, do you: (Check one)

- ☐ Plan to remain in this job, until you retire?
- ☐ Plan to remain in this job, but not necessarily until you retire?
- ☐ Undecided about this?
- ☐ Plan to remain in this job only a short time?

Was your answer influenced by the fact that you must move if your spouse has orders? ☐ Yes, ☐ No

21. What do you presently consider are strong or sufficient reasons for remaining in this job?

22. What do you presently consider are strong or sufficient reasons for leaving this job?

23. If you had it to do over again, would you choose nursing as an occupation?

- ☐ Definitely would
- ☐ Probably would
- ☐ Indifferent
- ☐ Probably would not
- ☐ Definitely would not

24. If you had your choice, what jobs would you like in the immediate future? (over the next five years)
25. If you had your choice, what jobs would you like to hold during your nursing career?
26. Have you any suggestions for improvement of your present job, either general or specific to your present functions?

INSTRUCTIONS: Please consider how you feel now when rating the following items. Below each item are two scales, an importance scale and a satisfaction scale. Each scale rates from MINIMUM to MAXIMUM in seven increments. On each of these scales CIRCLE the one number that best represents your feelings. Interpret the items as you personally define them. Do not spend a great deal of time deliberating over an answer. Usually your first impressions are the best representative ones. PLEASE circle a choice on all the scales.

For example, consider this question:

Q. The basic salary I receive for my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

You may choose to answer this:

a. How important is this to me? MINIMUM 1 2 3 ④ 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 ⑥ 7 MAXIMUM

PLEASE CONSIDER HOW YOU FEEL ABOUT THESE ITEMS NOW AND FILL IN ALL OF THE FOLLOWING SCALES.

1. Having clear lines of authority:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

2. The feeling of being competent in my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

3. The level of skill I have in my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

4. Being able to communicate freely with anyone in my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
5. Having the opportunity to participate in policy development:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
6. The pride I feel in my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
7. Having enough time to successfully complete my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
8. Having written job descriptions:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
9. The feeling that my job is important:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
10. Having a physically pleasant work environment:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

11. Having cooperation of departments which work together:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
12. The housing which is available in the community:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
13. Being able to use my assessment skills:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
14. Having adequate personnel to do my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
15. Participating in my career development:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
16. Receiving recognition from my supervisor when I do a good job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
17. Being requested to do things that are not my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

18. The technical job knowledge I have:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

19. Having my immediate supervisor respect my opinion:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

20. The feeling of being successful in my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

21. The emphasis this hospital places on standards of performance:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

22. Being able to get other people to effectively perform their jobs:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

23. The feeling that my immediate supervisor has trust in my ability:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

24. Receiving competent technical supervision:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

CODE NUMBER: _____

25. Having vacations with pay:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

26. Having the authority and the responsibility to do my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

27. Being able to control the time (shift) I work:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

28. The opportunity for self-improvement in my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

29. Having adequate equipment to do my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

30. Being able to complete my job in 8 hours:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

31. Being evaluated by fair standards in my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

32. The acceptance of the military by the community:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

33. Liking the geographical location of my job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

34. The time I have spent at this job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

35. The availability of comparable jobs in the civilian community:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

36. The feeling that management listens to my needs:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

37. The feeling of prestige in this job:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

38. The amount of leisure time which is available to me:

a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

39. The opportunity to help people when doing my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
40. Having adequate supplies to do my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
41. Being able to influence others to do what is best for the patient:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
42. Feeling I have done my job well:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
43. The feeling of achievement in my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
44. Having responsive support services (i.e., Lab, pharmacy, supply, etc.).
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
45. Efficient layout and design of my work area:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

46. Having rules and regulations applied equally to everyone:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
47. The feeling of having an interesting job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
48. The ability to implement my decisions in my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
49. Being able to institute progressive change in my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
50. The confidence in my ability to do my job:
- a. How important is this to me? MINIMUM 1 2 3 4 5 6 7 MAXIMUM
- b. How satisfied am I with this? MINIMUM 1 2 3 4 5 6 7 MAXIMUM

COMMENTS?

FACTORS

A		B
_____	Pay and Fringe benefits	_____
_____	Professional environment	_____
_____	Supervision and leadership	_____
_____	Personal growth and development	_____
_____	Sufficient personnel and supplies	_____
_____	Physical environment	_____
_____	Personal control	_____
_____	Equity of treatment	_____
_____	Competency of staff	_____
_____	Appropriate functional support	_____

INSTRUCTIONS: Ten factors associated with job satisfaction are listed above. Examples of the contents of these factors are given at the end of these instructions. In Column A, list the order of your satisfaction with these factors in your present job or position. Place a 1 in the blank in Column A beside the factor which is most satisfying to you. Continue rating these factors in the order of your satisfaction with them, from 1 as the most satisfying to 10 as the least satisfying. Please use all of the numbers from 1 to 10. Use each number only once.

Using your rating in Column A as a guide, assign values to these factors in Column B. Take the least satisfying factor (which you rated 10) and place a 1 in the blank in Column B beside that factor.

Next, consider the factor you have rated 9 in Column A. How much more satisfying is this factor than the one you rated 10? You may decide it is equal to, 2 times, 2½ times, 10 times, or 50 times more satisfying than the least satisfying factor. Make this value judgment from your own base of reference. How do you see it? Place this number in the blank in Column B beside the factor you rated 9 in Column A.

Continue ranking each factor by comparing it against the factor which you rated least satisfying (rated 10 in Column A). Assign a value to the factor which you rated 8 in Column A. Continue your value rating in the descending order of your first rating in Column A (the factor you rated 1 in Column A should be the last factor you assign a value to). Please fill in all the blanks. Although the value rating you do in Column B may be more difficult than the order rating in Column A, it is essential in that it gives an estimate of the importance of these factors.

FACTOR:

EXAMPLE OF CONTENT:

1. Pay and fringe benefits - Salary, sick leave, leave with pay group insurance benefits, and retirement.
2. Professional environment - Freedom to use professional skills, opportunity for independent judgment, enthusiasm of peers, opportunity for teaching and preventive care, dedicated personnel, and no unnecessary red tape.
3. Supervision and leadership - Support and guidance, fair evaluation, adequate communication, good management, and commitment to patients and staff.
4. Personal growth and development - Educational opportunities, good base of experiences, challenging work, learning resources available, and a large choice of experiences and fields of work available.
5. Sufficient personnel and supplies - Neither under or over staffed, supplies available when needed, equipment maintained and serviced, and problems responded to rather than ignored.
6. Physical environment - Adequate space; efficient layout; pleasing, comfortable, and convenient surroundings; and adequate parking facilities.
7. Personal control - Some control over career development and job choice, able to institute needed changes, ideas heard by management, able to do job without excessive interference, able to contribute to policy which involves your job, and some choice of geographical location.
8. Equality of treatment - Rules and regulations equally applied to all, comparable pay for comparable jobs, comparable ratings for comparable performances, and fair sharing of privileges and benefits.
9. Competency of staff - Clinically competent supervisors, organization emphasis on standards and performance, available competent resource personnel, and responsive and effective management.
10. Appropriate functional support - Responsive support services (Lab, X-Ray, Supply, etc.), convenience of support services, and not being required to perform services for other departments on off-hours, week-ends, and holidays.

10. Distribution.

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