

WHY NURSES STAY: THE RELATIONSHIP OF PERSONALITY
TO JOB AND CAREER SATISFACTION

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(ABSTRACT)

Most attempts to lessen the nursing shortage have focused on external factors, such as wages and benefits. In view of the continuing shortage, however, it appears that most of these attempts have not been effective. Research studies are inconclusive as to factors influencing the nursing shortage. The majority of studies examined why nurses leave nursing; this study investigated why they stay. The purpose of the study was to determine if selected demographic variables (age, basic nursing education, time in profession, type of hospital, clinical area of practice) and/or personality factors are related to nurses' job satisfaction and intent to stay in nursing.

This was a descriptive exploratory design in which the survey method was used for data collection. The sample consisted of 200 randomly selected

staff nurses who met the study criteria; there were 104 usable returns. Instruments were the California Psychological Inventory (CPI), the Minnesota Satisfaction Questionnaire, and a Data Sheet designed by the investigator. Data were analyzed by descriptive statistics, chi-square analysis, t tests, and discriminant analysis. Results showed no statistical significance between demographic variables and Job Satisfaction or Intent to Stay. These CPI subscales were statistically significant: for Job Satisfaction-- Responsibility, Achievement via Conformance, Psychological-mindedness, and Socialization; for Intent to Stay-- Sociability, Dominance, Self-Acceptance, Capacity for Status, Femininity/Masculinity, and Socialization. Based on the CPI, some of the conclusions were that satisfied nurses take their duties more seriously, find conforming easier, are more at ease in structured settings, and are more interested in why people act than in what they do. Nurses intending to stay are less assertive, dislike competition, are less sociable, readily assume blame when things go wrong, find conforming easier, are more sensitive to criticism, and are more sympathetic. Significant predictor variables were identified for both Job Satisfaction and Intent to Stay. Implications for counseling, education, and nursing were discussed, and recommendations for further study were included.

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to

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CHAPTER 1

Introduction and Statement of the Problem

There is a critical shortage of nurses in the United States today. Health care experts agree that the shortage is worsening, and some fear it is approaching crisis proportions. According to Dubuque and Harvey (1987), the magnitude of the present shortage of nurses has not been equaled since the severe shortage of 1979. The president of the American Nurses Association, Lucille Joel (1989) said that the current U.S. shortage, which actually began in 1986, clearly differs from those of the past because increased patient acuity and advanced technology have caused a growing demand for nursing services. It also differs because women now have choices among expanding career opportunities in other fields. In reporting the results of The Commonwealth Fund survey of 15,000 nurses in six metropolitan areas, Roberts, Minnick, Ginsberg, and Curran (1989) said that hospitals have been unable to fill many nursing positions and thus have been forced to understaff some units, defer some admissions, and even close some beds temporarily. In response, hard-pressed hospital administrators have engaged in aggressive efforts to recruit nurses.

When testifying before the Secretary of Health and Human Services Commission on Nursing, Candice Owley, vice-president of the Federation of Nurses and Health Professionals, said that 50% of all hospitals have some kind

of nursing shortage. To keep nurses from leaving the profession and also to attract others to nursing careers, she made many recommendations concerning the improvement of such factors as salaries, staffing patterns, work schedules, clinical ladders, and pensions (Nursing World Journal, June, 1988).

Not only is there a current shortage of nurses, but there is also the realistic fear of a future one. According to Mahoney and Moloney (1989), United States health officials are warning that by the 1990's there will not be enough nurses to cope with an aging American public. Despite the nation's one million practicing registered nurses, the U.S. Department of Health and Human Services predicts a need for five times that many within the decade.

A related problem is that today's enrollment of nursing students cannot meet that need because current nursing school enrollments are too low across the entire country. According to The National League for Nursing (NLN), in 1987 there was a 7.1% decline in enrollments for all types of nursing programs and a 5.1% decline in graduations (1989). During an Invitational Conference in Washington, DC, NLN's president, Sr. Rosemary Donley (1989), addressed a group of nursing leaders who had convened to discuss the nursing shortage. She said that declining enrollments in nursing programs began in 1983 and that there has since been more than a 28% drop. This translates to about 70,000 fewer students in nursing between 1983 and 1987. Because of lower

enrollments, graduations have declined approximately 11% which is about 9,000 people between 1985 and 1987.

There have been many remedies suggested to alleviate the shortage. Almost every current nursing journal has lead articles concerning this critical problem. The 1987 House of Delegates of the American Nurses Association (ANA) called for 12 immediate actions designed to lessen the pressure of the shortage on staff nurses (McCarty, 1987). These actions concentrated on external job factors, such as salaries, working conditions, and fringe benefits.

Many hospitals also are reviewing salary and benefit increases as motivators for increasing their supply of registered nurses. According to Buerhaus (1987), hospitals have begun to apply the same measures that they had used to counter previous nursing shortages, such as bringing foreign educated nurses to the United States and increasing funds for nursing education. Roberts et al. (1989) state that other strategies being used to attract nurses to hospital work are: higher wage differentials for night and evening shifts; flexible scheduling options; and hospital-based agencies to attract part-time nurses.

In a survey of nursing executives conducted by the Editors of Nursing (1988), some of the respondents said that they are increasing their recruitment campaigns and scholarship programs as inducements for acquiring more nurses.

They are using additional methods such as: tuition reimbursement, more competitive salaries; flextime; fringe benefit improvements; finders' fees to staff members who recruit new nurses; relocation expenses; and bonuses for new nurses.

There are some signs that other than external factors are being considered with a view to solving the nursing shortage. For example, Brock and O'Sullivan (1988) maintain that since it is imperative that retention strategies be found to overcome the shortage resulting from the exodus of practicing nurses, one way of beginning is to examine factors that influence nurses' job satisfaction. The NLN (1989) suggested that it is time to restructure the workplace environment, improve health information systems, strengthen the decision-making power of nurses in regard to institutional policy, and reorganize nursing education systems. According to McCarthy (1989), the strategies suggested by the American Organization of Nurse Executives included the usual recommendations regarding retention of nurses; however, increasing the level of autonomy was an additional category. Autonomy was defined as the nurse's "responsibility for professional practice" (p. 19). This concept includes staff nurse participation in clinical policy development, strategic planning, membership on hospital professional practice committees, collaborative practice, and peer review.

For the most part, however, the recommendations of the nursing associations, nursing leaders, and hospitals give little attention to the possibility that improving external job factors may not be the only answer to the nursing shortage. While these remedies may have helped in some instances, nursing dissatisfaction and the nursing shortage still exist.

The literature itself is inconclusive in regard to the influence these proposed improvements have exerted on the job satisfaction of nurses. Some studies do, however, seem to support the thesis that factors other than monetary values or working conditions contribute to nurses leaving their profession. For example, MacDonald (1975) reported that nurses' job satisfaction was higher when their motivational needs for affiliation and achievement were matched as closely as possible with the available role positions and work climates. Deets and Froebe (1984) found that nurses perceived recognition as a major element in the reward system. Also in 1983, Harrison reported that the placement of nurses in jobs and work environments which matched their unique needs, talents, and interests seemed to have the greatest influence on job satisfaction. According to Peterson (1983), it is important to understand how individual psychological differences among staff members affect their emotional response to their co-workers and to their overall work situation.

For the most part, however, the literature does not address nurses as

individuals whose job attitudes are influenced by internal as well as external factors. This study therefore investigated the relationship of some of these internal factors to nurses' job satisfaction and intention to remain in the profession of nursing. These factors are personality traits and the selected demographic variables of age, type of basic nursing education, length of time in the profession, type of hospital in which employed, and clinical area of nursing practice. These demographic variables were chosen because they are directly related to the nurse as an individual and as such are often strongly influenced by the personal needs and values of the person. They were also chosen because, for the most part, they are under the control of the individual nurse and not under the control of others.

In summary, whereas most studies focused on why nurses leave the profession, this study investigated why they remain. The problem was to determine if there are factors within the person or personal demographic factors which influence satisfaction and/or perseverance in nursing. It sought to determine this in order to clarify the reasons why many nurses choose to remain in the profession and why many are satisfied with their jobs.

Significance of the Study

A review of the literature for the past 15 years revealed few studies dealing with the personality of nurses in relation to job satisfaction or intent to

remain in the profession. Many studies relating to the job satisfaction of nurses were found, but these were primarily related to external job factors (see Chapter 2, Review of the Literature). Although there is growing empirical evidence of the influence of selected personality variables on the behavior of nurses, there is little research reported regarding personality variables and their influence on attitudes of the nurse, such as job satisfaction. There is also no evidence of the investigation of an entire profile of personality factors in relation to this construct. If such a relationship exists, there could be important implications both for the nursing profession and for the counseling profession. Such findings could have a significant impact in the following ways:

1. Counseling of nurses already in the profession might increase retention by increasing their awareness of factors that play a major role in supporting their desire to remain in nursing.

2. The findings could have implications for the counseling of those who are considering entering the nursing profession and for counseling veteran nurses who may have doubts about remaining in nursing.

3. The findings should be of assistance in career counseling, which is a new field for nurses. As Hefferin and Kleinknecht (1986) indicated, career-track thinking is now being introduced into some hospital systems and is given emphasis in several nursing schools. However, neither setting routinely

provides career counseling that is based on assessment of work-related interests or preferences for specific types of nursing role activity.

4. For those who are the counselors of nurses in all phases of their education, an understanding of the findings should provide valuable information for the assessment, planning, and evaluation phases of the counseling process.

5. The results might be useful in promoting similar studies of other disciplines in the human service fields.

Theoretical Background

The theoretical background for this study is the work of Herzberg (1966) who developed the motivator-hygiene theory of job satisfaction. Based on a need hierarchy proposed by Maslow (1943, 1970), Herzberg suggested that humans have two sets of needs: the need to avoid pain and the need to grow psychologically. Herzberg's studies in support of this theory revealed 5 factors which stood out as strong determiners of job satisfaction: the work itself, achievement, recognition, responsibility, and advancement. The last three were considered to be of greater importance for a lasting change of attitude. These five factors which determine satisfaction in a positive sense were called motivators because they are effective in moving the individual toward superior performance and effort. These motivator events lead to job satisfaction

because of a need for growth or self-actualization at the psychological level. Thus, motivators are associated with psychological growth that is dependent upon achievement.

The major sources of dissatisfaction were company policy and administration, quality and type of supervision, salary, interpersonal relations and work conditions. Because these sources of dissatisfaction essentially describe the environment, and changes in them would seem primarily to prevent job satisfaction while having little effect on positive attitudes, they have been named the hygiene factors. Herzberg suggests that the hygiene or maintenance events lead to job satisfaction because of a need to avoid unpleasantness. Hygienes correlate with the animal needs that serve merely to reduce displeasure. Since hygiene factors do not have the qualities necessary for psychological growth, they cannot be conducive to the gratification of human needs; therefore, the gratification of one set of needs has little effect on the other. The hygienes do not contribute to job satisfaction, but their absence contributes to job dissatisfaction.

Herzberg, Mausner, and Snyderman (1967) specified that compensation, scheduling, working conditions, and child care benefits are factors in the work environment that can lead to dissatisfaction. However, these have little impact, even when optimal, on worker motivation and position satisfaction. Factors

intrinsic to the position, however, such as recognition, the work involved, autonomy, and responsibility motivate one to action and satisfy one's need to grow, develop, and contribute.

Herzberg's motivation-hygiene theory has been applied to the study of nurses' job satisfaction. The investigations of White and Maguire (1973), Munro (1983), Simpson (1985), and Janelli and Jarmuz (1987) all lend support to the validity of Herzberg's theory in relation to motivators being strong predictors of job satisfaction for nurses.

In view of Herzberg's findings, this study focused on those elements of a nurse's job that are intrinsic to the person. The investigator attempted to determine if motivators rather than hygienes influence a nurse to remain in a profession whose general turnover rate is extremely high. External factors can sometimes indicate why a person might be dissatisfied and leave a profession. This study examined internal personality factors of nurses in order to isolate one or more factors held in common by those who are satisfied with nursing and who plan to remain in their chosen field.

Assumptions

The following assumptions provided a starting point for this study:

There is a critical shortage of nurses. In fact, The American Nurses Association has designated this problem as its top priority (McCarty, 1987).

The shortage of nurses is at least partially related to lack of job satisfaction among nurses, as indicated by the Wandelt et al. study (1980) and its replication by McMahon (1982).

There are few studies concerning the personality factors of nurses in relationship to their job satisfaction and/or intent to remain in nursing.

The findings of research studies concerning the relationships of demographic variables to job satisfaction are contradictory and do not provide conclusive evidence of such relationships.

It is difficult for counselors to assist nurses in regard to job satisfaction if some of the underlying factors relating to dissatisfaction have not been identified. It is also difficult for counselors to help students in regard to the choice of nursing as a profession if the question, "What makes a satisfied nurse?" remains unanswered.

Purposes

The general purpose of the study was to determine if selected demographic variables and personality factors are related to nurses' job satisfaction and intent to remain in the profession of nursing. To accomplish this, there were several ancillary purposes which contributed to the primary purpose. These were to:

1. clarify the relationship between selected demographic factors and job

satisfaction; between selected demographic factors and intent to remain in nursing;

2. synthesize the findings of the related literature;
3. clarify the relationship between personality factors and job satisfaction; between personality factors and intent to remain in nursing.

Problem Statement

The problem in this study was to determine whether there are personality and/or demographic factors that are related to nurses' job satisfaction and their intent to remain in the profession of nursing.

Research Questions

Based upon the above problem statement, the following specific research questions were developed for this investigation:

1. In relation to selected demographic factors, is there a significant difference between nurses who are satisfied with their jobs and those who are not?
2. In relation to selected demographic factors, is there a significant difference between nurses who intend to remain in nursing and those who do not?
3. Do nurses who are satisfied with their jobs have personality factors that are significantly different from those who are not?

4. Do nurses who intend to remain in nursing have personality factors that are significantly different from those who do not?

Hypotheses

The above research questions were the basis for the following research hypotheses investigated in this study:

1. There is no difference in the variables of type of basic nursing education, length of time in profession, and type of hospital for nurses who are satisfied with their jobs versus those who are not.

2. There is a difference in the variables of age and clinical area of practice for nurses who are satisfied with their jobs versus those who are not.

3. There is no difference in the variables of basic nursing education, clinical area of practice, and type of hospital for nurses who intend to remain in nursing versus those who do not.

4. There is a difference in the variables of length of time in profession and age for nurses who intend to remain in nursing versus those who do not.

5. There is a difference in personality factors for nurses who are satisfied with their jobs versus those who are not.

6. There is a difference in personality factors for nurses who intend to remain in nursing versus those who do not.

Definition of Terms

The following are operational definitions of terms relevant to this study:

Nurses: Female registered nurses who currently work full-time in an acute care hospital, who have worked full-time in nursing for at least 1 year, and who do not work in a management capacity.

Job Satisfaction: An individual employee's evaluation of his or her work and work environment. In this study, job satisfaction was determined by the General Job Satisfaction Score above and below which the Manual for The Minnesota Satisfaction Questionnaire (MSQ) (Weiss, Dawis, England, & Lofquist, 1967) sets as "Satisfied" or "Non-Satisfied".

Personality Factors: Those normal adult personality traits as measured on the subscales of The California Psychological Inventory (CPI) (Gough, 1987).

Intent to Remain: Whether or not the nurse intends to continue working in the profession of nursing.

Selected Demographic Factors: Age, type of basic nursing education, length of time in the profession of nursing, type of hospital in which employed, and current clinical area of work.

Limitations

1. In order to control for possible intervening variables of job status in

specialized hospitals, this study was limited to nurses who work in general acute care hospitals.

2. In order to control for possible intervening variables related to the adaptation needed for a new job and/or new environment, this study was limited to nurses who have worked at their present hospital for at least one year.

3. In order to control for possible intervening variables related to the advantages or disadvantages of part-time nursing, this study was limited to nurses who work full-time.

4. Because of the difficulty of securing appropriate numbers of nurses who are men, this study was limited to female nurses.

The above exclusions are limitations of this study; therefore, the findings are not generalizable to all nurses.

Organization of the Study

Chapter Two contains the literature review concerning the following areas:

1. Nurse's job satisfaction and the variables which have been tested in relation to this concept.

2. Personality factors related to nurses and the studies which have investigated this concept. This section presents a summary of studies

investigating personality factors of nurses in relation to variables other than job satisfaction; it concludes with the studies which have attempted to relate personality factors to job satisfaction.

3. Nurses' intent to stay in or leave the profession of nursing. This section includes studies on job turnover.

Chapter Three contains the research design, instrumentation, the data collection procedure, and the statistical procedures used for analysis.

Chapter Four contains the presentation and analysis of the data.

Chapter Five contains conclusions of the study based upon the analysis of data. Recommendations for additional study are also included, as well as implications for the fields of counseling, nursing, and education.

CHAPTER 2

Review of the Literature

The literature review for this study includes three background areas relevant to an investigation concerning the job satisfaction of registered nurses. The first area concerns nurses' job satisfaction and the variables which have been studied in relation to this concept. The second area concerns studies in which personality factors related to nurses have been investigated. The third area concerns nurses' intent to stay in or leave the profession of nursing. Unless so specified, the subjects in all of the following studies are nurses who are working in staff positions in hospitals.

Job Satisfaction

According to Lemler and Leach (1986), the only valid conclusion that can be drawn from the research so far is that studying job satisfaction yields more questions than answers and that this complex issue remains a mystery. The following review of the literature in relation to job satisfaction reveals not only the wide scope of investigation which has occurred but also the inconsistency of results.

Authority Behavior

Even before Herzberg, nurses were interested in factors contributing to job satisfaction and dissatisfaction. As far back as 1940, Nahm surveyed 175 registered nurses employed in hospitals and public health agencies to determine

the degree of satisfaction they had in relation to their job expectations. His results indicated that those nurses who were satisfied felt that their work was appreciated, their supervisors treated them fairly and did not place unrealistic expectations upon them, and their work was judged by fair standards.

More recent studies continue to show a relationship between consideration by authority and nurses' job satisfaction. For example, although Hoover (1984) found that tolerance of freedom as a perceived characteristic of the head nurse was highly significant to the job satisfaction of the staff nurse, the major finding revealed a higher significant correlation for consideration as a characteristic of the head nurse. Also in 1984, Duxbury, Armstrong, Drew, and Henly found that nurse satisfaction scores were lower in units where the head nurses' leadership style was perceived as low-Consideration, high-Structure. In 1988, Goins investigated the relationship between satisfaction with work and the staff nurses' perception of their head nurses' leadership behavior. Results showed that the highest mean satisfaction score was held by the group ranking their leader as high in consideration. Contrary to these findings, Snyderman (1988) studied the relationship between the job satisfaction of nurses and aides in psychiatric hospitals and their perception of the leadership styles of head nurses. In this study, demographic variables which enhanced the job satisfaction of nurses were: head nurse length of stay,

being female, and having less education. Additionally, nurses found leadership styles of high Structure, low-Consideration satisfying, whereas aides did not.

The following are studies in which variables other than consideration were related to job satisfaction and authority behavior. Fennell, (1985) found that the more decentralized the authority in a hospital, the higher the job satisfaction level of the nurses. Pincus (1986) showed that communication with supervisor, communication climate, personal feedback, and communication with top-level executives were influential contributors to nurses' job satisfaction. Civiello (1987) found that training of nursing supervisors in organizational behavior management techniques did not lead to a change in employee job satisfaction. Also in Greene (1987), nursing employees were found to be most satisfied with a high task/high relationship leadership style.

Demographic Variables

Many of the following investigators have combined two or more variables in their studies; consequently, the results do not easily lend themselves to categorization. Thus, in this section, the studies are reported as they are congregated by their respective researchers. The section is not intended to be totally inclusive or exclusive, as some similar variables necessarily appear in other sections of this review.

Hoover (1984) found no relationship between staff nurses' job satisfaction and age, years of nursing experience, level of nursing education, or degree of professional activities. Similarly, Sanger, Richardson, and Larson (1985) showed that neither job type, age, length of employment, nor shift were predictive of job satisfaction.

However, Fennell (1985) found that as nurses mature they tend to view their jobs as more satisfying. Nelson (1985) examined the relationship between Adler's social interest and job satisfaction among nurses to determine whether social interest was related to work attitude and whether job satisfaction was related to age, level of education, experience, and type of position in nursing. There were significant differences between job satisfaction and age, and job satisfaction and position. However, social interest, level of education, and years of experience in nursing were found to have no significant relationship to job satisfaction. Similarly in relation to age, Blegen and Mueller (1987) found that day shift and age (the older, the more satisfied) did have significant effects on job satisfaction.

Leasure (1987) found a positive relationship among job satisfaction, social support, and the work environment of critical care nurses. However, the highest degree held and length of employment had no significant influence on the subjects' responses.

In studying operating room nurses, Hart (1988) found that older nurses were not more satisfied in their jobs than were younger nurses and that there was no significant difference between job satisfaction and tenure, years in nursing, years in the operating room, or education.

Type of Agency

Curreri, Gilley, Faulk, and Swansburg (1985) studied the job satisfaction of hospital-based versus home health care nurses. They found that neither group experienced job satisfaction, regardless of their occupational setting. However, the home health care nurses did experience more job satisfaction with regard to involvement and intrinsic satisfaction than did the hospital-based nurses. In a similar study, Young (1986) found that home health care nurses experienced greatest satisfaction in the areas of achievement, creativity, and independence, while hospital nurses were significantly more satisfied in the areas of security and activity level.

Pfaff (1987) examined selected factors which influence job satisfaction/dissatisfaction of nurses employed in long-term care facilities. The subjects expressed satisfaction with increased responsibility and challenging jobs. Worthwhile feelings of accomplishment in relation to their jobs were reported by 91%, and 60% indicated that their jobs helped them to achieve their professional goals. Longo and Uranker (1987) compared nurses in a

private versus a government hospital in relation to job satisfaction on five employment variables. They found no significant difference in job satisfaction in relation to any of the variables.

Salary

In some of the literature findings, salary was found to be an important cause of dissatisfaction among nurses in the work setting (Slavitt, Stamps, Piedmont, & Haase, 1978; Donovan, 1980; and Froebe, Deets, & Knox, 1983). However, Mealey (1984) found that wages and length of time worked did not have a significant impact on job satisfaction, and Caston and Braitto (1985) found that salary was not important in explaining job satisfaction among nurses. In addition, Murray (1988) found that neither enticing fringe benefits, education, income, age, nor years of experience influenced the decision to stay in a position where relatively low levels of job satisfaction exist.

Education

Slavitt et al. (1978) found that diploma-prepared nurses were more satisfied than nurses with associate or baccalaureate degrees. Those over the age of 40 were more satisfied, and job satisfaction increased with tenure both in relation to time at the same hospital and time in the specific job. However, Munro (1983) studied the job satisfaction of nurses in regard to their type of basic nursing program. She found that graduates from the three types of

nursing programs did not differ in terms of job satisfaction. Mealey (1984) and Leasure (1987) found similar results.

McCloskey and McCain (1987) studied newly employed registered nurses in regard to their job satisfaction after one year of employment. They found a decrease in job satisfaction in both new graduates and experienced nurses. They also found that associate degree nurses reported a significantly greater sense of calling to the field.

Years of Experience

Cleland, Bass, McHugh, and Montano (1976) studied the job satisfaction of 1,998 nurses in a metropolitan area. They compared all subjects to subjects whose employment status had been constant for 5 years and found that the 5-year employees scored lower in job satisfaction.

In studying organizational/environmental and factors as sources of staff nurse job satisfaction, Quirk (1984) found that nurses who are the most satisfied in their present job are diploma educated, have worked in nursing for over five years, and have been on their present job for over one year. Similarly, Simpson (1985) found that staff nurses reported more job satisfaction as both work experience and time after graduation increased. However, Balter (1985) found no significant difference in job satisfaction according to the number of years of nursing experience or the area of nursing

specialization.

Left Nursing or Remained in Nursing

There were few studies of job satisfaction which compared those who left nursing with those who remained. However, Nichols (1971) did study the relationship between job satisfaction and career decisions among Army nurses. She found a significant difference in job satisfaction between stayers and leavers but no difference between men and women nor between married and unmarried nurses. Lemler and Leach (1986) compared job satisfaction among staff nurses in similar positions who had left their jobs with that of nurses who continued to be employed. They found that the degree of satisfaction was similar for both groups.

Shift

An interesting finding by Hockey (1976) was that although nurses who did not like their working hours tended to score low on job satisfaction, nurses who liked their working hours were not necessarily satisfied with their job.

Comparing the relationship between shift schedules and job satisfaction among 440 nurses in 2 hospitals and 383 rank-and-file workers in a manufacturing organization, Jamal (1981) found that workers on fixed work schedules scored better than workers on rotating work schedules. In a study of job satisfaction for 370 nurses at five hospitals, Blegen and Mueller (1987) also

found that day shift was a significant variable. However, Stanton, Laughlin, & Wheeler (1983) found that the levels of job satisfaction for the extended shift and regular shift nurses were not significantly different. Similar results were found by Kakta (1985), Auman (1985), and Daniel (1988).

Manner of Work Assignment

The manner in which work is assigned is a variable which has often been studied in relation to job satisfaction. Carlsen and Malley (1981) found that nurses assigned to a primary care system reported greater job satisfaction. Similar findings were reported by Reed (1988). However, Parasuraman, Drake, and Zammuto (1982) found no significant differences between primary care and team care units in job satisfaction or other job attitudes. Similarly, Metcalf (1986) found that change from a task-centered system to a patient allocation system had little effect on job satisfaction or on factors related to job satisfaction.

Motivation

Many of the early studies on nurses' job satisfaction concerned motivation. Kramer (1969) reported nurses' job satisfaction to be related to growth, opportunities for advancement, and responsibility. Longest (1974) found that achievement ranked first among the factors affecting job satisfaction, interpersonal relations second, and the work itself third. Godfrey (1978)

surveyed nearly 17,000 nurses and found that almost half of the nurses in the study reported that their greatest satisfaction in nursing comes from helping people; 46% cited the worthwhile, challenging, or interesting nature of the work; 2% mentioned financial security; and 1% listed the prestige accorded nurses.

Further important work was done in this regard by the following researchers. Harrison (1983) found that those who rated their jobs high in motivating potential experienced higher overall job satisfaction. Smith (1983) endeavored to identify the motivator and hygiene factors that contribute to registered nurses' (RN's) and licensed practical nurses' (LPN's) job satisfaction and dissatisfaction. Enjoyment of work was the most valued motivator for both groups, while working conditions was the most valued hygiene factor for RN's. For the RN's, lack of recognition was the leading factor of dissatisfaction with their nursing position. Similar results were found by Deets and Froebe (1984) who determined that nurses appear to perceive recognition (specifically, reward for professional behavior) as a major element in the reward system.

Work-Related Factors

In relation to role, Lyons (1970) studied 156 staff nurses and found that perceived role clarity was related negatively to voluntary turnover, propensity

to leave and job tension, and positively related to job satisfaction. In 1974, Bullough measured job satisfaction among pediatric nurse practitioners, extended role nurses, and nurses who had no specialized role training. She found that more nurses without specialized role training were satisfied with their choice of nursing as a career and would choose it again were they given a chance.

The work setting was important in job satisfaction studies. Dorr, Honea, and Pozner (1980) found a relationship between psychiatric nurses' job satisfaction and their perceived therapeutic climate on the wards. Weisman, Alexander, and Chase (1980) found that nursing unit qualities influenced autonomy, job satisfaction, and turnover. Wandelt, Pierce, and Widdowson (1981) questioned 3,500 nurses in Texas to identify factors associated with nurse dissatisfaction and unemployment. They reported that "dissatisfaction stems from the work setting rather than nursing practice" (p. 73). McMahon (1982) replicated the Wandelt study and found similar results.

Manly (1987) examined whether the relationship between the amount of time spent in direct patient care and the level of job satisfaction differed among Air Force Nurses. The results revealed that time spent in direct patient care had a negative relationship to job satisfaction.

Weiglein (1988) examined the relationship between the use of quality

circles in nursing units. Results showed that staff nurses perceive job satisfaction being greater in units which use quality circles.

Stress-Related Factors

The majority of studies relating to stress and job satisfaction revealed the expected correlation of high stress and low job satisfaction. Brief, Aldag, Van Sell, and Melone (1979) found role stress among general duty nurses to be associated with lower levels of job satisfaction. Norbeck (1985) found similar results among critical care nurses. Dolan (1987) studied job satisfaction in relation to burnout of nurses and found that high satisfaction was associated with low burnout.

However, Zautra, Eblen, and Reynolds (1986) found that the number of stressful work events correlated with dissatisfactions with the work context but not with satisfaction with the work itself. In an experimental study, Glenn (1987) found no relationship between stress level and job satisfaction in nurses who had participated in a stress management course and those who had not.

Multiple Factors

The following studies investigated whether multiple factors simultaneously influence job satisfaction. In a study to measure the importance of the dimensions of job satisfaction, Everly and Falcione (1976) found that the traditional intrinsic/extrinsic dichotomy of job satisfaction did not apply. The

nurses perceived their job satisfaction in a more complex fashion in that four statistically independent dimensions emerged: Relationship orientation, internal work rewards, external work rewards, and administrative policies. Relationship orientations accounted for almost 24 percent of the total variance. Price and Mueller (1981) found that greater variety in work, greater participation in work-related decisions, greater communication about work, and greater opportunity to advance in the hospital all increased job satisfaction.

Curry, Wakefield, Price, Mueller, and McCloskey (1985) did not find causal linkages between nurses' job satisfaction and organizational commitment, nor did they find that the latter is causally antecedent to job satisfaction. However, they did find that the four most important determinants of job satisfaction were: the nature of the work, autonomy, promotional opportunity, and distributive justice. A higher level of work repetition and a higher level of concentration of decision-making among supervisors equaled lower levels of job satisfaction. Higher levels of promotional opportunity and perceived fairness of rewards equaled higher job satisfaction.

Personality Factors

This area presents studies which have investigated personality factors of nurses. The section will begin with an overview of studies which investigated personality factors of nurses in relation to variables other than job satisfaction

and will conclude with studies which have attempted to relate personality factors directly to job satisfaction.

Factors Not Related to Job Satisfaction

The following are studies which investigated personality variables which were not specifically related to the job satisfaction of staff nurses.

Traits. Most of the early research concerning personality traits of nurses described a nurse as one who demonstrated low autonomy and high deference (Navran and Stauffacher, 1957; Lentz and Michaels, 1965). This is further substantiated by the following studies. Mauksch (1960) found that a certain type of person, one who exhibits a greater need for social controls and security, is drawn to a school of nursing. Costello (1967) reviewed seven nursing studies that used the Edwards Personal Preference Schedule (EPPS) (Edwards, 1959). These studies showed that nurses have a greater need than female college students for deference and endurance and less need for dominance and autonomy. Their results indicated that "nurses want to conform to custom and have no strong desire to act independently or supervise the work of others" (p.44). These findings were supported by similar studies which used other personality measuring devices (Cleveland, 1963; Cordiner, 1968).

Comparison studies. Gross and Brown (1967) explored the differences in psychological needs and personality traits between RN's and LPN's. The

need for autonomy scores were low, and although the RN's tended to place a higher value on independence than did the LPN's, they did not express more needs for independence than did the LPN's. Related to these results, Davis (1969) found that both nurses and social workers saw the nursing role as requiring self-controlled, methodical, and dependable behavior, plus the ability to be submissive and maintain subordinate roles.

Miller (1965) compared the differences in personality characteristics of graduate students in different majors. She found that medical-surgical majors appeared to be more passive and less independent, more impersonal and aloof in contacts with people, and overly conforming and conventional in most situations. The psychiatric majors were more forceful and highly independent, rebellious toward rules and restrictions, and had broader creative interests. In studying the same two types of groups, Gilbert (1975) compared personality profiles and leadership potential of psychiatric and medical-surgical nursing graduate students. Using the CPI and the Managerial Key for the CPI, medical-surgical majors scored significantly higher on the CPI scale.

In more recent studies, Maloney (1982) used trait anxiety scales to study intensive care unit (ICU) and non-intensive care unit (non-ICU) nurses' job satisfaction. Both groups of nurses indicated satisfaction with their jobs. However, non-ICU nurses expressed higher trait anxiety than did the ICU

nurses. Fawzy, Wellisch, Pasnau, and Leibowitz (1983) compared nurses on five different units in relation to level of job satisfaction. Results of the Minnesota Multiphasic Personality Inventory revealed no significant differences on any of the scales among nurses on the five wards. However, nurses on the medical unit did tend to have lower overall job satisfaction than those on the other units. Amenta (1984) compared hospice nurses, hospital nurses, health center nurses, and visiting nurses in relation to personality, purpose of life, and attitude toward death. Results showed that hospice nurses were significantly more assertive, imaginative, forthright, free-thinking, and independent than were their colleagues. Nurses in traditional settings were more conventional and comfortable with structure.

Work-related factors. Hill, Taylor, and Stacy (1963) reviewed over 300 studies on the relationship between personality and success in nursing and concluded that no relationship had been demonstrated. However, Dyer (1967) found that high-performing staff nurses generally had higher CPI profiles which reached significance for Social Presence, Well-Being, Responsibility, Tolerance, Achievement via Conformance, and Intellectual Efficiency.

Dyer, Monson, and Van Drimmelen (1975) used the CPI to investigate relationships among measures of quality patient care, nurse performance, biographical data, and personality data. They found that higher-rated nurses

generally described themselves in more positive terms and as more open, helpful, energetic, and people-oriented. Their results also showed that education was positively related to CPI scores except for Responsibility and that age was negatively related except for the Responsibility, Self-control, and Good Impression subscales. Ryan-Merritt (1986) found no relationship between nurses' self-concept, assertiveness, or locus of control and participation in intraprofessional networks within the hospital setting.

However, Langford and Harmon (1987), in examining the self-esteem, gender identity, and selected personality characteristics of a group of operating room (OR) nurses, found that those who exhibit androgynous traits have higher self-esteem levels than those with masculine, feminine, or undifferentiated traits. They also found that the masculine score alone is the best predictor of self-esteem.

Roles. Burke (1982) studied 136 nursing staff members to determine if the personality constructs of self-esteem and locus of control and the self-image aspects of timidity, abrasiveness, and perceptiveness were related to several areas of helpers' and helpees' role behaviors in a work setting. The results showed that subjects with more self-esteem and internal locus of control were more active and satisfied with their helping roles.

Hanson and Chater (1983) studied first year Master's students and tested

the proposition that women in nursing seek roles within the profession that permit the expression of their personalities. Their findings indicated that nurses who exhibited managerial interests were more practical-minded, sociable, conforming, dominant, expressive, and had more occupational interests than those who did not demonstrate such interests. Subjects who lacked managerial interests showed a greater preference for feminine, low-status occupations. The results did not support their first hypothesis based upon the prediction of Holland (1973) that professional nurses would demonstrate a personality profile with predominant attributes of sociability.

Kinney (1985) reexamined the role conception combinations of beginning nurses in order to relate such role conceptions to the personality variables of ego development, sex-typing, and assertiveness. Results showed that both Masculine (M) and Masculine/Feminine (MF) of the sex-typing attributes were related to two role conceptions. MF was related to professional role and service role conceptions and Feminine (F) was related to bureaucratic and service role conceptions. Rendon (1987) found high deference levels among 167 registered nurses from baccalaureate nursing programs who completed a scale measuring perceptions of the student role and compliant, aggressive, and detached interpersonal styles.

Needs. According to Koehne-Kaplan and Tilden (1976), "If there is

consistency in studies of nursing personality, it is in describing a traditionally feminine pattern of need. This is not surprising; nursing has traditionally been a female profession and the role of the nurse was consciously shaped around the womanly virtues" (p. 2). This seemed to be borne out in many studies. For example, Starer (1980) examined the possibility of a relationship between personality needs, sex-role identity, and occupational longevity in hospital nurses. Nurses working in the hospital were found to have greater needs for abasement and nurturance than did former hospital nurses, while the latter were found to have greater needs for autonomy and dominance.

Higashi (1986) investigated 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. 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. Additional findings were that diploma school 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, and nurses who were employed less than twelve years scored higher on Heterosexuality.

In studying the need satisfaction of hospital staff nurses, Blalack (1986) found that the greatest amount of need fulfillment related to security and social needs. While the autonomy need was least fulfilled, the self-actualization need was found to be the most deficient in terms of how much the nurses felt there should be. They also reported a low level of self-esteem derived from the job and dissatisfaction with the ability of their work to satisfy this need.

Factors Related to Job Satisfaction

Early studies. The following are examples of early studies which investigated personality variables related to job satisfaction. Pryer and Distefano (1971) studied three levels of nursing and found that the leadership dimension of consideration was positively related to job satisfaction at all levels. Slocum, Susman, and Sheridan (1972) studied job satisfaction among professional and paraprofessional hospital employees and found that for professional nurses, job satisfaction was significantly correlated with fulfilling self-actualization needs. Lyon and Ivancevich (1974) studied organizational climate and its impact on job satisfaction among nurses and administrators. They found that organizational climate for both groups had the most significant

impact on self-actualization, a lesser impact on autonomy, and only a slight impact on esteem.

Autonomy. Autonomy has often been cited in the literature as having an impact on nurses' job satisfaction (Slavitt et al., 1978; Weisman et al., (1980); Munro, 1983; and Kosmoski & Calkin, 1986). As recently as 1987, Middlemass found that professional nurses perceived their jobs to possess high motivating potential and were most satisfied when practicing in settings where they had autonomy. However, there are studies which do not support this finding. For example, Blegen and Mueller (1987) found that autonomy, social integration, and pay had little effect on nurses' job satisfaction. Similarly, Riordan (1987) examined dimensions of autonomy and job satisfaction among staff nurses working in hospital and non-hospital settings. Although a strong trend toward greater satisfaction with autonomy was reported by the non-hospital nurses, the difference between the two groups was not found to be significant.

Needs. The study of personality needs is appearing more often in recent literature. Abend (1984) explored the relationships between nurse's self-concept, assertiveness, and job satisfaction. Assertiveness was found to be far more important than self-concept in relation to job satisfaction. Malone (1987) found a stronger positive relationship between need satisfaction and job

satisfaction for high self-esteem employees than for low self-esteem employees. Payson (1988) examined the relationship of need satisfaction to job satisfaction among psychiatric staff nurses and found that security and self-actualization needs were rated as more important than social, autonomy, and self-esteem needs.

Locus of control. In relation to personality and the job satisfaction of nurses, locus of control was the variable most predominantly investigated in the following studies.

Wallace (1981) examined a combination of personality variables among Intensive Care Unit (ICU) and Non-Intensive Care Unit (Non-ICU) nurses. Analyses revealed that state and trait anxiety scores were highly correlated to overall job satisfaction for the ICU nursing group; only locus of control contributed significantly to the prediction of job satisfaction for Non-ICU nurses. Ricotta (1985) explored the relationship between perceived stress and individual characteristics variables within the nursing profession. Job satisfaction was found to be inversely related to the Perceived Stress in Nursing Scale; external other locus of control was positively related. Conversely, Frost, Taggart, Wilson, and Hoyt (1983) found no relationship between the nurse's personality type and their job satisfaction or locus of control. Similarly, Bush (1985) found that job satisfaction scores were predicted by powerlessness

scores but not by locus of control scores.

Blau (1987) found that locus of control moderated the relationships between 2 facets of satisfaction, promotion and pay. Nurses with internal locus of control showed significantly stronger negative relationships between these satisfaction facets and withdrawal cognitions and turnover.

Hart (1988) investigated the possible relationship between selected personality characteristics of OR nurses and their job satisfaction. She found that those nurses with the lowest level of expressed anxiety indicated the highest level of job satisfaction and that those with a greater degree of internal locus of control expressed higher job satisfaction.

Intent to Stay

Economics suggest that higher salaries should attract more nurses into practice. According to an article in the American Nurse (1989), salaries for nurses have increased markedly in the past several years, and yet the nursing shortage remains. This economic view also does not accurately reflect the motivations of nurses who have a complex value system in relation to their reasons for continuing to work in nursing. For example, in a study by Ruffing, Smith, and Rogers (1984), over 73% of the respondents indicated that personal choice motivates them to remain in their present place of employment.

The literature reviewed in regard to why nurses remain in the profession

was meager in its coverage, but what follows is a report of those studies which included the subject of nurses staying into their investigations. The related subject of nursing turnover will be reviewed, followed by those studies that concern the more often measured and more measurable variable of why nurses leave nursing.

Intent to Stay

In the previously mentioned study by Wandelt et al. (1980), variables that have been traditionally identified as important reasons explaining why nurses remain in the work force were not insufficient to account for this occurrence. The trends in this study suggest that more professional identity variables may need to be considered for fuller comparison. For example, Kues (1986) examined the relationships among demographic and attitudinal factors and their impact on two decision processes related to women's work behavior. Results showed that job satisfaction demonstrated the strongest relationship with intentions to stay in a job. Hinshaw, Smeltzer, and Atwood (1987) found that professional growth and recognition as professionals were seen as producing high satisfaction among nursing staff and also had an influence on their staying at an institution.

Huey and Hartley (1988), in reporting on the American Journal of Nursing's 1987 survey of 3500 nurses, said that 8 in 10 nurses stated that they

do plan to stay in nursing, at least for the next three years. However, the authors continue, "The bad news is that many of those are on the edge--staying because they feel trapped, but unhappy in nursing and not about to encourage anyone else to enter the profession" (p. 182).

In studying OR nurses, Olsen (1988) found that although most of the nurses had worked at their hospital for more than three years, 74% are seriously dissatisfied with their work environment. The question of why they stay when they are so seriously dissatisfied with their practice setting remains unanswered.

Turnover

Employee turnover is of interest to many disciplines and has been widely studied. According to Munro (1983), hospital nurses have more than three times the turnover rate of teachers and one-and-one-half times the turnover rate of social workers. Several early nursing turnover studies demonstrated that absenteeism and turnover are dependent upon job satisfaction (Mobley, Griffeth, Hand, & Meglino, 1979; Porter & Steers, 1973).

In an experimental study on turnover, Bayley (1981) identified specific sources of job satisfaction and dissatisfaction among nurses working on a burn unit. These nurses named five aspects of their jobs that satisfied them most: team work and staff rapport, challenging variety of experiences, learning

opportunities, seeing a critically ill patient recover, and inservice education and orientation. Major sources of job dissatisfaction related to inadequate staffing, emotional exhaustion, and scheduling. Interventions based on the data decreased turnover.

In regard to predecessors of turnover, Birkenbach (1983) found that intentions to leave the hospital, intentions to leave nursing, and opportunities for obtaining alternative employment emerged as primary antecedents of turnover. Prescott (1986) found that important predictors included nursing workload, nurse staffing, nursing practice, and job satisfaction.

Weisman et al. (1980) found that job satisfaction among nurses is related causally to turnover. Mealey (1984) also found that turnover, using intent to stay as the dependent variable, was highly correlated with job satisfaction, salary, age, and educational preparation. Consistent with the above results, Curry et al. (1985) reported that the results of their study affirm the importance of job satisfaction since it had the second largest total causal effect on turnover.

Taylor and Covaleski (1985) investigated the predictability of internal job transfer and turnover behavior in relation to nurses' career plans, work values, and job satisfaction. They found that values for work outcomes and career plans rather than job satisfaction discriminated among nurses who

remained on their jobs. Nurses who accepted transfers or who chose to leave their jobs did not differ significantly in job satisfaction from those who remained on the job.

In relation to nurses' stress and turnover, Hinshaw et al. (1987) found that job stress did not directly predict anticipated turnover but indirectly predicted it through both professional and organizational job satisfaction.

Intent to Leave

Early literature rarely deals with the concept of "intent to leave." Current literature reveals that determinants of nurses' intent to leave are as varied as are those of nurses' job satisfaction.

Peterson (1983) found that personal attitudes toward co-workers and perceptions of strain among co-workers related significantly to intrinsic reward satisfaction and propensity to leave.

Albin (1985) studied 855 staff nurses regarding job satisfaction and organizational commitment. In general, the results validated the overall importance of job satisfaction and organizational commitment regarding intent to leave and intent to search. Similar results were found by Ogden (1985) who reported that significantly higher relationship dimension needs and lower job satisfaction characterized the 10 % of graduates intending to leave the nursing profession as compared with the 90 % intending to remain. Griffeth and Hom

(1988) found that intention to quit and turnover were significantly predicted by job satisfaction and utility of job offers. However, Zuraikat (1987) found that commitment, opportunity, job knowledge, intrinsic and extrinsic rewards, and kinship responsibility were the major predictors of intention to leave. The results showed that young, highly educated, and less experienced nurses had more intention to leave than did other groups. There was no relationship between pay or primary nursing assignment and intention to leave.

In examining the profiles of 360 nurses in relation to intent to leave, Mackay et al. (1987) found that nurses who have been working from 3 to 5 years are less inclined to leave than are those with less time on the job. For nurses who have been on the job from 3 to 5 years, those who had clearly defined jobs intended to stay for at least 3 years, while those who saw their role as ambiguous intended to leave within the year. The factors most affecting decision to leave were: workload, role clarity, professional growth and development, shift work, and size of the work group.

Lane, Mathews, and Presholdt (1988) examined the determinants of 755 nurses' intentions to leave their profession. They found that attitude, subjective norm, moral obligation, the likelihood of changing occupations, attitude toward another occupation, educational level, and number of children were all correlated with intention to leave.

Finally, in relation to stress and intent to leave, Fimian, Fastenau, and Thomas (1988) examined 283 nurses' intentions to leave their profession in response to problems related to occupational stress. Analyses of variance showed significantly stronger occupational stress for leavers than for stayers.

Summary

The literature review concerned nurses' job satisfaction and the many variables which have been studied in relation to this concept, personality factors related and not related to job satisfaction, and intent to stay, including the related subject of turnover. In general, the research studies seem to indicate that nurses remain at their jobs because of multiple conditions that produce satisfactory attitudes toward these jobs.

An analysis of these studies shows that no evident trend emerges. For almost every conclusion favoring one factor over another as the dominant motivator, another study shows the opposite position to be true. There are more consistent indications that Job Satisfaction and Intent to Leave are states of mind emanating from personality, individual situations, and the setting, rather than from dissatisfaction with external benefits or the field of nursing itself.

No studies were found which directly related job satisfaction to a total personality profile nor to the specific combination of demographic variables

selected for this investigation. In light of these findings of inconclusive evidence for one factor over another, this study sought to determine if there is a relationship between those individual situations, the nurse's personality, Job Satisfaction, and Intent to Stay.

CHAPTER 3

Methodology

Chapter 3 describes the research method and design, the setting, the sample, the instruments, the procedure used for data collection, and the statistical procedures used for data analysis.

Introduction

The problem addressed in this study was to determine whether there are personality and/or demographic factors that are related to nurses' job satisfaction and their intent to remain in the profession of nursing. These factors are the personality variables as measured by the California Psychological Inventory and the selected demographic variables of age, basic nursing education, length of time in the profession, type of hospital in which employed, and clinical area of nursing practice.

Based upon this problem statement, the specific research questions were:

1. In relation to selected demographic factors, is there a significant difference between nurses who are satisfied with their jobs and those who are not?
2. In relation to selected demographic factors, is there a significant difference between nurses who intend to remain in nursing and those who do not?

3. Do nurses who are satisfied with their jobs have personality factors that are significantly different from those who are not?

4. Do nurses who intend to remain in nursing have personality factors that are significantly different from those who do not?

Method and Design

This was a descriptive exploratory study in which the data were collected by means of a survey. The survey consisted of three instruments: a Data Sheet, the CPI (Gough, 1987); and the MSQ (Weiss et al., 1967) (see Instrumentation, p. 49).

Setting

There were two settings used for the study, an urban university-owned teaching hospital and a suburban privately-owned hospital of comparable size. The following clinical areas within each of the hospitals were used: Medical-Surgical (MS), Psychiatry (PS), Critical-Care (CC), Maternal-Child (MC), and Operating/Recovery Rooms (OR). Because the number of nurses working in these units was disparate, a proportional random selection was used in the sampling process.

Sample

The sample for the study consisted of 200 randomly selected subjects from the population of registered nurses in two acute care hospitals. One

hundred subjects were selected from each of the two participating hospitals. The nurses in the population met the criteria of currently working in a full-time staff position in nursing and of having worked full-time in nursing for at least one year.

Of the 200 selected subjects, 107 returned the questionnaires; this was a 53.5% return. There was a 66% return from the urban hospital and a 44% return from the suburban hospital. Of the 107 questionnaires that were returned, 104 were usable for the analysis and 3 were not. Although the hospitals had received criteria for selection, two of the nurses who responded did not completely meet the criteria, and one returned an incomplete questionnaire.

Instrumentation

The following instruments were used to collect data:

Data Sheet

Designed by the investigator, this instrument was used to gather demographic information about age, type of basic nursing education, years in the nursing profession, and clinical area of practice (see Appendix A). Questions concerning the demographic data were: A, C, E, F, and H. Questions which were included in order to validate that the subjects met the study criteria were: D and G. Questions concerning the subject's intent to

remain in or leave nursing were: K, M, and N. The content of the data sheet was inspected by two panels of nurses experienced in nursing research and the research committees of both hospitals used in the study. The content was also validated by three directors of nursing research of these institutions.

The California Psychological Inventory

This instrument was used to identify personality characteristics of the subjects. It consists of 462 items which are categorized into to the following 20 subscales:

- Dominance
- Capacity for Status
- Sociability
- Social Presence
- Self-acceptance
- Independence
- Empathy
- Responsibility
- Socialization
- Self-control
- Good Impression
- Communality
- Sense of Well-being
- Tolerance
- Achievement via Conformance
- Achievement via Independence
- Intellectual Efficiency
- Psychological-mindedness
- Flexibility
- Femininity/Masculinity

The CPI is a self-administered instrument which, according to the testing manual (Gough, 1987), requires no rigorous controls in order to achieve

dependable and useful results. The inventory has been used under many conditions, including "take home" plans, and "judging from the accuracy of the profiles obtained and from internal indicators of reliability, satisfactory results were the rule in every condition" (p.11). The instrument has many normative samples; however, of particular interest to this study is the fact that it has been normed on registered full-time nurses.

Instructions for the instrument are clearly printed. The respondents indicated their responses on an answer sheet which was hand-scored by a trained assistant to prevent the possibility of bias from investigator scoring. The profile makes use of standard scores, with each scale having a mean of 50 and standard deviation of 10.

The CPI was chosen for use in this study because it is designed to measure those personality characteristics which relate to the favorable and positive aspects of personality rather than to pathology. Each subscale describes one important facet of the individual subject's personality. According to Gough (1987), the total set of scores provides a comprehensive picture of the individual when considered from a social action point of view. A distinct advantage of the CPI is that all subscales (except the F/M) are scored so that higher scores are associated with strength on the variable and lower scores with weakness. Gough states that "this common directionality of the scales helps to

simplify interpretation of a profile" (p. 5).

In regard to validity, the following is a summary of the review of the revised CPI by Anastasi (1988). There are three scales designed to assess test-taking attitudes. These scales are: Sense of well-being, based on responses by normals asked to "fake bad"; Good impression, based on responses by normals asked to "fake good"; and Communality, based on a frequency count of highly popular responses. The remaining 17 scales provide scores in personality dimensions. For 13 of these 17 scales, items were selected against such criteria as course grades, social class membership, participation in extracurricular activities, and ratings. The ratings were obtained through peer nominations, found to be an effective assessment technique for many interpersonal traits. For the remaining 4 scales, items were originally grouped subjectively and then checked for internal consistency. According to Anastasi, "Cross-validation of all scales on sizable samples has yielded group differences" (p. 535).

According to Anastasi (1988) the revision of the inventory itself was only slightly changed to improve clarity, update content, and delete items that respondents might find objectionable. Eighteen items were dropped, and minor wording changes were made in 29 others. Because the items remain largely unchanged, data from the original sample were used in computing norms and in reevaluating reliability and validity for the new subscales and the new

composite scores. The descriptions of high and low scorers on each subscale were refined through extensive analyses of ratings and other observer data as well as in correlations with other personality tests. Retest as well as internal consistency reliability coefficients of the individual scales compare favorably with those found for other personality inventories. The intercorrelations among scales are relatively high. All but four subscales are correlated at least .50 with one or more other subscales. According to Gough (1987), the median alpha coefficient for females was .73.

The Minnesota Satisfaction Questionnaire (MSQ)

This instrument was used to obtain a measure of job satisfaction. The long-form MSQ is a self-administered instrument which consists of 100 items within the following 20 scales:

- Ability
- Utilization
- Achievement
- Activity
- Advancement
- Authority
- Company Policies and Practices
- Compensation
- Co-workers
- Creativity
- Independence
- Moral Values
- Recognition
- Responsibility
- Security

Social Service
Social Status
Supervision–Human Relations
Supervision–Technical Variety
Working Conditions

Five response alternatives are presented for each item. These responses range from "very satisfied" to "very dissatisfied." The total score on the questionnaire provides an index of the degree to which an individual is satisfied with his/her job. The scoring procedure for the MSQ includes a general satisfaction scale; this is the scale which was used in this study. In reviewing the MSQ in The Eighth Mental Measurements Yearbook, Guion (1978) says that the significant intercorrelations among MSQ scales support the general satisfaction scale.

Instructions for the instrument are clearly printed. The respondents indicated their answers on the instrument. These answers were hand-scored by a trained assistant to prevent the possibility of bias from investigator scoring.

The investigator selected this instrument for several reasons: the test can be taken in approximately 20 minutes; the method of scoring interpretation can be used in follow-up studies of clients; and the instrument is normed on registered nurses. In regard to the reliability and validity of the instrument, test-retest reliability is reported at .89 and internal consistency at .96 (Weiss et al., 1967).

Procedure for Collection of Data

In requesting permission to conduct the study, copies of the research proposal and the research packets were submitted to the nursing research committees of both hospitals. The packets contained the following:

1. A letter of introduction from the investigator. In this letter, the study was briefly explained, cooperation requested, anonymity and confidentiality assured, and study results promised (see Appendix B).

2. Duplicate consent forms, one of which was to be returned to the investigator and the other to be kept by the subject; the latter was required by both hospitals (see Appendix C).

3. The study instruments which consisted of the Data Sheet, the CPI test booklet and answer sheet, and the MSQ test booklet.

The investigator was asked to present the study proposal to the nursing research committee of the suburban hospital; following the presentation, permission to conduct the study was granted. Permission from the urban hospital was granted first by the nursing research committee and thereafter approved by the hospital and university research committees.

After these permissions had been obtained, a letter from the director of nursing research for each of the hospitals was added to the packets that would be sent to the nurses. This letter encouraged participation by the nurses and

assured them that permission to conduct the study in their respective hospitals had been granted.

The two hospitals then prepared lists of all nursing staff members who met the study criteria. From these lists, the subjects were divided according to their current clinical areas of nursing practice. These areas were: Medical-Surgical (MS); Psychiatry (PS); Critical-Care (CC); Maternal-Child (MC); and Operating/Recovery (OR). Proportional random sampling was then done by the investigator.

Two weeks prior to distribution of the packets, the supervisors of the aforementioned units in both hospitals received a copy of the proposal and a letter from their respective Directors of Nursing Research. These letters asked their cooperation in distributing the packets to the nurses who had been selected from their units for the study. In the urban hospital, the investigator was permitted to meet with each unit supervisor in order to explain the study and the requirements of the subjects. In the suburban hospital, the Director of Nursing Research performed this function.

The subjects were asked to return the completed instruments in the addressed stamped envelop which had been provided in the packet. In order to assure anonymity and confidentiality, the subjects were instructed not to write their names on the answer sheets or on the instruments. Although the signed

consent forms were returned, the assistant opened the packets so that the investigator did not see the names associated with the data. In order to further assure anonymity and confidentiality, the instrument answer sheets were coded by the assistant. Thus, the investigator did not see the names associated with the individual scores.

The intent of the investigator had been that the survey would be distributed during a three-week period. However, the length of this period had to be extended to four weeks in order to allow time for contacting nurses who had varying schedule patterns or who were on vacation. After a six-week period, a second letter of encouragement was sent to those nurses who had not responded. Twenty more responses were returned to the investigator after the second letter had been sent. The entire process, from distribution to return, was completed during the eight-week period from March 22 – May 17, 1989. Returns received after the eight-week period were not used in the data analysis.

Data Analysis

Data analysis was facilitated by means of the computer program, Number Cruncher Statistical System (Hintze, 1987). In order to determine if there are personality and/or demographic factors that are related to nurses' job satisfaction and their intent to remain in nursing, the following null hypotheses

were investigated:

Ho₁ There is no significant difference in the selected demographic variables of basic nursing education program, length of time in profession, and type of hospital for nurses who are satisfied with their jobs versus those who are not.

Ho₂ There is no significant difference in the selected demographic variables of age and clinical area of practice for nurses who are satisfied with their jobs versus those who are not.

Ho₃ There is no significant relationship between nurses' intent to stay in nursing and the selected demographic variables of basic nursing education, clinical area of practice, and type of hospital.

Ho₄ There is no significant relationship between nurses' intent to stay in nursing and the selected demographic variables of age and length of time in profession.

Ho₅ There is no significant difference in any of the personality subscales on the CPI for nurses who are satisfied with their jobs versus those who are not.

Ho₆ There is no significant difference in any of the personality subscales on the CPI for nurses who intend to stay in the profession of nursing versus those who do not.

Data were analyzed by means of descriptive measures of the demographic data. Means and standard deviations were computed for the continuous variables of Age and Years in Profession.

Job Satisfaction was determined by the General Job Satisfaction Score above and below which the manual (Weiss et al., 1967) sets as "Satisfied" or "Not Satisfied". The group median of 65 was used as the point which separated those who were satisfied from those who were not. These two groups were compared in the analysis in relation to the CPI subscale scores and each of the demographic variables. Intent to remain was determined by separating the subjects into "Intent to Stay" and "Intent to Leave" groups, based on their answers to the questions on the Data Sheet relating to this variable.

Chi-square contingency analysis was used in order to determine if there is a relationship between the demographic variables and Job Satisfaction and between the demographic variables and Intent to Stay in nursing. Chi-square was calculated for the categorical variables of type of hospital, basic nursing education, and clinical area of work. The continuous variables of age and length of time in nursing were categorized, and chi-square was then applied.

Chi-square was selected for analysis because this procedure demonstrates differences in two or more groups based on proportion. According to Kovacs (1985), it is used with data which relate to the proportion

of observations that fall into categories. It compares frequencies observed from a set of data with those that would be expected to occur in the population if there was no significant relationship between the two variables under study.

In order to determine if there are differences between satisfied versus non-satisfied nurses in relation to personality, the independent samples t test was used to compare the means of the two groups on each of the subscales of the CPI. The t test was also used to compare the means on the CPI subscales for nurses who intend to remain in nursing versus those who intend to leave.

The independent samples t test was used to compare means because the scores from one group had no association with the scores from the other group. The t test rather than analysis of variance was used because two groups are of concern. According to Huck, Cormier, and Bounds (1974), "Both procedures yield identical results in a two-group comparison" (p. 58).

In relation to prediction, it was not appropriate to use multiple regression for this study because the criterion variables of job satisfaction and intent to remain were nominal rather than continuous. According to Huck et al. (1974), the nominal variables involve group membership rather than a score along a continuum. Therefore, the statistical technique of discriminant function analysis was used. In addition, since the criterion variables were dichotomous, the two-group discriminant analysis was used to determine if any of the CPI

subscales or demographic variables were predictive of nurses' job satisfaction or intent to remain in nursing.

Summary

In summary, this was a descriptive exploratory study in which the survey method was used for the collection of data. Instruments utilized were the California Psychological Inventory, the Minnesota Satisfaction Questionnaire, and the Data Sheet developed by the investigator.

Proportional random sampling was used for subject selection. Data were collected from registered nurses in two acute care hospitals during an eight-week period. Following coding and tabulation of the raw data, descriptive statistics, chi-square analysis, t tests, and discriminant analysis were applied to the group data. Chapter 4 will describe the results of these analyses.

CHAPTER 4

Analysis of the Data

Introduction

This chapter reports the results of the data analysis. Descriptive data concerning the respondents are provided, and the result of the statistical analysis for each null hypothesis is presented.

This investigation was an attempt to determine the relationship of selected demographic variables and personality variables to the job satisfaction of nurses and their intent to stay in the profession of nursing. The study was a descriptive exploratory design in which the survey method was used for data collection. Instruments utilized were the CPI, the MSQ, and a Data Sheet developed by the investigator.

Proportional random sampling was used for the subject selection. Data were collected during an eight-week period from registered nurses in two hospitals, an urban university hospital and a suburban private hospital.

Following coding and tabulation of the raw data, the individuals were identified as those who were satisfied with their jobs and those who were not and those who intend to stay in the nursing profession and those who intend to leave. Using this information, the investigator classified and then compared the different groups of respondents as: Satisfied and Non-Satisfied; Intent to Stay and Intent to Leave. The methods employed to classify the subjects in

this manner are described under hypothesis testing (p.57). Descriptive statistics, chi-square analysis, t tests, and discriminant analysis were then used to analyze the data.

Identification Codes

The following codes were used in order to facilitate analysis and presentation of the demographic variables:

Age AGE

Nursing Education DEG

Associate Degree ADN

Diploma DIP

Baccalaureate Degree BSN

Masters Degree MSN

Years in Profession INP

Type of Hospital HOSP

Suburban, Private SUBU

Urban, University URB

Clinical Area CLAR

Medical-Surgical MS

Psychiatry PS

Critical-Care CC

Maternal-Child MC

Operating/Recovery OR

The following codes were used in order to facilitate analysis and presentation of the primary variables:

Job Satisfaction

Satisfied SAT
Non-Satisfied N-SAT

Intent to Stay

Intent to Stay STAY
Intent to Leave LEAVE

Personality (CPI Subscales)

Dominance DO
Capacity for Status CS
Sociability SY
Social Presence SP
Self-Acceptance SA
Independence IN
Empathy EM
Responsibility RE
Socialization SO
Self-Control SC
Good Impression GI
Communality CM
Wellbeing WB
Tolerance TO
Achievement via Conformance AC
Achievement via Independence AI
Intellectual Efficiency IE
Psychological-Mindedness PY
Femininity/Masculinity F/M

Descriptive Data

The respondents are the 104 randomly selected nurses who returned usable questionnaires. The sample was limited to nurses who met the study criteria of having worked full-time in nursing for at least one year and of currently working full-time in an acute care hospital. The sample was also limited to non-supervisory staff nurses to ensure that the benefits of management positions did not influence their responses.

Characteristics of Respondents

Age. The age range was from 22 to 57 years. The average age was 32.5 years, with a standard deviation of 7.6.

Basic nursing education. There were 18 nurses from an associate degree program, 24 from a diploma program, 61 from a baccalaureate program, and 1 from a combined masters program. The majority (58.7%) had received their basic nursing education in a baccalaureate program.

Years in profession. The average number of years in the nursing profession was 9.7, with a standard deviation of 7.2. The majority (33.7%) had been in nursing from 5 to 10 years.

Clinical area of practice. The majority (47.1%) worked on Medical-Surgical units, while there were 18 in Operating/Recovery Rooms, 17 in Maternal-Child, 11 in Critical-Care, and 9 in Psychiatry. The average number

of years in their clinical area was 8.25, with a standard deviation of 6.01.

Type of hospital. There were 44 nurses from the private suburban hospital and 60 from the urban university hospital. The average length of time worked in their current hospital was 5.33 years.

The demographic characteristics of all respondents are presented in Tables 1 and 2. Figure 1 shows the categories within the demographic variables by number of subjects within each category.

Comparisons between Groups

In addition to the examination of the respondents as a group, the following comparisons are presented between satisfied and non-satisfied nurses and between those intending to stay and those intending to leave.

In regard to Job Satisfaction, 54 respondents (52%) are satisfied and 50 respondents (48%) are not satisfied. Of the total respondents, 75 (72%) intend to stay in nursing and 29 (28%) do not.

Of the demographic variables, those which present continuous scales are Age and Years in Profession. Therefore the median, mean, and standard deviation are given for these variables. The mean age for satisfied nurses is 31 and 33 for the non-satisfied. The mean number of years in profession for

Table 1
 Summary Table of Demographic Variables
 (N = 104)

Variable	N	Total	%	Cum %
AGE				
20-28	46	46	44.2	44.2
29-36	37	83	35.5	79.7
37-44	14	97	13.5	93.2
45-52	5	102	4.8	98.0
53-60	2	104	2.0	100.0
DEG:				
ADN	18	18	17.3	17.3
DIP	24	42	23.0	40.3
BSN	61	103	8.7	99.0
MSN	1	104	1.0	100.0
INP:				
0-5	39	39	37.5	37.5
6-10	35	74	33.7	71.2
11-15	16	90	15.4	86.6
16-20	4	94	3.8	90.4
21-25	6	100	5.8	96.2
26-30	2	102	1.9	98.1
31-35	2	104	1.9	100.0
HOSP:				
SUBU	44	44	42.3	42.3
URB	60	104	57.7	100.0
CLAR:				
MS	49	49	47.1	47.1
PS	9	58	8.7	55.8
CC	11	69	10.6	66.3
MC	17	86	16.3	82.7
OR	18	104	17.3	100.0

Table 2
Age and Years in Profession

Variable	Mean	SD	Median
AGE	32.50	7.57	30
INP	9.67	.27	8

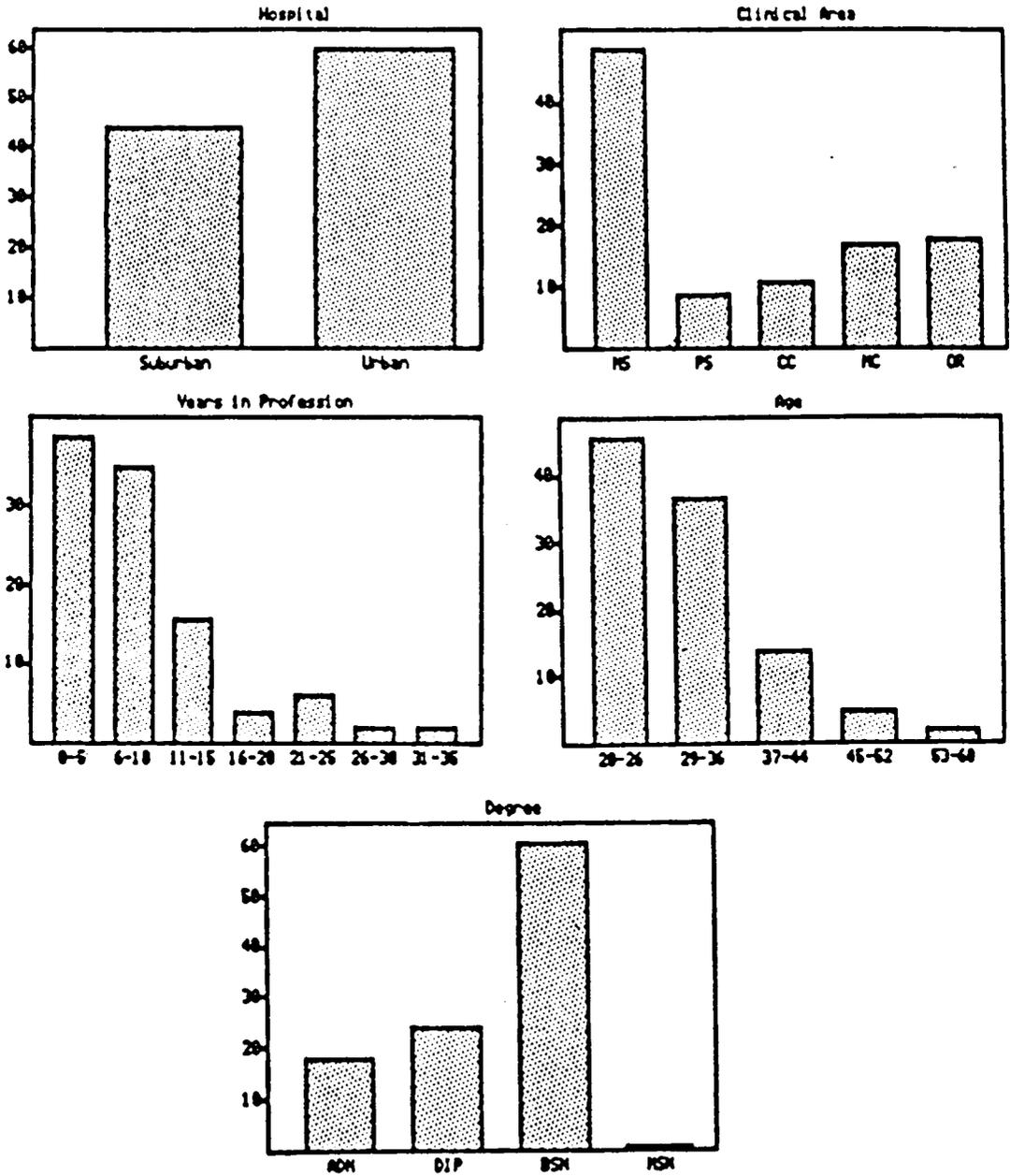


FIGURE 1 Respondents in Demographic Variable Categories

satisfied nurses is 9 and 10 for non-satisfied. The mean age is 32 for nurses who intend to stay and 34 for those who intend to leave. The mean number of years in profession for those who intend to stay is 9 and 11 for those who intend to leave (see Tables 3 & 4).

Categories within Variable Groups

The following presents a discussion of differences in Job Satisfaction and Intent to Stay by categories within demographic variable groups (see Table 5). Only the categories which contain more than 2 are considered.

Job Satisfaction. Within the category of Age, those from 20–28 years showed the highest percentage of satisfaction, while those from 37–44 years showed the lowest.

Within the category of Degree, those from an associate degree program showed the highest percentage of satisfaction, while those from a diploma program showed the lowest.

Within the category of Years in Profession, those in profession from 6–10 years showed the highest percentage of satisfaction, while those in profession from 21–25 years showed the lowest.

Within the category of Type of Hospital, those from the private suburban hospital showed the highest percentage of satisfaction, while those from the university urban hospital showed the lowest.

Table 3
Age and Years in Profession
Job Satisfaction

Variable	SAT			N-SAT		
	Mean	SD	Med	Mean	SD	Med
AGE	31	7.4	29	33	7.6	31
INP	9	6.1	8	10	7.8	8

Table 4
Age and Years in Profession
Intent to Stay

Variable	STAY			LEAVE		
	Mean	SD	Med	Mean	SD	Med
AGE	32	7.9	29	34	6.8	32
INP	9	7.2	8	11	7.5	8

Within the category of Clinical Area of Practice, those in Maternal-Child showed the highest percentage of satisfaction, while those in Critical Care showed the lowest.

Intent to Stay. Within the category of Age, those from 20-28 showed the highest percentage intending to stay, while those from 37-44 showed the lowest.

Within the category of Degree, those from an associate degree program showed the highest percentage intending to stay, while those from a diploma program showed the lowest.

Within the category of Years in Profession, those in profession from 0-5 years showed the highest percentage of intending to stay, while those in profession 16-20 years showed the lowest.

Within the category of Type of Hospital, those from the private suburban hospital showed the highest percentage of intending to stay, while those from the university urban hospital showed the lowest.

Within the category of Clinical Area of Practice, those in Medical-Surgical showed the highest percentage of intending to stay, while those in Psychiatry and Operating/Recovery Room showed the lowest.

Table 5

Summary Table of Demographic Variables
by Categories within Variable Groups

Variable Group	N in Category	Job Satisfaction		Intent to Stay	
		% SAT	% N-SAT	% STAY	% LEAVE
<u>AGE</u>					
20-28	46	60.9	39.1	82.6	17.4
29-36	37	45.9	54.1	64.8	35.2
37-44	14	35.7	64.3	50.0	50.0
45-52	5	40.0	60.0	80.0	20.0
53-60	2	100.0	00.0	10.0	00.0
<u>DEG</u>					
ADN	18	55.5	44.5	77.8	22.2
DIP	24	45.8	54.2	62.5	37.5
BSN	61	54.0	46.0	75.5	24.5
MSN	1	00.0	100.0	00.0	100.0
<u>INP</u>					
0-5	39	51.3	48.7	79.5	20.5
6-10	36	55.5	44.5	69.5	30.5
11-15	15	46.7	53.3	66.7	33.3
16-20	4	50.0	50.0	50.0	50.0
21-25	6	33.3	66.7	66.7	33.3
26-30	2	100.0	00.0	100.0	00.0
31-35	2	50.0	50.0	50.0	50.0
<u>HOSP</u>					
SUBU	44	52.3	47.7	72.7	27.3
URB	60	51.7	48.3	71.7	28.3
<u>CLAR</u>					
MS	49	53.1	46.9	79.5	20.5
PS	9	44.4	55.6	55.5	44.5
CC	11	36.4	63.6	72.7	27.3
MC	17	58.9	41.1	76.5	23.5
OR	18	55.6	44.4	55.5	44.5

Hypothesis Testing

Before the statistical analysis was conducted, the subjects were divided into groups depending on their responses to the Job Satisfaction and Intent to Stay questions. Job satisfaction was determined by separating the subjects into two groups as instructed in the MSQ Manual (Weiss, Dawis, England, & Lofquist, 1967). The group median of 65 was used as the point of division. Those who scored 65 or above on the General Satisfaction Scale were classified as Satisfied, and those who scored below 65 were classified as Non-Satisfied.

Intent to Stay was determined by separating the subjects into two groups based on their answers to the questions on the Data Sheet relating to this variable. Those intending to stay in nursing were classified as Intent to Stay, and those intending to leave were classified as Intent to Leave.

The two groups within Job Satisfaction and Intent to Stay were compared separately in the analysis in relation to the demographic variables and to the CPI subscale scores. The confidence level was set at .05 for each of the tests of the hypotheses of this study.

Chi-Square Analysis

Chi-square analysis was used to examine differences on the demographic data between nurses' Job Satisfaction and Intent to Stay in

nursing. Chi-square was calculated for the categorical variables of type of hospital (private suburban and university urban), basic nursing education (associate degree, diploma, baccalaureate, and masters), and clinical area of work (Medical-Surgical, Psychiatric, Critical Care, Maternal-Child, and Operating/Recovery rooms).

Before chi-square could be applied to the continuous variables of age and length of time in nursing, both had to be categorized. Age was divided into the categories of: 20-28, 29-36, 37-44, 45-52, and 53-60; years in profession was divided into the categories of: 0-5, 6-10, 11-15, 16-20, 21-25, 26-30, and 31-35. Chi-square was then applied.

At the alpha level of .05, no significant differences were revealed for either Job Satisfaction or Intent to Stay in relation to the demographic variables of age, basic nursing education program, years in the nursing profession, clinical area of practice, or type of hospital. Since no significant differences were found among the subjects with regard to any of the demographic variables listed, the following null hypotheses were not rejected:

Ho₁ There is no significant difference in the selected demographic variables of basic nursing education program, length of time in profession, and type of hospital for nurses who are satisfied with their jobs versus those who are not.

The research hypothesis of no difference in the above variables was upheld.

Ho₂ There is no significant difference in the selected demographic variables of age and clinical area of practice for nurses who are satisfied with their jobs versus those who are not.

The research hypothesis that there is a difference in these variables in relation to Job Satisfaction was not upheld.

Ho₃ There is no significant relationship between nurses' intent to stay in nursing and the selected demographic variables of basic nursing education, clinical area of practice, and type of hospital.

The research hypothesis of no difference in the above variables in relation to Intent to Stay was upheld.

Ho₄ There is no significant relationship between nurses' intent to stay in nursing and the selected demographic variables of length of time in profession and age.

The research hypothesis that there is a difference in these variables in relation to Intent to Stay was not upheld.

The summary results of the chi-square analyses for Job Satisfaction and Intent to Stay can be seen in Tables 6 and 7 respectively.

Table 6

Chi-Square Analysis of Demographic Variables
and Job Satisfaction

Variable	Chi-Square	df	p
AGE	1.0412	3	.7913
DEG	5.6978	3	.1273
INP	0.7695	3	.8567
HOSP	0.4672	1	.4943
CLAR	4.4414	4	.3496

p = < .05

Table 7

Chi-Square Analysis of Demographic Variables
and Intent to Stay

Variable	Chi-Square	df	p
AGE	7.8190	4	.0984
DEG	4.3059	3	.2303
INP	3.7243	6	.7139
HOSP	0.0142	1	.9051
CLAR	5.2064	4	.2668

p = < .05

T Tests

The primary statistical test used to analyze the data was the t test. This test is appropriate when examining continuous data, such as the CPI subscales, for group mean differences. In the present study, the investigator was examining the differences between means on the CPI for the Job Satisfaction and Intent to Leave groups.

Thus, an independent samples t test was performed on each of the twenty CPI subscales for each classification of the two groups of nurses. The results of these analyses can be seen on Table 8 for Job Satisfaction and on Table 9 for Intent to Stay. Graphic presentation of this data can be seen on Figure 2 for Job Satisfaction and on Figure 3 for Intent to Stay.

One of the assumptions of the t test is that the variances of the two groups is equal. In doing t tests, the computer program also tested for homogeneity of variance under both conditions (Hintze, 1987).

Job Satisfaction. As can be seen on Table 9, at the alpha level of .05, the t test analysis in relation to Job Satisfaction yielded statistically significant differences between the two groups on the variables of Responsibility ($p = .015$), Sociability ($p = .003$), Achievement via Conformance ($p = .018$), and Psychological-mindedness ($p = .048$).

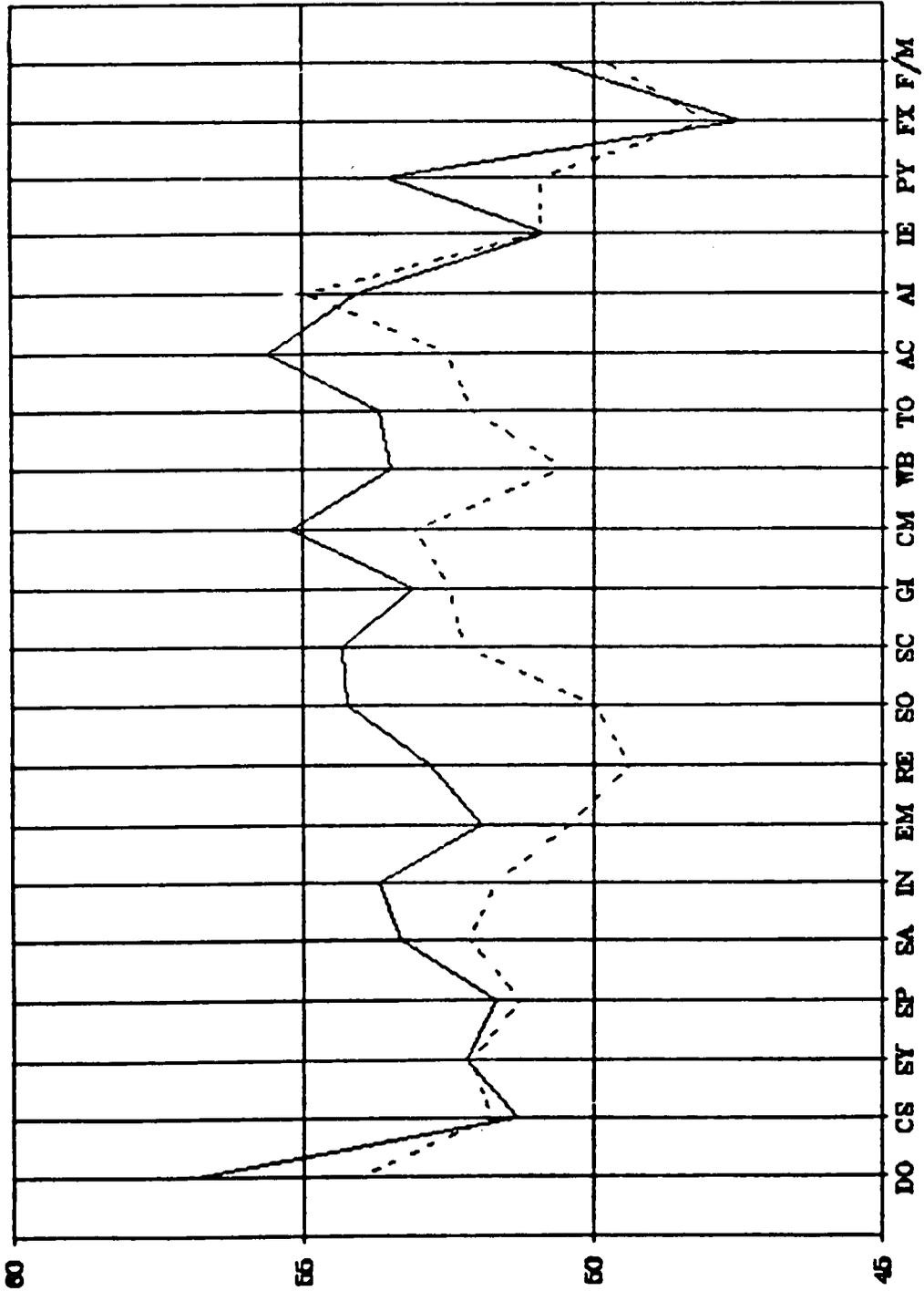


FIGURE 2
Comparison of Means for Job Satisfaction on CPI Subscales
— Satisfied
- - - Non-Satisfied

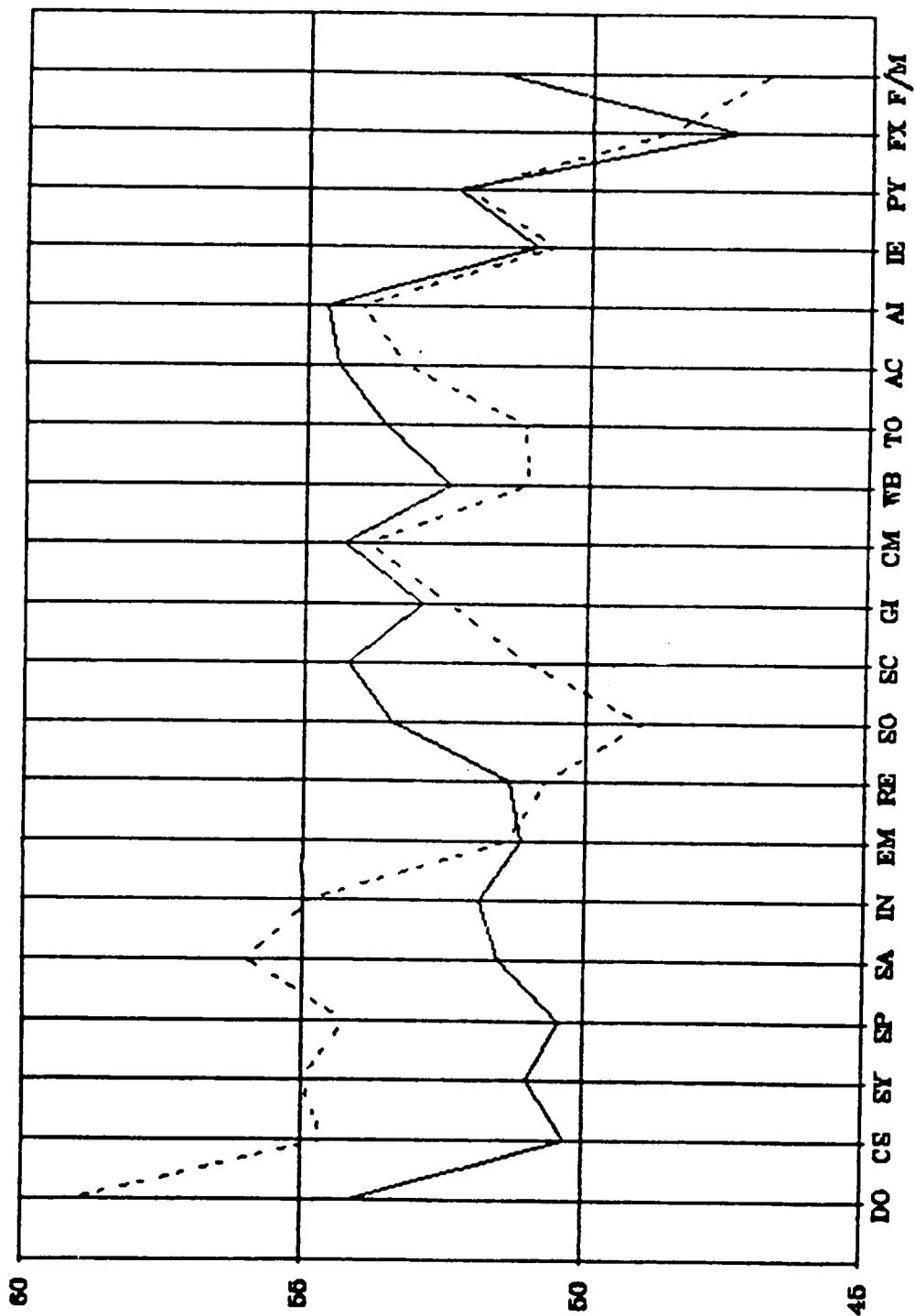


FIGURE 3
Comparison of Means for Intent to Stay on CPI Subscales

— Stay
- - - - Leave

Table 8
Means, Standard Deviations, and p Values
for Job Satisfaction on All Scales of
The California Psychological Inventory

Variable	SAT		N-SAT		p
	Mean	SD	Mean	SD	
DO	56.93	10.85	54.06	12.34	.2128
CS	51.28	8.51	51.76	9.77	.7897
SY	52.17	8.98	52.08	10.02	.9630
SP	51.69	11.51	51.26	13.33	.8627
SA	53.33	9.69	52.16	11.07	.5679
IN	53.70	8.08	51.66	8.64	.2149
EM	51.94	8.89	50.40	8.31	.3631
RE	52.83	6.21	49.36	7.94	.0153*
SO	54.24	5.92	50.00	8.16	.0034*
SC	54.35	7.58	52.24	9.12	.2038
GI	53.11	7.45	52.46	9.50	.6998
CM	55.22	4.89	53.08	8.91	.1370
WB	53.48	5.61	50.50	9.26	.0526
TO	53.72	5.65	52.08	7.60	.2171
AC	55.60	5.51	52.54	7.27	.0184*
AI	54.07	6.79	54.98	6.43	.4872
IE	50.83	8.36	50.90	6.88	.9646
PY	53.59	6.65	50.92	6.96	.0480*
FX	47.43	10.10	48.06	9.07	.7377
F/M	50.78	9.64	49.78	9.94	.6045

p = < .05

Table 9
Means, Standard Deviations, and p Values
for Intent to Stay on All Scales of
The California Psychological Inventory

Variable	STAY		LEAVE		p
	Mean	SD	Mean	SD	
DO	54.16	11.89	59.14	10.21	.0375*
CS	50.31	9.49	54.62	7.26	.0154*
SY	51.00	9.72	55.03	8.17	.0364*
SP	50.41	12.64	54.24	11.36	.1577
SA	51.51	10.47	56.03	9.42	.0448*
IN	51.88	8.37	54.90	8.10	.0994
EM	51.13	8.97	51.38	7.73	.8968
RE	51.35	6.98	50.69	8.09	.6817
SO	53.45	7.18	48.97	6.95	.0048*
SC	54.23	8.52	51.03	7.66	.0814
GI	52.93	8.22	52.45	9.21	.7947
CM	54.31	7.34	53.90	6.78	.7948
WB	52.43	7.10	51.07	9.12	.4744
TO	53.63	6.78	51.14	6.15	.0883
AC	54.45	6.53	53.28	6.69	.4148
AI	54.68	7.05	54.07	5.36	.6363
IE	50.96	7.96	50.62	6.90	.8403
PY	52.36	6.69	52.17	7.55	.9018
FX	47.39	9.64	48.62	9.51	.5583
F/M	51.65	9.60	46.79	9.41	.0219*

p = < .05

Since significant differences were found between the Job Satisfaction groups with regard to four of the subscales of the CPI, the following null hypothesis was rejected:

Ho₅ There is no significant difference in any of the personality subscales on the CPI for nurses who are satisfied with their jobs versus those who are not.

The research hypothesis that there is a difference in personality factors for nurses who are satisfied was upheld.

The following reports of the statistically significant variables for Job Satisfaction are based on the interpretations of the CPI subscales by Gough (1987):

1. Responsibility -- The satisfied nurses are more reasonable and take their duties seriously as opposed to not being overly concerned about duties or perhaps being careless and lazy.

2. Socialization -- The satisfied nurses comfortably accept ordinary rules and regulations and find it easy to conform, as opposed to resisting rules and regulations and finding it hard to conform.

3. Achievement via Conformance -- The satisfied nurses have a strong drive to do well and like to work in settings where tasks and expectations are clearly defined, as opposed to finding difficulty in working in situations with

strict rules and regulations.

4. Psychological-Mindedness -- Satisfied nurses are more interested in why people act than in what they do; they are good judges of people's feelings and opinions, as opposed to being more interested in the practical and concrete and looking more at what people do than what they feel or believe.

Intent to Stay. As can be seen on Table 10, at the alpha level of .05, the t test analysis in relation to Intent to Stay yielded significant results between the two groups on the variables of Dominance ($p = .038$), Capacity for Status ($p = .015$), Sociability ($p = .036$), Self-Acceptance ($p = .045$), Socialization ($p = .005$) and Femininity/Masculinity ($p = .022$).

Since significant differences were found between the Intent to Stay groups with regard to five of the subscales of the CPI, the following null hypothesis was rejected:

Ho₆ There is no significant difference in any of the personality subscales on the CPI for nurses who intend to stay in the profession of nursing versus those who do not.

The research hypothesis that there is a difference in personality factors for nurses who intend to stay was upheld.

The following reports of the statistically significant results for Intent to Stay are based on the interpretations of the CPI subscales by Gough (1987).

1. **Dominance** -- Those nurses who intend to stay are unassuming and not forceful, as opposed to being confident, assertive, and task-oriented.

2. **Capacity for Status** -- Those nurses who intend to stay are unsure of self and dislike direct competition, as opposed to being ambitious, independent, and striving for success.

3. **Sociability** -- Those nurses who intend to stay are shy, feel uneasy in social situations, and prefer to keep in the background, as opposed to being sociable, liking to be with people, and friendly.

4. **Self-Acceptance** -- Those nurses who intend to stay are self-doubting, readily assume blame when things go wrong, and often think others are better, as opposed to having a good opinion of self and seeing self as talented and personally attractive.

5. **Socialization** -- Those nurses who intend to stay comfortably accept ordinary rules and regulations and find it easy to conform, as opposed to resisting rules and regulations, finding it hard to conform, and not being conventional.

6. **Femininity/Masculinity** -- Those nurses who intend to stay are sympathetic, sensitive to criticism, tend to interpret events from a personal point of view, and often feel vulnerable, as opposed to being decisive, action-oriented, taking the initiative, not being easily subdued, and being somewhat

unsentimental.

Discriminant Analysis

Although not included in the proposal, discriminant analysis was performed to yield further information about prediction. The twenty subscales of the CPI were the independent variables, and Job Satisfaction and Intent to Stay were the dependent (criterion) variables. According to Huck, Cormier, and Bounds (1974), when nominal criterion variables are used in a study, "the statistical technique known as discriminant function analysis must be used instead of the multiple correlation technique used with continuous criterion variables" (p. 161).

Job Satisfaction

The stepwise discriminant function analysis significantly differentiated between satisfied and non-satisfied nurses on the CPI subscales of Socialization (.0029), Achievement via Independence (.0052) and Psychological-Mindedness (.0259). The subscale of Responsibility approached significance (.0561).

The above variables therefore were used in the discriminant equation. Selection of these variables increased the percent reduction in classification due to misclassification by 34.6%. It should be noted that three of the variables, SO, RE, and PY, were also statistically significant on the t tests for Job

Satisfaction.

The progression of the reduction is as follows:

<u>Combinations</u>	<u>%</u>
SO	= 25.0%
SO + RE	= 28.8%
SO + RE + AI	= 25.0%
SO + RE + AI + PY	= 34.6%

Intent to Stay

The stepwise discriminant function analysis significantly differentiated between nurses intending to stay and those intending to leave on the CPI subscales of Capacity for Status (.0001), Social Presence (.0004), Empathy (.0255), and Femininity/Masculinity (.0397). The subscale of Achievement via Independence approached significance (.0619).

The above variables therefore were used in the discriminant equation.

Selection of these variables increased the percent reduction in classification due to misclassification by 53.8%. Two of the variables, SO and FM, were also statistically significant on the t tests for Job Satisfaction.

The progression of the reduction is as follows:

<u>Combinations</u>	<u>%</u>
S0	= 30.8%
SO + CS	= 34.6%
SO + CS + EM	= 36.5%
SO + RE + EM + F/M	= 44.2
SO + RE + EM + F/M + AI	= 53.8%

Summary

This chapter provided a description of the total group of respondents and the similarities and differences between the groups which comprised the variables of Job Satisfaction and Intent to Stay. It also presented the similarities and differences within the categories for each of the demographic variables of age, type of basic nursing education, years in profession, type of hospital, and clinical area of practice.

Hypotheses were tested by means of chi-square analysis and t tests. The results are summarized in the following paragraphs.

Chi-square analysis yielded no statistically significant differences between the Job Satisfaction or Intent to Stay groups on any of the demographic variables. Therefore, null hypotheses Ho_1 , Ho_2 , Ho_3 , and Ho_4 were not rejected.

The t test analysis in relation to Job Satisfaction yielded statistically significant results between the two groups on the variables of Responsibility, Sociability, Achievement via Conformance, and Psychological-mindedness. Therefore, the null hypothesis Ho_5 was rejected. The t test analysis in relation to Intent to Stay yielded significant results between the two groups on the variables of Self-Acceptance, Dominance, Capacity for Status, Sociability, Socialization, and Femininity/Masculinity. Therefore, the null hypothesis Ho_6

was rejected.

Discriminant analysis was used to determine whether any of the CPI subscales were predictors of nurses' Job Satisfaction and/or Intent to Stay in the profession of nursing. The analysis significantly differentiated between satisfied nurses and those who were not satisfied on Psychological-Mindedness, Achievement via Independence, and Socialization. The analysis significantly differentiated between nurses intending to stay and those not intending to stay on Capacity for Status, Social Presence, Empathy, and Femininity/Masculinity.

Chapter Five will contain conclusions of the study based upon the results of the data analysis. Implications for the fields of counseling and nursing will be included, as well as recommendations concerning application of the research findings and recommendations for future research studies.

CHAPTER 5

Summary, Conclusions, Discussion, and Recommendations

Summary

In response to the current critical shortage of nurses, this study investigated the job satisfaction and intent to stay of staff nurses who are working full-time in their positions.

The literature review revealed few studies which dealt with the personality factors of nurses in relation to their job satisfaction or intent to remain in the profession of nursing. For the most part, the literature does not address the nurse as an individual who is affected by internal as well as external factors that may influence job attitudes.

Although studies in the past have focused primarily on why nurses leave the profession, this study investigated why they stay. There have been many attempts to identify the determinants of job satisfaction, but most of these considered external factors and produced no conclusive results. Therefore, the primary purpose of this study was to determine if there are internal factors which do influence nurses' job attitudes.

The research problem was to determine whether there are personality and/or demographic factors that are related to nurses' job satisfaction and intent to remain in the profession of nursing. These factors are the personality

variables as measured by the California Psychological Inventory and the selected demographic variables of age, type of basic nursing education, length of time in the profession, type of hospital in which employed, and clinical area of nursing practice.

Based upon the above problem statement, the specific research questions were:

1. In relation to selected demographic factors, is there a significant difference between nurses who are satisfied with their jobs and those who are not?
2. In relation to selected demographic factors, is there a significant difference between nurses who intend to remain in nursing and those who do not?
3. Do nurses who are satisfied with their jobs have personality factors that are significantly different from those who are not?
4. Do nurses who intend to remain in nursing have personality factors that are significantly different from those who do not?

These research questions formed the basis for the development of the following null hypotheses:

H₀₁ There is no significant difference in the selected demographic variables of basic nursing education program, length of time in profession, and

type of hospital for nurses who are satisfied with their jobs versus those who are not.

Ho₂ There is no significant difference in the selected demographic variables of age and clinical area of practice for nurses who are satisfied with their jobs versus those who are not.

Ho₃ There is no significant relationship between nurses' intent to stay in nursing and the selected demographic variables of basic nursing education, clinical area of practice, and type of hospital.

Ho₄ There is no significant relationship between nurses' intent to stay in nursing and the selected demographic variables of age and length of time in profession.

Ho₅ There is no significant difference in any of the personality subscales on the CPI for nurses who are satisfied with their jobs versus those who are not.

Ho₆ There is no significant difference in any of the personality subscales on the CPI for nurses who intend to stay in the profession of nursing versus those who do not.

This was a descriptive exploratory study in which the data were collected by means of a survey. The instruments were: an investigator–designed Data Sheet for gathering demographic information and the subject's

intent to remain in or leave nursing; The California Psychological Inventory for ascertaining the subject's personality characteristics; and The Minnesota Satisfaction Questionnaire for obtaining a measure of job satisfaction.

The settings for the study were a university-owned urban hospital and a privately-owned suburban hospital. The hospitals were of comparable size. The following clinical areas were utilized: Medical-Surgical, Psychiatry, Critical Care, Maternal-Child, and Operating/Recovery Rooms.

The sample consisted of 200 randomly selected subjects from the population of registered nurses in two acute care hospitals. One hundred subjects who met the study criteria were selected from each of the two participating hospitals. Of the 200 selected subjects, 104 respondents returned usable data.

A chi-square analysis of the demographic data yielded no significant differences between Satisfied and Non-Satisfied groups and between Intent to Stay and Intent to Leave groups. Therefore the null hypotheses H_{0_1} , H_{0_2} , H_{0_3} , and H_{0_4} were not rejected.

The t test analysis in relation to Job Satisfaction yielded statistically significant results ($p < .05$) between satisfied and non-satisfied nurses on 4 personality variables. Therefore, the null hypothesis H_{0_5} was rejected.

The t test analysis in relation to Intent to Stay yielded statistically

significant results ($p < .05$) between nurses intending to stay and those intending to leave on 6 personality variables. Therefore, the null hypothesis H_{0_6} was rejected.

Discriminant analysis was used to determine which of the CPI subscales were predictors of nurses' Job Satisfaction and/or Intent to Stay in the profession of nursing. The analysis significantly differentiated ($p < .05$) between satisfied and non-satisfied nurses on the following subscales:

Socialization,

Achievement via Conformance, and

Psychological-mindedness.

The subscale of Responsibility approached significance. The analysis significantly differentiated ($p < .05$) between nurses intending to stay and those intending to leave on the following subscales:

Capacity for Status,

Social Presence,

Empathy,

and Femininity/Masculinity.

The subscale of Achievement via Independence approached significance.

Conclusions

This section will begin with a general conclusion regarding the

theoretical background of the study and will be followed by conclusions regarding the research hypotheses.

Theoretical background

The background of this study is the work of Herzberg (1966) who suggested that five factors are the primary determiners of job satisfaction: achievement, recognition, work itself, responsibility, and advancement.

The findings of this study appear to support the contention of Herzberg and conform to his proposed factors of satisfaction. Satisfied nurses and those who intend to remain in the profession were high on scales which reflected internal values that brought them satisfaction and a sense of fulfillment. It would be well to point out that the terms used to designate satisfaction and contentment must be understood in the context of those who consider themselves to be in a profession which not only brings them a sense of personal accomplishment but which also contributes to the betterment of their world.

Nurses who were satisfied according to the CPI might be considered those who are less capable of self-sufficiency until one notes that the environmental situation of the hospital nurse demands that an individual be conforming, service-oriented, and compliant in order to operate effectively within the hospital structure. Thus, complying with the demands of the

corporate structure does not prevent satisfied nurses from growing and developing by participating in the care of their patients.

Demographic Variables

Job Satisfaction. Based on the results of the data analysis, the following conclusions have been reached concerning the demographic variables and Job Satisfaction. Neither age nor clinical area of practice influence whether nurses are satisfied with their jobs. This is contrary to the findings of Nelson (1985) and similar to the findings of Hoover (1984) and Sanger et al. (1985). Neither type of basic education nursing program, length of time in profession, nor type of hospital influence whether nurses are satisfied with their jobs.

Intent to Stay. Based on the results of the data analysis, the following conclusions have been reached concerning the demographic variables and Intent to Stay. Neither age nor length of time in profession influence nurses' Intent to Stay in the profession. Neither type of basic nursing education program, clinical area of practice, nor type of hospital influence nurses' Intent to Stay in the profession.

Personality Variables

There is a difference in the profile of satisfied nurses. Their mean scores on the personality subscales of Responsibility, Socialization, Achievement via Conformance, and Psychological-mindedness were

significantly different from those of the non-satisfied nurses.

There is a difference in the profile of nurses who intend to remain in nursing. Their mean scores on the personality subscales of Dominance, Capacity for Status, Sociability, Self-Acceptance, and Femininity/Masculinity were significantly different from those who intend to leave nursing.

Discussion and Implications

Demographic variables

Although the selected demographic variables were not significantly related to Job Satisfaction or Intent to Stay, a re-examination of Table 1 raises some interesting points.

The age category of 20-28 years constitutes the highest percentage of both satisfied nurses and those who intend to stay. This is a promising statistic in that if these younger nurses can be confirmed in their present attitudes, a strong nucleus of satisfied nurses might be produced. The investigator suggests that this is the group of nurses which could most benefit from preventive counseling.

The age group of 37-44 years has the highest percentage of both non-satisfied nurses and those intending to leave. These are the nurses who are perhaps most disillusioned from the daily grind of labor and from the normal tendency of people in this age group to re-evaluate their lives in terms of

future goals. In this era when other fields are available to women, and for this age group which is still young enough to change, it would seem that career counseling would be strongly indicated. Career counseling could assist them to evaluate whether or not they really want to change or if, indeed, there might not be a way in which to achieve career contentment within the nursing field.

It is also interesting to note that in the age category of 45–52 years, 60% are not satisfied, yet 80% intend to stay. This could be related to the security of vested retirement or permanence of residency which would make leaving impractical. These nurses could benefit from group counseling in which the sharing of concerns and problem-solving might help to alleviate the tensions resulting from an apparently untenable situation.

In regard to type of basic nursing education, the category of diploma education has the highest percentage of non-satisfied nurses and those intending to leave. It is possible that this could be affected by these nurses' limited advancement opportunities related to their lack of a college degree and to their seeing collegiate nurses with less experience earning similar or even higher salaries.

Findings in regard to years in profession are similar to those for age, except that the highest percentage for Job Satisfaction is in the category of 6–10 years in nursing rather than in the 0–5 years category. This could be

related to the possibility that this group is more comfortable in their skills and in their adaptation to nursing.

Findings in regard to the type of hospital are unremarkable. However, in regard to the clinical areas within the hospitals, the highest percentage of satisfied nurses was in Maternal-Child, while the highest percentage of non-satisfied was in Critical Care. Perhaps the emphasis on wellness in the former and on severe illness in the latter presents some rationale for this finding. A further point worthy of reflection is that nurses in Medical-Surgical areas show the highest percentage of intending to stay. This is particularly noteworthy because these are the units where high turnover of nurses often occurs.

Personality Variables

In discussing the personality factors and both Job Satisfaction and Intent to Stay, the concept of effective functioning as explained by Gough (1969) is important. He suggests that if nearly all scores are above the mean standard score (50), the probabilities are that both effective social and intellectual functioning are present. Conversely, if most scores are below the mean, the chances are good that there are significant difficulties in interpersonal adjustment. It should be noted that for Job Satisfaction, all mean standard scores for both groups are 50 or above, except for Flexibility (see Table 9). The same is true for Intent to Stay, except for Femininity/Masculinity which is

46.79 for those intending to leave (see Table 10). Thus, even though there are differences between the groups, according to CPI standards both groups are functioning effectively.

Following the manual interpretations (Gough, 1987), the personality factors in this study that distinguished satisfied nurses from non-satisfied indicate that the former have a stronger sense of duty, are more comfortable accepting existing rules and regulations, and prefer settings where tasks are delineated and expectations are clearly defined. These findings are consistent with those of many early investigators (Costello, 1967; Dyer, 1967; and Kramer, 1969) and also with those of more recent studies (Starer, 1980; Amenta, 1984; and Rendon 1987). These findings are not consistent with the work of Price and Mueller (1981). They also do not agree with the recommendations of many nursing leaders to increase nurses' independent functioning (see Chapter 1).

The profile of nurses who can appreciate structure, follow rules, and work well as team members is of primary importance for proper patient care. In light of the organizational structure of a hospital, it is also necessary for the efficient functioning of this organization as it is presently constituted. In order to do their jobs, some nurses adjust to the structure and have job satisfaction along with this adjustment. In that context, this type of adjustment should be

fostered in student nurses and praised in nurses. This is closely allied to satisfied nurses' high sense of responsibility in which they are able to see themselves as essential contributors to the patient's wellbeing. The results suggest that nurses do not need to have total and prime responsibility for patients in order to be satisfied in rendering care to them.

In regard to the significant difference for the factor of Psychological-mindedness, the higher mean score for satisfied nurses indicates that they look at the why rather than at the what of people's actions. In an ethical sense, it would seem that rather than being judgmental of behavior, they are being objective in attempting to discern motivation behind the behavior. For example, instead of condemning a patient for behaving in a hostile manner, a satisfied nurse may understand that this hostility could be based upon the stress or duress of illness. It is interesting to note that the interpretation for the lower end of this scale describes a person who is overly conforming and conventional (Gough, 1987). Thus, the satisfied nurse appreciates rules, willingly adjusts to them, but, at the same time, is not overly conforming.

In relation to the above comments, a serendipitous finding is that satisfied nurses scored higher than non-satisfied nurses on all of the 20 CPI subscales except Capacity for Status, Achievement via Independence, Intellectual Efficiency, and Flexibility. These four scores were only slightly

lower than those of the non-satisfied nurses (see Table 9). Of particular interest is that the satisfied nurses scored higher than the non-satisfied nurses on Dominance. This is the subscale that includes confidence in its interpretation. This might account for some of the satisfaction in that these nurses feel confident in their nursing skills. However, a more probable reason would be that also included in Dominance is a high need for task structure, and this tendency has been seen as significant in other variables. Further studies might investigate whether these components of Dominance really act differently in relation to Job Satisfaction and Intent to stay.

Following the manual interpretations (Gough, 1987), in this study the personality factors that distinguished nurses intending to stay from those intending to leave the profession indicate that the former have lower levels of confidence, assertiveness, and independence. They are also less ambitious in striving for personal success, less at ease in social situations, more comfortable in conforming, and more self-doubtful in that they often feel vulnerable and readily accept blame when things go wrong. Their need for structure is stronger, and they are content with working in an environment in which they do not function independently. In other words, as postulated by Dr. Charles Humes, my advisor, prior to the study, "Nurses are still high in deference and do not mind following rules." It is interesting to note that this study,

conducted in 1989, is very closely allied to the findings of Gross and Brown (1967) and Davis (1969). In regard to autonomy, the findings are consistent with the recent studies of Blegen & Mueller (1987) and Riordan (1987) but contrary to the findings of Kosmoski & Calkin (1986) and Middlemass (1987).

In discussing the traits of nurses who intend to remain in nursing, several important factors should be given consideration. Perhaps those nurses who strongly intend to leave would be more satisfied in an organization which is less structured than a hospital. Counseling could be of great benefit to this group because some of these nurses may not be aware of the options open to them within the field of nursing but outside the confines of a hospital. Such counseling could assist them to explore other areas of nursing practice better suited to their personality structure.

For those nurses who would consent to psychological assessment, it would seem that counselors could be of assistance in strengthening their areas of need, such as the tendency to self-blame, reluctance to express opinions, and the low opinion they harbor of themselves.

General Implications

The idea of counseling for nurses in hospitals presents the opportunity to explore unknown territory, as there seem to be few positions established for this purpose. Only one published article was found in this regard (Roser,

1953); this was written 26 years ago and concerned the need for counselor assistance to registered nurses during their working years.

It would also seem that continuing education programs in hospitals would be appropriate vehicles for countering the ideas which many nursing groups have about autonomy. These groups often foster the attitude that autonomy and independence from authority should be the goal for all nurses. A positive image of nurses who do not match this model could be transmitted. This would be the picture of nurses who possess a sensitivity to what others expect of them, assume responsibility and obligations, and often enjoy working in situations where they are not expected to assume completely independent roles. This is a portrait of highly dependable individuals who enjoy leadership and authority within the domain of nursing decision-making but who also understand that not all decisions concerning patients fall within this domain. Nurses may respond positively to such a message, since this is how they responded to the questionnaires of this study.

There are also implications for instructors in schools of nursing. While maintaining the need for exactitude in nursing, they could use teaching strategies designed to inculcate in students a pride in self and in a profession that serves humanity. In some settings, the nursing education process represents the inflexibility which was evident in both groups of this study,

while in others, students are taught that the domain of nursing is far broader than their education prepares them to manage. It would seem, therefore, that counselors could play a dual role in nursing education settings. They could be instrumental in assisting students to understand the need for both flexibility and structure in their chosen field, and they could also present options which might assist them to adapt more readily to either need. They could also serve as consultants in assisting faculty to achieve a balance between flexibility and structure in their work with students.

Finally, high school counselors might use the results of the study as a guide in identifying students who might be successful and find attraction for the field of nursing.

Recommendations for Future Research

The following are recommendations for further study which could broaden the data base of information in regard to what constitutes a satisfied nurse who intends to remain in nursing.

1. In order to determine if the highly organized structure of a hospital contributes to the results, conduct similar studies using a population of nurses who work in agencies other than hospitals and/or who work in private independent practice.

2. In order to determine if these findings are similar in other service

professions, conduct similar studies in regard to influential internal factors concerning job satisfaction among teachers and social workers.

3. In order to test the predictive power of the significant variables of this study over time, utilize them in a longitudinal study of nurses who meet the same criteria required for this study.

4. In order to determine if other demographic variables are significant, repeat the study but add further variables which might make a difference. Some suggestions would be to include men, nurses in management, specialty hospitals, and hospitals which treat the chronically ill.

5. In order to determine the independent significance of the personality factors, compare nurses who have remained in the profession with those who have left.

6. In order to determine the possibility that some of the characteristics which have surfaced in this study are being fostered by instructors, investigate the personality traits and classroom behaviors of nursing faculty and nursing students.

7. In order to investigate the influence of cultural and/or regional mores, repeat the study among nurses in different regions of the United States or of different world cultures.

8. Since it is difficult to measure "Intent to Stay," the creation of such

an instrument for nurses and its testing in a study could be beneficial.

9. The results of this study would seem to warrant further study of the personality variables on a larger sample.

10. Finally, this study could be used as the base for an empirical study in which the independent variable would be counseling in regard to nurses' low self-opinion or vulnerability to criticism. It would seem that either individual or group counseling could be initiated and the results compared with nurses who had not received counseling. In addition to measuring if a change in attitude would occur, Job Satisfaction and Intent to Stay could also be compared before and after the counseling.

In summary, this research has demonstrated that there are significant personality differences between satisfied and non-satisfied nurses and between those who intend to stay in nursing and those who do not. It has also shown that some of the reasons "why nurses stay" have not changed much from those that existed many years ago. In this study, the subjects were primarily a young female traditional population. However, this situation is changing both in regard to gender and age, as more men are entering the field and older persons are choosing nursing as a second or even a third career. It is important to validate these results in future studies in order to build on the past while considering the changing conditions of the present.

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APPENDICES

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APPENDIX A
DATA SHEET



DATA SHEET

Please check answers and/or provide information requested:

A. Age in Years: _____

B. Highest Degree Held: _____

C. Hospital: _____

D. How long have you worked in the above hospital?

(In years and months)

E. What was your basic nursing education program?

___1. Associate Degree

___2. Diploma School

___3. Baccalaureate Degree

___4. Other

F. How long have you been in the profession of nursing?

(In years)

G. How long have you been worked full-time as a nurse?

(In years)

H. Please name the clinical area which is your current primary work assignment?

I. How long have you worked in the above clinical area?

(In years and months)

J. If you were beginning your career choice, would you select nursing again?

___1. Yes

___2. No

K. Do you intend to continue working in the profession of nursing?

___1. Yes

___2. No

L. If you intend to continue working in the profession of nursing, please list (in order of importance) your primary reasons for this choice:

1. _____
2. _____
3. _____

M. If you intend to leave the profession of nursing, please list (in order of importance) your primary reasons for this choice:

1. _____
2. _____
3. _____

N. If you intend to leave the profession of nursing, please name the field in which you plan to work:

APPENDIX B

LETTER OF INTRODUCTION



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

COLLEGE OF EDUCATION — NORTHERN VIRGINIA GRADUATE CENTER

Name of Study: The Relationship of Personal and Selected Demographic Variables to the Nurse's Job and Career Satisfaction

Investigator: Nina A. Haddad, RN, MSN

Supervisor: Dr. Charles Humes

Phone Number (to call if questions arise):
Nina Haddad,

March 20, 1989

Dear Nurse Colleague,

The above mentioned study is research that is being carried out in fulfillment of requirements for my doctoral dissertation at Virginia Polytechnic Institute. Because the nursing shortage is so acute, many studies are being conducted in relation to why nurses leave the profession. In this study, the emphasis is on why nurses remain in nursing. The study will attempt to determine if there are common personality characteristics of a nurse who is satisfied and of one who intends to remain in the profession of nursing.

I really need your help and I earnestly request your participation. Completion of three questionnaires will be required. These questionnaires can be completed in approximately 60-75 minutes and can be done at home. I would appreciate your mailing the completed questionnaires, one copy of the signed consent form, and the test booklets.

I thank you most sincerely for the time and energy that you will put into this endeavor, and I will be happy to send you the results of the study when it is completed.

Sincerely yours,

Nina A. Haddad, RN, MSN

APPENDIX C
CONSENT FORM



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

COLLEGE OF EDUCATION -- NORTHERN VIRGINIA GRADUATE CENTER

STATEMENT OF INFORMED CONSENT

I, _____, AGREE TO PARTICIPATE IN A RESEARCH STUDY EXAMINING THE RELATIONSHIP OF PERSONAL AND DEMOGRAPHIC VARIABLES TO THE NURSE'S JOB AND CAREER SATISFACTION.

AFTER ITS COMPLETION, THE RESULTS OF THIS STUDY WILL BE AVAILABLE TO ME. I UNDERSTAND THAT THE INFORMATION I AM PROVIDING IS TO BE USED AS PART OF A DISSERTATION IN COUNSELOR EDUCATION AT VIRGINIA POLYTECHNIC INSTITUTE AND THAT NO INFORMATION PROVIDED BY ME WILL EVER BE LINKED WITH MY NAME. I UNDERSTAND THAT PARTICIPATION IN THIS STUDY IS COMPLETELY VOLUNTARY AND I THAT I AM FREE TO WITHDRAW FROM THE STUDY AT ANY TIME WITHOUT IT AFFECTING MY JOB STATUS.

I ALSO UNDERSTAND THAT I DO NOT HAVE TO PROVIDE ANY IDENTIFYING INFORMATION ABOUT MYSELF AND THAT NO ONE OTHER THAN NINA HADDAD WILL EVER SEE ANY OF THE FORMS ON WHICH I PROVIDE MY ANSWERS. ALL DATA OBTAINED THROUGH PARTICIPATION IN THIS STUDY WILL BE IDENTIFIED BY CODE NUMBER SO THAT ANONYMITY AND CONFIDENTIALITY WILL BE ENSURED. I UNDERSTAND THAT NO ANALYSIS WILL BE DONE THAT DEALS WITH MY RESPONSES ALONE AND THAT ALL DATA WILL BE GROUPED FOR PURPOSES OF ANALYSIS. ONCE THE DATA ARE GROUPED, THE INDIVIDUAL FORMAT THAT I PROVIDED WILL NO LONGER BE USED AND WILL BE DESTROYED.

I UNDERSTAND THAT THERE ARE NO RISKS INVOLVED IN PARTICIPATING IN THIS STUDY. THE ONLY INCONVENIENCE WILL BE THE AMOUNT OF TIME REQUIRED TO COMPLETE THE QUESTIONNAIRES. WHILE THERE ARE NO IMMEDIATE BENEFITS, THE RESULTS OF THIS STUDY MAY HELP THE NURSING PROFESSION TO BETTER UNDERSTAND SOME OF THE REASONS FOR NURSES' JOB SATISFACTION AND INTENTION TO REMAIN IN THE PROFESSION OF NURSING.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COMPLETE COPY OF THIS CONSENT STATEMENT.

Subject's signature

Investigator's signature

Date

3-20-89

Date

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