

JOB SATISFACTION OF FULL-TIME PROFESSIONAL NURSES
EMPLOYED IN HEMODIALYSIS TREATMENT FACILITIES

BY

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The purpose of this study was to determine the current status of occupational satisfaction among nurses employed in hemodialysis treatment facilities in the State of Florida. The participants for this study consisted of 150 registered and 22 licensed practical nurses employed in 28 public and private facilities across the state. The Job Descriptive Index, the Occupational Satisfaction of Hospital Nurses Scales, the Demographic Information Questionnaire, and the Summary Questionnaire were used as research tools.

Four major hypotheses, stated in terms of the JDI, OSHNS, DIQ, and SQ, were addressed in this study. Each hypotheses was based on the perceptions of the nurse participants, and was tested at the .05 level of significance.

One significant difference was noted in the hypothesis that there would be no significant relationship between the subject's

degree of job satisfaction and specific demographic variables, in that Black participants scored significantly lower in total satisfaction on the OSHNS than Oriental or White subjects. Differences were also noted on the Work subscale of the JDI and the Pay subscale of the OSHNS by type of facility. The data tend to support the conclusion that significant differences in the perceived affective responses to work exist among certain ethnic groups.

The differences found in age, marital status, number of dependents, education, shift, nursing credential, sex, number of nurses, patients, and doctors, and experience appeared to be minor, with the major differences in the areas of ethnic origin, type of facility where employed, most liked and least liked aspects of dialysis nursing, sources of stress, useful skills, skills lacking but useful, aspects of work to change, and utility of a counselor in the dialysis setting.

The following recommendations were made based on the data gathered.

1. Studies comparing male and female dialysis nurses' affective responses to work, educational, and demographic backgrounds, perceptions of the work environment, and behaviors should be conducted in other states.
2. Further studies examining recruitment, employment, and advancement of minority group practices in the field of dialysis nursing should be conducted.
3. Current preservice educational programs preparing individuals for roles in the field of nursing, and inservice programs addressing professional burnout among nurses should be reviewed.
4. Further studies towards validating the use of occupational satisfaction instruments with dialysis nurses, addressing the quality

of patient-nurse, physician-nurse, and nurse-nurse interaction, routineness of tasks, and professional autonomy, should be conducted.

5. Counselors and counselor educators should explore the medical setting, particularly dialysis facilities, for future professional growth and interaction.

CHAPTER I
INTRODUCTION

A person with a chronic illness, aside from possessing a health problem, poses a challenge to the health professionals involved with the patient's care. Quite often an atmosphere of disappointment, dissatisfaction, and lack of motivation may become instilled, due to the physical incapacity of the patient and the inability of the staff to improve the patient's condition. Other psychological, social, sociological, personality, and economic needs may affect adversely the motivation, performance, and satisfaction of the health care staff. Praise, recognition, security, sense of accomplishment, opportunities for decision-making inputs, social contact, and other variables interplay in the nursing staff's ability to function and the degree to which satisfaction and enjoyment are derived from work. These consequences may affect adversely, not only the staff, but may impact negatively upon delivery of health services.

Worker satisfaction studies have focused predominantly on factory employees and other forms of manual labor (Smith, 1969). Employee work satisfaction during the first quarter of the century was, in most cases, related to productivity levels, a presumption ignoring intrinsic and extrinsic needs of the person. The "humanistic" perspective of the 1930s shifted this focus to some degree;

however, the rationale for examining the work satisfaction has been that the satisfied worker is a more productive worker. Job satisfaction studies typically have attempted to establish relationships between satisfaction and productivity, absenteeism, job attrition, or some environmental conditions related to employee needs.

Job satisfaction research has not neglected the health professions, although most studies have emphasized productivity or turnover among health professionals and paraprofessionals (Wright, 1957). Other studies have utilized personality assessments and job satisfaction along personality dimensions (Imparato, 1972). Studies of job satisfaction among health professionals generally have examined hospital staff nurses and other medical personnel. Slavit, Stamps, Piedmont, and Haase (1977) examined general staff shift nurses' work satisfaction, and Pablo (1976) investigated nursing and non-nursing job satisfaction in an extended care unit for cardiac patients.

With the growth of outpatient hemodialysis centers in the United States during the past 20 years, a new type of nursing specialist has emerged, the dialysis nurse. The development of dialysis nursing, as a specialization, is only now receiving attention in medical literature (Leonard, 1980; Santipietro, 1975). As federal support for outpatient hemodialysis grows, more nursing personnel will be needed to assume positions in dialysis centers. An examination of factors determining job satisfaction of dialysis nurses will be useful, both in generating information to improve existing nursing conditions in dialysis centers and in increasing the awareness of both student and graduate nurses towards this area of chronic care.

Statement of the Problem

What is the current status of job satisfaction among full-time professional nurses employed in outpatient and inpatient hemodialysis centers in the State of Florida? This study was designed to survey a population of dialysis nurses in Florida to ascertain the degree to which they are satisfied with their work. Factors related to job satisfaction included the scope of nursing services provided, autonomy, opportunities for decision-making input, supervision, pay, interaction with coworkers, promotions, and doctor-nurse relationships. Demographic information regarding the nurses was also collected. This information included the age, sex, number of dependents, marital status, race of the subject, the type of facility, unit size, nurse/patient ratios, number of physicians, and operational procedures (Appendix A).

Analysis of the Problem

The problem involved the following components related to job satisfaction:

(1) Were there differences in job satisfaction among dialysis nurses employed in limited care outpatient dialysis centers as compared with nurses employed in self-care dialysis facilities?

(2) Were there differences in job satisfaction among male and female dialysis nurses?

(3) Were there differences in job satisfaction among dialysis nurses holding bachelors degrees in nursing, non-degree registered nurses, and licensed practical nurses?

(4) Did a significant relationship exist between job satisfaction and the number of years experience in dialysis nursing?

(5) Was there a significant relationship between the marital status of the dialysis nurse and job satisfaction?

(6) Were there differences in job satisfaction among dialysis nurses who are black, white, or belong to other ethnic groups?

(7) Was there a significant relationship between age and job satisfaction among dialysis nurses?

(8) Was there a significant relationship between job satisfaction and the dialysis nurse/patient ratio in a dialysis center?

(9) Did the type of dialysis facility in any way influence the job satisfaction of the nursing staff?

Definition of Terms

The research problem employed certain words and terms with the following specific meanings:

Professional Nursing: The "performance" for compensation of acts requiring substantial judgment and specialized skills based on knowledge and application of scientific principles learned in an approved school of professional nursing" (State of Ohio Revised Code, 1968). The titles "registered nurse" and "licensed practical nurse" may be used, in Florida, only by those who have met all legal requirements for the practice of nursing. The sample included persons of three different educational levels: (1) a bachelor of science in nursing degree (B.S.N.), (2) a three-year certificate from a hospital school of nursing degree (A.S.), and (3) a school of practical nursing (L.P.N.).

Job Satisfaction: Vroom (1964) defined job satisfaction as the affective orientation toward work roles an individual occupies. Positive attitudes towards the job are conceptually equivalent to job satisfaction (p. 99). For the purposes of this study, job satisfaction was operationally defined as the subject's score on the Cornell Job Descriptive Index and the Occupational Satisfaction of Hospital Nurses Scale.

Hemodialysis: The use of an artificial kidney machine to maintain the chemical balance of the body's blood. Persons who have experienced partial or complete kidney failure due to disease or injury receive hemodialysis treatments.

Hemodialysis Treatment Facility: Three types will be utilized in this study: (1) limited care facilities where patients who are not trained professional staff; (2) self-care units, an outpatient facility where a properly trained patient can dialyze himself with little or no professional supervision; and (3) private and public hospitals that provide services to persons on home dialysis treatments.

Delimitation of the Problem

The research problem was concerned only with the relationship between job satisfaction and certain demographic and environmental conditions across a group of professional nurses employed in hemodialysis treatment facilities in the State of Florida. It was not concerned with the relationship between the previously described variables and individual treatment facilities. Consequently, the research problem did not constitute an evaluation of specific

individuals or facilities. Furthermore, the research problem was concerned neither with either specific nursing or administrative practices, nor was intended as an evaluation of such practices.

Rationale

According to Super (1942) job satisfaction depends upon the individual's opportunity to find adequate outlets for abilities, interests, personality traits, and values. Hoppock (1935) stresses the importance of the status given to the worker by the job, in the sense of group membership and prestige. Contemporary research on the job satisfaction of health professionals has examined several of these facets, but typically regarding how they relate to job performance, or to other types of observable output.

The nursing profession encompasses many areas of specialization. Nursing students and persons considering entering the nursing profession are in need of information regarding areas of specialization to assist their decision-making processes regarding choosing an area of specialization. Nurses currently employed but wishing to change nursing areas are also in need of information regarding other areas of specialization.

Hemodialysis and dialysis nursing is a relatively new area of medical specialization, having become accepted practices within the past 20 years. Although several researchers have examined the adjustment and well-being of dialysis patients (Abram, 1968; Levy, 1975), a review of standard references sources, including Dissertation Abstracts International and Index Medicus revealed that no research

examining the satisfaction of dialysis nurses has been reported in the literature.

If low degrees of job satisfaction are found to exist among dialysis nurses, effective ways of changing attitudes may be sought and incorporated in preservice nurse training programs and inservice training for professional nurses. This study also provides information regarding specific psychological factors in several other areas: (1) what dialysis nurses perceive as causes of job-related stress; (2) what dialysis nurses consider to be appropriate job skills, other than those skills they already possess; (3) what aspects of work dialysis nurses would change to make their jobs more satisfying; (4) dialysis nurses' evaluation of the usefulness and necessity of counseling services in the dialysis setting; and (5) the five most important factors affecting the nurses' liking and disliking their jobs. This information, obtained through the Summary Questionnaire (Appendix B); will provide the basis for counselor educators to further examine the psychological dynamics of working with chronically ill persons, incorporating the data into inservice training programs for professional nurses, providing consultation in dialysis settings, and training graduate students in counselor education to be effective in understanding the nature of dialysis nursing and developing skills to seek employment in the medical setting, a need which is documented as an outcome of the study.

Purpose of the Study

The purpose of this research study was to investigate the status of job satisfaction of full-time professional nurses employed in hemodialysis treatment facilities in the State of Florida. Currently there are 62 licensed hemodialysis units in the state, employing over 250 nurses. This survey attempted to measure the degree to which these specialized nurses are satisfied with their work, and related demographic variables and environmental conditions of the treatment facilities which may influence the occupational satisfaction of the nurses.

Occupational satisfaction for a population of full-time professional nurses employed in hemodialysis treatment facilities in the State of Florida was measured through the Cornell Job Descriptive Index (Appendix C), the Occupational Satisfaction of Hospital Nurses Scale (Appendix D), and the Summary Questionnaire (Appendix B). Information compiled from the Demographic Information Questionnaire (Appendix A) was utilized to determine what conclusions and interpretations may be drawn regarding the influence of these factors on the nurses' job satisfaction.

Organization of the Study

The remainder of this study is organized into four chapters. The second chapter includes a review of the literature relating to the theoretical foundations of occupational satisfaction and research on the job satisfaction of nurses. The third chapter presents the

research methodology, including the design of the research methods, subject selection, data collection, and statistical treatment of the data. The fifth chapter includes a discussion of the results, implications of the findings, and directions for future research.

CHAPTER II
REVIEW OF THE LITERATURE

Introduction

Attempts to understand and learn more about kidney disease date back over 200 years to the work of Cotunnus who associated pulmonary edema with coagulable substances in the urine (Robson, 1967). It was not until 50 years later, however, that urea was to be synthesized, leading to extensive, but crude research into abnormal substances found in the urine of deathly ill persons (Parsons & Jones, 1978). Experiments by Thomas Graham in 1840 in intravenous fluid therapy lead to the discovery of the principles of diffusion through semi-permeable membranes (Parsons & Jones, 1978). Graham coined the phrase "dialysis" (from the Greek dia, through, and lulin, to loosen) to describe the process. The "Graham Hoop Dialyzer" became the focus of research that would later lead, in 1912, to animal experimentation in hemodialysis by Abel, Rowntree, and Turner (Parsons & Jones, 1978). However, 40 years elapsed before hemodialysis became well established for managing patients with reversible types of renal failure. The picture changed drastically in 1960 with the development of the Scribner Shunt. This medical breakthrough made possible the long-term management of patients with irreversible types of renal failure,

solving the problem of repeated vascular access necessitated by the hemodialysis treatment procedure (Parsons & Jones, 1978). Later, in the 1960's the shunt was replaced by the arterio-venous fistula (Brescia et al., 1966). The fistula is a surgical graft of the main radial artery and cephalic vein in the arm of the dialysis patient. Once grafted, the vein grows in diameter and thickness, much like the artery, and is easily accessible for venipuncture attachment of the dialysis lines.

Other aspects of hemodialysis have changed as well. Originally, when dialysis became available to kidney patients, treatment would last 10 to 12 hours or more, depending upon the type of dialyzer and the patient's condition. New technology in artificial kidneys, especially in the modern hollow-fiber type commonly used today, has reduced safe treatment times to four to six hours, and has drastically changed the working conditions as well as the roles and functions of the persons providing treatment. As the popularity of hemodialysis treatment has grown among the medical profession, and a rapid expansion of medical facilities providing treatment occurred, the dialysis nurse specialist has emerged as a new type of professional.

The annual turnover rate for nurses is estimated at 35 to 60 percent (McCloskey, 1974), and the costs for replacing a nurse range up to \$2,000 depending on the type of position and geographic location (Strilaeff, 1978; Tirney & Wright, 1975). These figures do not account for the hidden costs of replacement such as orientation, disruption of routines, and impact on the remaining staff. Costs for replacing a nephrology or dialysis nurse are probably at the high end of the

industry estimates, as the technical aspects of the position demand skills not generally used in the nursing profession.

Theories of Job Satisfaction

Job satisfaction and worker morale have been of great interest to personnel specialists since the early 1900's. As vocational psychologists became aware of the economic importance of employee turnover in industry, they sought to improve the worker's lot and engender more satisfied personnel. Research studies investigating the roles of lighting, performance, and fatigue on worker satisfaction have shown that the intangible conditions are more important than the material factors (Super, 1942).

Emphasis on the physical work conditions, performance outputs, and worker fatigue continued until the 1930's with the much heralded Hawthorne studies (Mayo, 1960). The outcomes of this research are many, with a major conclusion being that the worker's attitudes or feelings about the work situation had a greater influence on his or her subjective reaction to the job than various interventions attempting to improve performance. The work of Homans (1950) and others implemented a new trend in the research of job satisfaction, often referred to as the humanistic or human relations approach. The focus of this approach involved the interpersonal relationships among the employees, supervisors, and immediate work group as being significantly important in determining work satisfaction.

The human relations approach was modified by the work of Herzberg, Mausner, and Snyderman (1959), and Herzberg (1966), who investigated

both the structure of the work and the opportunities for personal growth. By enriching the job through enlargement of tasks and providing for increased personal growth among workers, it was hoped that an increase in job satisfaction would occur.

Other prominent theorists have speculated as to the nature and causes of job satisfaction. One of the more eminent theories concerning the dynamics of job satisfaction was Maslow's (1954) hierarchy of needs. Jobs fulfilling more of Maslow's higher order needs would mean greater job satisfaction for the employee. Blai (1964), using Maslow's conceptual framework, identified variety of duties, security, and self-actualization as being the most influential job satisfiers in a study of 470 federal employees in 29 different occupations.

Vroom (1964) postulated that job satisfaction constituted the relative valence of the job for its incumbent, and that satisfaction would be inversely related to voluntary attrition and employee absenteeism. The Valence Force Theory (Vroom, 1964) seems somewhat related to Herzberg's model (Herzberg et al., 1959) which postulated that two variables, called satisfiers and dissatisfiers, effected job satisfaction through the influence on intrinsic events such as recognition, and extrinsic events, such as supervision. In this model, both the content and context of the work are considered important determiners of satisfaction with work. In the study of Herzberg et al. (1959) of over 11,000 workers, security was identified as the most important job factor. However, ordering of factors related to job satisfaction varied by class and occupation of the workers. Blum and Naylor (1968) found, consistent with Herzberg's concept, that a

worker would not be satisfied if he or she did not get along with the work group. This intrinsic need for approval and acceptance, and other intrinsic needs, such as personal fulfillment, are necessary for job satisfaction (Schaeffer, 1953).

Wanous and Lawler (1972) have identified three divergent theoretical foundations for job satisfaction: fulfillment, equity, and desires or values. Need fulfillment frameworks have been discussed previously in the works of Blai (1964) and others who based their research on the hierarchy of needs developed by Maslow (1954). Equity, or the discrepancy between need of importance and fulfillment, was the basis of Jeswald's (1972) study of 1,600 clinical laboratory personnel. He determined the rank ordering of need deficiency of technicians, supervisors, and aides to be self-actualization, esteem, autonomy, security, and social, as discussed by Maslow (1954).

Zytowski (1970), Herzberg et al. (1959), Super (1942), Vroom (1964), and Gerstenfeld and Whitt (1970) based their work on the attainment of goals, or values model of job satisfaction. The concept of work values has been summarized by Zytowski (1970) as a set of concepts mediating between the individual's affective domain and external objects which provide similar satisfaction.

Job Satisfaction Among Nurses

Numerous studies have been conducted over the years investigating job satisfaction among health professionals, including nurses (Godfrey, 1978a, 1978b, 1978c; Gross & Brown, 1967; McCloskey, 1947; Nahm, 1940; Wright, 1957). An exhaustive review of every study is not

suiting to the purpose of this literature review; however, a synopsis of the research efforts will be presented.

Research studies relating to job satisfaction of nurses date back to pre-World War II (Nahm, 1949), and such studies have become increasingly prevalent in the health professions literature. The reason for the numerous studies appears to be related to the problems of "burnout" and turnover among nurses (McMinn, 1979; Tirney & Wright, 1975). These two factors seem to be a chronic problem for hospital administrators relating to the cost of replacing a nurse, and the impact on the delivery of services to patients (Seybolt, Pavett, & Walker, 1978; Strilaeff, 1978; Wright, 1957).

Historically, studies in job satisfaction among nurses have been of two types: (1) assessment of a strategy to improve nurses job satisfaction through redesign of their work (Kelly & Lambert, 1978); (2) analysis of factors influencing job satisfaction for a given group of nurses (Maryo & Laskey, 1959; Pickens, 1957; Smith, 1976). There are several similarities between these two categories of studies. First, the subject sample is usually general staff nurses, both Registered Nurses (RN's) and Licensed Practical Nurses (LPN's), employed in a hospital setting (Longest, 1974; Slavitt et al., 1978). Only one study reviewed (Pablo, 1976) focused on nursing specialists, rather than the general population of nurses. This dearth of knowledge about nurses specializing in a particular area of patient care may be due to difficult accessibility to the nursing specialist population, or the relatively small numbers of nurses who work in only one area of special care.

Another similarity among these studies is in the data collection and subject selection techniques. Each study reviewed employed a job satisfaction questionnaire as the primary means of data collection. Most studies utilized commercially available instruments such as the Job Descriptive Index (JDI). Several studies (Stamps et al., 1978; Wagner, Loesch, & Anderson, 1977) utilized instruments developed by the investigators to ascertain job satisfaction among nurses. Subjects selected for these studies typically have been volunteers out of a target population of nurses employed in a hospital or other medical facility. The use of volunteers represents the largest source of bias across all studies reviewed. The effects of subject-role playing and differences in motivation existing between volunteers and non-volunteers constitutes a source of bias in survey research. One study (Godfrey, 1978a) on job satisfaction of nurses resulted in over 17,000 responses to a survey published in a nursing journal. However, lack of scientific control of the sample limits the credibility and generalization of this study to other settings and populations.

Studies Using the Job Descriptive Index

Several studies examining the job satisfaction of nurses have utilized the JDI as the primary dependent measure (Smith et al., 1969). Boyd (1976) conducted a study that was designed to investigate the extent to which educational level functioned as a prediction of nurses' job satisfaction. Three hundred and one registered nurses, 103 of whom had bachelor's degrees, were administered the JDI and the Job Factor Questionnaire. Three experimental hypotheses were tested:

(1) increased educational preparation would increase job satisfaction on the motivation factor scale; (2) increased educational preparation would increase job satisfaction on the hygiene factor scale; and (3) increased educational preparation would increase the job satisfaction score on the JDI. A sub-hypothesis that there would be a significant association between the JFQ and JDI was also tested. Correlational analysis, involving linear and stepwise linear multiple regression, were used with educational level as a predictor for job satisfaction scores. Results of the data analysis revealed several findings. First, when educational level was used as a predictor for increased job satisfaction, there was not a significant relationship to the motivation factors of the JFQ. However, educational level correlated significantly with the JFQ hygiene factors. Educational level as a predictor was not correlated successfully with the JDI, but when the JFQ motivation and hygiene factors were used as predictors, there was a significant correlation. Examining the results indicates that employing educational level as a predictor of increased job satisfaction was of greatest value in correlating with the JFQ hygiene factors. Also, there was not a significant difference between subjects when job satisfaction was measured by the JFQ motivation factors and the JDI, so hypotheses one and three were rejected. Boyd's study indicated that when higher educational level increased job satisfaction, the change in satisfaction is attributable to job factors within the work environment. An implication of this study is that there may be a discrepancy between the job satisfaction expectancy of nurses and nurse educators.

A study by Brief, Aldag, and Jacox (1978) examined the impact of task characteristics on the affective and behavioral responses of nurses aides to their work. Seventy-seven nurses aides completed the Job Diagnostic Survey and the JDI, as well as an index of tension constructed by the investigators. The purpose of the study was to examine the relationship between five task characteristics (skill variety, task identity, task significance, autonomy, and feedback) and job satisfaction and performance. The investigators hypothesized that the subject's perception of each task characteristic would be positively related to job satisfaction and performance, and negatively related to tension and turnover.

Results of the study indicated that there was a significant correlation between task characteristic perceptions and actual task behavior. A six month followup revealed that 15 of the 77 original subjects had resigned their jobs, and that 11 of these 15 had scores significantly lower than the remaining sample. The investigators conclude that jobs can be enriched by encouraging employees to engage in task behaviors shown to increase job satisfaction, such as continuing education.

In a study by Smith (1976), an attempt was made to identify important determiners of nurses' job satisfaction in small rural hospitals (populations less than 20,000 people). The purpose of this study was to examine determiners of job satisfaction for nurses, to see which could be positively influenced by hospital management personnel. A total of 186 nurses out of 330 at six different hospitals (75-150 bed) volunteered to participate in the study.

Thirty of the 186 nurses were randomly selected for a validity group. Each subject was interviewed and completed the JDI and a Questionnaire to Explain Job Satisfaction (QEJS) developed by the investigator. Variables were extracted from the QEJS and tested to determine their effect on the dependent variable, total JDI scale scores. A stepwise regression analysis identified 37 significant variables arranged into seven general categories from the total of 147 items. These included fringe benefits, compensation, likes and dislikes, reasons for a nursing career, terminating present job, unions, and personal factors. The predicted ability of the regression equation was verified using the validity sample (N=30). Of the 30 nurses, 23 were properly identified as either more satisfied or less satisfied.

Conclusions of this study are in two areas. First, the JDI is capable of identifying factors influencing job satisfaction of nurses. This finding lends validity to the use of the JDI in assessing job satisfaction of other nursing populations. Secondly, many of the significant variables affecting job satisfaction are within the influence of hospital administrators who can increase job satisfaction and perhaps tenure of their nursing staff.

Studies Using the Occupational Satisfaction of Hospital Nurses Scales (OSHNS)

Slavitt, Stamps, Peidmont, and Haase (1978) conducted a three-year research study that investigated the concept of occupational satisfaction of health professionals. The purpose of their research was to

develop a method of measuring a level of occupational satisfaction and to examine factors defining job satisfaction important to health professionals. Two articles (Slavitt et al., 1978; Stamps et al., 1978) present a summary of the results of the three-year project. Data from the three separate administrations of the job satisfaction questionnaire were collapsed for the purposes of these reports.

The investigators administered a pilot instrument, an Index of Work Satisfaction (IWS), to 786 nurses in two different hospitals. An 83 percent return rate resulted from the first hospital while a 62 percent return rate came from the second administration. The survey consisted of two parts, the first section measuring the relative importance of the various aspects or components of job satisfaction for the respondent through the use of a paired-comparisons method. These components consisted of 15 pairs of items, or every possible combination of the six areas (autonomy, job status, pay, task requirements, interaction, and organizational requirements). Each respondent was asked to pick which one of each pair was more important a contributor to job satisfaction. The six components were rank-ordered in terms of relative importance. The second section measured the respondent's current level of satisfaction through a seven-point Likert-type attitude scale. Weighting coefficients were devised to multiply the average component score, thereby producing weighted component scores. These six weighted component scores were summed to produce a single score, an Index of Work Satisfaction, that reflected both the importance of the individual components and actual satisfaction.

Data from this survey were comprised of rankings of the levels of importance of the satisfaction components (paired comparisons), scores on the components to measure current levels of satisfaction (attitude scale), and the IWS. Results indicated across the groups of nurses that autonomy was ranked as most important as a contributor to job satisfaction. The remainder of the components in descending order were job status, pay, task requirements, interaction, and organizational requirements.

Based upon the results of the first two administrations, the authors addressed the three central problems of reliability, validity, and scoring. A factor analysis, utilizing principal component analysis with a Varimax rotation, was completed on the responses from the second administration of the questionnaire where 62 percent of the nurses responded. The factor analysis produced 19 factors that accounted for 59 percent of the variance among the items. As successive factors produced less variance, only the initial 19 that related to different aspects of job satisfaction which had already been identified were chosen. On the basis of the amount of explained variance, seven factor categories were defined. These included pay, autonomy, task requirements, administration, interaction/social contact, professional status, and doctor-nurse relationships.

Internal reliability of the scale was evaluated by use of Cronbach's coefficient alpha. Reliability for the 72-item original scales was .93; and for the 48-question form chosen by the factor analysis, .91. Based on the high reliability and brevity of the instrument, the investigators decided upon the shorter 48-item

questionnaire. Intrascale reliabilities range from .70 for the autonomy factor to .85 for the pay factor. It appears from this information that each of the 48 questions measures job satisfaction and that each item within the subscale measures that particular aspect of job satisfaction.

Other Studies of Job Satisfaction Among Nurses

Numerous studies have investigated job satisfaction among nurses employing a variety of instruments and populations to determine the status of occupational satisfaction for these health professionals. An early study by Pickens (1957) attempted to develop a job satisfaction instrument for nursing personnel. The investigator constructed a questionnaire after interviewing 15 public health nurses. The questionnaire consisted of four statements adapted from Hoppock's Job Satisfaction Scale (Hoppock, 1935) and five statements developed by the author. Under each statement was a scale that measured the subject's feelings ranging from very positive to very negative. One hundred thirty-nine surveys were sent to public health nurses, resulting in 126 (90.7 percent) returns. Analysis of the data yielded mean scale scores of $\bar{x}=15.5$ out of a possible score of 20, indicating high overall job satisfaction. One hundred nineteen (86 percent) subjects reported satisfaction with their work hours, and 121 (95.8 percent) stated that they were satisfied with the security afforded by their job. However, only 48 (38 percent) stated that they were satisfied with the advancement opportunities in public health nursing, and 15 (11.8 percent) thought the salary was adequate. The clerical duties

of public health nursing were deemed satisfactory by only 13 (10 percent). No relationship between educational background and satisfaction was found, a finding that has been challenged by other investigators (Boyd, 1976; Godfrey, 1978b).

Maryo and Laskey (1959) attempted to identify the likes and dislikes of nurses as they pertained to job satisfaction. A total of 57 nurses were mailed a survey inquiring which three things the nurses liked most about work and which three things were liked least. The subjects were also to state what changes they would institute and what was necessary to improve existing work conditions. Twenty-seven nurses (63 percent) responded to the questionnaire within a two-week deadline set by the investigators. Examination of the returns revealed four positive aspects of nursing that were identified consistently by the respondents. These positive aspects are in order of importance: (1) the cooperative nature of the nurses' interpersonal relationships, (2) pleasant work conditions, (3) the personally rewarding nature of their work, and (4) the benefits and salary. Three dislikes were determined to negatively affect job satisfaction: (1) shortage of nursing staff, (2) lack of trust and communication between the nursing staff and hospital administration, and (3) the poorly defined task expectations. Referring to Maslow's model (1954), a conclusion of this study is that fulfillment of higher-order needs contributed to satisfaction among the nurses surveyed and lack of higher-order need fulfillment adversely affected satisfaction. Nichols (1971) conducted a study investigating the relationship between job satisfaction and turnover among Army nurses. One hundred eighty-one Army nurses with

four months of duty remaining were contacted by mail. Each subject was asked to state his or her intentions regarding staying in or leaving the Army. Information regarding the subject's educational training, sex, marital status, and number of dependents was also collected. Four scales measuring perceived ease of movement occupationally, importance of work, satisfaction with nursing, and available alternatives in civilian life were included on the questionnaire.

One hundred-thirty eight (76 percent) persons who completed the survey stated that they intended to leave the Army nursing corps, 30 (17 percent) stated that they would stay, and 13 (7 percent) were undecided about their choice. Ninety-five (69 percent) of the respondents held diplomas from hospital schools of nursing and 43 (31 percent) had degrees from a college or university school of nursing. The age range among respondents was 22 to 31 years, but 75 (54 percent) were over 24. One hundred nine (79 percent) of the subjects were female and the remaining 21 percent of the sample were males. Further analysis indicated that 83 (60 percent) of those deciding to remain in the Army were women and the percentage of males choosing to remain was twice that of the percentage of males in the population. Sixty percent of the male nurses were married, as were 33 percent of the women, yet only 23 percent of the persons remaining in the Army were married. Twenty-seven percent of the persons staying reported having one or more dependents, while 46 percent of the persons leaving had dependents. It appears from this study that males tended to stay in the Army nursing corps more than women, and that the sex of the subject was of greater importance than number of dependents in terms of making the decision to stay or leave.

The questions pertaining to real and perceived job satisfaction revealed that the persons staying, regardless of sex or marital status, were more satisfied with Army nursing. As might also be expected, those leaving perceived the greater satisfaction would exist in civilian life.

A study by Bullough (1974) sought to investigate the impact of a new role, the nurse practitioner, on job satisfaction. Using a sample of 73 subjects, two hypotheses were tested: (1) would nurses derive increased satisfaction of intrinsic needs in an extended role as compared with a traditional nursing role; and (2) would the increase in intrinsic rewards be important enough to increase the overall feelings of job satisfaction? Seventeen full-time nurse practitioner students, 18 employed nurse practitioners, and 38 registered nurses completed an instrument developed by the researcher. The instrument consisted of an 11-item semantic differential and a seven-item scale related to intrinsic, extrinsic, and general job satisfaction. Results of the study indicated that 14 (82 percent) of the students reported high extrinsic satisfaction as compared with 12 (67 percent) of the employed group, and 16 (42 percent) of the registered nurse group. Six (35 percent) of the students stated they were very satisfied with the extended nursing role, compared to four (22 percent) of the employed group. Thirteen (76 percent) of the students stated they would select the same job, but only eight (44 percent) of the employed group said they would choose the same job again. These results indicate the employed group was less satisfied with the extended role to start, perhaps due to some discrepancy between the responsibilities and rewards of the extended role.

Everly and Falcione (1976) surveyed 144 nurses in four metropolitan hospitals to determine the dimensions underlying perceived job satisfaction. An instrument was constructed consisting of 18 items arranged in a Likert format to represent various aspects of the working environment, adequacy of equipment, good work conditions, recognition, relations with coworkers, policies, security, supervision, hospital reputation, respect for suggestions, work enjoyment, advancement, pay, help, benefits, educational opportunities, recognition of service, supervisory relationships, and use of skills. The collected data were submitted to a principal component factor solution with a Varimax rotation of the factor matrix. Analysis revealed that four factors related to satisfaction accounted for 58.8 percent of the variance: (1) relationship orientation, (2) internal work rewards, (3) external work rewards, and (4) administrative policies. This study suggested that nurses perceive job satisfaction in more complex terms than the traditional intrinsic/extrinsic dichotomy model, with intrinsic factors being of greater importance. Results also show that nurse's interpersonal relationships are of increasing importance, accounting for 24 percent of the total variance. Job satisfaction perhaps needs to be defined beyond the traditional view and more credibility given the variety of factors that interplay in determining job satisfaction.

An attempt was made to apply Herzberg's Two Factor theory of job satisfaction to a specific occupational group in a specific setting in a study by Ullrich (1978). Forty nurses in a private general hospital were interviewed using a format based on Herzberg's

good-bad job experience method, modified to limit discussion to the present job. Ullrich's hypothesis, contrary to Herzberg, was that increased turnover results as much from dissatisfaction with intrinsic job factors as with extrinsic factors. Transcripts of the interviews were broken into three factors: (1) elements, the source of good-bad experiences; (2) affects, the subjective feelings of satisfaction-dissatisfaction; and (3) effects, the behavioral or attitudinal change resulting from the affects. Results of the study noted supervisory failure and responsibility as greater sources of dissatisfaction and resulting more often in turnover or other negative effects and contradicted Herzberg.

Another study applying Herzberg's theory of job satisfaction to the nursing population was conducted by Longest (1974). The investigator undertook to show how registered nurses employed in hospitals perceive the effect of Herzberg's ten factors on the nurse's job satisfaction. Out of a sample of 237 nurses, 195 (82 percent) responded to a questionnaire asking the nurse to rate, in order of importance, the ten factors as determinants of job satisfaction. Results of this survey indicated that the perception of the registered nurses did not support Herzberg's findings, with a Spearman rank-order correlation coefficient of .16. The greatest disagreement between the two rankings occurred with the factors of interpersonal relations, recognition, and advancement. The same questionnaire was then administered to 28 directors of schools of nursing, of whom 24 responded. When the rankings by the directors of nursing schools were compared to the Herzberg ranking, there was a correlation

coefficient of .47. However, when the director's rankings were compared to the nurse's rankings, a correlation coefficient of .31 was obtained. An important conclusion drawn from this study is that there exists a discrepancy between what nurses in the field and the persons responsible for nursing training perceive as important factors in job satisfaction. Nursing educators may be preparing students with one set of expectations about what will be satisfying in the work when, in fact, other factors may be more important. This disparity may be related to the problem of turnover among nurses, as low satisfaction with the work of the nurse forces the nurse to seek satisfaction in other settings.

Seybolt, Pavett, and Walker (1978) addressed the turnover problem in their study of 242 nurses in a large urban hospital. This study was an attempt to identify determinants of job satisfaction so that ways of managing the turnover problem could be developed. A questionnaire was constructed after interviewing 25 nurses for 30 minutes each. The issues related to satisfaction that were identified through the interview process were then incorporated into the survey. Results of the administration of the survey contain information regarding the demographic characteristics and specific aspects related to job satisfaction and dissatisfaction. The educational characteristics of the group were that 194 (80 percent) were R.N.'s and the remainder were L.P.N.'s. One hundred thirty one (54 percent) nurses were under 27 years of age, 102 (42 percent) were single, and 114 (47 percent) were married. Two hundred twelve of the subjects were followed for one year, after which time 89 had resigned (42

percent). Levels of satisfaction of those who left after one year were significantly lower ($p \leq .05$) in four out of 12 areas: (1) subject's overall satisfaction, (2) satisfaction with supervision, (3) satisfaction with opportunities to use abilities, and (4) satisfaction with freedom from stress. Those nurses who left were significantly younger ($p < .05$) and had been employed at the hospital for a shorter period of time ($p < .05$) than nurses who stayed. No difference in mobility across educational levels was found, as there were no significant differences between R.N.'s and L.P.N.'s on the mobility dimension. Of the four mobility facets--education, tenure, age, and marital status--two facets discriminated between the two groups. Regarding the rated ability of each group, supervisors rated the nurses who stayed higher in ability, but not at a significant level statistically. No difference was found between the two groups in role perception, perhaps indicating that the nurses who left had higher expectations of satisfaction. This finding is consistent with Longest's (1974) results. Other significant outcomes of this study were that the nurses who resigned were lower in overall motivation to perform well ($p < .005$) and valued high performance less ($p < .004$). A possible conclusion drawn from these data is that the nurses who resigned experienced a higher degree of unmet personal and professional growth needs. Also, there may have been a sentiment among these nurses that there was no practical relationship between the rewards for job performance and the nurse's unmet growth needs, a factor often cited as a symptom of professional "burnout."

Brief (1976) proposes that hospitals are the culprit in the nursing turnover problem, contending that hospitals do not utilize nurses to the fullest, provide challenging tasks, or attempt to meet personal growth needs of the nursing staff. He disagrees with the argument that turnover and job dissatisfaction is related to low nursing salaries, and contends instead that turnover is a combination of lack of professional autonomy, clear task identity, opportunity to develop and implement new skills, and inadequate feedback regarding work performance. Tirney and Wright (1975) also noted the nontrivial nature of the turnover problem. Citing industry estimates from 1973, they estimated the cost of replacing one registered nurse at \$1,000, not including intangible costs such as disruption of routines. The authors stated that current turnover figures represent the weakness of the initial interview and exit interview method of personnel management, in that information gathered during the exit interview is not utilized in hospital inservice training or other activities designed to increase staff tenure. Tirney and Wright advocated a behavioral approach to dealing with the turnover problem through an employee-centered evaluation technique that potentially would help attack the real causes of turnover among nursing personnel.

Godfrey (1978a, 1978b, 1978c) sheds additional light on the factors perceived by nurses as important to satisfaction and tenure. Over 17,000 nurses responded to a questionnaire published in a nursing journal, which investigated the various components of the respondent's work that enhanced or affected adversely the nurse's job satisfaction. Although 91 percent of the responses rated nursing

favorably as an occupation, as educational level increased, the percentage of favorable responses decreased. Ninety-seven percent of the nursing students, 94 percent of the L.P.N.'s, and 92 percent of the R.N.'s rated the profession highly; yet 88 percent of nurses with master's degrees and only 50 percent of nurses holding Ph.D.'s rated nursing favorably. Seventy-five percent of the respondents stated that they enjoy work "most of the time," but 70 percent felt that they were ignored in the decision-making process, and 57 percent rated their morale as being "poor" or "fair." Among nurses responding, 41 percent stated that nursing affected adversely their psychological well being and 31 percent stated that nursing was occasionally negatively affecting them. Adequacy of staff was only experienced by 18 percent of the nurses while the remainder felt that their setting was "somewhat" or "badly" understaffed. Twenty-five percent of the nurses felt they did not have the authority to do their work as it should be done, and 35 percent of the nurses felt a minimal sense of accomplishment.

The summary to Godfrey's series of reports (1978a, 1978b, 1978c) presents a profile of the hypothetical satisfied nurse. This person, according to the author, would be a nurse who works in a setting with adequate staffing, spends the majority of time on direct patient care, has interesting and challenging work, is autonomous, rates team spirit as high, trusts a supervisor, receives feedback and recognition for service, supports the administration, gets a response to complaints and suggestions, and derives a strong sense of personal accomplishment from work. Reviewing the significant outcomes of this study, it would appear that few nurses fit the ideal.

This review of the literature of the study of job satisfaction among nurses indicates the need for additional research in job satisfaction, particularly among a specialized population such as dialysis nurses. Several factors that tend to enhance job satisfaction, such as interpersonal relationships, the sense of helping others, the interesting and challenging nature of the work itself, and a feeling of prestige have been shown to be consistent for general staff nurses. Factors resulting in a sense of dissatisfaction, such as lack of administrative support, poor supervision, lack of autonomy in decision-making, and staffing shortages also appear consistently in the literature. Several studies dealing with attempts to increase job satisfaction through redesign of the work, expansion of the role of the nurse, and other interventions have been presented. A discussion of the problems of burnout and turnover among nurses has presented the complex nature of this concern, although efforts to curb the exodus of nurses have been relatively unsuccessful. Despite the wealth of information regarding the general nursing population, few data exist concerning nursing specialists. A systematic inquiry into the current status of job satisfaction and the factors influencing non-satisfaction among one group of specialists, dialysis nurses, needs to be collected in order to verify if the determinants of satisfaction for the general nurse population hold for nursing specialists. This information will build a data base so that vocational counselors, nursing educators, and others involved in preparing or guiding students will have reliable information about job satisfaction for nurses.

CHAPTER III
RESEARCH METHODOLOGY

Overview

The purpose of this study was to determine the current status of occupational satisfaction among nurses employed in hemodialysis treatment facilities in the State of Florida. This study included nurses from both public and private hospitals and dialysis treatment centers.

Job satisfaction was investigated through a descriptive research design (Campbell & Stanely, 1963; Kerlinger, 1973). The subjects were administered the Cornell Job Descriptive Index (JDI) (Appendix C), the Occupational Satisfaction of Hospital Nurses Scale (OSHNS) (Appendix D), and the Summary Questionnaire (SQ) (Appendix B). Subjects also completed the Demographic Information Questionnaire (DIQ) (Appendix A) describing the work setting.

Hypotheses

Four experimental hypotheses were tested. Criterion for statistical significance was set at the .05 level of confidence:

(1) There will be no statistically significant differences between male and female hemodialysis nurses' scores on the JDI and the OSHNS.

(2) There will be no statistically significant relationship between the subject's degree of job satisfaction and the selected demographic variables: age, ethnic origin, marital status, number of dependents, nursing degree, nursing credential, or nursing experience.

(3) There will be no statistically significant relationship between the subjects' degree of job satisfaction and the selected environmental variables: number of nurses on staff, number of patients, number of doctors on staff, type of facility, or shift.

(4) There will be no statistically significant relationship between the subjects' degree of job satisfaction and the subjects' feelings toward peers and administrators, doctor-nurse relationships, perceived effectiveness of a counselor, advancement opportunities, or perceived professional status.

Data Collection Procedures and Selection of Subjects

All subjects met two criteria: (1) they have met the State of Florida standards for the practice of professional nursing (either a registered nurse or a licensed practical nurse) and (2) they are employed on a full-time basis in either a licensed public or private hemodialysis treatment facility in the State of Florida.

A list of accredited dialysis facilities in the state was provided by the End-Stage Renal Disease Network 19 office in Tampa, Florida. An appropriate individual at each facility, such as the administrator, was mailed a letter soliciting interest in participating in the study (see Appendix E). This person was asked to return an

enclosed postcard (Appendix F) indicating: (1) the facility's decision whether to participate, (2) the number of employed nurses, and (3) the name, address, and phone number of a contact person. All facilities agreeing to participate were mailed an appropriate number of copies of the JDI, OSHNS, SQ, and the DIQ for completion by each full-time nurse employee. A self-addressed, stamped mailing envelope in which to return the completed questionnaires was included.

Although a return rate total of 75 percent of the nurses for all participating facilities was desirable, for the purposes of this study, a 40 percent return rate was deemed acceptable. The study received the endorsement of two local nephrologists, as well as the Network 19 Standards Task Force. These endorsements enhanced the study's credibility, perhaps increasing the number of responses.

All nurses who volunteered to participate in the study were instructed to return the completed packet of instruments to the designated contact person at his or her facility within 24 hours. The contact person was to return the completed packets to the investigator within one week. Those persons not responding within the one week interval were telephoned by the investigator and reminded to return the packets.

Both male and female nurses were included as subjects. Although the nursing profession is currently comprised predominantly of females, it was desirous to include males as subjects, since an increasing number of males enter the nursing profession each year, and they have similar needs as females for information regarding areas of specialization.

The entire sample was composed of adults, with an age range of 20 to 65. Controlling for age was not indicated for the purpose of

this study, as a broad range is desirable to insure a variety of work attitudes. The sample included blacks, whites, and persons of other ethnic groups. As ethnic origin may be related to job satisfaction, a variety of ethnic backgrounds were solicited. The subject sample also included persons who were married, divorced, separated, widowed, and single. Since marital status was being considered as a possible factor in job satisfaction, a variety of marital status was preferred. As educational level and nursing degree also were being considered factors in job satisfaction, subjects with a diversity of training experiences provided useful information, and should not affect adversely the generalizability of the results.

Job Descriptive Index (JDI)

This scale, developed by Smith (1969) of Cornell University, is a paper-and-pencil instrument which assesses level of satisfaction derived from work and work-related aspects of coworkers, pay, promotion, and supervision. The survey consists of five subscales comprising a total of 72 items which are listed as adjectives. The five scales measure satisfaction with work, pay, promotions, supervision, and coworkers.

The instrument utilizes a forced choice format with responses of "Yes", "?", or "No". The subjects are asked to read the list of adjective-items for each scale and place a "Y", "?", or "N" next to each, indicating their choice. To score, the number of "Yes", "?", and "No" responses for each subscale are summed, then each subscale score is added to yield a total scale score.

The internal consistency coefficients of the JDI, corrected by the Spearman-Brown formula, were reported to be in the .80s for a sample of 80 male electronic workers (Locke & Schneider, 1963). Hulin and Smith (1963) reported that the five JDI scales had split-half reliabilities of .80 to .88. Scale ordering effects upon JDI scores resulted in negative findings, suggesting that it makes no difference which scale is presented first in administering the JDI (Crites, 1969). Schneider and Dachler (1978) found that the JDI possesses acceptable stability over pre-post analyses with coefficients of approximately .57. They also stated that the five scales maintain their relative independence over time. Smith, Smith, and Rollo (1974) reported that the JDI was able to discriminate between three groups of subjects in mean scores for scale items. The JDI is preferable to most other measures of job satisfaction because of its "sophisticated conceptualization" and the strong discriminant and convergent validity (Crites, 1969, p. 490). Crites also states that the JDI had broad applicability with generally more consistent scales than most inventories (p. 490).

The Occupational Satisfaction of Hospital Nurses Scales (OSHNS)

This instrument was developed by Stamps, Piedmont, Slavitt, and Haase at the University of Massachusetts and the Mt. Auburn Hospital (1978). The concept of occupational satisfaction, as applied to various professions within the health field, was investigated during a three-year research project. The authors identified six components of occupational satisfaction: pay, autonomy, task requirements,

organization requirements, interaction, and job prestige. The instrument measures the relative importance of various aspects (or components) of job satisfaction to the respondent through the use of the paired comparisons technique. Seven components of job satisfaction: (1) pay, (2) job status, (3) interacting, (4) autonomy, (5) task requirements, (6) organization requirements, and (7) doctor-nurse relationships have been incorporated into 48 statements arranged in pairs. Each respondent is asked to mark "agree," "disagree," or "uncertain" next to each of 48 statements. Scale scores are computed for each component following the summing of responses for each component. As each component is treated as a separate dimension of satisfaction, each yields a separate score and a total score may be computed for the entire scale by summing each component score.

The authors utilized a factor analysis to assess the face validity of the instrument. The principal component analysis with a varimax rotation produced seven factors which accounted for 59 percent of the variance among items, with 48 of the original 60 items being chosen for inclusion in the revised form (Stamps et al., 1978).

Cronbach's coefficient alpha was used to determine the internal consistency of the instrument. Reliability for the 48-item test is reported at .91 (Stamps et al., 1978). Intra subscale reliabilities for each component range from .70 for the Autonomy component to .85 for the Pay component (Stamps et al., 1978). Factors with more items tend to have higher scores, but all fall within acceptable ranges. Normative data for the OSHNS

are based on administration of the instrument to 696 nurses in hospital settings and 42 physicians in group practice. Data collection was completed over a three-year period, 1972 to 1974.

Analysis of Data

The responses from each instrument were totaled for each subject and group means calculated. Hypotheses 2, 3, and 4 were tested by analysis of variance (ANOVA) and correlational analysis to determine significant relationships between job satisfaction scores and the stated demographic variables. The .05 confidence level of significance was selected for all tests. For hypotheses one the t-test was calculated to assess the significant differences between males' and females' scores on the JDI and OSHNS.

Limitations of the Study

This study did not employ either a control or comparison group; therefore, generalizability is limited to the respondent sample. Also, all subjects were volunteers. Kerlinger (1973) has stated that such self-selection in survey research of this type presents methodological problems regarding the external validity of the results. Volunteers may, by the nature of their willingness to participate, bias their responses in a perceived socially desirable fashion. Responses to the research instruments and the results of the study should be viewed with this caution.

CHAPTER IV

RESULTS

Introduction

This chapter presents the results for this study in accordance with the procedures outlined in Chapter III. The purpose of this study was to determine the current status of occupational satisfaction among nurses employed in hemodialysis treatment facilities in the State of Florida. Nurses from both public and private hospitals and dialysis treatment centers were included as subjects for the study.

Job satisfaction was investigated through a descriptive research design (Campbell & Stanley, 1963; Kerlinger, 1973). The subjects completed the Job Descriptive Index (JDI), the Occupational Satisfaction of Hospital Nurses Scales (OSHNS), the Summary Questionnaire (SQ), and the Demographic Information Questionnaire (DIQ).

Data Collection Procedures and Return Rate

A list of accredited hemodialysis treatment facilities in the State of Florida was provided by the Florida End-Stage Renal Disease

Network 19 office in Tampa, Florida. During June, 1980, a total of 62 facilities were contacted by a letter (Appendix E) seeking participation in the study. A self-addressed, stamped postcard (Appendix F) was included for the person at each facility to indicate their participation in the study, the name, address, and phone number of the contact person, and the total number of full-time nurses employed at the facility. Of the 62 facilities contacted, 35 (56.5 percent) returned postcards indicating their willingness to participate in the study. Follow-up phone calls were placed to the remaining 27 facilities to ascertain whether or not those centers would participate. Three of the facilities were no longer in operation, and the remaining 24 indicated that they would not participate either due to administrative policy against research conducted from outside their center, staff shortages restricting the nurses' time to complete the instruments, an existing overabundance of "paperwork" already placed on staff, or lack of interest in the research. Other reasons cited were their unit employed only a few nurses, they were preparing for a Medicare/Medicaid inspection, or staff was taking vacation time reducing the number of nurses available.

The 35 treatment centers agreeing to participate were sent a total of 340 packets of surveys, based on the number of nurses supplied by each facility. A total of 172 (69.4 percent) nurses returned the completed instruments from 28 facilities (80 percent; N = 248). The seven units not returning packets were contacted by phone. The contact person at each unit stated that they withdrew

their participation because (1) the nurses chose not to complete the surveys, (2) the administrator changed his/her mind after reviewing the surveys, or (3) the staff felt that they were overworked and did not have time to complete them. Response rate per facility can be found in Table 1.

Demographic Description of Subject Sample

Information regarding the age, ethnic origin, sex, marital status, number of dependents, education, nursing credential, total experience in nursing, dialysis experience, time in current position, type of facility where employed, shift, number of patients, number of nurses, number of physicians, and number of direct patients was obtained from the 172 subjects. A copy of the Demographic Information Questionnaire (DIQ) can be found in Appendix A.

The majority of the subjects were females (N=169, 96.5 percent) between the ages of 26 and 30 (N=63, 36.6 percent). The age range was from 22 to 60 years. The subjects were predominantly married, with 102 (59.3 percent) subjects indicating this status. However, 96 of the subjects (55.8 percent) indicated they had no dependents, and 33.7 percent (N=58) stated they had one or two dependents, perhaps signifying a trend towards smaller families. Seventy-eight percent of the subjects (N=134) were Caucasians. Subjects were evenly divided by education, with 70 percent (N=119) having either an Associate of Science degree, or a certificate from a three-year hospital school of nursing. One hundred fifty subjects were registered nurses (87 percent), 72 subjects (41.9 percent) have

Table 1
Response Rate by Percentage per Facility

Facility Number	Number of Nurses	Number Responding	Percent
1	6	6	100.0
2	12	8	66.7
3	10	7	70.0
4	8	6	75.0
5	7	3	40.0
6	12	6	50.0
7	2	2	100.0
8	6	6	100.0
9	14	13	93.0
10	15	13	86.7
11	8	3	38.0
12	7	3	43.0
13	12	7	60.0
15	2	2	100.0
16	1	1	100.0
17	9	6	75.0
18	8	3	40.0
19	10	9	90.0
23	11	10	92.0
24	16	6	38.0
25	8	7	88.0
27	9	4	45.0
29	6	6	100.0
30	15	9	60.0
31	8	8	100.0
32	14	12	86.0
34	2	2	100.0
36	10	4	40.0
Total	248	172	69.4

between six and ten years of nursing experience, yet 95 subjects (55.2 percent) have less than two years experience in dialysis nursing, and 46.5 percent (N=80) have been at their current job for one year or less. This indicates a trend on the part of nurses to move into dialysis nursing as a specialty area from other types of nursing. The subjects in the study were employed in several different types of facilities, with 81 subjects (47.1 percent) employed in limited care outpatient dialysis units. The staff sizes varied considerably, yet 47 percent (N=81) of the subjects worked in a facility employing up to ten nurses. The number of patients per facility varied widely, with 16 percent of the units treating between 30 and 40 patients, and 16 percent treating 90 or more patients. The nurse-patient ratio was reported by 135 subjects (79.7 percent) as between one and five patients per nurse. The majority of subjects, 149 (87.3 percent), work a morning shift. A tabular presentation of the complete data can be found in Table 2.

Hypotheses

Hypothesis One: There will be no statistically significant differences between male and female hemodialysis nurses' scores on the JDI and OSHNS. A t-test was performed on the subjects scores on the JDI and OSHNS. No significant differences were found on either instrument when controlled for sex, so hypothesis one was retained. These results should be viewed cautiously however due to the small number of males (N=6) participating in the study. A tabulation of results is presented in Table 3.

Table 2
Frequency Data from DIQ

<u>Age</u>	<u>N</u>	<u>Percent</u>	<u>Dependents</u>	<u>N</u>	<u>Percent</u>
20-25	26	15.1	0	96	55.8
26-30	63	36.6	1	33	19.2
31-35	37	21.5	2	25	14.5
36-40	20	11.6	3	11	6.4
41-45	17	9.9	4	5	2.9
46-50	4	2.3	5	1	.6
51-55	4	2.3	6	1	.6
56-60	1	.6			
Total	172	100.0			
			<u>Educational Training</u>		
			<u>Degree</u>	<u>N</u>	<u>Percent</u>
			B.S.	30	17.4
			A.S.	61	35.5
			Certificate	59	34.3
			L.P.N.	22	12.2
<u>Sex</u>	<u>N</u>	<u>Percent</u>			
Male	6	3.5			
Female	169	96.5			
<u>Ethnic Origin</u>		<u>Percent</u>	<u>Nursing Credential</u>		
Black	16	9.3	<u>Type</u>	<u>N</u>	<u>Percent</u>
Oriental	8	4.7	R.N.	150	87.2
Hispanic	9	5.2	L.P.N.	22	12.8
White	134	77.9			
Other	5	2.9			

Table 2 - Continued

<u>Marital Status</u>	<u>N</u>	<u>Percent</u>	<u>Total Nursing Experience</u>		
Single	58	33.7	<u>Years</u>	<u>N</u>	<u>Percent</u>
Married	102	59.3	0-5	53	30.8
Separated	9	5.2	6-10	72	41.9
Widowed	3	1.7	11-15	25	14.5
			16-20	13	7.5
			21-25	5	2.9
<u>Dialysis Nursing Experience</u>			26-30	3	1.7
<u>Years</u>	<u>N</u>	<u>Percent</u>	31-35	0	0.0
0-2	95	55.2	36-40	1	.6
2-4	43	25.0			
4-6	21	12.2			
6-8	7	4.0	<u>Experience at Current Job</u>		
8-10	1	.6	<u>Years</u>	<u>N</u>	<u>Percent</u>
10-12	4	2.3	0- .5	41	23.8
12-15	2	1.3	.5-1.0	39	22.7
			1.0-1.5	11	6.4
			1.5-2.0	22	12.8
			2.0-2.5	6	3.5
			2.5-3.0	16	9.3
			3-4	13	7.5
			4-5	11	6.4
			5-6	3	1.8
			6-7	4	2.3
			7-10	4	2.3
			10-15	2	1.3
<u>Shift Schedule</u>	<u>N</u>	<u>Percent</u>			
Mornings	149	87.3			
Afternoons	20	11.9			
Evenings	3	.8			

Table 2 - Continued

<u>Number of Patients/Nurses per Facility</u>			<u>Number of Nurses</u>	
<u>N Patients</u>	<u>N Nurses</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
1-10	17	9.9	1-5	4.0
10-20	17	9.9	6-10	43.1
20-30	23	13.4	10-15	16.3
30-40	28	16.3	15-20	20.4
40-50	25	14.6	20-25	1.8
50-60	7	4.0	25-30	1.3
60-70	13	7.5	35-40	2.3
70-80	7	4.0		
80-90	7	4.0		
90+	28	16.3		

Number of Physicians/Nurses per Facility

<u>N Physicians</u>	<u>N Nurses</u>	<u>Percent</u>
1	17	9.9
2	50	29.1
3	32	18.6
4	19	11.1
5	8	4.7
6	8	4.7
7	0	0.0
8	7	4.1
9	30	17.4

Table 2 - Continued

Employment by Facility

<u>Type</u>	<u>N</u>	<u>Percent</u>
Hospital/inpatient	8	4.7
Hospital/outpatient	18	10.5
Limited care outpatient	81	47.1
Self-care outpatient	4	2.3
One or more of above	61	35.5

Table 3

Tabulation of Results: Hypothesis One

Variable	Group*	Mean	Standard Deviation	Standard Error	F Value	2-Tail		Pooled Variance Estimate		Separate Variance Estimate		
						Prob.	t Value	Degrees of Freedom	Prob.	t Value	Degrees of Freedom	Prob.
WORK	1	40.2303	5.697	0.444	1.64	0.614	0.17	169	0.866	0.21	5.61	0.839
	2	39.8333	4.446	1.815								
SUPERVIS	1	35.4970	5.082	0.396	2.76	0.253	-0.80	169	0.426	-1.27	6.05	0.250
	2	37.1667	3.061	1.249								
PAY	1	14.4848	2.793	0.217	1.32	0.835	-0.01	169	0.990	-0.01	5.49	0.989
	2	14.5000	2.429	0.992								
PROMOTN	1	15.5939	2.869	0.223	1.80	0.531	-1.33	169	0.186	-1.75	5.68	0.131
	2	17.1667	2.137	0.872								
COWORKS	1	33.7515	4.856	0.378	7.69	0.029	0.54	169	0.587	1.34	8.17	0.217
	2	32.6667	1.751	0.715								
JOB TOTL	1	139.5455	16.326	1.271	4.67	0.088	-0.27	169	0.790	-0.54	6.84	0.609
	2	141.3333	7.554	3.084								

*Group 1 = Female (N=165)
Group 2 = Male (N= 6)

Table 3 - Continued

Variable	Group*	Mean	Standard Deviation	Standard Error	F Value	2-Tail Prob.	Pooled Variance Estimate		Separate Variance Estimate		
							t Value	Degrees of Freedom	t Value	Degrees of Freedom	
PAY	1	16.6970	2.421	0.188	1.02	1.000	-0.47	169	-0.47	5.38	0.658
	2	17.1667	2.401	0.980							
PROFESNL STATUS	1	18.0667	2.178	0.170	1.23	1.919	-0.66	169	-0.73	5.46	0.497
	2	18.6667	1.966	0.803							
INTERACTN	1	12.8667	2.336	0.182	1.35	0.492	0.03	169	0.03	5.27	0.977
	2	12.8333	2.714	1.108							
TASK REQUIREMNT	1	11.6667	2.374	0.185	1.18	0.640	-0.67	169	-0.62	5.31	0.561
	2	12.3333	2.582	1.054							
ADMNSTRTN	1	18.1576	3.729	0.290	1.98	0.169	-0.22	169	-0.16	5.19	0.880
	2	18.5000	5.244	2.141							
DOCTR/NRSE RELATNSHPS	1	6.1273	1.398	0.109	2.93	0.226	0.80	169	0.424	6.12	0.237
	2	5.6667	0.816	0.333							
AUTONOMY	1	7.9758	2.045	0.159	1.24	0.582	-0.03	169	-0.03	5.30	0.981
	2	8.0000	2.280	0.931							
TOTAL	1	91.5879	7.728	0.602	2.18	0.119	-0.59	169	-0.41	5.17	0.700
	2	93.5000	11.397	4.653							

Hypothesis 2: There will be no statistically significant relationship between the subjects' degree of job satisfaction and the selected demographic variables: age, ethnic origin, marital status, number of dependents, nursing degree, nursing credential, or nursing experience. Analysis of variance was used as the statistical tool to compute these findings for the JDI and OSHNS. This technique is based on the following assumptions: (1) observations are drawn from normally distributed populations, (2) observations represent random samples from populations, (3) variances of populations are equal, and (4) one observation is independent of another observation (Kirk, 1968). Main effects, explained (between) group variance, residual (within) group variance, and significance of findings are reported in table form (see Table 4). Tukey's test for honestly significant differences was used, where appropriate, to make all pairwise comparisons among means.

Hypothesis two was tested at the .05 level of significance and a main effect (significance of $p=0.01$) was found for total satisfaction on the OSHNS for ethnic origin ($p=0.05$). Tukey's HSD procedure on the means for the total satisfaction score of the OSHNS indicates that Black subjects ($\bar{x} = 86.0$) scored significantly lower ($p \leq .05$) than did Oriental subjects ($\bar{x} = 96.75$) and White subjects ($\bar{x} = 91.99$), but not significantly lower than subjects of Hispanic origin ($\bar{x} = 90.67$). No significant interaction was found for total satisfaction on the JDI. Analysis of variance for the subscales of the OSHNS and JDI was also performed. A main effect was found on the Autonomy subscale of the OSHNS ($F=0.019$) for the ethnic origin variable ($F=0.009$) indicating that Black subjects are less satisfied ($\bar{x} = 6.15$) with their autonomy

Table 4

Tabulation of Results: Hypothesis Two

Satisfaction Total Scores (OSHNS)

Source	Sum of Squares	D.F.	Mean Square	F	Signif. of F
Main Effects	1414.615	10	141.463	2.440	0.010
Ethnic Origin	456.480	3	152.160	2.625	0.053
Marital Status	274.609	3	91.536	1.579	0.197
Education	106.383	3	35.461	0.612	0.608
Nursing Experience	53.667	1	53.667	0.926	0.337
Age	38.207	1	38.207	0.594	0.442
Shift	33.078	2	16.539	0.608	0.546
Credential	30.443	1	30.443	0.525	0.470
Dependents	26.387	1	26.387	0.969	0.326
Explained	1417.512	11	128.865	2.223	0.016
Residual	8752.730	161	57.965		
Total	10170.242	172	62.779		

Table 4 - Continued

Satisfaction Total Scores (JDI)

Source	Sum of Squares	D.F.	Mean Square	F	Signif. of F
Main Effects	3600.102	11	327.282	1.231	0.271
Ethnic Origin	1891.011	3	630.337	2.371	0.073
Marital Status	1074.738	3	358.246	1.348	0.261
Education	529.654	3	176.551	0.664	0.575
Shift	410.390	2	205.195	0.756	0.471
Age	169.032	1	169.032	0.594	0.402
Dependents	105.654	1	105.654	0.389	0.534
Credential	65.369	2	32.685	0.123	0.884
Nursing Experience	1.919	1	1.919	0.007	0.932
Explained	3602.023	12	300.168	1.129	0.341
Residual	40138.953	161	265.821		
Total	43740.977	173	268.349		

Table 4 - Continued

Autonomy Subscale of OSHNS

Source	Sum of Squares	D.F.	Mean Square	F	Signif. of F
Main Effects	85.439	10	8.544	2.234	0.019
Ethnic Origin	45.495	3	15.165	3.966	0.009

One-Way Analysis of Variance

Source	Sum of Squares	D.F.	Mean Square	F	Signif. of F
Between	54.9854	3	14.3282	4.795	0.0032
Within	611.5171	160	3.822		
Total	666.5015	163			

Table 4 - Continued

Group	Count	Mean	Standard Deviation	Standard Error										
1	13	6.154	2.824	0.783										
2	8	8.875	2.167	0.766										
3	9	8.000	2.500	0.833										
4	134	8.194	1.804	0.156										
Total	164	8.055	2.022	0.158										
Fixed Effects														
Random Effects														
Cochran's C-Max = 0.3596 P = 0.065														
Bartlett - Box F = 2.294 P = 0.076														
Max Variance/Min Variance = 2.450														
Tukey HSD Ranges = 3.68 P = .05														
Tukey Value = 1.382														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> <td style="width: 25%; text-align: center;">2</td> </tr> <tr> <td></td> <td colspan="4" style="border-top: 1px solid black;"></td> </tr> </table>						1	3	4	2					
	1	3	4	2										

Table 4 - Continued

Pay Subscale of OSHNS

Source	Sum of Squares	D.F.	Mean Square	F	Signif. of F
Main Effect	107.040	10	10.704	2.017	0.035
Ethnic Origin	43.522	3	14.507	2.734	0.046

One-Way Analysis of Variance

Source	Sum of Squares	D.F.	Mean Square	F	Signif. of F
Between	27.908	3	9.303	1.678	0.1739
Within	887.032	160	5.544		
Total	914.940	163			

at work than either Oriental subjects ($\bar{x} = 8.87$) or White subjects ($\bar{x} = 8.19$). Also, analysis of variance for the Pay Subscale of the OSHNS was performed and a main effect was found ($F=.035$) for the Ethnic Origin variable ($F=.045$). However, a one-way analysis of variance of the Pay Subscale for ethnic origin reduced the level of significance to .17, implying that the main effect found was a chance occurrence. Lending support to this interpretation is the point that the sample size for ethnic origin was not normally distributed among the four groups, hence violating a basic underlying assumption pertinent to the ANOVA procedure. Because of the significant difference in total satisfaction scores for the OSHNS based on ethnic origin, Hypothesis two was rejected. A summary presentation of this data can be found in Table 4.

Hypothesis Three: There will be no statistically significant relationship between the subjects' degree of job satisfaction and the selected environmental variables: number of nurses per facility, number of patients/nurses, number of physicians per facility, shift, or type of facility. Hypothesis three was tested at the .05 level of significance and no interaction was found. However, a main effect was found on the Work Scale of the JDI for type of facility ($F=0.0159$) indicating that subjects employed in limited care outpatient dialysis facilities scored significantly higher and are more satisfied with the nature of their work ($\bar{x} = 40.96$) than subjects employed in hospital outpatient units ($\bar{x} = 37.22$). Also, a difference was found for the Pay Scale of the OSHNS ($F=0.028$) by type of facility, and Tukey's HSD procedure ($HSD = 3.69$) suggests that subjects employed

in hospital outpatient dialysis units were more satisfied with their pay ($\bar{x} = 17.33$) than subjects employed in self-care types of facilities ($\bar{x} = 13.5$). A summary presentation can be found in Tables 5, 6, and 7. Because no significant differences were found for the total satisfaction scores and the stated variables, Hypothesis three was retained.

Hypothesis Four: There will be no statistically significant relationship between the subjects' degree of job satisfaction and the subjects' feelings towards peers and administrators, doctor-nurse relationships, perceived usefulness of a counselor in the dialysis setting, advancement opportunities, or professional status. Hypothesis four was tested at the .05 level of significance and no relationship was found between the degree of job satisfaction, total scores on the OSHNS and JDI, and the selected variables. Based upon these results, Hypothesis four was supported. A tabulation of these results can be found in Table 8.

Results of Summary Questionnaire (SQ)

The SQ was the final instrument included in the survey packets completed by the research subjects. A copy of the SQ can be found in Appendix B. The first item asked the subject to list in order of importance the five aspects of dialysis nursing that they like the most. One hundred sixty-four subjects (96.3 percent) responded to this question, listing in order (1) their work schedule, (2) the various tasks of dialysis nursing, (3) their coworkers, (4) their pay, and (5) the dialysis patients. Reviewing responses by

Table 5

Tabulation of Results: Hypothesis Three

Correlation Coefficients - OSHNSSatisfaction Total Score with Number of Patients

Correlation (R) = -0.026

Standard Error of Estimate = 7.847

 $R^2 = 0.00072$

Intercept (A) = 92.014

Significance = 0.364

Slope (B) = -0.00712

Satisfaction Total Score with Number of Nurses

Correlation (R) = 0.0512

Standard Error of Estimate = 7.839

 $R^2 = 0.003$

Intercept (A) = 90.891

Significance = 0.253

Slope (B) = 0.065

Satisfaction Total Score with Your Patients (number)

Correlation (R) = -0.011

Standard Error of Estimate = 7.849

 $R^2 = 0.0001$

Intercept (A) = 91.735

Significance = 0.443

Slope (R) = -0.008

Table 5 - Continued

Satisfaction Total Score with Number of Physicians

Correlation (R) = -0.009
Standard Error of Estimate = 7.849
 R^2 = 0.0001
Intercept (A) = 91.776
Significance = 0.454
Slope (B) = -0.025

Correlation Coefficients - JDIJob Total Scores with Number of Patients

Correlation (R) = 0.049
Standard Error of Estimate = 16.88
 R^2 = 0.003
Intercept (A) = 137.863
Significance = 0.259
Slope (B) = 0.028

Job Total Scores with Number of Nurses

Correlation (R) = 0.041
Standard Error of Estimate = 16.887
 R^2 = 0.002
Intercept (A) = 137.875
Significance = 0.298
Slope (B) = 0.110

Table 5 - Continued

Job Total Scores with Your Patients (Number)

Correlation (R) = 0.032
 Standard Error of Estimate = 16.892
 R^2 = 0.001
 Intercept (A) = 138.842
 Significance = 0.339
 Slope (B) = 0.047

Job Total Scores with Number of Physicians

Correlation (R) = 0.050
 Standard Error of Estimate = 16.879
 R^2 = 0.003
 Intercept (A) = 137.971
 Significance = 0.256
 Slope (B) = 0.305

Correlational Analysis

<u>Total Satisfaction of OSHNS by Age</u>		<u>Total Satisfaction of JDI by Age</u>	
Correlation (R)	= -0.007	Correlation (R)	= -0.112
Standard Error	= 115.35	Standard Error	= 114.628
R^2	= 0.0001	R^2	= 0.013
Intercept (A)	= 413.895	Intercept (A)	= 511.061
Significance	= 0.465	Significance	= 0.072
Slope (B)	= -0.099	Slope (B)	= 0.764

Table 5 - Continued

Analysis of VarianceJob Total by Facility - JDI

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	3	1020.126	340.042	2.372	0.0744
Within Groups	107	15337.694	143.343		
Total	110	16357.820			
Tukey's HSD = 3.69 > .05					
Actual HSD = 8.466					

Satisfaction Total Scores by Facility - OSHNS

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	3	243.742	81.247	1.173	0.324
Within Groups	107	7409.882	69.251		
Total	110	7653.621			
Tukey's HSD < .05 = 3.69					
Observed HSD = 5.884					

Table 6
Work Subscale of JDI by Facility

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	3	233.08	77.693	3.601	0.016*
Within	107	2308.866	21.578		
Total	110	2541.946			

Tukey's HSD < .05 = 3.69

Observed HSD = 3.285

\bar{x}	Group	
37.222	(2) Hospital Outpatient	<u>2 4 3 1</u>
38.500	(4) Self-Care Outpatient	<u> </u>
40.963*	(3) Limited Care Outpatient	
41.625	(1) Hospital Inpatient	
	(3 different from 2, but not 4 or 1)	

Table 7
Pay Subscale of OSHNS by Facility

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	3	57.587	19.196	3.151	0.028*
Within Groups	107	651.885	6.092		
Total	110	709.471			
Tukey's HSD	< .05 =	3.69			
Observed HSD	=	1.745			

\bar{x}	Group	
13.5000	(4) Self-Care Outpatient	4 1 3 2
15.5000	(1) Hospital Inpatient	<u> </u>
16.6296	(3) Limited Care Outpatient	
17.3333*	(2) Hospital Outpatient	

(2 was different from 4, but not 1 or 3)

Table 8
Correlation Coefficients

Total Score on the OSHNS by:

(1) Coworkers	=	0.06
(2) Administration	=	0.65
(3) Doctor-Nurse Relationships	=	0.48
(4) Usefulness of Counselor	=	-0.06
(5) Promotions	=	0.19
(6) Professional Status	=	0.23
(7) Total Scores on the JDI	=	0.16

Total Score on the JDI by:

(1) Coworkers	=	0.04
(2) Administration	=	0.13
(3) Doctor-Nurse Relationships	=	0.09
(4) Usefulness of a Counselor	=	0.27
(5) Promotions	=	0.61
(6) Professional Status	=	0.09
(7) Total Score on the OSHNS	=	0.16

credential indicates a somewhat different picture, however.

Registered nurses (N=141) listed their preferences in order as their schedule, the task requirements, coworkers, patients, and pay.

Licensed practical nurses (N=22) ranked, in order, their schedule, pay, the task requirements, coworkers, and the work environment.

The second item asked subjects to list, in order of importance, the five aspects of dialysis nursing liked least. One hundred fifty four subjects (90 percent) rank-ordered their least liked components as: (1) pay, (2) work schedule, (3) the administration of the facility, (4) the dialysis patients, and (5) the work environment. It is interesting to note, however, that ratings varied by ethnic origin, marital status, education, credential, and facility, with dissatisfaction with salary and benefits heading the list for Whites, R.N.'s, married subjects, L.P.N.'s, and subjects employed in limited care and hospital outpatient facilities. Single nurses and graduates of hospital nursing schools rated their work schedule and time off as their least liked job aspect. Subjects with Bachelor's degrees employed in hospital inpatient or self-care outpatient facilities ranked the administration's practices and policies as the least liked aspect, and included boredom, supervision, complaining patients, staff shortages, medical risks such as exposure to hepatitis, and coworkers among their least liked things about work.

Item three inquired as to what the subjects considered to be the five most important skills needed for dialysis nursing. One hundred fifty-nine (92.4 percent) subjects responded, ranking interpersonal skills as most important, followed by medical knowledge concerning

renal failure and body chemistries, basic nursing care skills, good venipuncture technique, and psychological skills such as empathy and basic counseling ability. The interpersonal skills category included such items as ability to communicate and express oneself, having a pleasant attitude, patience with patients, a caring nature, and an interest in helping others. Regardless of education, all subjects ranked interpersonal skills as most important. Subjects holding Bachelor's degrees followed interpersonal skills with behavioral observation skills, mechanical ability, psychological skills and medical knowledge, and venipuncture technique. Three of the four education categories included psychological skills such as basic counseling, understanding the psychological effects of dialysis, and dealing with stress, as one of the five most important skills.

Question four asked the subjects to identify what five skills they are lacking but would be useful in their work. Learning to cope with the death of patients was ranked first, followed by increased education in medical aspects of dialysis and renal failure, training in modifying the work environment, mechanical skills for working with equipment, and interpersonal skills to enhance the doctor-nurse relationships. Also mentioned in this question, although not skills, was an increase in professional status and pay, with 54 percent and 40 percent of the 119 subjects responding listing these categories.

One hundred twenty subjects ranked an increase in professional status, pay and benefits increases, work schedule and vacation times, a reduction in clerical work, and less involvement in social service tasks as the five aspects of work they would change to make dialysis nursing more satisfying.

The five aspects of dialysis nursing that cause stress were ranked by 118 subjects. Low professional status was rated as most stressful, followed in order by inadequate social service support, boredom, low pay, and work schedules.

The last question on the SQ asked the subjects to rate how useful the services of a psychologist or counselor help in dialysis nursing if such services were available to both patients and staff. One hundred sixty-four of the 172 subjects responded to this question, with 102 (62.2 percent) subjects rating such support as "very useful," 31 (18.9 percent) rating "somewhat useful," 20 (12.2 percent) stating they were "not sure," 7 (4.3 percent) as "limited usefulness," and 4 (2.4 percent) as "not useful." Thirty-seven subjects indicated that psychological services were currently available, with 35 stating that such services were "very useful." Frequency and percents for the SQ are presented in tabular form in Table 9.

Summary of Findings

Data from the Job Descriptive Index, the Occupational Satisfaction of Hospital Nurses Scales, the Demographic Information Sheet, and Summary Questionnaire were analyzed. Total scores and sub-scale scores were examined with the significance level set at .05. These data were analyzed based on the perceptions of nurses employed full-time in hemodialysis treatment centers. Summary tables and additional analyses of these data were presented, as well as a narrative description of the demographic characteristics, and summary questions.

Table 9
Frequency Data from Summary Questionnaire

I. Five Things Liked Most About Job Totals: N = 164 96.3%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Schedule	147	89.6
2. Task Requirements	118	72.0
3. Coworkers	87	53.0
4. Pay	53	32.3
5. Patients	51	31.1

By Credential

Registered Nurses Totals: N = 141 87.0%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Schedule	130	87.0
2. Task Requirements	104	69.0
3. Coworkers	74	49.0
4. Patients	42	29.8
5. Pay	39	27.7

Licensed Practical Nurses Totals: N = 22 13.0%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Schedule	15	71.0
2. Pay	14	66.6
3. Task Requirements	12	57.0
4. Coworkers	11	52.0
5. Environment	10	45.5

Table 9 - Continued

II. Five Things Liked Least About Job Totals: N = 154 89.5%

	<u>Ranking</u>	<u>N</u>	<u>%</u>
1.	Pay	67	43.5
2.	Schedule	66	42.9
3.	Administration	48	31.2
4.	Patients	46	29.9
5.	Environment	38	24.7

By Ethnic Origin

Blacks Totals: N = 10 62.5%

	<u>Ranking</u>	<u>N</u>	<u>%</u>
1.	Environment	8	80.0
2.	Doctor-Nurse Relations	6	60.0
3.	Schedule	5	50.0
4.			
5.			

Whites Totals: N = 123 91.8%

	<u>Ranking</u>	<u>N</u>	<u>%</u>
1.	Pay	56	46.0
2.	Schedule	52	42.3
3.	Administration	45	36.6
4.	Patients	36	29.3
5.	Tasks	29	23.6

Table 9 - Continued

By Marital Status

Single	N = 52	34%	
	<u>Ranking</u>	<u>N</u>	<u>%</u>
1.	Schedule	21	40.4
2.	Patients	18	34.6
3.	Administration	16	30.8
4.	Pay	14	26.9
5.	Task Requirements	12	23.1
	Environment	12	23.1
Married	N = 93	60%	
	<u>Ranking</u>	<u>N</u>	<u>%</u>
1.	Pay	52	55.9
2.	Schedule	40	43.0
3.	Patients	28	30.1
4.	Administration	26	27.9
5.	Task Requirements	21	22.6
	Environment	21	22.6

By Education

B.S.	N = 26	16.9%	
	<u>Ranking</u>	<u>N</u>	<u>%</u>
1.	Administration	14	33.8
2.	Boredom	7	26.9
3.	Supervision	6	23.1
4.	Environment	5	19.2
5.	Patients	5	19.2

Table 9 - Continued

A.S.	N = 56	36.4%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Pay	27	48.2
2. Schedule	24	42.9
3. Environment	20	35.7
4. Patients	19	33.9
5. Administration	18	32.1
Certificate	N = 55	35.7%
<u>Ranking</u>	<u>N</u>	
1. Schedule	28	
2. Pay	24	
3. Tasks	20	
4. Administration	15	
5. Coworkers	14	
Practical Nursing	N = 17	11.0%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Pay	10	58.8
2. Patients	8	47.1
3. Schedule	8	47.1
4. Doctor-Nurse	5	29.4
5.		

Table 9 - Continued

By Nursing Credential

Registered Nurse N = 135 88.2%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Pay	57	42.2
2. Schedule	56	41.5
3. Administration	47	34.8
4. Patients	38	28.2
5. Environment	35	25.9

Licensed Practical Nurse N = 18 11.8%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Pay	10	55.6
2. Patients	8	44.4
3. Doctor-Nurse	5	27.8
4.		
5.		

By Facility

Hospital Inpatient N = 8 8.0%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Administration	6	75.0
2. Staff Shortages	4	50.0
3. Schedule	4	50.0
4. Environment	4	50.0
5. Pay	3	37.5

Table 9 - Continued

Hospital Outpatient	N = 16	16.0%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Pay	7	43.8
2. Patients	5	31.3
3. Schedule	5	31.3
4.		
5.		
Limited Care Outpatient	N = 72	72.0%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Pay	35	48.6
2. Schedule	28	38.9
3. Patients	26	36.1
4. Administration	25	34.7
5. Supervision	16	22.2
Self-Care Outpatient	N = 4	4.0%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Administration	4	100.0
2. Task Requirements	2	50.0
3. Coworkers	2	50.0
4. Medical Risks	2	50.0
5.		

Table 9 - Continued

III. Five Most Important Skills for Job

Totals: N = 159 92.4%

<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Interpersonal Skills	130	81.8
2. Medical Knowledge	88	55.3
3. Nursing Skills	67	42.1
4. Venipuncture	58	36.5
5. Psychological Skills	54	34.0

By Education

Bachelor of Science	Associate of Science
1. Interpersonal Skills	1. Interpersonal Skills
2. Observation Skills	2. Medical Knowledge
3. Nursing Skills	3. Observation Skills
Mechanical Skills	4. Venipuncture
Psychological Skills	5. Mechanical Skills
4. Medical Knowledge	
5. Venipuncture	
Hospital Certificate	Graduate School of Practical Nursing
1. Interpersonal Skills	1. Interpersonal Skills
2. Nursing Skills	2. Medical Knowledge
3. Medical Knowledge	3. Venipuncture
4. Psychological Skills	4. Mechanical Skills
5. Venipuncture	5. Psychological Skills

Table 9 - Continued

IV. Five Skills Lacking But Useful

Totals:	N = 119	69.2%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Dealing with Patient Death	21	17.6
2. Medical Knowledge	20	16.8
3. Modify Environment	20	16.8
4. Mechanical Skills	15	12.6
5. Doctor-Nurse Relationships	11	9.2
(Professional Status)	64	53.8
(Pay)	47	39.5

V. Five Things to Change for More Satisfaction

Totals:	N = 120	69.8%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Professional Status	54	44.6
2. Pay	36	29.8
3. Schedule	35	28.9
4. Clerical Work	22	18.2
5. Social Service Work	17	14.0

VI. Five Things That Cause Stress on the Job

Totals:	N = 118	68.6%
<u>Ranking</u>	<u>N</u>	<u>%</u>
1. Professional Status	47	39.8
2. Social Services	44	37.3
3. Boredom	21	17.8
4. Pay	20	16.9
5. Schedule	19	16.1

Table 9 - Continued

VII. How useful would the services of a psychologist or counselor help in your job if these services were available to you and/or your patients?

Totals:	N = 164	95.5%
<u>Ranking</u>	<u>N</u>	<u>%</u>
Very Useful	102	62.2
Somewhat Useful	31	18.9
Not Sure	20	12.2
Limited Usefulness	7	4.3
Not Useful	4	2.4

CHAPTER V
DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Discussion

Four major hypotheses, stated in terms of the Job Descriptive Index, the Occupational Satisfaction of Hospital Nurses Scales, the Demographic Information Sheet, and the Summary Questionnaire, were addressed in this study. Three hundred forty participants were queried. The total number of participants responding was 172, 150 of which were registered nurses, and 22 of which were licensed practical nurses. All 172 participants responded to the JDI, SW, and OSHNS based on their perceptions of their like or dislike of different aspects of work, as well as their most important possessed skills, important skills lacking, aspects of work where change was desired, perceived stressors, and perceived efficacy of psychological or counseling services in the dialysis setting. A return rate of 69.4 percent was achieved from participating dialysis facilities, which has been shown to be acceptable (Ary, Jacobs, & Razavieh, 1972).

The majority of responses (50 percent) were returned from facilities with populations between six and ten nurses. Some responses (14.3 percent) were returned from facilities employing

between one and five nurses. Responses (25 percent) were also returned from units with between 11 and 15 nurses. Two units (7.1 percent) with between 16 and 20 nurses also participated in the study. Information regarding the representativeness of this sample was not available, however, there is no data suggesting that the sample was not representative of dialysis units in Florida.

Total Job Satisfaction Scores

The hypothesis that there would be no significant differences between male and female hemodialysis nurses' scores on the JDI and OSHNS was retained. Although the literature reviewed (Nichols, 1971) stated that males tended to stay in nursing longer than females and were more satisfied, no differences were discovered in the present study. The primary reason for this result may be the small number of male participants (N=6). Information about the number of male dialysis nurses was not available prior to the study, and the small number of male participants rendered statistical analysis of sex differences invalid. However, rather than state that no differences exist between male and female dialysis nurses, it is salient to state that differences were not demonstrated by this study.

The second hypothesis addressed the relationship between specific demographic variables and total job satisfaction scores. A main effect was found on the total satisfaction score of the OSHNS for ethnic origin. Tukey's HSD procedure indicated that participants of Hispanic origin scored significantly lower in total job satisfaction than subjects of Black, Oriental, or White origin. However, the small number of Hispanic subjects (N=9) may have affected these

results, minimizing the significance of this finding. The analysis of variance procedure assumes a normally distributed sample and this assumption was violated by having an unbalanced sample, generalizations regarding the occupational satisfaction of Hispanic dialysis nurses are unwise. No significant interactions were found for the total satisfaction score of the JDI.

Analysis of variance was performed on the subscales of both the OSHNS and JDI. A main effect was found on the Autonomy subscale of the OSHNS for ethnic origin indicating that White and Hispanic subjects scored significantly higher on this scale than Black subjects. A possible interpretation of this outcome is that Whites and Hispanics in this study have higher educational levels than Blacks, and may be given more decision-making responsibility. A main effect was also found on the Pay subscale of the OSHNS for ethnic origin. However, a one-way analysis of variance was performed, the results indicating that the main effect was not significant at the .05 significance level. A reasonable interpretation of this result is that the original main effect was a chance occurrence statistically, and that a more scrutinizing analysis bore out the truer probability.

The third hypothesis examined the relationship between total job satisfaction scores and certain environmental variables. Although no significant interaction was found for total scores of the JDI or OSHNS, main effects were found on two subscales. A main effect for type of facility was found in the Work subscale of the JDI, indicating that nurses employed in limited care outpatient facilities are more satisfied with their work-related tasks than nurses employed in

hospital outpatient units. One possible interpretation of this result is that there exists a difference in the nature of dialysis nursing between hospitals and limited care outpatient facilities. Hospitals being a more diverse medical facility have greater patient, and perhaps staff turnover, a factor shown to reduce satisfaction with work. Limited care outpatient facilities provide only dialysis related medical services and are operated in a more business-like fashion, with staff having set schedules for work and days off from treatment, stable patient caseloads, necessary equipment and support services on-premises, a smaller, centralized administration, and a lack of competition among specialty areas for priority funding or staffing. Hospital outpatient units usually handle hepatitis positive patients, increasing the medical risk to staff, and transient patients from other centers who may only dialyze once or twice at the hospital unit. Transient patients present a particular problem to dialysis staff as unfamiliarity with the patient's dialysis history requires the nurse to monitor their treatment more intently than a patient whose treatment history is familiar. Nurses working in limited care facilities have a set number of patients for whom they are primarily responsible, a clear hierarchy of supervisors, and administrators with greater accessibility than a nurse employed in a hospital who may have several supervisors and administrators who are concerned with not just dialysis but other specialized medical services. Finally, nurses employed in a hospital setting may have been assigned to outpatient dialysis due to manpower needs, opposed to a nurse employed in a limited care facility who chose to work in dialysis.

A main effect was found for the Pay subscale of the OSHNS by type of facility. Analysis of the results demonstrates that nurses employed in hospital outpatient units are more satisfied with their pay and benefits than nurses employed in self-care units. However, the small number of subjects employed in both areas limits the generalizability of this outcome. Whether real pay differences exist between the two groups is not known, although one would expect that differences, if any, would be slight. Rather it seems that the lower rating by the self-care nurses is more a reflection of the pay not being equal to the tasks involved. Self-care facilities in Florida appear to be few in number with only four nurses reporting it as their place of employment. Self-care units provide services for patients who have received training and are primarily responsible for their own dialysis. Some patients dialyze at home with a partner's assistance and come to the facility for supplies and check-ups. Other patients use the equipment of the self-care unit rather than dialyze at home, and utilize the nurse as their assistant. Many self-care patients also are employed and structure their dialysis around their working hours, often in the evenings and week-ends which requires the self-care nurse to be on call perhaps 24 hours a day, seven days a week. Although this kind of schedule may provide flexibility, planning activities can be difficult and are often interrupted. Possibly then it is these aspects of the work, the unpredictableness of hours and the medical and mechanical expertise required, that are being reflected on the low pay scale ratings of the self-care nurses.

The fourth hypothesis addressed the relationship between total scores on the dependent measures and subject's attitudes concerning coworkers and administrators, the quality of the professional relationship between physicians and nurses, the perceived value of a counselor in the dialysis setting, the perceived professional stature of nursing, and the opportunities for professional advancement in dialysis nursing. Only moderate correlations were identified for Administration (.65) and Promotions (.61), and essentially no correlation existed between the two dependent measures, the OSHNS and JDI. Two possible explanations may account for the lack of significance of these results. First, there may not exist a relationship between job satisfaction of dialysis nurses and these variables. However, these findings are inconsistent with previous research on job satisfaction. Blum and Naylor (1968) found that feelings toward coworkers was a factor in job satisfaction. Stamps, Piedmont, Slavitt, and Haase (1978) identified professional status and social contact as significant determiners of positive affective responses towards work. Godfrey (1978a, 1978b, 1978c) identified team spirit, administrative support, and opportunity for advancement among the characteristics of satisfied nurses. Unless dialysis nurses are a separate professional entity, such extreme differences between observed and expected attitudes would not be anticipated.

A second possible explanation, and perhaps the salient of the two, is that the dependent measures utilized in the study, the JDI and the OSHNS, were not sensitive to the dynamics of occupational satisfaction of the sample population and, therefore, were unable to

measure attitudes belonging to the subject sample. Although the JDI has been traditionally an efficacious means of assessing occupational satisfaction, and has been utilized in several studies of nurses' occupational satisfaction (Boyd, 1976; Brief et al., 1978; Smith, 1976), only one main effect on one subscale was identified and no correlations between total scores and the demographic or Summary Questionnaire items were established.

The OSHNS was specifically designed to assess positive affective responses to work among nursing professionals and was chosen for use in the present study for that reason. Developed following considerable item analysis, pilot testing, and refining, the OSHNS appeared to be a promising tool for measuring the degree of satisfaction derived from nursing. Despite the promising appearance and statistical support for using the instrument, results of the present study raise questions regarding further empirical use with dialysis nurses.

Summary Questionnaire

Results of the SQ were discussed in Chapter IV, yet further explanation and interpretation of the data appears necessary. Several points of interest relating to the appropriateness of counseling and psychological services in the dialysis setting exist. Thirty-one percent of the subjects responding to the SQ selected their patients as one of the five most-liked aspects of dialysis care, yet an almost equal number (29.9 percent) stated that the patients were a least-liked aspect of dialysis care. McMinn (1979) and Dickerson (1980) have addressed the issue of burnout among dialysis professionals and cite an apathetic, depersonalized attitude towards patients as a

major indicator of burnout. A review of Table 9 also points to patients as a least-liked work aspect among single, married, R.N.'s, L.P.N.'s, all educational levels, and for nurses employed in the two largest types of facilities. It would seem then that dialysis nurses are faced with a considerable burnout factor. Perhaps a recognition of the burnout issue by dialysis nurses is reflected by the participants of the present study choosing interpersonal skills, such as assertiveness training or other communications education, and psychological skills such as peer counseling, psychological aspects of chronic illness, and death education, as one of the important skills for the job.

Another indication of burnout among the subject sample is found in job-related stress factors. An experienced decreased professional status perceived by 40 percent of the subjects is indicative of burnout, as one experiences professional recognition waning the incentive to perform at a peak level subsides as well. Another indication of burnout is seen when examining the most-liked aspects of dialysis nursing. Ninety percent (N=147) of the subjects rated their work and vacation schedule as the most liked aspect of the job. The challenging nature of the tasks involved placed second, perhaps implying that although dialysis nurses enjoy the tasks involved with the job, the hours they must perform them and the time the nurses can leave the tasks behind is primarily important.

Finally, when asked to rate how useful the services of a psychologist or counselor would help patients and/or staff in the dialysis setting, 81 percent of the participants responded that such services

would be "somewhat" or "very" useful. This recognition by the study participants of the value and need for counseling and psychological services lends support to the interpretation that dialysis nurses are experiencing burnout which may impact negatively on their job satisfaction. Also, counselor educators need to become more actively involved in the medical profession, by understanding the psychological problems of chronic-care professionals and extending their skills, experience, and knowledge of treatment of related problems to this professional domain.

Implications

The findings of this study would lend support to the following implications:

1. Job satisfaction, as measured by the OSHNS, was found to be significantly related to the ethnic origin of the nurse.
2. Autonomy, or decision-making ability, as measured by the OSHNS, was found to be significantly related to the ethnic origin of those whose perceptions were surveyed.
3. Positive affective responses to the general nature of dialysis nursing and the financial rewards may significantly relate to the type of facility where those surveyed are employed.
4. Burnout, and a loss of concern for the people with whom and for whom one is working, is experienced by dialysis nurses and effects the degree to which they are satisfied with nursing.

Conclusions

Male and female dialysis nurses in the State of Florida were surveyed on four instruments; the JDI, the OSHNS, the DIQ, and the SQ. The data from these instruments tend to support the conclusion that significant differences in perceived occupational satisfaction and autonomy on the basis of ethnic origin, work characteristics and pay, on the basis of dialysis facility type, exist. These data lead to the support of three of the four stated hypotheses. Significant differences were found on the Total Satisfaction Score and Autonomy subscale of the OSHNS on the basis of ethnic origin and the Work and Pay subscales based on type of employing facility.

Differences found concerning the DIQ and SQ information were found in all areas. Differences in age, marital status, number of dependents, education, shift, nursing credential, sex, number of nurses, patients, and doctors, and experience appeared to be minor with the major differences in the areas of ethnic origin and type of facility where employed. One cannot conclude from this study that significant differences exist based on sex of the nurse, or demographic variables. Nor can one conclude from the results that such differences do not exist.

Recommendations

1. Studies comparing male and female dialysis nurses' affective responses to work, educational and demographic backgrounds, perceptions of the work environment, and behaviors, should be conducted in other states.

2. Further studies examining recruitment, employment, and advancement of minority group practices in the field of dialysis nursing should be conducted.

3. Current preservice educational programs preparing individuals for roles in the field of nursing, and inservice programs addressing professional burnout among nurses should be reviewed.

4. Further studies towards validating the use of occupational satisfaction instruments with dialysis nurses, addressing the quality of patient-nurse, physician-nurse, and nurse-nurse interaction, routineness of tasks, and professional autonomy, should be conducted.

5. Counselors and counselor educators should explore the medical setting, particularly dialysis facilities, for future professional growth and interaction.

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APPENDIX A
DEMOGRAPHIC INFORMATION QUESTIONNAIRE

Directions: Please answer all of the following questions. All answers will be kept confidential.

A. Biographic Information

- (1) Date of Birth: Year _____ Month _____
- (2) Sex (M or F): _____
- (3) Ethnic origin (check one):
Black ___ Oriental ___ Hispanic ___ White ___ Other ___
- (4) Marital Status (check one):
Single ___ Married ___ Separated ___ Widowed ___
- (5) Number of dependents: _____

B. Educational Training and Nursing Experience

- (1) Place a check next to the appropriate description of your educational training.
- a. Bachelor of Science in Nursing _____
- b. Associate of Science in Nursing _____
- c. Graduate of a hospital school of nursing _____
- d. Graduate of a school of practical nursing _____
- e. Other (describe) _____

(2) Place a check next to the appropriate nursing credential that you hold.

- a. RN (Registered Nurse) _____
- b. LPN (Licensed Practical Nurse) _____
- c. Other (please describe) _____

(3) Total number of years experience in nursing: _____

(4) Total number of years experience in dialysis nursing: _____

(5) Number of years experience at current job: _____

C. Demographic Information

(1) Place a check next to the appropriate description of your dialysis facility.

- a. Hospital/inpatient dialysis _____
- b. Hospital/outpatient dialysis _____
- c. Limited-care outpatient dialysis unit _____
- d. Self-care outpatient dialysis unit _____
- e. Other (please describe) _____
- f. Provides one or more of above _____

D. Employment Information

(1) I am employed: full time _____ part time _____

(2) What is the total number of nurses including full and part time, employed in your dialysis facility? _____

(3) Place a check next to the nursing shift on which you are currently working. Mornings (6 a.m. - 2 p.m.) _____
 Afternoons (2 p.m. - 10 p.m.) _____ Nights (10 p.m. - 6 a.m.) _____ Other (please list) _____

- (4) What is the total number of dialysis patients served by your facility? _____
- (5) State the number of patients that you are directly responsible for dialysis care: _____
- (6) State the number of physicians affiliated with your dialysis unit: _____

APPENDIX B
SUMMARY QUESTIONNAIRE

DIRECTIONS: Please answer all of the following questions. Your answers will be held in strictest confidence. Feel free to write additional comments on the back.

1. List in order of importance five things you like most about your present job.
 - a.
 - b.
 - c.
 - d.
 - e.

2. List in order of importance five things you like least about your present job.
 - a.
 - b.
 - c.
 - d.
 - e.

3. List in order of importance five skills you need most in your present job.
 - a.
 - b.
 - c.
 - d.
 - e.

4. List in order of importance five skills other than those you already possess, which would be appropriate for your job.
 - a.
 - b.
 - c.
 - d.
 - e.

5. List in order of importance five things you would change in your present job which would make your work more satisfying.
 - a.
 - b.
 - c.
 - d.
 - e.

6. List up to five things that cause you to feel stress or pressure in your job.
 - a.
 - b.
 - c.
 - d.
 - e.

7. How useful would the services of a psychologist or counselor help in your job if these services were available to you and/or your patients? (Circle one) (If already available, how useful are these services?)
 - a. very useful
 - b. somewhat useful
 - c. not sure
 - d. limited usefulness
 - e. not at all useful

Return to: Jay Mulkerne
6101 N.W. 30th Terrace
Gainesville, FL 32601

APPENDIX C
JOB DESCRIPTIVE INDEX

Please place a "Y" beside an item if the item describes the particular aspect of your job. Place an "N" beside an item if the item does not describe that aspect. Also, place a "?" if you cannot decide.

- | WORK | PAY |
|--|--|
| <input type="checkbox"/> Fascinating | <input type="checkbox"/> Income adequate for normal expenses |
| <input type="checkbox"/> Routine | <input type="checkbox"/> Satisfactory profit sharing |
| <input type="checkbox"/> Satisfying | <input type="checkbox"/> Barely live on income |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Bad |
| <input type="checkbox"/> Good | <input type="checkbox"/> Income provides luxuries |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Respected | <input type="checkbox"/> Less than I deserve |
| <input type="checkbox"/> Hot | <input type="checkbox"/> Highly Paid |
| <input type="checkbox"/> Pleasant | <input type="checkbox"/> Underpaid |
| <input type="checkbox"/> Useful | |
| <input type="checkbox"/> Tiresome | |
| <input type="checkbox"/> Healthful | |
| <input type="checkbox"/> Challenging | |
| <input type="checkbox"/> On your feet | |
| <input type="checkbox"/> Frustrating | |
| <input type="checkbox"/> Simple | |
| <input type="checkbox"/> Endless | |
| <input type="checkbox"/> Gives sense of accomplishment | |

PROMOTIONS

- Good opportunity for advancement
- Opportunity somewhat limited
- Promotion on ability
- Dead-end job
- Good chance for promotion
- Unfair promotion policy
- Infrequent promotions
- regular promotions
- Fairly good chance for promotion

CO-WORKERS

- Stimulating
- Boring
- Slow
- Ambitious
- Stupid
- Responsible
- Fast
- Intelligent
- Easy to make enemies
- Talk too much
- Smart
- Lazy
- Unpleasant
- No privacy
- Active
- Narrow interests
- Loyal
- Hard to meet

SUPERVISION

- Asks my advice
- Hard to please
- Praises good work
- Tactful
- Influential
- Up-to-date
- Doesn't supervise enough
- Quick tempered
- Tells me where I stand
- Annoying
- Stubborn
- Knows job well
- Bad
- Intelligent
- Leaves me own my own
- Lazy
- Around when needed

APPENDIX D

OCCUPATIONAL SATISFACTION SCALE FOR NURSES

Please place a check if you agree, disagree, or are undecided next to each statement. A = Agree; D = Disagree; and U = Undecided.

- | | <u>A</u> | <u>D</u> | <u>U</u> |
|---|----------|----------|----------|
| 1. My present salary is satisfactory. | ___ | ___ | ___ |
| 2. Excluding myself, it is my impression that a lot of nursing service personnel at this hospital are dissatisfied with their pay. | ___ | ___ | ___ |
| 3. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable. | ___ | ___ | ___ |
| 4. The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory. | ___ | ___ | ___ |
| 5. It is possible, at this hospital, for some nursing service personnel to get better pay because of "favoritism" or "knowing somebody in the right place." | ___ | ___ | ___ |
| 6. From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid. | ___ | ___ | ___ |
| 7. The only way that nursing personnel at this hospital will ever get a decent pay schedule will be to organize and, if necessary, strike. | ___ | ___ | ___ |
| 8. Considering the high cost of hospital care, every effort should be made to hold nursing personnel salaries about where they are, or at least not to increase them substantially. | ___ | ___ | ___ |
| 9. An upgrading of pay schedules for nursing personnel is needed at this hospital. | ___ | ___ | ___ |

- | | <u>A</u> | <u>D</u> | <u>U</u> |
|--|----------|----------|----------|
| 10. When I'm at work in this hospital, the time generally goes by quickly. | ___ | ___ | ___ |
| 11. Even if I could make more money in another hospital nursing situation, I am more satisfied here because of the working conditions. | ___ | ___ | ___ |
| 12. There is no doubt whatever in my mind that what I do on my job is really important. | ___ | ___ | ___ |
| 13. I am satisfied with the types of activities that I do on my job. | ___ | ___ | ___ |
| 14. What I do on my job doesn't add up to anything really significant. | ___ | ___ | ___ |
| 15. It makes me proud to talk to other people about what I do on my job. | ___ | ___ | ___ |
| 16. If I had the decision to make all over again, I still go into nursing. | ___ | ___ | ___ |
| 17. My particular job really doesn't require much skill or "know-how." | ___ | ___ | ___ |
| 18. The nursing personnel on my service don't hesitate to pitch in and help one another out when things get in a rush. | ___ | ___ | ___ |
| 19. New employees are not quickly made to "feel at home" on my unit. | ___ | ___ | ___ |
| 20. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service. | ___ | ___ | ___ |
| 21. The nursing personnel on my service are not as and outgoing as I would like. | ___ | ___ | ___ |
| 22. There is a lot of "rank consciousness" on my unit; nursing personnel seldom mingle with others of lower rank. | ___ | ___ | ___ |
| 23. The nursing personnel on my service don't often act like "one big happy family." | ___ | ___ | ___ |
| 24. Nursing personnel at this hospital do a lot of bickering and back-biting. | ___ | ___ | ___ |
| 25. There is too much clerical and "paper work" required of nursing personnel in this hospital. | ___ | ___ | ___ |

- | | <u>A</u> | <u>D</u> | <u>U</u> |
|---|----------|----------|----------|
| 26. I think I could do a better job if I didn't have so much to do all the time. | ___ | ___ | ___ |
| 27. The amount of time I must spend on administration ("paper") work on my service is reasonable and I'm sure that patients don't suffer because of it. | ___ | ___ | ___ |
| 28. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel. | ___ | ___ | ___ |
| 29. I don't spend as much time as I'd like to taking care of patients directly. | ___ | ___ | ___ |
| 30. I could deliver much better care if I had more time with each patient. | ___ | ___ | ___ |
| 31. It's my general impression that most of the nursing staff at this hospital really like the way work is organized and done. | ___ | ___ | ___ |
| 32. There is a great gap between the administration of this hospital and the daily problems of the nursing service. | ___ | ___ | ___ |
| 33. There are plenty of opportunities for advancement of nursing personnel at this hospital. | ___ | ___ | ___ |
| 34. There is ample opportunity for nursing staff to participate in the administration decision making process. | ___ | ___ | ___ |
| 35. There is no doubt that this hospital cares a good deal about the welfare of its employees, nursing personnel included. | ___ | ___ | ___ |
| 36. Administrative decisions at this hospital interfere too much with patient care. | ___ | ___ | ___ |
| 37. I have the feeling that this hospital in general- and my service too-is not organized with the needs of patients given top priority. | ___ | ___ | ___ |
| 38. I'm generally satisfied with the way nursing work is organized and gets done at this hospital. | ___ | ___ | ___ |
| 39. I have all the voice in planning policies and procedures for this hospital and my unit that I want. | ___ | ___ | ___ |

- | | <u>A</u> | <u>D</u> | <u>U</u> |
|--|----------|----------|----------|
| 40. The nursing administrators generally consult with the staff on daily problems and procedures. | ___ | ___ | ___ |
| 41. Physicians in general don't cooperate with the nursing staff on my unit. | ___ | ___ | ___ |
| 42. There is a lot of teamwork between nurses and doctors on my unit. | ___ | ___ | ___ |
| 43. Physicians at this hospital generally understand and appreciate what the nursing staff does. | ___ | ___ | ___ |
| 44. I feel that I am supervised more closely than I need to be, and more closely than I want to be. | ___ | ___ | ___ |
| 45. I sometimes feel that I have too many bosses who tell me conflicting things. | ___ | ___ | ___ |
| 46. On my service, my supervisors make all the decisions, I have little direct control over my own work. | ___ | ___ | ___ |
| 47. I am sometimes required to do things on my job that are against my better professional nursing judgment. | ___ | ___ | ___ |
| 48. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up. | ___ | ___ | ___ |

APPENDIX E

LETTER OF REQUEST FOR PARTICIPATION

6101 N.W. 30th Terrace
Gainesville, FL 32601
(904) 378-1819

June 10, 1980

Dear

I am a doctoral student in the Department of Counselor Education at the University of Florida. For part of my research, I am requesting your cooperation and assistance in collecting the data for my dissertation.

This research focuses on the investigation of job satisfaction among nurses employed in dialysis units in the State of Florida. I have been working with dialysis nurses and patients in Gainesville for over a year which has led me to pursue this topic. In order to obtain the information for my study, your help is being requested with regard to the following:

- (1) granting permission for the nurses employed in your dialysis unit to participate in the study on a voluntary basis, and
- (2) designating someone, perhaps yourself, as an appropriate person to distribute to and collect information packets from the full-time nurses.

These packets include one copy each of a cover letter with instructions and four instruments to be completed: Job Description Index, Occupational Satisfaction of Nurses Scale, Summary Questionnaire, and Demographic Information Sheet. The total time to complete the packets is approximately 30 minutes. Each packet is to be returned in a sealed envelope to insure anonymity.

This research project has been approved by the Department of Counselor Education at the University of Florida and the Florida E.S.R.D. Network 19. If you have any questions about the study, please feel free to communicate with me at the above address or with Dr. Gordon Finlayson, M.D., at the North Florida Kidney Center, 6685 N.W. 9th Blvd., Gainesville, Florida.

If you are personally not able to help me, it would be appreciated if you could designate someone to distribute and collect these packets.

A postcard is enclosed for your return response. Your return of this postcard within the next seven days will be appreciated. Thank you for your time and cooperation.

Sincerely,

Jay Mulkerne
Doctoral Candidate
Counselor Education
University of Florida

APPENDIX G

LETTER REQUESTING DISTRIBUTION OF PACKETS

6101 N.W. 30th Terrace
Gainesville, FL 32601
(904) 378-1819

Dear

Your name was submitted to me by your dialysis unit as the person who would be able to help with distribution, collection, and return mailing of the following:

_____ packets (each containing a cover letter with instructions, two job satisfaction questionnaires, a summary questionnaire, and a demographic information sheet for _____ nurses in your hemodialysis treatment unit.

If possible, please distribute, administer, and collect these packets in groups. These packets will take no more than thirty (30) minutes to complete. All collected information will be held in strict confidence to assure the anonymity of the nurses.

When you have collected all the completed packets, please return them to me in the enclosed postage paid envelope. I would appreciate your returning the packets within seven days. Thank you for your time and cooperation. If you have any questions, please telephone me, collect, at (904) 378-1819.

Sincerely,

Jay Mulkerne
Doctoral Candidate
Counselor Education
University of Florida

APPENDIX H
COVER LETTER

6101 N.W. 30th Terrace
Gainesville, FL 32601
(904) 378-1819

June 10, 1980

Dear Dialysis Nurse:

I am collecting information for a study investigating job satisfaction of nurses employed in hemodialysis treatment centers in the State of Florida. I would like to request your cooperation in completing the attached instruments. These questionnaires will be anonymous, so please do not write your name on them.

Participation is completely voluntary. If for any reason you would prefer not to participate in this study, please return the uncompleted packet in the envelope provided. Your answers to the questionnaires will be strictly confidential and will be used for statistical purposes only, so do not discuss your answers with others.

Please open the packet and complete each of the four questionnaires. After you have finished, please them in the envelope, seal it, and return it to the person who gave it to you within 24 hours.

Thank you for your time and cooperation.

Sincerely,

Jay Mulkerne
Doctoral Candidate
Counselor Education
University of Florida

BIOGRAPHICAL SKETCH

Donald James Dennis Mulkerne, Jr. is the son of Dr. and Mrs. Donald J. D. Mulkerne of Delmar, New York. He received his Bachelor of Science degree in education from State University of New York at Plattsburgh in May, 1973. After a short tour in the United States Navy Aviation Officer Candidate School in Pensacola, Florida, he attended Bowling Green State University (Ohio) where he received his Master of Education degree in the area of Guidance and Counseling in August, 1975. After two years as a family counselor for the Board of Mental Health and Retardation in Toledo, Ohio, he began his doctoral studies in counselor education in September, 1977, at the University of Florida.

During his doctoral studies, Mr. Mulkerne was invited to teach in the Career Associate in Special Education Program at Sante Fe Community College, where he also provided inservice education courses for the Department of Health and Rehabilitative Services. He has also taught in the psychology department, where he received a research assistantship, and participated in several grant-related training programs. He is a member of numerous professional organizations, has been invited to present programs at both the state and national levels, and has published several articles in professional journals.

Mr. Mulkerne has five years experience in the areas of school, mental health, rehabilitative, and family counseling. He is currently a counselor for the School Board of Alachua County, and is the Research Program Coordinator of a grant from the Department of Health and Rehabilitative Services and Children's Medical Services through Shands Teaching Hospital.

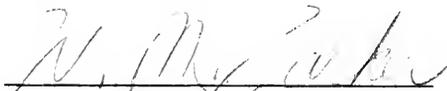
Mr. Mulkerne is presently residing in Gainesville, Florida.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



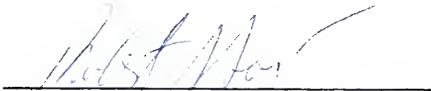
Ellen S. Amatea, Chairperson
Assistant Professor of Counselor
Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Woodroe M. Parker
Assistant Professor of Counselor
Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Robert S. Soar
Professor of Foundations of
Education

This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December 1980

Dean, Graduate School

UNIVERSITY OF FLORIDA



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