1992

Job satisfaction and turnover of the newly employed nurse

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Job satisfaction and turnover of the newly employed nurse

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San Jose State University, 1992

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JOB SATISFACTION AND TURNOVER
OF THE NEWLY EMPLOYED NURSE

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

in Partial Fulfillment
of the Requirements for the Degree
Master of Science in Nursing

By

Suzanne Taylor

August, 1992

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ABSTRACT

JOB SATISFACTION AND TURNOVER OF THE NEWLY EMPLOYED NURSE

by Suzanne L. Taylor

The first year is a critical period for newly employed nurses in relation to job satisfaction and turnover. Differences in job satisfaction and turnover between newly employed and experienced nurses in one university medical center were examined.

Significant differences were found in job satisfaction with the McCloskey Reward/Satisfaction Survey. Newly employed nurses were found to be more satisfied with their perceived control and responsibility than experienced nurses ($p = .01$). A significant difference was found in the satisfaction subscale, interaction opportunities, across specialty regions ($p = 0.0023$).

Turnover was found to be significantly higher with newly employed nurses (34.51%) than experienced nurses (11.56). An unexpected finding was the high rate of turnover in nurses employed from 4 - 5 years (30.75%). Nursing implications include development of strategies to increase satisfaction and retain nurses during the first and the 4 - 5 year tenure.

ACKNOWLEDGEMENT

To Michael

with loving gratitude

for his continual support, patience and assistance

allowing this thesis

to become a reality.

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Chapter 1

INTRODUCTION

Satisfied employees are more productive and more likely to remain in their jobs (Williams, 1990). The first six months are a critical period for the newly employed registered nurse (R.N.) in relation to job satisfaction and turnover. While there is research on nursing job satisfaction, few studies have measured job satisfaction and turnover during the first year of employment (McCloskey & McCain, 1987).

A special advisory commission was appointed in 1988 by the Department of Health and Human Resources. This commission was appointed to study the national nursing shortage and develop recommendations. One of the commission's principle recommendations was that institutions should focus on strategies to increase retention of nurses already present in the work force (Wise, 1990).

A persistent and critical nursing shortage continues to exist in the nation (RN Special Advisory Committee, 1990). The shortage presents an immediate and significant threat to the health of the nation. An inadequate supply of nurses and the inappropriate use of nurses jeopardizes the availability of quality healthcare to society. The nursing shortage must be viewed along with the continuing change in health care

delivery. The changing health care system will impact the issues of recruitment, retention and utilization of registered nurses. The expected nursing shortage, along with the budgetary constraints facing hospitals today, emphasizes the importance of developing strategies to retain nurses currently employed and reduce costly turnover (R.N. Special Advisory Committee, 1990).

Statement of the Problem

Even though the National League of Nursing reports that the RN vacancy rates have dropped to their lowest point in 5 years, another shortage is forecast by the year 2000. For example, the average age of a staff nurse in California is 43. The average age of students entering nursing programs ranges from 27 to the mid-30s. Nurses usually retire between the ages of 50 - 55, which means there may be an exodus of experienced nurses at the turn of the century (Gray, 1992).

The problem is more complex than just identifying the number of nurses and the number of vacancies. The adequacy of nursing resources is influenced by three factors: (a) nursing supply, (b) need for nursing services, and (c) demand for nursing services. Quantifying the demand for nursing services is difficult because of the fragmented and inconsistent data. The magnitude of the shortage is underestimated because the nursing supply requirements have been based on models of

projected need, not on public demand (R.N. Special Advisory Committee, 1990).

The present nursing shortage is primarily driven by an increasing demand for nurses. The demand is greater than the profession's ability to supply the nurses because of: the growing aging population, advances in medical technology, and the escalating human immunodeficiency virus (HIV) epidemic. These factors have contributed to patients who are sicker and have shorter hospital stays (Fernandez, Brennan, Alvarez, & Duffy, 1990).

The American Hospital Association and American Nurses' Association (1990) also identified areas in the health care delivery system that have increased demands on nursing. The acute care hospital is no longer the primary focus of health care delivery. The surge in home care and outpatient services has increased the demand for nursing in diversified areas. The increasingly complex growth in medical technology will continue to result in increased demands on nursing time. Improved technology, advanced treatment regimens, and other advances have increased the life span of individuals.

McCloskey's and McCain's 1987 study of newly employed nurses found a decline in satisfaction, commitment, and professionalism during the first six months of work. Coeling (1990) addressed the difficult

adjustment of new graduate nurses into the organizational or work group culture. She reported that 24% of nursing graduates seek a new job six to nine months after passing the state board exams for licensure.

Reality shock may be one explanation for the adjustment problem of new graduates (Coeling, 1990). As defined by Kramer (1974), reality shock is the total social, physical, and emotional response of an individual to the unexpected or undesired. Kramer (1974) proposed that reality shock influences graduate nurses to become dissatisfied and withdraw from the work environment.

Reality shock, though used to describe new graduate nurses, could be applied to the experiences of newly employed nurses. These nurses experience a transition period as they move through the honeymoon phase, shock and rejection phase, and finally the resolution phase of reality shock. Management experts have identified a source of rapid turnover of new employees as their failure to adjust to the new organizational culture (Coeling, 1990).

Steers and Porter (1975) found strong evidence that overall job satisfaction represents an important force in the employee's decision to resign. Turnover is an individual choice behavior and the focus of analysis should be the individual as the primary unit. At the individual

level, satisfaction is the most frequently studied variable in relation to turnover (Mobley, Griffeth, Hand, & Meglino, 1979).

Purpose and Need

The purpose of this study was to examine and expand the understanding of job satisfaction and turnover of nurses during the first year of employment. Job satisfaction and turnover are critical issues for hospitals because studies estimate that between 35% and 67% of nurses leave the profession yearly (Kennedy, Camden, & Timmerman, 1990). Voluntary turnover accounts for 75% of the nursing resignations. The direct and indirect costs of replacing an R.N. in a hospital are estimated at \$19,000. This estimate includes, but is not limited to, recruitment, orientation and termination costs, along with loss of productivity (Kennedy, Camden, & Timmerman, 1990).

This study is significant to nursing because the results may enable nursing administration to evaluate areas of high and low job satisfaction. By assessing job satisfaction and tracking demographics of newly employed nurses, strategies can be developed to increase job satisfaction in hopes of reducing turnover in newly employed nurses.

Research Questions

This study focused on the differences in job satisfaction and turnover between newly employed and experienced nurses at one

institution. Comparisons of job satisfaction of the newly employed nurse versus the experienced nurse will be discussed. Turnover rates and differences in satisfaction within the nursing regions will also be presented. The specific questions addressed in this study were:

1. Were there differences in job satisfaction between newly employed nurses and experienced nurses?
2. Were there differences in turnover between newly employed and experienced nurses?
3. Were there differences in job satisfaction between newly employed and experienced nurses in the specialty units?

Definition of Terms

The following operational definitions apply to this study:

Job Satisfaction: the degree of positive affective orientation toward employment.

Turnover: the voluntary resignation of the nurse from the hospital.

Newly employed nurse: a registered nurse who has worked in the hospital one year or less.

Experienced nurse: a registered nurse who has worked in the hospital more than one year.

Region: the clinical units which are related by types of patients.

Research Design

A non-experimental descriptive retrospective design was used to answer the research questions on job satisfaction. A secondary analysis of existing survey data was used to obtain the job satisfaction information. Specifically, the McCloskey Reward/Satisfaction Scale Survey (Appendix A) had been used to obtain information regarding the degree and areas of job satisfaction of registered staff nurses. The items were based on Maslow's (1970) theory of hierarchy of needs and were categorized as either safety rewards (security needs), social rewards (need to belong) or psychological rewards (self-esteem and self-actualization needs). The survey had 33 Likert-type scaled items that were rated on a 1-5 scale (very dissatisfied to very satisfied).

A descriptive historical design was used to answer the research questions regarding turnover. Monthly turnover reports, obtained from the Department of Nursing at the same university hospital, were reviewed. A researcher developed tool was used to categorize the data on turnover. The data represented a 1 year time frame, 4 months before and 8 months after the survey. The data were categorized by specialty nursing units and length of employment (Appendix B).

Scope and Limitations

The first limitation was that the job satisfaction and turnover data were not directly matched. The data were from a similar period of time. The satisfaction data were anonymous and could not be correlated with the same nurses who resigned.

A second limitation was organizational bias; only one hospital was being used for this study. The projections identified from the results represent this particular institution and may not be generalized to other institutions.

Another limitation may be that those nurses who were most satisfied or most dissatisfied did not complete or return the job satisfaction survey. There may be a proclivity for socially desirable answers. To increase validity of answers, anonymity and confidentiality were guaranteed to the nurses completing the questionnaire (LoBiondo-Wood & Haber, 1986).

Regarding turnover rates, the assumption is that the resignation dates listed in the staffing records are accurate and authentic. The resignation information is obtained from the nurse manager. One employee is assigned to document the information on the primary resignation records kept in the nursing office. The use of existing records may be subject to bias, authenticity and accuracy (LoBiondo-Wood &

Haber, 1986). The validity of measures to study the turnover phenomenon is questionable. Distinctions are not often clear whether the instances of turnover are controllable or uncontrollable (Wise, 1990).

A factor which may skew the results is the move of the pediatric units to a new children's hospital during the study's time period. This move may have been a strong factor in dissatisfaction or satisfaction and turnover.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Conceptual Framework

Maslow's theory of human motivation was the conceptual base used to assess job satisfaction of registered nurses in this study (Maslow, 1970). A second framework was necessary to define and evaluate the components of turnover among nurses. Victor Vroom's expectancy theory of motivation was used to define and evaluate the component of turnover among nurses (Vroom, 1964).

Maslow's Theory

Maslow's theory consists of two fundamental premises which can be applied to this research. Maslow's first premise views the human being as a wanting animal who is motivated to satisfy specific needs. The five need categories which are pursued by individuals with varying intensities are the following: (a) physiological, (b) safety, (c) belongingness and love, (d) esteem, (e) self-actualization (Steers & Porter, 1975). The job satisfaction survey used in this study was based on Maslow's categories. For the survey, the need categories were combined into three reward groups: safety rewards (physiological and security needs), social rewards (belongingness and love needs) and psychological rewards

(self-esteem and self-actualization needs). Maslow's second premise, according to Steers and Porter (1975), emphasizes that needs are universal across most populations and are arranged in a hierarchy. For example, once the lower level needs are satisfied, the individual moves up the hierarchy of needs, satisfying the next need, one level at a time. Individuals are motivated to satisfy the need which is viewed by the individual as most important at that particular time. Therefore, the strength of any need is determined by two factors: (a) the need's position in the hierarchy, and (b) the degree of satisfaction of needs.

The McCloskey and Mueller Job Satisfaction Survey used for this study includes questions based on Maslow's hierarchy of needs theory. For example, the basic or security needs are addressed in questions concerned with salary, benefits, and hours worked. An individual's need for a sense of belonging is represented by the questions related to opportunities for social contact at work and after work, opportunities to belong to hospital committees, and interaction with nursing professionals in the community. Esteem needs are represented by questions concerned with amount of encouragement, positive feedback, and recognition from peers and superiors.

Self-actualization is the highest level. Maslow (1970) discusses the discontent and restlessness which occurs if the individual is not in an

environment which allows one's attributes and talents to be used.

Questions categorized in this area are control over work environment, participation in organizational decision making, and opportunities to write or publish.

Two classifications of the motivational models which this study addresses are the universal and the environmental theories. Universal theories focus on an individual's internal force, and environmental theories shift to external factors in the environment that contribute to behavior. Maslow's theory is universal, based on the individual's set of needs in a predetermined hierarchy (Maslow, 1970).

Vroom's Theory

Vroom (1964) combined the universal and environmental theories to develop a model called the expectancy theory. Vroom's model describes how individuals develop preferences and make choices. Wise (1990) states that a dissatisfied employee may engage in patterns of withdrawal behavior that progress to termination. For instance, a dissatisfied employee may decide to reduce a full time schedule to part time. The manager may then notice a decrease in the employee's work efficiency which may then be followed by the employee's resignation.

Vroom's theory proposed that job satisfaction and withdrawal are consistent with the expectancy theory of motivation. For instance,

employees who are highly attracted to their jobs are motivated to remain in their jobs, demonstrated by increased tenure and higher rates of attendance. He reported a consistent negative relationship between job satisfaction and the tendency to leave (Steers & Porter, 1975).

Vroom (1964) hypothesized that the greater the satisfaction, the stronger the force becomes to remain on the job. Thus, the probability of the individual leaving the job is reduced if the individual is satisfied.

Vroom asserted that the hypothesis can be tested by determining: (a) if the same conditions are associated with measures of turnover as associated with measures of satisfaction, or (b) if measures of satisfaction are related to measures of turnover (Vroom, 1964). Vroom's model implies that job satisfaction could be related to the strength of the force on the individual to remain in the job. Vroom's theory consists of three major concepts: valence, expectancy, and force.

Concept of Valence

Vroom assumes that an individual has preferences among outcomes. A valence can range from positive to negative values. An outcome has a positive valence when the individual prefers to attain the outcome and a negative valence when attaining the outcome is not desired. At any time there may be a discrepancy between the

anticipated satisfaction (its valence) and the actual satisfaction provided (its value).

There are many outcomes which are positively or negatively valent. The individual, though, may not anticipate these outcomes to be satisfying or dissatisfying. Thus, the strength of an individual's desire or aversion to outcomes is based on the anticipated satisfaction or dissatisfaction associated with second-level outcomes, rather than the intrinsic values of the first-level outcome. For instance, an individual may perform the job effectively because of the second-level outcome of an expected promotion or raise in salary (Vroom, 1964).

Concept of Expectancy

Decision-making situations involve some element of risk which may determine the choices an individual will make. When an individual chooses between alternatives which involve uncertain outcomes, one's behavior is affected by the probability that these outcomes will occur. These beliefs are referred to as expectancies.

Vroom (1964) defines expectancy as a momentary belief concerning the probability that a particular act leads to a particular first-level outcome. An expectancy may be described as possessing maximal strength, indicated by subjective certainty that the act will be followed by

the outcome. However, minimal strength is indicated by subjective certainty that the act will not be followed by the outcome.

Concept of Force

Individual behavior is the result of a field of forces, each of which has direction and magnitude. The force on an individual to perform an act is the product of all outcomes. It is also the strength of one's expectancies that the act will be followed by the attainment of these outcomes (Vroom, 1964).

Vroom's concepts may be related to satisfaction and turnover of nurses. If the expectations of a job are not being met, a first-level outcome is not occurring. Eventually, if outcomes are not met, withdrawal behaviors may begin to occur. According to McCloskey and McCain (1987), changes in satisfaction are a result of the discrepancy between expectations of the new job and the actual experiences in the job. In regard to new graduates, Kramer (1975) found that reaction to the disparity between expectations and reality are so strong at times, that the individual cannot persevere in the work environment.

Review of Literature

The research reviewed focused on the following areas: job satisfaction, turnover, the adjustment of newly employed nurses to the work environment, and strategies to increase job satisfaction. Discussion

of magnet hospitals and the nursing shortage will also be addressed in this section.

Job Satisfaction

A recent descriptive survey study suggested that organizational climate, the psychological atmosphere of the work place, affects job satisfaction of health care workers (Gillies, Franklin, & Child, 1990). The four climate factors of responsibility, warmth, support and identity were found to positively influence nurses's job satisfaction.

Blegen and Mueller (1987) found that nurses were most satisfied if the following elements were present in their job: opportunities for promotion, non-routine tasks, rewards for work, and day shift rotations. Their study tested a multivariate causal model of the effects of a set of variables on job satisfaction. Job satisfaction was defined as the extent of positive orientation toward the job and measured as overall job satisfaction. The concept of job satisfaction focused on the individual's feelings, not behavior toward the job.

Initially, researchers assumed job satisfaction was primarily determined by the employee's pay level. Then the Hawthorne studies (Homans, 1941) suggested that group interaction was the most important factor. In 1954 Maslow developed the theory of a hierarchy of human needs. He postulated that physical, social, and psychological needs

must be met before an employee could experience satisfaction through work (Maslow, 1970). Following Maslow, Herzberg stated that an employee's fulfillment of only the higher-order needs (social, psychological, and self-actualization) was a determinate of satisfaction (Gillies, Franklin, & Child, 1990; Herzberg, Mausner, & Snyderman, 1964).

McCloskey and McCain (1987) reported two factors that affect a decrease in satisfaction. One factor is the lack of recognition from the head nurse. The other is the lack of encouragement and positive feedback received from the head nurse.

Mantel (1990) noted that a direct and positive relationship was found between staff nurses' motivation, work performance, job satisfaction, and the influence of the unit's head nurse. Mantel proposed that a continuous counseling and evaluation system by the head nurse can promote motivation, and ultimately satisfaction. Mantel's findings indicated that employees will perform only as well as their head nurse's expectation of their performance. The overall atmosphere is created by the head nurse, and the most significant factor in positive employee relations was found to be the work atmosphere (Mantel, 1990).

Mantel's 1990 study examined the counseling and evaluation systems on five units in one military hospital. Nursing units with the

most continuous counseling and evaluation system by head nurses demonstrated a higher degree of satisfaction. The study suggested that educational programs in communication and counseling for new head nurses are essential in creating a successful counseling and evaluation system. Limitations to Mantel's study were the small sample size and the organizational bias of using only one hospital.

Prescott and Bowen (1987) compared factors reported by nurses who resigned and nurses who stayed on the job. The following factors were reported by resigned nurses as influencing their decision to resign, and by working staff nurses as inadequate factors in their present positions: (a) increased workload, (b) less time with patients, (c) lack of promotional opportunities, (d) decreased respect by nursing administration, (e) inflexible scheduling, (f) inadequate staffing, and (g) low salary.

In their review of satisfaction and turnover studies, Wakefield, Curry, Price, Mueller and McCloskey (1988) compared job satisfaction, organizational commitment, and turnover on different nursing specialty units. They categorized the units by specialty and labor-intensity (staff/patient ratios). Satisfaction was higher in critical care (labor-intensive category), but commitment and turnover did not differ significantly. Emergency units had higher levels of satisfaction than

medical and surgical units. Turnover was found to be higher on medical units than surgical units.

Turnover

Turnover, the voluntary resignation of an employee, is a complex sociological phenomenon. It is difficult to investigate all the reasons why nurses leave a place of employment (Wise, 1990). Job autonomy, job satisfaction, intent to leave and turnover are a sequence which may reflect the process of a nurse's decision to resign (Weisman, Alexander & Chase, 1981). Weisman et al. (1981) identified determinants of staff nurse turnover at two university hospitals. They found: (a) shorter tenure and a greater number of outside job searches predicted resignation, (b) job satisfaction had a direct effect on the nurse's intent to leave, (c) autonomy predicted job satisfaction, and (d) the responsiveness of the head nurse predicted autonomy.

Wise (1990) analyzed turnover and developed a model that illustrated three stages of withdrawal behavior. In the first stage, job stress and negative feelings were experienced by the employee. These factors were measured with job satisfaction surveys and attitude scales. In stage two, work attendance decreased, followed by tardiness, single-day duration absences and job searching behaviors. Stage three refers to a nurse's extended withdrawal from work and eventual resignation.

Alternate withdrawal behaviors may precede or even compete with turnover as a response to factors within an organization (Wise, 1990).

Steers and Porter (1975) proposed four categories in an organization which affect turnover. Organizational-wide factors were variables that affected the individual by external events or persons, which included pay, promotion and policies. A second category was the immediate work environment, which included supervisory style, work unit size, and peer group interaction.

The third category was job content, defined as the duties and activities required for the successful performance of an individual's job. Such job requirements represent a vehicle for personal fulfillment and satisfaction or a continual source of frustration and dissatisfaction. Factors included under job content are task repetitiveness, role clarity, and job autonomy. Characteristics unique to the individual encompass the fourth category, which include age, tenure with organization, personality, and family. Therefore, according to Steers and Porter (1975), the major facets of turnover are widespread throughout the organizational structure.

Seybolt's (1986) model of work-role design proposed that at various career stages or tenure, different facets of work were critical in the prediction of job satisfaction and premature turnover. Dissatisfaction

has a strong influence on turnover, but the single most important predictor of turnover was the intention to resign (Seybolt, 1986).

Researchers have found a number of methodological problems in predicting turnover, including lack of conceptual clarity, subject classification, and the study of only one withdrawal behavior at a time (Wise, 1990). Wise noted that problems of conceptual clarity relate to the many attitudinal variables such as organizational commitment, or met expectations, which are complex concepts to understand. The uncertainty of the concepts being understood may affect the validity of the measures.

Problems of subject classification dealt with the difficulty in identifying voluntary turnover versus involuntary turnover. Mobley et al. (1979) noted that precise definitions of voluntary turnover are either not given or differ across studies. For example, one study incorporated pregnancy as voluntary turnover and another excluded pregnancy.

Another problem was the limited research on alternate forms of withdrawal: absenteeism, tardiness, decreased job performance, or internal transfers. The focus had been on how these behaviors predict turnover, rather than investigating the possibility of these behaviors as alternatives to turnover (Wise, 1990).

Abelson (1986) dismissed the assumption that all turnover is bad. His study, though not empirically based, differentiated between functional and dysfunctional turnover. The study proposed that the emphasis should be placed on decreasing turnover of those nurses who were valuable to the institution. Those nurses who were functioning poorly were dysfunctional to the institution and should be prompted to leave. Turnover can be beneficial for an institution when nurses are hired who are high performers, bringing new ideas to the organization (Abelson, 1986).

Steers and Porter (1975) also questioned that the reduction in all turnover is desirable. From an organization's view, the departure of ineffective performers would open positions for better performers. The cost of losing an effective employee is greater than the loss of an ineffective one. A clear distinction between effective and ineffective employees is an important factor.

Newly Employed Nurses

McCloskey and McCain's (1987) study found that nurses in the first six months of employment reported decreased job satisfaction, decreased organizational commitment, and decreased professionalism. Changes in satisfaction are a result of the discrepancy between expectation of the new job, and the actual experience or reality of the

job. They proposed that decreased satisfaction and commitment at 6 months affected turnover. They noted that turnover rates were highest in the first 7 - 15 month time period, indicating that decreased satisfaction and job commitment at the 6 month point did affect nursing turnover. Their results suggest that management needs to assess the initial expectations of the newly hired nurse. Those expectations need to be met, or a clear explanation of the job expectations should be communicated to the new nurse.

Kramer (1974) found that the new graduate discovers school values conflict with work values. Student nurses graduate with high professional values, but lose these values when they begin practicing in the work environment. A source of turnover in new graduate nurses is their failure to adjust to the organization's culture (Coeling, 1990). Organizational culture refers to the work group personality, consisting of rules established by the group members which describe typical ways an employee acts in a particular work setting. Work group rules are inferred rather than verbally articulated or written in policy form for new employees. High numbers of new graduates in various career fields leave their jobs during the first 18 months. Nursing graduates were found to leave their jobs 6-9 months after passing their state licensure exam (Coeling, 1990).

Coeling (1990) proposed that new graduates may successfully adjust to their work situation by understanding the organizational culture of the hospital or specific unit where they choose to work. Assessing a work group enables new graduates to choose the unit most appropriate for them. Enabling new graduates to make this choice will allow them to control their situation, which may lead to satisfaction (Coeling, 1990). In contrast, Prescott and Bowen (1987) found that new graduate nurses were not at a higher risk than experienced nurses to resign. In their study, only 9% of the nurses who left, as compared to 39% of those who remained on the job, were new graduates.

Seybolt (1986) found that employees who have worked less than 6 months are in the orientation phase and are somewhat overwhelmed by the work demands. This group needs continual feedback to feel confident they are performing well. The 6 months to 1 year employees are focusing on the payoffs for their performance. The relationship between satisfaction and turnover is the strongest and most critical for employees during their first year of employment. If members of this group are dissatisfied, they tend to resign. This group is often left alone to flounder, not yet respected as part of the team. Feedback and payoff are most critical at this point (Seybolt, 1986).

Strategies

During the present economic climate, it is important for nurse managers to retain as many nurses as possible. The following strategies may assist managers to increase the satisfaction of their nurses and decrease the turnover rates.

Gillies et al. (1990) offer strategies to support a work environment high in the following areas: (a) increase responsibility by using participatory management, (b) increase warmth with relationship-oriented leadership style and individual nurse coaching by managers, (c) increase support by forming nurse support groups, and (d) increase team identity by decreasing the use of agency nurses and floating nurses to other units. Considering the importance of autonomy as a determinate of job satisfaction, Weisman et al. (1981) suggested that administration investigate ways that nurses may exercise more control and responsibility in their job.

Educational classes for new managers should focus on skills of communicating encouragement to their staff nurses, giving feedback, and recognizing their nurses' attributes. This support will result in more effective managers and enhanced staff nurse job satisfaction (Mantel, 1990).

Seybolt (1986) recommended examination of work-related attitudes of employees, according to their career stage. One strategy was to focus on the turnover intentions and deal with the highest turnover groups. By examining the factors which predict dissatisfaction, it is then possible to design programs to deal with those dissatisfaction factors.

Magnet Hospitals

The study in 1983 by the American Academy of Nursing's Task Force on Nursing Practice identified successful strategies and programs used at hospitals that attract and retain well-qualified nurses. These hospitals, referred to as magnet hospitals, have many commonalities in the areas of administration, professional practice, and professional development. The information is reported as staff nurses' perceptions of the conditions that make a hospital a desirable place to work (McClure, Poulin, Sovie, & Wandelt, 1983).

Magnet hospitals practice participative management, and staff nurses are involved at all levels in committee work and program development. The communication from administration to the staff is an open network, allowing the nurses to be well informed of the issues taking place at the administrative level (McClure, et al. 1983). Administration's personnel policies in regard to hours of work and

opportunities for promotion were found to be especially important for the retention of nurses. One important factor for attracting and retaining nurses is the work schedule, including creative and flexible scheduling to accommodate the personal lives of nurses. Another factor is the promotional opportunities for nurses with the development of clinical ladders to reward clinical expertise by title and salary increases.

In the area of professional practice, nurses in magnet hospitals believed they were providing quality patient care. Even though a variety of patient care practice models were used in magnet hospitals, all the models gave the nurses responsibility for the care of their patients. Nurses view themselves as being accountable for their own practice. Nurses in magnet hospitals had a positive image of nursing. Nurses viewed themselves as professionally competent, valued, and respected.

In relation to professional development, magnet hospitals focused on education, emphasizing personnel growth and development. Employers were perceived as promoting and supporting educational opportunities. For example, orientation was considered to positively influence retention. The introduction of work responsibilities gradually in orientation, and having preceptors serve as role models were highly valued by the nurses. Following orientation, inservices and continuing education programs were viewed as essential. Formal education was

supported through tuition reimbursement, scholarships, flexible scheduling, and leaves of absence. The focus on education was viewed as an essential component to improving quality nursing care (McClure, et al. 1983).

Nursing Shortage

The R.N. Special Advisory Committee (1990) recommended focusing on three areas to meet the immediate and future needs for nursing in the California health care system: (a) maximize the current supply of nurses, (b) assure a future supply of nurses, and (c) correct problems in nursing education and practice. The committee believed that the problem of nurse retention can be addressed by improving work conditions and utilization of registered nurses currently in the work force. Immediate solutions with long-term benefits are: (a) increase participation of nurses in administrative decisions, (b) assure adequate staffing to provide safe and effective care, and (c) compensate nurses by recognizing levels of expertise to limit withdrawal from workforce.

The nursing shortage poses a critical threat to the quality of nursing care for the public. As health care continues to reorganize, nurses have a vital role in providing services that improve accessibility and availability of quality health care to the public (R.N. Special Advisory

Committee, 1990). The Committee believes that the effective use and appropriate recognition of registered nurses will assist with the present and future nursing shortage.

Summary

Both Maslow and Vroom's theories are related to this study. Maslow's two premises of motivation theory support the information obtained regarding the degree of job satisfaction. A newly employed nurse is attracted to a particular institution if the nurse perceives the job will offer and continue to reinforce the satisfaction of needs. Maslow proposed that one need must be met before progressing to a higher-level need (Steers & Porter, 1975). The satisfaction survey in this study incorporated questions representing Maslow's levels of needs. Vroom proposed that job satisfaction and withdrawal are consistent with the expectancy theory (Steers & Porter, 1975). If the expectations of a job and the outcomes are not met, dissatisfaction and withdrawal may occur. Turnover is a complex phenomenon with a sequence of events usually leading to a nurse's decision to resign. Numerous studies show a direct effect of job satisfaction on turnover (Wise, 1990). Three studies (Coeling, 1990; Kramer, 1975; McCloskey & McCain, 1987) addressed the problems new graduates encounter with a new job: (a) discrepancies between expectations and reality of the job, (b) school

values conflicting with work values, and (c) failure to adjust to organizational culture. Comparisons were made between the similar adjustment problems of newly employed and new graduate nurses.

In the concluding sections, studies that focused on strategies to assist managers to increase satisfaction and retention of nurses were discussed. A discussion of magnet hospitals and the nursing shortage were also addressed. During the present economic climate and pending nursing shortage, it is imperative for institutions to retain as many nurses as possible to: (a) decrease the cost of hiring and orienting nurses, and (b) anticipate the upcoming nursing shortage by assuring the nurses currently employed will choose to remain (R.N. Special Advisory Committee, 1990).

Chapter 3

METHODOLOGY

The purpose of this study was to investigate differences between newly employed and experienced nurses in their: (a) overall job satisfaction, (b) job satisfaction within specialty units, and (c) overall turnover at one university hospital. The independent variables were the newly employed nurse, the experienced nurse, and the specialty units. The dependent variables were job satisfaction and turnover. Job satisfaction data were obtained through a secondary analysis of the results of a job satisfaction survey completed in January of 1991. The sample, procedure, and instrument used in the original survey will be discussed first. Then the procedure for the secondary analysis of job satisfaction will be presented. Finally, the method for the study of turnover will be presented.

Research Design

A secondary analysis of existing survey data was used to obtain information on job satisfaction and length of employment of nurses. A descriptive design was used for obtaining data related to nursing turnover.

Sample and Setting

Job Satisfaction

The setting was one 600 bed university hospital located in the San Francisco Bay Area. Volunteers from the Department of Nursing were solicited to participate in a job satisfaction survey study in January of 1991 (Appendix A). A final sample of 1053 employees in the Department of Nursing responded to the survey, with an overall return rate of 51% and an R.N. staff nurse return rate of 67%. The entire sample consisted of various positions in the nursing department: (a) staff nurses, (b) nurse managers, (c) nurse educators, (d) licensed vocational nurses, (e) nursing assistants, (f) technicians, (g) secretarial staff, and (h) social workers.

The secondary analysis sample consisted of 705 registered staff nurses who responded to the original job satisfaction survey in January 1991. Of the 705 staff nurses, 620 were experienced and 85 were newly hired. Excluded from the study were exempt nurses, non-registered nurses, and non-nursing staff. The return rate for staff nurses was 67%.

Turnover

The sample used for the turnover data included newly hired ($n=39$) and experienced ($n=112$) registered staff nurses who resigned

during the 12 month time period of October 1, 1990 through September 30, 1991 ($N=151$). Excluded from this sample were exempt nurses, non-registered nurses, and non-nursing staff. Those nurses whose resignation was involuntary were also excluded. For example, involuntary turnover included retirement, termination by management, promotion to exempt status, or illness. The setting was the same university hospital, but the time period ranged from 4 months before to 8 months after the survey.

Procedure

Job Satisfaction

Approval for the study was granted by the university hospital's panel on Human Subjects in Medical Research in December of 1990. Approval for the 1992 study of job satisfaction and turnover was granted from the hospital's Department of Nursing. San Jose State University's Human Subjects-Institutional Review Board reviewed and approved the request for exemption from Human Subjects Review (Appendix C).

Job satisfaction surveys were distributed to all staff in the Department of Nursing by the nurse manager from each nursing unit. The staff were informed by a written introductory explanation on the survey form that completion of the job satisfaction survey implied their consent. The explanation stated that participation was completely

voluntary, and individuals would not be personally identified. Envelopes which could be sealed were enclosed with the survey. Special envelopes for depositing the surveys were located on the nursing units and in the Department of Unit Services. To increase the survey return rate, a prize was offered to the unit with the highest return rate.

The secondary analysis data for job satisfaction of registered staff nurses were obtained from the original sample of all nursing department employees. The surveys were coded by number only, and individual nurses could not be identified.

Turnover

The turnover data were tracked through a retrospective review over a 12 month period from October 1, 1990 to September 30, 1991. Existing nursing resignation data previously collected by the Nursing Department were analyzed. The data were obtained from monthly resignation records in the Unit Services Department of the Department of Nursing.

The data were recorded by the researcher after October, 1991 on researcher designed forms categorized by the length of employment and specialty units (Appendix B). The nurses' names were deleted from the resignation records. The data was confidential and could not be traced to individual nurses.

Measurement

Job Satisfaction

The McCloskey/Mueller Satisfaction Scale was used to identify the rewards that keep nurses on the job, based on Maslow's hierarchy of needs (Appendix A). The scale was designed to measure three theoretical dimensions: (a) safety and security rewards (potential against threat), (b) social rewards (need to belong), and (c) psychological rewards (autonomy, recognition, responsibility). Examples of items in the safety dimension were scheduled shift, salary, and benefits. The social dimension included opportunities for social contact at work, interaction with professionals in the community, and interaction with physicians and supervisors. Examples in the psychological dimension were recognition of work, control over work conditions, opportunities to write and publish, and participation in organizational decision making. Until McCloskey's Survey Instrument, no easy-to-use and validated measure specifically designed to assess the job satisfaction of nurses existed (Mueller & McCloskey, 1990).

The questionnaire had 33 Likert-type scaled items with 5-point Likert response categories used to measure each of the items: (5) very satisfied, (4) moderately satisfied, (3) neither satisfied nor dissatisfied, (2) moderately dissatisfied, and (1) very dissatisfied. The scale has 31

items which are clustered to capture eight dimensions of satisfaction.

These subscales are categorized as: (a) extrinsic rewards, (b) scheduling, (c) family/work balance, (d) co-workers, (e) interaction opportunities, (f) professional opportunities, (g) praise and recognition, and (h) control and responsibility (Mueller & McCloskey, 1990). The subscales with the related survey question items for each subscale are listed in Appendix D.

The instrument may be used for new and experienced nurses working primarily in a hospital setting. Mueller and McCloskey (1990) suggest that the instrument is valuable for assessing levels of satisfaction or comparing satisfaction levels by unit, and for studies where satisfaction is one of the explanatory variables used in the study of turnover. Fourteen questions related to demographics and hospital specific issues were added to the instrument when the survey was conducted.

The instrument has established reliability. Mueller and McCloskey (1990) reported Chronbach alphas for each of the eight subscales ranged from .52 to .84. The global scale, which combined all 31 items from the eight subscales, had an alpha of .89. Four of the subscales had alphas of .70 or higher and the three subscales with fewer than four items had lower reliabilities. The test-retest correlations based on the

smaller number of nurses who responded to the same item 6 months later were consistently at the same level or lower than the alphas (.08 to .67) and were satisfactory. Construct validity was demonstrated by the use of confirmatory factor analysis of the original three dimensions (Mueller & McCloskey, 1990).

Exploratory factor analysis resulted in the creation of the eight subscales. The subscales were assessed by identifying correlations between characteristics from the Job Characteristics Inventory and intent to stay with the job. Moderate positive correlations were found for the expected relationships which demonstrated construct validity (Mueller & McCloskey, 1990).

Criterion-related validity was also found with the McCloskey & Mueller Satisfaction Scale. The subscales were correlated with the Brayfield-Rothe General Job Satisfaction Scale and with subscales from Hackman and Oldham's Job Diagnostic Survey (JDS), (Mueller & McCloskey, 1990). Subscale correlations ranged from .53 to .75, which indicate criterion-related validity. Correlation of the overall scale with the Brayfield-Rothe was .41 and with the JDS was .56. These results indicate the McCloskey & Mueller Satisfaction Scale may be a more valid measurement of nursing satisfaction than other scales not designed for nurses (Mueller & McCloskey, 1990).

Turnover

The data for analyzing turnover was reviewed for a 12 month time period ($N=151$). Optimally, the time frame for the data analyzed should be the 12 months following distribution of the job satisfaction survey. At the time of the study, the only available turnover data were the 8 months following the survey. Thus, the 4 months prior to the survey were also used. Turnover data was categorized by length of employment and specialty units.

Analysis of Data

Job Satisfaction

Independent t -tests were employed to describe the differences between newly employed and experienced nurses' job satisfaction as related to each survey question. The t -test was also used to analyze the differences in the eight job satisfaction subscales. The t -test is a measurement of statistical significance used to test whether the difference between two independent group means is more than expected by chance (LoBiondo-Wood & Haber, 1986).

Analysis of variance (ANOVA) was utilized to test for the significant differences between the eight subscales across the specialty units. The comparison of eight groups supports the use of ANOVA, which is not restricted to two group situations as the t -test. The means

and standard deviations were also employed to analyze the differences in satisfaction of the subscale, interaction, across specialty units. The standard deviation is a measure of average deviation of the scores from the mean and is reported along with the mean (LoBiondo-Wood & Haber, 1986). Means and standard deviations were used to describe demographic characteristics of staff nurses.

Turnover

The percent of turnover was calculated by the number of resignations in each category of "length of employment" by the number of staff nurses who completed the satisfaction survey. The chi-square statistic was used to describe the differences in turnover among newly employed and experienced nurses by years of tenure.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

This chapter presents the results of the analyses of the data collected from the job satisfaction survey and the resignation records of newly employed and experienced nurses. The purpose of this study was to investigate the differences between newly employed nurses and experienced nurses in their: (a) overall job satisfaction, (b) job satisfaction within specialty units, and (c) overall turnover at one university hospital. Characteristics of the sample and differences in job satisfaction and turnover of newly employed and experienced nurses are described in the following sections. Tabulations of data are presented in Tables 1-5.

Characteristics of the Sample

A profile of the sample was compiled from the demographic questions on the job satisfaction survey. The final sample was composed of 705 staff nurses: 85 newly employed and 620 experienced nurses. Frequencies and percentages were used to describe the demographics of the sample.

Staff Nurses

The age range of staff nurses was 22 to 64, with the mean age of 40 years. The total work experience as a nurse in order of frequency was: 10 years ($\underline{n} = 59$, 8.5%), followed by 7 years ($\underline{n} = 44$, 6.3%), 3 years ($\underline{n} = 41$, 5.9%) and 15 years ($\underline{n} = 37$, 5.3%). Length of employment at the study hospital by frequency was: 2 years ($\underline{n} = 96$, 13.9%), represented the largest group, followed by 3 years ($\underline{n} = 67$, 9.7%), 10 years ($\underline{n} = 64$, 9.2%), and 4 years ($\underline{n} = 63$, 9.1%).

The most frequently worked shifts were the 8 hour day shift ($\underline{n} = 127$, 19.2%), followed by the 8 hour rotation of all 3 shifts ($\underline{n} = 117$, 17.7%) and the 12 hour day shift ($\underline{n} = 106$, 16.0%). The least worked shift by the staff nurse sample was the 10 hour shift ($\underline{n} = 22$, 3.3%). Approximately 1/4 of the nurses who worked at the study hospital also worked for another hospital ($\underline{n} = 182$, 26.4 %).

The highest level of education obtained by staff nurses from baccalaureate to master's degrees in order of frequency was: baccalaureate in nursing ($\underline{n} = 350$, 50.4%), baccalaureate in another field ($\underline{n} = 48$, 6.9%), masters in another field ($\underline{n} = 35$, 5.0%), and masters in nursing ($\underline{n} = 30$, 4.3%). The remaining 35% were nurses with an associate or diploma degree. The nurses who were interested in earning

a higher degree were reported higher ($n = 396$, 57.9%) in contrast to nurses not interested in a higher degree ($n = 287$, 42.0%).

Results of Job Satisfaction Items

The survey questions asked respondents to rank each question item. The questionnaire had 5-point Likert response categories used to measure each of the items: (5) very satisfied, (4) moderately satisfied, (3) neither satisfied nor dissatisfied, (2) moderately dissatisfied, and (1) very dissatisfied. T -tests measured the differences between the new and experienced nurse's levels of job satisfaction on the 33 item job satisfaction survey.

The study revealed that 26 out of the 33 t -tests were not statistically significant. Seven of the 33 items were found to be statistically significant (Table 1). The experienced nurses were more satisfied in the areas of salary, vacation, opportunities to work the desired shift, opportunities to work part-time, and nursing peers. Newly employed nurses were more satisfied with participation in organizational decision making, and support services for patient care.

Job Satisfaction Subscales

McCloskey/Mueller Satisfaction Scale (MMSS) clustered 31 variables of the survey into 8 subscales of satisfaction: (a) satisfaction with extrinsic rewards, (b) scheduling, (c) family/work balance, (d) co-

Table 1

Significant Differences Between Experienced and Newly
Employed Nurses Job Satisfaction (N=705)

Satisfaction Survey Item	Group	<u>n</u>	Mean	SD	<u>t</u>	<u>p</u>
Salary	E	616	3.79	.93	2.12	.03*
	N	83	3.57	.87		
Vacation	E	599	3.94	1.00	2.51	.01*
	N	81	3.65	.97		
Opportunity for desired shift	E	615	3.85	1.29	2.18	.03*
	N	84	3.52	1.28		
Part-time work opportunity	E	584	4.10	.96	3.04	.00**
	N	70	3.74	.75		
Nursing peers	E	617	4.30	.71	2.30	.02*
	N	84	4.10	.91		
Participation organization decision making	E	608	2.72	1.14	-2.28	.02*
	N	80	3.01	1.03		
Support service for patient care	E	609	2.96	1.06	-2.73	.00**
	N	84	3.33	1.17		

Note. All nonsignificant findings were omitted. E = experienced nurse; N = new employed nurse. Numbers do not sum to 705 because of missing data.

*p < .05 **p < .01

workers, (e) interaction, (f) professional opportunities, (g) praise/recognition, and (i) control/responsibility.

The differences in the satisfaction subscales of experienced and newly employed nurses were analyzed using the *t*-test statistic. The only subscale that showed a statistically significant difference was the subscale for control/responsibility ($t = -2.59$, $p = .01$). Newly employed nurses were more satisfied with their perceived control and responsibility than experienced nurses (Table 2). The specific items on the survey related to control and responsibility were: opportunities for career advancement, recognition for work by superiors, control over work conditions, participation in organizational decision making, and support services for patient care.

Results of Subscales Across Specialty Units

The nursing units were categorized into 11 regions. The 8 subscales were analyzed using analysis of variance to determine differences in job satisfaction subscales across the regions. The only significant finding was for interaction opportunities subscale ($p = 0.0023$). This subscale relates to the variables: social contact at work, social contact with colleagues after work, interaction professionally with other disciplines, and interaction with nursing professionals in the community.

Table 2

Differences in Satisfaction Subscales Between Experienced and Newly Employed Nurses (N=704)

Subscale	Group	<u>n</u>	Mean	SD	<u>t</u>	<u>p</u>
Extrinsic Rewards	E	620	3.79	.78	1.44	.15
	N	84	3.67	.70		
Scheduling	E	620	3.61	.84	1.48	.13
	N	84	3.47	.81		
Family/Work Balance	E	620	3.82	.70	1.77	.07
	N	84	3.69	.61		
Co-workers	E	620	3.73	.82	-.53	.59
	N	84	3.78	.75		
Interaction	E	620	3.35	.73	-.48	.62
	N	84	3.39	.75		
Professional Opportunities	E	620	3.23	.73	.27	.78
	N	84	3.21	.70		
Praise/Recognition	E	620	3.56	.69	.66	.50
	N	84	3.50	.80		
Control/Responsibility	E	620	2.94	.86	-2.58	.01*
	N	84	3.18	.78		

Note. E = experienced nurses; N = newly employed nurses.

*p < .05

Results of Interaction Subscale

The regions demonstrating the highest satisfaction with interaction opportunities were: Ambulatory Treatment Unit ($\underline{M}$ = 3.77), Pediatric/Perinatal region ($\underline{M}$ = 3.46), and Critical Care region ($\underline{M}$ = 3.45). The regions with the lowest satisfaction in the interaction subscale were: the Dialysis Center ($\underline{M}$ = 2.8), the Operating Room ($\underline{M}$ = 3.1), and the Emergency Department ($\underline{M}$ = 3.1) (see Table 3).

Results of Turnover Among

Newly Employed and Experienced Nurses

There were two "length of employment" categories that disclosed the highest percent of turnover (Table 4). An expected finding was the high turnover in the 0 - 1 year category (28.72%). An unexpected finding was the high rate of turnover in the 4 - 5 year category (30.75%). The turnover in the remaining categories was between 5.07% and 18.51%.

The chi-square analysis, applying Yates correction ($v=1$), of turnover between newly employed and experienced nurses revealed a significant difference between the two groups, chi-square = 42.44, $p < .001$ (Table 5). The percent of turnover of newly hired nurses was higher at 34.51% than experienced nurses at 11.56%.

Table 3

Differences in Satisfaction of Interaction Subscale Across Specialty Regions (n=705)

Region	<u>n</u>	<u>M</u>	SD
Critical Care	208	3.45	.68
Pediatric/Perinatal	172	3.46	.69
Emergency	16	3.14	.50
Medical	82	3.28	.73
Surgical	65	3.35	.65
Operating Room	71	3.06	.79
Psychiatric	21	3.29	.99
Dialysis	9	2.86	1.09
Ambulatory Treatment	13	3.77	.71
Research (CRCA)	4	3.43	.47
Home Care	6	2.95	.91

Note. Numbers do not sum to 705 because of missing data.

In Figure 1, turnover and overall job satisfaction were plotted by length of employment. Even though the data were not obtained from the same subjects, an interesting trend is noted. It may be possible to predict movement of the variables and forecast trends. Observations of the variables may describe trends about turnover and job satisfaction, which will be discussed further in Chapter 5.

Table 4

Staff Nurse Turnover Rate by Tenure (N=151)

Tenure (years)	<u>n</u>	% Turnover Rate
0 - 1	39	28.72
1 - 2	27	15.16
2 - 3	23	18.51
3 - 4	16	13.72
4 - 5	13	30.75
5 - 7	6	7.67
7 - 9	5	5.07
9 - 15	22	6.65

Table 5

Differences in Turnover Between Newly Hired and Experienced Nurses (N=1081)

Group	Stayed	Resigned	<u>n</u>	% turnover
New Hires	74	39	113	34
Experienced	856	112	968	11
Total	930	151	1081	

Note. Chi-square between the new hires and experienced nurses = 42.44, $p < .001$.

Figure 1: Nursing Job Satisfaction and Turnover by Length of Employment

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to examine and expand the understanding of job satisfaction and turnover of the newly employed staff nurse during the first year of employment. It is important, though, to assess the job satisfaction and turnover of both groups, newly employed and experienced nurses, enabling hospitals to develop strategies to retain staff nurses currently employed. Each group of nurses requires specialized strategies to address the issues of job satisfaction and turnover. The expected nursing shortage, along with the budgetary constraints facing hospitals today, emphasizes the importance of developing strategies now.

Conclusions Regarding Job Satisfaction

The findings of the study indicated that experienced nurses were more satisfied with salary than the newly employed nurses. Staff nurse promotions along with increased salary for the number of years employed account for increased salaries for experienced nurses, demonstrating a greater satisfaction with salary. Experienced nurses were also more satisfied than newly employed nurses with vacation time. An assumption may be that nurses with a longer tenure have

accumulated more vacation time than the newly employed nurse. The opportunity to work the desired shift found the experienced nurse to be more satisfied. Priority of shift preference is usually given to nurses by seniority, which infers that nurses who are working the shift they choose are more satisfied.

The opportunity for part-time work showed greater satisfaction with the experienced nurse. The findings indicate that experienced nurses work part-time. Newly employed nurses may desire or have to work full-time for the following reasons: (a) salaries of newly employed nurses are lower, (2) relocation costs may be an issue, and (3) full-time may be necessary for orientation. Experienced nurses have increased salaries by length of employment and promotions. For the experienced nurse part-time employment may be related to burn out, beginning a family, or returning to school. The seniority status of experienced nurses allows them first choice in work commitment. The study indicated that experienced nurses were more satisfied with nursing peer relationships. Experienced nurses may have had more time to develop relationships with peers than newly employed nurses.

Newly employed nurses were found to be more satisfied with participation in organizational decision making. Experienced nurses may have made recommendations to administration in the past, which may

not have occurred. Thus, the nurses may have become frustrated and ceased participation. Another explanation may be that newly employed nurses perceived or experienced a sense of recognition or acceptance when asked for their recommendations, leading to satisfaction.

There was a significant difference in newly employed and experienced nurses' satisfaction with patient support services. The newly employed nurses were more satisfied with patient support services. An interpretation may be that new nurses are impressed with the quality and quantity of support services at the institution in this study. In comparison, the support services for patients at a previously employed institution may not have been as inclusive.

A significant difference in the satisfaction subscales was found only in the area of control/responsibility. The newly employed nurse was more satisfied with their perceived control/responsibility. Reasons for greater satisfaction may be that newly employed nurses feel they have more opportunities for career advancement and recognition of their work by superiors. They have begun to participate in organizational decision making and may be optimistic about their future in the hospital. In contrast, newly employed nurses may not desire as much control or responsibility during their first year, especially if they are new graduates. The newly employed nurse may be satisfied with less control and

responsibility and are therefore satisfied with the amount given.

Experienced nurses may desire more control and responsibility, or perceive that their suggestions are not supported and are less satisfied.

The difference in subscales across regions resulted in a significant finding in the interaction subscale only. The highest satisfaction involving interaction was in the ambulatory treatment unit. The majority of nurses in this unit are experienced nurses who have transferred from other units in this study's hospital. Satisfaction with interaction may be supported by the established social contact at work of the nurses working together as a team and established peer relationships with colleagues after work. The lowest satisfaction with interaction scores were in the Operating Room, Dialysis Unit, and Home Care. The reasons may be that in these areas the nurses tend to work independently. The opportunities to work with and interact with colleagues are not frequent.

Conclusions Regarding Turnover

The results of this study indicate that newly employed nurses had a significantly higher turnover than experienced nurses. The turnover among newly employed nurses was 34.51%, which indicate a need to address the issue of high turnover among newly employed nurses.

A review of the two variables of turnover and job satisfaction were graphed together in Figure 1. The highest turnover was found at the 0-1

year category and the 4-5 year category. Even though the two groups are different, it may be possible to predict trends. An increase in turnover was seen after a decline in overall job satisfaction. For example, the satisfaction mean dropped to 3.48 at the 3 - 4 year category, and the turnover sharply increased to 30.75% at the 4 - 5 year category. This may indicate a need to develop additional strategies to retain nurses in the 4-5 year category.

Recommendations

A review of the literature revealed that a certain percentage of voluntary turnover is not only inevitable, but a positive change for both the nurse and the hospital. Perhaps for those nurses who prefer changing hospitals or units in the hospital, a nurse exchange program between a consortium of area hospitals or within the hospital may be a solution.

In addressing the high turnover of newly employed nurses, a follow-up orientation program at 3 or 6 months may offer support and re-evaluation of the nurses's needs. The nurses may have a different set of expectations, and further clarification by management may be helpful.

Special programs could be designed to meet the specific needs of the 4 - 5 year tenured nurses. One strategy may be identifying nurses who may have an interest in opportunities to expand skills. Another

strategy may be to explore ways to increase satisfaction in the area of control and responsibility. Mentoring and supporting the nurses' special interests could provide new and challenging opportunities for the 4 - 5 year tenured group. As part of the team in providing an essential service to other nurses, the experienced nurse would gain a sense of achievement and worth.

Nursing education has a vital role in addressing the complex nursing care demands facing the profession today and in the future. Programs should be designed that prepare the experienced nurse with the tools necessary to cope with the challenges. Over the span of a nurse's career, renewal experiences, career counseling, and continuing education are necessary. New skills need to be developed and supported as nurses move up the career ladder (American Hospital Association and American Nurses' Association, 1990).

A system to maintain confidentiality of information regarding resignation should be implemented. An exit interview or questionnaire should be given to the resigning employee by a department outside of nursing, such as the Personnel Department. Staff nurses may be uncomfortable stating the reasons for resignation to their immediate supervisor. They may have concerns about information communicated

or documented, which may influence their future employment opportunities.

Staff development strategies which have focused primarily on the newly hired nurse should address the 4 - 5 year nurse by designing programs to meet their special needs. The rapidly changing health care system, along with budgetary restrictions, demand the retention of the experienced staff nurse, whose quality of nursing care and judgement is and will be difficult to replace.

Recommendations for Future Study

1. Replication of this study in more than one university setting would decrease organizational bias.
2. These results suggest the need for further research on the reasons newly employed nurses resign within one year of employment.
3. To capture the nurses who resign in the 4 - 5 year category, a separate study should be done focusing on the staff nurses in the 3 - 4 year group. The satisfaction drops at the 3 - 4 year category and turnover increases following this drop. It would be interesting to analyze why these nurses are leaving and what specific employment they accept after resignation. Specific information regarding the reasons for decreased satisfaction may be beneficial in forecasting and planning for turnover.

REFERENCES

References

- Abelson, M. (1986). Strategic management of turnover: A model for the health service administrator. Health Care Management Review, 11(2), 61-71.
- American Hospital Association & American Nurses' Association. (1990). The Nursing Shortage: Opportunities and Solutions. (Monograph No. 1 and 5) Chicago, IL: Author.
- Blegen, M., & Mueller, C. (1987). Nurse's job satisfaction: A longitudinal analysis. Research in Nursing and Health, 10, 227-237.
- Coeling, H. (1990). Organizational culture: Helping the new graduate adjust. Nurse Educator, 15(2), 26-30.
- Fernandez, R., Brennan, M., Alvarez, A., & Duffy, M. (1990). Theory-based practice: A model for nurse retention. Nursing Administration Quarterly, 14(4), 47-53.
- Gillies, D., Franklin, M., & Child, D. (1990). Relationship between organizational climate and job satisfaction of nursing personnel. Nursing Administration Quarterly, 14(4), 15-22.
- Gray, B. (1992, February 10). Shortage subsidies, for now. Nurseweek, pp. 1, 23.

- Herzberg, F., Mausner, B., & Snyderman, B. (1964). The motivation to work (2nd ed.). New York: John Wiley & Sons.
- Homans, G. (1941). Fatigue of workers. New York: Reinhold.
- Kennedy, C., Camden, C., & Timmerman, M. (1990). Relationships among perceived supervisor communication, nurse morale, and sociocultural variables. Nursing Administration Quarterly, 14(4), 38-45.
- Kramer, M. (1974). Reality shock. Why nurses leave nursing. Saint Louis: The C.V. Mosby Company.
- LoBiondo-Wood, G., & Haber, J. (1986). Nursing research. Critical appraisal and utilization. St. Louis: C. V. Mosby Company.
- Mantel, M. (1990). Job satisfaction: Impact of counseling and evaluation. Nursing Management, 21(4) 68-72.
- Maslow, A. (1970). Motivation and personality (2nd ed.). New York: Harper & Row.
- McCloskey, J., & McCain, B. (1987). Satisfaction, commitment and professionalism of newly employed nurses. IMAGE: Journal of Nursing Scholarship, 19(1) 20-24.
- McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). Magnet hospitals. Attraction and retention of professional nurses. Kansas City: American Nurses Association.

- Mobley, W., Griffeth, R., Hand, H., & Meglino, B. (1979). Review and conceptual analysis of the employee turnover process. Psychological Bulletin, 86, (3), 493-522.
- Mueller, C., & McCloskey, J. (1990). Nurses job satisfaction: A proposed measure. Nursing Research, 39(2), 113-116.
- Prescott, P., & Bowen, S. (1987). Controlling nursing turnover. Nursing Management, 18(6), 60-66.
- RN Special Advisory Committee. (1990). Meeting the immediate and future needs for nursing in California. A report to the Legislature. Sacramento, Mimeographed document.
- Seybolt, J. (1986). Dealing with premature employee turnover. JONA, 16(2), 26-32.
- Steers, R., & Porter, L. (1975). Motivation and work. New York: McGraw-Hill.
- Vroom, V.H. (1964). Work and motivation. New York: John Wiley & Sons.
- Wakefield, D., Curry, J., Price, J., Mueller, C., & McCloskey, J. (1988). Differences in work unit outcomes. Western Journal of Nursing Research 10(1), 98-105.
- Weisman, C., Alexander, C., & Chase, G. (1981). Determinates of hospital staff nurse turnover. Medical Care, 19(4), 431-442.

Wise, L. (1990). Systematic reduction in participation: a study of an employee withdrawal behavior. Unpublished doctoral dissertation, University of California, San Francisco.

Appendix A
Job Satisfaction Survey

PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

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University Microfilms International

Appendix B
Turnover Data Collection Tool

STANFORD UNIVERSITY HOSPITAL
DEPARTMENT OF NURSING

REGISTERED NURSE TURNOVERS
OCTOBER 1990 - OCTOBER 1991

UNIT SPECIALTY	LENGTH OF EMPLOYMENT													
	1 YEAR OR LESS		> 1-2		> 2-3		> 3-4		> 4-5		> 5-7		> 7-9	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
PEDS/PERINATAL REGION TOTAL														
28-4 PEDIATRICS														
28-2 ICN														
28-5 PICU														
31-1 LABOR AND DELIVERY														
27-5 (NURSERY II)														
28-1 IICN														
F2														
27-4 (NURSERY I)														
F1														
ED REGION TOTAL														
ED														
LF														

UNIT SPECIALTY	LENGTH OF EMPLOYMENT													
	1 YEAR OR LESS		> 1-2		> 2-3		> 3-4		> 4-5		> 5-7		> 7-9	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CRITICAL CARE REGION TOTAL														
26-2 E2														
25-4 D1														
D2														
25-5 NICU														
CM2														
HOME CARE TOTAL														
32-7 ATU														
CRCA														
SUDC														
TOTALS														
TOTAL %														

Appendix C
Consent Letters

REQUEST FOR EXEMPTION FROM HUMAN SUBJECTS REVIEW

Name: Suzanne Taylor **Dept.:** Nursing Department

Status: SJSU Graduate Student

Faculty Advisor: Ann Doordan PhD, RN, Asst. Professor of Nursing

Title of Project: Job Satisfaction and Turnover of the Newly Employed Nurse

Abstract of Project: This study will focus on the differences in job satisfaction and turnover of newly employed and experienced nurses at one institution. The specific questions addressed in this study are the following: (1) Are there differences in job satisfaction among newly hired and experienced nurses? (2) Are there differences in turnover among newly hired and experienced nurses? (3) Are there differences in job satisfaction of newly employed and experienced nurses in the specialty units?

Description of Subjects: Staff nurses (N=705) employed at Stanford University Hospital who voluntarily participated in a job satisfaction survey in January, 1991. The nurses were informed that completion of the survey indicated their consent. They were also informed that they would not be personally identified and only group findings would be presented or published.

Description of Data Collection Procedures: Secondary analysis will be conducted on existing data at Stanford Hospital. The job satisfaction survey study was approved by the Human Subjects Committee at Stanford Hospital. The instrument used is McCloskey's Reward/Satisfaction Scale with established reliability and validity. Existing nursing resignation data previously collected by the Nursing Department will be analyzed. The nurses' names have been deleted from the resignation records. Turnover data will be collected on a researcher designed collection form. The data in this study is confidential and cannot be traced to individual nurses. The data I collect will be locked in my office. Results will be presented as group findings and not as individual profiles.

Category of Exempt Research: "D" Existing records: study of existing data. Subjects cannot be identified or linked to research.

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Suzanne Taylor, Nursing
283-Silvia Drive
Los Altos, CA 94022

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: January 16, 1992

The Human Subjects-Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Job Satisfaction and Turnover of the Newly Employed Nurse"

You may proceed with this study without further review by the Human Subjects-Institutional Review Board.

I do caution you, however, that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

CC: Ann Doordan, Ph.D.

STANFORD UNIVERSITY

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STANFORD UNIVERSITY
Stanford, California 94305
(415) 723-2923

CERTIFICATION OF HUMAN SUBJECTS APPROVAL

DATE: December 4, 1990

TO: J.M. Lanigan, R.N., M.A.
H.Y. Kenneth, R.N., D.N. Sc.
and J. Boston-Ezrati, R.N., Ph.D.
Department of Nursing Admin.

FROM: Chairman, Administrative Panel
on Human Subjects in Medical Research

PROTOCOL ENTITLED:
Job Satisfaction Survey of Nursing Staff.

The Panel approved human subject involvement in your research protocol on
December 4, 1990.

If this proposal is used in conjunction with any other human experimentation or
if it is modified in any way, it must be re-approved for these special circum-
stances. In addition, the Panel requests prompt notification of any com-
plications which may occur during any experimental procedure.

10-1000000

Alice Haskitt
for David Dukes, M.D., Chairman

cc Sponsoring Projects
J. Boston-Ezrati

Funding Agency (Un-sponsored) (N)
Exempt Under Paragraph Number: 3
Assurance Number: M1272
IRB #01

STANFORD UNIVERSITY HOSPITAL

December 9, 1991

Dear Ms. Taylor:

I am writing to confirm our agreement to share the following data with you:

1. The Nursing Job Satisfaction Survey conducted in the Stanford University Hospital Department of Nursing, and
2. Nursing turnover data collected by our personnel department.

Attached is a copy of the IRB approval obtained by the Nursing Department prior to collection of the job satisfaction data. We understand that all individual data will remain confidential and that those who conducted the survey will be appropriately acknowledged in any publications resulting from this study.

Sincerely,

A handwritten signature in ink, appearing to read "Janet Bostrom".

Janet Bostrom, R.N., PhD
Director of Research
Department of Nursing

Appendix D
Items Grouped by Subscale

Items Grouped by Subscale

Subscales	Survey Item
Extrinsic Rewards	1, 2, 3
Scheduling	4, 5, 6, 8, 9, 10
Balance of Family and Work	7, 11, 12
Co-workers	14, 15
Interaction Opportunities	16, 17, 18, 19
Professional Opportunities	20, 21, 27, 28
Praise and Recognition	13, 24, 25, 26
Control and Responsibility	22, 23, 29, 30, 31