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The project and manuscript have been successfully completed and meet the standards of the School of Nursing at San Jose State University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

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in a VA facility

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Job Satisfaction Among Staff Nurses in Mental Health Units
in a VA facility

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Abstract

Studies have indicated that work environment in mental health is stressful, however, few studies have focused on staff working in acute mental health settings (Jenkins & Elliott, 2004). The purpose of this study was to describe job satisfaction among a sample of mental health staff nurses who were caring for patients with acute psychiatric disorders in a federal hospital. The second purpose was to determine if there were relationships between global job satisfaction and ethnicity, years in the organization, current unit, field of nursing, working with patients with mental disorders and age of staff nurses. An anonymous survey was distributed to a convenience sample of 69 registered nurses who worked on the four mental health units using the McCloskey/Mueller Satisfaction Scale (MMSS). The scale is a 31-item questionnaire that identifies eight types of satisfaction. Thirty two responses were received out of 69 surveys distributed, a response rate of 46%. The findings revealed that mental health staff nurses were “neither satisfied nor dissatisfied” with the current jobs (mean score 3.4). Nurses were most happy about flexibility in work schedules and were most unhappy “with balance and work.” The demographic findings indicated that over 70% of the nurses were concerned about their personal safety while on duty. A Pearson correlations test revealed that there is no significant relationship between global job satisfaction and the seven variables mentioned. A chi-square test found no correlation between ethnicity and global job satisfaction. The study used a small, convenience non random sample, therefore findings cannot be generalized to all nurses at the VA or general nursing population. To determine the levels of nurses’ job satisfaction with a larger random sample, a repeat study is recommended to include mental health nurses in different facilities in California and other states. This research may guide future research in examining job satisfaction as a measure to the delivery of quality patient care and patient outcomes.

Author's Note

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Mental health caregivers are exposed to stressful environments. Aggressive behaviors from patients who decompensate in their mental illness can be threatening to some nurses and they may feel frustrated and stressed working with this population. This frustration may lead to nurses' resentment or unhappiness on the job. Jenkins and Elliott (2004) report that mental health nurses deal with difficult patients with challenging behaviors on a regular basis. Quality of care may be compromised when nurses are emotionally and psychologically depleted. According to McGillis (2003), "job satisfaction of nurses is of central importance when examining the effect of nursing interventions on patient outcomes" (p. 284). Studies have acknowledged that work environment in mental health is stressful; however, few studies have focused on staff working in acute mental health settings (Jenkins and Elliott, 2004). The purpose of this study was to describe the job satisfaction among a sample of mental health nurses providing care for patients with acute psychiatric disorders in a federal hospital.

Literature Review

Nurse job satisfaction is a significant indicator of work performance, nurse retention, and quality of patient care. Issues such as staffing, work stress, wages, respect and recognition, empowerment, autonomy, and support by management are some of the factors nurses report that influence their job satisfaction (McGillis, 2003; Shader, M. Broome, C. Broome, West, and Nash, 2001; Shaver and Lacey, 2003; Spence Laschinger, 2004). Nurse administrators have focused their attention and efforts on these issues because nurses who are dissatisfied in their work environment are more likely to leave their place of employment and negatively affect patient outcomes. Nursing turnover, retention, and difficulty in recruitment have become a major challenge and a financial burden to health care organizations. According to Jones (2005), in FY 1988 a retrospective, descriptive study to estimate costs of nurse turnover in four acute hospitals

found that the annual turnover rate averaged 27% and the overall cost of RN turnover averaged almost \$1 million per hospital. The mean annual cost per RN turnover was \$10,198. In FY 2002 a retrospective, descriptive design was used to study nurse turnover at an acute hospital with more than 600 beds. The study found that the cost of turnover per RN was approximately \$62,100 to \$67,100 and the total nurse turnover cost ranged from \$5.9 to \$6.4 million (Jones, 2005).

Previous studies have identified perceived job dissatisfaction in many clinical areas including pediatric, ambulatory care, primary care, acute care, community health, and mental health settings (Eaton and Thomas, 1997; Sengin, 2003; Whittington, 2002; Wilkinson and Hite, 2001). These studies identified different factors that influence nurse job satisfaction and the effects of these factors on nurses' personal, professional and emotional well being. Additionally, these studies identified job satisfaction as a possible determinant to quality patient care, effective job performance, and retention.

In a study by McNeese-Smith (1999), 30 staff members from California were invited to identify and describe their opinions regarding job satisfaction and dissatisfaction in a semi structured interview over a six week period. Factors such as environment, organization, salary and benefits, relationships with peers and patient care emerged as influencing job satisfaction. Respondents briefly mentioned salary and benefits as influential in job satisfaction, but focused more on patient care as being important to them. Providing good care and meeting patient's needs were primary sources of their satisfaction. However, patient care also emerged as a source of their job dissatisfaction. Receiving verbal abuse from patients, fear of making errors, and negative patient outcomes were reported as difficult for staff nurses.

According to Sengin (2003) nurses in a hospital setting have lower job satisfaction than the average worker in the United States. Nurse administrators have focused their attention on job satisfaction due to the increased demand for nurses and the challenge of keeping them. The author discusses the ten attributes that influence nurse job satisfaction, and identifies autonomy as a significant determinant in work effectiveness. Performing responsibilities independently within the realm of their practice enables the nurses to use their judgment thereby increasing confidence. Autonomy enhances a nurse's sense of pride as well. Nurses who have opportunities to practice professional independence in health care delivery have positive opinions of their jobs. According to Sengin (2003) other attributes such as opportunity for advancement or promotion, status recognition, administrative and management support, and pay are also important in promoting job satisfaction in the workplace.

The significance of autonomy as a determinant on job satisfaction was also found to be important among nurses in Hongkong. Fung-kam (1998), surveyed 365 randomly selected nurses in two hospitals to study nurse job satisfaction and assess their need for autonomy. Fung-kam reported that nurses value autonomy, professional status, and pay. In another study conducted in a Midwestern hospital, McCloskey (1990) reported that both autonomy which is "control over work activities" (p.140), and social integration which is "relationship with co-workers" (p.140), were important to nurses' job satisfaction. When autonomy was less and relationship with co-workers was poor, nurses were less likely to stay on the job and were less committed to the organization.

In a mental health setting, stress among psychiatric nurses in Ireland was the subject of a study by Ryan and Quayle (1999). The respondents generally reported relatively low levels of stress in the workplace and that organizational issues were the main source of their stress.

However, the authors also reported that there were nurses whose stress levels were unacceptably high and should be addressed. Further studies on levels of stress among psychiatric nurses were recommended by the authors since only few studies existed on this subject.

In Japan, a study was conducted to examine the factors affecting mental health nurses' intention to leave their job in relation to their job satisfaction, and perceived risk of assault (Ito, Eisen, Sederer, Yamada, and Tachimori, 2001). Twenty-seven hospitals participated, and out of the 1,952 surveys sent, 1,494 completed questionnaires were received. The authors reported that 44.3% of nurses surveyed intended to leave their job (time period undefined by authors) and 89% of those perceived some risk of assault by a patient. Findings revealed that the significant predictors of nurses' intention to leave were younger age, lower job satisfaction, little support from supervisors, and higher perceived assault risk. Actual experience of assault was not a significant predictor for a nurse's intention to leave.

Gigantesco, Picardi, Chiaia, Balbi, and Morosini, (2003) conducted a study investigating the level of job satisfaction among 196 of the total 236 mental health professionals. The mental health staff members consisted of nurses, psychiatrists, psychologists and social workers who work in general psychiatric wards, residential facilities and psychiatric outpatient clinics in a large catchment area in Rome, Italy. The findings suggested that only 21.7% of the nurses surveyed were satisfied with their jobs.

In summary, different studies in many countries identified the factors that influence job satisfaction among staff nurses in many areas of nursing including mental health. However, no published studies addressing job satisfaction in acute mental health settings conducted in the United States were found in the literature search.

Research Questions

The two research questions of this study were:

1. What is the level of job satisfaction among nurses in acute mental health units as measured by the McCloskey/Mueller Satisfaction Scale (MMSS)?
2. Is there a relationship between global measure of job satisfaction scores and ethnicity, years in the organization, current unit, field of nursing, working with patients with mental disorders and age of the staff nurses?

Theoretical Perspective/Conceptual Framework

Herzberg's (1966) Motivational-Hygiene or Two Factor Theory provided the conceptual framework for this study. Herzberg, Mausner, and Snyderman (1959) stated that addressing job attitudes was necessary because workers were losing their zeal for work amidst abundance of material things. The authors posited that there are certain factors that most likely motivate employees to increase their productivity and improve morale (motivators or satisfiers) and factors that are likely to decrease productivity and unhappiness on the job (hygiene factors or dissatisfiers). Achievement, recognition, advancement, work itself, and responsibilities are considered motivators (satisfiers) while factors such as working conditions, salary, company policy, and interpersonal relations-supervision are associated with job environment and are considered hygiene factors (dissatisfiers).

The initial study by Herzberg et al. (1959) investigated the relationship between job attitudes, satisfaction, and work performance. The authors hypothesized that "the factors leading to positive attitudes and those leading to negative attitudes would differ" (p. 29). The authors found that "attitudes toward the job exerted an extremely important influence on the way in which the job was done" (p. 86).

Methodology

A non-experimental, descriptive design was used in the study. The instrument used was the McCloskey/Mueller Satisfaction Scale (MMSS) (Center for Nursing Classification and Clinical Effectiveness, 1989). MMSS contains a 31-item questionnaire that uses Likert-type scales in measuring responses. A demographic survey which identified, ethnicity, years in the organization, current unit, field of nursing, working with patients with mental disorders and ages of the staff nurses was included. Both the demographic survey and the MMSS were distributed to a convenience sample of staff registered nurses employed in acute mental health units in a VA facility.

Instrument

The McCloskey/Mueller Satisfaction Scale was used because job satisfaction was conceptualized by Atwood and Hinshaw (1977 as cited in McGillis, Hall, 2003), “as the perception of nursing staff’s subjective feelings about their job and work situation” (p. 285) and met the definition for this study. In addition, the tool had satisfactory reliability and validity. The MMSS was developed purposely for nurses and contains scales that captures different types of satisfaction. The instrument is a 31-item questionnaire that identifies eight types of satisfaction: “extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibilities” (Mueller & McCloskey, 1990 p.114). Responses on each item are rated using a five-point Likert scale ranging from 5 (very satisfied) to 1 (very dissatisfied). The instrument was originally developed in 1974 and was updated in 1987. Mueller and McCloskey examined the characteristics of the instruments and published the report in 1990. The current version of the scale consists of 31 questions. (Center for Nursing Classification and Clinical Effectiveness 1989).

The Center for Nursing Classification and Clinical Effectiveness (1989), reports the reliability of this instrument as Chronbach's alpha for each subscale ranging from .52 to .84 and alpha for the global scale of .89. Construct validity was demonstrated by moderately positive correlations for all expected relationships. Permission to use the instrument was granted by the developers through the Center for Nursing Classification and Clinical Effectiveness (University of Iowa).

The investigator contacted the developers of the instrument (MMSS) to find out if the instrument has been used with psychiatric staff nurses and was informed that permission to use the tool had not been requested. Subsequently, the investigator searched the literature but was unable to find other studies on job satisfaction among psychiatric staff nurses using the MMSS instrument.

Sample and Setting

The research was conducted in the acute mental health units of a Veterans Affairs facility in Northern California. Two units were locked and were caring for patients with the following Diagnostic and Statistical Manual of Mental Disorders, fourth edition, Text Revision diagnoses: Psychosis, Not Otherwise Specified (DSM-IV-TR 298.9) and Schizophrenia (DSM-IV-TR 295.30; 295.10; 295.90; and 295.60). Minimum staffing was five every shift. The registered nurse to patient ratio was 1:8. One unit was a 20-bed, locked unit with Substance Abuse Disorder (DSM-IV-TR 304.80; 304.90; 305.90) as the major diagnosis and one unit with Schizoaffective Disorder (DSM-IV-TR 295.70), Depression (DSM-IV-TR 295.70; 296.2x; 296.3x; 3004.4; and 311) and Dementia (DSM-IV-TR 294.1x; 290.4x) as the major diagnoses. Minimum staffing for both units was four staff members every shift and the RN to patient ratio was 1:8. The acuity levels on these units changes daily. Units are staffed accordingly to meet the

1:8 RN to patient ratio. Based on acuity, staffing usually consists of at least two RN's, one licensed vocational nurse (LVN), and one to two nursing assistants (NA).

A convenience sample of 69 registered nurses who were employed on the acute mental health units were identified for inclusion in this study. Full time, part time, and intermittent nurses were included. Only RNs, with at least one year of employment were included in the study. Managers, administrators, and licensed vocational nurses (LVNs) were excluded.

Protection of Human Subjects

After obtaining IRB approvals from the VA institutions and the university, the researcher contacted the nurse managers of each unit to provide detailed information or description of the research study and to seek approval to survey their staff members. Permissions were sought to post recruitment flyers on the various units. The survey was conducted anonymously and was completely voluntary. No personal identifiers were requested from participants. Completed surveys were mailed to the researcher's home in a stamped preaddressed envelope provided. No one had access to the data collected except the researcher.

Data Collection

An electronic mail message, was sent to inform the RNs of the research study. An ice cream social was held on two different locations to introduce the study to staff and distribute the packets personally to them. Each packet contained: (a) an information letter, (b) a demographics form (c) a copy of MMSS questionnaire and, (d) a preaddressed envelope. There were 69 survey packets that were distributed.

A total of 32 responses were received, a response rate of 46%. One response was excluded because the participant indicated working in an outpatient setting. Thirty one valid responses were analyzed to determine the findings. A statistician was consulted to

develop the demographic questionnaire, prepare the actual final survey tool, and identify the appropriate statistics. Descriptive statistics were used to describe the sample and the results of the survey. Each item on the questionnaire was rated from 1 to 5. The score of 5 indicates the highest level of satisfaction. The sum of the scores of each subscale (type of satisfaction) was divided by the items to obtain the mean. Each subscale contained two to five questions. The Statistical Package for the Social Sciences (SPSS) program version 13.0 was used to analyze and report the results of the study. Pearson correlations coefficient for different variables and global satisfaction were run to determine relationships among research variables. A Chi- square test was done to determine the correlation between ethnicity and global job satisfaction.

Findings

Research Question One: What is the level of job satisfaction among nurses in acute mental health units as measured by the McCloskey/Mueller Satisfaction Scale (MMSS)? The mean score of general or global measure of nurses' satisfaction was 3.4. The overall findings indicated that mental health staff nurses are "neither satisfied nor dissatisfied" with their current jobs (mean 3.4) (see Table 1).

The mean scores of the eight subscales ranged from 3.8 to 3.1. Of the eight subscales, subscale 2 "satisfaction with scheduling" had the highest mean (3.8). This subscale includes hours worked, flexibility in scheduling, opportunity to work straight hours, weekends off per month, and flexibility in scheduling weekend off. The second highest mean was found on subscale 4 (3.7) "satisfaction with co workers". This subscale includes two factors namely: satisfaction with nursing peers and physicians they work with. The third subscale with the highest mean was 1 "extrinsic rewards" (3.6). This

subscale includes factors such as salary, vacation, and benefits package. As for salary alone, 61% of the respondents were “moderately satisfied”, 6.5% were “very satisfied”, and 9.7% were “very dissatisfied”.

The three lowest subscale means were 3, 8, and 6 in that order (see Table 1).

Subscale 3 (3.1) “satisfaction with balance and work” includes factors such as opportunity for part-time work, maternity leave time, and child care facilities. Subscale 8 (3.2) “satisfaction with control and responsibility” includes control of what’s going on at work, opportunities for career advancement, amount of responsibility, control over work conditions, and participation in organizational decision making. The factors that were included in subscale 6 (3.3) “satisfaction with professional opportunities” were interaction with nursing faculty, opportunities to belong to professional and institutional committees, opportunities in participating in nursing research and opportunities to write and publish.

The findings of this study were similar to the study conducted by McNeese – Smith (1999) which identified relationships with peers, salary and benefits, and patient care as important to nurses. One of the subscales with the lowest mean score in this study was satisfaction with control over work condition and what is going on at work. This finding was consistent with Fung-kam’s (1998) and Sengin’s (2003) studies which identified autonomy as a significant indicator in job satisfaction.

Research Question Two: Is there a relationship between global measure of job satisfaction score and ethnicity, years in the organization, current unit, field of nursing, working with patients with mental disorders, and age of the staff nurses?

To determine if the global job satisfaction is related to the seven variables of years in the organization, current unit, field of nursing, working with patients with psychiatric disorders and age; Pearson correlations were computed. It was found that there was no significant relationship between these variables and global job satisfaction. For a correlation between ethnicity and global job satisfaction, a chi-square test was used and determined no significant correlation existed between the two variables.

Demographic Findings

The majority of the mental health staff nurses surveyed were females (80%). The ages ranged from 37 years old to 64 years old, with an average age of 53. Regarding race/ethnicity, 48% were Asian-Pacific Islanders, 39% Whites, 3.2% African Americans and 3.2% indicated "other". Staff nurses with 5-9 years of employment in the organization were 25.8% and staff nurses with 15-19 years were 25.8% as well. In years of employment in the current unit, 38.7% indicated working for 5-9 years and 32.3% indicated working 1-5 years. Most of the nurses reported working with patients with psychiatric disorders for 15-19 years (32.3%) and 20-24 years (32.3%). There were 17 respondents (55%) who indicated that they did not have minor dependents. This is consistent with the average age of the sample as 53 years old. Regarding level of education, 15 (48%) had Baccalaureate degrees, nine (29%) had Associate degrees, three (9%) Diploma, two (6.5%) had a Masters Degree in Nursing and 1 (3.2%) had a Masters Degree in another field. Most of the respondents worked full time (71%), with a typical eight hour shift (90%). The level of education of nurses were similar to the study by Chia-Chen, Connolly, and Dietz (2005) who reported a well educated forensic nurses with many years experience caring for inmates with mental illness. There was 23% of

respondents who indicated experiencing two assaults and 19% reported three assaults in their career. Three respondents reported more than nine assaults during their nursing careers which spanned over 30 years. Over 70% of the respondents indicated that they were concerned about their safety while on duty. The finding was consistent with the study by Ito, et al., (2001) who reported that 89% of the nurses surveyed perceived some risk of assault by patients. Chia-Chen, et al. (2005) suggest the importance of medication compliance in reducing recidivism which also affects safety issues in the workplace. There were 11 respondents (35.5%) who participated in support groups, followed by seven respondents (22.6%) who “always” participated and six (19.4%) who participated “most of the time”. Regarding self care, 51% of the respondents indicated that they were getting rest “most of the time”, 29% “sometimes” and 16.1% “always”. Furthermore, 42% of the nurses reported that they spend time on leisure “most of the time”, 32.3% “sometimes” and 22.6% “always”. All respondents agreed that good patient care was important, a finding similar to the McNeese-Smith (1999) study.

Limitations

This research was conducted in acute mental health inpatient units using a convenience, non random sample, therefore findings were limited to these units and cannot be generalized to all nurses working in the hospital of study or the general nursing population. Additionally, a self report bias may have occurred. Participants were asked to return surveys in two weeks time. Nurses who were unhappy or had negative opinions about their jobs may have declined to complete the survey and conversely, satisfied nurses may have been inclined to complete and mail the questionnaires. Therefore, findings may not reflect the accurate level of satisfaction or dissatisfaction among this

sample of nurses. Furthermore, the number of participants were small (31 out of 69 surveys distributed) therefore findings cannot be generalized to all mental health staff nurses. Another limitation of the study was the inconsistent total number of respondents who answered each question. Participants only answered questions that they chose to answer as written in the information letter, therefore the number of participants who answered each question varied. The mean of each subscale varied as well and may not have demonstrated the true picture of nurses' job satisfaction or dissatisfaction.

Conclusion

The research study indicated that among this experienced (over 15 years in psychiatric nursing), and over 53 years of age mental health nurses, that they were somewhat ambivalent about their job satisfaction. As demonstrated from the results in this study, all eight subscales had means ranging from 3.1 to 3.8 which is "neither satisfied nor dissatisfied" with the highest mean towards moderately satisfied (3.8). However, less than 50% of mental health staff nurses participated in the survey (31 completed the questionnaire out of 69 surveys distributed). Mental health nurses were mostly satisfied with the flexibility of the work schedule and weekends off. On the other hand nurses were mostly dissatisfied with balance of work and the opportunity to work part time.

Personal safety while on duty was a major concern among nurses in this study. This is an important finding especially since more than 60% of the respondents have worked with patients with psychiatric disorders for 15 to 24 years. It suggests that experience did not lessen their safety concerns. Another finding in the study suggests that these mental health staff nurses do take care of themselves. Most of the nurses reported

taking adequate rest and spent time on leisure. Sherman (2004), states that nurses must take care of themselves and employ self-care to promote health and well being.

Recommendations

In order to determine the levels of job satisfaction among staff nurses with a larger random sample, a repeat study is recommended to include mental health staff nurses in different facilities in California and other states. The findings of this research study revealed that nurses were concerned about their personal safety while on duty. Education about safety, risk of assaults, and assessing RN to patient ratio may be necessary to address staff perception of safety. Moreover, further investigation to gather more information regarding nurses' perception of lack of family balance and work, professional advancement, and control and responsibilities may be useful for administrators to employ strategies to improve nurses' satisfaction levels.

These findings may serve as part of the assessment stage for planned change, a springboard to facilitate implementation of programs and safety measures to enhance nurses' job satisfaction. In addition, this study may guide future research in examining job satisfaction as a measure to the delivery of quality patient care and patient outcomes.

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Table 1**Mean scores of the staff nurses' responses to the 8 subscales of MMSS**

Subscale #	Types	Mean	SD	N
2	Scheduling	3.8	1.0	29
4	Co-workers	3.7	0.9	30
1	Extrinsic rewards	3.6	0.9	31
5	Interaction Opportunities	3.5	0.7	31
7	Praise and Recognition	3.5	1.0	31
6	Professional Opportunities	3.3	0.9	27
8	Control and Responsibility	3.2	1.0	30
3	Balance of Family and work	3.1	0.8	23
Global	General Measure	3.4	0.7	22

Note. The higher the score the higher the satisfaction. Participants only answered questions that they chose to answer as written in the information letter, therefore the *n* and mean of each subscale varied which affected the global measure.