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Factors contributing to the attraction and retention of community health nurses in a nonprofit home health agency

Betty A. Coleman-Walker
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San Jose State University, 1990

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FACTORS CONTRIBUTING TO THE ATTRACTION
AND RETENTION OF COMMUNITY HEALTH NURSES
IN A NONPROFIT HOME HEALTH AGENCY

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

By

Betty A. Coleman-Walker

May, 1990

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ABSTRACT

FACTORS CONTRIBUTING TO THE ATTRACTION AND RETENTION OF COMMUNITY HEALTH NURSES IN A NONPROFIT HOME HEALTH AGENCY

by Betty A. Coleman-Walker

This research focused on factors influencing the attraction and retention of community health nurses in a nonprofit home health agency. The research design was exploratory and descriptive using a survey technique. The instrument implemented was a nurse satisfaction questionnaire developed to obtain demographic data, in addition to information about factors influencing nurses to select and remain in community health nursing. The degree of importance of each factor to the individual was measured by a five item response scale, ranging from very dissatisfied to very satisfied. The setting for the study was a nonprofit home health agency in Central California. Sample size consisted of 29 community health nurses.

The findings from the research revealed that the community health nurses who responded to the survey were dissatisfied with the compensation they received for the amount of work they did. Moderate satisfaction was noted regarding their professional considerations.

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Chapter 1

INTRODUCTION

The options pursued by women in today's professional world are rapidly changing and expanding. Rather than pursuing only the traditional women's professions, including nursing, women are choosing other career options such as: (a) business, (b) law, (c) medicine, (d) science, and (e) engineering. There is also increasing interest in graduate education. This increase in career choices, accompanied by a 17% decrease in enrollment in schools of nursing since 1984, is contributing to the nursing shortage (Jones & Hardy, 1987, p. 25).

Experienced nurses in all fields are scarce. It is projected that by 1990, the United States will need 390,000 additional baccalaureate prepared nurses. Nurses with the community health and acute care experience necessary to care for today's more acutely ill home care patients are even more scarce (Jones & Hardy, 1987, p. 24).

Since the nursing shortage, home health agencies have noted declining responses to job advertisements, staff openings that never get filled, and increased numbers of unfilled shifts. A survey of 2,197 member agencies was completed by the National Association for Home Care during March, 1988, producing 841 responses. Of the agencies

employing registered nurses, 56% (456) reported "difficulty in recruiting and/or retaining registered nurses" (Jones, 1988, p. 6).

One reason for the shortage of nurses in home health agencies is the increase in the number of nurses who are "seeking part time positions to have control over when and how much they work, as well as to avoid the extraordinary paper load" (Jones & Hardy, 1987, p. 26). Another problem is that patients who were once thought to be totally unmanageable at home are now part of a community health nurse's usual case load due to shorter hospital stays. The increase in patient acuity levels has become so high that community health nurses' "frustration is on a par with that of their colleagues who work in acute care settings. It appears that the problems of the hospital industry that drove nurses away are now part of home care" (Jones & Hardy, 1987, p. 26).

Morrissey (1987) stated that the majority of the clients which home health agencies serve are the elderly. The demand for home health care for the elderly will continue to increase, for it has been projected that "by the year 2020, the elderly population, which is the fastest growing segment over 80, will number 52 million, comprising 21% of the population. The elderly usually suffer largely from chronic diseases that are never cured and require

ongoing nursing care" (p. 198).

Predictably, the high degree of nursing turnover has a "direct impact on continuity and quality of care; for patients must constantly adapt to new registered nurses who often are unable to accumulate the necessary skills over time because they do not stay in the job long enough to do so" (Surpin, 1988, p. 29).

Problem and Research Question

Registered nurse staff turnover necessitates excessive training and recruitment costs. As Surpin (1988) stated, "the inability to retain large numbers of registered nurses also influences the ability to recruit new registered nurses as former registered nurses let others know of their dissatisfaction. This becomes a large inhibiting factor to effective recruitment" (p. 29).

Gioiella (1987) echoes Surpin's conclusions: "recruitment and retention is influenced by conditions of employment. . . factors affecting job satisfaction need to be analyzed" (pp. 127-128). Unless the hiring and retention picture improves, the quality of health care will continue to suffer due to lack of nurses who will train for and remain employed in this area of specialization.

The questions explored in this study were:

1. What factors contribute to the satisfaction and dissatisfaction of community health nurses employed in a

nonprofit home health agency?

2. Is there a significant difference in the level of satisfaction for each of the factor means that contribute to satisfaction and dissatisfaction of community health nurses in regards to: (a) educational level, (b) years of nursing experience, and (c) the number of years worked in their present job?

3. How do the job factors that contribute to the attraction and retention of nurses score on the Nurse Satisfaction Questionnaire (NSQ)?

Purpose and Need

For purposes of problem solving and verification, it would be helpful to the home care agency if there were better data on the nature and extent of factors contributing to attraction and retention of nurses. Given the severity of the problem, there is a surprising lack of literature relating to the question of why nurses decide to work in nonprofit home health agencies. This lack of literature demonstrates the need for basic research to identify the variables responsible for difficulties in attracting nurses to and retaining them in nonprofit home health agencies.

Information obtained from this research is of great interest to nursing administrators and others concerned with nurse recruitment and retention of qualified nurses to home health care.

Definition of Terms

The following terms are defined for the purpose of this study:

1. A community health nurse is a registered nurse who synthesizes nursing practice and public health practice to promote and preserve the health of a population. The practice is a continuous practice, not episodic. The components of a community health's nurse practice include: (a) health promotion, (b) health education, (c) management coordination, and (d) continuity of care (D. J. O'Neil, M.S.N., senior staff specialist of the American Nurse Association, personal communication, October 28, 1988).

2. Factors are elements that community health nurses may perceive as influencing their attraction to and retention in community health nursing. The factors considered in this study were obtained from the Nurse Satisfaction Questionnaire (NSQ). These factors included: (a) compensation, (b) working conditions, (c) professional preparation, (d) emotional climate, (e) supervision, (f) professional considerations, and (g) social significance (McCulloch, 1974, pp. 28-30).

3. Home health agency is a nonprofit organization licensed by the state of California to provide skilled intermittent nursing care within a client's home, under the orders of a licensed physician.

Research Design

The research design was exploratory and descriptive using the Nurse Satisfaction Questionnaire (NSQ) to obtain the data. Development of the questionnaire was done by Etta S. McCulloch, Ph.D. (1974). Written permission to use the research instrument was granted by McCulloch (Appendix A). A pilot study of the instrument done by Dr. McCulloch yielded an internal consistency reliability coefficient of .88 and content validity was also determined to be adequate. The investigator ascertained the content validity by having two directors of nursing service and one community health nurse read and critique the NSQ. All agreed that the NSQ possessed content validity.

The final part of the questionnaire, developed by the researcher, asked for demographic data: (a) education preparation, (b) tenure of employment in current job, and (c) years of nursing experience.

The questionnaire utilized a Likert type attitude scale assessing factors for the degree of satisfaction and dissatisfaction of community health nurses. The graded alternatives for scoring included:

1. Very dissatisfied
2. Moderately dissatisfied
3. Indifferent
4. Moderately satisfied

5. Very satisfied

An average mean factor score was computed for each factor. The factor having the highest average was considered the most important factor contributing to a nurse's reason for selecting or remaining in community health nursing. The lowest mean factor scores provided an indication of areas that may cause poor recruitment and retention. In analyzing the demographic data, a Kruskal-Wallis nonparametric test was used. This equivalent counterpart to the analysis of variance is used in the nonparametric field when the size of the sample population is small. The Kruskal-Wallis test was done to determine whether there was a significant difference in the level of satisfaction for each of the factors according to:

- (a) educational level, (b) years of nursing experience, and
- (c) number of years worked in present job.

Setting and Sample Population

The setting was a nonprofit home health agency within Santa Cruz County. Organizational structure consisted of two branch offices serving widely diverse areas. The areas being served ranged from rural farming areas to populated cities. Counties being served included: (a) Northern Monterey, (b) San Benito, (c) Santa Cruz, and (d) Santa Clara.

Approval to conduct the research was granted by the

chief executive director of the home health agency and San Jose State University Human Subjects Review Board. Sample size consisted of 29 community health nurses within the agency. Of these, 20 community health nurses voluntarily responded to the questionnaire. The questionnaires were delivered to the chief executive officer for distribution to community health nurses throughout the agency. In order to ensure reliability of the data results, and a representation of the sample, a questionnaire response of at least 90% was desired. Wood and Haber (1986) stated, "the likelihood of finding a statistic that is high enough to be statistically significant is increased as the sample size increases" (p. 244).

Nonprobability accidental sampling was used in this research. Accidental sampling, or a sample of convenience, is "the use of the most readily accessible persons as subjects in a study" (Wood & Haber, 1986, p. 208). Because Central California had a limited number of community health nurses, it was advantageous to use an accidental sample, which made it easier for the researcher to obtain participants. One major objective was to obtain a sufficient number of respondents who met the criteria, such as being a registered nurse employed as a community health nurse within a nonprofit home health agency. The disadvantage of an accidental sample is that the risk of

bias is greater. That is, information obtained from the research was limited to those nurses who volunteered to participate.

The ethical rights of the participants were protected by obtaining informed consent. The cover letter for the Nurse Satisfaction Questionnaire explained the study and the procedure to be followed and the method used to protect anonymity and ensure confidentiality (Appendix B). Participants' names were not required.

Scope and Limitations

This research included only those community health nurses employed in a specific nonprofit home health agency. The scope investigated factors relating to attraction and retention of community health nurses in a nonprofit home health agency. Generalizations are limited to community health nurses in a nonprofit home health agency in Santa Cruz County, California. Generalizations cannot be made to those community health nurses who have chosen employment in profitable home health agencies or private practice.

Another limitation of the study is in the factors that were analyzed. Generalization is limited to the seven factors developed by McCulloch (1974) in the Nurse Satisfaction Questionnaire (NSQ).

An advantage of survey research is that a small number of respondents can provide an accurate picture of the target

population when the sample is representative of the population. The disadvantages are: (a) information obtained in a survey can be superficial, and (b) surveys that are descriptive attempt only to relate one variable to another and do not attempt to determine the cause (Wood & Haber, 1986, p. 130).

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

Conceptual Framework

The conceptual framework for this study is based on the work of Seybolt (1986). Seybolt proposed a theoretical framework to investigate specific aspects of employees' work roles at different points of their organizational careers, in order to illustrate how turnover might be better predicted and thereby controlled. The first major variable of the framework involves the work role design. A model of work role design can help determine which aspects of work are important in the prediction of initial attraction to an organization and premature turnover. Seybolt's work role design is defined in terms of three concepts: (a) the job itself, (b) the kinds of interactions at work, and (c) organizational policies which affect the employees (p. 27).

This study applied Seybolt's concepts to evaluate work role design factors and to determine the degree to which employees found them satisfying or dissatisfying. Within this study, several questions were asked pertaining to the work role design. Employees were asked about the kinds of interactions they encountered at work, the way organizational policies were administered, and their level of satisfaction with each of these.

The job itself was evaluated to determine employees' level of satisfaction or dissatisfaction in areas of skill variety, task significance, autonomy, and feedback from the job. Seybolt (1986) categorized jobs in terms of their motivating potential. According to Seybolt, jobs that have high motivating potential included the following characteristics: (a) skill variety, (b) task identity (doing complete tasks at work), (c) task significance, (d) autonomy, (e) feedback from the job itself, and (f) performance-outcome linkage (p. 27).

"Performance-outcome linkage" refers to a theory of motivation. Performance-outcome linkage applies when an employee perceives that if performance is at an acceptable level, in return certain valued outcomes will be received. The outcomes are defined as "growth related" and include "opportunities to learn new things, using skills and abilities, opportunities to make independent decisions, and having responsibility" (Seybolt, 1986, p. 28).

Interactions at work consist of such factors as: (a) supervisor and co-worker feedback about patient care, and (b) communication about role clarity. Feedback is defined in terms of supervisory and co-worker discussion: "quantity in general and amount of positive feedback and client feedback in terms of quantity" (Seybolt, 1986, p. 28). Role clarity refers to an employee's understanding of

what his or her role entails. There may be role conflicts, where the various roles employees are expected to fill become incompatible. Role dissension may also occur during interactions at work, when disagreement with supervisors over work role related duties develops (Seybolt, 1986, p. 28). Role conflict can lead to job dissatisfaction and to work related stress.

The last factor contributing to work role design is organizational policy. Organizational policies are the rules and regulations developed by the governing agent of an organization. The design of the organizational policy in regard to its level of consistency and impartiality has a direct effect on the work groups within the organization (Seybolt, 1986, p. 28).

The three concepts of work role design and their various attributes contribute to an employee's job satisfaction. This study assessed the work role design to determine factors that contribute to satisfaction and dissatisfaction of community health nurses employed in a nonprofit health agency.

The second major variable of the model is job satisfaction. Seybolt (1986) proposed three aspects of job satisfaction: (a) satisfaction of growth needs (learning opportunities, use of skills, decision making, amount of responsibility), (b) overall work satisfaction, and

(c) satisfaction with one's career. There are several levels of satisfaction directly affected by the work role design (p. 28).

Seybolt (1978) indicated that turnover is highly related to worker satisfaction. Employees who are dissatisfied with their work role design may also feel a low level of job satisfaction, and overall growth needs and career needs may not be fulfilled, which can lead to turnover (p. 6).

The third variable of the model categorizes an organization's employees according to their organizational career stage, or length of tenure, and examines the work related attitudes of these different groups. Seybolt (1986) found that individuals perceive their job differently according to how long they have been in their employing organization (p. 27). This study, in relation with Seybolt's model, correlated job satisfaction scores with selected individual characteristics, such as length of employment, educational level, and number of years in nursing to determine whether these were significant factors in employees' satisfaction or dissatisfaction with their jobs.

Seybolt (1986) believed that at different organizational career stages, different aspects of the work role design becomes more or less important to employees in

terms of their satisfaction and their turnover intentions (p. 26). Seybolt (1986) identified five levels of organizational career stage, or job tenure, that are useful in explaining differences in employees' attitudes toward jobs. The following is the ranking of the five groups in order of the highest to the lowest turnover intentions:

1. Nurses in the early years of their profession, from 6 months to 1 year, have the highest rate of employee turnover. This group requires more co-worker feedback and learning opportunities, and performance outcome links, such as using their skills and abilities, and having responsibility.

2. Nurses within their mid-career of nursing, from 1-3 years, are the second most prone to turnover. These nurses need more autonomy and more freedom to do their work independently or a high occurrence of role dissension may occur.

3. For nurses within the advanced career stage, from 3-6 years, turnover intentions are slightly lower compared to those of the previous two groups. Nurses within this group lack a sense of excitement with their work, and job feedback is important to keep them stimulated. These nurses need to be shown that their work is important.

4. Entry level nurses, nurses with less than 6 months of experience, have a very low rate of turnover compared to

nurses in the previous groups. This makes sense, since they are still learning the job at this point in their careers. Factors which contribute to work satisfaction are skill variety, autonomy, and job feedback. Feedback is necessary in order to affirm their sense that they are doing the job well.

5. Nurses within the later career stage, who have over 6 years of tenure, are also the least likely to leave. They have the lowest turnover intentions as a group. Seybolt (1986) proposed two variables which may cause turnover intentions in this group: career dissatisfaction and overall work dissatisfaction. In order to keep these employees, the nursing manager should give feedback and consider these employees for a career movement (pp. 29-30).

Seybolt (1986) theorized that an employee can experience several levels of job satisfaction, which will vary depending on the work role design and the employee's organizational career stage. A nursing manager may predict turnover intentions based on the employee's position on the organizational career ladder or length of tenure. The nursing manager also needs to be aware of the level of job satisfaction an employee has towards the work role design. Many of the variables listed in the employee turnover model may also influence a nurse's decision to enter an organization (p. 27).

This research analyzed demographic data such as tenure of employment, educational preparation, and years of nursing experience to determine whether there was a significant difference among these factors contributing to recruitment and retention. Seybolt's model suggests that individuals perceive their jobs differently in accordance with how long they have been in their employing organization. This study analyzed work role design variables to determine what factors contribute to the satisfaction and dissatisfaction of community health nurses.

Related Literature

The literature review included studies of: (a) the availability of registered nurses, (b) factors perceived as possible contributors to job satisfaction in nursing, and (c) possible outcomes of the inability to attract and retain registered nurses. The factors discussed in the literature as important to nurse attraction and retention are dynamic, interacting elements that have been placed in specified categories for purposes of the study and to facilitate discussion.

There is an abundance of literature written on the nursing shortage in general and problems of attraction and retention. The literature does not specifically cover community health nursing, but speaks of the problem of nursing shortage in the acute care setting. Even though the

literature is very limited in regard to problems attracting and retaining of community health nurses in community health agencies, the problem does exist. According to the National Association for Home Care, in March 1988, "56% of the home care agencies stated that they were having difficulty in recruiting and/or retaining registered nurses" (Jones, 1986, p. 6).

Availability of Registered Nurses

Iglehart (1987) suggests that the unavailability of registered nurses contributes to the problem of attraction and retention. Some nurses are either inactive or working outside health care. Fewer women choose nursing as a profession now because they are pursuing more advantageous careers such as law, medicine, engineering, and business, few of which require night and weekend work or rotating shifts (p. 646).

Data presented by Aiken and Mullinix (1987) contradict Iglehart's (1987) assumptions. Their findings suggest that nurses have one of the highest rates of participation in the labor force among workers in predominantly female occupations. Nearly 80% of all registered nurses are actively employed either full time or part time. A total of 27% of the poll of registered nurses work part time and less than 6% of registered nurses are employed in other occupations and are not seeking a position in nursing. Not

much is known about those who do not renew their licenses and therefore are not counted in the population of registered nurses (p. 642).

Researchers do not agree on the number of licensed nurses in the United States. Jones and Hardy (1987) reveal that licensed nurses number 1.9 million. Hospitals are employers of nurses, employing close to 1.1 million or 68% of the work force. Approximately 33% of the nurse work force is part time. Over 78% or 1.5 million nurses are employed in nursing (p. 25). Analysis of the data given by Jones and Hardy (1987) reveals that 10% or 190,000 nurses are employed in health settings other than the traditional hospital setting.

The researcher was unable to find any statistical data on the number of nurses employed by nonprofit home health agencies. Of some significance, though, is a study done by the National Association for Home Care. This study revealed that out of 1,000 agencies employing registered nurses, over 56% were experiencing difficulty in retaining and recruiting registered nurses (Jones, 1988, p. 6).

Jones and Hardy (1987) report that today more registered nurses in the home care settings are "seeking part time positions to have control over when and how much they work" (p. 26). Agencies experiencing problems with inadequate staffing place more work on the current staff.

Inadequate staffing produces a heavier work load and can add to the problem of retention of current staff.

Another factor that contributes to the attraction and availability of nurses is the marked decrease in enrollment in nursing schools, raising the possibility that fewer nurses than anticipated will be available in the future. If there is a reduction in the supply of nurses, there will be very few nurses to attract to any organization. Annual surveys conducted between 1974 and 1986 by the American Council on Education and the UCLA Cooperative Institution Research Program showed a "50% drop in the proportion of first time, full time freshmen women in all kinds of institutions of higher learning who planned to pursue careers in nursing" (Iglehart, 1987, p. 646).

Factors Perceived as Possible Contributors to Job

Satisfaction and Dissatisfaction in Nursing

The literature discusses numerous factors in relation to nurses' contentment with their jobs. To facilitate discussion, the interacting factors will be placed in specified categories. The various areas to be discussed will include: (a) compensation, (b) interactions at work, (c) tenure of employment, (d) educational preparation and orientation, and (e) working conditions.

Compensation

This factor was often found to relate to job

satisfaction. The literature reveals that nurses are underpaid in general and are not "compensated by a substantial difference in salary, especially for advanced education in nursing, such as for a baccalaureate degree" (Aiken & Mullinix, 1987, p. 644). There also exists a competitive market in the health field among different settings that attract nurses. Often, home health agencies are in competition for nurses with the hospitals, and most often the hospitals win. The hospitals are frequently "pressed to raise salaries in response to severe shortages. . .like a magnet, more attractive pay will draw nurses out of the home care industry back into inpatient settings" (Maraldo, 1988, p. 11). Jones and Hardy (1987) reveal home care salaries to be \$1-3,000 below those of hospitals (p. 26). The importance of compensation should not be underestimated. Numerous studies have shown that "wage or salary received by an employed individual is considered to be among the most important factors and compensation is a major source of job dissatisfaction when considered inadequate" (Nauright, 1987, p. 63).

A research study done by Koerner (1981) used a sample of 32 community health nurses in a Visiting Nurse Association (VNA), and the Job Description Index survey, to examine the relationship of job performance to the variables of age, education, work experience, licensure scores, job

satisfaction, and leadership behavior. The results showed that "compared to female industrial plant employees, nurses were less satisfied with pay [italics added] and promotion, equally satisfied with supervision, and more satisfied with the work and co-workers" (Koerner, 1981, p. 45).

In order to deal with problems of low morale and high turnover, a survey was designed to measure job satisfaction of public health nurses in South Carolina. The research design to measure job satisfaction was developed by Stember, Ferguson, Conway, and Yingling (cited in Lucas, McCreight, Watkins & Long, 1988). The questionnaire measured satisfaction with 12 job components, assessing 741 nurses with a 68% percent response rate. The highest components of job satisfaction were job importance (mean 5.39 of a possible 6.00), interpersonal relations (mean 4.62), and achievement (mean 4.51). One of the components with the lowest ratings was salary and benefits (mean 3.33) (p. 232).

Another survey research, performed by Geiger and Davit (1988), assessed significant differences between hospital nurses and public health nurses by degree of job satisfaction. A significant difference was found when the nurses responded to the last question on the questionnaire. The question asked, "Are your reasons for working primarily economic?" (p.53). Seventy-two percent of the public health nurses and 45% of the hospital nurses responded

affirmatively. Again it appears that compensation is a very important factor for nurses in community health. Another interesting point is that the study revealed higher satisfaction among hospital nurses than among the public health nurses. As Geiger and Davit (1988) proposed, "the fact that 72% of the public health nurses and only 45% of the hospital nurses stated that their reasons for working were primarily economic also could be related to the level of job satisfaction" (p. 56).

Interactions at Work

This is another important variable that relates to job satisfaction. Feeling unappreciated is a major motivation suppressor. Social support from supervisors and co-workers has been shown to directly affect job satisfaction. Sepic (1986) believes that feelings of belonging to the team, feelings of self worth, and supervisors' and co-workers' ability to go out of their way to make work life easier for the nurse contribute positively to job satisfaction (p. 69). Seybolt (1986) believes that "role clarity affects performance or interactions at work. If an employee is unaware of his job responsibility, the job performance is adversely affected" (p. 28).

Another important component found by Lucas et al. (1988) which contributed to job satisfaction and interactions at work was recognition. Lucas et al. (1988)

measured job satisfaction of public health nurses and ranked in order the three lowest job satisfaction components. Recognition, with a mean of 3.25 of a possible 6.0, was rated one of the lowest. Recognition from supervisors and co-workers appear to be an important component in job satisfaction (p. 232).

Tenure of Employment

Research results reported by Sepic (1986) reveal that young nurses with 3-5 years of experience have a very high turnover rate. This is related to the lack of opportunity to participate in decisions that affect their work and the limited chance for professional growth. Older nurses have learned to cope and are able to resist burnout for a longer period of time (pp. 67-68). In another study revealing similar results, Lucas et al. (1988) surveyed public health nurses to measure job satisfaction and found that "younger nurses who had been with the organization the shortest time were noted to be less satisfied" (p. 234).

Educational Preparation and Orientation

The shrinking pool of baccalaureate prepared nurses poses real problems for community based agencies. Jones and Hardy (1987) reveal that home care agencies are turning to nurses with strong hospital experience because of the increasing use of highly technical treatments in the home. At the same time, nurses who lack community health

experience require a lot of education to make the transition from relying on hospitals and physicians for solutions to problems that truly include nursing management and decision making in the home environment (p. 26). However, the reverse of this problem also exists. Experienced home care staff have been "overwhelmed by the acuity and high technical needs of the patients. The advent of high technical procedures presents a whole new world for community health nurses and some may not be able to stay in home health" (Jones & Hardy, 1987, p. 26).

Lucas et al. (1988) discovered through research that job satisfaction varied according to the educational level of the nurses. Specifically:

Nurses with a master's degree in public health had higher job satisfaction (mean 4.5) of a possible 6.0, compared to those with an associate degree (mean 3.84). Differences in job satisfaction were also found in current position classifications. . . . Nurse administrators had significantly higher job satisfaction (mean 4.33) than did either the staff public health nurse (mean 3.87) or the nurse practitioners/midwives (mean 3.82). (pp. 232-234)

Educational preparation appears to be an important factor within home care. Nurses need a thorough orientation if they possess no preclinical knowledge of community

health. According to Seybolt (1986), role conflict can occur when employees are uncertain as to what their role is, and this affects their interactions at work, and their growth satisfaction, which eventually affects job satisfaction. Depending on the employee's organizational career stage and the characteristics of the work role design, an employee may stay or leave an organization, based on the level of satisfaction. The nurse who feels competent to perform the tasks required will be more likely to believe that increased effort will produce increased outcomes (pp. 26-32).

Working Conditions

Within home health, the job requirements have changed. Many of the former attractions of community health nursing are absent now from the community setting. In the past, most community health agencies provided regular work hours of 8 a.m. to 5 p.m. No shift work was required, and weekends off were well worth the difference in lower salary. "Today nurses work weekends, evenings, and even night shifts, and the amount of paper work has increased. Also in the past, community health nurses had input into decision making within the organization" (Jones & Hardy, 1987, p. 26). Now, since community health organizations have grown from small concerns to large agencies, nurses are moved farther away from the decision making process.

Lucas et al. (1988) assessed the working conditions of public health nurses and found one of the components with the lowest ratings was:

Job mechanics (mean 3.06) of a possible 6.00. Closer attention to job mechanics results showed that the amount of paper work was creating most of the dissatisfaction; steps were undertaken to reduce redundant and less valuable reporting and recordings. Another significant difference was found between nurses who took work home ($N = 349$) and those who did not ($N = 362$). Nurses who completed work on the job had higher job satisfaction (mean 4.04) than those who did not (mean 3.82). (p. 234)

Researchers appear to agree that the working conditions have changed in community health. The working hours for community health nurses no longer consist entirely of day time hours. Sometimes nurses are required to work evening and night shifts. Job responsibilities have also changed and increased. More documentation is required of the community health nurse in regards to patient care.

Geiger and Davit (1988) assessed the working conditions of nurses and found significant differences in job satisfaction between hospital and public health nurses. An analysis of the Job Satisfaction Scale revealed higher job satisfaction among hospital nurses than among public health

nurses. The hospital nurses reported fewer restrictions to their professional advancement than did public health nurses. In the hospital, opportunities for advancement were provided. In public health, only a managerial route for advancement was available (p. 56).

The Possible Outcomes of the Inability to Attract and Retain Community Health Nurses

Because of the shortage of community health nurses, home care agencies may have to cut back on services. In addition to the inability to attract and retain registered nurses, "many individuals in need of home care services will be adversely affected. . . . The revolving door of staff dissatisfaction will make it impossible to deliver services to all but a few" (Jones, 1988, p. 9). Discontentment in nurses poses a significant problem by "producing the negative image the public holds of the profession, exacerbating the nursing shortage, and further compromising working conditions" (Gioiella, 1987, p. 128). The impact on quality of care is even more significant. Quality of care can only be maintained through continuity of care. Continuity of care is impossible with a high degree of registered nurse turnover.

Summary of Literature Review

As the literature reveals, there are numerous factors possibly contributing to attraction and retention of

community health nurses. In order to solve the problem of poor attraction and retention, community health agencies need to identify through research areas which current nurses perceive as producing dissatisfaction and satisfaction. Several areas already documented within the literature noted: (a) compensation, (b) educational preparation, (c) interactions at work, and (d) working conditions. Dissatisfaction in any of these areas can contribute to attraction and retention of community health nurses. The literature stated that nurses who have been in the organization the shortest period of time are usually among the least satisfied. Nurses who leave nursing or an organization dissatisfied usually give a poor image to prospective employees, causing difficulty in attracting other nurses.

Chapter 3

METHODOLOGY

The methodology of this study dealing with factors contributing to attraction and retention of community health nurses in a nonprofit home health agency is presented in this chapter. The methodology includes: (a) research design, (b) sampling method, (c) instrument, (d) data collection technique, and (e) analysis of the data.

Research Design

The research design was exploratory and descriptive using a survey approach in the form of a written structured questionnaire to obtain the data. In using the survey approach, detailed descriptions of existing phenomena were collected and used to justify current conditions.

There are three major advantages of survey research: (a) a large volume of information can be obtained from a large population in a less costly fashion, (b) survey research information can be fairly accurate, and (c) if the sample represents the population, a relatively small number of respondents can provide an accurate picture of the target population. One disadvantage of survey research is that the information obtained in such a study tends to be superficial (Wood & Haber, 1986, p. 130).

Sampling Method

The population for this research was community health nurses employed in a nonprofit home health agency, consisting of two branch offices serving several counties within central California. The counties served by this agency were: (a) San Benito, (b) Santa Cruz, (c) Santa Clara, and (d) Monterey.

Twenty-nine community health nurses were given an opportunity to voluntarily participate in the research. The sampling procedure implemented was accidental sampling, in which the sample is convenient and accessible to the researcher and is sometimes called a sample of convenience. Accidental sampling is "the use of the most readily accessible persons or objects as subjects in a study" (Wood & Haber, 1986, p. 208). The advantage of an accidental sample is that it makes it easier for the researcher to obtain participants. One major objective was to obtain a sufficient number of respondents who were registered nurses employed as community health nurses within the home health agency.

The sample consisted of 29 community health nurses within the agency, who voluntarily responded to the questionnaire. In order to ensure reliability of the data results and a representation of the sample, a response to the questionnaire of at least 90% was desired. The number

of nurses who participated was 20, a 69% response rate.

In order to conduct the research, permission was granted by the chief executive director of the agency who gave written approval of the research project. A meeting was conducted with the researcher and the chief executive director. During this meeting, the researcher described the study in detail and elicited an affirmative response to allow the study to be done within the agency. A formal letter (Appendix C) was addressed to the chief executive director describing the study and requesting permission to contact the community health nurses within the agency. A copy of the questionnaire along with the agency response form and a self-addressed, stamped return envelope accompanied the letter. The agency response form included a space to indicate the number of community health nurses employed by the agency (Appendix D). The approval process to conduct the research included the San Jose State University Human Subjects Review Board (Appendix E).

Instrument

The research instrument (Appendix F) was developed by McCulloch (1974) to measure job satisfaction and education preparation for new graduate nurses. The satisfaction questionnaire consisted of 120 items. A pilot study of the instrument done by Dr. McCulloch yielded an internal consistency reliability coefficient of .88. Content

validity was also determined to be adequate. The instrument is rather lengthy. According to Dr. McCulloch, extra items were deliberately included to obtain an accurate picture of respondents' feelings. From the questionnaire, seven factors were developed through factor analysis by Dr. McCulloch. The seven factors were:

1. Working Conditions. Questions asked within this category concerned organizational policies, practices, and conditions surrounding the work environment in which nursing care was given.

2. Professional Considerations. Questions asked within this category concern perceptions which individuals have about moral values, security, achievement, friendliness of co-workers, interaction on the job, and how they were accepted by patients and physicians.

3. Professional Preparation. Questions asked within this category measured components of preparation satisfaction, depth of theory, amount of clinical experience, number of times the employee must cope with feelings of inadequacy, and adjustment between what was taught and work reality.

4. Compensation. Questions in this category related directly to salary or fringe benefits.

5. Emotional Climate. Questions within this category concerned ability, utilization, advancement, responsibility,

recognition, evaluation, and creativity.

6. Supervision. Questions on supervision concerned human relations and technical components of supervision.

7. Social Significance. Questions asked within this category concerned employees' feelings of importance in relation to their job, the sociological impact of their work, and their personal worth in the larger scheme of things concerned with nursing authority (McCulloch, 1974, pp. 28-30).

The questionnaire developed by Dr. McCulloch was designed to measure the degree of job satisfaction found in a hospital setting in which nursing care is given. The investigator modified the wording in the instrument to reflect this study's concern with community health nursing. Content validity was assessed by having two directors of nursing service and one community health nurse read and critique the instrument. All agreed that it possessed validity but was rather lengthy. Seven of the items within the questionnaire were removed for being weak and redundant and to shorten the questionnaire. Questionnaire items were rearranged into subtest groupings to expedite scoring and interpretation of data. The questionnaire was arranged in a Likert type attitude scale to assess factors for their degree of influence on the employee in choosing and remaining in community health nursing. The rating scale for

scoring specified five responses to conditions:

1. Very dissatisfied
2. Moderately dissatisfied
3. Indifferent
4. Moderately satisfied
5. Very satisfied

There were a total of 113 items to respond to along with three questions designed by the researcher referring to demographic data: (a) educational preparation, (b) tenure of employment with current job, and (c) years of nursing experience.

Data Collection Technique

The questionnaire was self administered and required 15 minutes to complete. A cover letter was attached to each questionnaire (Appendix B) which explained: (a) the purpose of the research, (b) the study sample, (c) the procedure to be followed in order to complete the questionnaire, and (d) informed consent. The cover letter requested that the nurses return the questionnaire in the self addressed return envelope within 2 weeks and asked them not to omit any items. To protect anonymity and ensure confidentiality, the questionnaire requested that the participants not sign their names. The nurses were also informed that their chief executive director would receive a summary of the findings upon completion of the research.

Two weeks after distribution of the questionnaire, a follow-up letter was sent to each participating branch office in care of the chief executive director, thanking those who participated in the study and encouraging those who had not responded to return their questionnaire (Appendix G).

Analysis of the Data

The questionnaire was arranged in a Likert type attitude scale assessing factors for their degree of influence in choosing and remaining in community health nursing. The questions were arranged into subtest groupings to expedite scoring and interpretation of the data. Seven factors were analyzed. An average mean factor score was computed for each factor. The factor having the highest average was considered to be the most significant factor that contributed to a nurse's reason for selecting or remaining in community health nursing. The factor with the lowest mean score was considered to be an important factor also, for it provided an indication as to the areas that may cause poor attraction and retention.

In analyzing the demographic data, a Kruskal-Wallis test was performed to determine any significant difference in the level of satisfaction for each of the factor means that contribute to recruitment and retention by:

(a) educational level, (b) years of nursing experience, and

(c) the number of years worked in the nurses' present job. Means of each question were obtained and narrative descriptions along with tables were used to summarize the results.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

The data were analyzed according to: (a) the factors that produced satisfaction and/or dissatisfaction and how they were rated on the Nurse Satisfaction Questionnaire (NSQ), (b) the questions which revealed a level of dissatisfaction and/or satisfaction and how they were answered on the NSQ, and (c) which factors revealed a significant difference in the level of satisfaction when compared to demographic data of educational level, years of nursing experience, and number of years nurses worked in present job.

Originally, the organization had 35 registered nurses. During the actual data collection period, the number of registered nurses was 29. Twenty-one questionnaires were returned, yielding a return rate of 72.4%. The number of actual respondents was 20, yielding a response rate of 69%.

Analysis of the Factors

There were seven factor areas assessed in this study. The factors were:

1. working conditions
2. professional considerations
3. professional preparation
4. compensation

5. emotional climate
6. supervision
7. social significance

Factor 1: working conditions (questions 1 through 17) concerns agency policies, practices, and conditions surrounding the work environment. Factor 1 had a mean of 3.0950. The overall score on the Nurse Satisfaction Scale (NSQ) of 1-5 revealed that the nurses were indifferent about this area. The standard deviation for working conditions was 0.6130. A wide majority of the responses (68%) were between 2.482 and 3.708.

Factor 2: professional considerations (questions 18 through 39) concern perceptions which nurses may have about moral values, security, achievement, friendliness of co-workers, and how they are accepted by patients and physicians. Factor 2 had a mean of 4.0331, which revealed that the nurse were moderately satisfied within this area. The standard deviation was 0.3869. At least 68% of the responses were between 3.6462 and 4.42, representing a normal distribution of the responses.

Factor 3: professional preparation (questions 40 through 47) measures components of preparation satisfaction and the amount of clinical experience. Factor 3 had a mean of 3.5000 which revealed that the nurses were indifferent in this area. The standard deviation was 0.3960. At least 68%

of the responses were between 3.104 and 3.896, representing less variation and similar responses.

Factor 4: compensation (questions 48 through 53) examined the degree of satisfaction related to salary or fringe benefits. The mean was 2.2170, which revealed that the nurses were dissatisfied in this area. The standard deviation was 0.5290. At least 68% of the responses were between 1.688 and 2.746, representing a normal distribution of the responses.

Factor 5: emotional climate (questions 54 through 82) concerns responsibility, recognition, evaluation, and advancement. Factor 5 had a mean of 3.3397, revealing that the nurses were indifferent in this area. The standard deviation was 0.5355. At least 68% of the responses were between 2.8042 and 3.8752, representing a normal distribution of the responses.

Factor 6: supervision (questions 83 through 96) concerns human relations and the technical components of supervision. A mean of 3.9056 was obtained, placing this factor on the scale in the upper limits of indifference and the lower limits of satisfaction. The standard deviation was 0.2266. A majority of the responses, 68%, were between 3.679 and 4.1322, representing less variation and similar responses.

Factor 7: social significance (questions 97 through

113) measures the level of importance nurses feel in their jobs. Factor 7 had a mean of 3.795, placing this factor on the scale in the upper limits of indifference. The standard deviation was 0.531. The majority of the responses, 68%, were between 3.264 and 4.326, representing a normal distribution of the responses.

Table 1 lists the ranking of factors by satisfaction scores. Overall, nurses appeared more satisfied with factor 2, professional consideration, and least satisfied with factor 4, compensation.

Analysis of the Question Items

A list of 113 questions with their means and frequencies is included in Appendix H. To facilitate discussion, the questions were placed within their specific categories and analyzed according to how they were rated on the NSQ. Questions which revealed a significant level of satisfaction and questions which scored a significant level of dissatisfaction were grouped in their specific categories for analysis.

Working Conditions

Within the category of working conditions, the nurses were dissatisfied with: (a) item 1, the personnel policies and practices toward employees (mean 2.85), (b) item 2, the working conditions, such as space and facilities (mean 2.2), (c) item 6, the working conditions, such as work load and

Table 1

Ranking of Factors by Satisfaction Scores (N=20)

Rank	Factor	Mean
1	II Professional considerations	4.0331
2	VI Supervision	3.9056
3	VII Social significance	3.7950
4	III Professional preparation	3.5000
5	V Emotional climate	3.3397
6	I Working conditions	3.0950
7	IV Compensation	2.2170

adequacy of other workers (mean 2.6), (d) item 10, an unrealistic amount of work to do (mean 2.6842), (e) item 12, the way this agency treats its employees (mean 2.8), (f) item 17, the number of weekends the employee must work (mean 2.0).

Question 8, in the category of working conditions, also revealed a level of dissatisfaction. Question 8 asked how satisfied the nurses were with the way employees were informed of administrative policy changes. The mean for question 8 was 2.2. Placed on a scale of 1-5, where 1 indicated "very dissatisfied" and 5 "very satisfied," question 8 scored moderately dissatisfied. A total of 65%

of the nurses said they were dissatisfied, 20% were indifferent, and 15% were satisfied.

Question 16 rated the highest in job satisfaction for factor 1, working conditions. Sixty percent of the nurses responded that they were moderately satisfied with the quality of patient care given within this organization. Question 16 had an average 4.4, scored as moderately satisfied when placed on a scale of 1-5.

Professional Considerations

The majority of the questions asked within this category revealed the nurses to be satisfied with: (a) interactions on the job, (b) friendliness of co-workers, (c) how they were accepted by patients and friends, (d) how their moral values were respected, and (e) their employment security and achievement.

The highest scoring item in this category was question 24, with a mean of 4.55. On a scale of 1-5, question 24 ranked moderately satisfied, and asked the nurses how satisfied they were with their ability to take pride in a job well done. Seybolt (1986) proposed that interactions at work play a significant part in the work role design, which can affect job satisfaction and lead to turnover or retention (p. 28). There were no question items within this category which revealed a level of dissatisfaction.

Professional Preparation

Educational preparation for community health nurses was an area in which the nurses felt they were competent and satisfied. Question 41 (mean 4.0) revealed that the nurses were satisfied in knowing their job responsibilities. Forty-five percent of the nurses responded as being moderately satisfied, and 30% responded as being very satisfied; 20% were moderately dissatisfied, and 5% were very dissatisfied. The nurses were satisfied with the opportunity to learn new things (question 45, mean 4.0). There were no question items within this category that revealed a level of dissatisfaction.

Compensation

Compensation was found to be the number one factor which reflected much dissatisfaction within this group. All the question items within this category scored a very low average, below 3 on a scale of 1-5. Item 48 scored the lowest with a mean of 1.75. Item 48 asked the nurse to evaluate how satisfied they were with the amount of pay they receive for the amount of work they do. Within this category, there were no question items that scored a level of satisfaction.

Emotional Climate

Another important question was 57 (mean 2.5). Question 57 asked the nurses how satisfied they were with the

opportunities for advancement. Fifty percent were dissatisfied, 25% were indifferent, and 25% were satisfied. Seybolt (1986) theorized that nurses with 6 years of tenure should be considered for a career movement (pp. 29-30). The average number of years of nursing experience for the nurses was 16.2. The average number of years worked within the organization was 2.97. The nurses were dissatisfied with the administration. Question 77 (mean 2.7) revealed that the nurses were dissatisfied with the amount of respect given for competency by the administration.

Areas of satisfaction were: (a) item 58, the spirit of cooperation among co-workers (mean 4.15), and (b) item 79, accepting responsibility for ones' own acts (mean 4.25).

Supervision

Nurses appeared satisfied with their first line supervisor. Questions 84 (mean 4.25), 86 (mean 4.05), and item 95 (mean 3.9) revealed that the nurses were satisfied with their supervisor's technical competence, decision making ability, and the supervisor's respect for them. Within this category, there were no questions revealing dissatisfaction.

Social Significance

The nurses were satisfied with social relationships at work involving client interactions. Questions 102 (mean 4.3), 108 (mean 4.3), and question 111 (mean 4.25) ranked

moderately satisfied on the NSQ. These questions revealed that the nurses were satisfied with the way ideals, concepts, and ways of functioning were accepted by patients, and satisfied with the opportunity to be important to patients. The nurses were satisfied in having the opportunity to teach patients and families. Question 110 (mean 2.65) revealed that the nurses were dissatisfied in their perception of how much they were appreciated by nursing administration.

Relationship of Factors to Demographic Data

The Kruskal-Wallis test was performed to determine whether there was a significant difference in the level of satisfaction for each of the factor means that contribute to recruitment and retention by: (a) educational level, (b) years of nursing experience, and (c) the number of years worked in the nurses' present job. The test statistic for the Kruskal-Wallis is H . Appendix I shows the results of the Kruskal-Wallis test for all the factor means.

Educational Preparation

The sample consisted of registered nurses with a wide range of educational background, ranging from associate degrees in nursing to a master's degree in nursing (Table 2). The majority of the nurses had a bachelor's degree in nursing.

The seven factor means were compared to the levels of

education by using a level of significance (alpha) of .05 and the chi-square distribution to evaluate H . With four levels of responses, and degrees of freedom of 3 ($df = 3$), a critical value of 7.81 was derived. H values less than 7.81 were not considered to be significant. The probability distributions for the population of nurses by educational levels were significantly different at the .05 level for the factor of compensation with a value of $H = 8.185$. There were significant differences in the levels of satisfaction for factor 5, compensation, when compared to the four educational groups examined in the study. The other factor means revealed no significant difference for the populations

Table 2

Demographic Statistical Values for Educational Background
(N=20)

Demographics	Frequency	Mean	Standard Deviation
1. Associate Degree	1	*3.0	0.65695
2. Diploma	5		
*3. B.S.N.	13		
4. M.S.N.	1		
5. EdD/PhD	0		

(educational groups). The populations had identical probability distributions for the factor means.

Years in Nursing

The average number of years worked as a professional nurse was 16.2 (Table 3). The seven factor means were compared to the number of years in nursing to determine any significant difference in the levels of satisfaction. Alpha of .05 and the chi-square distribution were used to evaluate χ^2 with three levels of responses, degrees of freedom of 2 ($df = 2$), and a critical value of 5.99. χ^2 values less than 5.99 were not considered to be significant. In using a level of significance of .05, there was a significant difference in the level of satisfaction for compensation by the number of years in nursing. The value of $\chi^2 = 8.408$ revealed a significant difference.

Years Worked Within the Organization

There existed some variation in the number of years the registered nurses had worked in their present jobs. The majority of the nurses had worked 2 years or less, with an average of 2.97 (Table 4). According to the conceptual framework developed by Seybolt (1986), nurses with a tenure of 1 year or less have the highest rate of employee turnover, and nurses from 1-3 years are the second most prone to turnover (pp. 29-30).

Table 3

Demographic Statistical Values for Number of Years Worked as
a Professional Nurse (N=20)

Number of years in nursing	Frequency	Mean	Standard Deviation
0-10	4	16.2	9.42896
11-19	9		
More than 19	7		

Table 4

Demographic Statistical Values for Number of Years Worked in the Non-Profit Agency (N=20)

Number of years on job	Frequency	Mean	Standard Deviation
0-2	12	2.97	3.24701
3-4	4		
5 or more	4		

Alpha of .05 and the chi-square distribution were used to evaluate χ^2 with three levels of responses, degrees of freedom of 2 ($df = 2$), and a critical value of 5.99. χ^2 values less than 5.99 were not considered to be significant. Within this research, there was no significant difference found in the position of the factor means that contribute to satisfaction and dissatisfaction of community health nurses by the number of years worked in their present jobs. The factor means revealed no significant difference for the populations. The populations had identical probability distributions for the factor means.

Reliability Results of the Study

Reliability of the instrument was assessed in order to determine the degree to which different items elicited

similar attitudes from the respondents during one administration of the survey. When reliability cannot be determined through retest methods, internal consistency formulas are the preferred procedures. To examine internal consistency, Cronbach's coefficient alpha was selected; this technique is applicable when items are scored on more than two points and when there is only one administration of the test. A reliability coefficient of .70 and above is considered respectable for attitude measurements (Nunally, 1978, p. 241). A reliability coefficient of .94 was obtained from this study.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This study was designed to determine what factors contribute to attraction and retention of community health nurses in a nonprofit home health agency. The results of this research were derived from analysis of the data and were based on survey research.

Major Findings

The nurses were very dissatisfied with factor 4, compensation (mean 2.22). They believed they were not receiving a sufficient amount of pay for the amount of work they did. The nurses were also dissatisfied with the fringe benefits offered by the agency as compared to similar employees in other agencies. Inadequate compensation to an employee may make it difficult to attract and retain nurses in an organization. Review of the literature revealed only one similar study which reported nurses' dissatisfaction with compensation. That study, done by Lucas et al. (1988), reported that adequate compensation is an important factor for working in community health, and a general move was initiated by the nurse directors to increase salaries.

Inadequate compensation can be a strong factor in distracting eligible nurses away from an organization and

can lead to poor retention. Nurses who leave an organization dissatisfied usually give a poor image to prospective employees, causing difficulty for organizations to attract nurses.

The working conditions, factor 1 within this organization were not completely satisfactory. The nurses were dissatisfied with the work load and adequacy of other workers (question 6, mean 2.6), and the number of weekends they were expected to work (question 17, mean 2.0). Lucas et al. (1988) measured job satisfaction of public health nurses and found that the "amount of paper work was creating most of the dissatisfaction" (p. 234). Steps were taken to reduce the amount of paper work. Additional nurses need to be attracted to this organization in order to minimize the work load and the number of weekends each nurse has to work.

The nurses were moderately dissatisfied with the administration. They felt they were not appreciated by the administration (question 77, mean 2.7, and question 110, mean 2.65, revealed dissatisfaction). Discontentment was also reported regarding the way agency policies were administered (item 5, mean 2.5). Seybolt (1988) theorized that the design of the organizational policy in regard to the level of consistency and impartiality has direct effect on the work groups within the organization (p. 28). In survey research done by Lucas et al. (1988), one of the

lowest ranked components of job satisfaction was recognition. Efforts to increase recognition of the nurses were emphasized as an important aspect of job satisfaction that could be initiated with minimal budgetary effect (p. 232). Although of some significance, no data are available to determine how much contact the nurses actually had with the administration; however, it was known that the administration had a separate working facility from the nurses.

Factor 2, professional considerations (mean 4.03), revealed that the nurses were experiencing a moderate amount of satisfaction within this area. The nurses were satisfied with the spirit of friendliness among their co-workers, their present job security, the opportunity to show that they were trustworthy, and being able to take pride in a job well done. The nurses were satisfied with the opportunity to do many different things (item 28, mean 4.1). These variables may influence nurses to remain in an organization. Seybolt (1988) theorized that satisfaction is derived from a job based on the task significance, autonomy, and feedback from the job. Interactions at work both with co-workers and supervisors also have a significant role in job satisfaction (pp. 27-28). The nurses reported obtaining satisfaction from being treated as professionals.

Demographic Data

The demographic data were analyzed to determine if there was a significant difference in the level of satisfaction for each of the factor means that contribute to attraction and retention according to: (a) educational level, (b) years of nursing experience, and (c) the number of years worked in their present job. The findings were significant for factor 4, compensation, when compared to the demographic data of educational preparation and number of years in nursing. The conclusion is that there was a significant difference in the level of satisfaction in regard to compensation when compared to number of years in nursing and the educational preparation of the nurse. Nurses may feel they should be adequately compensated financially according to the number of years in nursing and their educational background. The nurses in this study felt they were not compensated adequately for the work they performed and there was a significant difference found in their level of satisfaction for compensation when compared to their educational background and the number of years they had been in nursing.

There was no significant difference found in the level of satisfaction for each of the factor means that contribute to attraction and retention by the number of years worked in their present job. This finding contradicted Seybolt's

(1988) theory of organizational tenure having significant effect on job satisfaction and dissatisfaction. The nurses within this organization felt indifferent to the factors contributing to attraction and retention when compared to the number of years worked within the organization.

The turnover rate within this organization was frequent; very few nurses had tenure greater than 3 years. The frequent turnover rate can be related to the level of satisfaction within the organization.

Summary

The factors contributing to attraction and retention of community health nurses employed in a nonprofit home health agency are several and reflect the level of satisfaction and dissatisfaction each nurse poses. For this research, compensation and professional considerations were found to be the most significant factors contributing to satisfaction and dissatisfaction. These factors can significantly affect the ability to attract and retain community health nurses in a nonprofit home health agency.

Recommendations

1. Even though seven of the original questions were removed from the Nurse Satisfaction Questionnaire, the survey was very lengthy. Additional item analysis, and logical analysis of item content, would help identify weak or redundant items and allow the instrument to be shortened.

2. Since this study has shown that there is a significant difference in satisfaction for compensation when compared to the number of years in nursing and the educational preparation of the nurse, further research is needed to determine what expectations are realistic in terms of financial compensation based on the number of years in nursing and the educational background of the nurse.

3. It is important for all nurse administrators to know exactly which components of job satisfaction and the work role design cause the greatest amount of contentment and/or disillusion. A research survey of this type should be conducted by all health care professional nursing agencies in order to promote nursing and to keep nursing viable, and to eventually resolve the growing discontentment in nursing.

This study provided baseline data regarding the factors influencing attraction and retention of community health nurses upon which further research can be designed.

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Appendix A
Permission Letter for
Use of Questionnaire

717 Lake Shore Drive
Eustis, Fl. 32720
October 30, 1988

Betty A. Walker, RN, BSN, MSN Candidate
P.O. Box 6974
Salinas, Ca. 93912

Dear MS. Walker

Permission is hereby granted to use the Nurse Satisfaction
Questionnaire and make whatever modifications you deem
necessary. Happy researching.

Sincerely,

Etta Smith McCulloch, R.N., Ph.D.
Etta S. McCulloch

Appendix B
Introductory Letter to Participants

May 20, 1989

Dear Community Health Nurse:

As a nursing student at San Jose State University in the Community Health Masters in Nursing program, I am conducting a survey to determine the factors contributing to attraction and retention of community health nurses in a non-profit home health agency. Information obtained from this research may be of interest to community health nurses and others concerned with retention and recruitment of community health nurses in a non-profit home health agency.

Community health nurses within _____ and its subsidiaries have been chosen as the study sample, and your participation has been approved by your Chief Executive Officer. If you need further clarification of any part of the questionnaire or study, feel free to contact me. Any other questions or complaints may be directed towards Elizabeth O. Dietz, Ed.D., F.N.P., Associate Professor/Advisor, (408) 924-3172.

Be assured that your participation is voluntary. To preserve confidentiality of your response, please do not sign the questionnaire. Completion of the survey will indicate your willingness to participate. Your agency's Chief Executive Officer will receive a summary of the findings following completion of the study.

Please return the completed questionnaire in the enclosed self-addressed, stamped envelope within two weeks. Thank you very much for your time and consideration.

Sincerely,

Betty A. Walker, RN, PHN
P.O. Box 6974
Salinas, CA 93912
(408) 442-1717

Appendix C
Letter to Chief Executive Director

A member of The California State University System

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San Jose, California 95192-0057 • 408 924-3130

January 24, 1989

Dear

I am a nursing student at San Jose State University in the Community Health Masters in Nursing program. For my thesis I have chosen to survey Community Health Nurses to determine the factors influencing attraction and retention of Community Health Nurses. Information obtained from this investigation may be of interest to current and prospective employers and others concerned with nurse recruitment and retention.

Community health nurses in _____ will constitute the sample of this study. I am requesting permission to contact the community health nurses, including clinic unit supervisors. A draft of the questionnaire that takes about 15 minutes to complete is enclosed for your review. The questionnaire has not been approved as yet by my research thesis committee. Participation on the part of the community health nurses will be voluntary and anonymity of individual responses will be assured by stipulating that respondents are not to sign the questionnaire.

Your agency's participation in the research will be greatly appreciated. The results from this study may be published, but any information from this study that can be identified with _____ will remain confidential and will be disclosed only with your permission. I have enclosed an Agency Response Form for your use, in addition to a stamped, addressed return envelope. Please also indicate on the agency response form how many community health nurses are in your agency. You will receive the appropriate number of questionnaires with stamped, addressed return envelopes to distribute to your community health nurses. Following completion of the study, you will receive a complete statistical analysis of the findings.

As per your request, the questionnaires will be sent directly to you, for you to distribute to the Community Health Nurses throughout your agency.

If you have any questions, please feel free to contact me by phone. Thank you very much for your time and consideration.

Sincerely,

Betty A. Walker, RN, PHN
P.O. Box 6974
Salinas, CA 93912
(408) 442-1717
(Master candidate in Nursing Science,
San Jose State University)

Appendix D
Agency Response Form

AGENCY RESPONSE FORM

AGENCY:

_____ Yes, the community health nurses employed by this agency may be contacted through the agency regarding the study. There are _____ (number) community health nurses employed by this agency.

_____ No, the community health nurses employed by this agency may not be contacted through this agency regarding the study.

Signature_____

Appendix E
Consent from Human Subjects Review Board

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

May 30, 1989

Ms. Betty Walker
P.O. Box 6974
Salinas, CA 93912

Dear Ms. Walker:

Your human subjects protocol number 7502 has received final approval. Attached is a copy of the final approval form with the signature of the Chairman of the Human Subjects Institutional Review Board and my approval.

The Human Subjects Institutional Review Board must be notified in writing of any changes to this approved protocol, and approval must be granted in writing before any change is instituted.

Congratulations and good luck with your research!

Sincerely,

A handwritten signature in cursive script that reads 'Serena Stanford'.

Serena Stanford, Ph.D.
AAVP for Graduate Studies & Research

Attachment

**SAN JOSE STATE UNIVERSITY
GRADUATE STUDIES AND RESEARCH**

**HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD
PROJECT PROPOSAL REVIEW**

Regular Review ☐ Expedited Review ☒ Deadline Date _____

I, the undersigned member of the San Jose State University Human Subjects Institutional Review Board, have reviewed the following proposal submitted to the Board on 5/10/89 by:

PRINCIPAL INVESTIGATOR: Betty A. Walker
 PROTOCOL #: 7502 DEPT: Nursing
 PROJECT TITLE: Factors contributing to the attraction and retention
of community health nurses in a nonprofit home health agency

I recommend the following action (indicate one):

1. Approved for clearance as involving minimal risk to Human Subjects. ☒
2. Approved for clearance with risk to Human Subjects. ☐
3. Approval depends upon the satisfactory completion of the following conditions. ☐

4. I have serious concerns about this protocol and it should go before the full committee to review. ☐

Jan L. Perry 5/15/89
 Signature of IRB-HS member Date

5. Not Approved. ☐ Approved. ☒

OFFICIALS SIGNING FOR INSTITUTION

Joni Campbell 5/19/89
 Chair, Human Subjects Institutional Review Board Date
Serena Stanford 5/24/89
 Serena Stanford, Ph.D. Date
 AAVP for Graduate Studies & Research

Please return to: San Jose State University Foundation, One Washington Square, San Jose, CA 95192-0139
 (408) 924-1438

Appendix F
Nurse Satisfaction Questionnaire (NSQ)

NURSE SATISFACTION QUESTIONNAIRE

Directions: Using the scale below, please rate each of the items by placing a circle around the number to the right of the question. PLEASE DO NOT SIGN YOUR NAME AND PLEASE DO NOT OMIT ANY ITEMS.

Ask yourself, how satisfied am I today with the following items:

-
1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	
-

	<u>Degree of Satisfaction</u>
1. The personnel policies and practices toward employees here	1 2 3 4 5
2. The working conditions such as space and facilities	1 2 3 4 5
3. The way I am expected to assume responsibility for the activities of auxiliary personnel	1 2 3 4 5
4. The opportunity to have different assignments	1 2 3 4 5
5. The way agency policies are administered	1 2 3 4 5
6. The working conditions such as work load and adequacy of other workers	1 2 3 4 5
7. The way my activities must be coordinated with other departments in this agency	1 2 3 4 5
8. The way employees are informed of administrative policy changes	1 2 3 4 5
9. The physical surroundings provided for my patients	1 2 3 4 5

Ask yourself, how satisfied am I today with the following items:

1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	

	<u>Degree of Satisfaction</u>				
10. An unrealistic amount of work to do	1	2	3	4	5
11. The constraints placed on me by ethical nurse-physician-patient interactions	1	2	3	4	5
12. The way this agency treats its employees	1	2	3	4	5
13. The adequacy of supplies for my patients	1	2	3	4	5
14. How often my co-workers and I are required to "float" to another branch office	1	2	3	4	5
15. How many times I am asked to work overtime	1	2	3	4	5
16. My perception of the overall quality of patient care given here	1	2	3	4	5
17. The number of weekends I must work	1	2	3	4	5
18. The way my religious beliefs are respected	1	2	3	4	5
19. My job security at present	1	2	3	4	5
20. The opportunity to be active most of the time	1	2	3	4	5
21. The way my moral values are accepted	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	

	<u>Degree of Satisfaction</u>				
22. The employment security I have for the future	1	2	3	4	5
23. The spirit of friendliness among my co-workers	1	2	3	4	5
24. Being able to take pride in a job well done	1	2	3	4	5
25. The opportunity to show that I am trustworthy	1	2	3	4	5
26. The way layoffs and transfers are avoided on my job	1	2	3	4	5
27. Being able to do something worthwhile	1	2	3	4	5
28. The opportunity to do many different things	1	2	3	4	5
29. The opportunity to improve my skills and abilities	1	2	3	4	5
30. The opportunities I have to obtain employment in other states	1	2	3	4	5
31. The way other workers display kindness to patients	1	2	3	4	5
32. The feeling of accomplishment I have at the end of each day	1	2	3	4	5
33. My perception of how patients feel toward me	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	

	<u>Degree of Satisfaction</u>				
34. My perception of how physicians feel toward me	1	2	3	4	5
35. My perception of my effectiveness in this job	1	2	3	4	5
36. My perception of nursing as a life work	1	2	3	4	5
37. The way my home situation fits my work schedule	1	2	3	4	5
38. My aptitude for community health nursing	1	2	3	4	5
39. My opinions are respected	1	2	3	4	5
40. The way I am encouraged to participate in continuing education offerings	1	2	3	4	5
41. How many times I do not know what I should do (I feel inadequate)	1	2	3	4	5
42. My perception of the State Board of Nursing	1	2	3	4	5
43. The adjustment between my theoretical concept of nursing and the practical application of it	1	2	3	4	5
44. My school curriculum contained sufficient clinical experience in community health	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

-
1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	
-

	<u>Degree of Satisfaction</u>				
45. The opportunity to learn new things	1	2	3	4	5
46. My responsibilities fit my job preparation	1	2	3	4	5
47. The depth of theory in my preparation to be a community health nurse	1	2	3	4	5
48. The amount of pay I receive for the amount of work I do	1	2	3	4	5
49. The opportunity for making as much money as I need	1	2	3	4	5
50. How my pay compares with that of similar jobs in other agencies	1	2	3	4	5
51. How my pay compares with that of other workers in this agency	1	2	3	4	5
52. The fringe benefits offered by this agency match those of similar employees in other agencies (meet your needs)	1	2	3	4	5
53. The way work schedules are handled	1	2	3	4	5
54. The opportunity to give total patient care	1	2	3	4	5
55. The variety of tasks I am expected to perform	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	

	<u>Degree of Satisfaction</u>				
56. The opportunity to perform the kind of tasks I do best	1	2	3	4	5
57. The opportunities for advancement in this agency	1	2	3	4	5
58. The spirit of cooperation among my co-workers	1	2	3	4	5
59. The way I am commended for good performance	1	2	3	4	5
60. The way I participate in evaluating my work	1	2	3	4	5
61. The opportunity to try new ideas	1	2	3	4	5
62. The opportunity to perform tasks for which I am best suited	1	2	3	4	5
63. The opportunity to make decisions on my own	1	2	3	4	5
64. The way I get credit for what I do	1	2	3	4	5
65. Being able to complete my assignment	1	2	3	4	5
66. The way my best abilities are challenged	1	2	3	4	5
67. The way promotions are given in this agency	1	2	3	4	5
68. The way work is delegated to others	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

-
1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	
-

	<u>Degree of Satisfaction</u>				
69. The morale of other workers in my office	1	2	3	4	5
70. The degree to which my rights and responsibilities are congruent	1	2	3	4	5
71. The way criticism is given in a fair, constructive manner	1	2	3	4	5
72. The opportunity to develop new and better ways of doing things	1	2	3	4	5
73. The opportunity to exhibit integrity	1	2	3	4	5
74. The opportunity to assume a leadership function within my assignment	1	2	3	4	5
75. The opportunity to make assignments to others	1	2	3	4	5
76. The opportunity to have a respected place in the community	1	2	3	4	5
77. The respect given for competency by the administration of this agency	1	2	3	4	5
78. The way my responsibilities fit my job description	1	2	3	4	5
79. Accepting responsibility for my own acts	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

-
1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	
-

	<u>Degree of Satisfaction</u>				
80. My perception of the emotional climate in which I work	1	2	3	4	5
81. My choice of assignments is considered	1	2	3	4	5
82. The pressure under which I work	1	2	3	4	5
83. The way my supervisor and I understand each other	1	2	3	4	5
84. The technical competence of my supervisor	1	2	3	4	5
85. The way my supervisor treats my co-workers	1	2	3	4	5
86. My supervisor's decision making ability	1	2	3	4	5
87. The way new ideas are accepted by my supervisor	1	2	3	4	5
88. The way my supervisor supports us to nursing administration	1	2	3	4	5
89. The way my supervisor handles complaints	1	2	3	4	5
90. The way my supervisor provides help when I am having difficulty	1	2	3	4	5
91. The way my supervisor considers each day a new beginning (evaluates me fairly)	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	

	<u>Degree of Satisfaction</u>				
92. How many times I am asked to do something against my conscience	1	2	3	4	5
93. How my supervisor asks me to do something	1	2	3	4	5
94. My perception of how experienced nurses feel toward me	1	2	3	4	5
95. The feeling of being respected by my supervisor	1	2	3	4	5
96. How my supervisor responds when I ask her to help in addition to the staff already in this office	1	2	3	4	5
97. The opportunity to be of service to others	1	2	3	4	5
98. The way I am challenged to improvise	1	2	3	4	5
99. The opportunity of having other workers look to me for direction	1	2	3	4	5
100. The social position that accompanies my job in the community	1	2	3	4	5
101. The opportunity to be responsible for planning my work	1	2	3	4	5
102. The way my ideas, concepts, and ways of functioning are accepted by patients	1	2	3	4	5

Ask yourself, how satisfied am I today with the following items:

-
1. very dissatisfied	4. moderately satisfied
2. moderately dissatisfied	5. very satisfied
3. indifferent	
-

	<u>Degree of Satisfaction</u>				
103. The opportunity to teach other workers	1	2	3	4	5
104. The opportunity to associate with important people in the community	1	2	3	4	5
105. The way my concerns for patients are accepted by physicians	1	2	3	4	5
106. The routine tasks I must perform	1	2	3	4	5
107. The opportunity to supervise other workers	1	2	3	4	5
108. The opportunity to be important to patients	1	2	3	4	5
109. My perception of this agency's reputation in the community	1	2	3	4	5
110. My perception of how much I am appreciated by nursing administration	1	2	3	4	5
111. The opportunities to teach patients and families	1	2	3	4	5
112. Being able to coordinate community resources for the patient	1	2	3	4	5
113. I am becoming an important team member	1	2	3	4	5

Demographic Data: Please check your response to each item
or fill in the appropriate response.

Education Preparation:

AD_____

Diploma_____

B.S.N._____

M.S.N._____

EdD/PhD_____

Number of years in nursing. _____

Number of years you have worked within this non-profit home
health agency. _____

THANK YOU.

Appendix G
Follow-up Letter

June 12, 1989

Dear Community Health Nurse:

I would like to say thank you to those who have already participated in the Nurse Satisfaction Questionnaire, and to remind those who have not to please return the questionnaire completed by June 24, 1989. Your participation is very important in the completion of this study, and is of great interest to community health nurses and others concerned with retention and recruitment of community health nurses in a nonprofit home health agency.

Indeed your time is very valuable, but please take the time to complete and return the Nurse Satisfaction Questionnaire as soon as possible. If you have any questions, feel free to call me collect.

Sincerely,

Betty A. Walker, R.N., PHN.
P.O. Box 6974
Salinas, CA 93912
(408) 442-1717

Appendix H
Frequencies, Means, and Standard
Deviations of all Questions

Frequency (Percent) N=20

Response Options						
Questions	No					Standard Deviation
	1	2	3	4	5	
1	3(15)	6(30)	3(15)	7(35)	1(5)	2.850 1.226
2	3(15)	12(60)	3(15)	2(10)	0	2.200 0.834
3	2(10)	2(10)	5(25)	10(50)	1(5)	3.300 1.081
4	1(5)	2(10)	5(25)	7(35)	5(25)	3.650 1.137
5	3(15)	9(45)	4(20)	2(10)	2(10)	2.550 1.191
6	5(25)	5(25)	3(15)	7(35)	0	2.600 1.231
7	2(10)	4(20)	7(35)	6(30)	1(5)	3.000 1.076
8	7(35)	6(30)	4(20)	2(10)	1(5)	2.200 1.196
9	0	1(5.56)	9(50)	6(33.33)	2(11.11)	3.500 0.786
10	5(26.32)	3(15.79)	4(21.05)	7(36.84)	0	2.684 1.250
11	0	4(20)	6(30)	8(40)	2(10)	3.400 0.940
12	4(20)	8(40)	3(15)	3(15)	2(10)	2.550 1.276 [∞] _∞

Frequency (Percent) $\bar{N}=20$

Response Options		No					Mean	Standard Deviation
		1	2	3	4	5		
Questions		1	2	3	4	5	Response	
13	1(5)	1(5)	1(5)	1(5)	15(75)	2(10)	0	3.800 0.894
14	1(5.26)	0	0	7(36.84)	9(47.37)	2(10.53)	1	3.579 0.902
15	2(10)	2(10)	2(10)	3(15)	9(45)	4(20)	0	3.550 1.234
16	0	0	0	0	12(60)	8(40)	0	4.400 0.503
17	6(30)	3(15)	3(15)	3(15)	5(25)	3(15)	0	2.800 1.508
18	2(10.53)	0	0	8(42.11)	2(10.53)	7(36.84)	1	3.632 1.300
19	0	1(5.26)	1(5.26)	3(15.79)	8(42.11)	7(36.84)	1	4.105 0.875
20	1(5)	1(5)	1(5)	2(10)	10(50)	6(30)	0	3.950 1.050
21	1(5)	0	0	3(15)	8(40)	8(40)	0	4.100 1.021
22	0	1(5)	1(5)	2(10)	9(45)	8(40)	0	4.200 0.834
23	0	1(5)	1(5)	0	7(35)	12(60)	0	4.500 0.761 ⁸⁹

Frequency (Percent) N=20

Response Options		No					Mean	Standard Deviation
		1	2	3	4	5		
Questions								
24	0	0	0	0	9(45)	11(55)	0	4.550 0.510
25	0	0	0	3(15)	8(40)	9(45)	0	4.300 0.733
26	1(5.56)	1(5.56)	10(55.56)	4(22.22)	2(11.11)	2	3.278	0.958
27	0	0	1(5)	10(50)	9(45)	0	4.400	0.598
28	0	2(10)	0	12(60)	6(30)	0	4.100	0.852
29	0	2(10)	1(5)	12(60)	5(25)	0	4.00	0.858
30	0	0	7(38.89)	6(33.33)	5(27.78)	2	3.889	0.832
31	0	0	2(10.00)	8(40)	10(50)	0	4.400	0.681
32	0	1(5)	1(5)	15(75)	3(15)	0	4.000	0.649
33	0	0	0	10(52.63)	9(47.37)	1	4.474	0.513
34	0	5(25)	3(15)	10(50)	2(10)	0	3.450	0.999 ⁹⁰

Frequency (Percent) N=20

Response Options		No					Mean	Standard Deviation
		1	2	3	4	5		
Questions		1	2	3	4	5	Response	
35	0		1(5)	1(5)	13(65)	5(25)	0	4.100 0.718
36	3(15)		5(25)	1(5)	6(30)	5(25)	0	3.250 1.428
37	1(5)		3(15)	1(5)	11(55)	4(20)	0	3.700 1.129
38	0		0	1(5)	8(40)	5(55)	0	4.500 0.607
39	0		1(5)	4(20)	12(60)	3(15)	0	3.850 0.745
40	1(5)		4(20)	5(25)	7(35)	3(15)	0	3.350 1.137
41	0		1(5)	4(20)	9(45)	6(30)	0	4.000 0.858
42	1(5)		3(15)	8(40)	7(35)	1(5)	0	3.200 0.951
43	1(5)		5(25)	3(15)	10(50)	1(5)	0	3.250 1.070
44	2(10)		5(25)	3(15)	10(50)	0	0	3.050 1.099
45	0		2(10)	0	14(70)	4(20)	0	4.000 0.795 ⁹¹

Frequency (Percent) N=20

Response Options									
Questions	1	2	3	4	5	No		Mean	Standard Deviation
						Response			
46	0	2(10)	2(10)	12(60)	4(20)	0		3.900	0.852
47	1(5)	5(25)	3(15)	10(50)	1(5)	0		3.250	1.070
48	9(45)	9(45)	0	2(10)	0	0		1.750	0.910
49	10(50)	7(35)	0	3(15)	0	0		1.800	1.056
50	8(40)	9(45)	1(5)	2(10)	0	0		1.850	0.933
51	3(15)	5(25)	4(20)	7(35)	1(5)	0		2.900	1.210
52	5(25)	11(55)	1(5)	2(10)	1(5)	0		2.150	1.089
53	4(20)	4(20)	3(15)	9(45)	0	0		2.850	1.226
54	0	0	4(21.05)	13(68.42)	2(10.53)	0		3.895	0.567
55	0	2(10)	2(10)	14(70)	2(10)	0		3.800	0.768
56	0	2(10)	1(5)	14(70)	3(15)	0		3.900	0.788

92

Frequency (Percent) N=20

Response Options						
Questions	No					Standard
	1	2	3	4	5	
57	5 (25)	5 (25)	5 (25)	5 (25)	0	2.500 1.147
58	0	1 (5)	2 (10)	10 (50)	7 (35)	4.150 0.813
59	3 (15)	2 (10)	7 (35)	6 (30)	2 (10)	3.100 1.210
60	3 (15)	1 (5)	9 (45)	6 (30)	1 (5)	3.050 1.099
61	2 (10)	2 (10)	4 (20)	11 (55)	1 (5)	3.350 1.089
62	0	2 (10)	3 (15)	11 (55)	4 (20)	3.850 0.875
63	0	2 (10)	0	15 (75)	3 (15)	3.950 0.759
64	4 (20)	3 (15)	4 (20)	7 (35)	2 (10)	3.000 1.338
65	2 (10)	2 (10)	2 (10)	12 (60)	2 (10)	3.500 1.147
66	0	3 (15)	2 (10)	13 (65)	2 (10)	3.700 0.865
67	5 (25)	5 (25)	6 (30)	3 (15)	1 (5)	2.500 1.192

Frequency (Percent) N=20

Questions	Response Options					No Response	Mean	Standard Deviation
	1	2	3	4	5			
68	4 (20)	2 (10)	7 (35)	6 (30)	1 (5)	0	2.900	1.210
69	7 (35)	7 (35)	0	5 (25)	1 (5)	0	2.300	1.342
70	2 (10)	6 (30)	5 (25)	6 (30)	1 (5)	0	2.900	1.119
71	1 (20)	2 (10)	4 (20)	8 (40)	2 (10)	0	3.100	1.334
72	3 (15)	2 (10)	2 (10)	11 (55)	2 (10)	0	3.350	1.268
73	0	1 (5)	5 (25)	10 (50)	4 (20)	0	3.850	0.813
74	0	2 (10)	3 (15)	11 (55)	4 (20)	0	3.850	0.875
75	3 (15.79)	0	8 (42.11)	7 (36.84)	1 (5.26)	1	3.158	1.119
76	0	1 (5)	5 (25)	11 (55)	3 (15)	0	3.800	0.768
77	6 (30)	4 (20)	2 (10)	6 (30)	2 (10)	0	2.700	1.455
78	2 (10)	2 (10)	4 (20)	9 (45)	3 (15)	0	3.450	1.191

Frequency (Percent) N=20

Response Options									
Questions	No					Response	Mean	Standard	Deviation
	1	2	3	4	5				
79	0	0	1(5)	13(65)	6(30)	0	4.250	0.550	
80	4(20)	6(30)	0	8(40)	2(10)	0	2.900	1.410	
81	2(10)	2(10)	5(25)	9(45)	2(10)	0	3.350	1.137	
82	3(15)	7(35)	2(10)	8(40)	0	0	2.750	1.164	
83	2(10)	1(5)	4(20)	7(35)	6(30)	0	3.700	1.261	
84	2(10)	0	0	7(35)	11(55)	0	4.250	1.209	
85	3(15)	0	3(15)	4(20)	10(50)	0	3.900	1.447	
86	2(10)	1(5)	1(5)	6(30)	10(50)	0	4.050	1.317	
87	1(5)	1(5)	2(10)	8(40)	8(40)	0	4.050	1.099	
88	3(15.79)	1(5.26)	4(21.05)	4(21.05)	7(36.84)	0	3.579	1.465	
89	3(15)	1(5)	3(15)	5(25)	8(40)	0	3.700	1.455	⁹ ₅

Frequency (Percent) N=20

Response Options									
Questions						No		Mean	Standard Deviation
	1	2	3	4	5	Response			
90	2 (10)	1 (5)	4 (20)	5 (25)	8 (40)	0		3.800	1.322
91	3 (15)	0	4 (20)	5 (25)	8 (40)	0		3.750	1.410
92	0	1 (5)	5 (25)	7 (35)	7 (35)	0		4.000	0.918
93	0	3 (15)	3 (15)	10 (50)	4 (20)	0		3.750	0.967
94	0	0	0	12 (60)	8 (40)	0		4.400	0.503
95	1 (5)	1 (5)	2 (10)	11 (55)	5 (25)	0		3.900	1.021
96	0	2 (10)	3 (15)	11 (55)	4 (20)	0		3.850	0.875
97	0	0	0	11 (55)	9 (45)	0		4.450	0.510
98	0	2 (10)	0	11 (55)	7 (35)	0		4.150	0.875
99	0	1 (5)	4 (20)	9 (45)	6 (30)	0		4.000	0.858
100	2 (10.53)	3 (15.79)	7 (36.84)	5 (26.32)	2 (10.53)	0		3.105	1.150 ⁹ ₆

Frequency (Percent) N=20

Response Options		No					Mean	Standard Deviation
		1	2	3	4	5		
101	1(5)	1(5)	1(5)	2(10)	8(40)	8(40)	4.050	1.099
102	0	0	0	2(10)	10(50)	8(40)	4.300	0.656
103	1(5)	2(10)	2(10)	3(15)	8(40)	6(30)	3.800	1.151
104	3(15.79)	1(5.26)	9(47.37)	4(21.05)	2(10.53)	0	3.052	1.177
105	1(5)	5(25)	1(5)	12(60)	1(5)	0	3.350	1.089
106	1(10)	1(5)	7(35)	9(45)	1(5)	0	3.300	1.031
107	1(5)	1(5)	8(40)	5(25)	5(25)	0	3.600	1.095
108	0	1(5)	1(5)	9(45)	9(45)	0	4.300	0.801
109	1(5)	1(5)	1(5)	10(50)	7(35)	0	4.050	1.050
110	7(35)	2(10)	3(15)	7(35)	1(5)	0	2.650	1.424
111	1(5)	0	2(10)	7(35)	10(50)	0	4.250	1.019

Frequency (Percent) N=20

		Response Options					No Response	Mean	Standard Deviation
		1	2	3	4	5			
112	0		0	0	14 (70)	6 (30)	0	4.300	0.470
113	2 (10)		1 (5)	1 (5)	11 (55)	5 (25)	0	3.800	1.196

Appendix I
Kruskal-Wallis Test Results

Kruskal-Wallis H -Values

Demographic Variables			
Factors	*Educational Level H value	**Number years in nursing H value	***Number years worked in organization H value
1	4.015	5.379	1.343
2	4.083	1.485	3.086
3	4.114	1.689	3.086
4	8.185	8.408	1.396
5	0.7879	3.198	1.788
6	0.622	3.922	1.295
7	4.428	2.143	1.224
<hr/>			
<u>Note.</u>	*Critical value of $H=7.81$	**Critical value of $H=5.99$	***Critical value of $H=5.99$
Alpha is .05 for all values			