

THE DEVELOPMENT OF A TOOL TO MEASURE  
THE JOB SATISFACTION OF NURSES PROVIDING HOSPICE CARE

by

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## ABSTRACT

The purpose of the study was the development and testing of a survey tool to measure the job satisfaction of nurses providing hospice care. The tool was developed after an extensive review of the literature on job satisfaction, hospice and the relationship of job satisfaction and hospice nurses. The survey tool developed was based on the work of Maslow and Herzberg. The following categories of job satisfaction were reflected: pay, autonomy, task requirements, organizational requirements, interaction and job status. Basic demographic data was also collected.

The research was descriptive in nature as there has been minimal research regarding the job satisfaction of hospice nurses. All nurses providing hospice care who were employed by a hospice that was a member of the Hospice Network of Maryland were asked to participate in the survey. Data was collected by a mailed questionnaire. Sixty-eight percent of the questionnaires were completed and returned.

The data was analyzed via the use of the SPSSX Computer Program. Frequency distributions were done for each item. The basic demographic data was examined to identify the demographic characteristics of nurses working in hospice care in Maryland. The highest percent of hospice nurses were married. The basic nursing education of the largest percent of hospice nurses was a bachelor's degree. Non-profit agencies represented the largest employer of the sample.

The survey tool was reviewed for content validity and

presumed valid to measure job satisfaction of hospice nurses. The Cronbach's Alpha reliability coefficient for the survey tool for the sample surveyed was .92.

Correlation coefficients were calculated for the six components of job satisfaction studied and they were found to be well correlated. Correlation coefficients were also calculated for the two categories of Herzberg's Theory. Many of the factors did correlate, thus supporting Herzberg's Theory.

A total score was also calculated for the tool and cross tabulations were done by the six components of job satisfaction studied with basic nursing education, type of agency employed by, type of unit worked in and salary.

Organizational requirements were consistently cited by the hospice nurses as a factor of major importance to them. Hospice nurses also stated the fact that they chose hospice was because of the work itself.

The tool developed offers valuable information for the population surveyed and may serve as a stimulus for further research, as the study implies hospice nurses may differ from other nurses.

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## CHAPTER I INTRODUCTION

The history of Hospice care dates back to the Middle Ages when religion was a dominant influence. During the Crusades, hospices began to appear to provide food and temporary shelter for weary travelers (Cohen, 1979) and were usually located near monasteries. The most famous ancient hospice is the Great St. Bernard Hospice which was founded prior to the year 1,000 by St. Bernard of Menthon (Cohen, 1979). Augustine monks to this day still offer refuge for travelers and during severe winters, the famous St. Bernard dogs assist in saving lives of snowbound travelers as they have for almost 1,000 years (Cohen, 1979). During the Crusades, families also welcomed travelers into their homes and provided food and shelter. The term hospice is not used today exactly as it was during Medieval times, but the primary goal of providing compassionate care has not changed.

The appearance of modern hospice is due to the efforts of Cicely Saunders (Torren, 1985). She was originally educated as a nurse and social worker, but later became a physician. Throughout her education, she was interested in improving the care of the dying person and has continued to pursue this interest. In 1967, she began the St. Christopher's Hospice in England and developed a model program of care for the dying (Torren, 1985). St. Christopher's has rapidly become a center for training and research for the care of the dying. The concept of hospice care spread



quickly and in 1975, the Palliative Care Unit at the Royal Victorian Hospital in Montreal began providing care (Zimmerman, 1986). The Hospice of New Haven, Connecticut opened next, followed by the Hospice of Marin in California (Torren, 1985). These hospices provided the focus for the development of hospice care in the United States. Hospice care is now available throughout the United States in almost all areas and the hospice movement continues to grow. From the period of 1975 - 1980, hospice grew in numbers. Now, hospice care is increasing its body of knowledge and looking at the professionals that comprise the hospice team.

Since the beginnings of hospice care, the focus has been on the family unit and on controlling terminal pain. Modern hospice continues this focus. The care may be provided in a special unit in the hospital, on a general ward or at home. Hospice offers an alternative form of treatment to acute care. It is not in opposition to acute care, but a further resource for those whom the acute care hospital is no longer appropriate.

Modern hospice care is defined as an institution that provides a centralized program of palliative and support services to dying persons and their families in the form of physical, psychological, social and spiritual care (Zimmerman, 1986). These services are provided by an interdisciplinary team of professionals and volunteers who are available at home as well as in an inpatient setting.

Hospice programs of today offer another option within the health care system for care of the dying and their families.

Hospice care focuses on the quality of life rather than its length. Promotion of the quality of life is at the core of professional nursing practice and is often a great source of satisfaction for nurses. Nurses are the most numerous staff members in a hospice program (Amenta, 1984). Although the nature of the work is inherently demanding, nursing the terminally ill can be an enriching experience (Moser and Krikorian, 1982). Awareness of the satisfaction experienced by hospice nurses is essential. The role of the nurse on the interdisciplinary hospice team is a relatively new but important role. Because this is a new work setting, much needs to be learned. Nurses in hospice care function across a broader span of program services and activities than any other nursing group identified. Duties of hospice nurses include pain and symptom control, intermittent and continuous skilled nursing care, personal care, patient and family assessment and patient and family conferences. Hospice nurses may also be found in management or as supervisors in a hospice program. The role of the nurse and nursing care is central to hospice. A recent study by Vincent and Peace (1986) found that hospice nurses were more likely to have stronger beliefs in life after death and to have stronger feelings of satisfaction with life and with their work. Nurses providing hospice care need to be mentally healthy as well as technically competent in giving basic psychosocial care, support and counseling. Hospice care is an innovative service on the cutting edge of the health care system where nurses have

primary responsibility. The role of the nurse in hospice care remains to be clarified.

Little research has been done regarding hospice nurses, especially the satisfaction experienced by these nurses in their job. Frequently hospice nurses are asked how they can do what they do. These same nurses usually cannot answer, but know that they would not want to be doing anything else. Researching the job satisfaction of hospice nurses could be useful for recruitment, retention and staff development. Once the satisfying aspects of hospice nursing are identified, they could be maximized for the hospice nurse and possibly transferred to other areas of nursing. The present study will develop and test a survey tool to measure the job satisfaction experienced by nurses providing hospice care.

## CHAPTER II

### REVIEW OF LITERATURE

The literature, although lacking in research regarding hospice nurses, is abundant in job satisfaction studies of other workers and for nurses in the hospital setting. The following review of literature first reviews hospice and characteristics of hospice nurses in general and then examines the theory base for job satisfaction this researcher used. The work of Maslow and Herzberg is discussed. General job satisfaction studies are reviewed for their application to the current research. The job satisfaction studies of nurses are examined, first those working in the hospital setting, then other settings (generally community) and finally the studies of job satisfaction of hospice nurses.

#### Hospice

Hospice care has spread rapidly throughout the United States since the first hospice in the states was founded in New Haven, Connecticut in 1975 (Zimmerman, 1986). The development of modern day hospice care is the result of the work of Cicily Saunders who started St. Christopher's Hospice in England in 1967 (Zimmerman, 1986). She started hospice with the goal in mind of focusing on the entire family and controlling the patient's terminal pain. From this first modern day hospice the concept of a "good death" developed. Since 1967, the hospice movement has developed and spread in a variety of ways. The modern day hospice now offers an alternative form of treatment to acute care.

Hospice care is not in opposition to hospital care, but a further resource. Hospice is not a place, but a philosophy of care that offers care to the entire patient and family, including the physical, social, psychological and spiritual needs (Zimmerman, 1986). This approach to care focuses on the quality of life rather than its length. In a very short period of time the hospice movement has made a profound impact on the American health care system. In 1978, one hundred hospice programs were identified and in 1986, 1,465 programs were providing services (NHO, 1986). Hospice care is now available in virtually every community of moderate size throughout the country (Torrens, 1985).

#### Hospice Nurses

Much of the care provided in a hospice program is provided by nurses, as nurses are the largest employed discipline providing care to hospice patients (Zimmerman, 1986). Nursing care for hospice patients is described as basic good nursing care with the exception that the orientation changes from cure to palliation (Zimmerman, 1986). Nurses in hospice bring with them the knowledge of the physical and psychological functioning of the patient. The ability to assess pain, appetite, bowel habits and other symptoms is essential. Valuable attributes for hospice nurses include the ability to perceive needs and problems of the patient and family and to be able to respond to these (Zimmerman, 1986). Hospice nurses work to individualize the care for a particular patient and family. There is little emphasis on institutional

policies and routines because the patient and family are the central focus of care (Zimmerman, 1986). Hospice nurses are also expected to respond to the needs of patients and families as they occur. Hospice nurses must, therefore, be flexible to accommodate changes in the patient's condition. The nurse must also have control over the use of time. The hospice nurse must be able to anticipate future problems and prepare the patient and family for the changes and events that are likely to occur (Zimmerman, 1986). This allows the patient some self-control. Symptom control is also a major role for the hospice nurse with the top priority being pain control. The symptoms are controlled in hopes that the patient can focus on other aspects of his or her life. Many approaches to symptom control are tried until the patient is comfortable. These may include relaxation training, massage, music therapy, medication, counseling and nursing presence (Zimmerman, 1986). Nurses providing hospice care must be able to provide rapid intervention as the patients they are dealing with have a limited life span, often thirty days or less (Cohen, 1979). There is, therefore, an urgency for quality care. Hospice nurses are also active participants on the interdisciplinary team. As can be seen, hospice nurses require many skills (Corr and Corr, 1983).

Hospice nurses focus on the quality of life rather than its length. This orientation can be a source of great satisfaction for hospice nurses (Moser and Krikorian, 1982). Hospice care is a relatively new setting for nurses and

much needs to be explored regarding the job satisfaction experienced by hospice nurses.

#### Development of Theoretical Base for Study of Job Satisfaction

Job satisfaction was first studied generally by Frank Taylor (1911), who assumed that job satisfaction was related completely to the amount of money earned. Workers of that time were regarded as part of the machinery and were to be managed in the most efficient way possible. Studies that considered workers as human beings with feelings and needs did not appear until the 1930's (Slavitt, Stamps, Piedmont and Haase, 1978, 1979). Hoppock (1935) interviewed workers and concluded that job satisfaction was only a part of their general satisfaction with life and was related to many other variables. The Hawthorne studies followed in 1945, which studied the working conditions of a group of factory employees (Mayo, 1945). These studies concluded that the most important aspect of job satisfaction was group interaction. The Hawthorne studies were the first to consider the worker from a psychological viewpoint and, therefore, provided the basic approach to other job satisfaction studies.

Another important influence on job satisfaction studies has been Maslow's Motivation Theory. Maslow developed a hierarchy of needs in which he claims man has five basic categories of needs (Maslow, 1970). These needs include: physiological needs including food, water and air; safety needs including freedom from physical threat as well as

economic security; the need to belong and to be loved; the need for self-esteem which includes achievement and recognition and approval; and the need for self-actualization, which is defined as being everything that one is capable of becoming (Maslow, 1970). Maslow (1970) arranged these needs in a hierarchy with lower level needs (physiological) needing to be satisfied before higher level needs (self-actualization) can act as motivators. Although this hierarchy is not always well supported, the classification of the needs is (Benton and White, 1972). These needs have been the basis for many job satisfaction studies either used alone or in combination with other theories. Maslow did not, however, develop a specific theory of work motivation as such, but the theory was developed to be used as a possible design for management systems (Locke, 1976).

Herzberg developed a theory of job satisfaction in 1959 based on Maslow's hierarchy, but concluded that not all the factors increased satisfaction (Herzberg, 1976). The basis for Herzberg's two factor or motivation/hygiene theory was a study of two hundred engineers and accountants who were asked to describe a time when they felt especially satisfied and a time when they felt especially dissatisfied with their job (Herzberg, 1976). These incidents were then grouped and classified. Incidents which included the work itself, achievement, promotion, recognition and responsibility were sources of satisfaction but not dissatisfaction. This group was labeled motivators and involved mainly the work



itself. Incidents which involved supervision, interpersonal relations, working conditions, company policy and salary were causes of dissatisfaction, but usually not causes of satisfaction. This group was labeled hygiene factors and involved mainly the context in which the work was performed. Herzberg's theory stated job satisfaction and dissatisfaction resulted from different causes. Satisfaction depended on the motivators and involved the work itself. Dissatisfaction resulted from hygiene factors which involved the context in which the work was performed (Herzberg, 1976). Satisfaction and dissatisfaction are then not opposite according to Herzberg (1976). Herzberg's theory is a major contribution to the knowledge and understanding of the nature of job satisfaction.

The contributions of Maslow and Herzberg to the study of job satisfaction have been tremendous. Maslow developed the basic need hierarchy theory where people's needs are seen in a progression from low to high. The basic primary needs are met first before man can turn to higher order needs (Maslow, 1970). Herzberg then developed Maslow's need hierarchy into a theory of job satisfaction. Herzberg's studies on motivation and job satisfaction have claimed distinction because his results were contrary to the findings of popular studies at that time, which discouraged the further investigation of the psychological nature of man (White and Maguire, 1973). Many researchers have now tried to validate Herzberg's theory. Often the methodology and

populations are varied, but regardless of these variations, the theory has received considerable support.

### Job Satisfaction Studies

Other researchers continued to study job satisfaction. Brayfield and Rothe (1951) constructed and validated a quantitative index of job satisfaction. Many studies today use this tool or portions of it. The assumption made by Brayfield and Rothe (1951) was that job satisfaction could be inferred from an individual's attitude towards his work. The research started as a class project in the Army. The questionnaire was administered to two hundred thirty-one female office employees. Each question was meant to elicit a feeling or attitude on a Likert type scale. The index was designed to measure overall job satisfaction with one score. The range of scores was 35 to 87 with a mean score of 63.8 (Brayfield and Rothe, 1951). Face validity was determined by a panel of judges. A Cronbach's Alpha Coefficient of Reliability was computed as .87 (Brayfield and Rothe, 1951). The index was brief and easily scored. The attitude scale was able to elicit feelings toward a specific thing and it was applicable to a wide variety of jobs.

Hinrichs (1968) also studied attitudes. He surveyed a large organization for the most prevalent pattern of job attitudes and evaluated the stability of these patterns across a diverse population of employees. The questionnaire used focused on the work environment, the work itself, rewards, work goals and career expectation. The population

used was sixteen hundred employees in supporting functions of a national marketing organization. Pay received was the strongest contributor to the overall job satisfaction in this particular study (Hinricks, 1968).

In the early 70's, the Navy was also concerned with the issue of job satisfaction. The job satisfaction research in the civilian sector was explored with the focus on the limitations for Navy use. Job satisfaction was again seen as an attitude that was not directly measurable but inferred (Marconi, 1973). Job satisfaction is often studied in two ways. One way is to treat job satisfaction as one variable and rate the overall job satisfaction. The second is to treat job satisfaction as a complex set of variables. Most studies are a combination of the two. Marconi (1973) identified the following job related factors: achievement, recognition, responsibility, work itself, challenge, utilization of skills, job security, advancement, supervision, interpersonal relations, physical working conditions, company policy, pay, fringe benefits and hours. Many background variables were also identified such as occupation, education, race, sex and age. Marconi (1973) attempted to review the current literature on job satisfaction in an attempt to solve Naval manpower problems (low enlistment and reenlistment). There were many severe limitations when attempts were made to apply job satisfaction research in the civilian sector to Navy manpower problems.

Another approach to the study of job satisfaction was

by Ivancevich and Donnelly (1985). A study of two hundred ninety-five salesmen in three organizations was undertaken to see the relationship between organization size and structure (tall, medium or flat) to job satisfaction. A twenty item Likert type scale was administered three times over a twelve month period. Components of job satisfaction that were measured included self-actualization, autonomy, social interaction, security and pay. Salesmen in flat organizations perceived more satisfaction with respect to self-actualization and autonomy (Ivancevich and Donnelly, 1975). Most flat organizations correlated with higher job satisfaction.

Job satisfaction is often studied by the use of an attitude scale. The theory base, however, for many of these studies has been Maslow and Herzberg.

#### Job Satisfaction Studies of Nurses in Hospital Settings

Many researchers are now looking at the job satisfaction of nurses in various settings. However, the majority of studies involving nurses focus on nurses in a hospital setting. Slavitt et al. (1978, 1979) have done major research examining the job satisfaction of nurses so information could be gained and used in managerial positions. A two-year study was conducted to develop an Index of Work Satisfaction. The index was based on the work of Maslow and Herzberg and was tested on a little over two thousand nurses in hospital settings and private group practice. Six factors of job satisfaction were identified and defined. They included pay,

autonomy, task requirements, organizational requirements, interaction and job status. Respondents were asked their current satisfaction for a particular factor on a Likert type scale and then what they perceived as an ideal level. An overall score of job satisfaction was developed by averaging component scores and multiplying them by appropriately weighted coefficient scores. The six scores were then summed to produce the single overall score of job satisfaction. The data was analyzed by ranking the level of importance of each component. The two hospitals and an out-patient unit were also compared regarding mean component scores. Frequency distributions were done and indicated the need for further analysis. The research concluded job satisfaction increased with age, years of total experience, years at a specific hospital and as the job level increased so did the job satisfaction (Slavitt et al. 1978, 1979). Autonomy and job status ranked highest overall as contributing to job satisfaction (Slavitt et al. 1978, 1979). The validity of the tool developed was tested by a factor analysis with nineteen factors accounting for 59 percent of the variance. Reliability was .929 via Cronbach's Alpha (Slavitt, 1978, 1979). This research has been the basis for the tool developed to study the job satisfaction of hospice nurses.

Benton and White (1972) surveyed five hundred sixty-five nurses via questionnaire to attempt to identify the needs of nurses that once satisfied would result in effective work performance. Sixteen job factors were cate-

gorized by a panel of twenty-two nurses into Maslow's need hierarchy. The population of nurses were in general hospital care in a metropolitan area of a southwestern city. The hospitals were selected randomly. For each of the sixteen job factors, nurses were asked how much of that characteristic there is in their current nursing position, how much there should be, and how important the characteristic was to them on a scale of 1 - 7 (Benton and White, 1972). The job dissatisfaction was determined by the difference in the amount of the characteristic there should be and the amount there actually was. The factors ranking the highest for job satisfaction were safety and security, social, esteem and self-actualization needs. The different areas of nursing were compared and ranked. Results indicated the greater the importance of a factor to nursing, the more they expected it to be provided. More definitive analyses would have made the study more valuable.

The generality of Maslow's need theory was tested in a hospital setting by Slocum, Susman and Sheridan (1972). Eighty employees of the nursing staff participated by answering a questionnaire developed by the Director of Nursing and her staff. Portions of the questionnaire were based on Porter's questionnaire which uses Maslow as a theory base (Slocum et al., 1972). The survey consisted of two portions. For one section, the immediate supervisor of each staff member completed a 25 item performance appraisal. These were analyzed via factor analysis. A composite performance index

was obtained by totaling all the performance score factors. For the second portion of the survey, the nursing staff employees were asked how much of a specific characteristic was connected with their position on a scale of 1 - 7. They were also asked how much they felt there should be. The difference between what the nurse felt should be and what actually was was labeled as need deficiency or dissatisfiers. The mean need deficiency scores for all the nursing staff were compared via a Mann Whitney Test. A Spearman's Rank Correlation was done between the deficiency scores and the performance scores. The components of job satisfaction that were measured included security needs, social needs, esteem needs, autonomy needs and self-actualization. The professional nurses which included head nurses, assistant head nurses and graduate staff nurses experienced greater satisfaction (Slocum et al., 1972). Job performance was also significantly correlated with fulfillment of self-actualization needs for professional employees.

Using a descriptive study, White and Maguire (1973) attempted to identify factors which thirty-four nursing supervisors in a general hospital described as consistently leading to job satisfaction or dissatisfaction. A stratified random sample of nursing supervisors was selected from six hospitals in the Philadelphia area. An interview schedule that was developed by Herzberg and adapted by Lamberton was used (White and Maguire, 1973). The study essentially replicated the work of Herzberg. After an explanation of the

study, each respondent was asked to describe a time when she felt particularly satisfied and then relate a dissatisfying experience. Each story was read and a basic theme was extracted. Categories were then developed. Judges that were familiar with Herzberg and this method of data analysis sorted the themes by category. Chi square analysis and Fisher's exact probability tests were used in assessing the validity of Herzberg's theory. The theme of the work itself appeared in 21 job satisfaction stories out of a total of 31 (White and Maguire, 1973). The list of factors producing job satisfaction and dissatisfaction were notably similar to the list by Herzberg (1976). This study again highlighted that feelings of job satisfaction were promoted by having the opportunity for creative, challenging and role-appropriate work. The absence of these did not create job dissatisfaction for the group studied but prevented them from having job satisfaction. This study did prove portions of Herzberg's theory with the sample they used.

Longest (1974) also surveyed nurses in an inpatient setting but compared them to nurses in education. Longest tested Herzberg's theory for nurses employed in a hospital setting and compared them with nurses in education. A brief questionnaire was distributed and returned by mail. The nurses were asked to rank ten factors in terms of the perceived importance to them. One hundred ninety-five head nurses and supervisors from metropolitan hospitals participated along with twenty-four directors of nursing schools



from Georgia. Results were compared with Herzberg's findings. Comparison of the rankings was done via Spearman's Rank order of comparisons. Nurses from the hospital setting rated achievement and interpersonal relations highest. The directors of nursing education did not rate the interpersonal relations high at all. There was a low correlation (.311) between the hospital nurses and the nurse educators (Longest, 1974). There was a strong correlation (.467) between Herzberg and the nurse educators (Longest, 1974). Nurses in education may be equipping students with one set of expectations when in fact others may be important. This study, however, is based on a small sample and the ability to generalize is limited.

Munson and Heda (1974) tested the validity of an instrument modified from one by Porter containing twenty-two items. The population consisted of three hundred fifty-one nurses from fifty-five patient units in hospitals. The participants were asked the amount of satisfaction they perceived regarding a specific factor, the yardstick by which they measured it and the importance they placed on it. The instrument was analyzed using matched pair correlations and found to have the properties ascribed to it that were to measure job satisfaction as an organizational variable. Split halves were done for reliability and found to .74 (Munson and Heda, 1974). Nursing units were compared, not individuals. The framing of the question, "how much of a factor should there be" tended to skew the response toward

the high end of the scale. Although the instrument had weaknesses, the basic structure was good.

As can be seen, many studies have focused on what behaviors are perceived by nurses as contributing to their job satisfaction. Everly and Falcione (1976) attempted to determine underlying dimensions of perceived job satisfaction. One hundred forty-four nurses from four east coast metropolitan hospitals completed a Likert type tool consisting of eighteen items based on Herzberg's research. The nurses were requested to rate each item for the importance it held for them. Analysis was done via factor analysis, which indicated that four factors accounted for forty-eight percent of the total variance (Everly and Falcione, 1976). The four factors included interpersonal relationships, internal work rewards, reward for work (pay, benefits, advancement) and administrative policy. This study suggests that nurses are perceiving job satisfaction in more complex terms.

Seyboth and Walker (1980) did an attitude survey to help a nursing director to chart future activities to address problems. The hospital surveyed was experiencing a fifty-two percent turnover rate (Seybolt and Walker, 1980). The director of nursing at a 310 bed hospital conducted initial interviews with each head nurse and assistant director after taking the position. Members of the nursing staff participated in the development of a one-hundred item survey tool which was distributed to all the nursing staff. The tool was designed to assess nurses' reactions to various

aspects of their jobs. The tool was designed using the expectancy theory of motivation in which people are motivated to work hard if they see links between their work and rewards and they value the rewards (Seybolt and Walker, 1980). Two hundred twenty-five nursing staff members completed the survey tool. Data was analyzed by an outside firm with feedback presented to the nursing staff. The results indicated that the staff was dissatisfied with the lack of career and promotional opportunities and they also felt that information was not disseminated effectively. The nursing director responded to these results by developing a clinical career ladder and by having the advisory council become a more active group. One year later the staff was resurveyed and several changes in attitude had occurred. An attitude survey can be risky if staff expectations are raised and no follow up is made. If, however, the collected information is acted upon, it can be a powerful tool.

Weisman, Alexander and Chase (1980) conducted a two wave panel study of nurses in two hospitals to identify types of independent variables that warrant further study. The independent variables that were measured included characteristics of the individual: sociodemographic, background and psychological attributes and job attributes including salary, degree of routine, autonomy and relationship with co-workers. The dependent variable, job satisfaction, was defined as the degree of positive affection toward the overall job and was measured five months later. For the initial survey three

data sources were used. Hospital documents were reviewed to construct a measure of each unit's size, work load and staffing pattern. Reports were taken from head nurses to obtain the administrative view of the method of nursing care on a particular unit. The nursing staff were then interviewed to obtain a self report on their background, demographic characteristic, perception of their job, work environment and job satisfaction. At wave II, five months later, two scales were administered to the staff. The first was eight items from Brayfield and Rothe's scale (1951). The second measure of job satisfaction was the multifacet job satisfaction measure. This measure is the weighted sum of five subscale scores including work content, pay, promotional opportunities, supervision and people on the job (Smith, Kendall and Hulin, 1969). The two measures were highly correlated (.69) (Weisman et al., 1980). For each hospital, job satisfaction was regressed on all of the independent variables. Fifty percent of the variance was explained by the nurses' perception of their jobs and units. Individual characteristics explained five percent of the variance. Both organizational and non-organizational factors influenced job satisfaction.

Hall (1981) developed a questionnaire based on Maslow's Theory and used Slavitt's et al. (1978, 1979) components of job satisfaction. The questionnaire was developed by the department of nursing in a general hospital to meet one of its objectives, which was effective interpersonal relations between all members of the health care team. The survey of the

staff's satisfaction was done in order to know where to begin intervention. Cronbach's Alpha was done to measure internal consistency and was .9133 (Hall, 1981). Each unit was able to compare itself with many other units. The study indicated the important areas of focus for job satisfaction were task requirements, organizational requirements and autonomy. Many head nurses were able to use feedback to plan goals for the following year.

The correlation between job expectation and the importance placed on certain aspects of a job was tested by Larsen, Chikamoto, Brown and Shorr (1984) with the result measuring job satisfaction. A New Employee Assessment Tool was developed based on the literature review of job satisfaction and using the expectancy theory. Thirty-five quality of work-life factors were listed with a scale of 1 - 7 to mark the degree to which the job expectation was being met. The survey was sent to all new employees six months after orientation at one hospital. Multiple regression was done to evaluate the extent to which the job expectation and the importance of work conditions predicted the current level of job satisfaction. Analysis of co-variance was used to assess whether there were significant differences in job satisfaction by education, entry level or shift worked. All thirty-five satisfaction variables were significantly predicted by the respondent's job experience and importance they placed on working conditions. This study concluded that isolated problem solving such as providing day care or increasing

salary have little overall effect in decreasing dissatisfaction. Strategies to improve job satisfaction must be considered in light of the expectations and the importance placed on a particular issue by the individual.

As can be seen, numerous studies of the job satisfaction of nurses in an inpatient setting have been done. The studies cited have used Herzberg, Maslow or a combination of the two as a theory base. Many of the studies have reinforced Herzberg's theory on job satisfaction. The factors of job satisfaction that have been cited most often are pay, autonomy, task requirements, organizational requirements, interaction and job satisfaction.

#### Job Satisfaction of Nurses in Other Settings

Many studies have focused on the job satisfaction of nurses in a hospital setting. A limited number of studies have, however, dealt with nurses in community settings. Pickens and Tayback (1957) studied job satisfaction in an effort to reduce turnover during a shortage of nurses. It was felt a satisfied nurse was more likely to stay at her present employment. The variables of job satisfaction that were identified were: salary, working conditions, attitude, opportunity for advancement, opportunity for active participation, relationships and area of work. A questionnaire was developed after extensive literature review. Nurses studying at Johns Hopkins Hospital and nurses in the community reviewed the tool. The tool was administered to all nurses with at least six months' experience in public health and

currently employed by the health department. Four questions were adapted from the Job Satisfaction Scale used by Hoppock (1935) to measure overall job satisfaction. Sixty-one statements were used to measure satisfaction with various aspects of the work situation and one open ended question to permit free expression. Analysis of variance was used along with descriptive statistics. Overall there was a high degree of job satisfaction. The job satisfaction increased with years of experience. Educational background did not affect job satisfaction (Pickens and Tayback, 1957).

Nichols (1971) explored the factors associated with the career decisions of novice Army nurses. The relationship of job satisfaction to the nurse's intent to remain in or leave the Army was studied. One hundred eighty-one novice Army nurses responded to a mailed questionnaire. Four scales were used. They included: Ease of Movement, Importance Scale, Satisfaction Scale and Alternative Scale. The theory base used was the Bernard Simon Theory which states that the efficiency of an organization is its capacity to offer effective inducements in sufficient quantities to maintain an equilibrium of the system (Nichols, 1971). The data was analyzed via Chi Square and frequency analysis on the entire group of respondents in relationship to specific biographic data. T tests were done to determine differences between the group planning to stay in the Army and the group who intended to leave. The split-half method and Spearman-Brown's Formula were used to assess the reliability of the scales

which were found to be highly reliable (.88).

Of the one hundred eighty-one respondents, one hundred thirty-eight intended to leave military service after filling their obligated tours and thirty intended to remain. There were few differences with respect to education, age, sex, marital status or length of commitment between the two groups. Those that perceived movement from the Army as difficult were more satisfied than those perceiving easy movement. Those scoring a high degree of job satisfaction desired to remain in the Army (Nichols, 1971).

Stember, Ferguson, Conway and Yingling (1978) studied community health nurses. Numerous job satisfaction surveys were reviewed, but they were unable to locate a tool that would be appropriate for a community health organization. As the literature was reviewed, twelve categories emerged. The twelve categories of job satisfaction identified were: job security, achievement, organizational policies, working conditions, job importance, job mechanics, communication, salary and benefits. Questions were developed for each of the twelve categories. Respondents were asked to check the degree they agreed or disagreed with each of eighty statements on a Likert type scale. Two hundred twenty-one employees in a community health setting participated. Cluster analysis and frequencies were done along with analysis of variance. Job importance, interpersonal relations and supervision were rated highest for predicting job satisfaction (Stember et al., 1978). A correlation matrix was done and



indicated all twelve of the variables were highly and significantly correlated.

The job satisfaction of nurses in ambulatory care settings was researched by Brosnan and Johnston (1980). A particular ambulatory care unit changed the method of delivery of care from a centralized authority to a goal-oriented decentralized one. The study was done after the change due to conflicts that were arising. Data was gathered via a questionnaire developed by Brayfield and Rothe (1951) to measure the level of job satisfaction. Role tension was also measured by a questionnaire developed based on a review of the literature. Twenty-two nurses participated, eight from clinics and fourteen from the emergency room. The results were analyzed by comparing the scores for both independent and dependent samples. The overall results indicated the nurses felt satisfied with their jobs but had role tension problems (Brosnan and Johnston, 1980).

A very specific area of community health nursing was researched regarding job satisfaction. Conrad, Conrad and Parker (1985) described the job satisfaction among occupational health nurses. The Minnesota Satisfaction Questionnaire developed by Weiss, Davis, Ensford and Lofquist (1967) was mailed to occupational health nurses in a midwestern state. Ninety-seven occupational health nurses responded. The questionnaire was developed based on the theory of Work Adjustment, which assumes that each individual seeks to achieve and maintain correspondence with the environment

and with work representing a major portion of a person's environment. The questionnaire is designed to measure satisfaction of an individual's needs encountered at work. The questionnaire has undergone extensive analysis and has been found to be a valid measure of general job satisfaction. The tool also rated high for internal consistency. The occupational health nurses were compared to a group of hospital nurses which was provided by Vocational Psychological Research at the University of Minnesota. The scores for each group were compared using the student's t-test for independent samples. The questionnaire had 20 subscales and there were significant differences between the two groups for nine of the subscales. Occupational nurses were more satisfied with compensation and independence, whereas hospital nurses were more satisfied with advancement and authority.

Weisman and Nathanson (1985) studied the relationship of job satisfaction of nursing staff in seventy-seven family planning clinics to client outcomes. Client satisfaction was measured by personal interviews immediately following client interaction with clinic staff on the initial visit. Client compliance was measured by the continuous use of contraception, which was measured at six and twelve month intervals via phone. The clinic nurses' job satisfaction was measured using a fifteen item tool designed for the study to measure information regarding relationships with co-workers and patients, work content, supervision and resources available on the job. The data was analyzed using frequencies

and Pearson's Product Correlations. The strongest predictor of job satisfaction was staff conflict. High levels of conflict produced low levels of job satisfaction. Older staff generally had higher levels of job satisfaction. Nursing staffs that perceived high amounts of influence over the clinic policies had high levels of job satisfaction. Overall the higher the job satisfaction for the nurse, the higher the client's satisfaction (Weisman and Nathanson, 1985).

Many studies have been done regarding job satisfaction of nurses in hospitals and several have also studied nurses in community settings. The studies, however, are difficult to compare due to differences in study population, size of sample, sampling methods, research designs, instruments used and operational definitions of the variables. Major variables of job satisfaction identified are: content of the job, the work itself, opportunity for professional growth, job responsibility, interpersonal relations, salary, organizational policy and practices (Conrad et al., 1985). The overall results of the studies for nurses working outside a hospital setting indicate job satisfaction increases with experience. Nurses with high job satisfaction tend to remain on the present job and job satisfaction may play a part in patient compliance. The results, however, vary from study to study and the studies of nurses outside the hospital setting are limited.

#### Job Satisfaction of Nurses in Hospice Care

The research done regarding hospice nurses and job

satisfaction is very limited. Amenta (1984) compared thirty-six nurses that were providing care to hospice patients to thirty-six nurses that were employed in general care of the sick in a visiting nurse association and medical surgical unit of a general hospital. Five tests were used. They included: The Templer Death Anxiety Scale, Purpose in Life Scale, Shneidman's You and Death Questionnaire, Myers and Briggs and Cattell 16 PF Personality Index (Amenta, 1984). The data was evaluated for statistical significance. The Cattell's 16 PF Index showed hospice nurses to be more assertive, imaginative, forthright, radical, free thinking and independent than nurses in other settings (Amenta, 1984). The nurses in traditional care were more practical with a no nonsense approach to life, more conventional and comfortable with structure (Amenta, 1984). This study, however, had a small population with a convenience sample and no attempt was made to match the two groups.

Vincent and Garrison-Peace (1985) also compared hospice nurses with non-hospice nurses. A random sample of nurses who subscribed to Hospice Nursing Newsletter was compared to a stratified random sample of nurses who were members of the American Nurses Association. Thirty-nine hospice nurses were compared with four hundred twenty-nine nurses in other areas of nursing. The Personal Orientation Inventory that was developed by Shastrum (1973) was used. Frequency analysis was done and the groups were compared. No significant differences were found with regard to age, sex, marital status,

religion, ethnicity, region of residence, family income, nursing income, parenthood or number of children (Vincent and Garrison-Peace, 1985). A higher percent of hospice nurses worked in administrative positions. The hospice nurses scored higher for self-actualization, indicating these nurses were self-confident, self-reliant, mature, kind and generally concerned and caring about others (Vincent and Garrison-Peace, 1985). Although both groups of nurses were within the self-actualizing range, the mean for hospice nurses was higher than traditional care nurses.

The major study focusing on job satisfaction of hospice nurses was done by Moser and Krikorian (1982, 1985). The research was begun with a pilot study to explore factors that hospice nurses perceived contributed to their sense of satisfaction or stress in their work setting. A self-report with open-ended questions was used due to limited references of job satisfaction of hospice nurses in the literature. Four hospice programs participated with twenty-one nurses responding. The nurses were asked to report satisfying and stressful incidents in ten working days. From the data, cluster patterns occurred with sub-categories. The categories were ranked in terms of frequency. The major category of satisfaction experience was the unit of care (client-family) (Moser and Krikorian, 1982). Krikorian and Moser (1985) continued the research by developing a list of fifty-three satisfying and stressful items. A random sample of one hundred seventeen hospice nurses were mailed the scale and asked

to rank each item on how satisfying and how stressful the item was on a 1 - 5 Likert type scale. Narrative comments could also be made. The five most satisfying items included positive feedback from the family regarding care, the effective communication with patient and family, the witnessing of a smooth termination of life, the effective intervention for patient care and positive personal experiences for the nurse.

The research on job satisfaction of hospice nurses is indeed limited. The three studies reviewed have their limitations. The sample sizes have been small and the data is generally only analyzed via frequency and more robust statistics have not been used.

#### Summary

The research on job satisfaction of employees has focused on many types of workers. The job satisfaction of nurses has generally focused on hospital nurses, but more research is being done on nurses in other settings. Hospice care is growing rapidly. It is now time to take a careful look at the major provider of care in most hospice programs, the nurse, and the job satisfaction she experiences. The literature reflects the lack of a tool to measure the same. Therefore, the development of a tool will be the primary focus of study based on the literature review.

### CHAPTER III METHODOLOGY

The literature review reflects the relative lack of information regarding the job satisfaction of hospice nurses along with the lack of a tool with which to measure it. As the role of the nurse changes, especially in the area of hospice care, it is of prime importance to identify the satisfactions experienced by nurses providing hospice care in order to maximize them.

#### Problem Statement

The purpose of this study was to develop and test a tool to measure job satisfaction of hospice nurses. The results of the survey on the job satisfaction of hospice nurses will be useful for the recruitment, retention and development of staff. Once identified, the satisfying aspects of hospice nursing may allow for transfer to other areas of nursing.

#### Specific Aims of the Study

The specific aims of the study include the design of a tool to measure the job satisfaction of hospice nurses and the testing of the tool with nurses providing hospice care in Maryland. The tool was based on the work of Slavitt, Stamps, Piedmont and Haase (1978, 1979) with a theoretical foundation based on the work of Maslow (1970) and Herzberg (1976).

The tool was developed based on an extensive review of the literature regarding hospice care, job satisfaction of

nurses and specifically the job satisfaction of hospice nurses. The survey tool reflected the following categories of job satisfaction: pay, autonomy, task requirements, organizational requirements, interaction and job status. Basic demographic data was also collected.

#### Study Group and Design

The research was descriptive in nature as there has been minimal research in the field of job satisfaction for hospice nurses. All nurses providing hospice care who were employed by a hospice that is a member of the Hospice Network of Maryland were asked to participate in the study and complete the survey tool developed. There were no hypotheses for the research study as the main purpose was to develop a tool useful for the measurement of job satisfaction of hospice nurses and pilot the tool.

#### Study Variables

##### Job Satisfaction

The main variable in the study was job satisfaction. For this study, job satisfaction was defined as the six components individuals perceive as important to them as measured by the survey tool developed. The components of job satisfaction were defined as follows:

1. Pay - the gross salary received along with the additional monies received for call time as reported by the hospice nurse completing the survey.



2. Autonomy - flexibility and freedom in work related activities.
3. Task requirements - the tasks associated with hospice care.
4. Organizational requirements - the policies and procedures of the employer that may impose limits on the job or task.
5. Interaction - the opportunity for formal and informal interaction with other members of the hospice team during work hours.
6. Job status - importance felt about the job both by self and by the organization (Slavitt et al., 1978, 1979).

#### Hospice Nurse

A hospice nurse was defined as a registered nurse who had at least six months' experience working for an organization providing hospice care. An organization providing hospice care should have specific criteria for care based on the National Hospice Standards.

#### Instrumentation

The instrument used was developed after an extensive literature review. A tool designed specifically to measure the job satisfaction of hospice nurses was not available; therefore, the researcher developed a tool based on the six prior stated components of job satisfaction. The tool was answered on a Likert scale of 1 - 4. The instrument used as a base the research by Slavitt et al. (1978, 1979). The

tool was reviewed by nurses with hospice experience in administrative roles to determine face validity. The tool was piloted in Delaware prior to distribution to the population to be studied.

### Study Population

The study population included a convenience sample of nurses providing care to terminal patients in a hospice program either in an inpatient setting or home care. The survey tools were mailed to all hospices in Maryland that were members of the Hospice Network of Maryland. Members in the network represent a wide variety of hospice programs. These include inpatient programs, home care programs and coalition models. There are thirty-two programs in Maryland providing hospice care. The survey reached nurses employed six months or more in a program providing hospice care. One hundred fifteen surveys were sent out and seventy-eight were returned. This was a 68% return rate. The study and its purpose was announced at a statewide meeting of hospice nurses prior to the distribution of the survey tools.

### Data Collection

The data was collected by a mailed questionnaire. An advance letter was sent to the administrators of all hospice programs that were members of the Hospice Network of Maryland. The letter explained the purpose and nature of this study. Each hospice was asked to provide the number of R.N.'s that have been employed by them for at least six months. The administrator had the option of receiving a final copy of the

research study. The number of requested questionnaires was then forwarded to the administrators of the programs for distribution to the R.N. staff. A cover letter accompanied the questionnaire explaining the purpose of the study and why it was important for the nurse to complete the questionnaire. An informed consent was included. Participants were told that their participation was voluntary and that choosing to participate or not to participate would in no way affect their present job. They could also choose to leave any particular questions unanswered. If they had questions, they were informed how to contact the researcher. Stamped addressed envelopes were attached to each survey so the respondent could return them anonymously. The administrators were not aware of any responses made. Respondents names did not appear on the questionnaire. Respondents had two weeks to return the questionnaire to the researcher.

#### Limitations of the Data

The study is limited in that it was descriptive in nature and the study population was a convenience sample. This limits the ability to generalize beyond this population. The response rate was 68% and there was not the ability in this study to describe the non-responder.

#### Data Analysis

The data was analyzed via the use of the SPSSX Computer Program. Frequency distributions were done for each item. The basic demographic data was examined to identify the demographic characteristics of nurses working in hospice

care in Maryland, the objective of the research being to describe the nurses providing hospice care in Maryland. Items on the survey tool with little or no variation were eliminated from subsequent analysis. An overall Cronbach's Alpha Coefficient of Reliability was computed to determine internal consistency of the tool. Cronbach Alpha's were also computed for each of the six components of job satisfaction tested as well as for the two components of Herzberg's theory (motivation factors and hygiene factors).

Non-parametric correlation coefficients were calculated to express the relationship of the variables under each of the six components of job satisfaction. Correlations were also done with the variables under the two categories of Herzberg's theory. The questions relating to the motivation component were correlated as were the questions relating to the hygiene component.

A total score was computed for the first forty-nine questions and scores were cross tabulated with subgroups (pay, autonomy, task requirements, organizational requirements, interaction and job status) with basic nursing education, type of agency they were employed by, type of unit they worked in and current salary.

## CHAPTER IV

### DATA ANALYSIS

#### Introduction

The following will review the results of the analysis of the data of job satisfaction for hospice nurses. A profile of the population of hospice nurses studied will be presented. The validity and reliability of the survey tool will be discussed. The survey instrument will be described in terms of the six components of job satisfaction outlined by Slavitt et al. (1979) and in terms of Herzberg's theory. Job satisfaction will be explored according to selected demographic variables.

#### Study Population

The population for the study included seventy-eight hospice nurses who had been employed at least six months at an agency that was providing hospice care in Maryland. Table 1 summarizes the demographic profile of the study participants. The majority of the hospice nurses were married (80.8%). The age distribution was of little significance with approximately one-half over forty and one-half under forty years of age. The basic nursing education of the largest percent of the hospice nurses was a bachelor's degree, with 39.7% of the nurses having a bachelor of science degree. A bachelor's degree is generally not a requirement for employment by a hospice. The most recent nursing education of the largest percent of the hospice nurses was a bachelor's degree (38.7%), but 13.3% of the hospice nurses did have a master of science

Table 1 Demographic Data

<u>Marital Status (N=78)</u>	<u>Frequency</u>	<u>Percent</u>
Married	63	80.8
Single	4	5.1
Divorced	11	14.1
Widowed	0	0.0
<u>Age (N=78)</u>		
Under 40	38	48.8
Over 40	40	51.2
<u>Basic Nursing Education (N=78)</u>		
Diploma	28	35.9
Associate Degree	19	24.4
B.S. Degree	31	39.7
<u>Most Recent Nursing Education (N=75)</u>		
Diploma	20	26.7
Associate Degree	16	21.3
B.S. Degree	29	38.7
M.S. Degree	10	13.3
<u>Current Position (N=77)</u>		
Staff	61	79.2
Supervisor	10	13.0
Administrator	6	7.8
<u>Type of Agency Where Employed (N=73)</u>		
Voluntary	3	4.1
Non-profit	53	72.6
For-profit	4	5.5
Official	13	17.8
<u>Type of Unit Where Employed (N=78)</u>		
Hospital based inpatient unit	1	1.3
Hospital based Home Care Unit	27	34.6
Home Care Program	42	53.8
Other	8	10.3
<u>Salary (N=76)</u>		
10,000 - 20,000	35	46.0
20,001 - 30,000	36	47.4
Over 30,000	5	6.6

degree. The majority of the nurses surveyed were in staff level positions (79.2%). Nonprofit agencies represented the largest employer of the sample (72.6%). Most of the nurses worked in home care hospice (88.4%) whether it be hospital based or home care based. The salaries for the sample surveyed range from \$10,000 to over \$30,000 and were fairly evenly distributed. The majority of the nurses earned \$20,000 to \$30,000 per year.

Most hospice nurses sampled did take work home to complete it (78.2%) with about half of them being compensated for working at home (Table 2). The large number of hospice nurses taking work home to complete may be an indication that the majority of their time is spent in direct care with insufficient time left to complete necessary charting. Those hospice programs that are reimbursing their staff for working at home have recognized the time element for their staff.

The hospice nurses surveyed were asked what attracted them to their present position. The majority of the sample responded the work itself (89.7%) (Table 3). The work itself was chosen over hours and salary. This finding is consistent with the finding of Moser and Krikorian (1982, 1985) that the most satisfying experiences for hospice nurses were elements of the work itself.

#### Reliability and Validity

The reliability of an instrument is the major criteria for assessing quality and adequacy of the tool. The internal consistency of the survey tool was measured via Cronbach's

Table 2 Work Completion at Home

<u>Work taken home to complete (N=78)</u>	<u>Frequency</u>	<u>Percent</u>
Yes	61	78.2
No	17	21.8
 <u>Expected to work at home (N=75)</u>		
Yes with compensation	17	22.7
Yes without compensation	19	25.3
No	39	52.0



Table 3 Attraction to Present Position

<u>Factor</u>	<u>Frequency</u>	<u>Percent</u>
<u>Hours (N=78)</u>		
Yes	37	47.4
No	41	52.6
<u>Salary (N=78)</u>		
Yes	11	14.1
No	67	85.9
<u>Work Itself (N=78)</u>		
Yes	70	89.7
No	8	10.3

Alpha Reliability Coefficient (.92 for 49 items) indicating 92% of the variation obtained in the scores was true individual difference, while 8% was random fluctuation (Table 4). Thus, the tool was a fairly reliable measure of job satisfaction for the survey sample. The reliability coefficient is a function of the length of the tool and is also related to the heterogeneity of the group. The more homogeneous the group, the lower the reliability coefficient as the instrument is designed to measure differences among the group sampled. The group sampled would be presumed to be fairly homogeneous as they are all nurses providing hospice care. The reliability score, however, remained high despite this.

The reliability coefficients were computed for the six components of job satisfaction tested. The components that had fewer questions tended to have lower alpha scores, as expected. Four items measured task requirements with an alpha of .49 (Table 4). The pay component had three questions and an alpha of .68. The job status component had an alpha of .57. The other three components which included autonomy, organizational requirements and interaction all had reasonably higher alpha scores, .79, .80, and .87 respectively (Table 4). These scores indicate that the components of job satisfaction did provide a fairly reliable measure for the group surveyed. Cronbach's Alpha's were also computed for the two components of Herzberg's theory, the motivation factors and the hygiene factors. The alpha for the seventeen item motivation component was .82 and the alpha for the thirty-two item hygiene

Table 4 Cronbach's Alpha Reliability Coefficients

Total (49 items)	.92
Components of Job Satisfaction	
Pay (3 items)	.68
Autonomy (13 items)	.79
Task Requirements (4 items)	.49
Organizational Requirements (10 items)	.80
Interaction (15 items)	.87
Job Status (4 items)	.57
Components of Herzberg's Theory	
Motivation Factors (17 items)	.82
Hygiene Factors (32 items)	.89

component was .89 (Table 4). These reliability coefficients were another indication that the survey tool as based on Herzberg's theory was reliable for the survey sample. The researcher chose to use the internal consistency as a measure of the reliability as it measures the extent to which all components of a tool measure the characteristics studied. It is the most widely used and economical method. It was most relevant for this particular study.

Reliability can also be measured by the stability of an instrument. Test/retest reliability can be done, but attitudes can often be modified by intervening experiences. This, however, was not done due to the expense and possible change in attitudes during the interval between the tests.

Equivalence can be measured by administering two instruments measuring the same attribute to an individual at the same time and comparing results. This was not possible as a second tool to measure the job satisfaction of hospice nurses was not available.

The validity of a survey tool is the degree to which the tool measures what it is supposed to. The validity is difficult to establish. Solid evidence to support validity is not available as there is not a formula or equation to measure validity. A tool that is not reliable cannot be valid, but a tool can be reliable and not be valid. Content validity is based on the judgment of a group of experts in the field. The questions that were developed for the survey were based on an extensive review of the literature on job satisfaction.

The tool was reviewed for content validity by nurses with hospice experience in administrative roles and by hospice nurses in Delaware. The tool was pretested in Delaware and changes were made based on comments received. The tool was presumed valid to measure job satisfaction of hospice nurses based on the responses of those asked to review the tool and on the literature reviewed.

#### Data Analysis of the Components of Job Satisfaction

Nonparametric correlation coefficients were calculated for each of the six subscales of job satisfaction studied.

The pay subscale was intended to measure the satisfaction with gross salary and benefits. The components related to pay were well correlated, indicating that the factors measuring pay were related (Table 5). The correlations were all positive as would be expected and significant to the .05 level or less.

The components for autonomy which measured the flexibility and freedom in work related activities were fairly well correlated with some exceptions (Table 6). The feeling of doing something worthwhile, the opportunity to be of service to others, and the feeling of self-fulfillment did not correlate with autonomy. They may have been more appropriately placed under the subgroup of interaction.

The components for task requirements were fairly well correlated, indicating that these factors were indeed related (Table 7). These included the tasks associated with hospice care.

Table 5    Correlations of Factors of Pay

Factors	Salary with Fringe	Salary	Vacation
Salary with Fringe			
Salary	.82		
Vacation	.35	.30	

(All correlations given are significant at the .05 level or less)

Table 6 Correlation of the Factors of Autonomy

Factor	Professional Independence	Independence	Goal Setting	Authority	Decisions	Credit	Flexibility	Worthwhile	Service	Responsibility	Time	Self Fulfillment	Accomplishment
Professional Independence													
Independence	.71												
Goal Setting	.69	.72											
Authority	.27	.28	.31										
Decisions	.35	.45	.37	.31									
Credit			.20	.58									
Flexibility	.33	.31	.34	.33	.35	.19							
Worthwhile							.26						
Service					.20	.19	.27	.51					
Responsibility		.27	.32	.58		.37	.45	.19	.33				
Time	.29		.24	.19	.20		.72			.32			
Self-fulfillment						.20	.38	.56	.41	.28	.53		
Accomplishment			.20			.27	.35	.51	.30	.25	.45	.72	

( All correlations given are significant at the .05 level or less)

Table 7 Correlations of the Factors of Task Requirements

Factor	Tasks	Paperwork	Work load	Supplies
Tasks				
Paperwork	.36			
Work load		.32		
Supplies	.24		.32	

(All correlations given are significant at the .05 level or less)



The components of organizational requirements, which included policies and procedures of the employer that may impose limits on the job, were fairly well correlated with the exception of the relationship of the scheduled hours to work and the other organizational requirements (Table 8). This may have been another indication that the scheduled hours are insufficient to perform the necessary organizational requirements.

Correlations for the components of the subscale interaction, including the opportunity for formal and informal interaction, were fairly significant at the .05 level or less with the exception of feedback from the patient (Table 9). This was expected as hospice patients are often receiving care thirty days or less and are very ill during that time. Therefore, they are often unable to give more than minimal feedback.

The components of job status, including the importance felt about the job by oneself and by the organization, were correlated with the exception of advancement and prestige with achievement (Table 10). It may be that hospice nurses do not view advancement and prestige as important for themselves, as suggested by their reason for being in hospice care, the work itself.

Although the correlations are significant, they may, in fact, not account for much shared variance between variables, suggesting that there are other factors which have not been tapped.

Table 8 Correlations of the Factors of  
Organizational Requirements

Factor	Hours	Policy	Organization	Participation	Promotion	Inservice	Job Description	Opinion	Physical Condition	Safety
Hours										
Policy	.30									
Organization		.36								
Participation		.38	.31							
Promotion		.24		.26						
Inservice	.19	.30	.27	.39	.49					
Job description		.43		.44	.49	.60				
Opinion		.29	.30	.37		.18	.27			
Physical Condition	.23	.40		.24	.39	.54	.46	.19		
Safety	.22	.40	.25	.47	.54	.61	.55		.57	

(All correlations given are significant at the .05 level or less)

Table 9 Correlations of the Factors of Interaction

Factor	Feedback- Patient	Feedback- Family	Feedback- supervisor	Support- staff	Support- supervisor	Support- family	Recognition	Friendship	Helping	Input	Opportunity	Relationship	Friendliness	Feedback- physician	Feedback- community
Feedback (patient)															
Feedback (family)	.87														
Feedback (supervisor)	.59	.65													
Support (staff)	.31	.39	.45												
Support (supervisor)	.27	.35	.57	.63											
Support (family)	.15		.24	.38	.45										
Recognition		.23	.36	.26	.31	.28									
Friendship	.22	.35	.44	.47	.39	.31	.29								
Helping		.27	.34	.69	.56	.39		.52							
Input		.28	.34	.69	.48	.34	.25	.44	.60						
Opportunity		.24	.38	.52	.39	.27	.28	.37	.46	.57					
Relationship		.19	.20	.50	.41	.35	.32	.69	.51	.49	.52				
Friendliness		.19	.26	.52	.39	.43	.28	.42	.47	.63	.56	.53			
Feedback (physician)	.32	.35	.42	.40	.46	.23		.22	.34	.27	.27				
Feedback (community)	.38	.40	.52	.25	.37	.28	.35	.28	.22	.32	.27	.19	.19	.67	

(All correlations given are significant at the .05 level or less)

Table 10 Correlations of the Factors of Job Status

Factors	<i>Achievement</i>	<i>Degree of Responsibility</i>	<i>Advancement</i>	<i>Prestige</i>
Achievement				
Degree of Responsibility	.27			
Advancement		.25		
Prestige		.20	.56	

( All Correlations given are significant at the .05 level or less)

### Data Analysis in Relation to Herzberg's Motivation/Hygiene Theory

In addition to correlating the six subgroups of job satisfaction studied, the questions were organized in relation to Herzberg's two-factor theory. Each component of job satisfaction had specific questions relating to that component based on a review of the literature. The components relating to each factor of the theory were identified. The first factor was motivation, which was related to the work itself, and was a source of satisfaction, but not dissatisfaction. The second factor was hygiene, which included the content in which the work was performed and related to causes of dissatisfaction, but not satisfaction. Seventeen of the questions related to the motivation component of Herzberg's theory. These included the components of autonomy and job status. The largest number of the questions did correlate positively and were significant at the .05 level or less (Table 11). The exceptions included the degree of professional independence permitted, the opportunity for independent thought, the feeling of doing something worthwhile, the possibility of advancement, the prestige associated with the job and the feeling of self-fulfillment. These may not have been as clearly related as anticipated by the researcher. Advancement and prestige did not prove important to the nurses sampled.

Thirty-two of the questions related to the hygiene factor. These included the components of pay, task requirements, organizational requirements and interaction. These items were

Table 11 Correlations of the  
Motivation Components of Herzberg's Theory

Factors	Professional Independence	Independence	Goal Setting	Authority	Decisions	Credit	Flexibility	Worthwhile	Service	Responsibility	Time	Self-fulfillment	Accomplishment	Achievement	Degree of Responsibility	Advancement	Prestige
Professional Independence																	
Independence	.71																
Goal Setting	.69	.72															
Authority	.27	.28	.31														
Decisions	.35	.45	.37	.31													
Credit			.20	.58													
Flexibility	.33	.31	.34	.33	.35	.19											
Worthwhile							.26										
Service					.20	.19	.27	.51									
Responsibility		.27	.32	.58	.37	.45	.19	.33									
Time	.29		.24	.19	.20		.72			.32							
Self-fulfillment					.20	.38	.56	.41	.28	.53							
Accomplishment			.20		.27	.35	.51	.30	.25	.45	.72						
Achievement				.35	.24	.40	.64	.33	.29	.40	.65	.56					
Degree of Responsibility	.20	.22	.34	.29	.20	.35		.26	.57	.22	.19		.27				
Advancement	.23	.29	.36	.36	.38				.35					.25			
Prestige				.39	.45				.43					.20	.56		

(All correlations given are significant at the .05 level or less)

correlated with the exception of the pay factors, with task requirements and interaction (Table 12). It may be that hospice nurses were indicating the pay was not related to the task required.

#### Cross-tabulation of Components of Job Satisfaction

A total score was computed for the first forty-nine items which included the components of job satisfaction and excluded the demographic data. This was computed so as to be able to cross-tabulate scores for each component of job satisfaction with basic nursing education, type of agency where employed, type of unit worked in and current salary. The median score for each of the six components of job satisfaction was determined. Those scoring below the median (low) and those scoring above median (high) were cross-tabulated for each component of job satisfaction with basic nursing education, type of agency employed by, type of unit worked in and current salary.

The cross-tabulations of the six components of job satisfaction and basic nursing education indicate that a larger number of nurses with diplomas and A.A. degrees as their basic nursing education scored below the median on the pay component as compared to nurses with B.S. degrees (Table 13). This indicates that diploma and A.A. degree nurses did not view pay as important as Bachelor's prepared nurses. Bachelor's prepared nurses had pursued a more extensive educational preparation and, therefore, may view pay as more important. More nurses with B.S. degrees as their basic education scored

Table 12 Correlations of the Hygiene Components of Herzberg's Theory

Factors	Salary Freeze	Salary	Vacation	Hours	Policy	Organization	Participation	Promotion	Inservice	Job Description	Opinion	Physical Condition	Safety	Tasks	Paperwork	Workload	Supplies	Feedback-patient	Feedback-family	Feedback-supervisor	Support-staff	Support-supervisor	Support-family	Recognition	Friendship	Helping	Input	Opportunity	Relationship	Friendliness	Feedback-physician	Feedback-community					
Salary Freeze																																					
Salary	.82																																				
Vacations	.35	.30																																			
Hours	.35	.34																																			
Policy	.19	.30	.29	.30																																	
Organization						.36																															
Participation	.27	.20	.21	.38	.31																																
Promotion	.34	.28	.29	.24	.26																																
Inservice	.19	.20	.37	.19	.30	.27	.39	.49																													
Job Description	.22	.28	.29	.43	.44	.49	.60																														
Opinion				.29	.30	.39	.18	.27																													
Physical Condition	.27	.38	.30	.23	.40	.24	.39	.54	.46	.19																											
Safety	.30	.39	.26	.22	.40	.25	.47	.54	.61	.55	.57																										
Tasks				.23	.35	.18	.19	.28	.34																												
Paperwork				.44	.23	.21	.21	.30	.22	.36																											
Workload	.28	.33	.19	.37	.45	.38	.37	.35	.40	.32	.37	.45	.40	.32																							
Supplies	.20	.20	.24	.30	.35	.25	.37	.36	.42	.54	.24	.32																									
Feedback-patient				.21	.19	.23	.25	.26	.30	.20	.19	.25	.34																								
Feedback-family						.22	.24	.28	.25	.21	.23	.30	.33	.87																							
Feedback-supervisor	.19	.27		.32	.31	.34	.35	.46	.42	.28	.51	.50	.39	.29	.43	.43	.59	.65																			
Support-staff				.47	.27	.27	.37	.29	.26	.20	.28	.38	.41	.31	.39	.45																					
Support-supervisor				.39	.42	.35	.31	.51	.39	.30	.46	.51	.24	.28	.49	.44	.27	.35	.57	.63																	
Support-family				.25	.27	.27	.24	.24	.33	.34	.36	.35	.32	.36	.15	.24	.38	.45																			
Recognition					.19	.20	.25	.18	.24	.19	.20	.23	.36	.26	.31	.28																					
Friendship						.28	.25	.39	.23	.21	.25	.22	.35	.44	.47	.39	.31	.29																			
Helping					.28	.27	.36	.23	.31	.32	.22	.23	.30	.30	.27	.34	.69	.56	.39	.52																	
Input					.30	.21	.20	.34	.28	.20	.28	.19	.46	.24	.28	.34	.69	.48	.34	.25	.44	.60															
Opportunity			.21	.32		.27	.21	.46	.21	.18	.30	.24	.38	.52	.39	.27	.28	.37	.46	.57																	
Relationship						.24	.21	.23	.20	.25	.19	.20	.50	.41	.35	.32	.69	.51	.49	.52																	
Friendliness				.28		.22	.20	.21	.26	.19	.26	.52	.39	.43	.28	.42	.47	.63	.56	.53																	
Feedback-physician		.22	.19	.35	.34	.40	.49	.54	.24	.50	.44	.30	.41	.53	.32	.35	.42	.40	.46	.23	.27	.27															
Feedback-community				.30	.19	.29	.39	.46	.28	.49	.39	.27	.36	.43	.38	.40	.52	.25	.37	.28	.35	.28	.22	.32	.27	.19	.19	.67									

(All correlations given are significant at the .05 level or less)



Table 13 Comparison of the Subgroups of  
Job Satisfaction with Basic Nursing Education

<u>Subgroup</u>	<u>Diploma N=28</u>	<u>A.A. N=19</u>	<u>B.S. N=31</u>
Pay - L	20	13	15
H	8	6	16
Organizational Requirements - L	10	9	19
H	18	10	12
Autonomy - L	12	10	21
H	16	9	10
Task Requirements - L	14	7	20
H	14	12	11
Interaction - L	12	11	18
H	16	8	13
Job Status - L	16	11	20
H	12	8	11

L = Those scoring below the median score on each subscale.

H = Those scoring above the median score on each subscale.

below the median in task requirements and job status (Table 13). This may indicate that these components were not as important to them as other components of job satisfaction. It was expected that these would be more important.

Nurses employed at various types of agencies were compared with regard to the six components of job satisfaction studied (Table 14). The great majority of the nurses were employed by non-profit agencies (67.9%) with 16.7% employed by official agencies. Therefore, it is difficult to make an equitable comparison with voluntary, for-profit and other types of agencies. Nurses employed by non-profit agencies scored below the median more often than other nurses for all the components of job satisfaction except organizational requirements, indicating that pay, autonomy, task requirements, interaction and job status are not of major importance for them. Nurses from official agencies scored below the median for pay, indicating that pay was not of major importance for them. They, however, scored above the median for organizational and task requirements. It may be that the official status of the agency dictates additional clerical work for its staff since state as well as agency requirements must be satisfied.

Nurses from various types of hospice delivery systems were compared with respect to the six components of job satisfaction (Table 15). Again it is difficult to compare equitably all types of hospice delivery systems as the majority of the nurses were employed by a type of home care

Table 14 Comparison of the Subgroups of Job Satisfaction with Type of Agency where Employed

Subgroup	Voluntary N=3	Nonprofit N=53	Forprofit N=4	Official N=13	Other N=4	Nursing N=1
Pay - L	2	34	3	9	3	1
H	1	19	1	4	1	0
Organizational Requirements - L	1	24	2	4	1	0
H	2	29	2	9	3	1
Autonomy - L	2	31	2	7	1	0
H	1	22	2	6	3	1
Task Requirements - L	2	32	1	4	2	0
H	1	21	3	9	2	1
Interaction - L	3	28	2	6	1	0
H	0	25	2	7	3	1
Job Status - L	2	34	2	7	2	0
H	1	19	2	6	2	1

L = Those scoring below the median score on each subscale.

H = Those scoring above the median score on each subscale.

Table 15 Comparisons of the Subgroups of Job Satisfaction with Type of Unit Worked On.

<u>Subgroup</u>	<u>Hospital Inpatient</u> <u>N=1</u>	<u>Hospital Home Care</u> <u>N=27</u>	<u>Home Care</u> <u>N=42</u>	<u>Other</u> <u>N=8</u>
Pay - L	0	18	27	7
H	1	9	15	1
Organizational Requirements - L	0	12	22	4
H	1	15	20	4
Autonomy - L	0	17	24	2
H	1	10	18	6
Task Requirements - L	0	15	22	4
H	1	12	20	4
Interaction - L	0	16	22	2
H	1	11	20	6
Job Status - L	0	19	24	4
H	1	8	18	4

L = Those scoring below the median score on each subscale.  
H = Those scoring above the median score on each subscale.

program. Both hospital based home care and community based home care nurses scored below the median for all the components of job satisfaction with the exception of organizational requirements for hospital based home care. The additional requirements placed on the home care program by the hospital structure may cause it to be of more importance to hospice nurses working in that type of agency. It is surprising that nurses in home care are not viewing autonomy as more important to them.

When the salary of hospice nurses was cross-tabulated with the six components of job satisfaction, nurses earning less than \$20,000 per year scored below the median on the pay factor (Table 16), indicating that pay was not important to them, which would be expected. The majority of the nurses earned under \$30,000 per year. Nurses earning \$20,000 to \$30,000 per year did score above the median for organizational requirements, indicating that organizational requirements are more important to those with a higher income. There were no major differences in any of the other components of job satisfaction in regard to basic education, type of agency where employed, type of unit worked in and salary.

### Summary

A profile of the hospice nurses responding to the survey tool was compiled. This is the first profile of Maryland hospice nurses (as individuals) known to the researcher. The data indicated that most hospice nurses are where they are because of the work itself, as suggested by Moser and Krikorian

Table 16 Comparison of the Subgroups of  
Job Satisfaction With Salary

<u>Subgroup</u>	<u>\$10,000-\$20,000</u> N=35	<u>\$20,000-\$30,000</u> N=36	<u>over \$30,000</u> N=5	<u>Missing</u> N=2
Pay - L	22	20	4	2
H	13	16	1	0
Organizational				
Requirements - L	19	15	2	2
H	16	21	3	0
Autonomy - L	18	20	3	1
H	17	16	2	1
Task				
Requirements - L	16	19	4	1
H	19	17	1	1
Interaction - L	16	21	2	1
H	19	15	3	1
Job Status - L	21	23	3	1
H	16	13	2	1

L = Those scoring below the median score on each subscale.  
H = Those scoring above the median score on each subscale.

(1982, 1985). The purpose of the research was to develop and test a survey tool to measure job satisfaction of hospice nurses. The reliability and validity were of major importance for this study. The internal consistency was .92 and the tool was found to have content validity for the survey sample. The six components of job satisfaction were found to be well correlated as were the two components of Herzberg's theory. The cross-tabulations done supplied further information regarding the population studied with respect to job satisfaction and basic nursing education, type of agency where employed, type of unit worked in and current salary.

## CHAPTER V

## SUMMARY

Introduction

The purpose of this research was to develop and test a survey tool to measure the job satisfaction of hospice nurses. Hospice is a rapidly growing field of health care. Currently nurses are the most numerous staff members in a hospice program. It is now time to take a careful look at the major provider of care in most hospice programs, the nurse, and the job satisfaction she experiences. An extensive literature review revealed limited research on job satisfaction of hospice nurses and the lack of a tool to measure the same. The survey tool was developed using Maslow (1970) and Herzberg (1976) as the theoretical foundation and was based on the work of Slavitt et al. (1978, 1979). The survey tools were sent to all hospice programs that were members of the Maryland Hospice Network with a response rate of 68%. The validity and reliability of the survey tool were established for the survey sample. The correlations for Slavitt's et al. (1978, 1979) six components of job satisfaction and Herzberg's Motivation/Hygiene Theory were calculated.

Study Population

The profile of a hospice nurse from the sample surveyed is a nurse with a B.S. degree as her basic nursing education, married, earning \$20,000 to \$30,000 per year in a staff level position, working for a non-profit agency, doing home care hospice, and being a hospice nurse because of the work itself.



More often than not she is taking work home to complete it, for which she may or may not be compensated.

### Reliability and Validity

A major component of the research was to establish the reliability of the survey tool. Internal consistency was used to measure the reliability of the tool. The Cronbach's Alpha Reliability Coefficient was .92. This indicates that the survey tool was highly reliable for the population studied. The internal consistency for the six components of job satisfaction (pay, autonomy, task requirements, interaction, organizational requirements and job status), while having slightly lower reliability coefficients, were, however, still fairly reliable measures. Those components with few questions had lower alpha scores as expected. The reliability coefficients for the two components of Herzberg's Motivation/Hygiene Theory were also found to be highly reliable.

Validity is more difficult to establish. The questions for the survey tool were developed based on an extensive literature review. Content validity was based on the review by experts in the field and the pretest administered. The tool is presumed valid to measure job satisfaction of hospice nurses based on the responses of those asked to review the tool and the literature reviewed. Therefore, the survey tool was found to be reliable and valid for the population surveyed.

### Components of Job Satisfaction

Slavitt's et al. (1978, 1979) work which identified six components of job satisfaction (pay, autonomy, task requirements,

organizational requirements, interaction, job status) was well supported. The questions for each component were fairly well correlated. The feeling of doing something worthwhile, the opportunity to be of service to others, and the feeling of self-fulfillment did not correlate with autonomy. These factors may indeed be more a measure of interaction. The scheduled hours to work did not correlate with organizational requirements. This may be an indication that hospice nurses are feeling insufficient time for the necessary organizational requirements. Note that the large majority of hospice nurses did take work home to complete it. Advancement and prestige did not correlate with achievement for the job status component. Overall, for the population of hospice nurses surveyed, advancement and prestige were not viewed as important.

#### Herzberg's Motivation/Hygiene Theory

Correlations were done for the components of Herzberg's Motivation/Hygiene Theory. The majority of the seventeen motivation components were correlated with the exception of the degree of professional independence permitted, the opportunity for independent thought, the feeling of doing something worthwhile, possibility for advancement, the prestige associated with the job and the feeling of self-fulfillment. These were not as clearly related as anticipated by the researcher. Again advancement and prestige were not viewed as important by the hospice nurses surveyed. The thirty-two hygiene components were well correlated with the exception of the pay factor to task requirements and interaction. This indicates

that pay is not related to the required task or the interaction. Overall, these correlations supported Herzberg's theory of job satisfaction.

Longest's (1974) research of hospital nurses, using Herzberg as the theory base, identified achievement and interpersonal relationships as the areas leading to highest job satisfaction. Everly and Falcione (1976) also found interpersonal relations as most important for hospital nurses. Hospice nurses did not identify these factors to be of major importance for them.

#### Comparisons of Selected Variables with the Components of Job Satisfaction

When cross-tabulations were done comparing basic nursing education with the six components of job satisfaction, nurses with diplomas or A.A. degrees seemed to regard pay of lower importance than did the B.S. degree nurses. B.S. degree nurses may, therefore, expect higher salaries because of their more advanced educational preparation. Nurses with B.S. degrees indicated task requirements and job status were of less importance to them than A.A. and diploma degree nurses, an indication that, while salary may be important, job status is not, nor the required task. Slavitt et al.'s (1978, 1979) work, however, indicated job status and autonomy to be major factors of job satisfaction.

When nurses from various types of agencies were compared, nurses from non-profit and official hospice programs consistently considered organizational requirements of major importance. It may be that the nurses are feeling the restraints

placed on them by the employing agency. Often increased clerical work is required due to the third party reimbursement system.

The comparison of nurses from various types of hospice delivery systems indicates little difference except that nurses employed by hospital home care programs rate organizational requirements of major importance. The additional requirements placed on the home care hospice program by the hospital structure may be the reason for this.

Salary was not of major importance to the hospice nurses. Those earning low salaries rated pay of less importance. Nurses earning \$20,000 to \$30,000 per year indicated organizational requirements were important to them. The literature reviewed revealed a study citing organizational requirements as important to hospital nurses (Hall et al., 1981). Many studies indicated interpersonal relations were a factor of major importance to job satisfaction (Longest, 1974, Everly and Falcione, 1976, Stember et al., 1978). It may be that this need is met for hospice nurses and, therefore, no longer considered important for them.

#### Implications of the Findings

The research and analysis indicate that the instrument developed for the study is indeed reliable and valid for measuring the job satisfaction of hospice nurses. A profile of the population could be useful in comparing this sample of hospice nurses to other types of nurses. The profile established for this sample of a hospice nurse could be

useful for the recruitment of staff. The information gained from the research could also be used for staff development, as certain components of job satisfaction, such as organizational requirements and the work itself, are important to hospice nurses.

### Conclusions

The tool developed was reliable and did offer valuable information for the population surveyed. This research may serve as a stimulus for further research as the study implies hospice nurses may indeed differ from other nurses and what satisfies them may also differ.

### Recommendations for Further Study

Further study and testing of the tool would indicate the need for a random sample as the population used was a convenience sample. The ability to identify non-responders would also be important, so to speak, to that population. Comparing a random sample of hospice nurses to a random sample of nurses in another area of nursing would also prove beneficial.

A review of the tool itself indicates deleting a few questions that are essentially measuring the same variable. An improved measure of job satisfaction could be obtained by asking each respondent what their current satisfaction level is and what is perceived as ideal for each component. This would allow for a more true measure of job satisfaction and dissatisfaction.

Appendix 1

January 13, 1987

Dear Colleague:

I am currently conducting a study on the job satisfaction of nurses providing hospice care. As part of the study, I am seeking your assistance in allowing your staff nurses to participate. I am hoping to have all nurses in Maryland that have worked as registered nurses providing hospice care for at least six months to participate. The study will be conducted by a questionnaire that is brief and should take only 15 to 20 minutes to complete. The questionnaire focuses on several aspects of job satisfaction along with basic demographic data. The information is confidential as no name appears on the questionnaire. The cooperation and participation of your agency and staff is strictly voluntary.

Please check the enclosed form as to how many registered nurses have worked six months or more at your agency and return to me by January 23, 1987 in the enclosed stamped, addressed envelope. I will forward the requested number of questionnaires with attached stamped, addressed envelopes to you for distribution to your staff. Each nurse can then complete and return the questionnaire to me individually.

Your participation is valuable and will help me tremendously. Once the satisfying aspects of hospice nursing are identified, they can be maximized for hospice nurses and possibly transferred to other areas of nursing. The results of the study may also be useful for recruitment, retention and staff development. If you have any questions concerning the study or would be interested in the results, feel free to contact me through Talbot County Home Health and Hospice at 822-3855 (days) or 822-7528 (evenings). I can also be reached through the Graduate Department of Nursing at Salisbury State College. Thank you for your cooperation.

Sincerely,



Shirley Brogley, R.N., B.S.

SB/jb

Request for Job Satisfaction Questionnaire

\_\_\_\_\_ Yes, our agency is willing to participate in the study on  
job satisfaction of hospice nurses.

Please forward \_\_\_\_\_ Questionnaires to \_\_\_\_\_  
(number)

\_\_\_\_\_  
(name of agency)

\_\_\_\_\_ No, I am sorry our agency is unable to participate at this  
time due to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(name of agency)



Appendix 2

Dear Colleague:

I am currently conducting a study on the job satisfaction of nurses providing hospice care. As part of the study, I am seeking the assistance of all nurses in Maryland that have worked as registered nurses providing hospice care for at least six months. The questionnaire attached focuses on several aspects of job satisfaction along with basic demographic data.

The questionnaire is brief and should take about 15 to 20 minutes of your time to complete. Every effort will be made to keep the information you provide confidential. Your name does not appear on the questionnaire.

Your cooperation and participation are strictly voluntary and your choice to participate or not participate will in no way affect your present employment. You may leave any particular question unanswered or may choose not to complete the questionnaire. Your participation is very valuable and will help me tremendously. Once the satisfying aspects of hospice nursing are identified, they can be maximized for hospice nurses and possibly transferred to other areas of nursing. The results of the study could also be used for recruitment, retention and staff development.

If you have any questions about the study or would be interested in the results, please contact Shirley Brogley, R.N., B.S., Graduate Student, Salisbury State College and coordinator of Home Health and Hospice Program of Talbot County Health Department. Day telephone no. - (301)-822-3855; evenings - (301)-822-7528.

Please return completed questionnaire in the enclosed stamped addressed envelope by February 9, 1987.

Thank you for your cooperation.

Sincerely,



Shirley Brogley, R.N., B.S.

SB/jb  
Enclosures

## SURVEY OF HOSPICE NURSES

Please rate the following components of your job in terms of their importance to you using the scale below:

- 1) not very important
- 2) slightly important
- 3) moderately important
- 4) very important

1. \_\_\_\_ The salary, including fringe benefits that I receive.
2. \_\_\_\_ My present salary.
3. \_\_\_\_ The amount of vacation I receive.
4. \_\_\_\_ The scheduled hours I work.
5. \_\_\_\_ The degree of professional independence permitted me.
6. \_\_\_\_ The opportunity for independent thought and action in my present position.
7. \_\_\_\_ The opportunity for independent goal setting.
8. \_\_\_\_ The authority connected to my position.
9. \_\_\_\_ The independence in making professional decisions.
10. \_\_\_\_ The credit I get for what I do.
11. \_\_\_\_ The flexibility I have in terms of planning my day.
12. \_\_\_\_ The contents of my job (actual tasks performed).
13. \_\_\_\_ The clerical and paperwork required.
14. \_\_\_\_ The feedback from patients that I receive.
15. \_\_\_\_ The feedback from families regarding care given.
16. \_\_\_\_ Feedback from my supervisor regarding care given.
17. \_\_\_\_ The feeling of doing something worthwhile.
18. \_\_\_\_ The opportunity to be of service to others.
19. \_\_\_\_ The administration policies, rules and regulations under which I must work.
20. \_\_\_\_ The way the Hospice Program here is organized to meet the needs of the patients.
21. \_\_\_\_ The amount of participation staff has in planning and policymaking.
22. \_\_\_\_ The authority and responsibility I have.
23. \_\_\_\_ The promotion opportunities I have.
24. \_\_\_\_ The inservice training that is available.
25. \_\_\_\_ The written job description.
26. \_\_\_\_ The support I receive from other staff.
27. \_\_\_\_ The support I receive from my supervisor.
28. \_\_\_\_ The support I receive from my family and friends.
29. \_\_\_\_ The opportunity to voice my opinion.
30. \_\_\_\_ The work load expected of staff.
31. \_\_\_\_ The adequacy of supplies and equipment for patient care.

- 1) not very important
- 2) slightly important
- 3) moderately important
- 4) very important

32. \_\_\_ The flexibility of planning my time.
33. \_\_\_ The recognition received from peers, patients and supervisors.
34. \_\_\_ The opportunity to develop associates and friendships.
35. \_\_\_ The nursing staff helping each other as necessary.
36. \_\_\_ The input and support from co-workers.
37. \_\_\_ The opportunity to help other people.
38. \_\_\_ The opportunity to develop close relationships.
39. \_\_\_ The spirit of friendliness among my co-workers.
40. \_\_\_ The feeling of achievement I receive from my present job.
41. \_\_\_ The degree of responsibility I have considering my education, training and experience.
42. \_\_\_ The possibility for advancement.
43. \_\_\_ The prestige associated with my present job.
44. \_\_\_ The feedback I get from the physician.
45. \_\_\_ The feedback I get from the community.
46. \_\_\_ The physical condition of my present job (light, heat, weather, driving conditions).
47. \_\_\_ The safety and security I feel with my present position.
48. \_\_\_ The feeling of self fulfillment in my present position.
49. \_\_\_ The feeling of accomplishment at the end of each day.

#### BASIC DATA

50. Marital status: \_\_\_ married  
                           \_\_\_ single  
                           \_\_\_ divorced  
                           \_\_\_ widowed
51. Age group: \_\_\_ 21 - 30  
                   \_\_\_ 31 - 40  
                   \_\_\_ 41 - 50  
                   \_\_\_ 51 - 60  
                   \_\_\_ over 61
52. Basic Nursing Education: \_\_\_ Diploma  
                                   \_\_\_ Associate Degree  
                                   \_\_\_ B.S. Degree
53. Most recent Nursing Education: \_\_\_ Diploma  
                                   \_\_\_ Associate Degree  
                                   \_\_\_ B.S. Degree  
                                   \_\_\_ M.S. Degree  
                                   \_\_\_ Ph.D.

54. Current Position:  staff  
 supervisor  
 administrator
55. What type of agency do you currently work for?  
 voluntary  
 nonprofit  
 for profit  
 official (Health Dept.)  
 other (please explain) \_\_\_\_\_
56. I work in  
 a hospital based inpatient hospice unit  
 a hospital based home care hospice program  
 a home care hospice program  
 other (please explain) \_\_\_\_\_
57. Current salary (include gross pay plus call pay)  
 \$10,000 - 12,500  
 \$12,501 - 17,500  
 \$17,501 - 20,000  
 \$20,001 - 22,500  
 \$22,501 - 25,000  
 \$25,501 - 27,500  
 \$27,501 - 30,000  
 over \$30,000
58. Are you the primary wage earner in your household?  yes  no
59. Are you the only wage earner in your household?  yes  no
60. How many hours per week do you work? \_\_\_\_\_
61. Are you on call after hours?  yes  no
62. If so, how many days on the average per month are you on call?  
 1 - 10  
 11 - 20  
 21 - 30  
 31 - 40  
 over 40
63. How many hours per week are you on call? \_\_\_\_\_
64. What attracted you to your present position? (check all that apply)  
 hours  
 salary  
 the work itself  
 other - please list \_\_\_\_\_
65. If you left your current job, what would be the reason? \_\_\_\_\_  
 \_\_\_\_\_
66. Do you ever have to take work home to complete it?  yes  no
67. Is it expected that you do work at home?  
 yes with compensation  
 yes without compensation  
 no

## REFERENCES

- Amenta, M.M. (1984). Traits of hospice nurses compared with those who work in traditional settings. Journal of Clinical Psychology, 40, 414-420.
- Benton, D.A. and White, H.C. (1972). Satisfaction of job factors for registered nurses. Journal of Nursing Administration, 2 (6), 55-63.
- Brayfield, A.N. and Rothe, H.F. (1951). An index of job satisfaction. Journal of Applied Psychology, 35, (5), 307-311.
- Brosnan, J. and Johnston, M. (1980). Stressed but satisfied: organizational change in ambulatory care. Journal of Nursing Administration, 11, 43-46.
- Cohen, K.P. (1979). Hospice, prescription for terminal care. Germantown, MD: Aspen Systems Corp.
- Conrad, K.M., Conrad, K.J. and Parker, J.E. (1985). Job satisfaction among occupational health nurses. Journal of Community Health Nursing, 2 (3), 161-173.
- Corr, C.A. and Corr, D.M. (1983). Hospice care, principles and practice. New York: Springer Publishing Co.
- Everly, G.S. and Falcione, R.L. (1976). Perceived dimensions of job satisfaction for staff registered nurses. Nursing Research, 25, 346-348.
- Hall, B.A., Von Endt, L. and Parker, G. (1981). A framework for measuring satisfaction of nursing staff. Nursing Leadership, 4, (4), 29-33.
- Herzberg, F. (1976). The Managerial Choice. Homewood, III.: Dow Jones Irwin.
- Hinricks, J.R. (1968). A replicated study of job satisfaction dimensions. Personal Psychology, 21, 479-503.
- Hoppock, R. (1935). Job satisfaction: photo-studies. New York: Harper and Bros.
- Imparato, N. (1972). Job satisfaction patterns among nurses: an overview. Supervisor Nurse, 3, 53-57.
- Ivancevich, J.N. and Donnelly, J.H. (1975). Relation of organizational structure to job satisfaction, anxiety, stress and performance. Administration Science Quarterly, 20, 272-279.

- Koerner, B.L. (1981). Selected correlates of job performance of community health nurses. Nursing Research, 30, 43-48.
- Krikorian, D.A. and Moser, D.H. (1985). Satisfaction and stresses experienced by professional nurses in hospice programs. The American Journal of Hospice Care, 1, 25-33.
- Larsen, E., Chikamoto, P., Brown, M. and Shorr, J. (1984). Job satisfaction, assumptions and complexities. Journal of Nursing Administration, 1, 31-38.
- Locke, E.A. (1976). Handbook of industrial and organizational psychology. Chicago: Rand McNally Publishing Co.
- Longest, B.B. (1974). Job satisfaction for registered nurses in the hospital setting. Journal of Nursing Administration, 3, 46-52.
- Marconi, K. (1973). Survey of research on job satisfaction (Report No. TR 1117). Washington, D.C.: Office of Naval Research.
- Maslow, A.H. (1970). Motivation and Personality. New York: Harper and Row.
- Mayo, E. (1945). The social problems of an industrial civilization. Cambridge, Mass.: Harvard University Press.
- Moser, D.H. and Krikorian, D.A. (1982). Satisfaction and stress incidents reported by hospice nurses: a pilot study. Nursing Leadership, 5 (4), 9-16.
- Munson, F. and Heda, S. (1974). An instrument for measuring nursing satisfaction. Nursing Research, 23 (2), 159-166.
- National Hospice Organization (1986). The 1986 guide to the nation's hospices. Virginia: National Hospice Organization.
- Nichols, G.A. (1971). Job satisfaction and nurses' intentions to remain with or to leave an organization. Nursing Research, 20, 218-228.
- Pickens, M.E. and Tayback, M. (1957). A job satisfaction survey. Nursing Outlook, 5 (3), 157-159.
- Seybolt, J.W. and Walker, D.D. (1980). Attitude survey proves to be a powerful tool for reversing turnover. Hospitals, 54 (9), 77-80.
- Shostrum, E. (1973). Comment on a test review: the personal orientation inventory. Journal Counseling Psychology, 20, 479-481

- Slavitt, D.B., Stamps, P.L., Piedmont, E.B. and Haase, A.M. (1978). Nurses' satisfaction with their work situation. Nursing Research, 27, 114-120.
- Slavitt, D., Stamps, P., Piedmont, E., and Haase, A. (1979). Measuring nurses' job satisfaction. Hospitals and Health Science Administration, 24, 62-76.
- Slocum, J.W., Susman, G.I. and Sheridan, J.E. (1972). Analysis of need satisfaction and job performance among professional and paraprofessional hospital personnel. Nursing Research, 21, 338-341.
- Smith, P.C., Kendall, L.M. and Hulin, C.L. (1969). The measurement of satisfaction in work and retirement. Chicago: Rand McNally.
- Stember, M.L., Ferguson, J., Conway, K. and Yingling, M. (1978). Job satisfaction research - an aid in decision making. Nursing Administration Quarterly, 2, 95-105.
- Taylor, F. (1911). Principles of scientific management. New York: Harper and Bros.
- Torrens, P.R. (1985). Hospice care: what have we learned? Annual Review Public Health, 6, 65-83.
- Vincent, P.A. and Garrison-Peace, H. (1985). Do hospice nurses differ from non-hospice nurses? The American Journal of Hospice Care, 1 (5), 35-6
- Weisman, C., Alexander, C. and Chase, G. (1980). Job satisfaction among hospital nurses: a longitudinal study. Health Services Research, 15, 341-364.
- Weisman, C.S. and Nathanson, C.A. (1985). Professional satisfaction and client outcomes. Medical Care, 23, 1179-1192.
- Weiss, D.J., Davis, R.O., Enford, G.W. and Lofquist, L.N. (1967). Manual for the minnesota satisfaction questionnaire. St. Paul, MN: University of Minnesota.
- White, C.H. and Maguire, N.C. (1973). Job satisfaction and dissatisfaction among hospital nursing supervisors. Nursing Research, 22, 25-30.
- Zimmerman, J.N. (1986). Hospice, complete care for the terminally ill. Baltimore: Urban and Schwarzenberg.



## Curriculum Vitae

Shirley Anne Brogley  
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(301) 822-7528

Date of Birth: 11/30/53

Education

MacQueen Gibbs Willis School of Nursing  
Easton, Maryland  
1971 - 1974  
Diploma in Nursing

Chesapeake College  
Wye Mills, Maryland  
1974 - 1977  
A.A. Degree

Salisbury State College  
Salisbury, Maryland  
1977 - 1980  
B.S. in Nursing

Salisbury State College  
Salisbury, Maryland  
1983 - 1987  
M.S. in Nursing

Licensure:

Maryland, License Number RO 53348

Professional Organizations

MacQueen Gibbs Willis School of Nursing Alumni Association  
Eastern Shore Home Health Association (President 1985-1987)  
Maryland Association for Home Care  
National Association of Home Care  
Maryland Hospice Network  
National Hospice Network

Community Membership

Talbot Hospice Foundation, Inc. Board of Directors  
Ladies of the Elks  
Beta Sigma Phi Sorority  
SS. Peter and Paul Church  
Home/School Association of SS. Peter and Paul School  
Past member of the Health Planning Committee of Talbot County

Work ExperienceJuly 1982 - present:

Talbot County Health Department  
 Easton, Maryland

Job Title: Coordinator of Home Health/Hospice

Job Description: Responsible for the coordination of a home care program for Talbot County, which includes hospice, personal care and maintenance as well as skilled care. Duties include supervising a staff of 15, with a budget of over \$300,000, program planning, assignment of caseload and hiring and orientation of new staff. Planning and implementation of the following programs has occurred: Maintenance, Personal Care (including a local set-up for payment), Hospice, Quality Assurance (Health Dept. wide), Home I.V. Therapy, community liaison with the local hospital, and home administration of I.V. morphine. Assistance has been given for planning numerous workshops for both lay and professional groups. Frequent contact is made with hospitals, physicians and consumers with a large percentage of time spent dealing with third party reimbursement.

January 1980 - July 1982:

Talbot County Health Department  
 Easton, Maryland

Job Title: Community Health Nurse - Home care.

Job Description: Direct patient care for homebound residents of Talbot County. This included assessment of patient needs and development of an appropriate care plan.

January 1979 - January 1980:

Memorial Hospital  
 Easton, Maryland

Job Title: Staff Nurse, O.R.

Job Description: Circulate and scrub in one of five operating rooms during surgery.

April 1978 - January 1979:

Memorial Hospital  
 Easton, Maryland

Job Title: Instructor Employee Education

Job Description: Responsible for orientation of new staff, training staff in CPR and fire regulations and development of inservice programs for nursing staff.

June 1975 - March 1978:

Memorial Hospital  
 Easton, Maryland

Job Title: Staff nurse - maternity

Job Description: Provided direct patient care to prenatal, postnatal and gynecology patients. Occasional charge duty responsibilities. Also responsible for patients in labor and during delivery.

May 1974 - June 1975:

Memorial Hospital

Easton, Maryland

Job Title: Staff Nurse - medical-surgical unit.

Job Description: Direct patient care and charge responsibilities for a 36 bed unit, caring primarily for cardiac and respiratory patients.