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Retention of Registered Nurse Employees in Rural Community Hospitals Less Than 100 Beds

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RETENTION OF REGISTERED NURSE EMPLOYEES IN RURAL COMMUNITY HOSPITALS LESS THAN 100 BEDS

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ABSTRACT

RETENTION OF REGISTERED NURSE EMPLOYEES IN RURAL COMMUNITY HOSPITALS LESS THAN 100 BEDS

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Maintaining a stable nursing staff is critical to the effective operation of hospitals, therefore chief nurse executives must not lose sight of the importance of retention efforts. The purpose of this study was to identify factors that maintain or increase job satisfaction among registered nurses working in small, rural hospitals, thereby, motivating them to remain in a rural hospital practice setting. Four hundred and twenty-seven job satisfaction surveys were mailed to 13 rural community hospitals that had less than 100 beds. Two hundred and twenty completed surveys were returned (52%).

Sociodemographic characteristics of short-term (less than one year) and long-term registered nurse employees (greater than 5 years) were very similiar. Analysis of variance was used to compare differences in job satisfaction scores between the two groups (N=34). The Mann-Whitney U-Wilcoxon Rank Sum W Test was used to compare differences in job satisfaction scores according to salary and years in practice (N=26). There were no statistically significant differences in job satisfaction in any of the tests conducted ($p > .05$).

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"Everything takes longer than you think it will."

-----Murphy's Law

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CHAPTER ONE

INTRODUCTION

Despite recent declines in turnover and vacancy rates, maintaining a stable nursing staff continues to be critical to the effective operation of hospitals. The availability of nursing resources is one of the most critical issues facing health care organizations in the country. Premature turnover of registered nurses (RN) was a topic of critical concern to nurse managers through the 1980s. Recently, there has been less discussion of such turnover and shortage of nurses. However, according to the Michigan Hospital Association (MHA) Health Personnel Shortage Survey (1993), almost 70% of the United States' hospitals face an acute shortage of registered nurses in various specialties. Additionally, the survey suggested that registered nurses are in the top five most difficult to recruit and retain category for hospitals.

Although nursing recruitment and retention affects all hospitals, rural hospitals have a greater challenge in addressing these issues. The number of nurses needed in rural areas is less than urban areas, but the inability to recruit and retain nurses in rural settings has a greater impact on the ability to remain operational. In order to continue to serve their communities and to meet the future increased need for nurses in the rural areas, hospitals must take a closer look at strategies that will help them

recruit, but more importantly retain nurses.

Job satisfaction, defined as the extent to which registered nurses' perceive that their needs are fulfilled by the job they perform, has been shown to be a critical dependent variable for understanding why employees remain in their jobs (Weisman, Alexander, & Chase, 1981). Rural community hospitals have less flexibility to absorb staff losses. A rural hospitals' ability to recover from the loss of even one experienced RN can be difficult. First, in a rural hospital, the loss of one registered nurse accompanied by the inability to fill the position may have a substantial and direct impact on the quality of patient care. Second, with a smaller replacement pool of nurses available, rural hospitals may need to use more resources and spend more money attracting replacements which may add to the amount of time the positions are actually vacant. Third, small and rural hospitals may have higher costs associated with orienting new nursing staff members because of economies of scale (Daniels & Spiker, 1987). Finally, many rural hospitals struggle with community perception about the quality of their services. Inadequate staffing, because of turnover or unfilled vacancies, can add to the impression of "bigger is better" and may contribute to the out-migration of rural customers. Because of the difficulty in attracting nurses, it becomes incumbent on rural health care institutions to concentrate on retaining nurses by offering them supportive practice environments that enhance their job

satisfaction (McMurty, 1990).

Problem

According to MHA, Michigan urban hospitals had a 3.1% registered nurse vacancy rate in comparison to a 3.7% registered nurse vacancy rate in rural hospitals in 1992. The vacancy rate has declined recently due to hospitals downsizing and reorganizing which has resulted in less job availability. This however, does not change the fact that hospitals must be informed of factors associated with registered nurse retention. Prescott and Bowen (1987), Price and Mueller (1981) and Weisman (1982) estimated that the annual nursing turnover fluctuates at around 30%. This rate is one of the highest for professional and technical groups and is a major cause of expense in hospitals. Costs of turnover are estimated to range from $7,000 to more than $15,000 per nurse (Jones, 1990).

To positively affect retention, hospitals must capitalize on opportunities and identify factors which influence registered nurses to remain in rural settings. Applying expensive, short-term techniques that provide an immediate fix to a serious situation is no longer acceptable during this era of budget discipline.

Purpose

The purpose of this study is to identify factors that maintain or increase job satisfaction among registered nurses working in small, rural hospitals, thereby, motivating registered nurses to remain in rural hospitals.

These factors will identify specific individual satisfiers among small, rural hospitals' registered nurses. By identifying job characteristics that correspond with high retention, rural hospital chief nurse executives will be able to better retain registered nurse employees by focusing retention efforts on specific areas of satisfaction.

CHAPTER 2

THEORETICAL FRAMEWORK & LITERATURE REVIEW

Theoretical Framework: Maslow

In 1943, Abraham Maslow introduced a theory of human motivation in which he hypothesized that there is a hierarchy of human needs, that humans are satisfaction -seeking animals, and that they are therefore motivated in a never ending quest for greater satisfaction of their needs (Rosenbloom, 1989). The diagram below illustrates Maslow's Hierarchy of Human Needs. In Maslow's scheme, human beings first seek to satisfy their physiological needs, such as hunger and thirst; then, once these are met, they seek to fulfill safety and shelter needs. Next they focus upon social needs and seek a sense of belonging.

At the fourth level of needs, they want self-esteem and social status; finally, they seek self-actualization or true self-fulfillment. Maslow (1970) stated that needs are prepotent. Until each one is relatively satisfied a person will not strive very hard to meet the next level of need. He further stated that people have certain basic needs and that unsatisfied needs motivate behavior. Maslow believed that lower level needs are stronger than higher level needs. Self-actualization, the highest level of need, is a growth need. The process of satisfying this need actually increases rather than decreases the need to succeed. Maslow also stated individuals will move up and down the hierarchy levels in any given situation. He stated that the average citizen is satisfied perhaps 86% in physiological needs, 70% in safety needs, 50% in love needs, 40% in self-esteem needs, and 10% in self-actualization (Maslow, 1987).

Physiological Needs

Physiological needs are first satisfied by air, food, water and shelter. A person who thinks he/she is hungry may actually be seeking food more for comfort, or dependence, than for nutritional need (Garner, Smith & Piland, 1990). The person who is unable to meet these basic needs will not be able to succeed to the next human need level according to Maslow. If all needs remain unsatisfied, and the individual is controlled by the physiological needs, all other needs may become simply non-existent (Garner et al., 1990). However, once the physiological needs are met, the

individual will be able to move up the hierarchy by developing a more complex need for physical and psychological security (Daniels & Spiker, 1987).

Safety Needs

Safety needs revolve around the ability to feel secure. Threats to safety could include quarreling, physical assault, separation, divorce, death, extreme temperatures, crime and disease (Garner et al., 1990). A person who believes his/her safety needs are being threatened behaves as if a great catastrophe were almost always impending. One's safety needs often find specific expression in search for a protector or a stronger person on whom he/she may depend. People with a high need for safety prefer the familiar over the non-familiar (Maslow, 1970).

Love/Social Needs

When the love/social need, the feeling of belonging, is not met the person hungers for affectionate relationships with people in general, having a place in a group (Silber & Sherman, 1984). Planning, goal-setting and decision making are typical components of meeting social needs. This need may also be met by receiving support, positive feedback, and being involved through team interaction. Characteristics of an individual successfully meeting this need may be evidenced through demonstration of the ability to work well in groups, likeliness to be sought out by others for help, gets enjoyment from interacting with people and is considered a good conversationalist (Daniels & Spiker,

1987).

Esteem Needs

Self-esteem is the image we have of ourselves (Silber & Sherman, 1984). It covers all the ways we see ourselves: physically, intellectually, socially and psychologically (Chandler & Plano, 1988). A person who has met the esteem needs reflects stability, has a firmly based, high evaluation of oneself, demonstrates self-respect and enthusiasm (Daniels & Spiker, 1987). The person additionally, has a desire for strength, achievement, adequacy, confidence, and for independence and freedom (Daniels & Spiker, 1987). There is also the desire for reputation or prestige, recognition, attention, importance or appreciation (Silber & Sherman, 1984). Maslow (1970) stated, when needs for personal worth, self-esteem, and achievement occur we begin to develop the higher level, healthier thinking styles. If a person is unable to meet this need, he or she is likely to use words and actions which are less desirable, such as becoming shy, afraid to make a mistake, hostile, or suspicious. This person may be very quick to judge other people, and will expect them to feel negative, too (Daniels & Spiker, 1987).

Self-Actualization Needs

Self-actualization is defined as the desire or capability to become everything that one is capable of becoming (Maslow, 1987). It is the highest need an individual can develop. Maslow (1970) stated even if all

needs are met, a new discontent and restlessness will soon develop, unless the individual is doing what he/she is fitted to do. The best that has arisen from the human race may be attributed to this quality in human beings (Maslow, 1987). It may range from an intense desire to know the world as it is, to the highest acts of altruism. An example would be the desire to excel at your occupation. It is the drive to develop one's fullest potential and wholeness as a human being. In order for the need to be met, Maslow (1970) advised that certain preconditions must be satisfied. Those conditions consist of: Freedom of speech, freedom to do what one wishes providing harm is not done to others, freedom to express oneself, freedom to investigate and seek information and freedom to defend oneself (Maslow, 1970).

Management and Maslow

Maslow theorized of the five basic human needs that are sequential in nature, the most basic needs located at the bottom of the pyramid are primary job satisfiers (Daniels & Spiker, 1987). As management theorists became familiar with Maslow's work, they connected the higher level needs to work satisfaction. If organizational goals and individual needs could be integrated so that people would acquire self-esteem and, ultimately, self-actualization through work then motivation would be self-sustaining (Calkin, 1980). If the satisfied worker is the productive worker, then work should satisfy the workers' needs at whatever level they may be. The key to linking self-actualization with work lies in

managerial trust of subordinates. It appears that certain management styles characterize different professions and types of organizations (Sibler & Sherman, 1984). Some styles are completely ineffective causing difficulty for the individual to meet the most basic physiologic needs. Some management styles are marginal, meeting some of the needs such as, providing security, while others are adequate, successfully assisting the employee to meet the social and self-esteem needs. Lastly, some management styles are clearly associated with excellence and facilitate self-actualization (Rosenbloom, 1989).

Management and Physiologic Needs

Basic needs within management are reflective of the structure provided within the facility. An example of such lower needs would be company policies (Rosenbloom, 1989).

Management and Safety/Security Needs

Job security and compensation are reflective of the management safety needs. Maslow (1970) stated safety needs manifest themselves in preferences for jobs that offer protection and tenure, afford the opportunity to have savings accounts, and for purchasing material things.

Management and Social/Love Needs

Interpersonal practices are influenced by thinking style and actions. The ability to form productive relationships and gain satisfaction from interactions with others is determined by our thinking and actions (Daniels & Spiker, 1987). It is vital to feel a sense of belonging and

that one's contribution is important. Effectiveness as leaders or followers depends heavily on our human relations skills and their impact on the people who look to leaders for guidance and direction (Johnston, 1983). Leaders need to learn more about individual needs, satisfiers, and how they affect relationships with other people. Understanding these will help leaders to increase their abilities and skills in gaining the cooperation of those with whom they work. By improving human relation skills in relationships with other people, development into full potential is more likely. Personal satisfaction and fulfillment are most likely to occur in a climate where interests are mutual and goals are shared (Bruce, 1990).

Management and Self-Esteem Needs

Because organizations are composed of individuals, job performance and managerial effectiveness is tied to the way managers think about themselves and others. Ultimately, their thinking has a profound impact on their mental and physical being and on the organization in which they work (Calkin, 1980). The focus here is job-centered, since much of one's self-image is associated with the kind of work one does. If a supervisor or manager sees oneself as honest, ambitious, and a good teacher, he/she will probably believe that other people are honest, too, and that they want to learn new things as much as he/she does. People will probably enjoy working with this individual because this manager creates a climate in which they can learn and

believe that they make a difference (Rosenbloom, 1989). This manager shows that he/she trusts them and believes they will do their best. The result is effective, appreciated managerial behavior. Any serious attempt to change a behavior pattern for an individual or a group must take into account the thinking that surrounds the behavior (Daniels & Spiker, 1987). Individual thinking indirectly influences a number of organizational factors including job performance, productivity and quality of output. Also affected are absenteeism, tardiness, and turnover rates.

Management and Self-Actualization Needs

Combined individual thinking styles affect a company's capacity to solve problems, and its ability to plan for the present and the future (Rosenbloom, 1989). Everyday operations at all levels, along with organizational growth, are affected by the thinking styles of individuals (Shafritz & Hyde, 1992). Corporate managers must look to the higher levels of the pyramid for additional motivation to achieve. This need is about feeling that one is doing his/her best and becoming everything he/she is capable of becoming. Managers can create a work setting based on interdependent job relationships where jobs are defined in terms of results that can perpetuate self-actualization. Providing people the opportunity to grow and progress. The self-actualized individual is typically a good judge of people and a good delegator. Other characteristics of individuals who have successfully reached this level are that they encourage

independent and creative thought, are well respected, are optimistic and energetic and are considered a good leader who is nondefensive. This individual believes he/she has become involved in his/her job as a fully functioning human being (Silber & Sherman, 1984).

In order for human resource development to occur managers must communicate openly with subordinates, minimize status distinctions in superior-subordinate relationships, solicit subordinates' ideas and opinions, and create a climate in which subordinates can develop and use their abilities. This climate would include decentralization of decision making, delegation of authority to subordinates, variety in work tasks to make jobs more interesting and participative management in which subordinates have influence in decisions that affect them (Shafritz & Hyde, 1992). Such participative management allows people to not only depend on their job for income and security, but to some extent it may give the person a sense of status and recognition, as well as feelings of self-worth (Calkin, 1980). Participation will lead to better performance which will result in job satisfaction (Rosenbloom, 1989). Unless agencies can respond to these needs, employees may become less satisfied.

The inability to retain employees reflects instability of an organization which places unnecessary pressure on its members to perform at unreasonably high standards. It causes instability, insecurity, and dissatisfaction within

the organization (Blegen, 1993).

Maslow's theory is logical in its presentation, which makes it easy to grasp and easy to apply to the nursing profession. The method he chooses, moving from physiological to self-actualization, is one of describing basic to complex needs (Rosenbloom, 1989). Maslow's theory allows one to look at the total nursing profession and analyze what is happening at each level, what needs are not being met and need to be addressed in order to impact retention and job satisfaction.

Nursing and Maslow

Each level of Maslow's Hierarchy of Needs demonstrates a level of support needed for a nurse's successful development as a practitioner. The nurse's ability to succeed at each level directly impacts his/her job satisfaction and retention. A nurse not only wants to make a meaningful contribution toward patient care but he/she also wants to progress towards worthy goals, to develop a positive self-evaluation and to become knowlegeable and competent within the nursing role. The similarities of Maslow's Hierarchy of Needs and those needs identified in individuals whose nursing career is maturing are that successfully meeting the needs of each level moves the individual closer toward self-actualization.

Nursing and Physiologic Needs

Confidence in one's own practice and the adaptation to a new role are the building blocks to successfully meet

physiologic needs. A graduate nurse or a new staff nurse would be an example of an individual attempting to meet this need. Every new situation in the delivery of patient care is an opportunity for the development of this trust and confidence. Mastering new skills and procedures are evidence of growth at this level (Kettinger-Geiger & Sturm-Davit, 1988). This process is one that occurs repeatedly throughout one's nursing career each time a new job is begun. If the nurse is unable to satisfy this need, an estrangement from the nursing profession and a sense of separation may occur (Garner et al., 1990).

Nursing and Safety/Security Needs

The safety/security needs center around having a sense of confidence in the profession and in one's own developing practice skills. This nurse operates on the basis of the policies, rules and regulations, procedures and standards of care. Additionally, at this level the nurse relies on pay increases and promotions for job satisfaction and to meet safety/security needs (Shafritz & Hyde, 1992). This nurse's practice is still somewhat reserved, taking few chances, leaving decisions to others.

Nursing and Social/Love Needs

Communication reflects interdependence necessary for a sophisticated practice (Rosenbloom, 1989). Interactions with patients, nurses and other health care providers are essential to meet this need. The nurse is developing relationships and self-control and acceptance of control

from others in the environment. A personal concern for patient's comfort level with self and others develops. The nurse is able to use his/her personal strengths to benefit the patient. Additionally, freedom of self-expression is evident at this level (Maslow, 1987).

Nursing and Self-Esteem Needs

The nurse at this level demonstrates competencies more advanced at all levels of practice. Assessments include advanced data collection that is well organized, based on sound theoretical priniciples, and relevant to the creation of a plan of care. Interventions mutually negotiated with the patient are more productive and sophisticated and reflect compassion for the patient (Blegen, 1993). Evaluations of patient outcomes dictate the care given and form the basis for ongoing assessments and modifications in the plan of care. The nurse is able to focus more on his/her relationship with the patient rather than the completion of assigned tasks. A sense of purpose provides the energy for the nurses' professional growth. Mastery and specialization are evident at this level (Maslow, 1987).

Nursing and Self-Actualization Needs

This individual is representative of the ideal model of human behavior. A nurse at this level, it is theorized, tends to think that people, things, events and relationships can be understood; that things fit some discernable pattern. Thus, one probably feels realistically optimistic about people and things. This often elicits admiration from

others. Because this individual understands that the purpose of communication is to share, he/she values the ideas, not the increase in status or the fear that may develop from failure (Calkin, 1980).

This individual's basic need is to relate his/her concern for the continuum and quality of care. This nurse has a concern for things and people as they could be, and are preoccupied with knowing and accepting life in the elegance of its simplicity and truth (Maslow, 1987). This individual probably does not worry too much about what others think about him/her because he/she tends to take responsibility for his/her own actions. This person tends to be genuinely democratic in relationships with others, treating people objectively with wisdom (Henry et al., 1989).

A fully developed professional identity is achieved at this level. A sense of uniqueness and discovery of one's special fit in the profession results. At this point the nurse has the capacity to develop and integrate his or her own skills and talents into a fitting practice arena (Bruce, 1990). The nurse is then able to engage in professional identify and move forward and diversify his/her practice, exploring various specialities or branching into a multidisciplinary position such as a nurse administrator or nurse attorney.

In order to ensure a future for the profession, today's practitioners of nursing must support and enhance the

movement of other practitioners through the hierarchy of needs. Nurses at the lower need levels of Maslow's Hierarchy deserve the professional and environmental support necessary to successfully satisfy each additional need and to ensure continuation of the lower level needs lest they are forced to regress. (Kettinger-Geiger & Sturm-Davit, 1988).

Theoretical Definition of Terms

Job Satisfaction: The extent to which registered nurses' perceive that their needs are fulfilled by the job they perform.

Short-Term Registered Nurse Employee: Registered nurses' intention to stay at the hospital for which they are currently employed less than 1 year.

Long-Term Registered Nurse Employee: Registered nurses' intention to stay at the hospital for which they are currently employed for at least 5 years.

Research Questions

Questions

1. What are the sociodemographic characteristics of short-term registered nurses employees?
2. What are the sociodemographic characteristics of long-term registered nurses employees?
3. What are the differences in job satisfaction between short-term and long-term registered nurse employees?
4. Are there statistically significant ($p<.05$) differences in job satisfaction among registered nurse employees with differing professional characteristics such as: salary, years in practice, educational preparation?

Literature Review

There has been extensive research documented in the nursing literature about retention of registered nurses (RN) and how job satisfaction influences retention. The following is a description of pertinent findings from research conducted in combined, urban and rural, urban and rural settings.

Retention of Registered Nurses in Urban & Rural Settings

Pooyan (1990) suggested that nurses who perceive greater performance constraints on their work environments think about changing jobs more frequently. Job satisfaction has been shown to be a critical dependent variable for understanding why employees remain in their jobs (Weisman, Alexander & Chase, 1981). Job satisfaction also has been related to job performance and to the intention to retain or leave a job (McCloskey & Grace, 1988). One view is that job satisfaction is jointly determined by attributes of the individual and attributes of the job and work organization (Weisman et al.).

Kettinger-Geiger and Sturm-Davit (1988) studied self-image and job satisfaction in hospital and public health agency settings (N=75). The null hypothesis, that there would be no significant difference between the two groups by degree of satisfaction was rejected at $p<.007$. A significant difference was found between the two groups on job satisfaction. In general, hospital nurses' scores were higher than public health nurses with regard to fewer

restrictions for professional advancement and the ability to be creative and self-expressive.

Buerhaus (1989) collected data by survey to determine the effect of economic, sociodemographic and work satisfaction predictor variables on the annual number of hours worked (n=403). Although all coefficients for a registered nurse's wage were positive, only when the entire sample, that is, when married registered nurses were used in the analysis, was the effect statistically significant ($p<.10$). However, control over worked hours reduced the number of annual hours worked by approximately 600 hours. The results of other analyses found that the registered nurses employed in hospitals were the least satisfied with their work and those who worked in ambulatory settings were the most satisfied.

Hughes and Marcantonio (1991) researched incentives that would cause agency and hospital registered nurses to change jobs in urban and rural hospitals (n=1,767; agency n=550; hospital n=1,217). Hospital nurses were more likely to indicate they would change jobs for increased autonomy (n=549) as compared with agency nurses (n=442).

Hinshaw, Smeltzer and Atwood (1987) looked at innovative retention strategies in seven urban and eight rural hospitals: RN (n=1002), Licensed practical nurse (LPN) (n=282), Nursing Aide (NA) (n=282). Sixty-eight percent (n=1,094) of the subjects were from urban facilities and 32% (n=503) were from rural hospitals. Findings suggested that

in order for retention strategies to be effective, they needed to be targeted specifically to particular conditions of the nursing staff, such as, educational preparation and the clinical service on which staff functioned. Job satisfaction buffered job stress while job stress had no direct effect on anticipated turnover but only influenced job satisfaction. The researchers looked at educational preparation of the registered nurse and the clinical service on which the staff were employed. Control over practice factors influenced original job satisfaction in addition to job stress and group cohesion. Group cohesion (R^2=.20) was more important to baccalaureate than diploma prepared nurses in anticipating turnover. Clinical service nurses reported a need to focus on organizational job satisfaction (R^2=.31), such as, administrative style and professional status.

Blegen (1993) described the magnitude of relationships between registered nurses' job satisfaction and the variables most frequently associated with it (N=15,048). Job satisfaction was most strongly associated with stress (r=-.61) and organizational commitment (r=.53). Seven variables had correlations between r=.20 and r=.50: Communication with supervisor, autonomy, recognition, routinization, communication with peers, fairness and locus of control. Four other variables, age, education, tenure and professionalism, frequently included in satisfaction studies had low correlations (<.20).

Coward, Horne, Duncan and Dwyer (1992) studied job

satisfaction among hospital nurses who provided direct patient care (N=731) comparing facility size. Twenty-two hospitals varying in size (1-49 beds, (n=208); 50-99 beds, (n=239) and >100 beds, (n=284)) were the sites in which the study was conducted. Overall findings concluded that professional status, task requirement, pay, organizational policies and autonomy ranked highest with regard to positively impacting job satisfaction. With the exception of pay, nurses in very small rural hospitals were more satisfied with their jobs (mean=69.5). The two other setting scores, were similiar (mean=66.6 in 50-99 beds; mean=66.9 in >100 beds) but significantly lower ($p<.01$) than that reported by nurses in the very small hospital.

Roedel and Nystrom (1988) looked at various facets of registered nurses' job satisfaction as it related to desirable characteristics of nursing jobs. Statistically significant relationships emerged between job satisfaction and three of the five job characterics: task identity, autonomy and feedback from the job. All significant Pearson product moment correlation coefficients indicated positive relationships. Results were consistent with suggestions that nurses find enriched jobs more satisfying, and also with an interpretation that satisfied nurses see their jobs as being more enriched. All correlations between motivating potential scores and satisfaction measures attained statistical significance. Increased autonomy was associated with increased satisfaction, where decreased autonomy was

associated with decreased satisfaction ($r=.38$, $p<.01$).

Retention of Registered Nurses in Urban Settings

Klemm and Schreiber (1992) looked at how to boost employee morale and decrease administrative costs. The researchers interviewed the nurse recruiter, hospital administration, vice president for patient care, director of human resource and chief of staff at 10 medical centers. They concluded that responsive and flexible management is most successful at retaining quality employees and that an organization staffed with contented employees generally attracts higher quality employment candidates more easily.

Barhyse (1987) studied a 936-bed tertiary care facility that practiced under a model of nursing with four aspects: clinical practice, education, administration and research ($N=903$). A significant relationship between length of employment and levels of practice existed ($p<.001$). Additionally, they found a positive work setting could be promoted through implementing programs that rewarded nursing skills of the staff and facilitated the professional development of the nurses. One method of simultaneously promoting a positive setting and developing the professional nursing staff is the implementation of a level of practice program. The findings of this study suggested that retention of staff nurses will increase with such a program.

Mann and Jefferson (1988) studied retention of staff using turnover indices ($N=47$). They studied both those individuals who had recently left their position and those

still currently employed in a position at a 255-bed county hospital. Four factors were identified from the group no longer employed: understaffing (mean=4.0), non-supportive management (mean=4.0), job too stressful (mean=2.5). The second group of individuals, who were currently employed, identified five areas of dissatisfaction which could potentially lead to turnover: change in career goals (mean=4.05), family obligations (mean=3.73), lack of leadership (mean=3.68), inadequate orientation (mean=3.52) and supervision too rigid (mean=3.14).

Bruce (1990) researched reward strategies for the retention of hospital registered nurses (N=600). Most prominent rewards in nursing were identified as: salary, primary nursing and clinical ladders. "Professional status" had a significant mean score of 5.40 which clearly exceeded the "agree" side of the Likert scale in terms of job satisfaction. Overall job satisfaction was higher for nurses at sites with primary care (mean=4.25) than for nurses where it was not available (mean=3.99). It appeared that differences among job satisfaction means for baccalaureate, associate and diploma prepared nurses where much greater (respective means for pay are: 4.00, 3.30 and 3.97) for pay than for any other job component. Pay was closest to being the most significant factor differentiating nurses of different education levels. Nurses as an entire group, as well as nurses separated by education or by time in current position, rated "professional status" as

providing the most job satisfaction.

Retention of Registered Nurses in Rural Settings

Rural settings are culturally unique, more isolated, and characterized by a generalized practice. Therefore, rural nurses are unlikely to have as many job options as their urban counterparts (Bigbee, 1989; Lawler & Valand, 1988). Adding to the ability of rural facilities to compete effectively with the incentives that urban centers offer are the additional financial restrictions imposed by payor mix and reimbursement (Benson, Sweeney & Nicolls, 1982; Thobaden & Weingard, 1985). Lassiter (1985) and Hanson, Jenkins and Ryan (1990) found that rural nurses need to have high levels of clinical judgment and independent thinking.

Hanson, Jenkins and Ryan (1990) examined the relationships among personal characteristics and factors of job satisfaction as related to autonomy and job retention at 10 rural agencies (N=167). Findings indicated that personal characteristics are not strong predictors of job retention. The strongest relationships were those related to nursing autonomy. Autonomy was the most effective predictor of job satisfaction and intention to remain in the current position.

Szigeti, Laxdal and Eberhart (1991) researched barriers to the retention of registered nurses and licensed practical nurse's in small rural hospitals and identified factors related to the desire to practice in rural hospital settings. Utilizing correlational analysis, job

satisfaction and performance constraints were the only variables to make significant contributions to the prediction of turnover intentions. Overall, job satisfaction accounted for the largest percentage of the variance (R^2=.42 and R^2=.44) for registered nurses and licensed practical nurses respectively.

Bushy and Banik (1991) researched registered nurse's job satisfaction in eight rural hospitals fewer than 50 beds. They identified six areas that dramatically influenced job satisfaction: pay, professional status, interactions with physicians, autonomy, task requirements and organizational policies. Additionally, the research concluded that those registered nurses who floated to more than two other patient care units had a higher level of satisfaction than those who did not float.

Stratton, Dunkin, Juhl, Ludtke, and Geller (1991) conducted a telephone survey with 195 director's of nursing of rural hospitals. They concluded that retainment of registered nurses was less difficult than for larger rural hospitals. As hospital size became smaller, retention was perceived as less difficult (62.9%, 25 beds and less) rated as "not difficult" or "hardly difficult".

Olson and Helmer (1992) asked registered nurses in 54 small town hospitals to rate 43 strategies that influence nurses to remain in their job. Identified as the top four reasons were: self and professional development, monetary needs, internal management and staffing and scheduling.

Most nursing research has been done within urban hospitals, and it is only recently that nurse researchers have begun to identify practice factors unique to rural nursing.

Retention of Short-Term Registered Nurses versus Long-Term Registered Nurses

Muus, Stratton, Dunkin and Juhl (1993) surveyed rural agencies including hospitals, skilled nursing facilities and public health agencies in six states in an attempt to identify factors that retain registered nurses in rural communities (n=2,488). Dissatifiers amongst all rural registered nurses were: Salary/pay scale, gap between administration and staff problems, insufficient amount of respect doctors show toward knowledge/skill level of nursing staff, agency inadequately rewards advanced training/education and insufficiency of received benefits. The research further separated the results into two categories: short-term employee, defined as anticipating employment not to exceed 1 year and long-term employee, those individuals who plan to remain in their current position for at least 5 years. Short-term staff concerns were: poor earning potential, administration rarely consults staff on day-to-day problems, fewer advancement opportunities, and little control over hours worked and scheduled. Personal characteristics identified specific to short-term employees were they were not married (32.5%) and usually less than 30 years old. Over half of the long-term

registered nurse employees were dissatified with adequacy of salary, job benefits and rewards and interpersonal relations. Personal characteristics identified specific to long-term employees were that they were raised in smaller rural communities (58.9%). Long-term nurse concerns included: pay scale, lack of administrative involvement in problem solving, respect from physicians, lack of financial reward for advanced education and training and adequacy of benefits received.

Shindul-Rothschild and Judit (1990) determined which factors economic, fringe benefits, professional rewards or organizational characteristics were most significantly associated with retaining staff in the same hospital, an acute care setting and the nursing profession in 1 and 5 years. Both group results reflected a strong need to have control over their nursing practice. The long-term registered nurse employees ranked flexibility of work schedule most strongly related to retention. Additionally, less shift rotation, on-site sick and well child care and career ladders had strong correlations with retention. Short-term registered nurse employees identified a strong need for regular salary upgrades in order to be retained.

Conclusion

The majority of the literature, reported satisfaction studies among staff nurses working at larger urban hospitals. Few studies were found that reported job

satisfaction among staff nurses working at small, rual hospitals.

Those registered nurses employed in urban settings identified professional status and development as the most important factors affecting job satisfaction and retention. Additionally, the flexibility of management and a better reward system for recognizing advanced skills and education affect job satisfaction and retention in the urban setting.

The registered nurse practicing in the rural setting identified salary, control over hours worked and schedules, performance constraints and management support as those items that influence job satisfaction and retention. The studies found that, in general, work-related factors such as scheduling, autonomy, supervision, lack of stimulation, style of nursing practice, salary and staffing shortages were among the reasons most frequently mentioned by rural registered nurses who resigned their jobs. This study identified job satisfiers for registered nurses practicing in rural hospital settings and to examine difference between short-term and long-term registered nurse employees.

CHAPTER 3

METHODOLOGY

Study Design

A descriptive correlational research design was used in the study to explore the relationship between job satisfaction and retention of registered nurses in small rural hospitals in Southwest Michigan. This study also compared individual attributes of registered nurses who planned to stay employed in their current setting for less than one year (short-term registered nurse employees) versus those who planned to stay in their present setting for 5 years or longer (long-term registered nurse employees). This study partially replicated that of Muus, Stratton, Dunkin & Juhl's study (1993) of 2,488 staff registered nurses (RN) practicing in rural hospitals, skilled nursing facilities and public health agencies in Arkansas, Colorado, Georgia, Montana, Nebraska and Vermont. This study, resisted participants to hospital settings in Michigan and included all RNs working in hospitals less than 100 beds inclusive of management to participate. Data were obtained over a 6 week period in Fall 1994 through use of the "RN Retention Survey", which the Chief Nurse Executive (CNE) of each hospital responded. Additionally, registered nurses responded to the "Rural Nursing Personnel Survey" which measured job satisfaction and collected data on sociodemographic information.

Sample and Setting

Hospital criteria for participation in the study included: rural community hospital, licensed for less than 100 beds, located in Southwest Michigan, and accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Thirteen hospitals that met all criteria were randomly selected by the researcher. The CNEs of the 13 hospitals were contacted by the researcher and asked to participate in the "Registered Nurse Retention Survey". The purpose of this survey was to obtain background information about the hospital and the registered nurse employees.

The researcher asked the CNE during the phone survey how many RNs met the established criteria to participate in the study. The researcher then mailed the number of surveys, identified by the CNE, to the hospital. The total number of surveys sent to each of the 13 hospitals ranged from 12 to 75 surveys. A total of 427 surveys were mailed to CNEs of the 13 study hospitals for distribution.

Two hundred and twenty completed surveys were returned. This comprised 52% of the total surveys sent out. Subjects were any registered nurse employee within the hospital inclusive of management. Licensed practical nurses and nursing aides were not included in the study.

Characteristics of the Chief Nurse Executive Sample

All 13 CNEs (100%) willingly participated in the CNE phone survey conducted by the researcher. All CNEs were female. The number of years the CNE had been in her current position ranged from 3 months to 18 years with the mean being 4 years (S.D.= 2.6). The CNEs had been employees in nursing from 10 years to 40 years with the mean being 22 years (S.D.= 14). The highest nursing degree held by the CNE was divided into four applicable categories: four of the CNEs were diploma graduates, four were associate degree registered nurses, three held bachelors of science degrees in nursing and two held masters of science in nursing. Six of the 13 CNEs (46%) had an additional degree in a field other than nursing. Four of the six additional degrees were at the baccalaureate level and two were at a master's level. All six of the additional degrees were some type of business degree.

Characteristics of the Total Registered Nurse Sample

A large majority of the registered nurse sample (89%) were female. The mean age of the sample was 41 years old (S.D.=11.2). The mean number of years the participants had been practicing as registered nurses was 13 years (156 months) (S.D.=10.1). One hundred and seventeen nurses in the sample, (53%) received their RN licensure during the period of 1984-1994, while 68 of the registered nurses (31%) became licensed during the years spanning 1971-1983. Only 30 (14%) earned licensure during the years of 1952-1970.

Forty-three percent of the total RN sample had looked for other employment over the last year. Eight percent of the RN sample expected to stay in their current job for less than 1 year, while 87% intended to stay in their position for 5 years or more. Seventy-six percent of the sample RNs were married, 11% single, 1% widowed, 2% separated and 10% divorced. The mean hourly wage category for the RN sample was $16.01-$18.00 per hour (S.D.=26) which represented 60% of the total family income. Sixty-five percent of the RN sample were raised in either a rural (less than 2,500) or small (2,500-10,000) community while only 10% were raised in an urban (50,000-100,000) or metropolitian (over 100,000) community. The mean number of years the RN sample had lived in their current community was 19 (S.D.=14). Overall, the sample results reflected community satisfaction with regard to a place to live, raise children, build a home, invest savings, and ability to worship. Only 30% stated satisfaction with regard to starting a new business and 33% stated satisfaction with social opportunities.

There were a variety of factors which led the RN sample to practice in a rural area. The top five reasons were: The RN wanted to live in the town where he/she worked (21%). The second most frequent reason identified for practicing in a rural setting was that the RN was born and raised in the rural community and elected to stay (17%). Third, the RN enjoyed a small town atmosphere (12%). Fourth, the RN's

spouse had been relocated to the rural area (10%) and fifth the RN's family also lived in the town (6%).

There were also 32 reasons listed in response to the question, "What would cause you to leave your position within the next five years?" The top five reasons were: relocation (14%), retirement (8%), hospital closure (7%), accepting another position elsewhere (6%) and fifth, lack of job satisfaction and lack of administrative support both were rated equally (5%).

Characteristics of the Study Hospitals

The nearest town of 50,000 people or more was 30 miles (S.D.=17.6) away from the study hospitals. The mean number of miles a RN must travel in order to obtain formalized education was 30 miles (S.D.=18.2). This was not believed to be a significant barrier (mean=1.9, S.D.=1.3) for the RN in obtaining advanced education. The number of licensed beds for the 13 hospitals ranged from 38 to 96 with the mean being 65 beds (S.D.=15.7). The average daily census for all 13 hospitals was 20 and three of the 13 hospitals were licensed for skilled nursing beds.

The definition of full-time equivalent (FTE) employee for the hospitals ranged from an individual who worked 64-80 hours in a 2 week pay period with the majority of the hospitals (54%) defining it as someone who worked 72 hours per pay period. Part-time employment was defined as a person who worked 32-72 hours per 2 week pay period. The majority (46%) defined part-time employment as the

individual who worked 64 hours or less per pay period. The mean number of FTE RN positions in existence within the hospitals were 31 (S.D.=8.5) while the mean number of part-time RN positions were 17 (S.D.=9.4). The mean for the actual number of vacant FTE RN positions was less than 1 (S.D.=.49) while part-time position vacancies mean was 2 (S.D.=2.2). The number of months these positions remained vacant ranged from 1 to 8 months with the mean being 2.5 months (S.D.=1.7).

CNE Perspective of RN Sample

According to the CNE the mean tenure of RNs at the hospitals was 9 years (S.D.=3.2). The mean number of full-time equivalent (FTE) RNs leaving each year was two (S.D.=1.1) and the mean number of part-time RNs leaving each year was 3 (S.D =1.5). All 13 CNEs believed that this number had decreased (61.5%) or had stayed the same (38.5%) over the last three years. Those that believed it had decreased believed it was due to either the decrease in the number of job opportunities available for RNs, administrative changes at the hospitals or that hospitals had increased their retention efforts over the last 3 years. When asked to rank on a 5-point response scale, with 1 being "not acute at all" and 5 being "very acute", what they believed the shortage of RNs in the hospital was, 8 of the 13 CNEs believed it was not an acute situation (62%), 4 believed it was slightly acute (31%) and 1 believed it was somewhat acute (7%). Six of the 13 CNEs scored the supply

of nurses in the geographic region as acute (46%). The majority (62%) believed that hospitals had a slightly more difficult time currently retaining RNs within the hospitals. When asked how they would rank their dependence on agency RNs, using the 5-point response scale, surprisingly, the majority believed they were only slightly dependent (80%) on them for staffing needs. All 13 hospitals frequently crosstrain their RNs to float among all clinical nursing units (46%). Crosstraining is a requirement of the job in 46% of the participating hospitals. Methods used to crosstrain RNs included: completion of skills checklists (77%), preceptorships (15%) and use of a tertiary medical center for training purposes (8%).

RN Employee Benefits at Study Hospitals

The CNEs were asked to rank a list of retention incentives on a 5-point scale. The number 1 was assigned the value of "very ineffective" and the number 5 was assigned "very effective". The CNE was asked to rate the effectiveness of the incentives for keeping RN employees at the hospital. The results are listed below.

RN Employee Benefits Ranked as having no effect on RN Retention

All 13 hospitals offered some type of continuing educational offerings or financial assistance in obtaining the education. These offerings included: basic cardiac life support (BCLS) (100%), pediatric advanced life support (PALS) (69%), conferences and workshops (92%), advanced

cardiac life support (ACLS) (100%) and certifications in field specialty (85%). The CNEs believed these offerings did not affect retention positively or negatively (mean=3.5, S.D.=.963).

Tuition reimbursement was available in all but one facility. The average percent the hospital paid toward reimbursement was 80%. The minimum requirements, for undergraduate courses in order to be eligible for tuition reimbursement, was the RN had to receive at least a "C" in the course (68%) and remain at the hospital for 1 year after completion of the course or repay the tuition (28%). Tuition reimbursement was seen as positively effecting RN retention in 4 of the 12 hospitals (33%), while the other 8 hospitals (67%) offering reimbursement, did not believe it infleunced retention.

Thirty-nine percent of the hospitals offered an educational differential for advanced practice and CNEs believed it did not influence retention (mean=6.1, S.D.=2.47). Four of the 13 hospitals (31%) offered some type of well or sick child care and again the CNEs did not believe this had an impact on RN retention. Eleven of the 13 hospitals (92%) offered some type of dental insurance and retirement plan and neither was felt to have an impact on the retention of RNs.

Benefits Positively Effecting Retention of RNs

Eleven of the 13 hospitals did not have a career ladder in place, however, the two hospitals that did, the CNEs

believed it was an effective measure in retaining RNs at the hospital (mean=4.0, S.D.=1.44). All of the hospitals offered flexible scheduling and believed this was an effective measure of retaining RNs (mean =3.7, S.D =.543).

Six of the 13 hospitals (46%) used certification pay differentials for certification in a specialty. Those utilizing the system believed it to be an effective means of retaining RNs (mean=3.5, S.D.=1.3).

All of the hospitals offered healthcare insurance and a little over half of the CNEs (61%) believed it was effective in retaining RNs (mean=3.7, S.D.=.67) while 39% remained neutral with regard to its impact on retention. Only two of the 13 hospitals (15%) offered shift rotation which was not interpreted as impacting retention in either direction. However, of the 11 hospitals (85%) that did not offer shift rotation, all believed that this was a positive characteristic of the hospital and contributed towards retention and not against.

Discontinuation of Retention Incentives

When the CNE was asked if any retention incentives had been stopped over the last 3 years, 10 of the 13 hospitals (77%) said "no". However, two of the hospitals had stopped using sign-on bonuses because they did not believe they were effective in retaining the RN long-term. One hospital had stopped using 12-hour shifts due to the difficulty in consistently staffing both 12-hour shifts in a 24 hour period.

Instruments

Registered Nurse Retention Survey

The "Registered Nurse Retention Survey" is an adaptation of the "Director of Nursing Recruitment and Retention Survey" used in a study conducted by the College of Nursing at the University of North Dakota. Permission was granted for use and adaptation (see Appendix A). The revised tool consisted of 22 sections. The first 18 sections gathered general background information about the hospital and the registered nurse employees. Sections 19 through 22 were specific to retention strategies and concerns (see Appendix B).

Rural Nursing Personnel Survey

Job satisfaction, was measured using a modification of an instrument developed by Stamps and Piedmonte (1986) and adapted by the Center of Rural Health and the University of North Dakota School of Nursing, which was entitled Rural Nursing Personnel Survey (see Appendix C). Permission was granted by all three parties (see Appendix D). The original instrument comprised 48 items. However, to shorten this study's overall questionnaire, the number of items was reduced to 38. The 10 items deleted related to staff nursing recruitment which was not measured in study. Each descriptive statement also was assigned a numerical value. In order to correctly assign these numerical values, 14 of the 38 statements relating to job satisfaction, were

reversed scored and recoded. Reliabilities were run for each subscale. The reliability analysis for the safety subscale was r=.78. The reliability analysis for the second subscale, social/love was r=.68. The reliability analysis for the self-esteem subscale was r=.79. The reliability analysis for the last subscale, self-actualization was r=.88. When each statement's numerical values were added together, it represented the subjects' total job satisfaction score. The possible score for total job satisfaction was 190. The 5-point Likert response scale format of the original instrument was retained. Reliability for the "Rural Nursing Personnel Survey" was re-established through Cronbach's alpha coefficient (r=.88).

The statements on the instrument, to measure job satisfaction, were assigned, by the researcher, a level representing one of Maslow's Hierarchy of Needs (see Appendix E). Of the 38 statements none of the statements were assigned the physiological level. The researcher believed that job satisfaction is beyond the physiological needs for the registered nurse. Seven of the statements were reflective of Safety needs, 10 were reflective of the Social/Love needs, 18 were reflective of the Self-Esteem level and 3 were representative of the Self-Actualization level. By assigning each statement of the "Rural Nursing Personnel Survey" a level of the Hierarchy of Needs, this study matched Maslow's levels with job satisfaction.

A high score indicated a person with high job satisfaction, while a low score indicated a person with low job satisfaction. Comparisons were made between Maslow's levels and the short-term and long-term registered nurse employees.

Procedure

Data were collected over a 6 week period from September 19 to October 28, 1994. Prior to data collection, permission to conduct the study was obtained from the Grand Valley State University's Human Subject Review Committee and each CNE from the 13 participating hospitals.

The researcher arranged for a phone appointment in order to conduct an interview with each of the 13 hospital's Chief Nurse Executive. The investigator was the interviewer and asked questions listed on the "Registered Nurse Retention Survey". At the time the appointment was made for the phone interview, the scheduler was told that the survey would take approximately 20 minutes. Following the phone interview with the CNE, the number of surveys specified by the CNE were mailed to each hospital within a 2 week period of time.

Each survey included a cover letter introducing the study and the researcher, followed by a booklet containing 38 questions and 26 sociodemographic and professional questions which were mailed to the Chief Nurse Executive at each hospital for distribution (see Appendix F). Consent was implied by the returned questionnaire. The explanation

regarding implied consent was addressed in the cover letter. To ensure that all responses were strictly confidential the participant was instructed to not identify himself/herself on the instrument and there were no codes placed on the return envelopes that would identify any individual. Booklets were however, coded for the 13 hospitals by a color stamp, in order to identify the need for continued followup. An envelope addressed to the researcher's home and stamped was provided. Two weeks following the first mailing, a reminder postcard was sent to each of the Chief Nurse Executives identifying the number of surveys sent to the hospital versus the number completed and returned to date. The postcard also asked the CNE to encourage return of the surveys by the RN employees. Additionally, the CNE was asked to ensure that announcements be made at nursing unit staff meetings regarding the need to complete and return the questionnaires. The CNE was informed that the researcher would contact her by phone if no further surveys were returned within the next 2 week period to see if further followup was needed. During the course of data collection, the researcher's mail was checked daily for returned questionnaires.

No risks were identified to the participants. Their anonymity was maintained because the respondents did not have to sign their name to the questionnaire. Four respondents did however, give their name and address, as

indicated in the cover letter, in order to receive a copy of the results of the study.

Chapter Four

Results

The differences in job satisfaction between short-term registered nurses and long-term registered nurses were determined by analysis of variance. Mann-Whitney U-Wilcoxon Rank Sum W was used to determine differences in job satisfaction between short-term and long-term registered nurses based on their sociodemographic characteristics.

All 13 (100%) Chief Nurse Executives (CNE) participated in the CNE phone survey. After permission was granted by the CNE for the registered nurse (RN) employees to participate in the study, 427 questionnaires were sent to the CNEs of the 13 study hospitals for their distribution. A total of 220 surveys (52%), of the 427 sent, were returned. Twelve partially answered questionnaires were excluded. The final sample consisted of 208 RNs. In preparation for computer analysis, both the "Registered Nurse Retention Survey" and the "Rural Nursing Personnel Survey" had scores assigned to each response and then entered into its own codebook. A data list was compiled in the order of each question on the survey. The data were analyzed using the Statistical Package for the Social Sciences (SPCC/PC+) Studentware.

Research Question One

The first research question of the study asked "What are the sociodemographic characteristics of short-term registered nurses?" A summary of the results can be found in Table 1.

Table 1

Characteristics of Short-term Registered Nurse(RN) Employees Practicing in Rural Community Hospitals

Characteristic	Short-term RNs (N=17)
GENDER	
Female	71% (n=12)
Male	24% (n=4)
AGE	mean=45 years
MARITAL STATUS	
Married	65% (n=11)
Single	18% (n=3)
HOURLY WAGE CATEGORY	mean=$16.01 - $18.00
SIZE OF COMMUNITY RAISED IN	
< 2,500 people	41% (n=7)
2,500 - 10,000 people	29% (n=5)
> 25,000 people	29% (n=5)
PURSUED NURSING EMPLOYMENT OVER THE LAST 12 MONTHS	41% (n=7)
YEARS LIVING IN COMMUNITY	mean=20 years
DISTANCE TO WORK (ONE-WAY)	mean=12 miles
DISTANCE TO NEAREST HEALTHCARE FACILITY (ONE-WAY)	mean=13 miles

Additionally, there were 10 factors listed by the short-term RN sample as reasons that led them to practice in a rural setting. The top 4 reasons can be found in Table 2.

Table 2

Top 4 Reasons Cited by Short-term RN Employees As To Why a Rural Practice Setting was Selected

Reason Cited	Percentage of Short-Term RNs (N=17)
Work in Community Where RN Resides	31% (n=5)
Spouse Relocated	31% (n=5)
Born and Raised in the Community or a small Community	9% (n=2)
Enjoy Small Town	9% (n=2)

Seven reasons were listed by the short-term RN sample that would lead them to leave their current position within the next 5 years. The top 4 reasons are listed in Table 3.

Table 3

Top 4 Reasons Cited by Short-term RN Employees as To Why They Would Consider Leaving Their Place of Employment in the Next 5 Years

Reason Cited	Percentage of Short-term RNs (N=17)
Retirement	41% (n=7)
Accept Position Elsewhere	18% (n=3)
Lack of Job Satisfaction	12% (n=2)
Relocate	6% (n=1)

Research Question Two

The second research question of the study was "What are the sociodemographic characteristics of long-term registered nurses?" The sociodemographic characteristics specific to the long-term RN are located in Table 4.

Table 4

Characteristics of Long-term Registered Nurse (RN) Employees Practicing in Rural Community Hospitals

Characteristic	Long-term RNs (N=191)
GENDER	
Female	91% (n=174)
Male	9% (n=17)
AGE	mean=41 years
MARITAL STATUS	
Married	78% (n=149)
Single	11% (n=21)
HOURLY WAGE CATEGORY	mean category=$16.01-$18.00
SIZE OF COMMUNITY RAISED IN	
< 2,500 people	31% (n=60)
2,500 - 10,000 people	34% (n=64)
> 25,000 people	35% (n=67)
PURSUED NURSING EMPLOYMENT OVER LAST 12 MONTHS	42% (n=80)
YEARS LIVING IN COMMUNITY	mean=19 years
DISTANCE TO WORK (ONE-WAY)	mean=12 miles
DISTANCE TO NEAREST HEALTHCARE FACILITY (ONE-WAY)	mean=17 miles

There were 21 reasons cited by the long-term RNs as to why a rural practice setting was selected. The top four reasons are listed in Table 5.

Table 5

Top 4 Reasons Cited by Long-term RNs as To Why a Rural Practice Setting was Selected

Reason Cited	Percentage of Long-term RNs (N=191)
Born and Raised in This Community or a Small Community	18% (n=34)
Work in a Community Where You Reside	20% (n=38)
Enjoy a Small Town	19% (n=36)
Friendlier Community and Hospital Than Urban	14% (n=27)

There were 35 reasons cited in total by the long-term RNs as to why they would consider leaving their place of employment in the next 5 years. The top four reasons are listed in Table 6.

Table 6

Top 4 Reason Cited by Long-term RN Employees as To Why They Would Consider Leaving Their Place of Employment in the Next 5 Years

Reason Cited	Percentage of Long-term RNs (N=191)
Relocate	15% (n=29)
Lack of Satisfaction	10% (n=19)
Accept Another Position Elsewhere	9% (n=17)
Hospital Closure	9% (n=17)

Research Question Three

The third research question of the study was, "What are the differences in job satisfaction between short-term and long-term RN employees?" Because the group sizes were highly disproportionate, a matched random sample was taken of the long-term RN employees, matching each short-term and long-term RN to the same hospital. This created two equal samples, short-term (n=17) and long-term (n=17) RN employees. Once the long-term RN sample was randomly selected, the researcher was able to compare short-term and long-term RNs.

The 38 job satisfaction statements in the "Rural Nursing Personnel Survey" were each assigned to one of Maslow's Hierarchy of Needs Level. Each level was considered a subscore to the total satisfaction score.

Safety Need

Eight of the 38 statements were considered statements relating to the RN's level of safety according to Maslow. The highest possible score for the subscale safety was 45. The mean score for safety needs for short-term RNs and long-term RNs is reflected in Table 7. Mann-Whitney U-Wilcoxon Rank Sum W Test was used to compare the difference between the two groups at the safety level of need (see Table 8). Findings
revealed that the groups were not significantly different in the safety subscale.

Table 7

Mean and Standard Deviation for Job Satisfaction Scores for Short-term and Long-term RN Employees according to Maslow's Hierarchy of Needs (N=34)

Need Level	Short-term		Long-term	
	Mean	S.D.	Mean	S.D.
Safety	19.3	4.3	20.1	5.4
Social/Love	30.4	3.4	32.1	5.7
Self-esteem	56.6	7.5	61.4	7.2
Self-actualization	8.47	1.9	9.47	2.0

Table 8

Mann-Whitney U-Wilcoxon Rank Sum W of Job Satisfaction Scores Between Short-Term and Long-Term RN Employees according to Maslow's Hierarchy of Needs (N=34)

Need Level	F	df	p-value
Safety	1.59	31	.68
Social/Love	2.70	31	.32
Self-esteem	1.10	31	.07
Self-actualization	1.21	32	.16

Social/Love Need

There were 10 statements assigned to the social/love need according to Maslow's Hierarchy. The possible score for the subscale social/love was 50. The mean and the standard deviation for each group may be found in Table 7. Between subjects results of the analysis of variance of job satisfaction scores on the love/social level of Maslow's Hierarchy of Needs may be found in Table 8. Findings revealed that the groups were not significantly different in the love/social subscale.

Self-Esteem Need

There were 18 statements assigned to the self-esteem need according to Maslow's Hierarchy. The possible score for the subscale self-esteem was 90. The mean and standard deviation for each group may be found in Table 7. Between subjects results of analysis of variance of job satisfaction scores on the self-esteem need of Maslow's Hierarchy may be found in Table 8. Findings revealed that the groups were not significantly different in the self-esteem subscale.

Self-Actualization Need

There were three statements assigned to the self-actualization need according to Maslow's Hierarchy. The possible score for the subscale self-actualization was 15. The mean and standard deviation for each group may be found in Table 7. Between subject results of analysis of variance of job satisfaction scores on the self-actualization need of

Maslow's Hierarchy may be found in Table 8. Findings revealed that the groups were not significantly different in the self-actualization subscale.

Total Job Satisfaction Score

The four subscales: Safety, Love/Social, Self-esteem and Self-actualization were totaled for each participant and this number represented the individual's total job satisfaction score. The possible score for total job satisfaction was 190. Means and standard deviations for total job satisfaction scores for short-term and long-term RN employees can be found in Table 9.

Table 9

Mean and Standard Deviation for Total Job Satisfaction Scores for Short-term and Long-term RN Employees (N=34)

Group	Mean	S.D.
Short-term	118	14
Long-term	126	17

The registered nurses in this sample were not highly satisfied with their jobs. Results of the analysis of variance total job satisfaction scores between short-term and long-term RNs can be found in Table 10. There were no statistically significant differences in job satisfaction scores, according to Maslow's Hierarchy of Needs, between short-term and long-term RNs.

Table 10

Analysis of Variance of Job Satisfaction Scores Between Short-term and Long-term RN Employees (N=34)

Variable	F	df	p-value
Job Satisfaction	1.5	30	.21

Research Question Four

The fourth research question of the study was "Are there statistically significant ($p<.05$) differences in job satisfaction among RNs with differing professional characteristics such as: Salary, years in practice and educational preparation?" To answer this question Mann-Whitney U-Wilcoxon Rank Sum W Test was calculated.

Salary

The hourly wage for the short-term RN (n=17) ranged from $12.01 to $20.00. The mean was $16.01-$18.00 per hour (S.D.=1.2) which represented 65% of the household income. The hourly wage for the long-term RN (n=17) ranged from $12.01 to $24.01 or greater with a mean of $16.01-$18.00 per hour (S.D.=1.3) which represented 72% of the household income. The entire RN sample (N=216) hourly wage ranged from $12.01-$24.01 or greater with a mean of $16.01-$18.00 per hour (S.D.=1.3). Mann-Whitney U-Wilcoxon Rank Sum W Test was used to compare job satisfaction with hourly wage for the entire RN sample (N=216). Job satisfaction was not found to be significantly different in each of the seven

hourly wage categories ($p<.05$). The job satisfaction mean scores for each hourly wage category may be found in Table 11.

Table 11

Mean Job Satisfaction Scores Based on Hourly Wage (N=216)

Hourly wage	n	Job Satisfaction Mean Score
$12.01-$14.00	11	120
$14.01-$16.00	51	127
$16.01-$18.00	40	124
$18.01-$20.00	81	131
$20.01-$22.00	20	136
$22.01-$24.00	07	129
$24.01 or >	02	130

Years in Practice as a RN

The year the short-term RN sample were first licensed in Michigan ranged from 1954-1994. Years practicing as a RN ranged from 4 months to 42 years with the mean being 21 years (S.D.= 16.3). The long-term RNs first received their licensure to practice in Michigan during the years 1952-1994. The number of years they had been practicing as a RN ranged from 4 months to 34 years with the mean being 12

years (S.D.=8.9). The number of years the entire RN sample (N=216) had been practicing as a RN ranged from 4 months to 42 years with the mean number of years being 13 years (S.D.=10).

The mean job satisfaction scores for each years in practice category may be found in Table 12. Mann Whitney U-Wilcoxon Rank Sum W Test was used to compare job satisfaction to years in practice as a RN. There were no significant differences among the three groups ($p<.05$).

Table 12

Mean for Job Satisfaction Scores According to Years in Practice (N= 216)

Years in Practice	n	Job Satisfaction Mean Score
0-10 years	117	124
11-23 years	69	130
24-42 years	30	121

Educational Preparation

Educational preparation of the short-term RNs (n=17) fell within the diploma and associated degree level of education: Nine were of the RNs were diploma graduates and 8 were Associate degree registered nurses. Additionally, one of the 17 had a Bachelors of Science degree in Nursing (BSN), two had a bachelors degrees in a field other than nursing

and one had a masters degree in a field other than nursing. Six (34%) of the long-term RNs were diploma graduates and 11 (66%) were associate degree prepared registered nurses. Additionally, 3 (15%) had their BSN, 1 (4%) had a bachelors degree in a field other than nursing, 1 (4%) had a MSN and 1 (4%) had a masters degree in a field other than nursing.

Diploma graduated nurses (35%) and associated degree prepared nurses (62%) comprised an overwhelmingly percentage of the total sample (97%). The researcher had anticipated that there would be at least four categories of educational preparation to compare to job satisfaction. The researcher attempted to gather Michigan statistics with regard to RN educational preparation and compare to the findings of this study. However, the Michigan State of Licensing Office in Lansing does not track RN licensure by educational preparation and was unable to direct the researcher to any other possible source. Therefore, educational preparation was not studied because of the lack of variation in the sample.

CHAPTER 5

DISCUSSION/LIMITATIONS/IMPLICATIONS

Discussion

The purpose of this study was to survey registered nurses employed in 13 rural, community hospitals of less than 100 beds taht were accredited by the Joint Commission Accreditation of Healthcare Organizations (JCAHO) to determine difference in job satisfaction scores between short-term (<1 year) and long-term (>5years) employees. Further discussion of the results of the four research questions posed in the study follows.

Relationship of the Findings to Maslow's Hierarchy of Needs

The primary factors affecting satisfaction are those that move the individual towards meeting the various needs (Maslow, 1987). Even though this study did not reveal any significant findings with regard to job satisfaction of the short-term and long-term rural RN nurse sample it is possible to apply Maslow's Hierarchy of Needs to the nursing profession as a measure of growth and job satisfaction of the RN.

The RN practicing in the rural hospital setting chose this practice setting for personal and not professional reasons. This identifies that rural RNs are able to meet the need of Love/Social through their environment. Maslow would say that the rural RN had successfully met the lower needs, physiological and safety, and is now meeting the Love/Social need. The RN sample was asked, "What factors

might cause you to leave your current position within the next 5 years?" The top two responses reflected the fact that the RNs enjoyed the rural practice setting and the people in the area and only if the hospital closed or the people (family) moved away, would they consider leaving. This again, demonstrates a strong sense of belonging. The CNE can then focus on those things that would assist the RN to move toward the Self-Esteem and Self-Actualization Need.

Because the long-term RNs (N=191) have successfully met the lower needs, the assumption that their job satisfaction scores would be higher than short-term RNs should be true. Total job satisfaction scores, though not significantly different, were slightly higher in the long-term RN (mean=126, S.D.=17) versus the short-term RN (mean=118, S.D.=14). The individual subscores of Self-Esteem and Self-Actualization for the two groups, again were not significantly different, but the long-term RN did score higher in both categories. The mean Self-Esteem score for the short-term RN was 57 (S.D.=7.6) and the long-term RN mean was 61 (S.D.=8.1). The mean Self-Actualization score for the short-term RN was 8.5 (S.D.=1.9) and the long-term RN mean was 9.4 (S.D.=2.0).

Maslow believed that each need is prepotent. The CNE can foster an environment that encourages movement up the pyramid of needs. Limiting repetitiveness of jobs, encouraging education by credentialing and skill requirements, allowing the RN to make judgments and to be

challenged in order to improve his/her skill will have an affect on the upward movement of that individual's ability to meet higher level needs.

The researcher found that Maslow's theory was not sufficiently precise to describe growth and job satisfaction of the RN in a complex environment. It was difficult to make the findings fit Maslow's theory. Therefore, the researcher would not recommend using Maslow's Hierarchy of Needs Theory due to the difficulty in its application to job satisfaction. However, a viable alternative might be Hertzberg's theory.

Relationship of the Findings to Previous Studies

No significant findings were identified between short-term and long-term registered nurse employees in sociodemographic characteristics. The sociodemographic characteristics of the RNs in this study were similiar to the findings of Muus, Stratton, Dunkin and Juhl (1993) in that the majority of the long-term employees (58.9%) in the study were raised in smaller communities. This study found that 94% of the employees had been raised in a rural (>2,500) or small (2,500-10,000) community.

Shindul-Rothschild and Judit (1990) determined that a flexible work schedule, less shift rotation, and regular salary upgrades were strongly correlated with long-term employees. The study conducted by the researcher had similiar findings, but the data did not reveal any significant difference between short- and long-term RN

employees. Both groups identified a strong need for these job characteristics to be available in order to be retained.

Findings from the study that did not support previous studies included the reasons for selecting a rural practice setting and the reasons the RN would consider leaving the position. The reasons given in this study were overwhelmingly related to personal reasons which included spouse relocation, raised in the community and wanted to remain within it and that family were present in the community and the RN wanted to remain nearby. There was very little consideration of professional practice, job opportunities available or autonomy of practice which was reflected in several other studies (Blegen, 1993; Bushy and Banik 1991; Muus, Stratton, Dunkin and Juhl, 1993; Hanson, Jenkins and Ryan, (1990)). A reason for this discrepancy may be that the sample size studied in these aforementioned studies well exceeded the size of the sample used in this study.

There were, again, no significant differences found between the short-term and long-term RN employees within the sample (N=34). However, findings from the entire sample identified an area in at least three of the levels of Maslow's Hierarchy of Need which could be improved upon. Those included two statements assigned to the Safety level relating to financial concerns. The first related to the lack of financial reward for advanced training and education and the second related to the need for pay scales to be

upgraded. This finding, though not statistically significant, did support findings of Muus, Stratton, Dunkin and Juhl (1993) who found that the salary and pay scales were dissatisfiers amongst rural registered nurses. Another area in need of improvement was within the Social/Love need regarding the requirement to work weekends. Muus, Stratton, Dunkin and Juhl (1993) also found that increasing the RN's control over his/her schedule and flexible scheduling to meet the RN's needs without compromising patient care, increased autonomy which resulted in increased job satisfaction. Two areas additionally in need of improvement were in the Self-Esteem category. The amount of paperwork required in providing patient care was considered too much and non-nursing tasks were identified as something the RN had to do which detracted from direct patient care. Crout & Crout (1987) found that RNs became frustrated with their jobs when sufficient time with patients to identify and meet their individual needs, provide support and engage in teaching, was not allowed for.

There were no statistically significant differences identified amongst the RN sample when comparing the professional characteristics of, salary and years practicing as a RN. Differences in job satisfaction based on education preparation were not analyzed because the overwhelming majority (97%) of the sample were diploma and associate degree prepared RNs.

Limitations

Several threats to the internal and external validity existed in this study. Lack of control over the administration of the questionnaire posed a threat to internal validity. Because the researcher did not administer the survey to the subjects in a controlled setting, it is not possible to know the conditions under which the subjects completed the questionnaire. Subjects may have misunderstood the directions and or questions. It is possible that these extraneous conditions may have influenced the subjects' responses.

The study may have been more descriptive if the instrument, "Rural Nursing Personnel Survey", had differentiated between part-time and full-time status of the RN employee, the specific patient care unit the RN was employed and if the title of the position the RN employee held had been identified.

Additionally, the researcher failed to delineate a return date on the cover letter sent to the study RNs so there was no deadline set. After a period of 6 weeks, the researcher stopped collecting data. Ten surveys received after the 6 weeks were not included in the sample.

Also, low reliability coefficients were obtained by the researcher on one of the job satisfaction subscales (self-actualization). The researcher believes the low reliability is partially related to the fact that the self-actualization subscale only had three statements in the instrument.

Of the 220 (52%) returned surveys only 208 could be used to calculate total job satisfaction due to incomplete surveys. Additionally, when calculating differences between short-term and long-term RN employee job satisfaction, although randomly selected, the total RN sample was only 34, short-term (n=17) and long-term (n=17). This represents only 15% of the population of RN employees who completed and returned their survey. Moreover, the sample size may have contributed to the nonsignificance of the findings. The unequal distribution made the two group comparisons difficult and the results can only be generalized to those 34 RNs. Therefore, no true conclusions can be drawn.

Also, valuable data were collected from the Chief Nurse Executive (CNE) "RN Retention Survey" which suggested factors that might influence RN retention, however, there was no research question addressing this. The reader needs to keep in mind these limitations when reviewing the results of this study and in designing future studies.

Recommendations for Future Research

To improve the generalizability of this study, several recommendations are offered when replicating the study. First, a larger total sample size is suggested to better represent rural registered nurses practicing in a hospital <100 beds. Secondly, a larger sample size of the two groups for short-term RNs and long-term RNs is needed. This will allow for more evenly distributed groups.

These findings may aid CNEs in evaluating gaps between what RNs desire and what is available. Perhaps more importantly, these findings suggest that many of the factors related to nurses' intention to stay in their current rural hospital setting are not potentially mutable by the CNE. However, making accessible those work related aspects that appear to be important to rural RNs is likely to increase job satisfaction and increase retention of RNs in rural areas.

Additional research to study job characteristics that affect job satisfaction would serve as a useful tool to CNEs to help direct retention efforts. Additional research should be conducted in order to provide more evidence of the relationships noted in this study.

Implications

Within the rural areas studied, where changing jobs likely entails a long commute or relocating, nurses were more likely to stay in their current job settings. The findings of this study support the notion that RN employees are drawn to work in a rural hospital setting more for personal reasons than professional. These personal reasons included: born and raised in the community, spouse relocated to the area or family in the same town. Perhaps rural hospital RNs are more satisfied with their jobs because those jobs enable them to live out a rural lifestyle. Chief Nurse Executives need to consider using certain management tools which will assist the RN employee

at the level of need he/she is at not only for that individual's benefit but also for improved job performance. Areas identified within the study that had opportunity for improvement included: 1) salaries, advanced educational and certification differientials. These should be comparable to those alternative places of employment for the rural RN. Chief Nurse Executives (CNE) need to adjust salaries and benefit packages to remain competitive in their geographical region. Nonsalary forms of compensation could be considered by the CNE such a consistent shift and unit assignment, involvement in quality management, recognition for expertise and commitment to the hospital; 2) increased flexibility by reviewing alternative staffing patterns may benefit the hospital. Hospitals might consider offering Baylor type positions in which some RNs only work weekends, thus allowing the weekday RNs to have weekends off; 3) efforts could be focused on review of current documentation systems focusing on elimination of duplicate and unnecessary documentation; 4) review of the patient care delivery system may be an option to the hospital to increase time the RN has with the patient and in turn this may increase satisfaction.

Summary

The purpose of this study was to identify job satisfiers for RN employees practicing in rural settings and if there was a difference between short-term RNs (<1 year) and long-term RNs (> 5 years). Once these job satisfiers were identified, this information would assist the CNE in directing efforts to increase job satisfaction thus directly influencing retention. The data presented a picture of nurses who were relatively content with the general characteristics of their work. There were no significant differences in total job satisfaction between short-term and long-term RN employees practicing in rural hospital settings. Short-term and long-term RN employees remain at rural hospitals for personal not professional reasons. Significant sociodemographic data included: the majority of the sample were female (89%) and married (76%). Sixty-five percent of the RN sample were raised in either a rural (<2,500) or small (2,500-10,000) community while only 10% were raised in an urban (50,000-100,000) or metropolitan (over 100,000) community.

Although findings were not significant, valuable information can be derived to assist the CNE in his/her efforts to retain RNs.

Appendices

APPENDIX A

UNIVERSITY OF NORTH DAKOTA

COLLEGE OF NURSING
P.O. BOX 9025
GRAND FORKS, NORTH DAKOTA 58202-9025
(701) 777-4173
FAX: (701) 777-4096

November 15, 1993

Joanne Urbanski
68455 Riverview Dr
South Haven, Michigan 44090

Dear Mrs. Urbanski:

On behalf of the nursing research team at the Center for Rural Health, I have enclosed a copy of the research instrument you requested. You are welcome to use this instrument in your research. Please feel free to revise as necessary. We would appreciate an abstract of your study findings. Success to you in your research endeavors.

Sincerely,

[redacted]

Nyla Juhl, PhD, RN, CPNP
Associate Professor
Project Director, Parent Child Nursing Specialization
Project Director, Family Nurse Practitioner

APPENDIX B

REGISTERED NURSE RETENTION SURVEY

_____1. A. How long have you been the Chief Nurse Executive here?
(5-7) _____

_____ B. How long have you been employed in nursing?
(8-9) _____

_____2. A. What is your highest nursing degree (i.e. Diploma, Associate, Baccalureate, etc.)
(10) _____.

_____ B. Do you have a degree in a field other than nursing?
(11) _____Yes _____No

_____ If yes, what is the degree?
(12-13) _____

_____3. How far is it to the nearest town of 50,000 or more?
(14-16) _____

_____4. A. What is the number of licensed beds in your hospital?
(17-18) _____

_____ B. How many beds are actively staffed?
(19-20) _____

_____ C. Are swing-beds utilized in your facility?
(21) _____Yes _____No

_____ If yes, how many are there?
(22-23) _____

_____5. What is your average daily census for acute beds?
(24-25) _____

_____6. A. How do you define full-time for RNs in your hospital?
(26) _____

_____ B. How do you define part-time for RNs in your hospital?
(27) _____

_____7. A. How many full-time RN positions do you have?
(28-29) _____

_____ B. How many part-time RN positions do you have?
(30-31) _____

_____8. A. How many full-time RN positions are vacant?
(32-33)
_____

_____ B. How many part-time RN positions are vacant?
(34-35)
_____

If 8A and 8B are both 0, go to question 10

_____9. A. On the average, how long have these positions been vacant?
(36-37)

_____ _____FT _____PT
(38-39)

_____10. On the average, how long do RNs tend to stay at your
(40-41) facility? _____

_____11. A. On the average, how many full-time nurses leave their
(42-43) position in your hospital in one year?
_____

_____ B. How many part-time?
(44-45)
_____

_____12. Has this number increased, decreased, or stayed the same
(46) past 3 years?

_____Increased _____Decreased _____Stayed the same

If stayed the same, go to question 14

_____13. What do you think is the **primary cause** for this
(47-48) increase/decrease? _____

_____

_____14. On a scale of 1 to 5, with 1 being **not acute at all** and 5 being
(49) **very acute**, how would you rate the **shortage of RNs** in your facility?

Not Acute Very Acute

1 2 3 4 5

_____15. (50) On a scale of 1 to 5, with 1 being **no supply** and 5 being **very good supply**, how would you rate the **supply of RNs** in your geographic region?

Not Acute				Very Acute
1	2	3	4	5

_____16. (51) The next two items deal with retaining RNs within your facility. On a scale from 1 to 5, with 1 reflecting no difficulty at all and 5 being very difficult, how would you rate your agency's attempts to:

	Not Difficult		Somewhat Difficult		Very Difficult
Retain RNs	1	2	3	4	5

_____17. (52) On a scale of 1 to 5, with 1 being **not dependent at all** and 5 being **very dependent**, to what extent are you dependent on temporary RNs?

Not Dependent		Somewhat Dependent		Very Dependent	N/A Don't Use
1	2	3	4	5	8

_____18. A. (53) On a scale of 1 to 5, with 1 being **very infrequently** and 5 being **very frequently**, how frequently do you **cross-train** RNs for your hospital?

Very Infrequently		Somewhat Frequently		Very Frequently	N/A Don't Use
1	2	3	4	5	8

_____ (54-55) B. How are they cross-trained?

_____

_____

_____ (56-57) C. What are they cross-trained to do?

_____

_____

19. While recruitment entails attracting new nurses, **retention** involves reducing turnover by keeping existing nurses. I'll read a short list of **retention incentives.** On a scale of 1 to 5, with 1 being **very ineffective** and 5 being **very effective**, please rate the effectiveness of the **incentives** for keeping registered nurses at your hospital.

_____Career Ladders (58)(59-60)	1	2	3	4	5	____	8
_____Continuing (61)(62-63) Education	1	2	3	4	5	____	8
_____Tuition (64)(65-66)Reimburse	1	2	3	4	5	____	8
_____Flexible (67)(68-69)Scheduling	1	2	3	4	5	____	8
_____Education (70)(71-72)-Based Wage Differentials	1	2	3	4	5	____	8
_____Certification (5)(6-7)Based Wage Differentials	1	2	3	4	5	____	8
_____Day Care Services (8)(9-10)	1	2	3	4	5	____	8
_____Maternity Leave (11)(12-13)	1	2	3	4	5	____	8
_____Health Insurance (14)(15-16)	1	2	3	4	5	____	8
_____Dental Insurance (17)(18-19)	1	2	3	4	5	____	8
_____Retirement Plan (20)(21-22)	1	2	3	4	5	____	8
_____Shift Rotation (23)(24-25)	1	2	3	4	5	____	8
_____Other (26)(27-28)	1	2	3	4	5	____	8

_____20. A. What incentives have you stopped using over the past 3 years?

(29-30) _____

(31-32) _____

(33-34) _____

_____ B. Why was that (were those) incentive(s) discontinued?
(35-36) _____

(37-38) _____

(39-40) _____

21. Briefly, I would now like to focus on the use of education-related strategies such as tuition reimbursement and continuing education.

_____ A. Do you currently offer some type of tuition reimbursement either as a recruitment or retention incentive?
(41) _____Yes _____No

*****If no, skip to question 22*****

_____ B. Is tuition reimbursement used primarily to attract new nurses or to keep existing ones?
(42) _____New _____Existing _____Both

C. Does your tuition reimbursement plan allow:

_____ 1. Diploma/Associate Degree upgrade to BSN?__Yes __No,__%
(43)(44-46)

_____ 2. BSN RNs upgrade to MSN/PhD?___Yes ___No, ___%
(47)(48-50)

_____ D. What percentage of tuition does your facility reimburse?
(51-53) _____

_____ E. What are the "conditions" associated with tuition reimbursement? (i.e. work a year for each year of tuition).
(54) _____

_____ F. Does your agency currently offer scholarships to prospective nurses? _____Yes _____No
(55)

_____ G. Are these scholarships provided in exchange for a specific length of service? _____Yes _____No _____How many?
(56-57)

*****If no, go to I*****

_____ H. If so, please specify _____
(58) _____

_____ I. Approximately how far must the nurses travel to obtain
(59-61) formalized education? _____(one-way mileage)

_____ J. On a scale of 1 to 5, with 1 being not significant, and 5
(62) being very significant, how significant a barrier to receiving formalized education is distance?

Not Significant **Very Significant**
1 2 3 4 5

22. What types of continuing education activites does your agency provide assistance with?

_____ _____Inservices _____ _____Workshops/Conference
(63) (66)

_____ _____BCLS _____ _____ACLS
(64) (67)

_____ _____PALS _____ _____Certifications
(65) (68)

_____ _____Other _____
(69) (70-71)

THANK YOU FOR YOUR TIME AND PATIENCE.

Interviewer: _____ **Today's Date:** _____

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APPENDIX C
Pages 76-79

Nurses and Work Satisfaction, An Index for Measurement
By Paula L. Stamps and Eugene B. Piedmonte

_____ (17-18) 3. What year were you first licensed to practice as a RN in Michigan? _____

_____ (19) 4. In what state were you first licensed as a RN? _____

_____ (20-21) In what states are you currently licensed? _____

_____ (22-24) How many years (or months if less than 1 year) have you been practicing as a RN? _____

_____ (25-26) 5. How far do you travel to work? _____ miles (one way)

_____ (27-28) 6. What is the distance in miles to the next nearest health care facility where you could have possible employment? _____ (one way)

_____ (29-30) 7. What is the distance in miles to the nearest community of 50,000 or greater? _____ (one way) _____

_____ (31) 8. Have you been employed outside of nursing in your recent past? ___Yes ___No

_____ (32) 9. In your community or nearby are there attractive employment opportunities outside of nursing? ___ Yes ___ No

_____ (33) 10. In your community or nearby are these attractive employment opportunities in nursing? ____ Yes ____ No

_____ (34) 11. How long do you expect to stay in your present job? _____ less than 1 year _____ 5 or more

_____ (35-36) 12. Have you looked for other employment opportunities within the past year? ____ Yes ____ No
If yes, in ____ nursing ____ non-nursing or ____ both?

_____ (37-72) 13. Beginning with yourself, list the ages (in years, if less than 1 enter 0) and circle the sex of the members of your household. M = Male F = Female

	AGE	SEX	AGE	SEX	AGE	SEX	AGE	SEX
yourself	___	M F	___	M F	___	M F	___	M F
	___	M F	___	M F	___	M F	___	M F
	___	M F	___	M F	___	M F	___	M F

_____ (7) 14. Marital status: ___ married ___ single ___ widowed ___ separated ___ divorced

_____ (8) 15. If currently married, spouse's occupation? _____

_____ (9) 16. Would it be easy for your spouse to find employment if you decided to relocate? ____ Yes ____No

_____ (10) 17. What is your personal hourly nursing wage?

____ $10.00/hour or less ____ $14.01-$16.00/hr ____ $20.01-$22.00/hr
____ $10.01-$12.00/hr ____ $16.01-$18.00/hr ____ $22.01-$24.00/hr
____ $12.01-$14.00/hr ____ $18.01-$20.00/hr ____ $24.01/hr or above

_____ (11-13) 18. What percentage of your family income does this represent? _____

_____ (14) 19. Please indicate the size of the community in which you were <u>raised</u>:

____ rural (less than 2500) ____ city (25,000-50,000)
____ small town (2500-10,000) ____ urban (50,000-100,000)
____ town (10,000-25,000) ____ metropolitan (over 100,000)

_____ (15-16) 20. How long have you resided in the community where you currently live (estimate to the nearest year)? _____

_____ 21. On a scale of 1 to 5 with 5 being highest, please rate your satisfaction with your community as a place to:

_____ (17)	live	1	2	3	4	5
_____ (18)	raise children	1	2	3	4	5
_____ (19)	build a new home	1	2	3	4	5
_____ (20)	invest your savings	1	2	3	4	5
_____ (21)	start a new business	1	2	3	4	5
_____ (22)	worship	1	2	3	4	5
_____ (23)	provide ample social opportunities	1	2	3	4	5

_____ (24) 22. Please indicate the size of the community in which you <u>currently work</u>:

____ rural (less than 2500) ____ town (10,000-25,000)
____ small town (2500-10,000) ____ city (25,000-50,000)

23. What factors led you to practice nursing in a rural area?

_____ (25-26) 1._____

_____ (27-28) 2._____

_____ (29-30) 3._____

_____ (31) 24. Which factor played a greater role in influencing your decision to accept your present position?

_____ health care agency _____ community
_____ job availability _____ other (please specify)_____ (32-33)

25. What factors might cause you to leave your current position within the next 5 years?

_____ (34-35) 1._____

_____ (36-37) 2._____

_____ (38-39) 3._____

_____ (40)(40-41) 26. Any comments you wish to make concerning your job, rural nursing in general, or this study:

_____

_____

_____

_____

_____

_____

_____

Health Administration Press

1021 East Huron
Ann Arbor, Michigan
48104

313/764-1380
FAX 313/763-1105

January 5, 1994

Ms. Joanne Urbanski, R.N., M.S.Nc.
68455 RiverviewDrive
South Haven, MI 49090

Dear Ms. Urbanski:

Thank you for writing for permission to use the Index of Work Satisfaction for your graduate research at Grand Valley State University. Health Administration Press grants you permission to make the copies of the Index you need, provided that you the following credit line is included on the first page of all copies:

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[redacted]

Kathleen D. Shaw
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APPENDIX E
Pages 84-87

Nurses and Work Satisfaction, An Index for Measurement
By Paula L. Stamps and Eugene B. Piedmonte

_____ (19) 4. In what state were you first licensed as a RN?
_____

_____ (20-21) In what states are you currently licensed?
_____

_____ (22-24) How many years (or months if less than 1 year) have you been practicing as a RN?
_____

_____ (25-26) 5. How far do you travel to work? _____ miles (one way)

_____ (27-28) 6. What is the distance in miles to the next nearest health care facility where you could have possible employment?
_____ (one way)

_____ (29-30) 7. What is the distance in miles to the nearest community of 50,000 or greater? _____ (one way) _____

_____ (31) 8. Have you been employed outside of nursing in your recent past? ___Yes ___No

_____ (32) 9. In your community or nearby are there attractive employment opportunities outside of nursing? ___ Yes ___ No

_____ (33) 10. In your community or nearby are these attractive employment opportunities in nursing? ____ Yes ____ No

_____ (34) 11. How long do you expect to stay in your present job?
_____ less than 1 year _____ 5 or more

_____ (35-36) 12. Have you looked for other employment opportunities within the past year? ____ Yes ____ No
If yes, in ____ nursing ____ non nursing or ____ both?

_____ (37-72) 13. Beginning with yourself, list the ages (in years, if less than 1 enter 0) and circle the sex of the members of your household. M = Male F = Female

	AGE	SEX	AGE	SEX	AGE	SEX	AGE	SEX
yourself	___	M F	___	M F	___	M F	___	M F
	___	M F	___	M F	___	M F	___	M F
	___	M F	___	M F	___	M F	___	M F

_____ (7) 14. Marital status: ___ married ___ single ___ widowed
___ separated ___ divorced

_____ (8) 15. If currently married, spouse's occupation? _____

_____ (9) 16. Would it be easy for your spouse to find employment if you decided to relocate? ____ Yes ____No

_____ (10) 17. What is your personal hourly nursing wage?

____ $10.00/hour or less ____ $14.01-$16.00/hr ____ $20.01-$22.00/hr
____ $10.01-$12.00/hr ____ $16.01-$18.00/hr ____ $22.01-$24.00/hr
____ $12.01-$14.00/hr ____ $18.01-$20.00/hr ____ $24.01/hr or above

_____ (11-13) 18. What percentage of your family income does this represent? _____

_____ (14) 19. Please indicate the size of the community in which you were <u>raised</u>:

____ rural (less than 2500) ____ city (25,000-50,000)
____ small town (2500-10,000) ____ urban (50,000-100,000)
____ town (10,000-25,000) ____ metropolitan (over 100,000)

_____ (15-16) 20. How long have you resided in the community where you currently live (estimate to the nearest year)? _____

21. On a scale of 1 to 5 with 5 being highest, please rate your satisfaction with your community as a place to:

_____ (17)	live	1	2	3	4	5
_____ (18)	raise children	1	2	3	4	5
_____ (19)	build a new home	1	2	3	4	5
_____ (20)	invest your savings	1	2	3	4	5
_____ (21)	start a new business	1	2	3	4	5
_____ (22)	worship	1	2	3	4	5
_____ (23)	provide ample social opportunities	1	2	3	4	5

_____ (24) 22. Please indicate the size of the community in which you <u>currently work</u>:

____ rural (less than 2500) ____ town (10,000-25,000)
____ small town (2500-10,000) ____ city (25,000-50,000)

23. What factors led you to practice nursing in a rural area?

_____1._____
(25-26)

_____2._____
(27-28)

_____3._____
(29-30)

_____24. Which factor played a greater role in influencing your
(31) decision to accept your present position?

_____ health care agency _____ community
_____ job availability _____ other (please specify)_____
(32-33)

25. What factors might cause you to leave your current position within the next 5 years?

_____1. _____
(34-35)

_____2._____
(36-37)

_____3._____
(38-39)

_____26. Any comments you wish to make concerning your job, rural (40-
(40-41) nursing in general, or this study:

_____

_____

_____

_____

_____

_____

Appendix F

Dear Registered Nurse:

I am a student at Grand Valley State University located in Allendale, Michigan. I am working toward the completion of my Master's of Science degree in Nursing and I need your assistance. I am conducting a research study to determine the characteristics about your job, that result in your job satisfaction specific to small, rural practice settings.

Enclosed you will find two brief questionnaires, which will take you approximately fifteen minutes to complete. There are no right or wrong answers. All nurses completing these questionnaires will remain completely anonymous. The first questionnaire will provide general information. The second questionnaire attempts to measure job satisfaction. The return of the questionnaires will mean you have given consent to participate.

A copy of the summary of study results will be made available to each participating hospital who requests it. If you are interested in receiving the results, please send a written request to:

Joanne Urbanski
68455 Riverview Dr.
South Haven, MI 49090

The value of this study depends upon your answering the questionnaires. Your input is vital!! Please contact me if you have any questions regarding your participation or the completion of the questionnaires: Home: 616-637-5678, Work: 616-637-5271, ext. 265.

Thank you for your time and effort.

Sincerely,

Joanne Urbanski, RN BSN

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