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## Perceived Job Satisfaction of Nurses Working with Unlicensed Personnel Versus Nurses Working with Licensed Personnel

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**PERCEIVED JOB SATISFACTION OF NURSES WORKING WITH UNLICENSED  
PERSONNEL VERSUS NURSES WORKING WITH LICENSED PERSONNEL**

By

Wendy J. Koopman

A THESIS

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PERCEIVED JOB SATISFACTION OF NURSES  
WORKING WITH UNLICENSED PERSONNEL  
VERSUS NURSES WORKING WITH LICENSED  
PERSONNEL

## ABSTRACT

### PERCEIVED JOB SATISFACTION OF NURSES WORKING WITH UNLICENSED PERSONNEL VERSUS NURSES WORKING WITH LICENSED PERSONNEL

By

Wendy J. Koopman

The purpose of this study was to examine the perceived job satisfaction of nurses who worked primarily with unlicensed assistive personnel (UAP) compared to the job satisfaction of nurses working primarily with licensed personnel. A descriptive comparative study was employed using a random sample of 250 nurses registered in the state of Michigan. Data were collected using a survey methodology. One hundred three nurses responded. Data analysis included a comparison of job satisfaction of participants with the amount of time spent working with unlicensed personnel. The area of practice and level of education of the participants were also compared among those that worked with UAPs. No statistical difference was found when comparing job satisfaction of nurses working primarily with and primarily without UAPs. No statistical difference was found in job satisfaction among the nurses working with UAPs and their area of practice or level of education.

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## CHAPTER 1

### INTRODUCTION

There is no argument that the use of unlicensed assistive personnel (UAP) is a reality in today's health care arena. The American Hospital Association (AHA) reports that 97% of hospitals are using some kind of nurse extender (Huber, Blegen, & McCloskey, 1994). There are many titles associated with the term UAP. Familiar titles such as nurse's aide, patient care assistant, and patient care technician, are just a few titles that are utilized. With the increased use of these personnel come many issues and questions. Many of these issues and questions are being addressed in the field of professional nursing.

There are many documented rationales for using UAPs in a health care setting. One of the most primary arguments for their use is that of efficiency. Huston (1996) states that UAPs can free professional nurses from duties and responsibilities that can be completed by less well-trained personnel. Often professional registered nurses are performing clerical and non-nursing functions that take time away from their true job at hand, which is caring for the patient.

A second reason argued for the use of UAPs is the decrease in cost. Krapohl and Larson (1996) state that one-third of the total hospital budget and two-thirds of the personnel budget is held by nursing salaries. Therefore, nursing is often targeted for cut-backs and cost containment efforts resulting in the emergence of different mixes of

nursing staff. Many registered nurses' (RNs) responsibilities have been replaced by the use of UAPs. Eastaugh and Regen-Donavan (1990) state that the use of UAPs result in a cost savings of nursing salaries of 20%-40%. However, Krapohl and Larson (1990) state that there is little empirical evidence to support this statement.

A third rationale for the use of a UAP lies in the variation of the nursing profession itself. Its supply and demand is often in fluctuation. Traditionally nursing shortages and high turnover have been an issue. The 1990s are a time when hospitals are "re-engineering and downsizing nurses" (Krapohl & Larson, 1990). If this is the case, nurses may be forcibly replaced with UAPs.

Are nurses as a professional organization reacting to the increased use and rationale for using UAPs? Several studies have examined this issue. Some have focused on RN delegation issues. Others have focused on how UAPs affect the RN's role as the professional nurse. In addition, others focus on patients' and nurses' reaction to the quality and quantity of available personnel. In any light, nurses have been forced to examine their own profession. They have had to look at how UAPs affect them in aspects of autonomy, wages, and the nurse's role in healthcare.

The job satisfaction of nurses has been an issue within nursing research as well, particularly for some of the same reasons that the use of UAPs has been a nursing research issue. Lancero and Gerber (1995) state that nursing work satisfaction has been a research interest because of cyclical nursing shortages, high turnover, and the need to contain costs. It is important to note that these are similar reasons mentioned earlier as rationale for the use of UAPs. Price and Mueller (1991) state that turnover creates

instability within an organization and thus increases labor costs associated with the training of new employees.

As mentioned previously, the use of UAPs has an impact on nurses' autonomy. Autonomy, or the control over one's job, is related to the amount of independence and initiative in daily work activities (Bush, 1988). Lengacher et al.(1994) found that the autonomy of nurses was affected by the use of UAPs. Delegation of nursing tasks can take away some control that the nurse has over the care of the patient. Control over nursing practice has a positive impact on job satisfaction (Hinshaw & Atwood, 1984). The use of UAPs in the staff mix causes fragmentation of care. Registered nurses become responsible for care they do not provide, or even see (Brannon, 1990).

Nurses are concerned about the quality of care given to their patients. With the addition of the UAP role, nurses are finding it difficult to find their place within healthcare. Nurses assume the entire care of patients lie under their legal responsibility, even though some of these responsibilities are performed by a UAP. Even though nurses feel UAPs may help lessen their workload, they are concerned about delegation, due to their ultimate responsibility for the patient (Huber, Blegan, & McCloskey, 1994). The same authors also state that a decrease in the number of RNs means more nurses are pulled away from direct care which could lead to a concern for the safety of the patients. Employers may require nurses to delegate especially if there is a shortage of staffing. This is not acceptable if the nurse is not willing to delegate. The argument to support that UAPs help with nursing shortages is weak because UAPs have been hired during shortages and during abundant supplies of nurses (National Council of State Boards of Nursing, 1990).

Krapohl and Larson (1996) state that the use of the less trained and educated UAPs is changing the face of nurse staffing. This is occurring despite the lack of research to support that their use is found to improve quality or increase nurse satisfaction. Research regarding nursing job satisfaction and the nurse's response to UAPs has been examined. However, little research has directly compared two different staff mixes; those working with UAPs and those who work with licensed personnel. Therefore, the purpose of this study is to measure the perceived job satisfaction of RNs working with unlicensed assistive personnel compared to RNs working with only licensed personnel.

## CHAPTER 2

### THEORETICAL FRAMEWORK AND LITERATURE REVIEW

#### Theoretical Framework

The conceptual framework for this study is explained by use of the role theory (Hardy & Conway, 1988). As a concept, the use of role has been redefined several times. For purposes of this study, the concept of role will be defined by using a definition by Nye and Gegas (1976). This definition states that a role is a homogeneous set of behaviors that are normatively defined and expected of the occupant of a given social position.

Any individual can occupy several different roles at the same time. When one has the occupation of a nurse, that individual occupies the role of a nurse. Many factors can lead to difficulties within this role. Hardy and Conway (1988) explain that when a role is filled with vagueness, irritativeness, difficulty, conflict, or impossibilities, there is role stress. Furthermore, role strain is a state of distress that a role occupant experiences when exposed to role stress.

Research has found that the use of UAPs in health care affects the role of the registered nurse (Baxter, McCaughlin, & Thomas, 1997). Baxter et al. found that all participants in their study that worked with UAPs identified major changes in their team leader role. Registered nurses in this role recalled an increase in the complexity of their role, brought on by the use of UAPs. The addition of UAPs created “difficulty,”

“conflict,” and “complex demands” which were previously not identified. These findings are consistent with the definition of role strain stated earlier (Hardy & Conway, 1988). Baxter et al. also reported that the participants had an increase in stress with the role changes that were evident when UAPs were added to the staff mix. This staffing change contributed to a role overload. Hardy and Conway (1988) explain that role overload is defined as too much expected in the time available.

The use of UAPs can also create role ambiguity for nurses. Some nurses are unsure of their place in healthcare when more of their clinical tasks are being performed by UAPs. Hardy and Conway (1988) used role theory to explain how role ambiguity and role behaviors affect job satisfaction. Their model includes three constructs: work situation variables, intervening variables, and job satisfaction. According to this model, the work situation variables describe the nurse's role as a nurse. The effect of one's role on the outcome of job satisfaction is mediated by intervening variables, such as educational background, or specifics of one's job. Hardy and Conway stated that role ambiguity was one of many work situation variables that, when interacting with intervening variables such as role adapting behaviors, could have an effect on the outcome variable of job satisfaction.

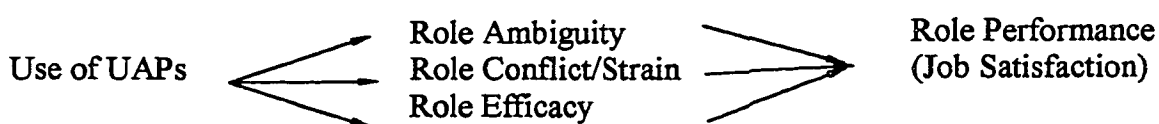
Guzik, McGovern, and Kochevar (1992) explained the relationship between role ambiguity and role-adapting behaviors that also have an effect on job satisfaction. They demonstrated that both role ambiguity and role adapting behaviors ( $r = 0.33$ ,  $p < 0.01$ ) were significantly related to job satisfaction. These findings indicated that the more certainty, the greater the job satisfaction ( $r = .60$ ,  $p < .001$ ). In addition, the greater the role adapting behaviors shown, the greater the job satisfaction ( $r = .33$ ,  $p < .01$ ).

Hardy and Conway (1988) explain that goal achievement or role expectations are related to how efficiently workers perform their jobs. They state “worker efficiency is closely related to the degree of order and stability that is maintained within the work environment” (p. 120). Frequent reassignment of tasks and the lack of clarity of roles create instability and disorganization. Furthermore, this may mean that some role differentiation or guidelines need to be established to determine role functions and responsibilities. Role efficacy could be affected by the use of UAPs because there is the reassignment of tasks, guidelines and expectations of each staff member’s responsibilities that are not always clearly defined. Hardy and Conway (1988) state that role efficacy is a degree or order in which stability is maintained with the role.

Klinefelter (1993) examined how role efficacy could affect job satisfaction in order to improve recruitment and retention of nurses. Klinefelters’ research results found that there was a relationship between role-efficacy and job satisfaction, using the original Role Efficacy Survey (Pareek, 1987) to measure role efficacy and the Job Diagnostic Survey (Hackman & Oldham, 1975) to measure job satisfaction. Klinefleter gave no scale reliability or validity for either instrument. The findings of this study showed that nurses in higher-level positions within the organization had reported higher role-efficacy scores than nurses employed in lower-level positions. Klinefelter (1993) stated that nurses in higher-level positions had a broader perspective of the organization because they had more opportunity to interact with other units and individuals within the hospital. The author also found that nurses with a greater amount of feedback from the job itself, from nursing supervisors, hospital administrators, and physicians, had a higher correlation of role efficacy and job satisfaction. Klinefelter explained that this finding

indicates that nurses should be perceptive to receive feedback about their actions and they must be willing to interpret the feedback in an effective manner. However, the author did not define higher and lower-level positions, nor were any statistical values given pertaining to her findings.

Overall, many concepts of role theory may have an effect on job satisfaction. Job satisfaction can be part of one's role performance. Hardy and Conway (1988) define role performance as an action relevant to a specific position. The role of the nurse is complex with many demands, expectations, and clinical skills needed to perform the role. The use of UAPs puts yet another stress into their role, making it more difficult for nurses to determine role expectations, thus causing more role ambiguity. Hardy and Conway (1988) state that role ambiguity is vagueness or lack of clarity of role expectations. This may lead to a decrease in role-efficacy. The following is a schematic representation that depicts how the use of UAPs can affect a nurse's role performance, or job satisfaction, using role theory.



**Figure 1.** Model showing how UAPs affect job satisfaction using role theory.

## Literature Review

The two main concepts of this study, job satisfaction and the use of unlicensed assistive personnel, have both been heavily examined on their own. Each has been studied independently, or with other concepts. However, few research projects have examined the impact that unlicensed assistive personnel have on the job satisfaction of the registered nurse. The following are examples of research findings in which job satisfaction was measured and examined in populations that included the use of UAPs. Some investigations are examples of pilot studies examining how job satisfaction differed when the use of UAPs was introduced on a particular unit for the first time. An examination of each study will follow to demonstrate pertinence to the purpose of this study.

A descriptive study conducted by Bethel and Ridder (1994) utilized a “patient centered” care approach. Two pilot units of a community hospital were selected to change their model of care delivery. A new role of patient care manager replaced the head nurse role. This person was responsible for 24 hour coordination of patient caseload and supervision. The patient care assistant (PCA), which is a UAP, was trained for more advanced skills such as phlebotomy and electrocardiogram (EKG) recording. The units were a cardiac telemetry unit and a general oncology unit.

The study design involved five instruments administered pre-study and four months post change of the care delivery system. Two instruments measuring nurse satisfaction were used: the Nursing Job Satisfaction Scale, which was designed to index professional/occupational satisfaction and the Work Satisfaction Scale (WSS), which measures organizational satisfaction. The WSS had reported alpha reliability of 0.87 for

the entire scale. Subscale coefficients ranged from 0.69 to 0.87. The Nursing Job Satisfaction Scale showed alpha reliability of 0.88. The findings supported an overall decrease in nurse satisfaction with the implementation of the new care delivery model. Results of a paired t-test showed significant decreases in administration ( $t=2.41$ ) and enjoyment of job ( $t=2.18$ ) subscales. The following p-values were found for subscales of professionalism ( $<0.01$ ), administrative ( $<0.02$ ), time to do tasks ( $<0.01$ ), quality care ( $<0.05$ ), and enjoyment of job ( $<0.01$ ).

Although this study did show a measurable decrease in the overall job satisfaction, Bethel and Ridder (1994) caution that a four-month interval after the implementation of this new care delivery system may have been too short. No additional data were collected after the first data collection period. In addition, this study examined job satisfaction as only one small aspect of the larger study. Several other factors were of interest to the researchers other than job satisfaction. The study was useful in helping the authors, as well as the institution, in deciding which factors of change in care delivery to examine.

Lengacher et al. (1994) examined job satisfaction as one outcome of the effect of implementing an empirically designed nursing practice model. The practice model that was implemented had four components: 1) active staff decision-making process throughout the experiment 2) a patient care extender (UAP) implementation under the supervision of the registered nurse 3) educational classes to help deal with the practice model change, and 4) delegation process classes to assist the RN to learn how to delegate to the patient care extender. Subjects were selected from a 518 bed, private teaching

facility. A convenience sample methodology was used to represent an experimental and control group.

The control unit was a 34 bed orthopedic unit. Six licensed practical nurses (LPN)s, eight RNs and two technicians completed a pre-test. Six months after implementation the control group including five LPNs, seven RNs and one nurse technician completed a post-test. The experimental group was a 36 bed general surgical unit. Fifteen staff including four LPNs and eleven RNs completed the pre-test. Six months after the practice model implementation thirteen RNs, three LPNs, nine nurse technicians, and one secretary completed a post-test.

The Nurses and Work Satisfaction Index by Stamps and Peidmonte (1986) measured job satisfaction. This scale includes a 44-item questionnaire assessing the nurse's attitude toward job satisfaction using a 7-point Likert scale. Reliability was established with an alpha coefficient for each subscale ranging from 0.70 to 0.90, with an overall coefficient of 0.80 to 0.90. Factor analysis produced 15 factors accounting for 82% of the variance. Responses were coded to assure confidentiality. Results for the baseline comparison were analyzed using t-tests for independent samples and analysis of variance (ANOVA) procedures. The t-tests for independent samples comparing job satisfaction between the experimental and control groups showed no significant differences in the overall job satisfaction ( $p=0.12$ ).

Six months post model implementation, the subjects were re-evaluated. The effect of the model using the ANOVA approach demonstrated significant differences within the groups, but not a significant difference in the overall job satisfaction between the control and the experimental groups. ( $F= 0.292$ ,  $p= 0.5920$ ). However, the overall job

satisfaction within the experimental group did show a significant difference. There was a significant difference in the overall job satisfaction between baseline and after six months following the implementation of the practice model ( $F= 4.570$ ,  $p=0.0386$ ). While there were identified significant differences between the groups, the authors failed to report the post-hoc procedures to further delineate the differences.

In addition, the authors examined other aspects of the registered nurse role, including effects on autonomy and retention/turnover of nursing staff. It is important to point out that the implementation of additional nurse technicians had a significant difference in the autonomy of the control group and the experimental group ( $F=6.246$ ,  $p=.0169$ ). The control group had no decrease in autonomy after the six months evaluation (mean score 16.595). However the experimental group did demonstrate a decrease in autonomy after the six months (mean score 14.425).

While this study did show an overall increase in job satisfaction it may be due in part to the additional education given to these individuals as an attempt to promote acceptance and coping with the change. Lengacher et al. (1994) pointed out that the experimental group had a great deal of input about the implementation and progression of the study. However, the control group went about their jobs as before with little input. It appears that giving individuals the proper education and control over change assists in a care delivery transition.

It is essential to note the limitations of Lengacher et al.'s (1994) study. To begin with, it was difficult to examine the participants in the study since it was not evident that the same individuals participated in the pre and posttests. It was not clear within the

author's writings that this was an adequate number of participants to represent the whole staff mix. Furthermore, the overall sample size was small.

Hinshaw, Scofield, and Atwood (1981) asked the question of how it is possible for an all-professional staff consisting of fewer members to be as effective as a mixed staff ratio. While this is an older study, it is pertinent due to the fact that it strictly asks the question of whether an all RN staff is superior to a mixed staff.

The setting for this study was an oncology/cardiac inpatient unit. A mixed staff consisting of RNs, LPNs, and nurse's aides were transitioned to an all RN staff over the course of two years. When the all RN staffing was established, a longitudinal evaluation study was conducted. The evaluation plan measured the direct effect of change on nursing staff and the indirect effect on health outcomes of clients.

Staff were asked to take the Brayfield and Rothe Scale to measure job satisfaction. The direct and indirect outcomes were evaluated at one-month prior (baseline) to implementing an all RN staffing, three months after the staffing change, and nine months after the staffing change.

Job satisfaction increased at the three-month interval and remained higher at the nine-month interval compared to the baseline score. The scale range was from 1.0 (low satisfaction) to 5.0 (high satisfaction). Score at baseline had a mean of 2.97 (SD= .43). The mean score at three months after implementation was 3.89 (SD =0.38). The mean score at nine months was 3.52 (SD = 0.29). These findings represent a significant difference between each of the three time intervals ( $F=26$ ,  $p=.001$ )

Work group cohesion was measured using the Byrne Scale. Cohesion had increased according to many participants interviewed. Comments such as "everybody

speaks the same language” were a popular response in the qualitative component of this study. The scale used a scoring of 1.0 (low cohesion) to 5.0 (high cohesion). At baseline, the mean score for cohesion was 2.43 (SD = .89). The mean score for cohesion at the three month mark was 2.79 (SD = .77). The mean score for cohesion at the nine month after mark was 3.08 (SD = .66). These findings represent a significant difference of cohesion within the staff between baseline and the nine month time period ( $F=3.10$ ,  $p=.05$ )

Limitations of this study included that the authors did not given reliability or validity or any explanation of the scales used. In addition, the number of participants was small (range of 15-18 individual nurses) and it was not clear whether or not this was a good representation of the entire population of nurses at this institution. The study did however specifically demonstrate that nurse’s job satisfaction increased when the staff consisted of only RNs. In addition, there was the increase in cohesiveness among members when the staffing pattern changed to an all RN staff.

Garfink, Kirby, Bachman, and Starck (1991) performed a study describing a program evaluation of a model implemented at the University Hospital at Boston University Center. The University Hospital developed the model as a long-term nursing controlled strategy for maintaining quality patient care within the financial constraints of the institution and despite a declining supply of nurses.

The model implemented was the addition of a nurse extender (UAP) position. A survey instrument was administered to the entire regular nursing staff, unit level managers, and educators to evaluate the impact of the model on their job satisfaction. The instrument, developed by Munson and Heda (1974), was designed to measure job

satisfaction as an organizational variable, identifying both the amount of satisfaction the respondent perceives as existing and the yardstick against which the respondent evaluates the adequacy of what exists. The split half reliability for the 12-item scale was 0.74. Item reliability ranged from 0.33 to 0.63, with a mean correlation of 0.44. Overall response rate to the questionnaires was 66% (n=342). Garfink et al. (1991) reported that the satisfaction survey results showed little difference in the level of nurse satisfaction.

It was difficult to distinguish the great difference in the use of the new model. It was not clear how the UAPs were used in the control and case units. Garfink et al. (1991) states that there was a comparison of six units, three in each group. One group of three used a UAP, and another group of three did not utilize the UAP role. Both groups utilized an additional group of unlicensed personnel titled as nursing assistants. Only one out of six units was an all RN unit. Garfink et al. (1991) may have been comparing percentages of the staff mix, but they did not make this clear. The fact that the authors gave no statistical findings to support their claims of increased overall job satisfaction made it difficult to assess the impact of the UAPs in this setting.

Betz and O'Connell (1987) expanded on a previous study they conducted in 1981 on the relative effect of primary (all RN) nursing and team nursing. They found in 1981 that there was no significant difference in nursing satisfaction between the two groups, therefore, they decided to study further the reasons why no difference in satisfaction was found.

Betz and O'Connell conducted their 1987 study in a 709 bed, acute care hospital in a mid-western city using the Job Description Index (JDI) developed by Smith (1969). According to the authors, this tool is one of the most widely used instruments to measure

job satisfaction. The authors stated that the JDI has established high reliability and validity, although no statistics were given.

Satisfaction was scored after two years of primary nursing. Satisfaction scores increased slightly on three of the units and decreased on a fourth unit, although none of the changes were statistically significant. Although overall work satisfaction was not statistically significant, qualitative findings showed that 87% of respondents preferred primary nursing. Thirty-nine percent responded that they were better able to get to know their patients. However, 26% of the respondents stated that they disliked primary nursing because there was not enough help with low-level tasks. This study demonstrates that nurses can still find problems with the primary nursing approach.

Mularz, Maher, Johnson, Rolston-Blenman, and Anderson (1995) investigated the concept of job satisfaction in their study to determine a change in a nursing model. This model was to be designed to conserve nursing time while improving care and nurse satisfaction. As such, a restructuring process known as "Theory M" was initiated.

In this multi-phase program, there were three control groups (nursing units) and one pilot unit in which the restructuring was implemented. The pilot unit made the following changes in its staffing: Licensed personnel ratio to unlicensed assistive personnel changed from 2:1 to 1:3. An additional licensed role of clinical care coordinator was added to the pilot unit as well. The clinical care coordinator oversaw quality assurance, risk management, and utilization review, as well as provided comprehensive focus on assessment, evaluation and monitoring of patient needs. Unlicensed assistive personnel were given more advanced and expanded responsibilities. They also had to attend a program that included education in anatomy, physiology,

patient care, cardiopulmonary resuscitation (CPR), basic interpretation of an electrocardiogram (EKG), and phlebotomy.

The data were collected and evaluated between July 1990 and November 1990, and again from July to November 1991. Comparison of the change in redesign versus the change in the three control units and the direction of the change were evaluated.

The following results were compiled from the pilot unit. There was a 10% decrease in negative responses on patient satisfaction questionnaires. There was a 10% increase in the positive responses in the registered nurse workplace morale survey using Stamps and Piedmont's (1986) Nurse and Work Satisfaction Index. There were no stated measurements of reliability and validity for this tool or an explanation of the tool. The study also showed a 10% decrease in RN absenteeism. In addition, Mularz et al. (1995) expressed a desire for an increase in the planning phase to twelve months. However, the authors stated there were many variables beyond their control, but no explanations or recommendations to address these issues were given.

Many other factors were part of this study. Limitations of this study included the fact that the addition of the extra licensed role, and the various responsibilities of the unlicensed assistive personnel were not given, therefore making it difficult to compare the experimental unit to the control units. The nurse's satisfaction was not measured against the same set of UAP responsibilities. Unfortunately, it could not be determined how many participants were in the study. It also was not clear at which point the job satisfaction index was given to the nurses. Mularz et al. (1995) was not clear if the 10% increase in job satisfaction was determined by comparing the pilot unit before and after implementation or if it was by comparing the pilot to the control units.

## Summary

As noted upon review of the literature, little work has been done recently to examine the effect that UAPs have on nurses' job satisfaction. Most of the studies were completed before 1990. More research is needed to determine how and why the use of UAPs affects the nursing work force today.

## Research Questions

- 1) Do nurses who work primarily with unlicensed assistive personnel rate their job satisfaction higher than those nurses who work with primarily licensed personnel?
- 2) What are the differences between the perceived job satisfaction of the nurses working with unlicensed personnel and their level of educational preparation?
- 3) What are the differences between the perceived job satisfaction of the nurses working with unlicensed personnel and their type/area of practice?

## Definition of Terms

Unlicensed assistive personnel (UAP) – An unlicensed individual who, under the delegation of the registered nurse, provides direct clinical care to a patient.

Job satisfaction – The extent to which an employee likes their work as measured by the Nursing Job Satisfaction Scale.

Level of education preparation – The highest level of educational preparation held by an individual.

Licensed Personnel – A registered nurse (RN).

## CHAPTER 3

### METHODS

#### Research Design

The design for this study was a descriptive comparative study with a survey methodology. The independent variable in this study was the staff mix, calculated by the percentage of time the registered nurse works with unlicensed assistive personnel. Education of the participant and the employment setting were the two other independent variables. The dependent variable was the perceived job satisfaction of the nurse. Participants were divided into groups based on percentage of time they worked with UAPs. The established groups then rated their level of job satisfaction and a comparison of the groups was made. The use of this type of quantitative study minimizes any potential risks involved for participants. The ease of mailed surveys also minimized the effort of recruiting participants. The use of this design also created an efficient and effective means of collecting a large amount of data.

#### Sample Selection

The sample for the study was registered nurses licensed in the State of Michigan that applied for licensure between January 1, 1996, and March 31, 1996. The State of Michigan provided a minimum of 1000 names during this time period. Using a random table of numbers, 250 names were selected to become part of the sample. The use of a random sample decreases the bias influence among the participants. Participants were not

limited by their age, level of education, and area of nursing practice. All participants were to be able to read English and respond to a typed questionnaire.

### Sample Characteristics

Of the 250 mailed questionnaires, 103 responded yielding a 41% response rate. Response rate was adequate based on the short timeframe given to participants to complete and return surveys. The majority of the respondents were between the ages of 24 and 40 (68.8%), with five or less years of experience as a registered nurse (73.8%). In addition, most of the respondents had either associate (37.9%) or baccalaureate (50.5%) degrees in nursing. While the area of practice varied, 51.5% of the registered nurses were employed in a hospital setting. Twenty respondents worked with UAPs 100% of the time, while 22 worked with UAPs 75%-99% of the time. Only 12 respondents worked 50%-74% of the time with UAPs, with the remaining 49 individuals working less than 50% of the time with UAPs. The characteristics of the participants are presented in Table 1 and Table 2.

Table 1

### Subject Characteristics by Age and Experience

Characteristic	Range	Mean	SD
Age	24 to 60	35.31	8.90
Years of Experience	1 to 26	5.99	5.55

Table 2

Subject Characteristics by Education and Practice Area

Characteristic	Frequency	Percent
Education		
Diploma	7	6.8
Associate	39	37.9
Bachelor	52	50.5
Master	5	4.9
Area of Primary Practice		
Hospital	53	51.5
Outpatient Clinic	7	6.8
Dr.'s office	5	4.9
Long-term Care	15	14.6
Home Health	11	10.7
Rehabilitation	2	1.9
Combination	2	1.9
Other	8	7.8

Instrument

The tool that was used in this study was the Nursing Job Satisfaction Scale (NJS) developed by Hinshaw and Atwood (1984) (See Appendix B). The purpose of this tool was to examine the primary professional and occupational characteristics of the nurse. This instrument was created at a time period when adequate job satisfaction scales for the

health care setting were not available. Hinshaw and Atwood created the NJS from modifications of an industrial job satisfaction instrument (Job Satisfaction Scale) created by Brayfield and Rothe (1951). The original NJS had six subscales consisting of enjoyment, quality of care, care/comfort measure, job interest, time to do one's job, and feedback. The authors made modifications to the original NJS based on the subscales that had the strongest construct validity. The subscales that remained were quality of care (7 questions), enjoyment of job (11 questions), and time to do one's job (5 questions). These subscales were included in the instrument used for this study.

Completion of an item analysis, resulted in a 23-question scale using a five point Likert-type scale. The "quality of care" subscale measures how the nurse feels about the quality of care she is able to give her patients. The "enjoyment" subscale measures how well the nurse enjoys her job. The "time to do one's job" subscale measures how well the nurse feels that she has adequate time to fulfill the job expectations she has established.

Table 3 shows the reliability coefficients established by the authors and the results of the sample in this study. This instrument was chosen based on its validity and reliability and because of its short length and ease of completion. The authors gave written permission to use the instrument (Appendix F).

Table 3

Reliability Coefficients of the NJS

Scale-Subscale	<u>Hinshaw and Atwood, 1981</u>		<u>Koopman, 1999</u>	
	# of Cases	Cronbach's alpha	# of Cases	Cronbach's alpha
Quality of care	1534	.77	101	.80
Enjoyment	1526	.85	102	.92
Time to do One's job	1548	.76	103	.79
Total Scale	1468	.88	100	.92

Polit and Hungler (1995) define a reliability coefficient of .70 or greater as sufficient to make group comparisons. Therefore, it can be concluded that the instrument had sufficient reliability in this particular study.

Hinshaw and Atwood established the construct validity of the NJS through factor analysis. The total nurse job satisfaction scale factored in three dimensions with a cumulative explained variance of 53.47. Instrument questions are positively and negatively scored according to the question. An established scoring key was used to validate job satisfaction scores.

A demographic profile of survey participants was also included. This tool asked for age, level of education, years in nursing, primary area of practice, and work time spent with unlicensed assistive personnel (See Appendix C).

## Procedure

Data for the research were collected by mailed questionnaires. Approximately 250 cover letters, demographic profiles, and job satisfaction surveys were sent to the selected registered nurses in Michigan. The subjects received basic information in the cover letter regarding the nature of the study (Appendix A). Directions for completing the demographic sheet as well as the satisfaction survey were provided. The subjects were asked to complete the survey in its entirety. The demographic sheet and entire job satisfaction survey should have taken no more than fifteen minutes to complete. The participants were then instructed to return the completed questionnaire and mail it back to the researcher in the self addressed, stamped envelope provided. Completed demographic profiles and satisfaction surveys were required in order to be included in the study.

The subjects were made aware that completing the questionnaire would be strictly voluntary, at no risk to the participants. All questionnaires remained anonymous. Informed consent was implied with the returned and completed questionnaires. To ensure a timely return, a due date was stated on the cover letter. A reminder postcard was sent to all prospective participants two weeks after the initial mailing (Appendix D).

## Benefits and Risks to the Subjects

In order to conduct this research study, permission was obtained from the Grand Valley State University Human Research Review Committee (Appendix E). It was determined that all participants in this study would not receive any direct benefit from their participation. There was no personal risk or job jeopardy associated with

participation in the study. All responses were kept confidential and anonymity of participants was maintained.

## CHAPTER 4

### DATA ANALYSIS

The purpose of this study was to examine the effect that working with unlicensed assistive personnel has on the job satisfaction of registered nurses. Data analysis was accomplished utilizing the Statistical Package for Social Sciences (SPSS). Significance was set at  $p < .05$  for all tests.

#### Research Questions

T-tests and Analysis of Variances (ANOVA) with post-hoc Scheffe procedures were used to answer the following study questions:

1. Do nurses who work with primarily unlicensed assistive personnel rate their job satisfaction higher than those nurses who work with primarily licensed personnel?
2. What are the differences in job satisfaction of nurses working with unlicensed personnel and their level of educational preparation?
3. What are the differences in job satisfaction of nurses working with unlicensed personnel and their primary area of practice?

#### Job Satisfaction Subgroups

Nurses rated their job satisfaction using a five point Likert scale. Total scores ranged from 5.0 (very satisfied) to 0 (very unsatisfied). Total job satisfaction scores were calculated as well as the scores for each of the three job satisfaction subscales.

The mean scores for the registered nurse working primarily with UAPs ranged from 2.71 to 3.61, with the source of lowest level of satisfaction pertaining to insufficient time for one's job. Although similar scores were identified in the group working primarily without UAPs, the means scores were slightly higher ranging from 3.00 to 3.71. The greatest source of satisfaction for both groups was the enjoyment achieved from their nursing career. Mean scores (with SD) for all groups according to time spent working with UAPs are found in Table 4.

Table 4

Mean Job Satisfaction Scores of All Groups According to Time Spent with UAPs

Time with UAP	Subscales			
	Quality of Care	Enjoyment	Time to do One's job	Total
100%	3.32 (.57)	3.63 (.75)	2.51 (.80)	3.30 (.62)
75-99%	3.62 (.89)	3.60 (.76)	2.97 (.89)	3.47 (.78)
50-74%	3.25 (.89)	3.60 (.82)	2.57 (.81)	3.26 (.60)
<50%	3.55 (.79)	3.70 (.65)	3.00 (.91)	3.50 (.62)

To answer study question #1, a t-test was used to determine if there was a difference between job satisfaction of nurses working primarily with unlicensed personnel compared to those working primarily with licensed personnel. The participants were divided into two groups: those working with UAPs 50-100% of the time (primarily with) and those working with UAPs less than 50% of the time (primarily without). Table 5 shows the statistical findings when job satisfaction was compared to the time spent

working with UAPs. To answer the first research question, no significant differences were found between the two groups of nurses working primarily with UAPs and those working primarily without UAPs.

Table 5

Statistical Findings of Job Satisfaction and Time Spent with UAPs

Satisfaction Scale	UAP 50-100% Mean (SD)	UAP <50% Mean (SD)	t	df	p
Quality of Care	3.43 (.79)	3.55 (.79)	- .79	101	.43
Enjoyment	3.61 (.77)	3.71 (.65)	- .67	101	.51
Time to do One's Job	2.71 (.85)	3.00 (.91)	-1.66	101	.10
Overall Satisfaction	3.36 (.68)	3.50 (.62)	-1.13	101	.26

Comparison of Job Satisfaction and Level of Education

The lowest mean job satisfaction scores according to level of educational degree was found in the category of time to do one's job, with a range of 2.74 to 2.88. The greatest mean satisfaction scores were again found in the area of enjoyment of the nurse's position, with a range of 3.60 to 3.89. The diploma degree nurses scored the lowest satisfaction score for total job satisfaction, as well as two out of the three subscales. The master's prepared nurse scored highest in two of the three subscales and averaged the second highest overall job satisfaction score. Mean scores (with SD) for all participants according to their level of education are found in Table 6.

Table 6

Mean Job Satisfaction Scores of All Groups According to Educational Degree

Degree	Subscales			
	Quality of Care	Enjoyment	Time to do One's job	Total
Diploma	3.08 (1.03)	3.75 (.28)	2.74 (.85)	3.33 (.45)
Associate	3.54 (.76)	3.68 (.77)	2.85 (.95)	3.46 (.72)
Bachelor	3.54 (.74)	3.60 (.71)	2.86 (.85)	3.42 (.63)
Master	3.10 (1.12)	3.89 (.73)	2.88 (1.14)	3.43 (.78)

In order to statistically compare the educational backgrounds of the participants, two groups were formed. The first group consisted of participants with an associate or diploma degree (n=46), and the second group held a bachelor or masters degree (n=57). In order to answer study question #2, t-tests were used to determine if there was a difference in job satisfaction of nurses working with unlicensed personnel and their level of educational preparation. There were no statistical differences found in job satisfaction of nurses who worked with UAPs and their level of education (Table 7).

Table 7

Statistical Findings of Job Satisfaction by Educational Degree

Satisfaction Scale	Diploma/ADN Mean (SD)	BSN/MSN Mean (SD)	t	df	p
Quality of Care	3.47 (.81)	3.50 (.78)	-.18	101	.86
Enjoyment	3.69 (.71)	3.63 (.71)	.46	101	.65
Time to do One's Job	2.83 (.92)	2.86 (.87)	-.19	101	.85
Overall Satisfaction	3.44 (.68)	3.42 (.63)	.13	101	.90

Comparison of Job Satisfaction and Area of Practice

Because of the variety of practice areas, the groups were condensed into three main practice settings: inpatient care (n=53), outpatient care (n=33), and long-term care (n=15). The numbers of participants do not total 103 due to two participants that answered they worked in a combination of settings.

The greatest mean job satisfaction scores ranged from 3.60 to 3.71, all in the subscale of the nurses' enjoyment of their job (Table 8). The inpatient nurses scored the highest job satisfaction score in their ability to perform quality care, while they scored lowest in time to do one's job. Nurses working in a long-term care facility scored the lowest overall job satisfaction score (3.32), while nurses working in outpatient settings scored the highest overall score (3.48). Mean scores (with SD) for all three practice areas are found in Table 8.

In order to answer study question #3, an ANOVA with a post-hoc Scheffe was performed to determine if there was a difference in job satisfaction within the three

established practice areas. There were no statistical differences found in job satisfaction of nurses working with UAPs and their area of nursing practice.

Table 8

Mean Job Satisfaction Scores According to Primary Area of Practice

Practice Area	Subscales			
	Quality of Care	Enjoyment	Time to do One's job	Total
Inpatient	3.53 (.81)	3.60 (.72)	2.79 (.83)	3.40 (.64)
Outpatient	3.51 (.67)	3.71 (.79)	2.92 (.99)	3.48 (.69)
Long-term Care	3.11 (.85)	3.66 (.47)	2.84 (.92)	3.32 (.58)

Additional Findings

In addition to the answered study questions, a few additional statistical findings were examined when looking at the demographic data collected. The two groups of nurses working with UAPs (primarily with and primarily without) were compared with the age of the participants and years of RN experience. There was no statistical difference shown between groups working primarily with or without UAPs and age of participant ( $t = -.46$ ;  $df = 101$ ;  $p = .65$ ). There was also no statistical difference between groups working primarily with or without UAPs and years of being a registered nurse ( $t = -1.83$ ;  $df = 89$ ;  $p = .07$ ).

## CHAPTER 5

### DISCUSSION AND IMPLICATIONS

The premise of the study was to examine how UAPs affect job satisfaction of nurses. There were no statistical differences in perceived job satisfaction between nurses who worked primarily with UAPs and those who worked primarily with licensed personnel. There was also no statistical difference found when comparing job satisfaction with degree of nursing education or area of nursing practice in nurses working with UAPs.

Overall the job satisfaction scores for all participants were average in scoring. However, none of the participants were strongly satisfied with their current position, but none were strongly dissatisfied either. The least satisfied subscale for job satisfaction was found in “time to do one’s job”. This did not differ though from groups who worked primarily with or primarily without UAPs.

#### Relationship of Findings to the Theoretical Framework

Hardy and Conway’s (1988) role theory was used in this study to explain how the use of UAPs affected the role of the nurse. The job of a nurse was correlated with the role of the nurse. It was further explained that role ambiguity, role conflict/strain, and role efficacy could affect the role or job of the nurse.

According to the research findings, the satisfaction score for the subscale “time to do one’s job” was lower than the overall satisfaction score and the other two subscales. Hardy and Conway (1988) stated that job satisfaction was related to role efficacy. It was

evident that the participants in this study felt they were unsatisfied with the time to complete their daily work. Even though there was no statistical difference between the groups of participants working with or without UAPs, the mean score for those working 100% of the time with UAPs was 2.51, while the mean score for those working less than 50% of time with UAPs was 3.0. This implies that the use of UAPs may cause role efficacy problems and lead to a decrease in job satisfaction.

Hardy and Conway (1988) stated that the less role ambiguity, the greater the job satisfaction. The theorists also stated that role ambiguity was affected by role-adapting behaviors such as educational background. In this particular study, there was not a difference in job satisfaction by educational preparation.

The increased use of UAPs was found to increase role stress, thus affecting overall job satisfaction of nurses (Baxter, McLaughlin, & Thomas, 1997). In this particular study, the amount of time working with UAPs did not statistically show a difference in overall job satisfaction.

#### Relationship of Findings to Previous Research

Many of the findings in previous research were collected after the implementation of a new care model involving the addition or subtraction of the use of UAPs. This study however was a measure of satisfaction at current position, whether the participant did or did not work with UAPs. Therefore comparison of findings is difficult to examine.

This study indicated that there was an increase in job satisfaction, although not statistically significant, with a decrease in the utilization of UAPs. The mean overall job satisfaction score for nurses working 100% of the time with UAPs was 3.30, while the mean overall satisfaction score for nurses working less than 50% of the time with UAPs

was 3.51. A few of the studies in the literature review were non-experimental and had similar findings. Hinshaw, Scofield, and Atwood (1981) found that the job satisfaction scores for their participants were statistically higher when measured three months and at nine months after moving to an all registered nurse staff. Betz and O'Connell (1987) found no statistical significance in job satisfaction of primary nursing versus a team nursing approach. However, the Betz and O'Connell study did show an overall increase in job satisfaction scores within the four units studied, but none were of statistical significance.

### Limitations and Recommendations

The findings from this study are from a random sample of 103 registered nurses licensed in the State of Michigan. It was therefore difficult to generalize the sample to nursing as a whole. A larger sample size would increase the potential to generalize the findings. In addition, a larger sample size from each group of nurses who were working or not working with UAPs would have been helpful.

There was no distinguishing percentage of time employed with UAPs established below the 50% delineation. With a larger sample, it would have been beneficial to further delineate the groups. A larger sample and further delineation would assist in further examination of the use of UAPs and RN job satisfaction. In comparing the groups of nurses who worked primarily with UAPs and those who worked primarily with licensed personnel, no delineation of area of practice was established within the comparison. For example, one group of nurses who worked 100% of time with UAPs in an oncology unit was not compared to a group of nurses who worked less than 50% of time with UAPs in another oncology unit. Nurses working in long-term care may see a

greater benefit to the use of UAPs because of the increase in physical patient care that can be done by a more unskilled worker. The use of an UAP in an intensive care unit may only substitute a decrease in expertise when compared to the registered nurse. Some UAPs may be utilized specifically for patient care, while others may have more advanced training in more technical skills such as electrocardiogram reading or urinary catheter insertion. It was difficult to generalize how the roles of UAPs were established across the study sample. If the specific duties of the UAP were asked in this study, it may have provided specific reasons why the nurse may experience more job satisfaction when working with UAPs.

The instrument in this study may not have been useful in measuring specifics in job satisfaction in relationship to the use of UAPs. There were no statistically significant findings in job satisfaction when compared to any of the demographic questions asked. Therefore, the age of the instrument may be a factor in measuring the job satisfaction of nurses in today's workforce. Today's healthcare is greatly based upon cost and patient satisfaction and the satisfaction of nurses is not an issue when it comes to healthcare changes. The instrument was also geared toward the registered nurse that was specifically involved in the day-to-day hands on care of patients. Some of the participants that responded were not involved in patient care, such as administrators or educators.

#### Implications for Nursing

An overall view of the mean job satisfaction scores of all participants shows that the majority are not strongly satisfied with their current position. However, according to this study, the use of UAPs is not a factor associated with the dissatisfaction. As a

profession, nursing needs to examine why their members are not satisfied with their positions. Not being completely satisfied with their job does not necessarily mean that nurses are unhappy with the profession of nursing itself. Mean satisfaction scores for enjoyment of job were the highest scores recognized in this study. Are nurses threatened by the addition of a less expensive, less qualified worker? Unless nursing can prove its value for being a part of the healthcare team, administrators may continue to replace the professional nurse with the less qualified UAP.

Although it was not found in this study, the use of UAPs in healthcare today have made an impression on nursing as a whole. The use of UAPs is just one factor in the ever-changing arena of healthcare that is affecting the registered nurse every day. Nursing as a profession needs to recognize the aspects of the changing healthcare system and how it is affecting the nursing society and its job as a whole. Zimmerman (1996) states that the use of UAPs is too important to ignore and too extensive to deal with alone. Zimmerman suggests that nurses be proactive when UAPs are used in their workplace. The same author encourages nurses to identify themselves as the registered nurse to patients making sure patients know who their “nurse” is, become involved in professional organizations that can add to nurse advocating activities, and support research involving the use of UAPs. It is important that nurses be able to establish and support their distinct roles to patients, administrators, UAPs, and to themselves.

On the other hand, the use of UAPs has been shown to be an effective asset to nursing (Bernreuter & Cardona, 1997; Chang, 1995; Huber, Blegen & McCloskey 1994; Huston, 1996; and Kraphol & Larson, 1996). Proper training of the UAP that involves the registered nurse could positively affect job satisfaction of the nurse, the UAP, and

patients. More of the nurse's education needs to be spent on the skill of delegation. Parsons (1998) found that delegation was crucial when it came to the use of UAPs. Registered nurses with higher delegation scores reported high levels of job satisfaction relative to decision making and the ability to promote within the organization. Being able to effectively delegate tasks to the UAP leaves time for the nurse to provide more professional roles such as counseling to patients and families, case management, and organizing care to include the entire healthcare team. Feedback suggestions and follow-up findings need to be recognized by nursing managers and administrators in order to create a working environment in which nurses feel more valued.

### Future Research

Suggestions for future research include replication of this study with the following changes: separation of the percentage of time working with UAPs to include 0-25% of the time and 26-49% of the time, cross comparison of same practice areas, and the use of a job satisfaction tool that incorporates the effects of UAPs. Other suggestions include the need for qualitative studies that examine the larger issue of the nurses' job. Research that involved a larger and more random sample recruited on a national or international level would be beneficial. Research specific to how the use of UAPs affects the job satisfaction of nurses using qualitative research methods would be beneficial. Further research also needs to be done targeting other reasons why nurses are dissatisfied with the current status.

### Conclusion

In summary, this study was designed to examine how the use of UAPs affects the job satisfaction of the registered nurse. No statistical significance was found in job

satisfaction and the increased use of UAPs. The study did help to explore how nurses view their overall job satisfaction. The results made implications about which aspects of a nurse's job that were sources of satisfaction and dissatisfaction. Further study is imperative to look at which aspects of a nurse's job satisfaction is important to the profession.

## APPENDICES

## Appendix A

### Cover Letter

Dear Research Participant,

My name is Wendy Koopman and I am a registered nurse. I am conducting a research study comparing perceived job satisfaction among different groups of registered nurses. In order to complete my research I am asking for your help. I am asking you to complete the enclosed job satisfaction questionnaire along with the data sheet. You are one of 250 registered nurses in Michigan completing this questionnaire. The information gained from this research may help to explain why some nurses are more satisfied with their work than others.

The information will be kept confidential and data will be coded so that neither your name nor your answers will be identified. This information will not affect your current employment in any way. The data collected will be used for research purposes only. There is no risk involved in completing the questionnaire. Your completion and return of the questionnaire and data sheet indicates you have voluntarily consented to participate in this study. Please complete and return the enclosed questionnaire and data sheet by April 30, 1999.

If you have any questions or concerns regarding this study, please feel free to contact me at (616) 896-6434. If you have any questions regarding your rights as a participant of the study, contact the chair of the Human Rights Committee of Grand Valley State University, Professor Paul Huizenga, at (616) 895 2472.

Sincerely yours,

Wendy Koopman, RN, MSN Candidate

## Appendix B

### Nursing Job Satisfaction Questionnaire

#### Response Options

SA = Strongly Agree

A = Agree

U = Undecided

D = Disagree

SD = Strongly Disagree

Directions: For each item below, circle the appropriate response.

<u>Item</u>	<u>Options</u>
1. Most days I have time to provide hygiene measures for my patients.	SA A U D SD
2. I consider my job rather unpleasant.	SA A U D SD
3. Usually I have enough time to do a good job of patient care.	SA A U D SD
4. I enjoy my work more than my leisure time.	SA A U D SD
5. Many days I have to stay overtime to get all my paper work done.	SA A U D SD
6. Many days I feel harassed because I don't have time to do all I want to do.	SA A U D SD
7. I feel fairly well satisfied with my present job.	SA A U D SD
8. I am not satisfied with the level of individualized care I am now giving.	SA A U D SD
9. Most of the time I have to force my self to go to work.	SA A U D SD
10. Under the circumstances, it is difficult to provide high quality care.	SA A U D SD

- |   |             |
|---|-------------|
| 11. I am satisfied with my job for the time being.                      | SA A U D SD |
| 12. I definitely dislike my work  | SA A U D SD |
| 13. I feel that I am happier than most other people.                    | SA A U D SD |
| 14. Most of the time I am satisfied with patient care that I give.      | SA A U D SD |
| 15. Most days I am enthusiastic about my work.                          | SA A U D SD |
| 16. It is hard for me to give patient care which meets my standards     | SA A U D SD |
| 17. I like my job better than the average worker does.                  | SA A U D SD |
| 18. I find real enjoyment in my work.                                   | SA A U D SD |
| 19. I am disappointed that I ever took this job.                        | SA A U D SD |
| 20. There are some conditions concerning my job that could be improved. | SA A U D SD |
| 21. I feel I have time to do both the paper work and my patient care.   | SA A U D SD |
| 22. I feel satisfied with the technical care I give.                    | SA A U D SD |
| 23. I am able to keep my patients comfortable.                          | SA A U D SD |

Thank you very much for taking the time to complete the survey. Please be sure to check that you have answered every question. Mail completed survey and demographic sheet back in the posted and addressed envelope provided no later than April 30, 1999. Thank you again for your time.

(Hinshaw & Atwood, 1984)

## Appendix C

### Demographic Data

Please complete the following information.

1. Age (in years)? \_\_\_\_\_
2. Highest level of nursing education?
  - a. Diploma
  - b. Associate
  - c. Bachelor's
  - d. Master's
  - e. Doctorate
3. Primary site of nursing practice?
  - a. Hospital
  - b. Outpatient clinic
  - c. Doctor's office
  - d. Nursing Home
  - e. Home Health
  - f. Other \_\_\_\_\_
4. Primary client population?
  - a. Med-Surg
  - b. Cardiac
  - c. Renal
  - d. OB/Gyn
  - e. Oncology
  - f. Geriatrics
  - g. Family Practice
  - h. Pediatrics
  - i. Other \_\_\_\_\_
5. Years employed as a registered nurse? \_\_\_\_\_
6. Percentage of work hours spent working with unlicensed assistive personnel\*? (Choose one category)  
\*(i.e., patient care assistant, nurse's aide, patient technician, etc. Does NOT include LPN.)
  - a. 100% of the time
  - b. 75-99% of the time
  - c. 50-74% of the time
  - d. Less than 50% of the time.

## Appendix D

### Reminder Postcard



Dear Research Participant,

A few weeks ago you were sent a letter containing a questionnaire regarding job satisfaction. If you have already completed the materials and returned to me, I again thank you. If you have not, this is just a reminder to please complete the demographic sheet and questionnaire and return it to me no later than April 30, 1999. Once again I thank you for your time and consideration.

Sincerely,

Wendy Koopman

Appendix E

Letter of Approval from Grand Valley State University



1 CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

April 7, 1999

Wendy Koopman  
1568 32<sup>nd</sup> Ave.  
Hudsonville, MI 49426

Dear Wendy:

Your proposed project entitled "*Perceived Job Satisfaction of RN's Working with Unlicensed Assistive Personnel Compared to RN's Working with Licensed Personnel Only*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,



Paul Huizenga, Chair  
Human Research Review Committee

## Appendix F

### Letter of Permission to Use Instrument



January 26, 1998

Wendy Koopman  
2546 Prescott  
Byron Center, MI 49315

Dear Ms. Koopman:

Thank you for your letter in which you requested information about instruments in the Anticipated Turnover Among Nursing Staff study (#R01 NU00908). We are pleased to be able to share this information with you.

Attached you will find the *Nursing Job Satisfaction Scale*, along with the scoring key, validity and reliability obtained on our sample. We trust this information will be helpful to you. We wish you much success in your research.

If we can be of any other assistance to you, please let us know: 734.764.7185. Also, we would request that you share any information regarding the process of using the instrument and the results, or outcomes of its use. We wish you much success in your research.

Sincerely,

Ada Sue Hinshaw, PhD, RN, FAAN  
Dean and Professor

ASH:co  
Enclosures  
cc:carol/instrume/pyron

cc: Jan R. Atwood, PhD, FAAN  
Co-Principal Investigator

OFFICE OF THE DEAN  
400 North Ingalls • Ann Arbor, Michigan 48109-0482  
(313) 764-7185

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