SOURCES OF JOB SATISFACTION AND DISSATISFACTION AMONG BACCALAUREATE STAFF NURSES IN HOSPITALS

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What are the sources of job satisfaction and dissatisfaction among baccalaureate nurses who are working as general duty staff in hospitals?

As nursing moves toward its goal of baccalaureate preparation for entry to practice, increasing numbers of nurses with degrees will be hired by hospitals, the largest source of nursing jobs. At present, nurses with degrees are proportionately under-represented in the ranks of general duty nurses. With greater numbers of baccalaureate nurses in the workforce, the nursing job options away from the bedside will be more limited. Job satisfactions and dissatisfactions among general duty baccalaureate nurses must be identified in order to promote a work environment that encourages them to stay. Otherwise, hospitals run the risk of wasting human resources through discontented employees and flight from the profession.

Review of the Literature

A great deal has been written recently about job satisfaction and dissatisfaction among nurses, focusing mainly on staff nurse turnover (Brief, 1976; Castiglia, McCausland, & Hunter, 1983; Fogarty, 1980; Hinshaw & Atwood, 1983; Kramer, 1974; Ruffing, Smith, & Rogers, 1984; Wandelt, Pierce, & Widdowson, 1981; Weisman, 1982; Wolf, 1981). Hall, VonEndt, and Parker (1981) have conceptualized job satisfaction as, "a fluctuating attitudinal state of an individual that is derived from subjective perceptions of situational factors. The perception is subjective because people have varying expectations of what they will receive from a work situation. Satisfaction thus becomes the balance between what one expects and what one receives" (p. 30). Herzberg (1966) observed that satisfaction and dissatisfaction were not mirror images. Hygiene factors were identified as dissatisfiers and intrinsic factors were more often satisfiers.

The expectations that the nurse brings to her job are important determinants of satisfaction and turnover. Price and Mueller (1980) found

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that the intention to stay had the largest impact on turnover. Kramer (1974), in her study of nurses suffering what she called "reality shock", found that the discrepancy between the values and expectations that student nurses learned in school and the realities of the job produced an intense emotional reaction and flight from the profession.

Brief (1976) points out that nursing schools raise expectations among nurses that their education will be used on the job. Since many nurses feel they cannot use the skills they gained in school, they become frustrated and dissatisfied. Wandelt et al. (1981) found that when nurses' expectations about conditions like adequate staffing, recognition for professional contribution, and autonomous control over professional practice were not met, they tended to drop out of the profession. Friss (1981, 1982) states that the hiring organization and the worker must establish a contractual "fit" so that the expectations of both are compatible.

In most of the literature on nurses' job satisfaction, little differentiation is made on the basis of educational background. Many investigators found that the responses of baccalaureate nurses were similar to those of nurses with diplomas or associate degrees (Burton & Burton, 1982; Carlsen & Malley, 1981). DiMarco and Hilliard (1978) concluded that, for staff nursing and team leading, baccalaureate nurses had no "edge" over technically prepared nurses. Weisman, Alexander, and Chase (1980) found no difference in the job satisfaction of baccalaureate nurses, but concluded tentatively that larger numbers of them in a job setting may promote job satisfaction. However, Alexander, Weisman, and Chase (1982) found that baccalaureate nurses perceived themselves as having less autonomy in their jobs. Castiglia et al. (1983) found them to be the most dissatisfied group in their sample and Fogarty (1980) found that baccalaureates were disproportionately likely to be inactive. No studies have focused on whether baccalaureate nurses show unique patterns of job satisfaction and dissatisfaction.

The review of the literature indicated further questions to explore. Is there a fit between the expectations engendered in university and the realities of the job? If, as Fogarty (1980) discovered, baccalaureates perform similarly to diploma nurses in staff/team leader roles, do the nurses with degrees question why they have been more highly educated? Do hospitals allow baccalaureate nurses to practise as they have been taught, or are they still suffering the "reality shock" Kramer (1974) identified more than ten years ago? How are those baccalaureate nurses who choose to work in hospitals finding satisfaction and what are their greatest sources of dissatisfaction?

Conceptual Framework

The conceptual framework for the study, based on conclusions derived from the literature, is predicated on the beliefs that there must be an

appropriate fit of nurse expectations and hospital work realities for nurses to feel satisfied (see Figure 1). Nurses' expectations are influenced by educational preparation, psychomotor and interpersonal skills and the individual attitudes and circumstances they bring to the job. The hospital realities include organizational structure, definition of the job, interpersonal climate and working conditions and benefits. The intrinsic rewards of the general duty position depend on the nurses' ability to apply their education and skills, and the recognition they receive within that institution. The extent to which the nurses' expectations match the job realities will influence their sense of satisfaction or dissatisfaction with the general duty position.
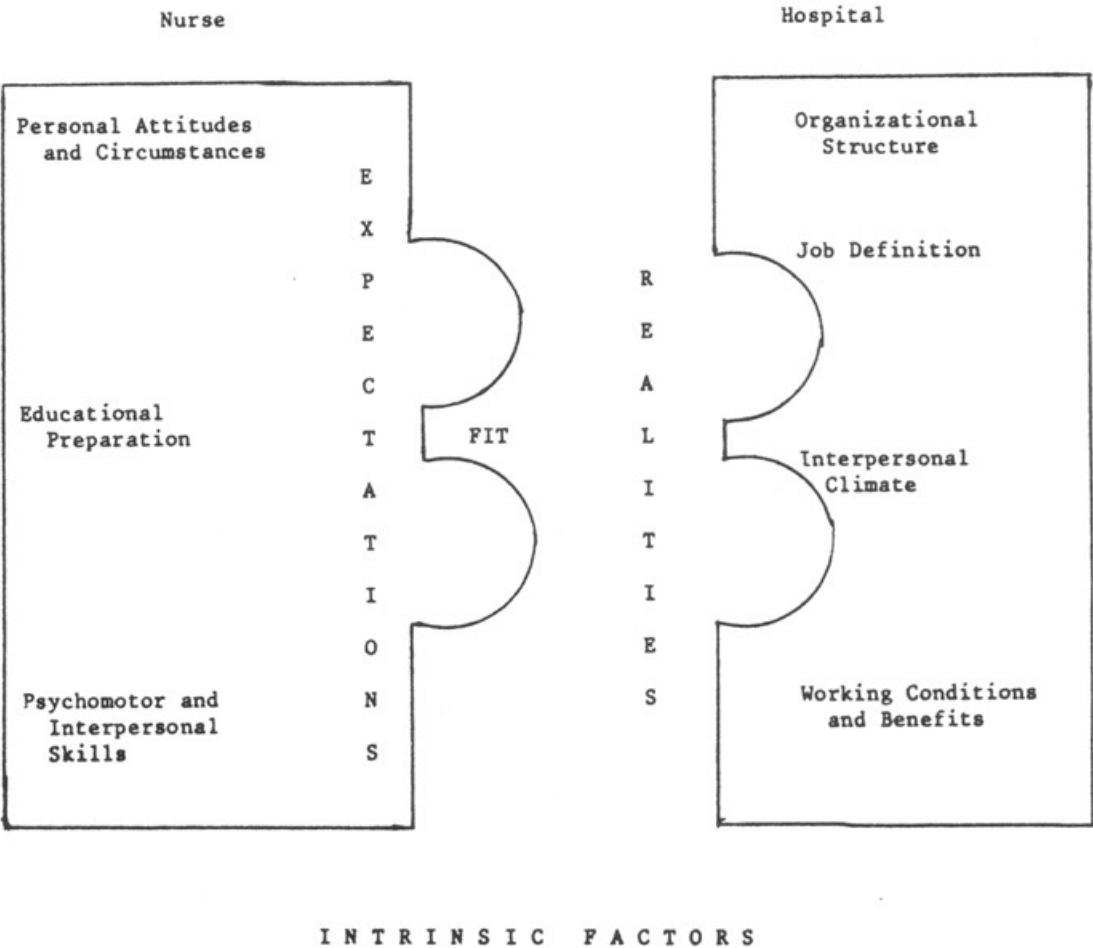

Figure 1: Conceptual Model

Many factors contribute to satisfaction or dissatisfaction among nurses. Five factors were identified from the literature as being likely to contribute to the sense of fit between expectations and the job.

1. *Job condition factors.* These include things like pay, benefits, working hours and conditions, vacations and pensions (Bechtold, Szilagyi,

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& Sims, 1980; Benton & White, 1972; Brief, 1976; Burton & Burton, 1982; Decker, 1985; Friss, 1981; Hall et al., 1981; Ruffing et al., 1984; Slavitt, Stamps, Piedmont, & Haase, 1978).

2. *Intrinsic factors.* These are inherent characteristics of the job such as variety, autonomy, interest, creativity, importance, ability to use skills, recognition, and ability to perform professional functions (Bechtold et al., 1980; Brief, 1976; Burton & Burton, 1982; Castiglia et al., 1983; Decker, 1985; Fogarty, 1980; Friss, 1981; Hall et al., 1981; Slavitt et al., 1978).

3. *Organizational factors.* These include how delivery of nursing care is organized, decentralization of decision making, policies and procedures, support services available, and the definition of the role of the nurse (Alexander et al., 1982; Bechtold et al., 1980; Brief, 1976; Burton & Burton, 1982; Carlsen & Malley, 1981; Hall et al., 1981; Ruffing et al., 1984; Slavitt et al., 1978; Shoemaker & El-Ahraf, 1983).

4. *Interpersonal relationships.* These include relationships with peers, supervisors, doctors and other departments, and the sense of functioning in an effective nursing or multidisciplinary team (Bechtold et al., 1980; Benton & White, 1972; Burton & Burton, 1982; Castiglia et al., 1983; Decker, 1985; Hall et al., 1981; Ruffing et al. 1984; Slavitt et al., 1978).

5. *Personal factors.* The nurse's personal life and characteristics have also been identified as contributing to satisfaction. Age, length of time on the job, educational level, intention to stay at the job and family responsibilities are all involved (Alexander et al., 1982; Brief, 1976; Burton & Burton, 1982; Decker, 1985; Fogarty, 1980; Ruffing et al., 1984).

Method

Since no researchers specifically focused on the sources of job satisfaction among baccalaureate nurses, the investigators decided to explore this particular group's attitudes towards the job. The factors constituting job satisfaction and dissatisfaction were identified by collecting qualitative data in a pilot study to determine how degree nurses within one institution perceive hospital staff nursing. After the themes important to this group have been identified, the researchers can select appropriate instruments, or, develop tools for assessing the attitudes of larger samples.

Semi-structured interviews were conducted with nurses with baccalaureate degrees, who had at least one year of general duty experience. Following collection of demographic data, non-directive questions allowed the subjects to contribute their impressions. They were then asked specific questions about the five categories of factors identified in the framework and about the fit between their education and the job realities.

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There were three groups of subjects. The first was a convenience sample of ten baccalaureate nurses, working as general duty staff in a hospital. They represented the majority of nurses in the institution who met the sample selection criteria. Another ten baccalaureate nurses in the same hospital who had left staff positions were interviewed in order to determine whether they viewed the job differently. Because the data collected from all the hospital-based subjects showed similar patterns, a third group of five baccalaureate nurses who had left the hospital were interviewed to see if they gave different responses.

All subjects had generic or post-RN degrees in nursing and had worked as staff nurses in a general hospital for more than one year. They were identified through the records of their employers, who made the initial contact. The employers did not know which nurses had participated in the study. All nurses consented to a taped interview. The 20 hospital-based subjects worked for a 600 bed teaching hospital located in an Ontario city of 270,000. Of those who had left the hospital, four worked for a community health agency in the same city and one had left nursing.

The two researchers conducted all interviews away from the work setting, at times and places convenient to the subjects. Interviews lasted 45 minutes to one hour.

The investigators independently analyzed transcripts of the taped interviews to identify common themes. Data were first sorted into broad general categories of satisfactions and positive statements, and dissatisfactions or negative comments about the job. Categories were further refined and the conclusions of the researchers compared. After categories were identified, the data were sorted a second time to ensure reliability of classification. After categorization of the raw data, the degree of congruence with the conceptual framework was assessed.

Characteristics of the sample

The sample consisted of 25 female Registered Nurses, graduates of seven Canadian university schools of nursing (see Table 1). All of the general duty staff worked in specialty areas such as intensive care units, delivery room, dialysis and the operating room. Fourteen of the 15 nurses who had left general duty nursing had worked in specialty areas. Thirteen nurses in the sample had previously worked in general medical/surgical areas.

The responses from all three groups of subjects were very similar. Data from generic and post RN subjects were not reported separately, because there were so few differences between them. The responses of the subjects as

Table 1

Characteristics of the Sample

Sample(n)=25

	General Duty n=10	Non- General Duty n=10	Out-of- Hospital n=5
Year of Graduation: Range:	1974-84	1973-84	1971-76
Age: Mean	27 years	32.5 years	34 years
Marital Status: Married	4	3	5
Single	6	6	
Divorced		1	
Number of Children	None	2	7
Generic or Post-RN	Generic – 9 Post-RN – 1	Generic – 7 Post-RN – 3	Generic – 2 Post-RN – 3
Number of Jobs Since Graduation: Mean	3	2	3
Number of Years in Nursing: Range	1-1/2 – 12	4 – 12	5 – 15
Mean	4	8	11
Full or Part-Time	Full-time	Full-time	1 Full-time 3 Part-time
Number of Years Spent Working General Duty: Range	---	3 – 11	2 – 5
Mean	---	6.8	3.7
Number of Years Elapsed Since Worked General Duty: Range	---	.5 – 4	5 – 12
Mean	---	1	8

Table 2

Categories of Sources of Job Satisfaction

Sample(n)=25

	General Duty n-10	Non-General Duty n=10	Out-of-Hospital n=5	TOTAL	Framework Factor
1. Patient Care	7	8	3	18	Intrinsic
-Families	3	2	1	6	
2. Mental Stimulation -"staying on top of things" -challenge					
-time management	4	9	3	16	Intrinsic
3. Team Work	4	7	3	14	Interpersonal
4. Primary Nursing	4	3	3	10	Organizational
5. Psychomotor Skills -techniques	1	2	3	6	Intrinsic
6. Autonomy/Decision Making Power	4	1	---	5	Intrinsic
7. Application of Knowledge	2	1	---	3	Intrinsic
8. Positive Reinforcement	---	2	---	2	Intrinsic
9. Supervisor who listens/supports	1	---	1	2	Interpersonal
10. Seeing the job through to the end	1	---	1	2	Intrinsic/ Organizational
11. Pay/Benefits	1	1	---	2	Job Conditions

Table 3

Categories of Sources of Job Dissatisfaction

Sample(n)=25

	General Duty n-10	Non-General Duty n=10	Out-of-Hospital n=5	TOTAL	Framework Factor
1. Shift Work/ Schedule	10	10	5	25	Job Condition
2. Pay	8	8	1	17	Job Condition
3. Lack of Positive Reinforcement	8	5	2	15	Intrinsic
4. Administration	7	6	1	14	Organizational
5. Staffing – too little	7	5	2	14	Organizational Job Condition
6. Lack of Autonomy/ Decision Making Power -lack of "say so" -lack of power & influence	9	3	1	13	Intrinsic
7. Lack of Team Work (Interdisciplinary Team)	5	5	2	12	Interpersonal
8. Boredom	2	7	2	11	Intrinsic
9. Responsibility -too little -too much	2 3	--- 7	--- 1	2 11	Intrinsic
10. Resistance of System to change	3	3	4	10	Organizational
11. No credit for education	6	2	1	9	Intrinsic
12. Stress	4	1	2	7	Intrinsic
13. Conflict – Diploma vs Degree Nurses	3	2	2	7	Interpersonal
14. Excessive Supervision	2	---	---	2	Organizational Interpersonal

they talked about their jobs provided a richness of impressions that is best conveyed in their own words. Direct quotations from the interviews have been used to illustrate the subjects' points of view.

Job Satisfactions and Dissatisfactions

The findings on job satisfaction were categorized as shown in Table 2. Nurses in all three groups identified patients as the greatest source of satisfaction. They made statements like: "Working with them, being with them, being able to care for them and help them is really important for me." Families were also frequently mentioned. The nurses felt they could assist family members to cope and to develop their own skills. When they discussed patients and families, they expressed intense caring. "A lot of cancer patients were there, and the feeling I developed and they developed because they stayed a long time – just the caring."

Mental stimulation was also an important source of satisfaction. "I like to be thinking all the time." "You have to use the knowledge taught you, handling all the situations that come your way, even the unexpected." Another aspect of mental stimulation was "the staying on top of things" that some of the nurses expressed in statements such as "getting through the chaos" and "being organized, going through the mental checklist." Those no longer at the bedside frequently mentioned team work, both nursing and interdisciplinary, as satisfying.

The job satisfactions were many and were enough to keep most of those at the bedside in the job. However, the dissatisfiers were even more numerous (see Table 3). All the nurses in all three groups said that shift work was a major dissatisfier. Some of them identified it as a major reason for leaving staff nursing. Those who remained at the bedside said that although they disliked shift work, it was not bad enough to make them quit.

The subject of pay was not spontaneously mentioned, but when asked about it, the subjects stated they were not paid enough compared to other careers which demanded less education and responsibility. Auto workers, teachers, and plumbers were mentioned in comparison.

Many of the nurses mentioned lack of autonomy and decision-making responsibility or feelings of powerlessness as sources of frustration. "We all feel somewhat helpless. Budget, staffing [sic] is all out of our control." "I was not as involved in decision making as I thought I would be." "You don't get listened to very often. . . . The Head Nurse didn't want to hear about it, or didn't have the time to deal with it, or just didn't care."

Other factors also contributed to dissatisfaction. The many statements

about lack of recognition indicated a need for positive reinforcement. Nursing administrators were seen as remote, dictatorial, and uninterested in staff nurses. Lack of staff was a constant problem. "More staff would allow us to give the care we should; it really stretches you out and pulls you too tight." Although mental stimulation was mentioned as a satisfier, boredom became a problem as the challenge wore off and as routines became evident. "It was very exciting initially, and there was a lot to learn. After a while, once you get the skills under your belt, the challenge goes away."

Several nurses reported that the amount of responsibility they were given as new graduates was overwhelming. However, many said that, as they gained experience, the responsibility was less than they were prepared to assume. Nurses who had left staff nursing stated that no one particular dissatisfier had led to their decision, although shift work was a major problem.

Expectations and Realities

The nurses interviewed had varying reports on the match between their expectations and the realities of the job. Even those who claimed to be prepared for the real world acknowledged that there were discrepancies between what they had learned in university and actual hospital employment. "What you learn in the university is the ideal. When you work general duty, you adapt those skills to the workplace, to the amount of time you have and the patient load." Working on medical-surgical units led several to seek transfers to intensive care units and other specialties because they felt they were more likely to use their education, continue their learning, and have a chance to make more autonomous decisions in these settings. "Working on medical-surgical units didn't give me the sense of intellectual fulfilment that I needed."

Several nurses described a naive belief, which they subsequently saw as unrealistic, that they could change things drastically as new graduates. "In my first nursing job I was going to move mountains. I thought the world was open to you and very receptive to you and your ideas. Really you are the low man on the totem pole and you stay that way." Even the post RNs who had returned to school to gain more autonomy reported they could not accomplish much at the general duty level.

Several generic graduates reported that they had never appreciated some of the unpleasant realities of working as a nurse. Shift work came as a shock to several. "I was so mad (at my university) for the first six months after I graduated. They never prepared me for this." The lack of time to provide care in the way they had been taught was also a problem. "I just couldn't get it all together and use what I had been taught because of the time element."

Many expressed disappointment at their inability to use some of the skills they had learned. "I found that as a staff nurse I wasn't changing much, or there seemed to be a lot of roadblocks," was one nurse's explanation for leaving the bedside. As one graduate put it, "In university, I was taught to think a lot for myself. When I came out I was expected to follow orders and policies, and there was no way you could bring new ideas if they didn't fit under policy."

The perceptions of the match between university preparation and the demands of the general duty position varied. The physical and biological sciences were cited as being very useful, although some said that they understood more than was expected of them by doctors, peers or supervisors. The social sciences were seen as being helpful in understanding the people with whom a nurse must work. Of the nursing curriculum, decision making and problem solving were identified as the skills most useful for staff nursing. Psychomotor skills were recognized as important, but many of the generic graduates felt their programs had not emphasized these enough.

Although university programs are supposed to be producing nursing leaders who will create changes at whatever level they function (ORCAUSN, 1981), change theory was least often seen as useful to staff nurses. Many of the respondents said that leadership skills were not useful because leadership was not part of the staff nurses' job. "A big danger to a university graduate is to try and assume that role when it is not yours. I didn't say a lot of things I wanted to because it wasn't my place and would be misinterpreted."

Fourteen of the nurses said they applied nursing theories in their practices. However, because examples they gave included group theory, asepsis, and transactional analysis, it is doubtful whether more than eight of them had any real sense of theory-based nursing practice. Only two reported using nursing theory in their practices. The most common attitude was, "You can understand the theorists and how they present their models but when you are faced with this many patients on this particular day, what you do is move from one patient to the next doing what needs to be done."

Uniqueness of baccalaureate nurses

Many of the satisfactions and frustrations expressed by the baccalaureate nurses reflect those of diploma graduates. The post RNs' descriptions of their first work experiences and difficulties were echoed by the generic graduates. However, some of the job dissatisfactions were unique to the baccalaureate graduate. There was a sense of frustration at not being able to apply what they had learned in university. "We are taught to think in a baccalaureate program and I am not sure, in all nursing jobs, you are

allowed to do that." "I think there is a lot a degree nurse can do at the bedside, contrary to public opinion: teaching, long-term planning, dealing with different services, dealing with the family, evaluating and adjusting care."

With the sense of frustration and annoyance came disillusionment. "I really like bedside nursing but I don't think the payoffs are worth it for me right now." "University prepared me for a career and I've realized that what I have now is a job." Perhaps the feelings expressed are not restricted to baccalaureate nurses but, because of their education, they have more career options which allow them to choose to remove themselves from the bedside.

There was a sense among the nurses that working general duty is an essential first experience and that staff nursing provides certain skills and background that are needed for other positions. It is a necessary *rite of passage*. "I was willing to make that sacrifice because I knew that there had to be that process of work experience for me to get to where I wanted to be." "I really think it's how you should start off, to gain some experience and then go on to teaching or administration. I've enjoyed being at the bedside and it really has prepared me to go on."

Even among those who chose to remain at the bedside, there was a question about whether their degree led to a different quality of care. Much of the discussion centred on whether degree prepared nurses should receive a pay differential. "I shouldn't be paid for my degree because anybody with an RN could be doing the same thing." "I am not sure I can expect different rewards because I have chosen this job that doesn't expect more."

However, some of the baccalaureate nurses felt cheated because they did see themselves as offering more in their patient care. "I feel I use my education whether I am at the bedside or teaching." "I try to include all the psycho-social and emotional aspects in the care of the patient. It can make you feel completely overloaded because you are trying to do more than the diploma graduate."

Relationship to the Conceptual Framework

The fact that many of the nurses felt that the education they brought to the job was not used and recognized indicates that the fit between their expectations and realities was lacking. The realities of organization and job conditions in hospital also did not fit their expectations. The compromises that had to be made because of time constraints, a rigid system that discouraged initiative and change, and demands for psychomotor skills that were not taught in university contributed to their disillusionment.

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The classification by factors in the conceptual framework for each of the sources of satisfaction and dissatisfaction is included in Tables 2 and 3. Eight of the 12 job satisfiers were intrinsic factors. Among the 14 dissatisfiers, job conditions and intrinsic factors figured prominently. Personal factors were not cited by the subjects. Some of the concerns about shift work may have reflected personal factors, but were not expressed as such.

The satisfiers and dissatifiers were generally unrelated. As Herzberg (1966) indicated, maintenance factors tend to produce dissatisfaction, while intrinsic factors satisfy. The exception was autonomy and decision making, the only factors identified as both satisfiers and dissatisfiers. Those who felt they could not exercise autonomy in decision making were dissatisfied, while those who could make decisions were more satisfied.

Conclusions

Caution must be exercised in drawing conclusions from these data because a small convenience sample of volunteers, mainly from one hospital, was used. However, the subjects had worked as staff nurses in more than 15 general hospitals in four provinces. Further research, involving larger numbers of baccalaureate staff nurses in a variety of settings, is required before generalized conclusions can be drawn.

Implications for university schools of nursing include making sure that graduates have realistic expectations of staff nursing. Students should have more exposure to shift work, strategies for dealing with bureaucratic organizations, and help in applying nursing theories in busy situations.

Implications for hospitals which are interested in attracting and keeping baccalaureate nurses include improving the intrinsic factors. It can be anticipated that, with larger numbers of nurses with degrees, there will be some frustration at having to stay at the bedside, if conditions there remain as they are. The policies that limit the decision-making and care-planning roles of the bedside nurse must be examined in the light of the preparation of baccalaureate practitioners. "Degree nurses have to be recognized for their strengths and involved more in decision-making processes." However, they still need support through the transition from student to professional. Job condition factors must also be examined. More flexibility in scheduling of work should be considered.

None of the nurses felt that the dissatisfiers could be entirely eliminated, but many of them felt that the job could be improved. "To be involved in projects to let us grow. You're not just left at the bedside and not able to get involved. Sitting on different committees, not just going in 7 to 3 and

doing patient care." The feelings of many of the nurses were summed up by one who said: "Ultimately if hospitals want their nurses to be brighter, they'd better give them some more credit."

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RÉSUMÉ

Sources de satisfaction et de mécontentement chez les infirmières titulaires d'un baccalauréat qui travaillent dans les hôpitaux

Cette étude descriptive pilote a pour but d'analyser, chez les infirmières qui ont une formation universitaire, leur niveau de satisfaction et de mécontentement au travail. Des entrevues semi-structurées ont été menées auprès de 25 infirmières titulaires d'un baccalauréat qui travaillaient depuis au moins un an dans un service de médecine d'un hôpital général. Dix faisaient actuellement partie du personnel infirmier, dix avaient quitté le chevet des malades mais demeuraient à l'hôpital et cinq avaient quitté l'hôpital. Les réponses quant aux niveaux de satisfaction et de mécontentement sont analogues pour les trois groupes. Les critères de satisfaction les plus importants sont des facteurs intrinsèques comme les soins dispensés aux malades et la stimulation mentale. Les conditions de travail comme le travail par quart et des facteurs intrinsèques comme l'absence d'autonomie sont les principaux critères de mécontentement. On note une certaine divergence entre ce qui a été enseigné à l'université et ce que les infirmières jugent utile dans le cadre de leurs fonctions générales. Les sciences physiques et sociales sont perçues comme très utiles. Les théories du nursing ne sont généralement pas appliquées dans la pratique. Les titulaires d'un baccalauréat déplorent particulièrement le peu d'autonomie et de pouvoir décisionnel qu'on leur accorde et le manque d'opportunité de pratique les connaissances et compétences qu'elles ont acquises à l'université. Malgré les limites dues à la taille et au milieu de l'échantillon, il est possible de dégager certaines retombées que cette étude pourrait avoir sur l'enseignement universitaire et sur les hôpitaux qui emploient des infirmières titulaires d'un baccalauréat.