1981

Job Satisfaction and Attitudes of Professional Autonomy Among Community Hospital Staff Nurses

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JOB SATISFACTION AND ATTITUDES OF PROFESSIONAL AUTONOMY AMONG COMMUNITY HOSPITAL STAFF NURSES

(TITLE)

BY

Michael Thomas Quinn

B.A. in Psychology, Illinois State University, 1975

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts in Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1981

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
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ABSTRACT OF A THESIS

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ABSTRACT

The rapid rate of specialization within the health care field has affected the practice of nursing by demanding increased autonomy and professional identification among nurses. Past research has demonstrated that nurses' attitudes relevant to autonomous functioning and professional identification differ with the occupational role and setting in which the nurse works, with community hospital staff nurses being less likely than other nurses to endorse professionalism or autonomous functioning. The research has also demonstrated that the job turnover rate among hospital staff nurses is extremely high and that a large proportion of this turnover rate is directly related to job dissatisfaction. On the basis of the literature on job satisfaction and professional autonomy, it was hypothesized that job dissatisfaction among hospital staff nurses is related to a failure to endorse and accept autonomous functioning and professional identification.

Fifty-three staff registered nurses, employed by five community hospitals in the East Central Illinois area, voluntarily and anonymously completed questionnaries which included the Pankratz Nursing Attitude Scale and the Brayfield-Rothe Index of Job Satisfaction. The nurses sampled were all full time employees and ranged in age from twenty one to sixty years, with a mean age of approximately thirty one.

More than half of the nurses had over five years of nursing experience. The Baccalaureate was the highest educational degree obtained by the participants, and the Nursing Diploma was held by the majority. The various specialty areas and work shifts were represented equally.

The findings did not support the hypothesis which proposed that professional autonomy is positively related to job satisfaction among hospital staff nurses. The findings also did not support the secondary hypothesis which proposed that professional autonomy is inversely related to job satisfaction.

These results may be due to there being no relationship between professional autonomy and job satisfaction among community hospital staff nurses. Limitations and implications of the study were discussed.

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ACKNOWLEDGEMENTS

I would like to thank the nurses who volunteered their time to participate as subjects in this study. The cooperation and assistance of the Nursing and Inservice Departments of Sarah Bush Lincoln Health Center in Mattoon, St. Anthony Hospital in Effingham, Jarman Memorial Hospital in Tuscola, Paris Community Hospital in Paris, and Memorial Hospital in Shelbyville is also sincerely appreciated.

I extend my appreciation to the committee that helped guide this study: Dr. Jim Kantner, for the invaluable support and suggestions he offered; Dr. Paul Panek, for his generous time and assistance; and the chairman, Dr. Bill Kirk, for the guidance and undaunted encouragement he provided.

Finally, I would like to express my deeply felt gratitude to my wife, Debbie, for her understanding, support and encouragement throughout.

INTRODUCTION

Nursing as a profession has recently been subject to certain role changes and extension as a result of increasing demands for health care services. The rapid rate of increased specialization evident within the health care field has affected the practice of nursing in innumerable ways. Not the least of these is the fact that the nurse has come to be seen as a distinct and autonomous professional provider of health care services (DHEW, 1972). Within this newly defined role, the nurse is seen as being an extension of and an advocate for the client rather than the physician or hospital (Bullough & Bullough, 1966). This autonomous distinction is clearly defined not only by the standards for professional practice set by the American Nurse's Association (ANA, 1960), but by legislatively ordained sanctions and responsibilities as well (Bullough & Bullough, 1977).

The literature on professionalism indicates that as technology and specialization increase, the relative autonomy of practioners is essential for effective functioning (Moore, 1970). Nurses are extending their role to take on increasingly autonomous functions (Andrews & Yankauer, 1971). Some nurses have followed the demands for increased professional autonomy to a seemingly natural conclusion by establishing independent nursing practices completely dis-

associated from any hospital or physician (Peterson, 1972).

The radical departure from the traditional roles as evidenced by the independent nurse practioner is, however, not typical of most nurses. Almost three-quarters of all nurses practice their profession within considerably greater organizational structure- as employees of hospitals and nursing homes (DHEW, 1974). While the legal and professional responsibilty of these organizationally employed nurses is not significantly diminished (Lesnik, 1953; Mancini, 1979), the health care system that is too often unresponsive to patient needs tends to limit the autonomous functioning of nurses within their role as patient advocates (Godfrey, 1978; Malone, 1964).

Interestingly, nurses enter their profession with high value placed on helping people (Pankratz & Pankratz, 1967) and little emphasis on functioning autonomously (Smith, 1968). The nursing literature contends, however, that nurses can be of optimum value to the patient when they act within a professionally autonomous role to serve as the patient's advocate (Gamer, 1979; Keller, 1973; Maas, Specht, & Jacox, 1975).

While professional autonomy is considered to be an important factor in nursing, attitudes relevant to that autonomy differ significantly with nurses' hospital role and setting (Pankratz & Pankratz, 1974). This study addresses the issue of how varying attitudes of profession-

al autonomy are reflected in other work-related attitudes, specifically job satisfaction. Nursing administrators, who exhibit more professionally autonomous attitudes on the Pankratz Nursing Attitude Scale, would be expected to be in a position to exercise more independence of functioning than community hospital staff nurses, who exhibit the least professionally autonomous attitides on the Pankratz Scale. The low autonomy attitudes exhibited by these community hospital staff nurses might be reflective of feelings of powerlessness and frustration with thwarted attempts to serve as patient advocates. Moreover, these feelings of powerlessness and frustration might be expected to result in lower overall job satisfaction.

While the relationship between job satisfaction and job performance has been shown in the literature to be tenuous at best (Brayfield & Crockett, 1955; Vroom, 1964), one might expect the highly interpersonal nature of the patient care services that are provided by nurses to be strongly influenced by job satisfaction. The relationship between job satisfaction and job tenure, however, is well documented is the literature (Fournet, Distefane, & Pryer, 1966; Metzner & Mann, 1953; Vroom, 1964) and indicates that those individuals who are satisfied with their jobs stay on the job longer, go to work more regularly, and are more consistently on time.

In a study conducted by the American Nurses' Assoc-

iation in 1954 (Diamond & Fox, 1958), the annual turnover rate for staff nurses was established at 42%. In a more recent but less extensive study, Saleh, Lee and Prien (1965) found a 58% annual turnover rate among hospital nurses. Other researchers, independent of the ANA, have also cited higher annual turnover rates among hospital staff nurses (Hough, 1955; Null, 1955; Wright, 1957).

Diamond and Fox's (1958) review of five studies relevant to nurses' job turnover indicated that about one-third of resignations are related to dissatisfaction with the job situation as opposed to factors related to the individual, such as marriage or pregnancy. Thus, 14 out of every 100 nurses employed, or one-third of the annual turnover rate established by the ANA, terminate employment because of job dissatisfaction. These turnovers might have been avoided had those job factors that led to dissatisfaction been identified and remedied.

Thus, the importance of both job satisfaction and professional autonomy in the provision of patient care services by nurses are apparent. The relationship between these two variables, however, is not apparent. While job satisfaction among nurses has been well researched (Benton & White, 1972; Bullough, 1974; Everly & Falcione, 1976; Imparto, 1972; Longest, 1974) its relationship to professional autonomy has not been extablished. A search of the literature indicates there have been no

studies reported which investigate the relationship between these two variables.

The purpose of this study is to investigate the relationship between attitudes regarding nursing professional autonomy and overall job satisfaction. Since attitudes of low professional autonomy might be reflective of feelings of powerlessness and frustration, this study is designed to test the hypothesis that nurses with attitudes of low professional autonomy have low overall job satisfaction.

REVIEW OF THE LITERATURE

Job Satisfaction

As a major theoretical and research construct, job satisfaction has been researched in more than 3,000 studies (Locke, 1969). A review of job satisfaction studies by Wanous and Lawler (1972) indicated that a number of different conceptual definitions of job satisfaction have been advanced by researchers and theoreticians. Some studies have focused on overall job satisfaction (Brayfield & Roth, 1951; Kunin, 1955; Wright, 1957), while others have dealt with a particular facet or facets of an employee's job (Alderfer, 1969; Payne, 1970; Smith, Kendall & Hulin, 1969), and still others have looked at both overall job satisfaction and some facets of one's job (Ewen, 1967; O'Reilly & Roberts, 1973).

The traditional approach to studying job satisfaction holds the view that the individual's satisfaction shifts along a single continuum in response to changes in the job, both intrinsic and extrinsic to the work role. This traditional approach is almost exclusively concerned with overall job satisfaction, the sum of satisfaction across all facets of one's job, and is based on the assumption that "if the presence of a variable in the work situation leads to satisfaction, then its absence will lead to job dissatisfaction, and vice versa" (Ewen, 1966). This

traditional, or overall satisfaction, approach has been most widely used to correlate certain characteristics such as age, education, length of employment, performance, salary, ability, and marital status with the satisfied-dissatisfied dichotomy (Palola & Larson, 1965).

The research has also shown an interest in establishing a direction and causality in the relationships established by the traditional approach (Carroll, 1969). With this interest in explanation came a change in focus from factors "extrinsic" to the actual substance of the job, i.e., factors related to the employee's work environment, to "intrinsic" factors, i.e., those factors more directly related to the actual job being done. This approach, known as the "Two-Factor Theory", was proposed by Herzberg, Mausner, and Snyderman in 1959.

Herzberg, Mausner, and Snyderman (1959) used the critical incident technique of asking an individual during an interview to relate any incidents connected with an extremely good or bad time on a job. Two distinct sets of factors emerged from the results: (1) those which lead to satisfaction, including the work itself, responsibilities, achievement, and advancement, and which were labeled "intrinsic factors" or "motivators"; and (2) those which caused dissatisfaction, including company policy, administration style, inter-personal relations, working conditions, and technical supervision, and were called

"extrinsic factors" or "hygienes". Generally, the satisfiers were related to the actual content of the work, while the dissatisfiers were related to the environment and more structured company policy.

Criticisms leveled against the Two-Factor Theory include its over-reliance on the Critical Incident technique (Dunnett, Campbell & Hakel, 1967) and its failure to result in homogenous groupings when responses on a questionnaire are factor analyzed (Groen, 1966). It has also been cited as being oversimplified, rigid, and contrived, and failing to take individual differences into account (Lahiri & Srivasta, 1967). In their review of research related to the Two-Factor Theory, House and Wiedon (1967) concluded that the weight of evidence tends not to support Herzberg's Two-Factor Theory.

In response to one important weakness of the Herzberg theory, its lack of flexibility in explaining differences in individual personalities, the "need heirarchy" theory of A.H. Maslow (1970) became one of the most significant in job satisfaction research (Carroll, 1969). Maslows's theory is based on the idea that an individual's needs develop in sequence from "lower order" to "higher order" needs. The heirarchy he proposed consists of five plateaus; (1) basic physiological needs; (2) safety and security needs; (3) social-affection needs; (4) esteem needs; and (5) self-realization needs. Only after the

lower level is satisfied does a person become concerned with fulfilling the higher order needs, since it is only the unmet needs which motivate him.

Prien, Barrett, and Svetlick (1967) suggested a general application of the Maslow theory in relation to work when they stated that, "The traditional view that man must work only because of the necessity to survive must give way to the view that work itself is or can be rewarding.". In other words, work can fulfill needs higher than the merely physiological.

When need fulfillment has been viewed in relation to occupational level within industrial heirarchies, consistent results seem to emerge. Several studies reviewed by Carroll (1969) indicate that individuals in lower-level occupations are more likely to be motivated by lower-order needs (e.g., pay, security, etc.) because they are not sufficiently gratified to allow higher-order needs to become prepotent (Centers & Bugental, 1966; Friedlander, 1966; Porter, 1962).

The application of Maslow's need heirarchy to the study of job satisfaction has met with some support. However, Pallone, Rickard, and Hurley's review (1970) of 103 job satisfaction studies published in 1966-1967 concludes that the relationship between job satisfaction and satisfaction of psychological and social needs remains unclear. In short, their review indicates that some workers seem

to satisfy many needs through work while others satisfy few. Questions have been raised by Hall and Nougaim's research (1968) about the sequential evocation of needs in work. Slocum's research (1970) has also questioned the existence of a universal heirarchy relevant to job satisfaction.

Porter (1961, 1962, 1963) modified the Maslow heirarchy by adding the "autonomy need" and eliminating the "physiological need" categories. Porter defined the "autonomy need" as, "the individual's satisfaction with his ability to make decisions independently, participate in goal-setting, and the authority of his position in the organizational heirarchy" (Slocum, Susman & Sheridan, 1972, p. 339). Several studies using Porter's altered model have investigated the satisfaction of "autonomy needs" among nurses (Lawler & Porter, 1967; Slocum, 1970). The "Nursing Autonomy" concept under consideration in the present study, on the other hand, refers to attitudes and behaviors specific to the work role of the registered nurse. While, a priori, a relationship may appear to exist between these two variables, no empirical studies relating "autonomy needs" to "Nursing Autonomy" have been reported in the literature. This relationship needs to be further investigated.

Demographic Correlates of Job Satisfaction

It has generally been found that married workers are more satisfied with their jobs than single people (Rachman & Kemp, 1964). Carroll (1969) suggests that this trend indicates that the more settled workers tend to be more satisfied.

With regard to the relationship between job satisfaction and the sex of the worker, the literature reports inconclusive and conflicting findings. In a study of buyers (Rachman & Kemp, 1964) females were seen a generally happier than males. In a study conducted by Hulin and Smith (1964), however, a tendency was found for female workers to be less satisfied than their male coworkers. Ivancevich and Donnelly (1968) suggest that the differential treatment of women and men with identical credentials may confound any comparison between sexes and contribute to these conflictual findings.

Most studies indicate that older people are generally more satisfied with their jobs (Form & Geschwender, 1962; Rachman & Kemp, 1964). Robert Hoppock (1960) compared the job satisfaction of men in 1932 with their feelings 27 years later. Out of 23 cases, 17 people had increased their satisfaction and only two had decreased satisfaction. In a study of managerial level employees, Saleh and Otis (1964) found that satisfaction increases with age until the pre-retirement period, when it declines. Their

explanation was that the increase until about the age of 60 was a result of the general adjustment to life. The decline between the ages of 60 and 65 was seen as partially due to a decline in physical health, but mainly to the blockage of channels for self-actualization and psychological growth. The Festinger model of cognitive dissonance (1957) would also predict that as a worker grows older he begins to accept his lot in life and adjusts his sights accordingly. His occupational goals become situational reality and an equilibrium is achieved.

Closely related to age is the variable of tenure or length of service with an employer. As with advancing age, increased tenure seems to correlate with higher job satisfaction. In their study of buyers, Rachman and Kemp (1964) found the most satisfied employees were with the company for over 20 years. Similarly, Form and Geschwender (1962) found that workers with ten or more years of tenure were significantly more satisfied than those with less. Alderfer (1967), in a study of blue-collar workers and first-line management workers, found that with increased seniority a worker is significantly more satisfied with his pay and his opportunity to use his skills and abilities. Explanations for these findings again involve expectancy theory. The longer the worker has been on the job, the more he knows what to expect and the better his equilibrium adjustment can be made.

Job Satisfaction and Registered Nurses

The literature on job satisfaction among registered nurses suggests that a lack of work satisfaction exists among nurses and that it has negative consequences. Maryo and Lasky (1959), in a survey of nurses employed in a large midwestern teaching hospital, found three factors that contributed largely to employee dissatisfaction and a high turnover, or dropout, rate. These were: (1) problems arising from a shortage of hospital personnel; (2) poor management-employee relations; and (3) poorly defined work situation. Of particular relevance to the present study is the third problem area, poorly defined work situation. In the Maryo and Lasky survey, nurses reported feeling frustrated with the discrepancy between the hospital's expectations of the nurse and her own view of the functions she should perform. More recently, Kramer and Baker (1972), in a longitudinal study of 220 nurses who had graduated from baccalaureate programs, found a 29% dropout rate in one year. Nurses who quit to start families were not included in the 29% who left the profession. Kramer and Baker suggest this high dropout rate among nurses to be caused by educational programs that stress self-actualization but fail to prepare their graduates for the role expectations of their employers. In the work situation, role conflict results and job dissatisfaction follows.

Kramer and Baker's hypothesis of job dissatisfaction among nurses being related to occupational role conflict is substantiated by the research of Brophy (1959). Brophy administered questionnaires designed to measure job satisfaction, perceived imposed occupational role, ideal occupational role, and occupational role acceptance to 81 female nurses. There was a significant negative correlation between job satisfaction and the discrepancy found between ideal occupational role and imposed occupational role. In other words, those nurses who perceived the greatest discrepancy between the expectations for their occupational role and what they felt they should be doing in that role experienced the most dissatisfaction with their jobs. Job satisfaction, however, was positively related to occupational role acceptance.

Job satisfaction among nurses also appears to be related to type and geographical location of the employing institution. In Bullock's (1954) study, hospital nurses were least satisfied as compared to doctor's nurses, industrial and public health nurses, and private duty nurses. Dissatisfaction appeared to be most closely associated with factors related to the occupational role and function. More recently, Bullough (1974) compared job satisfaction reports of 17 pediatric nurse practitioner's, 18 extended role nurses without the nurse practitioner's ex-

tensive training, and 38 registered nurses with more restrictive, traditional occupational roles. She also found job satisfaction to be related to occupational role, with the pediatric nurse practitioners rated highest both in intrinsic and in overall job satisfaction.

Imparato (1972) compared the job satisfaction of nurses in two urban hospitals with the job satisfaction of nurses in two suburban hospitals. Nurses in the urban hospitals were significantly less satisfied with their work than nurses in the suburban hospitals. Imparato suggested that the work load in urban hospitals may be different than the work load in suburban hospitals. A higher frequency of emergency situations was assumed to be characteristic of the urban hospitals, with a detrimental effect on the quality of nurse-patient rapport effecting job satisfaction.

It has also been suggested that, by providing for greater satisfaction of the intrinsic factors, higher overall job satisfaction and fewer dropouts would result. M^{c}Closkey (1975), in a study of nurses who had recently ended their hospital employment, found that increased psychological rewards on the job (intrinsic factors) might have kept 69% of the surveyed nurses in their jobs.

Nursing Autonomy

The occupational structure of the United States has been strongly influenced by two often contradictory trends. On one hand, there has been the growth of a large number of occupational groups clamoring to be recognized as professional (Vollmer & Mills, 1966). On the other hand, given the development of a service-oriented economy and the assumption of new social responsibilities by both government and business, many of these rapidly growing occupations have been attached to large-scale bureaucratic organizations (Wilesky, 1964). Nursing is one of those occupations that have come to share the "autonomous-independent" orientation of professional groups while existing in the "subordinate-dependent" organizational setting usually occupied by nonprofessional employees. To some extent, the job dissatisfaction of nurses discussed above may be an outgrowth of the tension attributable to this clash between professional ideals and organizational reality.

To foster increased professional identification and improve the delivery of services to patients, Pankratz and Pankratz (1974) advocate that nurses utilize their professionally autonomous role to serve as the patient's advocate. In order to serve effectively as the patient's advocate, the Pankratzs contend, the nurse must first have some notion of what is important to advocate. Secondly,

the nurse must feel that he/she can have some influence on the system effecting the patient. Thirdly, the nurse must be willing to serve within that advocacy role, a role that would be expected to often directly confront and reject traditional and organizationally defined role limitations.

Research (Pankratz & Pankratz, 1974) has identified three dimensions of professional autonomy specific to nurses. The first dimension, which was entitled "Nursing Autonomy", involves independence vs. dependence for the occupational role of the nurse and includes the nurse's perception of "how much latitude nurses have or would be willing to take in functioning as a responsible professional" (p. 212). The second dimension, labeled "Patients' Rights", involves the issue of dependence vs. independence for the patient and focuses on "how much latitude patients have or are allowed in knowing about and participating in their own care and treatment" (p. 212). The third dimension, labeled "Rejection of Traditional Role Limitations", includes the nurse's "willingness to openly disagree with the doctor and become highly involved in the personal matters of the patient" (p. 213).

The Pankratzs' research indicated that nurse' attitudes relevant to these three dimensions of professional autonomy vary with the nurse's role within the hospital as well as with the type of hospital in which the nurse

is employed. Nursing administrators, such as Head Nurses, Supervisors, and Directors of Nursing Services, were consistently higher along all three dimensions of professional nursing autonomy than were staff nurses employed in community hospitals, psychiatric hospitals, and university-affiliated hospitals. Overall, the community hospital staff nurses showed the lowest "Nursing Autonomy" and "Patients Rights" attitudes and were the least prone to reject traditional role limitations. It was suggested, but not tested, that low scores along these three dimensions may be reflected in nurses' low job satisfaction.

METHOD

Subjects

The participants in this study were 53 Registered Nurses employed full-time as staff nurses in community hospitals in East-Central Illinois. The participants ranged in age from 21 to 60 years, with a mean age of 30.9 years. More than half of the nurses sampled (56.6%) had over 5 years experience in nursing. The highest educational degree attained by the nurses sampled was the baccalaureate, held by 7.5% of the sample. A Nursing Diploma was held by 62.3% of the sample and an Associate Degree was held by 30.2%. All of the participants were females, with 74% married, 17% single, and 9% divorced. Tables 1 and 2 list the specialty areas and primary shifts worked and the percentages of sampled nurses employed in each. All of the nurses participated in the study voluntarily and anonymously.

Apparatus

The Nursing Attitude Scale was utilized for the measurement of nurses' attitudes concerning professional autonomy. This scale was devised by Pankratz and Pankratz in 1974. The scale is a paper and pencil test comprised of 44 items that are responded to on a five-point Likert-type scale ranging from "Strongly Agree" to "Strongly Disagree". Admin-

TABLE 1

Percentage of Subjects Employed
in Specialty Areas Sampled

SPECIALITY AREA	PERCENTAGE OF SUBJECTS	NUMBER
Medical/Surgical	43.4	23
Obstetrics/Gynecology	13.2	7
Emergency Room	13.2	7
Operating Room	7.5	4
Coronary Care	7.5	4
Intensive Care Unit	5.7	3
Psychiatry	5.7	3
Pediatrics	3.8	2
	100%	53

TABLE 2

Primary Shifts and Percentage of Sampled Nurses Employed in Each

SHIFT	PERCENTAGE OF SUBJECTS	NUMBER
Days (7am-3pm)	35.8	19
Evenings (3pm-11pm)	30.2	16
Nights (11pm-7am)	18.9	10
Rotating Shifts	15.1	8
	100%	53

istration of the scale takes approximately ten to fifteen minutes. The device is designed to assess nurses' attitudes of professional autonomy relevant specifically to the practice of nursing. It yields scores on three factors considered relevant to professional nursing autonomy- Factor 1, Nursing Autonomy and Advocacy; Factor 2, Patients' Rights; and Factor 3, Rejection of Traditional Role Limitations. The first factor involves dependence vs. independence for the nurse and includes " the nurse's perception of how much latitude nurses have or would be willing to take in functioning as a responsible professional" (p. 212). The second factor, Patients Rights, involves the issue of dependence vs. independence for the patient and focuses on " how much latitude patients have or are allowed in knowing about and participation in their own care" (p. 212). The third factor, labled "Rejection of Traditional Role Limitations", is concerned with the nurses' willingness to disagree with the doctor and to become involved in the personal matters of the patient.

The Nursing Attitude Scale was constructed by administering sixty-nine items gleaned from nursing conferences, statements on questionnaires, and contributions by leaders in the field of nursing to a diverse sample of 702 nurses. A principal components factor analysis resulted in four factors that accounted for 32 per cent of the total variance. The fourth factor was

omitted as a subscale as it contained only three items. A cluster analysis of the same data from the 702 subjects (Carlson, 1972) yielded reliability coefficients as follows: Factor 1, .93; Factor 2, .81; Factor 3, .81. No other reliability or validity data are available, other than the scale's appeal to "face" validity.

The measure of overall job satisfaction utilized was the Brayfield and Rothe (1951) Index of Job Satisfaction. The Brayfield and Rothe Index is a paper and pencil test that is comprised of 19 items, including one sample item, that are responded to on a five-point Likert-type scale ranging from "Strongly Agree" to "Strongly Disagree". Administration of the scale takes approximately five to ten minutes. As this device is designed to assess attitudes relevant to overall job satisfaction, none of the items refer to specific factors of the job, such as pay or hours.

Based on the original standardization sample of 231 female office employees, the odd-even product-moment reliability coefficient of the Brayfield-Rothe Index was computed at .77 and corrected by the Spearman-Brown formula to .87. The Index of Job Satisfaction was also shown by Brayfield and Rothe to differentiate between persons employed in occupations appropriate to their expressed interests and persons employed in occupations

inappropriate to their expressed interests at the .01 level of significance. Comparisons with the Hoppock Blank (1935), another well established index of overall job satisfaction, resulted in a correlation of .92.

Procedure

The data was collected at 5 community hospitals in the East-Central Illinois area. Questionnaires including the Nursing Attitude Scale and the Index of Job Satisfaction (Appendix) were distributed to registered nurses employed on all shifts and throughout every specialty area available in the hospitals sampled. So as to insure the nurses of their anonymity and to provide for a more reliable reporting of attitudes, the nurses returned the questionnaires to the examiner by mail. Stamped and addressed envelopes were enclosed with the questionnaire. Of the 190 questionnaires distributed, 127, or 79.4%, were returned. The percentage of returns per hospital sampled ranged from 47.8% to 80%. Of the questionnaires returned, 41.7% were from staff registered nurses employed full-time (n=53). 30.7% of the returned questionnaires were from staff registered nurses employed on a part-time basis (n=39) and 27.6% of the returns were from registered nurses employed in administrative positions. To avoid pos-

sible contamination of the data, only those registered nurses employed full-time as staff nurses were included in the study.

RESULTS

The Pearson product-moment correlation coefficients computed for job satisfaction with each of the three factors of nursing professional autonomy were not significantly different from zero ($p=.05$, $df=50$) and do not support rejection of the null hypothesis. The mean of job satisfaction scores was 67.55 and the standard deviation was 9.56. On the Prankratz nursing professional autonomy scale, Factor 1, nursing autonomy, the sample mean was 81.87 and the standard deviation was 11.57. On Factor 2, patients' rights, the sample mean was 58.4 and the standard deviation was 5.28. On Factor 3, rejection of traditional role limitations, the sample mean was 50.45 and the standard deviation was 6.14. A two-tailed t-test for goodness of fit, computed for the sample means, and Fisher's Logorithmic Transformation for r, computed to establish confidence indicated that the sample means and correlations are characteristic of the population ($p < .01$). However, the correlation coefficients of job satisfaction with Factor 1 was .15; with Factor 2, .04; and with Factor 3, .16. These correlations were not significant at the 95% confidence level ($df=50$).

A post hoc analysis of the obtained correlations was undertaken to determine whether the results suggested an alternative hypothesis, namely, that overall job satisfaction is inversely related to nursing professional autonomy. That analysis revealed that the correlations obtained are not of

sufficient magnitude to support the alternative hypothesis (df=50).

DISCUSSION

The objective of this study was to investigate the relationship between attitudes of professional autonomy and job satisfaction among registered nurses employed in rural community hospitals. The hypothesis which proposed that there is a significant positive relationship between attitudes of professional autonomy and overall job satisfaction was not supported by the results. An alternative hypothesis, that attitudes of professional autonomy are inversely related to overall job satisfaction, was not supported by a post hoc analysis of the data.

Although the data obtained do indicate that the characteristics of the sample studied are consistent with those expected from the population, the sample size was relatively restricted. The failure to obtain a significant positive relationship and to support the original hypothesis may be, at least in part, a function of the small number of subjects involved. This small sample size is considered to be a major limitation of this study. A larger sample may have resulted in the emergence of a significant relationship.

The failure to find a significant relationship may also have been due to the instrument used to assess job satisfaction. The Brayfield-Roth scale, in being designed as a gross measure of overall job satisfaction, may not be sufficiently sensitive to variance across different facets of a nurse's work

situation that contribute to her being satisfied or dissatisfied with her job. The research of Maryo and Lasky (1959), Kramer and Baker (1972), and Brophy (1959) identified some specific facets of nursing and hospital employment that do contribute to job dissatisfaction. These facets include occupational role conflict, staff shortages, work load, and management-employee relations. It may well be that in using the Brayfield-Roth scale and failing to assess those more specific job facets, the range of variance in job satisfaction and dissatisfaction was under-represented in this study. Future research utilizing a measure of overall job satisfaction that includes a broader range of job facets may result in a more clearly delineated relationship.

A third reason for this study's failure to provide significant results may be the possibility that no relationship does in fact exist between attitudes of professional autonomy and job satisfaction for rural community hospital staff nurses. While no studies that address this issue specifically have been reported in the literature, this possibility would appear to be in contradiction to the speculation offered by Pankratz and Pankratz (1974). Pankratz and Pankratz speculated that those nurses who experienced the least autonomy on their jobs would feel frustrated with their impotence in serving as the patient's advocate and, as a result, be dissatisfied with their jobs. Bullough's (1974) study comparing nurses across occupational roles with varying degrees of autonomous functioning

tends to support the hypothesis that autonomy is positively related to job satisfaction. However, neither the Pankratz' or Bullough's studies investigated that hypothesized relationship within an occupational role. It may be hypothesized that nurses enter different occupational roles with different expectations. For example, those nurses entering into a pediatric nurse practitioner role might be expected to anticipate a greater degree of autonomous functioning than those nurses entering into a community hospital staff nurse role.

Consistent with expectancy theory and Brophy's (1959) research, the discrepancy between perceived ideal occupational role and imposed occupational role, as well as the acceptance of that imposed role, would be reflected in job satisfaction. The lack of a consistent relationship between nursing professional autonomy and job satisfaction, as found in the present study, may be a function of rural nurses entering the staff nurse occupational role with little or no expectation for autonomous functioning, i.e., as an ideal occupational role. As a consequence, the rural nurse's expectation for autonomous functioning would be relatively consistent with the role imposed by her employer, the rural community hospital, and would not contribute significantly to her job satisfaction or dissatisfaction. Further research designed to investigate the degree of autonomous functioning ideally expected by the staff nurse and the degree of autonomy allowed by the imposed occupational role may shed further light on this question. It might

be hypothesized that as the discrepancy between autonomous functioning expected from the ideal occupational role and autonomous functioning expected within the imposed occupational role increases, the degree of job satisfaction decreases.

The expectation for autonomous functioning may be extinguished during the nurse's training or early in the staff nurse's career, with the result that the imposed occupational role is more readily accepted. Research designed to measure the expectation for autonomous functioning across various stages of staff nurses' careers may give some indication of when and if the expectation for autonomous functioning is learned and then extinguished. It may be that the literature in support of autonomous professional functioning for nurses represents an ideal occupational role expectancy that is not shared by the majority of nurses.

If it is the case that the majority of nurses and the hospitals that employ them do not expect nor value autonomous functioning, then perhaps the profession of nursing ought to reassess the training it offers its members and the ideal occupational role that it attempts to impose, but is not maintained by a large population of its members. The serious shortage of hospital staff nurses that the health care system is currently experiencing may be a function of a possible failure to adequately prepare nurses during their training for the realities of hospital employment and the occupational role imposed by the health care system. The nurses involved in the

present study may represent a sample whose expectations for autonomous functioning have been extinguished. By preparing future practitioners to expect and value professional autonomy without altering the occupational role imposed by the health care system, the extent of job dissatisfaction and related turnover and drop-out rate may increase. As a result, the nursing profession would fail to meet one of its primary goals, that of providing optimal care to patients, the consumers of the health care system.

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YOU ARE BEING ASKED TO PARTICIPATE IN A RESEARCH STUDY INVESTIGATING HOW NURSES VIEW THEIR PROFESSION AND THEIR JOBS. THE PURPOSE OF THIS STUDY IS TO LOOK AT SOME FACTORS THAT MAY EFFECT THE QUALITY OF CARE PROVIDED BY NURSES. YOU ARE BEING ASKED TO HELP BY COMPLETING THE ENCLOSED QUESTIONNAIRE. KNOWING THAT YOUR TIME IS VALUABLE, THE QUESTIONNAIRE HAS BEEN KEPT AS BRIEF AS POSSIBLE AND SHOULD REQUIRE NO MORE THAN 20 OR 30 MINUTES OF YOUR TIME. I ASSURE YOU THAT NONE OF YOUR RESPONSES NOR ANY POTENTIALLY IDENTIFYING INFORMATION WILL BE DISCLOSED TO YOUR EMPLOYER. TO FURTHER ENSURE THE CONFIDENTIALITY OF YOUR ANSWERS, YOU ARE ASKED TO NOT IDENTIFY THE QUESTIONNAIRE WITH YOUR NAME AND TO RETURN IT TO ME BY MAIL AS SOON AS POSSIBLE. A SELF-ADDRESSED, STAMPED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE. YOUR ASSISTANCE IN HONESTLY AND CAREFULLY COMPLETING THE ENCLOSED QUESTIONNAIRE IS GREATLY APPRECIATED.

THANK YOU,

MICHAEL QUINN
DEPARTMENT OF PSYCHOLOGY
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PERSONAL DATA

Please answer all of the following questions. Your answers will remain confidential.

1. Your age:_____

2 Sex: M F

3. Marital Status (circle one): S M W D

4. Highest educational degree attained:
AD Diploma BSN MSN Doctorate Other_____

5. Number of years in active practice as an RN (circle nearest one):
less than 1yr. 1yr. 2yrs. 3yrs. 4yrs. 5yrs.
6yrs. 7yrs. 8yrs. 9yrs. 10yrs. more than 10yrs.

6. Your current position:
Staff Nurse Head Nurse Administrator Other_____

7. In what area do you work primarily:
Med/Surg Ob/Gyn Psych Peds
ER OR ICU CCU Other_____

8. How long have you been working on this service:_____

9. How long have you been working for your present employer:_____

10. Number of nursing positions held since becoming an RN:
1 2 3 4 5 6 7 8 9 10 more than 10

11. How long did you work for your most recent previous employer:
less than 1yr. 1yr. 2yrs. 3yrs. 4yrd. 5yrs.
more than 5yrs.

12. In general, did you leave your previous employer because of:
personal reasons
dissatisfaction with the job (circle one)

13. If you were to leave your present employer, would it be because of:
personal reasons
dissatisfaction with the job (circle one)

NURSING QUESTIONNAIRE

We would like to know what you think about these statements. For each opinion statement, place a check in the box to the right of the question that comes closest to how you feel. There are no right or wrong answers. Please answer every item.

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
1. I feel that patients should plan their own activities.					
2. I have fulfilled my responsibility when I have reported a condition to a physician.					
3. I would feel free to try new a-proaches to patients' care without the "permission" of an administrative nurse.					
4. I feel free to recommend non-prescription medication.					
5. If I requested a psychiatric consult for a patient, I would feel out of bounds.					
6. I believe a patient has the right to have all of his questions answered for him.					
7. If I am not satisfied with the doctor's action, I would pursue the issue.					
8. I am the best person in the hospital to be the patient's advocate if he disagrees with the doctor.					
9. If a patient is allowed to keep a lot of personal items, it becomes more trouble than it is worth.					
10. I don't answer too many questions of the patient because the doctor may have another plan in mind.					
11. I feel the doctor is far better trained to make decisions than I.					
12. I would never call a patient's family after discharge.					
13. Patients should not have any responsibility in a hospital.					
14. Patients should be permitted to go off their unit and elsewhere in the hospital.					
15. If a patient asks why his medication is changed, I would refer him to his doctor.					
16. If a policy change effects patient care, I want to know why the change is necessary.					

NURSING QUESTIONNAIRE

PAGE 2.

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
17. Patients should be encouraged to show their feelings.					
18. I should be able to go into private practice like a doctor if I wish.					
19. I feel patients should be told the medications they are taking.					
20. I should have a right to be told why a change is necessary before it is accepted.					
21. Patients should be told their diagnosis.					
22. If I make conversation with a patient, there is no need to explain procedures and treatments before they are started.					
23. I generally know more about the patient than the doctor does.					
24. Patients in a hospital have a right to select the type of treatments or care they wish.					
25. If I disagree with a doctor, I keep it to myself.					
26. I feel the patient has a right to expect me, as a nurse, to effectively utilize my time in improving my skills by taking advantage of educational opportunities offered.					
27. I would feel comfortable in authorizing a patient to leave the unit to go to another part of the hospital.					
28. The patient has a right to expect me to regard his personal needs to have priority over mine.					
29. I feel the patient has a right to refuse care.					
30. It should be the doctor who decides if the patient can administer his own drugs.					
31. I would never refuse to carry out a doctor's order.					
32. I feel that patients should be informed as to what constitutes quality health care.					

NURSING QUESTIONNAIRE

PAGE 3.

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
33. The patient has a right to expect me to accept his social-cultural code and to consider its influence on his way of life.					
34. Patients should be permitted to wear what they want.					
35. I would never interact with a patient on a first name basis.					
36. I rarely give in to patient pressure.					
37. Nurses should be held solely legally responsible for their own actions and not expect to come under the umbrella of the doctor or hospital in a malpractice suit.					
38. Doctors must decide what nurses can and cannot do in the delivery of health care.					
39. It is the perogative of the nurse to decide whether or not to wear a uniform.					
40. I would give the patient his diagnosis if he asks.					
41. It should be the nurse's decision when to talk to the terminal patient about his condition.					
42. I feel it is my responsibility to initiate public health referrals on patients.					
43. I feel that I should suggest to patients, family, and doctor any community resources that I know are available.					
44. Patients can expect me to speak up for them.					
45. I would never ask a patient about his or her sexual life.					
46. I would talk very little to patients about their past.					
47. I rarely ask a patient a personal question.					

JOB QUESTIONNAIRE

We want to know how nurses feel about their jobs. This blank contains eighteen statements about jobs. You are to circle the phrase below each statement which best describes how you feel about your present job. There are no right or wrong answers. We would like your honest opinion on each one of the statements. Work out the sample item numbered (0).

0. There are some conditions concerning my present job that could be improved.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

1. My job is like a hobby to me.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

2. My job is usually interesting enough to keep me from getting bored.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

3. It seems that my friends are more interested in their jobs.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

4. I consider my job rather unpleasant.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

5. I enjoy my work more than my leisure time.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

6. I am often bored with my job.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

7. I feel fairly well satisfied with my present job.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

8. Most of the time I have to force myself to go to work.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

9. I am satisfied with my job for the time being.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

10. I feel that my job is no more interesting than others I could get.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

11. I definitely dislike my work.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

12. I feel that I am happier in my work than most other people.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

13. Most days I am enthusiastic about my work.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

14. Each day of work seems like it will never end.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

15. I like my job better than the average worker does.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

16. My job is pretty uninteresting.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

17. I find real enjoyment in my work.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

18. I am disappointed that I ever took this job.
STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE

1. Do you work:
   FULL TIME or PART TIME (circle one)

2. Is your primary work shift:
   DAYS EVENINGS NIGHTS (circle one)

3. Do you work in a::
   HOSPITAL NURSING HOME OTHER_____