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A study to determine the sources of satisfaction and dissatisfaction among staff nurses

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A STUDY TO DETERMINE THE SOURCES OF SATISFACTION AND DISSATISFACTION AMONG STAFF NURSES

By
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A field study submitted in partial fulfillment of the requirements for the Degree of Master of Science in the School of Nursing Boston University June, 1957

First Reader: Helen M. Thumm
Second Reader: Lucille Sommermeyer
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td></td>
</tr>
<tr>
<td>Scope and Limitations</td>
<td></td>
</tr>
<tr>
<td>Basic Assumptions</td>
<td></td>
</tr>
<tr>
<td>Need for the Study</td>
<td></td>
</tr>
<tr>
<td>Sequence of Presentation</td>
<td></td>
</tr>
<tr>
<td>II. PREVIOUS PERTINENT STUDIES</td>
<td>5</td>
</tr>
<tr>
<td>Review of Literature</td>
<td></td>
</tr>
<tr>
<td>Statement of Hypothesis</td>
<td></td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>20</td>
</tr>
<tr>
<td>Description of Sample</td>
<td></td>
</tr>
<tr>
<td>Description of Device</td>
<td></td>
</tr>
<tr>
<td>Procurement of Data</td>
<td></td>
</tr>
<tr>
<td>IV. FINDINGS</td>
<td>26</td>
</tr>
<tr>
<td>Presentation and Discussion of Data</td>
<td></td>
</tr>
<tr>
<td>V. SUMMARY, CONCLUSION AND RECOMMENDATIONS</td>
<td>46</td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>Conclusion</td>
<td></td>
</tr>
<tr>
<td>Recommendations</td>
<td></td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>50</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>53</td>
</tr>
</tbody>
</table>
### LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>Description</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Totals and Averages of Responses indicating Satisfaction and Dissatisfaction of Staff Nurses</td>
<td>27</td>
</tr>
<tr>
<td>2.</td>
<td>Distribution of Responses according to Ratio of Satisfaction and Dissatisfaction among Hospitals</td>
<td>30</td>
</tr>
<tr>
<td>3.</td>
<td>Areas of Satisfaction with numbers and per cent of Incidents indicating Satisfaction</td>
<td>31</td>
</tr>
<tr>
<td>4.</td>
<td>Areas of Dissatisfaction with numbers and per cent of Incidents indicating Dissatisfaction</td>
<td>35</td>
</tr>
<tr>
<td>5.</td>
<td>Combined Summaries, in per cent, of Incidents indicating Satisfaction and Incidents indicating Dissatisfaction</td>
<td>42</td>
</tr>
</tbody>
</table>
CHAPTER ONE
INTRODUCTION

Nursing, by the very nature of its activities, has nearly always been deemed a satisfying career -- especially for a woman. Concerned primarily with assisting and alleviating human misfortune, it affords wide and free expression of the maternal and other feminine qualities generally attributed to womankind. Despite the assumption of its inherent satisfactions it is conceded that nursing is also beset with many dissatisfying situations. Location of these areas is a necessary prelude to any assessment of job satisfaction in nursing.

It is felt by the present writer that the most direct practice of nursing today is carried on by staff nurses. Accordingly, it was decided to seek from representatives of this group statements of their feelings as to the sources of satisfaction and dissatisfaction in their working situations.

Statement of the Problem

The present study was, therefore, undertaken to determine what items graduate staff nurses would state as sources of satisfaction and dissatisfaction in their work experience.
Scope and Limitations

The study is based on written statements of incidents and situations which provided satisfaction and dissatisfaction to graduate staff nurses in their work. A total of fifty graduate staff nurses from three voluntary general hospitals in the Boston metropolitan area participated. The findings in this study pertain solely to the participants involved and may not be applicable to staff nurses generally nor to staff nurses in other locations. No attempt was made to learn about the quality of the nursing service rendered or the specific areas of assignment within the agencies of the cooperating nurses. Such heterogenous factors as pre-nursing and basic nursing preparation, post-graduate study and experience, age, family status, temperament and the like have not been considered although it is appreciated that such factors obviously alter very markedly the types of response and, consequently, the ultimate findings of the study. The graduate staff nurse "as she is" and as she expresses herself in relation to the satisfactions and dissatisfactions of her job have formed the core of the present project.

Basic Assumptions

Certain fundamental assumptions were made in this study, namely:

1. That there are widespread statements of
dissatisfaction among nursing practitioners today.

2. That many of these statements may be justified.

3. That nurses may have become conditioned to overlook the satisfying aspects of their vocation.

4. That spontaneous expressions arising from actual work involvement would reveal some of the sources of satisfaction and dissatisfaction that form the bases for these statements.

Need for the Study

If nursing practice is, as it is traditionally understood to be, a satisfying experience, then those elements which make it so should be known and strengthened. If, on the other hand, it is predominantly a dissatisfying experience, those aspects which render it so should also be located and, in so far as possible, eliminated. The sources of satisfaction and dissatisfaction in current nursing practice should be established factually and from the modern nurse herself. Previous studies in this field, though very fruitful, appear to have sought some specific comparison between student expectation and actual satisfaction in practice or a determination of the number of nurses satisfied with their work versus the number who were not satisfied in a given situation. None of the
studies reviewed by this writer proceeded in a non-structured manner to obtain the necessary data nor provided the freedom of expression for the participants as was made possible in this study.

In Chapter Two the writer reviews the literature and includes a statement of the hypothesis while Chapter Three explains the methodology. Findings of the study are recorded in Chapter Four. Chapter Five, the final chapter, contains the summary, conclusions and recommendations which are the outgrowths of the project.
CHAPTER TWO
PREVIOUS PERTINENT STUDIES

Investigation of job satisfaction is not new. Soon after the turn of the century, industry became a pioneer in demonstrating interest in the problems of the worker. It was found that a contented worker produced more goods and that his degree of satisfaction in his job was reflected in the type of work which he performed. If he was happy and felt that he was being treated fairly, profits rose; if the reverse was true, his employer could detect the results in company regression. Thus, industry learned it was profitable to keep employees satisfied.

Although the earlier years of professional nursing were characterized by a more or less general disregard for the nurse's reaction to her job, since the middle 1930's nursing has assumed a decidedly more realistic attitude towards the lot of its practitioners. In fact, because of this interest and the constructive activity which followed, nursing became, eventually, somewhat of a pioneer in its own right. One modern author states, for example, "Nursing is among the first, if not the first profession in the health field to record and recommend improved personnel
policies and practices. Nurses can be proud of the leadership they have taken to date in promoting economic security.\textsuperscript{1}

Before reviewing some of the investigations of job satisfaction in nursing which point up this on-going interest, clarification of certain terms used frequently in this present study appear to be in order.

Psychologically, satisfaction is a difficult concept to comprehend. It has been stated that satisfaction is relative "and few of us are ever totally satisfied; we have goals we seek. We seldom choose between complete satisfaction and complete dissatisfaction. Most of our decisions are answers to the question: 'Which way offers me more satisfaction?'\textsuperscript{2}"

That satisfaction is variable is another truism equally well known. The adage that "one man's meat is another man's poison" is especially true here. What may be satisfying to one individual may be equally dissatisfying to another. Furthermore, the achievement of satisfying responses varies from time to time even within the same

\begin{itemize}
\item \textsuperscript{1} Frasher, Charles B., "What Makes a Nursing Job Attractive?", \textit{Nursing Outlook}, Vol. 1, No. 9, September 1953, p. 509.
\end{itemize}
individual. Thus the problem of analyzing the component elements in a satisfying or non-satisfying experience is magnified by innumerable variants and extenuations. Probably, the most that can be said is that a person is satisfied or dissatisfied only at a given moment of assessment.

One of the simplest definitions of satisfaction is that of Murphy who says, "it is a state of a person whose tendencies have reached their goal."³ Conversely, it may be deducted that dissatisfaction is the state of a person whose tendencies have not reached their goal.

Another term which has relation to this study is that of job satisfaction. "Job satisfaction" according to one of the first writers in this field, "is any combination of psychological, physiological and environmental circumstances which cause a person truthfully to say, 'I am satisfied with my job.'"⁴ Again, employing the natural corollary, it can be assumed that job dissatisfaction is a counterpart of the positive statement.

Applicability of the foregoing terms to nursing is demonstrated by the following selected studies.

³ Murphy, Gardner, Personality, New York, Harper and Brothers, 1947 (Glossary)
One study that is of interest, although the date of the study somewhat diminishes its value today, was conducted by the American Nurses' Association and reported in *The American Journal of Nursing* in 1938. All types of graduate staff nurses participated. There were those with long and short hospital nursing experiences. Almost half of the 2370 participants had been graduated before 1930 and they worked in hospitals with average daily censuses of anywhere from 25 to 300 patients. The work week was 48 hours and work schedules were posted but one day in advance. Broken days were also the pattern with only 33 and 1/3 per cent working a "straight" eight-hour day. Despite a variety of adverse conditions, four-fifths of those responding indicated they were generally satisfied with their jobs. Three main reasons why the remaining one-fifth were not satisfied were:

"Pay too small"
"Hours too long"
"No opportunity for advancement"  


6 Ibid., p. 1226.
Although a large number of the participants indicated satisfaction, nevertheless, twenty-three per cent stated they were planning or preparing for some other kind of work. Evidently the job offered some degree of satisfaction but it was not intense enough to cause the participants to wish to remain in it. Recommendations growing out of this earlier study were mainly that salary scales should be worked out for each category of nursing worker; "Off-Duty" time should be posted at least a week in advance; health programs should be established and personnel policies liberalized; the status of the staff nurse should be clarified, especially in relation to other hospital personnel and there should be an immediate improvement in the general working conditions throughout the hospitals represented in the study.

While the following study and its two supplements are not fully in consonance with this investigation they are worth brief mention because they demonstrate the interest evinced in trying to determine the factor of satisfaction in nursing -- including the student candidate. Made at the University of Minnesota in 1938-39 and reported by Nahm the stated purpose was "to discover the extent

---

of satisfaction among nurses and the factors that are associated with it." Two hundred and seventy-five nurses were contacted; 100 private duty; 100 institutional (not categorized) and 75 public health nurses. All worked in the State of Minnesota and the average age was twenty-four years.

In this study

98 per cent had satisfactory attitudes towards their occupation
78 per cent liked their jobs
21 per cent were indifferent to their job
1 per cent actually disliked their job

Public health nurses scored highest in job satisfaction and the most important items differentiating between satisfaction and dissatisfaction were found to be:

- Interest in work
- General adjustment of the individual
- Relationship with superior officers
- Family and social relationships
- Hours of work
- Income
- Opportunity to advance and attain one's ambition

The significant conclusion, however, was stated thus, "We can only conclude that we have not yet attained an ultimate degree of satisfaction in nursing." \(^9\)

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8 Ibid., p. 1391.
9 Ibid., p. 1390.
The first supplement appeared in 1948.\textsuperscript{10} It was chiefly concerned with satisfaction among students of nursing and it showed that a sharp decrease in satisfaction was evident as the student progresses from the freshman to the junior year.

The final supplement was reported in 1950\textsuperscript{11} and was, like its predecessor, concerned with reactions of nursing students. The major conclusion that could be drawn is one that has been perennially obvious to the nursing educator, namely, that once a student loses interest it is not easily regained. Furthermore, there was evidence that a dissatisfying experience as a student makes for a continuance of this type of response in nursing practice.

Two studies which appeared in 1952, in widely separated geographical areas, had some degree of similarity in purpose and objective. They were also more closely related to the present study that those just reviewed.

One of these studies was the result of research done by the Iowa State Nurses' Association.\textsuperscript{12} One hundred and

\begin{itemize}
  \item \textsuperscript{11} Nahm, Helen, "A Follow-Up Study in Satisfaction in Nursing", \textit{Journal of Applied Psychology}, Vol. 34, pp. 343-346.
  \item \textsuperscript{12} Paper read at Annual meeting of Iowa State Nurses Association, at Hotel Kirkwood, Des Moines, Iowa, April 23,
and five general duty nurses participated. Personal information regarding the participants was sought by written statement together with a questionnaire which explored a limited segment of job factors such as personnel policies, areas of appreciation and the nurse's own estimate of the quality of the nursing care she was rendering. The results were recorded only in the area of dissatisfaction and were reported under two categories, those which were attributable to (a) the staff nurses themselves and (b) hospital administration. The recommendations paralleled very closely the findings in the two previously reported studies. The most significant statement found in the concluding remarks read:

"It is quite apparent that unhappy human relationships are the greatest cause of dissatisfaction among this group of nurses."

Directed mainly towards the alleviation of a local situation in one hospital, the second study allied to the present theme was conducted in 1952 on the Pediatric Unit of the Boston City Hospital by Keliher. Increasing


13 Ibid., p. 9.

14 Keliher, Helen J., "A Study of the Sources of Satisfaction and Dissatisfaction as Evidenced by Staff Nurses in the Pediatric Unit of the Boston City Hospital. Unpublished Thesis, Boston University School of Nursing, August 1952.
absenteeism, turnover and varying degrees of grievance, together with lack of harmony on the unit, gave impetus to this investigation. The question was, "Could more satisfaction with the working conditions on this unit be found?" As far as the findings were concerned factors which would give greater recognition to the staff nurse as a team member carried more weight than factors relative to personnel policies including salaries. There was also definite evidence that the participants felt that nursing was a more satisfying job when it could be performed in an atmosphere of harmony among all levels of hospital personnel. In this item the participants reflected closely the feelings of those who had taken part in the Iowa study. 15

Specific areas of weakness revealed were:

1. Lack of participation by staff nurses in the planning for patient care and a share in ward management

2. Need for a revised method of handling complaints

3. Abolition of the "broken day" and "rotating shift" assignments and one day notices of days off-duty

4. Lack of proper orientation of new personnel including ancillary workers.

Here again was a study which, by intent, placed greater emphasis on the dissatisfying rather than on the satisfying features of the work situation. This treatment, it was apparently believed, was desirable because it pointed up the areas which sadly needed adjustment and eventually became a means of making these needed adjustments.

A more intensive and extensive study, sponsored by the Ohio State Nurses' Association, was begun by Bullock in June 1952. This initial report, like the foregoing studies, sought information about job satisfaction among nurses (all categories including students) but such was only a small portion of a total analysis. Establishment of role and position of the nurse in the modern hospital situation was also to be defined. The present brief review will deal only with the factors related to job satisfaction or the reverse. This study was reported in detail in Nursing Research. The devices used were multiple and included interview, direct observation and a questionnaire. There was a large volume of pre-testing.

For the purposes of the study the term "job satisfaction" was "considered to be an attitude which results from a balancing and summation of many specific likes and dislikes experienced in connection with the job." The participants in this study, like those in the previously mentioned ones, were not as vocal regarding their satisfactions as their dissatisfactions. An epitome of the findings follows:

1. Satisfaction seemed to be woven around patient care
2. Resentment arose when non-nursing duties were pressing, such as paper work
3. The younger nurses had definite preferences for administration or teaching of nursing
4. Very little evidence of conflict appeared with hospital personnel other than the nurse group
5. Occasional resentment of the doctor existed but otherwise loyalty to the medical profession was demonstrated
6. Dissatisfactions arose chiefly from social and organizational relationships other than in the technical functional relationships.

17 Ibid., p. 5.
The final report, as could well be expected, was the more informative.\textsuperscript{18}

Five hundred nurses, all working in the State of Ohio, participated. Every category of nursing was represented. Each filled out a questionnaire which contained some 247 items for response. Here are some of the highlights from this monumental undertaking:\textsuperscript{19}

\begin{itemize}
\item 12.2 per cent indicated they planned to make hospital nursing a career
\item 5.2 per cent reported plans for careers in nursing education
\item 6.2 per cent reported plans for careers in nursing administration
\item 76.4 per cent planned to use nursing as a desirable "pin-money" job to supplement husband's income or planned to leave nursing upon marriage or had other plans
\end{itemize}

It was obvious few nurses thought of hospital nursing in terms of a career. In fact, at the time of the study, 20 per cent of the hospital nurses indicated they were contemplating a change in their jobs. Furthermore, hospital nursing had the lowest level of satisfaction while those engaged in doctor's offices, industrial work, private duty and public health had the highest satisfying

\begin{footnotes}
\item 18 Bullock, Robert P., \textit{What Do Nurses Think of their Profession?}, Final Report to the Ohio State Nurses' Association, Columbus, Ohio, The Ohio State University Research Foundation, May 1954.
\item 19 \textit{Ibid.}, pp. 102-103.
\end{footnotes}
attitudes. The most significant statement appeared to be:

"It is among general duty hospital nurses that satisfaction levels are lowest of all and the dissatisfaction is most acute."\(^{20}\)

In terms of the nurse's own appraisal of nursing the factors associated with satisfaction were related to independence of action and self-direction along with the opportunity for social activities and recreation. It was thought that both the opportunity for social activities and recreation were an escape from the cloistered aspect of nursing and from the emotional fatigue which its practice involves. Generally, nurses indicated they felt as if they were looked upon somewhat as servants who work at unpleasant tasks and any satisfaction which might be derived from the reputation of being a hard worker was nullified by the "stigma of servant status."\(^{21}\) Nurses yearn for democratic rather than authoritarian direction and that those most severely disillusioned "anticipate low pay, hard physical work involving little prestige and requiring much courage and self-sacrifice."\(^{22}\) Nurses

\(^{20}\) Ibid., p. 102 (underlining is by the present transcriber.)

\(^{21}\) Ibid., p. 104.

\(^{22}\) Ibid., p. 104.
stated they resented being obliged to perform functions which they did not feel were their own and could best be performed by some other type of worker. "Nurses do not want to be aides, nor do they want to be 'substitute doctors'. Instead, they seek security and recognition in a function belonging uniquely to the professional nurse." 23

A final assessment regarding nursing itself was among the interpretive conclusions of this study. Nursing was deemed to be, as a profession, in its adolescence and like Topsy to have 'just growed' in a somewhat accidental and uncoordinated way. Furthermore, the study concludes, nursing is unsure of itself but is seeking definition of role, mature stature and, most of all, recognition. 24 The formula for the attainment of these aspirations, according to this study, is largely the manifestation of competence in performance and the education of its medical colleagues and the public to an appreciation of this competence. 25

Judging by the findings in the foregoing studies, it may be assumed that graduate staff nurses do find some satisfactions in their work and that these are closely associated with patient care and independence of action.

23 Ibid., p. 104.
24 Ibid., p. 105.
25 Ibid., p. 105.
However, such satisfactions are few in comparison with the predominating number and variety of dissatisfying factors which were revealed.

The hypothesis adopted for this study is that graduate staff nurses will identify more sources of dissatisfaction than satisfaction in their jobs.

The succeeding chapter will describe the device employed to collect data in this study and the manner of its use.
CHAPTER THREE

METHODOLOGY

Fifty graduate staff nurses from three general hospitals in the Boston metropolitan area participated. The first group of five nurses was employed in a fifty-bed general hospital with a daily average of 38 patients. Service is devoted exclusively to medical, surgical and orthopedic cases. This institution enjoys not only the advantage of a reputable medical staff but the facilities offered by a modern compact building and equipment not over ten years old. Sixteen staff nurses are employed and the nurse-patient ratio is approximately 1 nurse to 3.5 patients. The five nurses who participated represented five different schools of nursing, all in the New England area. The average number of years since graduation was six and the average age of the participants was 32 years. In tabulating the data, this group was identified as Hospital A.

The second group of participants, thirteen in number, was employed in a large teaching hospital of 326 beds with a daily average of 290 patients. About 50 per cent of its buildings are of the older type and 50 per cent are ultra-modern. There are sixty staff nurses employed in this
hospital and the nurse-patient ratio is 1 to 5.6. Only five of the thirteen participants were graduates of the school of nursing associated with the hospital, the remaining number representing eight other approved schools throughout the eastern United States. The majority of these thirteen had been graduated over five years -- with one nurse having practiced fifteen years. The average age of the participants was 28 years. In tabulating the data, this group was identified as Hospital B.

The third and largest group of participants, thirty-two in number, was employed in an 175 bed hospital with a daily average of 147 patients. This is also a teaching hospital but within the past five years discontinued its school of nursing. Its services include medical, surgical, orthopedic, obstetrical and active out-patient clinics. Its buildings are of the older type but many areas have undergone complete modernization and the process is continuing. There are fifty-two staff nurses employed and the nurse-patient ratio is 1 to 4.8. Of the thirty-two participants from this hospital, 45 per cent were graduates of its own school of nursing and 55 per cent represented graduates from approved schools of nursing largely in New England but with a few from schools in the mid and far West. The average number of years these graduates had been
practicing was twelve with two having been graduated eighteen and twenty years, respectively. The average age of the members of this group was 38 years. In tabulating the data, this group was identified as Hospital C.

In the sampling there was nurse representation not only from medical and surgical areas which represented the majority of patient assignment units, but also from operating and emergency rooms, blood banks, obstetrical and out-patient departments as well as clinics and rehabilitative areas. No attempt was made, however, to determine the percentage of participation from any one area in any of the groups from any of the institutions.

The reaction of the participants, in each group, both to the study and its mechanics was universally enthusiastic.

The device used in all three instances was the same. A simple method which evolved from acquaintance with the "critical incident technique" of Flanagan but differed from his technique in many respects. The "critical incident technique" originated in the Psychology Program of the United States Army Air Force in World War II and

has been used extensively subsequently both at the American Institute for Research and the University of Pittsburgh. It has been found especially useful in the construction of check-lists for job performance and the measurement of efficiency.

Essentially, this technique "consists of a set of procedures for collecting direct observations of human behavior in such a way as to facilitate their potential usefulness in solving practical problems." It concentrates on incidents which have special significance. "An incident", according to the author, "is any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made." Furthermore, to be "critical", such an "incident must occur in a situation where the purpose is clear and sufficiently definite to leave little doubt concerning its effect."

In this present study, in place of the direct observational method, a spontaneous direct report method was developed. The items to be reported were to be critical or at least highly significant and inferences could be drawn from them. For example, each participant was asked

2 Ibid., p. 327.
3 Ibid., p. 327.
4 Ibid., p. 327.
to recall and record, in succinct language, specific incidents or continuing situations which in the recent past had afforded her satisfaction or dissatisfaction in her nursing practice.

The first step was an explanation of the purpose of the study, by the investigator to each assembled group of staff nurses. Emphasis was made on the reason why the staff nurses were the segment of the profession selected to participate. There followed enumeration of the factors which led to the present device becoming the method of choice. Older methods of collecting data were rejected because they had become, in many instances, hackneyed and laborious for the participant. It was pointed out that by the employment of this present technique the elements of interpretation and opinion are forsaken in favor of concentration on factual evidence. It was explained that there was also to be no means of identifying the respondents and consequently no fear of reprisal as a penalty for frankness could be anticipated. Unusual freedom of expression could, accordingly, be enjoyed. No suggestions or examples of desired answers were given by the investigator. Each participant was, therefore, free to write what she chose.

Each participant was provided with two 3 x 5 cards; one white, the other orange. On the white card, the nurse was asked to write five incidents or situations in her own
recent work experience, preferably within the past two weeks, which gave her satisfaction. On the orange card she was asked to write five incidents or situations relatively within the same space of time, which dissatisfied her. There was no time limit set as to the recording by the participants but the average amount of time consumed by each of the three groups was fourteen minutes.

The cards were collected, coded by letter to indicate the hospital from which they were obtained and numerically according to the participants and the number of statements on each card. The whole process of collection was made within three weeks in March 1957.

A complete transcript of the data obtained from each participant may be found in the Appendix.
CHAPTER FOUR
FINDINGS

The fifty participants, in the three hospital groups recorded a total of 161 incidents which gave satisfaction or an average of 3.22 responses per participant; from the same fifty, 196 incidents were reported which gave dissatisfaction or an average of 3.92 responses per participant.

There was, therefore, a preponderance of thirty-five responses indicating dissatisfaction over those expressing satisfaction. Responses according to hospital groups together with the total responses are found in Table 1.

It is interesting to note that the highest average number of incidents indicating satisfaction occurred among the smallest group of participants from Hospital A. Conversely, this same group from Hospital A recorded an average number of incidents of dissatisfaction above the average for the group as a whole. This might indicate that in smaller hospitals, the staff nurse is able to locate the sources of satisfaction and dissatisfaction more readily or it may mean that these particular participants were especially discerning.
Table 1

Totals and Averages of Responses indicating Satisfactions and Dissatisfactions of Staff Nurses

<table>
<thead>
<tr>
<th>Hospital Group</th>
<th>Number of Persons Responding</th>
<th>Number of Incidents indicating Satisfaction</th>
<th>Average Number of Incidents Per participant indicating Satisfaction</th>
<th>Number of Incidents indicating Dissatisfaction</th>
<th>Average Number of Incidents Per participant indicating Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5</td>
<td>19</td>
<td>3.80</td>
<td>21</td>
<td>4.20</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>31</td>
<td>2.38</td>
<td>39</td>
<td>3.00</td>
</tr>
<tr>
<td>C</td>
<td>32</td>
<td>111</td>
<td>3.46</td>
<td>136</td>
<td>4.25</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>161</td>
<td>3.22</td>
<td>196</td>
<td>3.92</td>
</tr>
</tbody>
</table>
The group from Hospital B, with thirteen participants, had the lowest average number of incidents both in the field of satisfaction and dissatisfaction which might signify that some of their satisfactions were neutralized by dissatisfaction or the reverse. It could also mean that the participants were less vocal generally than the other two groups or less discerning.

In its average number of incidents of both satisfaction and dissatisfaction the group from Hospital C with its thirty-two participants exceeds the total group. (It does not, however, exceed in satisfaction incidents Hospital A). Again, we can only speculate as to whether these participants were more critical in their observations. On closer study of Table 1, we find that thirty-seven participants from Hospitals A and C reported an almost identical average number of incidents of both satisfaction and dissatisfaction. One could expect that if the group from Hospital B were typical with the other two, the average number of incidents in both categories would approximate those in Hospitals A and C. This is not true. Hospital B group, as has been stated, reported the lowest average number of incidents of both satisfaction and dissatisfaction. This poses several questions. What factors, for instance, are present in the Hospital A and Hospital C situation that are not present in the Hospital B situation? Does Hospital B
have a different type of administration, nursing service policy or other controlling factor not present in the Hospital A and Hospital C situation? A further study might reveal the answer to some of the following questions which arise.

What were the factors which caused the groups from Hospital A and Hospital C to give similar number of responses?

What were the factors which caused the group from Hospital B to give dissimilar number of responses?

Had this study been conducted in another hospital, would a third pattern have emerged?

In still further analysis of the list of responses, additional information appeared as indicated in Table 2. In the comparison of the three categories of responses, equal number of incidents of satisfaction and dissatisfaction, more incidents of satisfaction than dissatisfaction and more incidents of dissatisfaction than satisfaction, it is interesting to note that the category of more incidents of satisfaction than dissatisfaction is approximately fifty per cent of either of the other two categories. Why was there the similarity between equal incidents and more incidents of dissatisfaction
Table 2
Distribution of Responses According to Ratio of Satisfaction to Dissatisfaction Among Hospitals

<table>
<thead>
<tr>
<th>Type of Response</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
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<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Equal number of incidents of satisfaction and dissatisfaction...</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>More incidents of satisfaction than dissatisfaction.........</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>More incidents of dissatisfaction than satisfaction.........</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total...............</td>
<td>5</td>
<td>13</td>
</tr>
</tbody>
</table>
rather than a parallel between equal incidents and more incidents of satisfaction? Why, also, was the total response in the category of more incidents of satisfaction than dissatisfaction so low?

In every instance the preponderance of the dissatisfying incidents is evident. However, when the incidents were categorized, the picture tended to take on a slightly different aspect as will be disclosed later.

The areas that emerged from the 161 responses indicating satisfaction are found in Table 3. While there are many possibilities of categorization, the following was decided upon by this investigator and the incidents were classified under eighteen aspects of the staff nurse's work situation.

Table 3

Areas of Satisfaction with numbers and per cent of Incidents indicating Satisfaction

<table>
<thead>
<tr>
<th>Area of Satisfaction</th>
<th>Number of Incidents</th>
<th>Per cent of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Opportunity to do good nursing care</td>
<td>21</td>
<td>13.0</td>
</tr>
<tr>
<td>2. Personnel policies (Other than salary)</td>
<td>19</td>
<td>11.8</td>
</tr>
<tr>
<td>3. Help afforded by the nursing department (Other than immediate co-workers)</td>
<td>19</td>
<td>11.8</td>
</tr>
</tbody>
</table>
Table 3 (Concluded)

<table>
<thead>
<tr>
<th>Area of Satisfaction</th>
<th>Number of Incidents</th>
<th>Per cent of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Cooperation and congeniality of co-workers</td>
<td>17</td>
<td>10.6</td>
</tr>
<tr>
<td>5. Expressed appreciation of patients</td>
<td>14</td>
<td>8.7</td>
</tr>
<tr>
<td>6. Expressed appreciation of doctors</td>
<td>10</td>
<td>6.2</td>
</tr>
<tr>
<td>7. Educational advantages in nursing</td>
<td>9</td>
<td>5.7</td>
</tr>
<tr>
<td>8. Interesting, stimulating, and non-monotonous work</td>
<td>9</td>
<td>5.7</td>
</tr>
<tr>
<td>9. Help afforded by hospital departments other than nursing</td>
<td>8</td>
<td>4.9</td>
</tr>
<tr>
<td>10. Good hospital management methods and facilities</td>
<td>7</td>
<td>4.4</td>
</tr>
<tr>
<td>11. Seeing patient get well</td>
<td>6</td>
<td>3.8</td>
</tr>
<tr>
<td>12. Adequate and proper functioning equipment</td>
<td>6</td>
<td>3.8</td>
</tr>
<tr>
<td>13. Pleasant atmosphere to work</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>14. Opportunity to teach patients, students and auxiliary help</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>15. Wide variety of fields to choose from</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>16. Salary</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>17. Expressed appreciation of families</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>18. Recognition of the nurse in the community</td>
<td>1</td>
<td>.6</td>
</tr>
</tbody>
</table>
Some of the areas of satisfaction deserve comment. For instance, under "Opportunity to do good nursing care" appeared such statements as, "Happy to be able to help the sick," "Satisfaction of filling a need," "Due to adequate help I could give the kind of nursing care needed," "Service to human beings." It was refreshing to learn that among the satisfactory incidents (13.0 per cent of the total incidents of satisfaction) actual bedside nursing stood highest. Furthermore, if another aspect of satisfaction related to the patient were added to the above classification, that of "Expressed appreciation of patients" (8.7 per cent), 21.7 per cent of the incidents of satisfaction would occur in this realm. Should the satisfaction of "Seeing the patient get well" (3.8 per cent) be added to this group of responses also, 25.5 per cent or slightly over one-fourth of all satisfactory incidents would fall in the category of patient care.

Interpersonal relationships appeared high on the list judging solely by the incidents of satisfaction. If the following classifications of "Help afforded by the Nursing Department" (11.8 per cent); "Cooperation of coworkers" (10.6 per cent); "Expressed appreciation of the doctors" (6.2 per cent) and "Help afforded by Hospital departments other than Nursing" (4.9 per cent) are added together the total of 33.5 per cent exceeds the per cent
of incidents of satisfaction associated with patient care. When these two large areas, namely of patient care (25.5 per cent) and interpersonal relationships (33.5 per cent) are themselves added together (59.0 per cent), they account for well over one-half of the total per cent of incidents of satisfaction recorded.

"Good hours," "Choice of hours," "Practically no age limit to employment," together with "good sick and vacation benefits" and "social security coverage" comprised the major responses of satisfaction under personnel policies. Salary, on the first analysis, was not placed with personnel policies because of its special significance in our present economy. Although two incidents indicating satisfaction are recorded in this classification, actually only one statement to the effect of, "Satisfied with wages" appeared. The other statement referred to satisfaction arising from the fact that the institution where the nurse was employed was willing to pay for overtime work.

Likewise, certain areas were demonstrated by the 196 responses indicating dissatisfaction (see Table 4). Incidents of dissatisfaction, however, were spread over more areas than were those attributable to satisfaction and totalled twenty-seven aspects of the work situation, according to the selected method of classification.
Table 4
Areas of Dissatisfaction with numbers and per cent of Incidents indicating Dissatisfaction

<table>
<thead>
<tr>
<th>Area of Dissatisfaction</th>
<th>Number of Incidents indicating Dissatisfaction</th>
<th>Per cent of Incidents indicating Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nursing shortage with consequent overwork</td>
<td>26</td>
<td>13.2</td>
</tr>
<tr>
<td>2. Shortage and inadequacy of equipment and supplies</td>
<td>19</td>
<td>9.8</td>
</tr>
<tr>
<td>3. Non-cooperation from departments other than nursing</td>
<td>19</td>
<td>9.8</td>
</tr>
<tr>
<td>4. Non-cooperation from the doctors</td>
<td>17</td>
<td>8.6</td>
</tr>
<tr>
<td>5. Poor personnel policies other than salary</td>
<td>17</td>
<td>8.6</td>
</tr>
<tr>
<td>6. Co-workers who do not do their jobs</td>
<td>16</td>
<td>8.2</td>
</tr>
<tr>
<td>7. Underpay</td>
<td>11</td>
<td>5.6</td>
</tr>
<tr>
<td>8. Uncooperative auxiliary help</td>
<td>10</td>
<td>5.2</td>
</tr>
<tr>
<td>9. &quot;Assembly line&quot; nursing</td>
<td>9</td>
<td>4.7</td>
</tr>
<tr>
<td>10. Poor nursing managerial practices on hospital unit</td>
<td>9</td>
<td>4.7</td>
</tr>
<tr>
<td>11. Excessive patient demands and lack of patient appreciation</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>12. Too many &quot;captains&quot; -- not enough &quot;privates&quot;</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Area of Dissatisfaction</td>
<td>Number of Incidents</td>
<td>Per cent of Incidents</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>13. Resistance to change and satisfaction with the &quot;good old days&quot;......</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>14. Lack of economy in use of equipment and supplies...............</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>15. Disrupting patient admission and transfer policies.............</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>16. Poor physical set-up in which to work.........................</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>17. Too much unethical gossipping and griping......................</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>18. Lack of clarification of status and duties of personnel (nursing).....</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>19. Tardiness and absenteeism among nursing personnel.</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>20. Untidy personal appearance of nursing personnel...............</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>21. Nursing Department shifting personnel.........................</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>22. Short cuts taken with nursing procedures......................</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>23. Too much cleaning and making of supplies by staff nurses........</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>24. Hard physical work............................................</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Table 4 (Concluded)

<table>
<thead>
<tr>
<th>Area of Dissatisfaction</th>
<th>Number of Incidents</th>
<th>Per cent of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Unsympathetic attitude generally towards helpless patients</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>26. Gradual emphasis on the dollar in hospitals</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>27. Dissatisfaction with American Nurses' Association that it has not developed a unified national salary scale</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

The area of greatest frequency of dissatisfaction (13.2 per cent) was shown separately in the original analysis because it embraced feelings which, in several cases, attributed the overwork to the nursing shortage or kindred causes. Such statements as the following appeared under this classification, "Not enough RNs on duty at 7 A.M.," "Lack of time to do nursing care," "I am dissatisfied with the type of care I must give," "Having an assignment practically impossible to complete due to lack of help," "With the constant struggle to keep ward areas covered we are all overworked."
If, however, we should add to this group those items which probably rightfully belong in this classification, namely, "Co-workers who do not do their job" (8.2 per cent); "Uncooperative auxiliary help" (5.2 per cent); "Assembly line nursing" (4.7 per cent); "Disrupting patient admission and transfer policies" (2.0); "Poor physical set-up" (1.5 per cent); "Tardiness and absenteeism of nursing personnel" (1.0 per cent) and "Shortcuts taken with nursing procedures," "Too much cleaning and making supplies," "Hard Physical work" -- each with (0.5 per cent) we have a total of 38.3 per cent of incidents of dissatisfaction associated with patient care.

The shortage and inadequacy of equipment and supplies ranked second and the item of shortage mentioned most frequently was linen.

The factor of non-cooperation or poor interpersonal relations, outside the immediate nursing circle, might well include such items as, "Non-cooperation from departments other than nursing" (9.8 per cent), "Non-cooperation from the doctors" (8.6 per cent) and "Excessive patient demands" (3.0 per cent). Collectively, these would total 21.4 per cent or nearly one-fourth of the total per cent of dissatisfying incidents. The statements under these headings crossed many lines and included poor help from the diet kitchen, long delay in getting morning blood work
done by the hospital laboratory, doctors making rounds after 7 P.M. and doing dressings, "Doctors who write illegible orders and resent it when you ask for clarification," verbal orders and patients who keep calling for little unnecessary items without giving the nurse who is hurried an opportunity to respond.

Personnel policies ranked fifth and were not notable except that there were expressions of "vacations not long enough" which occurred frequently.

Underpay ranked seventh and was summed up by a few with this type of statement, "Low pay in comparison to other fields when one considers the long preparation for nursing."

There was definite concern for the lessening of the standards of nursing not only by the instances of "too much gossiping and griping" but as one participant stated, "Influx of non-professional help with the result of loss of professional ethics."

When the five highest items in both the area of satisfaction and the area of dissatisfaction are compared more illuminating data is discovered.

Thirteen per cent of all participants found their satisfactory incidents woven around opportunity to give good nursing care. This was practically the same degree of dissatisfaction (13.0 per cent) which arose from the
nursing shortage and its consequent overwork. In other
terms satisfaction and dissatisfaction in the job of
nursing, that is actual patient care, stood highest in
both categories and presented an almost equal number of
incidents of satisfaction and dissatisfaction.

Personnel policies (omitting salaries) ranked second
in the list of incidents of satisfaction but it ranked
fifth in the area of dissatisfaction. This would indicate
that with this group of participants there is considerable
satisfaction with existing personnel policies.

Help afforded by the nursing department stood third
in the incidents of satisfaction and ranked twenty-first
in the incidents of dissatisfaction. Even here it was not
a general disapproval but represented a specific policy
which the nursing department had of shifting nursing per­
sonnel. It was mentioned by only two participants.
Evidently, nursing departments do lend considerable support
to the staff nurses who participated in this study.

Appearing second in the area of incidents of dis­
satisfaction is the item of shortage and inadequacy of
equipment and supplies (9.8 per cent). This item appears
twelfth (3.8 per cent) in the area of the incidents of
satisfaction. Obviously, here is an area where dissatis­
faction is generally acute.
The factor of doctor cooperation presented a peculiar situation. It ranked fourth in the area of incidents of dissatisfaction (8.6 per cent). It was the sixth item in the area of incidents of satisfaction (6.2 per cent). There appears to be a slight edge of non-cooperation over cooperation from the doctors with whom these participants are associated.

While it is conceded that the manner of the categorization of these incidents influences the outcomes of this study, every effort was made to adhere closely to the factors of communality of content and frequency of occurrence in assembling the incidents. It became increasingly awkward to make deductions from such a long list of categories. Accordingly, these were brought together into larger groups, for the purpose of facilitating comparison. (See Table 5)

When these larger categories of incidents were examined a certain amount of meaningful phenomena was disclosed. The following comparison is made under the three major headings:

1. Incidents associated with the ward situation.
   Here there was an excess of 8.1 per cent of incidents of satisfaction over those recorded for dissatisfaction. Apparently, although the participants found over one-half of their
Table 5
Combined Summaries, in per cent, of Incidents indicating Satisfaction and Incidents indicating Dissatisfaction

<table>
<thead>
<tr>
<th>Incident Groupings</th>
<th>Per cent of Incidents indicating Satisfaction</th>
<th>Per cent of Incidents indicating Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Incidents associated with the ward situation .......</td>
<td>65.2</td>
<td>57.1</td>
</tr>
<tr>
<td>2. Incidents associated with the hospital situation ..........</td>
<td>26.1</td>
<td>39.8</td>
</tr>
<tr>
<td>3. Incidents associated with nursing in general .......</td>
<td>8.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Totals...........</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

dissatisfactions falling in the realm of their ward experience, the same atmosphere provided them with nearly two-thirds of their satisfactions. This is rather a strange but a refreshing paradox.
2. Incidents associated with the hospital situation.

Incidents of dissatisfaction in this grouping exceeded those of satisfaction by a sizable majority of 13.9 per cent. It could only be inferred from this finding that there are considerably more dissatisfying than satisfying factors in the hospital situation for those nurses who participated in this study.

3. Incidents associated with nursing in general.

An excess of 5.6 per cent of incidents of satisfaction appeared in this grouping. While this was not a decisive figure, considering that this area of response was a minor one among the recorded incidents, such a result definitely indicated more satisfaction than dissatisfaction was derived, by these participants, from the field of nursing in general.

If the excess of incidents of satisfaction occurring in those areas where the staff nurse's major activity is spent and over which she has some degree of control (Ward situation, 8.1 per cent and Nursing in general, 5.6 per cent) are added together, a total excess of 13.7 per cent of incidents of satisfaction is obtained. This figure closely approximates neutralization of the excess of 13.9 per cent of incidents of dissatisfaction in an area where
the staff nurse performs little function and over which she exercises no control, namely, the hospital situation.

In summarization of the data it can be stated that:

1. The greatest number of both satisfactions and dissatisfactions arose from the ward situation. However, the satisfactions in this area were greater than the dissatisfactions.

2. Satisfactions derived from the ward situation centered chiefly around opportunity to give good nursing care, seeing the patient get well, cooperation from co-workers and appreciation from the patients and doctors.

3. Dissatisfaction in the ward situation stemmed largely from increased workload attendant upon nursing shortage, deprivation of opportunity to give good nursing care, non-cooperation from certain co-workers who did not do their jobs, from doctors and from the auxiliary personnel generally.

4. Dissatisfaction was greater than satisfaction in the hospital situation. This occurred mainly from a shortage and inadequacy of hospital equipment and supplies, non-cooperation
from hospital departments other than nursing and poor personnel policies with special emphasis on benefits rather than salary.

5. The area of nursing in general provided more satisfying than dissatisfying incidents and included such factors as opportunity to continue one's education, having a wide variety of fields of work in nursing to choose from and the uniquely interesting, satisfying and non-monotonous aspect of nursing activity itself.
CHAPTER FIVE
SUMMARY

An attempt was made to determine the sources of satisfaction and dissatisfaction as expressed by fifty graduate staff nurses employed in three metropolitan Boston hospitals in March 1957. The device used was developed after acquaintance with the "critical incident technique" of Flanagan. In place of the usual direct observation aspect of this technique, a method of written expression was evolved. This provided maximum freedom in the recording of the incidents by the participants. Using three by five cards, participants were asked to write five incidents which gave them satisfaction and five incidents which gave them dissatisfaction in their recent work experience.

These spontaneous statements were categorized and analyzed on bases of communality of content and frequency of occurrence. Tabulation was made for the entire group and also for the groups from each of the three hospitals where the participants were employed. No attempt was made to measure intensity of feeling.

In the final summary, all statements of both satisfaction and dissatisfaction were epitomized under one of the three following headings:
1. Incidents associated with the ward situation
2. Incidents associated with the hospital situation
3. Incidents associated with nursing in general

CONCLUSION

The simple method which was employed to collect the data provided a wealth of response from the graduate staff nurses who participated. The hypothesis has been supported in that these participants reported more sources of dissatisfaction than satisfaction in their work experience.

RECOMMENDATIONS

As an outgrowth of this study, certain recommendations seem to be in order.

1. Every effort should be made on the part of nursing departments to assist staff nurses to fulfill their desire to do good nursing care and minimize, and where possible, eliminate, all non-nursing duties which interfere with this prime function.

2. Active liaison committees, with staff nurse representation, should be initiated between the medical staff and the nursing personnel to iron out the causes of non-cooperation.
3. Hospital authorities, seeking an answer to the current nursing shortage, should seriously consider for immediate action:
   a. A survey of the condition of existing hospital equipment, the need for new equipment and the methods in vogue for maintaining a flow of necessary supplies
   b. The impact of interdepartmental dysfunctioning on nursing care
   c. Improvement of personnel policies

4. The staff nurse should be given a greater voice in the formulation of hospital policies under which she must operate.

5. Similar but more extensive studies should be done
   a. To determine if the results of this study are valid
   b. To analyze psychologically and sociologically the implications contained in the recorded incidents obtained in this study
   c. To analyze the implications contained in this study as a basis for improvement of nursing service administration
   d. To analyze psychologically and from the point-of-view of good management practice, the implications contained in this study as a basis for revision and improvement of hospital administration policies governing nursing practice
6. Hospitals could well adopt the technique employed in this study to explore the sources of satisfaction and dissatisfaction among their entire personnel with the proviso that the identity of the individual remain anonymous.
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Unpublished Study:

LIST OF
ALL INCIDENTS OBTAINED BY WRITTEN 'DIRECT REPORT' FROM
FIFTY GRADUATE STAFF NURSES EMPLOYED IN THREE GENERAL
HOSPITALS IN THE BOSTON METROPOLITAN AREA IN MARCH 1957.
HOSPITALS ARE CODED BY LETTER; PARTICIPANTS BY ROMAN
NUMERALS AND STATEMENTS FROM EACH PARTICIPANT BY ARABIC
FIGURES.

<table>
<thead>
<tr>
<th>INCIDENTS INDICATING SATISFACTION</th>
<th>INCIDENTS INDICATING DISSATISFACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL A</strong></td>
<td></td>
</tr>
<tr>
<td>A I 1. Appreciation of patients and family</td>
<td>A I 1. Uncooperative orderly</td>
</tr>
<tr>
<td>2. Cooperation of the nurses</td>
<td>2. Lack of clean linen Mon. A.M.</td>
</tr>
<tr>
<td>4. A &quot;thank you&quot; from a doctor</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>A II 1. Head nurse is very capable, understanding person which makes us happy</td>
<td>A II 1. Low salary--after 11 years at this hospital my pay is $1.50 per hour</td>
</tr>
<tr>
<td>2. Coffee time (10 min.) excellent idea</td>
<td>2. Linen supply sometimes a problem</td>
</tr>
<tr>
<td>3.</td>
<td>3. When Head Nurse and Asst. Head Nurse are off duty same day, the floor duty</td>
</tr>
</tbody>
</table>
4. 

A III 1. Addition of floor secretaries
2. Availability of contact with supervisor and administrator
3. Sufficient staff to give "good nursing care"
4. Attitude of entire hospital that patient is the most important--instead of time or money

A III 1. Linen supplies
2. Inadequate training of nurses' aides
3. Need for closer supervision in making and distributing sterile supplies, i.e. need for CSR
4. Use of many part-time workers

A IV 1. Good hospital policies such as hospitalization, meals, laundry
2. Neat, clean hospital wards, well cared for, good lighting etc.

A IV 1. One nurse prepares 2 o'clock medicines, another nurse gives them. Need of a medication nurse.
2. Unethical gossip about patients and staff in front of patients
3. Dressing carts, supplies most needed on hand at all times

4. Medicine closets well stocked—accurate narcotic checks by two nurses

5.

V 1. A patient on floor care for long duration—serious operation was very satisfied with her care—after leaving sent note that floor duty nurses were responsible in many ways for her state of mind regarding the hospital

2. Patient who had had special nurses went on floor care and was very satisfied

3. Pleasant to be able to care for more than one patient a day

4. Great pleasure to serve the meals to patients—they are prepared and served so well

3. Doctors placing too much responsibility on nurses such as orders verbally, continually

4. Extreme linen shortage most always

5. Too much cleaning and supplies done by nurses—leaves you short with patient care

A V 1. Very unsatisfactory to be unable to give full amount of nursing care when the floor is short of nursing help

2. The linen situation in all hospitals on certain days is very trying

3. The visit of doctors at meal times is very upsetting

4. The occasional uncooperative kitchen help at night is unfortunate
5. The most satisfying thing in nursing to me is to help in the care of an old, unwanted patient and see them happy again

### HOSPITAL B

<table>
<thead>
<tr>
<th>B I 1</th>
<th>The pleasant bedside manner of most staff doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>B I 1</td>
<td>Doctors coming in at meal times to do dressings and treatments</td>
</tr>
<tr>
<td>2.</td>
<td>The gratefulness of patients for what you do for them</td>
</tr>
<tr>
<td>2.</td>
<td>When a worker does not complete a patient and his or her unit before leaving the patient</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Difficulty in getting in touch with a clinic doctor when needed</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

**B II 1.** One patient after an I.M. said, "I didn't even feel it! Have you really finished?"

2. Patient with terminal Ca--getting stronger and able to go home

<table>
<thead>
<tr>
<th>B II 1</th>
<th>Head nurses, doctors and students continually asking me to do something, help with treatments, explain something etc. (One day last week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
B III 1. Happy to be able to help the sick

2. Patients at times very content with results

3. Would like to be able to give better Nursing care

4.

5.

B III 1. Too many patients some days to do alone

2. Wages are too low

3. Unfair to patients the nursing care we give for the money they pay

4. Should all have 4 weeks vacation with or without pay

5.

B IV 1. Working with students

2. Having a Unit system (Modified Team Plan)

3.

4.

5.

B IV 1. Not enough help on weekends

2. Working relief with a 7-3:30 following day

3. Missing medicine cards and medications

4. Fighting with CSR

5.

B V 1. Seeing the patient get up for the first time after a long illness

2. Due to adequate help I was able to give good complete nursing care.

3. "Thank you" from a patient who meant it

4.

5.

B V 1. Having to return to kitchen so frequently for things omitted from patient's tray at meal time

2. Picking up equipment left dirty by others

3. Having an assignment practically impossible to complete due to lack of help

4.

5.
B VI 1. Seeing a very sick patient get well and be discharged

2. "Thank you" and a little praise once in a while

3. Having good equipment so your work may be carried out better

4. 

5. 

B VII 1. Cooperation of staff, including staff nurses, head nurses and nurses' aides at all times

2. Central Supply daily inventory

3. Messenger service (when on time)

4. Kindness of telephone operators and laboratories when you need help

5. Orderlies to help lift heavy patients

B VI 1. Shortage of help

2. Having to cater to a patient very much that has more money and prestige than another patient who perhaps might need more attention

3. Little space and poor equipment with which to work

4. 

5. 

B VII 1. Transfers and admissions after supper

2. People asking me to do things when I'm busy that they could do very easily themselves.

3. Doctors making rounds and doing dressings after 7 P.M. -- expecting your whole-hearted help

4. Doctors who ignore their patients

5. Patients who keep calling for little items when they only have called once and
<table>
<thead>
<tr>
<th>B VIII 1. Provision where patients can be isolated, when need be, from others even on a ward</th>
<th>B VIII 1. Changing of patients from one place to another too often</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Having good material to work with</td>
<td>2. Not enough help for cleaning work and the making of beds of ambulatory patients</td>
</tr>
<tr>
<td>3. Having adequate time for nurses' meals</td>
<td>3. Not enough male nurses or orderlies in wards to help--holding fat patients--moving beds or other furniture and things too hard for a woman</td>
</tr>
<tr>
<td>4. Schedules of duty known in advance</td>
<td>4. Too much writing--too much administration</td>
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<td>5.</td>
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<table>
<thead>
<tr>
<th>B IX 1. Cooperative attitude of co-workers who work with you</th>
<th>B IX 1. Linen shortage at the beginning of week</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Satisfaction gained from patient when he thanks you for each thing done to make his hospital stay more happy and comfortable</td>
<td>2. Shortage of equipment especially near end of week or on week-end</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>
B X I. I like the attitude some patients have of appreciating my services

2. I liked the helpfulness of the nurses when I was new in the hospital

3.

4.

5.

B XI I. The housekeeping dept. does a good job when a patient is discharged and this helps

1. The key to the narcotic closet being carried around by one person makes it necessary for us to run after it often

2. No aides on relief shift to wash dishes and give out lunches

3. Disappointing because it seems very impersonal to let a patient go when discharged without seeing the patient to the door of the hospital

4.

5.

B XII I. Service to and teaching of patients

B XII I. Poor interpersonnel and interdepartmental relationships
2. Acquiring knowledge in the field of medical science

2. Procedures and methods need to be clarified of efficiency of some methods and procedures

3. Paper towels seem to be the only material for cleaning purposes (instead of old pieces of cloth), etc.

4. Supplies not adequate -- perhaps are ordered but do not last until next supply comes to the floor

5.  

B XIII 1. Limited time for good bedside nursing -- causing dissatisfaction with the conscientious nurse and with the patient

2. Nursing shortage where too many duties are expected of the general duty nurse -- causing fatigue and dissatisfaction

3.  

4.  

5.  

HOSPITAL C

C I 1. Ward clerks for desk work

C I 1. Low pay -- staff nurses
2. 40 hour week

3.

4.

5.

C II 1. Steady progress in post-partum nursing (Patient up and about to BR in 24 hrs)

2. Ward clerks to aid nurses

3. Progress in patient education such as the visual aids

4. Nurses' aides to help with the patient's care

5. Recognition of the nurse and her place in the community

C II 1. Too many doctors and not enough nurses in the nursing profession

2. The too highly specialized nurse and the lack of good bedside nurses with patient welfare first

3. The poor pay for staff nurses also for Head nurses and supervisors -- not even "living wages"

4. Too much reference to "the good old days" without any progress towards newer advancements

6. Too few RNs with too many LPNs who are not properly equipped for nursing.
C III 1. Satisfaction of helping the majority of patients admitted to our clinic for pre-natal care (and advice)

2. Establishment of a mother's feeding room where mothers can be taught breast feeding together

3. Those who work with me LIKE what they are doing and are cooperative. We work well together

4. Requests for changes, repairs or improvements take months to go through -- if ever

5. 

C IV 1. Ward clerks are absolutely essential but should have increase in pay

2. One R.N. left alone in special dept. for 8 hour shift and week-ends

3. Transferring of personnel from one dept. to another

4. Emergency call nurses should be supplied transportation between midnight and 6 A.M.
5. Too much favoritism of nurses by doctors

C VI 1. Satisfaction when a patient says 'thanks' even for a hypo

C VI 1. X-rays-blood work etc. that interfere with trays and make late breakfasts

2. When a doctor tells you a patient is well satisfied with what you do

2. Doctors arranging treatment apparatus so it is inconvenient to care for the patient

3. A patient insisting on readmission to be returned to the floor on which you work

3. Receiving in-coming patients on the floor before the out-going patients have gone

4. When doctors tell us how satisfied they are

4. Patients greeting you with "I haven't washed yet" when you bring in their breakfast

5. When told you and your fellow workers make a good team

5. Doctors wanting to do dressings and give treatments at the shift change hours of the hospital nurses

C VI 1. Helping the auxiliary person to grow on the job

C VI 1. Post-operative orders on the care of the patient should be more specific and not routine
<table>
<thead>
<tr>
<th>C VII 1. Work is stimulating with its constant changing</th>
<th>C VII 1. Lack of cooperation among departments and co-workers in same</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Satisfaction of accomplishment</td>
<td>2. Lack of clear differentiation between RNs, LPNs, Aides and ward maids etc.</td>
</tr>
<tr>
<td></td>
<td>3. Too much &quot;buck passing&quot;</td>
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<td></td>
<td>4. Poor planning by charge nurses -- probably due to lack of help</td>
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<tr>
<td></td>
<td>5. Lack of mutual respect and courtesy among hospital personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C VIII 1. The opportunities now open in nursing to advance one's education</th>
<th>C VIII 1. The lack of action on the part of the National and State Nursing organizations to set up a unified salary scale befitting the profession</th>
</tr>
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<td>3.</td>
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</table>

| C IX 1. The feeling of a job well done                                  | C IX 1. The feeling that seems to exist presently in nursing -- that no one is concerned with problems unless they are their own particular problems -- regardless of whether or |
2. The feeling of satisfaction that comes when you know that through your efforts you have helped someone either physically or mentally

3. To have competent co-workers

4.

5.

C X 1. Find the work pleasant and interesting

2. Like the length of work week

3. Things never get monotonous

4. The wide variety of nursing fields today

5. Practically no age limit

C XI 1. Enjoy atmosphere of this hospital

2. Like working for the doctors on my unit

- not they affect the patient.

2. The aim of nursing seems to have been pushed aside with the stress of advanced nursing education.

3. Too many "captains" and not enough "privates" in nursing today

4. Lack of adequate equipment

5. Poor physical setups to meet present needs

C XI 1. Low salaries

2. Not enough benefits for old age

3. Should have bonus for unused sick days

4. No insurance for accidents or sickness

5.

C XI 1. Low salaries

2. No bonus for evening shift
3. Feeling of satisfaction when you know you have done all you can to help your patients

4. Great satisfaction from the cooperation of your colleagues

5. All the advances made in nursing care

<table>
<thead>
<tr>
<th>C XII</th>
<th>1. Interesting work</th>
<th>C XII</th>
<th>1. Low salaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Good working hours</td>
<td>2. Vacations limited</td>
<td></td>
<td></td>
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<tr>
<td>3. Not monotonous</td>
<td>3. No provision for the nurse's long-time illness</td>
<td></td>
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<tr>
<td>4. No age limit -- practically -- (part-time work when one gets older)</td>
<td>4. Not enough attention to old age benefits</td>
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<tr>
<td>5. Great variety in types of nursing today</td>
<td>5.</td>
<td></td>
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<table>
<thead>
<tr>
<th>C XIII</th>
<th>1. Procedure book setup well and is a great help</th>
<th>C XIII</th>
<th>1. No linen available on Monday A.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ward management book helpful too -- keeps us informed of policies</td>
<td>2. Uncooperation from the laboratory department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Surgical dressing cart always ready for use</td>
<td>3. Uncooperative CSR</td>
<td></td>
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</tbody>
</table>
4. Hours are satisfactory

5. Good working atmosphere

3. Can work in the phase of the profession you choose

4. Opportunity in the work for meeting very interesting people

5. Can practice here or abroad

C XIV 1. Patients annoying when they make demonstrations of inability to follow instructions such as taking pills

2. Relief nurses not coming on duty promptly

3. Finding that last lines on nurses' note-sheet has been used with no attempt to add fresh sheet

4. Linen shortage

5. Laboratory personnel not doing fasting bloods early in the A.M.

C XV 1. Support doctors give nurses in any patient teaching program

2. Available scholarships now for nurses who plan to continue their education

3. Progress in "In-Service Education"

C XV 1. Lack of cooperation from departments other than nursing

2. Poor communications between departments

3. Negative approach to ideas of change. Constant excuse -- cost.
<table>
<thead>
<tr>
<th>4.</th>
<th>4. Constant struggle to keep ward areas covered results in heavy demand -- all nurses</th>
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<td>5.</td>
<td>5.</td>
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<table>
<thead>
<tr>
<th>C XVI 1.</th>
<th>To be able to watch a patient's improvement from day to day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>When patient returns and asks to come back to your floor</td>
</tr>
<tr>
<td>3.</td>
<td>When doctors drop a kind word</td>
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<tr>
<td>4.</td>
<td>When patients like their food</td>
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<tr>
<td>5.</td>
<td>When house officers respond readily to a call</td>
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</table>

<table>
<thead>
<tr>
<th>C XVII 1.</th>
<th>Joy to see dangerously ill patient recover and go home</th>
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</thead>
<tbody>
<tr>
<td>2.</td>
<td>The satisfaction of knowing some families appreciate the care you give their loved ones</td>
</tr>
<tr>
<td>3.</td>
<td>When patients appreciate the nursing shortage and cooperate</td>
</tr>
<tr>
<td>4.</td>
<td>Punctuality on the part of my coworkers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C XVI 1.</th>
<th>Lack of linen</th>
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<tbody>
<tr>
<td>2.</td>
<td>When rectal gloves are left &quot;as is&quot; after use -- not even rinsed</td>
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<tr>
<td>3.</td>
<td>When all patients want bedpans at mealtimes</td>
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<thead>
<tr>
<th>C XVII 1.</th>
<th>When I get inadequate reports on the patients for whom I must care</th>
</tr>
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<tbody>
<tr>
<td>2.</td>
<td>Poor help in diet kitchens, especially evening meals</td>
</tr>
<tr>
<td>3.</td>
<td>Long delay in getting blood work done for patients with fasting bloods</td>
</tr>
<tr>
<td>4.</td>
<td>Poor personal appearance of some of the workers on my shift</td>
</tr>
</tbody>
</table>
5.

C XVII 1. Enjoy working with members of my shift -- they are cooperative and willing to help

2. More orderlies -- help

3.

4.

5.

C XIX 1. Enjoy working with co-workers

2. Enjoy working with the medical staff

3. Appreciate the fact that I am allowed to work part-time -- fits in with my other duties

4. Like making my patients happy

5.

C XVIII 1. I dislike the confusion about the head nurses' desk at report time

2. Admitting patients after admitting office is closed that are not emergencies

3. There is too much gossiping

4. There is too much griping

5.

C XX 1. Lack of cooperation from our laboratory personnel

2. Lack of an active health program for us nurses

3. Fear what might happen with the nursing shortage which cannot give enough coverage to meet patients' needs

4. Some telephone operators are not "on their toes" especially on the evening shift

5.
C XX 1. Patients receive good nursing care
2. Co-workers are congenial and cooperative
3. Recovery room is wonderful help and patients do better with it
4.
5.
C XXI 1. I enjoy my work
2. I like my co-workers
3.
4.
5.
C XXII 1. To work and get the satisfaction you are really helping people
2. To see patients happy and thankful you are there to help them
3. To meet all classes and know their problems
4. Learning, every day, the new medications and the reasons for them
5.
C XX 1. Too much unnecessary walking
2. All separated buildings should have underground tunnels -- to protect personnel from the elements on bad days
3.
4.
5.
C XXI 1. Understaffing
2. Overworking
3. Underpaying
4. No bonuses
5. Few benefits
C XXII 1. Not enough personal equipment for the patients such as bedside lamps etc.
2. Running to DK for fruit juices and lunches at nite
3. Shortage of linen most every night
4.
5. Stimulating to have to keep up with the new strides in medical and surgical care.

C XIII 1. Satisfied as to wages

2. Like the hours

3. Food is very good

C XIII 1. Highly dissatisfied with the type of patient care

2. Lack of cooperation and understanding between hospital depts.

3. Great shortage of nurses and the dissatisfaction among the patients because there is not time to do all the comforting things for them.

   Influx of non-professional help in hospitals with the result of loss of professional ethics

4. Lack of understanding and cooperation between doctors and nurses -- neither understanding the other's pressures

5. Gradual emphasis on the dollar instead of the patient (beautiful rooms -- no nurses to staff)

C XXIV 1. The 40 hour week

C XXIV 1. Lack of distinction between professional nurse and non-professional help
<table>
<thead>
<tr>
<th>2. The coffee break</th>
<th>2. Lack of understanding of each other's duties between departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Overtime recogni-</td>
<td>3. Doctors shunting their responsibilities on nursing staff</td>
</tr>
<tr>
<td>tion and pay or</td>
<td></td>
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<tr>
<td>compensatory time</td>
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<td>4.</td>
<td>4. Lack of loyalty, ordinary manners -- much less appreciation -- for nurses by the medical staff</td>
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<td>5.</td>
<td>5. &quot;Assembly line&quot; nursing without total care or knowledge of patients' conditions</td>
</tr>
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</table>

C XXV 1. New equipment in the hospital  
C XXV 1. Not enough RNs on duty at 7 A.M. (Many part time do not come in until 9 A.M.)

2. Pleasant attitude and helpfulness of Nursing Office working with its personnel  
2. Aides are just not dependable

2. Aides are just not dependable  
2. Aides are just not dependable

3. Telephone operators willingness to be so helpful with calls  
3. Orderlies not obeying any rules or regulations of the hospital

4. Time lost in going to CSR and kept waiting while everything is counted  
5. Internes not responding when called to the floors in need

C XXVI 1. New re-organization of the nursing department  
C XXVI 1. Shortage of personnel
2. Emergency room covered 16 hrs instead of 8
3. Loyalty of the majority of the part time nurses who serve so we can have our time off duty
4. Cooperation from administration
5. 

C XXVII 1. Cooperation between all personnel on my shift
2. 
3. 
4. 
5. 

C XXVII 1. Lack of supervision of patients' diets
2. Shortage of help -- especially on weekends
3. Unsanitary conditions in patients' bathrooms
4. Lack of time for bedside care due to too much desk work -- all of us
5. Difficulty between the laboratory personnel and nurses -- lab. not taking tests etc. on time.

C XXVIII 1. Happy thought you are being useful
2. Meet variety of people
3. Opportunity to keep up with medical and nursing advances

C XXVIII 1. Doctors not writing their orders
2. Doctors writing illegible orders and resenting it when you ask for clarification
3. Insolence of ward aides
4. Choice of working hours
2. Practically an exclusion of age limit
3. Harmony between the professional workers
4. Benefits accorded by hospitals to nurses such as sick leave, paid vacations, social security etc.
5. Realization that your work as a nurse helps to restore confidence in many who are ill

4. Auxiliary help constantly trying to overstep and give medications, do complicated $\text{Rx}$ etc.
5. Nurses having to "put up" with outmoded or broken equipment -- those ordered for replacement blocked at maintenance department from being put into working shape

C XXIX 1. Choice of working hours
C XXIX 1. Poor personal appearances of nursing personnel
2. Lack of proper care given equipment
3. Disinterest in patients who are unable to help themselves
4. Lateness on duty
5. Waste of food

C XXX 1. Paid vacations
C XXX 1. Trying continually to get along with equipment which does not operate as it should
2. Paid Holidays

3. 40 Hour week (or nearly so)

4. Service to human beings

5. Not confined at a desk

<table>
<thead>
<tr>
<th>C X X I</th>
<th>1. Cooperation of co-workers</th>
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<tbody>
<tr>
<td>2. Satisfaction of filling a need</td>
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<tr>
<td>3. Improvement in work simplification methods, i.e. carriages for medications etc.</td>
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<tr>
<td>4. Use of a messenger service to run many of the errands we nurses formerly had to do</td>
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<table>
<thead>
<tr>
<th>C X X I</th>
<th>1. Not being able to ever get off duty on time</th>
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<tr>
<td>2. Overwork</td>
<td></td>
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<tr>
<td>3. Low salary in comparison to other fields when one considers the long preparation for nursing</td>
<td></td>
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<tr>
<td>4. Carelessness in care of hospital equipment</td>
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</table>

2. Harassed when I have to spend all my time with a psychotic patient and the other normal patients need my attention

3. Low standards of work in the aides, orderlies, kitchen help etc.

4. Certain patients demand more time and attention than they should

5. Hard physical work — being on one's feet and walking long distances when on duty. Seldom having a moment to "take stock"
5. Friendly atmosphere

C.XXXII. Congenial coworkers

2. Helpfulness of supervisors

3. Patients who are understanding when you are frightfully busy

4. A 'thank you' from the doctors

5. Pleasant place to work

5. Doctors arriving "any old time" -- day or night and expecting undivided and constant attention

C.XXXII. Lack of sufficient help who can do the technical jobs

2. Moving of personnel from one place to another -- in emergencies which are often

3. Not enough health benefits

4. Equipment inadequate -- not enough Oxygen masks, humidifiers etc.

5. Underpay