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# A study of the rate of turnover among hospital aides in a selected hospital.

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A STUDY OF THE RATE OF TURNOVER AMONG  
HOSPITAL AIDES IN A SELECTED HOSPITAL

A THESIS  
PRESENTED TO  
THE FACULTY OF THE SCHOOL OF NURSING  
OF BOSTON UNIVERSITY

IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE  
MASTER OF SCIENCE

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## Chapter I

### INTRODUCTION

Increased use of hospital facilities and a shortage of professional personnel over the past few years has created the need for the non-professional worker to augment the nursing staff in providing total patient care. Foremost among this group is the hospital aide.

Hospitals prefer to employ aides who have had some previous experience and continue to train them on the job. However, many institutions are sponsoring training programs for the inexperienced aide thus providing a learning experience for that person at no cost to him. The duties of this group, for the most part, are unskilled and require a short period of formal training. Unlike the registered and practical nurse, no career is at stake. However, the importance of the aide as a member of the nursing team must be recognized and constructive plans should be made toward maintaining a more stable hospital aide group.

This report is concerned with the reasons for turnover among hospital aides in a selected hospital through a survey of the records of terminated employees, and an analysis of job satisfactions and dissatisfactions of those who are presently employed.

Anyone who has studied the problem of turnover among personnel realizes that it takes from three to several months to orient a new employee to a job and familiarize him with the details before he can

perform effectively. Obviously, everytime an employee is lost who has been oriented and trained, efficiency is decreased and cost is increased.

Because rapid turnover seems to be a major problem within the hospital aide group, it was hoped that this study might provide methods for reducing the rate of turnover. Such methods would not only reduce labor costs but would make for a more adequate, satisfied, and efficient work force of hospital aides.

#### Statement of the Problem

The problem in this study becomes:

What methods might be devised for reducing the rate of turnover among hospital aides in a selected hospital through a survey of the records of terminated employees, and an analysis of the job attitudes of the aides presently employed?

#### Purposes of the Study

The purposes of the study are:

1. To determine the magnitude of turnover among the hospital aide group in a selected hospital.
2. To determine whether or not reasons for leaving the job provide information for reducing the rate of turnover in this group.
3. To determine the role of length of service in the problem of turnover in this group.



4. To determine whether or not an analysis of job satisfactions and dissatisfactions among the hospital aides presently employed would provide information which might suggest methods for reducing the rate of turnover in this group.

5. To make recommendations based on these findings which may be used to increase the stability of the group.

#### Definition of Labor Turnover

In this study the United States Department of Labor's definition of labor turnover is used.

"... refers to the gross movement of workers in and out of employment status with respect to individual firms."<sup>1</sup>

#### Previous Studies Reported

No previous studies were found in which a general hospital studied itself in relation to turnover among the hospital aide group. However, a report on reasons for nursing turnover by<sup>2</sup> Hough has certain implications for this study. He concluded that while some degree of labor turnover is normal and desirable, the current turnover rates are much too high to be tolerated, since they are costing the hospital a great deal of money. He found that promotional opportunity, intrinsic job satisfaction,

<sup>1</sup> Turnover and Absenteeism. U. S. Department of Labor, Washington, D.C.: U.S. Government Printing Office, p.2, October 1951.

<sup>2</sup> Hough, Louis, "Reasons for Nursing Turnover." Hospital Management. 79:106, January 1955.

genuine responsibility, and a measure of prestige can usually be given to workers without additional costs. It was further pointed out that the present trend is toward improved personnel policies, scientific placement tests and concern about job satisfaction, since these attitudes and procedures in industry have resulted in reduced turnover. These factors helped in outlining the areas of investigation in the present study.

In contrast to the few reports regarding the problem of turnover in hospitals, industrial studies have contributed a wealth of information concerning the reasons for rapid turnover.

In 1944, Lombard and Mayo conducted a study in an aircraft industry in Southern California. They stressed the importance of high morale in the working group, so that the employee identifies himself with his associates, his work, and consequently his company.<sup>1</sup> They concluded the following:

"The desire for association in work is deep-seated and sure to find expression. This expression, if the deep-seated desire is defeated, will take the form of exaggerated absenteeism and labor turnover, so that management by its inattention to the organization of teamwork in the factory is in a significant way responsible for the conditions for which it blames workers."<sup>2</sup>

The suggestion for the need for teamwork in industry is applicable to professional and non-professional workers in the hospital.

In 1945, Gordy described the importance of promotion opportunities in relation to keeping the worker on the job. When

<sup>1</sup> Lombard, George and Mayo, Elton. "Teamwork and Labor Turnover in the Aircraft Industry of Southern California". Publication of the Graduate School of Business 31:2, October 1944.

<sup>2</sup> Ibid. p. 2.

occupational reasons for leaving a job are given, it is usually due to the fact that there are no policies for promotion. Because hospital operation is unique in that special techniques are required of most workers, interdepartmental shifting is often impossible. However, assurance should be given to the worker that intraderpartmental promotions will be developed. Non-professional workers would especially appreciate a method of classification.<sup>1</sup> This observation was of considerable value when interpretation was done on the results of the questionnaire.

Pigors discusses the importance of comparing the turnover rate in industry as a whole with the company in question.<sup>2</sup> These figures are published in the Monthly Labor Review published by the Bureau of Labor Statistics of the U.S. Department of Labor.<sup>3</sup> These turnover rates were used as a standard to compare the rate of turnover of hospital aides in this study.

#### Scope of the Study

The present study is concerned with hospital aides from a selected hospital. The extent of the problem of rate of turnover among the group was determined. Records of 210 terminated aides from September, 1952 through September, 1954 were studied. A questionnaire was used in which the hospital aide was not identified. Out of a total of 77 aides, presently employed, 59 or 76.6 per cent

<sup>1</sup> Gordy, Charles. "Why Employees Quit". Hospital Review. :60, October, 1945.

<sup>2</sup> Pigors, Paul, and Myers, Charles A. Personnel Administration. p. 129. New York: McGraw-Hill Book Co., 1951.

<sup>3</sup> Data are secured from approximately 5800 representative firms in 135 different countries.

completed and returned the questionnaire. Proposals were made for further investigation of problem areas which required additional information.

#### Limitations of the Study

1. Investigation of hospital records was limited to a two year period from September, 1952 through September, 1954. All desired information regarding age, educational background, and previous experience of terminated aides was not available.
2. Reliance was placed on the recorded statements of the hospital aides concerning the factors which led them to leave the job.
3. Reliance was placed on the recorded statements of the hospital aides concerning the factors which they liked most about their job and the factors which they liked least.

#### The Method of Approach

In this study, the following steps were taken:

1. Authorization to make this study was granted by the Associate Director of Nursing Service with the understandable stipulation that the study would not create dissatisfaction among the hospital aide group.
2. Review of the literature relating to the problem of turnover in hospitals and industry aided in developing the philosophy and gave a guide to the method of approach.

3. The rates of turnover among the hospital aides in this selected hospital from September, 1952 through September, 1954 were compared with the turnover rates of industry as a whole for the same period.
4. Records of terminated hospital aides from September, 1952 through September, 1954 were studied in order to determine the stated reasons for leaving and the length of service.
5. An open-end questionnaire was prepared with two questions designed to learn about the satisfactions and dissatisfactions of the aide in his job.
6. After a tryout, the questionnaire was administered to seventy-seven hospital aides.
7. Conclusions were drawn and recommendations made which could be presented to the Administrative Staff of Nursing Service.

### Arrangement of the Study

The philosophy underlying the study is presented in Chapter II. Chapter III presents the setting of the study. Chapter IV gives a description of the method and analysis of the data. Chapter V includes a summary of the findings, the conclusions and recommendations.

## CHAPTER II

### The Philosophy Underlying the Study

The trend to hospitalization in preference to home care, the opportunity for nurses to enter new medical fields, and changes in nursing education have been responsible for a great increase in the employment of hospital aides. The United States Department of Labor states that the number of hospital aides alone increased from 49,774 in 1945 to 76,091 in 1951.<sup>1</sup> This statement should direct attention to the need for a study of how hospital administration can best provide job satisfaction for the aide.

"Unless attention can be centered squarely upon the importance of the contribution that each person brings to the health services, be that person ward maid or director of nursing service, efforts to create and stabilize a differentiated personnel will be of small avail."<sup>2</sup>

In any organization, the individuals while working together toward a common goal, bring to their work a varied background of personal experiences. It is possible that the hospital aides, non-professional workers, have not been made to feel an important part of the health team. Many of their tasks, though non-technical and routine, could be made more stimulating by providing them with the detail necessary for total patient care. Employee participation is one of the most important devices in creating both the feeling and

<sup>1</sup> Outlook for Women as Practical Nurses and Auxiliary Workers on the Nursing Team. U.S. Department of Labor Series. 203; 1953. p. 40.

<sup>2</sup> Brown, Esther L. Nursing for the Future. New York: Russell Sage Foundation. 1948. p. 72.

the actuality of belonging in the group.

The desire for recognition is important to all people.

Every employee likes to feel that his work has been evaluated objectively. Earl Planty says:

"People need to be recognized as individuals. Nothing builds cooperation in a man faster than the knowledge that his superior knows his strengths and will use them, knows his weaknesses and will help him to overcome them. All people need this recognition and they need it continually."<sup>1</sup>

It seems that in the past, much emphasis has been placed on economic security. This factor of high wages is not enough. A study conducted on wage incentive at the Western Electric Company led to the following conclusion which has a general application:

"... the efficacy of a wage incentive was so dependent on its relation to other factors that it was impossible to consider it as a thing in itself having an independent effect on the individual."<sup>2</sup>

Higher salaries and wage incentives alone will not create job satisfaction, if there are defects in the employees' interpersonal relationships with his fellow workers and supervisors.

"A chance to be heard is one of the basic demands of most human beings. Where a person is bottled up, by direct or indirect means, he loses initiative, judgment, and enthusiasm. Psychologically, the frustration of the need to be heard can lead to serious consequences".<sup>3</sup>

<sup>1</sup> Planty, E. G. "A Basic Approach to Human Relations". Hospital Management. 79, February 1955. p. 45.

<sup>2</sup> Roethlisberger, F.J. and Dickson, William J. Management and the Worker. Harvard University Press, Cambridge, Mass. 1949, p. 160.

<sup>3</sup> "Employee Motivation". Research Institute of America. Washington, D.C. April 1949, p. 14.



The aide should be given an opportunity to express to administration his feelings about his job, and the latter should be willing to listen objectively.

With these concepts in mind, as they pertain to the individual, this study was done in a selected hospital in the hope that some methods might be found which would provide more stability in the hospital aide group.

### Chapter III

#### The Background of the Study

To acquaint the reader with the setting of the problem, a description of the selected hospital, some of the personnel policies, and pertinent information concerning the training of the hospital aide are given as a background for presenting the data.

#### Description of the Hospital

The hospital is a general hospital of 452 beds which gives service to medical, surgical, gynecological, and pediatric patients and has a daily census of approximately 422. It is located in a large metropolitan area in the eastern part of the United States, where various educational opportunities are available. At the time this study was made, there were 91 regular and 11 part time staff nurses; 9 assistant head nurses; 22 head nurses; 12 supervisors; 3 instructors in the staff education department, and an administrative staff of 5 including the director of nursing service and education.

## Policies and Regulations for Hospital Personnel

The following excerpts<sup>1</sup> from the selected hospital's booklet, Policies and Regulations for Hospital Personnel, will acquaint the reader with these factors as they presently apply to the hospital aide.

### Illness:

The hospital provides for medical care for its employees through the Staff Clinic. If any employee has to be hospitalized, ward care will be provided for a reasonable period commensurate with the length of time he has been employed there. An employee who has a membership in Blue Cross will receive full salary as long as the hospital receives full Blue Cross Benefits.

Employees who have been continuously employed for less than six months will not be entitled to sick leave benefits except in those cases where such employees are ordered by the Staff Clinic to cease work for the protection of the hospital. After six months employment in the hospital, employees are given one paid working day for each completed month of work, not to exceed twelve days in any calendar year.

### Vacations:

An employee's first vacation will be based on his length of service from the date of employment to May 1 or to date of

<sup>1</sup> Adapted from the written policies of S.N. selected hospital's booklet, Policies and Regulations for Hospital Personnel.

leaving if he has worked less than a year. In general, full time employees receive two weeks vacation with pay if they have worked a year by May 1.

Absence:

When an employee is unable to report for work, he should arrange to have his supervisor notified as promptly as possible. This is necessary in order to make arrangements for covering his work. If no notification or explanation has been received after three days, the employee may be considered discharged for cause.

Termination of Employment:

All employees resigning from the hospital are asked to give at least one week's notice so that a successor may be found.

Dismissal:

The hospital will give one week's notice to an employee who is dismissed from employment. Employees who are guilty of willful misconduct, gross negligence, or insubordination, or of working under the influence of liquor may be discharged without previous notice.

Uniforms:

The hospital does not consider it is suitable for lay personnel to wear hospital uniforms off the premises. Since these uniforms are hospital property, the department head must have them all back before releasing the final pay check.

Meals:

Good meals planned by skillful dieticians are served to employees at cost. Employees who bring a lunch are welcome to eat it in the cafeteria whether they purchase anything or not.

The Hospital Aide and His Training

In this selected hospital, both inexperienced and experienced aides are employed. The experienced aide is employed only if he has had training in a hospital. Training in a nursing home is not acceptable. A procedure record<sup>1</sup> is given to each employee, and a member of staff education reviews this material with the aide to learn what areas need further study. Special classes are arranged for the worker until he can demonstrate that he no longer needs supervision in these procedures. A six weeks training course is given to the inexperienced aide which consists of four hours per day, five days a week of formal classes making a total of one hundred and twenty hours. The remainder of the eight hour period is spent on the wards. The same procedure record<sup>2</sup> is used for this group.

The inexperienced hospital aide is also included in a one week orientation program designed to acquaint all new employees with the hospital and with one another. A class program<sup>3</sup> helps to develop the team spirit which the hospital hopes to foster among all of its employees.

<sup>1</sup> Appendix A.

<sup>2</sup> Appendix A.

<sup>3</sup> Appendix B.

## Chapter IV

### The Presentation of the Data

#### Description of the Method

Previous studies on labor turnover made use of scientific placement tests, interviews, records of terminated employees, and check-list types of questionnaires. Scientific placement tests which have proven so helpful in determining the employee's aptitude for his job in industry were not available for this study in the selection of hospital aides.

The magnitude of the problem of turnover was determined by computing rates of turnover. The turnover rate may be computed with respect to either accessions or separations. Primary interest usually centers upon the number of separations in a given period. In this study, the rate of turnover was computed according to the formula recommended by Pigors and Myers.<sup>1</sup>

$$\text{Separation rate} = \frac{\text{Total separations per month}}{\text{Average number on payroll for month}} \times 100$$

Since the selected hospital compiled these data at four week intervals instead of on a monthly basis, the formula was amended as follows for this study.

$$\text{Separation rate} = \frac{\text{Total separations at 4 week intervals}}{\text{Average number on payroll for 4 week intervals}} \times 100$$

<sup>1</sup> Pigors and Myers op. cit., p. 129.

Industrial records of terminated employees pointed to the significance of length of service and stated reasons for leaving in the problem of turnover. Therefore, the past records were reviewed with this purpose in mind. Since some turnover is inevitable, it was decided to further classify the stated reasons for leaving into controllable and non-controllable factors.

Since no previous type questionnaire concerning attitudes of hospital aides about their job had been used in this selected hospital, the problem arose as to what type of questionnaire should be devised. It was felt that an open-end questionnaire should be given to the employee because of the following merits outlined by Payne.<sup>1</sup>

1. It is uninfluenced and elicits a wide variety of responses.
2. It can be used to solicit suggestions and obtain more detailed information.
3. It gives the respondent an opportunity to state the ideas on the subject that are uppermost in his mind.

Approximately seventy-five per cent of the hospital aides were interviewed for the purpose of explaining the questionnaire. Because specific questions were not asked, it became necessary to set up certain arbitrary categories in which the answers could be classified. It was hoped that this type of questionnaire might point out problem areas which might be used for further study.

<sup>1</sup> Payne, Stanley L. The Art of Asking Questions. pp. 49-50. Princeton, New Jersey: Princeton University Press, 1951.

## PRESENTATION OF THE DATA

## Data Obtained from Count of Lay Personnel

The number of separations and the average work force of hospital aides for a two year period in the selected hospital are shown in Tables I and II. The rates of turnover computed from these figures at four-week intervals are presented in Table III.

To make these rates of turnover significant, it was necessary to compare them with the standard published by the Bureau of Labor Statistics in the Monthly Labor Review<sup>1</sup> for the period from September, 1952 to September 1954, as shown in Tables IV and V. Even though the statistics from the Bureau of Labor were computed on a monthly basis, rather than at four-week intervals, the statistical variation was not significant enough to prevent their comparison with the rates obtained for the hospital aides. Since rate of turnover is usually discussed on a monthly and annual basis, the data are divided into two twelve-month intervals.

During the period from September, 1952 to September, 1953, the rate of turnover among hospital aides was considerably higher in every instance than the rate in manufacturing industries with the exception of the period ending August 10, when the rate of 4.4 for the hospital aides approximated the average rate of turnover in industry. See Table IV.

<sup>1</sup> Monthly Labor Review, U. S. Department of Labor, Bureau of Labor Statistics. Washington, D. C. 78:1, January, 1955, p. 123.



TABLE I

Number of Separations and Average Work Force  
at Four-week Intervals from  
Sept. 8, 1952 to Sept, 7, 1953

Period Ending	Number of Separations	Average Work Force
Oct. 6, '52	10	115
Nov. 3, '52	12	110
Dec. 1, '52	10	109
Dec. 29, '52	6	106
Jan. 26, '53	7	121
Feb. 23, '53	15	115
Mar. 23, '53	6	110
Apr. 21, '53	8	110
May 18, '53	8	116
June 15, '53	11	112
July 13, '53	8	119
Aug. 10, '53	5	113
Sep. 7, '53	17	109

Source: Compiled from information obtained  
from hospital records of lay per-  
sonnel count.

TABLE II

Number of Separations and Average Work Force  
at Four-week Intervals from  
Sept. 7, 1953 to Sept. 6, 1954

Period Ending	Number of Separations	Average Work Force
Oct. 5, '53	8	104
Nov. 2, '53	4	104
Nov. 30, '53	3	118
Dec. 28, '53	7	119
Jan. 25, '54	8	111
Feb. 22, '54	4	116
Mar. 22, '54	8	110
Apr. 19, '54	3	123
May 17, '54	2	124
June 14, '54	5	124
July 12, '54	15	131
Aug. 9, '54	5	131
Sept. 6, '54	15	119

Source: Compiled from information obtained  
from hospital records of lay per-  
sonnel count.

TABLE III

Rate of Turnover Among Hospital Aides  
 From Sept. 8, 1952 to Sept. 6, 1954,  
 Computed at Four-week Intervals

Period Ending	Rate of Turnover
Oct. 6, '52	8.7
Nov. 3,	10.9
Dec. 1,	9.2
Dec. 29,	5.8
Jan. 26, '53	5.8
Feb. 23,	13.1
Mar. 23,	5.5
Apr. 21,	7.3
May 18,	6.9
June 15,	9.8
July 13,	6.7
Aug. 10,	4.4
Sept. 7,	15.5
Oct. 5, '53	7.7
Nov. 2,	3.9
Nov. 30,	2.5
Dec. 28,	5.9
Jan. 25, '54	7.2
Feb. 22,	3.5
Mar. 22,	7.3
Apr. 19,	2.4
May 17,	1.6
June 14,	4.1
July 12,	11.5
Aug. 9,	3.8
Sept. 6,	12.6

Source: Computed from information obtained  
 from hospital records of lay per-  
 sonnel count.

TABLE IV

Comparison of the Rate of Turnover Among Hospital Aides with the Rate of Turnover in Manufacturing Industries from September, 1952 to September, 1953.

Monthly Rate of Labor Turnover in Manufacturing Industries			Rate of Turnover at Four-week Intervals Among Hospital Aides		
Month	Rate of Turnover	Converted Annual Rate of Turnover	Month	Rate of Turnover	Converted Annual Rate of Turnover
Sept. '52	4.9	59.8	Oct. 6, '52	8.7	113.1
Oct.	4.2	49.6	Nov. 3	10.9	141.7
Nov.	3.5	42.7	Dec. 1	9.2	119.6
Dec.	3.4	40.1	Dec. 29	5.8	75.4
Jan. '53	3.8	44.8	Jan. 26 '53	5.8	75.4
Feb.	3.6	46.8	Feb. 23	13.1	170.3
Mar.	4.1	48.4	Mar. 23	5.5	71.5
Apr.	4.3	52.5	Apr. 21	7.3	94.9
May	4.4	51.9	May 18	6.9	89.7
June	4.2	51.2	June 15	9.8	127.4
July	4.3	50.7	July 13	6.7	87.1
Aug.	4.8	56.6	Aug. 10	4.4	57.2
			Sept. 7	15.5	201.5

Source: Compiled from Bureau of Labor Statistics and computed from hospital records of lay personnel count.

Table V, covering the period from September 1953 to September 1954, showed that while the rate of turnover among hospital aides was still higher than the rate in manufacturing industries, there were seven instances where the rate of turnover was proportionately the same or lower than the corresponding period in the industry.

In view of these wide variations in turnover, on the monthly and four-week level, it was felt that computation of the annual rate of turnover in each case would give a better index of the overall problem. Monthly figures were converted to an annual rate by multiplying the actual monthly rate by a factor equal to 365<sup>1</sup> divided by the number of days in the given month. In computing the factor for the hospital aides, the number of days in a "given month" was taken as 28 (4 week interval). These converted rates of turnover were tabulated in Tables IV and V. The annual rate of turnover was obtained as follows:

Industry:	$\frac{\text{Total Converted Rate of Turnover}}{12 \text{ months}} = \text{Annual Rate of Turnover}$
Hospital Aide:	$\frac{\text{Total Converted Rate of Turnover}}{13} = \text{Annual Rate of Turnover}$

<sup>1</sup> Pigors and Myers op. cit., p. 129.

TABLE V

Comparison of the Rate of Turnover Among Hospital Aides with the Rate of Turnover in Manufacturing Industries from September, 1953 to September, 1954.

Monthly Rate of Labor Turnover in Manufacturing Industries			Rate of Turnover at Four-week Intervals Among Hospital Aides		
Month	Rate of Turnover	Converted Annual Rate of Turnover	Month	Rate of Turnover	Converted Annual Rate of Turnover
Sept. '53	5.2	63.4	Oct. 5, '53	7.7	100.1
Oct.	4.5	53.1	Nov. 2	3.9	50.7
Nov.	4.2	51.2	Nov. 30	2.5	32.5
Dec.	4.0	47.2	Dec. 28	5.9	76.7
Jan. '54	4.3	50.7	Jan, 25, '54	7.2	93.6
Feb.	3.5	45.5	Feb. 22	3.5	45.5
Mar.	3.7	43.7	Mar. 22	7.3	94.9
Apr.	3.8	46.7	Apr. 19	2.4	31.2
May	3.3	38.9	May 17	1.6	20.8
June	3.1	37.8	June 14	4.1	53.3
July	3.1	36.6	July 12	11.5	149.5
Aug.	3.5	41.3	Aug. 9	3.8	49.4
			Sept. 6	12.6	163.8

Source: Compiled from Bureau of Labor Statistics and hospital records of lay personnel count.

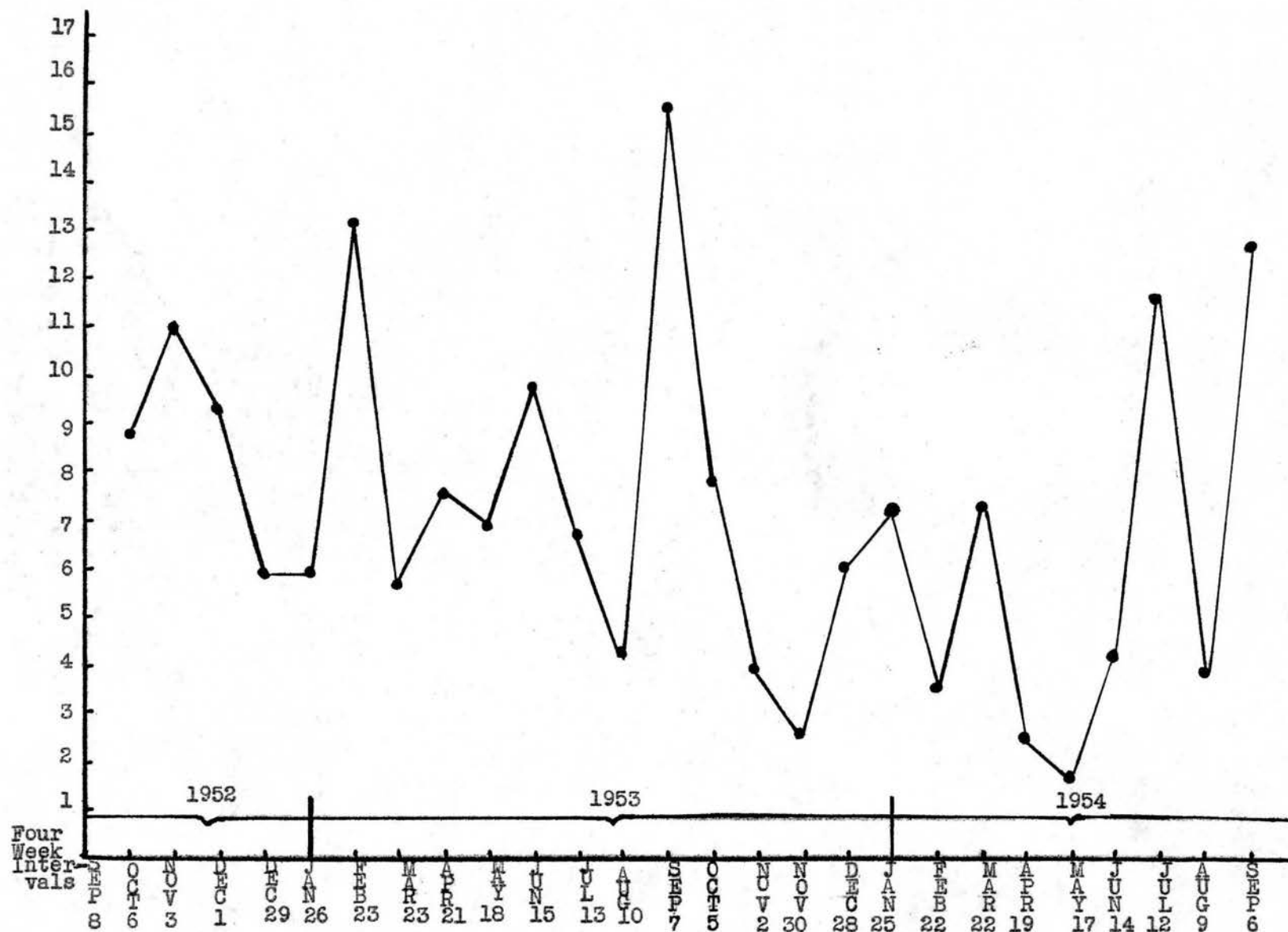
From the figures shown in Table VI, the annual rate of turnover in manufacturing industries was fairly constant being 49.7 per cent from September 1952 to September 1953, and 46.3 per cent from September 1953 to September 1954. It was felt that the slight decrease of 3.4 per cent between these two years was not statistically significant. However, the annual rates of turnover for the hospital aides for corresponding periods were 109.6 per cent and 74.0 per cent. It was evident from a comparison of these figures that the rate of turnover among hospital aides constituted a much greater problem than the rate of turnover for manufacturing industries in general. The marked decrease of 35.6 per cent in the rate of turnover among hospital aides between the two years suggested a significant improvement in this situation. However, when one compared the rate of 74.0 per cent with industry's rate of 46.3 per cent, it was evident that rate of turnover remained a problem among hospital aides.

Figure I graphically represents the rate of turnover among the hospital aides for a two year period. It was felt that the decrease in the rate of turnover between the two years was due to a localized increase of unemployment in industry, but specific data were not available to support this statement.

The highest number of separations occurred in the period ending in September of each year as shown in Figure I. It is possible that this might have been due to the termination of those

FIGURE I

RATE OF TURNOVER AMONG HOSPITAL AIDES IN A SELECTED HOSPITAL  
 From Sept. 8, 1952 to Sept. 6, 1954  
 Computed at Four-Week Intervals



SOURCE: Compiled from Information Obtained from Hospital Records



TABLE VI

Comparison by Per Cent of Annual Rates of Turnover Among  
Hospital Aides and Manufacturing Industries from  
September, 1952 to September, 1954

Annual Rate of Turnover	
Manufacturing Industries	Hospital Aides
Sept. 1952 to Sept. 1953	Sept. 1952 to Sept. 1953
49.6 %	109.6 %
Sept. 1953 to Sept. 1954	Sept. 1953 to Sept. 1954
46.3 %	74.0 %

Source: Compiled from data tabulated in  
Tables IV and V.

employees hired for summer relief work. Because there was such a wide variation of turnover rates, within the two-year period, no other inferences could be made regarding the comparable four week intervals in each year.

#### Data Obtained from Records of Terminated Personnel

##### Stated Reasons for Leaving

The stated reasons for leaving the job were obtained from the past records of 210 hospital aides, representing 124 male and 86 female workers, terminated over a period of two years from September 1952 to September 1954. As shown in Table VII, 155 employees representing 73.8 per cent of the total terminations resigned from their job, and 55 employees representing 26.2 per cent were discharged. The most common reason for leaving under resignations was job elsewhere. In this group 28 aides or 13.3 per cent gave this reason. The two next groups, each representing 27 aides or 12.8 per cent, resigned for educational reasons and family responsibilities. Since the factor of low wages has been frequently cited as an important reason for leaving the job, it was worthwhile to see that in this study, only 6 aides representing 2.9 per cent, resigned because of salary discontent. Among the stated reasons for discharges, the foremost factor was irregular attendance which accounted for 36 aides or 17.2 per cent. It was most interesting to note also that irregular attendance was the highest single factor among all the stated reasons for leaving.

### Controllable and Non-controllable Factors

Since many factors inevitably contribute to labor turnover, the stated reasons for leaving were divided into controllable and non-controllable factors. Controllable factors were defined as those upon which management could take some positive action; and non-controllable factors were those over which management had no jurisdiction. It was evident (see Table VIII) that 52.9 per cent of the stated reasons for leaving were controllable factors, and represented an area which might be further studied in relation to the problem of turnover. Another person using these same data might consider that education, family responsibilities, and health should be classified as controllable factors. However, the writer has arbitrarily chosen to categorize these factors as non-controllable.

### Length of Service

The length of service of 182 terminated hospital aides was available for analysis. According to length of service, the number, and per cent of aides employed is shown in Table IX. From 0 to 3 months for 80 aides to 5 to 10 years for 2 aides, was the range of the periods of employment. The number of aides leaving in less than six months was 120 or 66 per cent of the total group. It was significant to note that the largest number of aides leaving in any one stated period was 80 aides or 44 per cent in the period of less than three months, as is shown in Figure II.

TABLE VII

Stated Reasons for Leaving by Number and Per Cent According  
to Resignations and Discharges Among 210 Hospital Aides\*

<u>Resignations -</u>	Number of aides	Per Cent
1. Job elsewhere	28	13.3
2. Educational reasons	27	12.8
3. Family responsibilities	27	12.8
4. Working conditions	16	7.6
5. Health	14	6.7
6. Moved away	14	6.7
7. Pregnancy	7	3.3
8. Armed services	6	2.9
9. No reason stated	6	2.9
10. Salary discontent	6	2.9
11. Relief vacation	3	1.4
12. Retirement	<u>1</u>	<u>0.5</u>
Totals	155	73.8

<u>Discharges -</u>	Number of aides	Per Cent
1. Irregular attendance	36	17.2
2. Incompetence	8	3.8
3. Insubordination	8	3.8
4. Undesirable	<u>3</u>	<u>1.4</u>
Totals	55	26.2

\* 210 aides = 100%

Source: Compiled from records of terminated hospital aides.

TABLE VIII

Stated Reasons for Leaving and Percentages  
 Tabulated as Controllable and Non-controllable  
 Factors Among 210 Hospital Aides\*

<u>Controllable Factors</u>	<u>Per Cent</u>
1. Irregular attendance	17.2
2. Job elsewhere	13.3
3. Working conditions	7.6
4. Incompetence	3.8
5. Insubordination	3.8
6. No reason stated	2.9
7. Salary discontent	2.9
8. Undesirables	<u>1.4</u>
Total	52.9
<u>Uncontrollable Factors</u>	<u>Per Cent</u>
1. Educational reasons	12.8
2. Family responsibilities	12.8
3. Health	6.7
4. Moved away	6.7
5. Pregnancy	3.3
6. Armed Service	2.9
7. Relief vacation	1.4
8. Retirement	<u>0.5</u>
Total	47.1

\* 210 aides = 100%

Source: Compiled from records of terminated hospital aides.

Data Obtained from Questionnaire

In securing information for this study, a questionnaire <sup>1</sup> was designed to include two open-end questions. The aide was asked to check as indicated the length of time he had been employed.

1. What do you like most about your job?

In response to this question, it can be noted from Table X that 95 per cent of the aides enjoyed the part which they played in getting the patient well. Sixty-nine per cent felt that it provided an opportunity to learn about people. Sixty-six per cent believed that their fellow workers were friendly. It can be seen that 54 per cent believed that they had an opportunity to discuss problems with the head nurse, and 31 per cent felt that democratic supervision existed.

2. What do you like least about your job?

Eighty-five per cent of the aides mentioned that they felt that there was a lack of recognition for their job (see Table XI). Sixty-three per cent felt that there was a lack of adequate promotion policies. Only 37 per cent mentioned salary discontent. It is indicated that 32 per cent objected to the frequent assignment to other wards, and 26 per cent disliked the frequent shift changes.

<sup>1</sup> Appendix C.

TABLE IX

Length of Service and Percent Among  
182 Terminated Hospital Aides\*

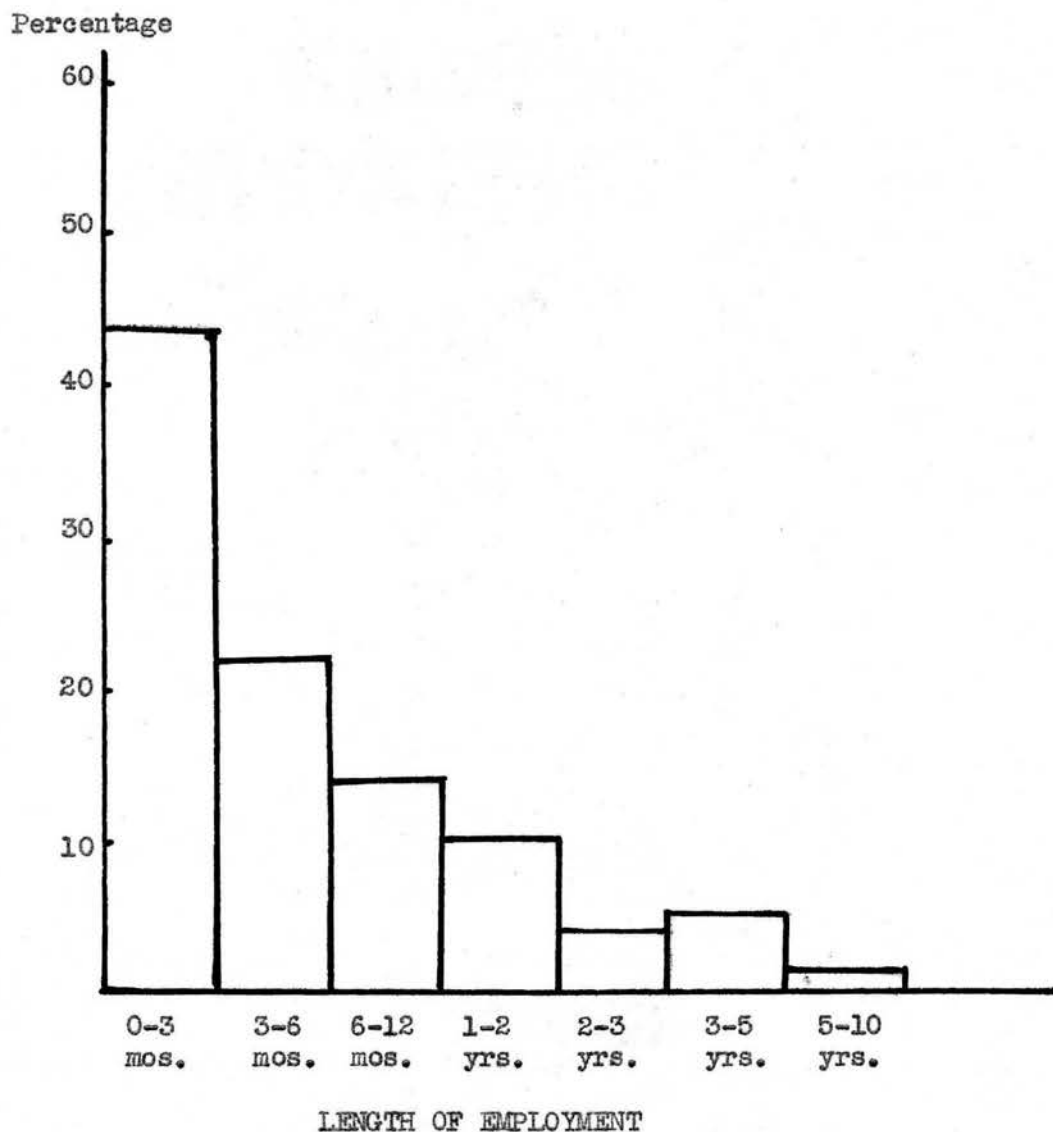
Length of Service	Number of Aides	Per cent of Aides
0 - 3 months	80	44
3 - 6 months	40	22
6 - 12 months	26	14
1 - 2 years	18	10
2 - 3 years	7	4
3 - 5 years	9	5
5 - 10 years	2	1

\*182 aides = 100%

Source: Compiled from records of 182  
terminated hospital aides.

FIGURE II

LENGTH OF EMPLOYMENT IN TERMS  
OF PERCENTAGE OF 182 TERMINATED HOSPITAL AIDES.  
From Sept. 1952 to Sept. 1954



SOURCE: Compiled from Information Obtained from  
Hospital Records of Terminated Hospital  
Aides.



TABLE X

Reasons for Job Satisfaction According to Rank Order  
and Percentage of Responses Among 59 Hospital  
Aides Answering the Questionnaire\*

Rank Order	Factors	Number Responding	Per cent Responding
1	Part in getting patients well	56	95
2	Opportunity to learn about people	41	69
3	Fellow workers friendly	39	66
4	Opportunity to discuss problems with head nurse	32	54
5	Provides background for other jobs	21	36
6	Democratic supervision	18	31
7	Security in work	11	19
8	Sick leave policies	4	7
*59 aides = 100%			

Source: Compiled from information secured  
from the questionnaire.

TABLE XI

Reasons for Job Dissatisfaction According to Rank Order  
and Percentage of Responses Among 59 Hospital  
Aides Answering the Questionnaire\*

Rank Order	Factors	Number Responding	Per cent Responding
1	Lack of job recognition (not appreciated)	50	85
2	Lack of adequate promotional policies	37	63
3	Salary discontent	22	37
4	Frequent assignment to other wards	19	32
5	Frequent shift changes	16	26
6	Lack of opportunity for additional training	14	24
7	High cost of food	11	19
8	Style and color of the uniform	8	14
*59 aides = 100%			

Source: Compiled from information secured  
from the questionnaire.

Of 59 aides answering the questionnaire, 23 aides were employed under one year, and 36 aides were employed over one year. Among both groups (see Table XII), lack of job recognition and lack of adequate promotion policies were the chief dissatisfactions. It can be noted that the longer the aide was employed, the more reluctant he was to be assigned to other wards. This factor was listed as a dissatisfaction by 47.3 per cent of those employed over one year as against 8.7 per cent employed less than a year. Lack of opportunity for additional training was twice as much of a problem for those employed under one year. It was significant to note that factors such as high cost of food and style and color of uniform rated 27.7 and 19.4 per cent among those employed over a year in contrast to 4.3 and 4.4 per cent among those employed less than one year.

The following are direct quotations taken from the questionnaire which asked: "What do you like most about your job?"

The responses are listed according to the categories, as previously discussed, which were set up for the purpose of tabulating the results. To illustrate the kinds of responses received, a few selected quotations are presented.

TABLE XII

Factors in Job Dissatisfaction  
in Relation to Length of Services  
and Percent of 59 Hospital Aides

Factors	Employed under 1 year*	Percent	Employed over 1 year*	Percent
Lack of recognition	18	78.3	32	88.8
Lack of adequate promotion policies	16	69.6	21	58.3
Salary discontent	8	34.3	14	38.9
Frequent assignment to other wards	2	8.7	17	47.3
Frequent shift changes	5	21.7	11	30.5
Lack of opportunity for additional training	8	34.3	6	16.6
High cost of food	1	4.3	10	27.7
Style and color of uniform	1	4.4	7	19.4

\* Under 1 year — 23 employees equals 100 per cent

\*\* Over 1 year — 36 employees equals 100 per cent

Source: Compiled from information secured  
from the questionnaire.

Part in getting the patient well:

I sincerely like helping and cheering people and knowing I do so is, I think, the most important thing.

I like my job very much because I like to see the progress a patient can make when he comes in with a very serious injury. When you see this progress, you know that you have done something and have helped someone.

I like my job because it gives me great satisfaction to see a patient discharged who has been helped physically and psychologically. I feel needed by the patient.

Opportunity to learn about people:

The chance we have in meeting new friends and understanding their part in hospital work.

Meeting new people which makes the work interesting and helps me to learn why people act as they do.

I like many varied duties we have because it gives me a chance to learn about different types of people.

Fellow workers friendly:

Friendly supervisors, nurses, and students (for the most part) with whom to work.

A general feeling of satisfaction derived from the cultivation of friendships with other aides through work contacts.

I like my job because most of the people I work with are good companions.

Opportunity to discuss problems with head nurse:

I like working on my ward because the head nurse helps me with patients who are hard to take care of. If I have any question about a patient, I can go to her and she will explain.

I find most of the head nurses understanding and willing to listen to my problems.

Provides background for other work:

It is one of the best positions to advance to other fields, if later a decision should be made.

What I learn as a hospital aide, I can use at home when someone is ill.

Democratic Supervision:

I like the way the supervisors consider me as an important part of the nursing program.

The doctors and nurses in charge treat you with respect and converse, as far as reasonable, in regard to the cases I'm taking care of each day.

Security in Work:

It is steady employment through every day of the week.

The feeling of financial stability and independence derived from steady employment.

Sick Leave Policies:

I like the advantages we get in medical care, and family discounts in medicine.

I like the way the hospital gives me a helping hand when I am sick. I recently had surgery done, and I know from experience.

The following are direct quotations taken from the questionnaire which asked, "What do you like least about your job?"

Lack of Job Recognition:

Sometimes the importance of an aide is overlooked until that time when things need to be done, and there is no aide about to do them. There certainly aren't enough nurses to take care of all the patients. Therefore we must come to the conclusion that aides are definitely a necessity. Credit should be given where credit is due. The master is not above the servant nor the servant above the master. Both are needed in this work.

We do as much for the patients as the nurses do. In fact it seems to me that the aides get much bigger assignments. I feel as though the aides do not get appreciated as they should.

Lack of Adequate Promotion Policies:

I dislike the fact that once you have reached top pay, there is no further raise whether or not you do more than others in the same group.

Even though being here five years, I am unable to advance any further in rating or pay as an aide. This sooner or later makes the job seem tedious and not worthwhile because during this time, you are taught and supervised by nurses in many more procedures than you knew in the beginning.

Salary Discontent:

I feel that aides are greatly underpaid for the service they render.

I think that the aides, especially the male aides should be given a living wage especially if they are reliable so that they can live and feed their families without having two jobs.

If they paid more money to the aides, they would stay here longer and not leave so often after the training period.

Frequent Assignments to Other Wards:

The thing which I like least about my job is moving from floor to floor when help is so short.

I don't like being sent to other wards when the census is low on my own ward. Although I'm willing to work hard, it's usually the same people that get sent all the time.

#### Frequent Shift Changes:

I don't like the varied hours and dislike most of all the split shifts.

I do not particularly care for the relief shift. If necessary to work these hours, it should be followed by a nine-thirty to six shift. With commuting a fairly long distance, relief shifts followed by early morning shifts can be very tiring. The worker will not give her best during her working hours.

#### Lack of Additional Training:

If an aide is a good one, why not make him better? If he is slow in grasping details, why not help him to improve himself?

The thing I like the least about my job is that the people you work with do not let you do a lot of things that you want to and want to learn about. There are others like myself, I'm sure, that would like to have a little more responsibility. The heads of the department that cover the hospital aide should give classes to those of the help that would be interested. I'm sure there are some that would be very interested if they had half a chance. Then they could help a little more on the floors where they work.

#### Cost of Food in Cafeteria:

A feeling of resentment in paying high prices for food served in the cafeteria in the evening. Evening aides have to eat in the nurse's and doctor's cafeteria. The a-la carte menu prices at supper time seem abnormally high in comparison with regular outside restaurant prices.

#### Style and Color of Uniform

I dislike the uniform; we would like to wear white



with a patch on the sleeve indicating that we are an aide.

Aides should have a new style uniform which would make them look less like charwomen. Aides are hampered in recognition by their uniform.

## CHAPTER V

### Summary, Conclusions, and Recommendations

#### Summary

The purpose of this study was to analyze records of terminated hospital aides and to study satisfactions and dissatisfactions of present hospital aides to determine whether or not methods might be devised for reducing the rate of turnover in a selected hospital.

The rates of turnover among hospital aides in this selected hospital were computed for a two-year period and were compared with the standard rates of turnover in industry for the same interval. The records of 210 terminated aides were studied with regard to the stated reasons for leaving and the length of service. An open-end questionnaire was answered by 59 hospital aides who were employed at the time the study was conducted.

One limitation was noted in the study when analyzing the data which concerned the stated reasons for leaving. There was difficulty in categorizing these factors because of the generalized nature of the stated reason.

This study showed that the annual rate of turnover among the hospital aides in this selected hospital was 109.6 per cent from September 1952 through September 1953, and 74.0 per cent from September 1953 through September 1954. This represents a decrease of 35.6 per cent. The turnover for comparison rates in manufacturing

industries for the corresponding periods were 49.6 per cent and 46.3 per cent. In this hospital, the highest number of separations occurred in September of each year. Because there was such a wide variation of turnover rates, within the two-year period, no other inferences could be made regarding the comparable four-week intervals in each year.

In analyzing the data from records of 210 terminated employees, it was found that 155 aides representing 73.8 per cent of the total terminations resigned from their job and 55 employees representing 26.2 per cent were discharged. Job elsewhere was the most frequent reason stated for leaving under resignations. In this group, 28 aides of 13.3 per cent gave this reason. The two next groups, each representing 27 aides or 12.8 per cent resigned for educational reasons and family responsibilities. Among the stated reasons for discharges, the foremost factor was irregular attendance, which accounted for 36 aides or 17.2 per cent. Irregular attendance was also the highest single factor for leaving among all the terminated employees. The stated reasons for leaving were divided into controllable and non-controllable factors. It was found that 52.9 per cent of the factors were controllable.

The length of employment was given for 182 terminated aides. This ranged from 0 to 3 months for 80 aides to 5 to 10 years for 2 aides. The number of aides leaving in less than six months was 120 or 66 per cent of the total group. The largest number of

aides who left in any one stated period was 80 aides or 44 per cent. They remained less than three months.

In analyzing data obtained from the questionnaire, the findings were presented as answers to each question posed.

What do you like most about your job?

A large majority, 95 per cent, enjoyed the part which they played in getting the patient well. The next greatest response, 69 per cent of the group, stated that the job gave them an opportunity to learn about people. Over half of the aides felt that they had a chance to discuss problems with the head nurse, and 31 per cent felt that democratic supervision existed.

What do you like least about your job?

In response to this question, 85 per cent of the aides felt that there was a lack of job recognition as far as they were concerned. Sixty-three per cent thought there was a lack of adequate promotion policies. Approximately one-third of the aides mentioned salary discontent. Less than one-third of the aides disliked the frequent shift changes. Relatively few of the group complained of the high cost of food and the style and color of uniform.

Of 59 aides answering the questionnaire, 23 aides were employed under one year, and 36 aides were employed over one year. Lack of job recognition and lack of adequate personnel policies were the chief dissatisfactions among both groups. Being assigned to other

wards was a major dissatisfaction of those employed over one year, whereas lack of opportunity for additional training was more of a problem to those employed under one year.

### Conclusions

The problem of turnover in this selected hospital was found to be great enough to indicate the need for determining methods for reducing the rate of turnover among the hospital aide group. In spite of a decrease of 35.6 per cent in turnover from September 1953 through September 1954, the annual turnover rate of 74.0 per cent for that year remained significantly higher than the standard in industry and further substantiated the need for a study of this kind.

Over fifty per cent of the stated reasons for leaving the job were found to be controllable factors. Such reasons as irregular attendance, job elsewhere, and working conditions are definitely amendable to some extent by changes in administrative policies and should result in the reduction of turnover. The role of length of service played an important part in the problem of turnover since approximately two thirds of the hospital aides left their jobs in less than six months, and the largest group, representing 44 per cent, left in less than three months. It is evident from these findings that there is a need for improvement in screening prospective employees and a necessity for closer supervision during the first six months of employment.

The tabulation of job satisfactions did not provide definite methods for reducing the rate of turnover among hospital aides.

However, a great majority of the group derived satisfaction from their job because of the part they played in getting the patient well. It is evident that the aides' main interest centers about the patient.

From the aides' comments, lack of job recognition and the feeling that their efforts were not fully appreciated was the chief source of dissatisfaction regardless of length of service. A large majority reflected the feeling that "credit is not given where credit is due". With respect to promotion policies, it was felt that these were not adequate. It would seem that since the present hospital aide group felt so strongly about job recognition that there is a need for an evaluation record which could also be used as a tool for promotions and should result in reducing the rate of turnover. All members of the nursing staff should be made aware of the important contribution of the hospital aide to the health team.

Salary discontent did not appear to be a major factor in job dissatisfactions. Those aides who mentioned it seemed to object to the necessity of keeping two jobs in order to support their families. Other troublesome areas are noted which appeared relatively minor in terms of the number of times they were mentioned. Nevertheless, these factors represented what the aides considered to be important and accordingly are significant in the problem of turnover.

The open-end type of questionnaire proved to be a useful method in providing the aide with an opportunity to give his own opinion which more restrictive types of questions would not permit him to express. For the most part, the aides appeared to utilize this opportunity, judging from the number and length of comments they elicited.

These conclusions form the basis upon which recommendations will be made which should contribute to the stability of the hospital aide group.



### Recommendations

The recommendations which follow are based on the findings and illustrate areas in hospital administration which might be considered in the future.

1. Continued use of past records would help to reveal trends in stated reasons for leaving the job. Since over half of the stated reasons for leaving were controllable, further study in these particular areas should be undertaken by administration.
2. Since the largest group of aides terminated in less than three months, the supervisory group should consider a plan to facilitate the adjustment of new aides following their orientation and training period. This plan should include conferences with the aide and with the head nurse who is responsible for the new worker. If rapport is good between these groups, the aide would feel free to discuss his feelings and could then receive help and guidance.
3. The stated reasons for leaving should be investigated for more specific detail. The following are examples, which might be studied.

- a. If education is stated as a reason for leaving it would be important to know whether the aide planned to attend college or a school for practical nurses.
- b. The factor of family responsibilities should be more fully explained. It would be helpful to know whether the care of small children or of elderly persons is involved.

If these factors are studied in more detail, a clearer picture of the total group leaving would be given and might result in a constructive change in personnel policies.

4. An open-end type of questionnaire could be used at yearly intervals to learn the attitudes of the hospital aide toward his job. This would be a preliminary step toward determining problems upon which the employee might be more specifically questioned at some other time.
5. Since the aide felt that there was a lack of job recognition and adequate promotion policies, the administration should devise an evaluation record which could be used as a tool for guidance and as a means of recognizing the worker's importance in his job. If the record is kept accurately, this form may be used for the purpose of deciding whether or not an aide should be promoted.
6. A program might be developed within the staff education department which would stress the need for good inter-

personal relationships and point out the necessity for recognizing the contribution of each individual to the nursing team.

7. The success of these recommendations would be reflected in a decreased rate of turnover. The degree of improvement could be shown by continued computation of the rate of turnover at four week intervals, and the overall success of the suggestions, could be demonstrated by a comparison of these figures with the standard rates for industry as a whole.

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## APPENDIX

## Hospital Aide Pr

NAME \_\_\_\_\_ Da

Previous Hospital Experience? \_\_\_\_\_ Job: \_\_\_\_\_

## GENERAL INT

1. History of Hospital
2. Tour of Hospital
3. Departments; personnel; "Team"
4. Uniforms; personal hygiene

	1	2	3	4	
A. HOSPITAL HOUSEKEEPING:					I. 1
Utility Room . . . . .					
Sterilization; autoclave . . . . .					
Linen Closet . . . . .					
Patient Unit . . . . .					J. 1
B. DIETARY:					
Tray Service . . . . .					
Diets, delay, NPO. . . . .					
Measure and Record					K. 1
Intake and Output. . . . .					
Nourishments . . . . .					L. F
Drinking Water; pitchers. . . . .					
Feeding Patients . . . . .					M. F
C. BED-MAKING: Empty. . . . .					
Closed ; open . . . . .					
Occupied. . . . .					
Cradle beds . . . . .					
Footboards. . . . .					N. F
Recovery . . . . .					
D. BATHS: Bedbath . . . . .					P
Tub baths . . . . .					
Shower bath . . . . .					
Sitz Baths. . . . .					
E. GENERAL PATIENT CARE:					
Back Care . . . . .					O. C
Bedpan, urinal. . . . .					
Light Cord . . . . .					
Morning Care . . . . .					
Evening Care . . . . .					
Care of hair; shampoo. . . . .					P. C
Care of mouth; teeth . . . . .					
Footsoaks . . . . .					
Application of binders,					
elastic bandages . . . . .					
F. COLLECTION OF SPECIMENS:					
Urine. . . . .					
Stool. . . . .					Q. AS
Use, care of sputum cup . . . . .					
G. BODY MECHANICS . . . . .					
Lifting, moving,					
positioning patient . . . . .					R. PC
Use of stretcher . . . . .					S. EQ
Use of wheelchair. . . . .					
H. CHARTING: Use of Kardex . . . . .					A
Abbreviations . . . . .					C

1. Has had previous experience.
2. Covered in class or demonstration
3. May do on ward without supervisio
4. Return Demonstration SATISFACTORY constant supervision.



## TENTATIVE CLASS SCHEDULE FOR FIRE

Job Category	Monday	Tuesday	Wednesday
STAFF NURSE	8:30-10:15 Introduction History Departments Nursing Team	on ward	
	10:30-11:00 Personnel (sign on payroll, etc.)		
	11:00-12:00 Tour		
	1:00-3:00 Kardex Chart TPR charting D.O.B. Bed & Linen Intake & Output CSR Supplies		1:00 Med
LICENSED PRACTICAL NURSE	same as above	same as above, except catherizations	on
EXPERIENCED AIDE	same as above	Classes planned at 1:00-3:00 same as above, except cath.	
WARD HELPER	8:30-12:00 same as above	8:00-10:00 Intake (&Output) Abbreviations	8:00. Tr: Dr: Fe:
	1:00-3:00 Sterilization Cleaning Areas & Duties	1:00-3:00 same as above, except cath.	10:00 on
WARD SECRETARY	8:30-12:00 same as above	8:30-10:30 Diet Board Telephone List Diagnosis Board Pasting Lab reports	8:30. Cl: 11:00 on
	1:00-4:30 Secretary's role in relation to: Head Nurse Other workers	10:30-1:00 on ward	1:00. Day Fl:
	Patients Visitors Other Depts.	1:00-3:00 same as above, except cath.	Cor Pre
	Telephone Courtesy Yellow Kardex Sheets	3:00-4:30 Secretary's resp.--adm., trans. & disch.	3:00. on

mk  
11/22/54

YOUR HELP IS NEEDED!

You, as a hospital aide are an important member of the nursing team who contributes to patient care. It is important also to know how the aide feels about his or her job. I am a student from Boston University, and I am conducting a study to find this out. Would you share in this study by answering the following questionnaire? Your own ideas are wanted and will prove most helpful.

Phyllis B. Mason

Directions:

Fill out this questionnaire carefully.

You do not need to sign your name unless you wish.

Return it in this envelope and seal it.

Put it in the box marked Questionnaire in the Nursing Office where you receive your pay check by Thursday, March 3, 1955.

THANK YOU for your help and interest.

Make a check mark in the correct place. (✓)

I have worked here --- less than 3 months	( )
3-6 months	( )
6-12 months	( )
1-2 years	( )
2-3 years	( )
3-5 years	( )
5-10 years	( )
over 10 years	( )

List below and explain briefly the things which you like most about your job. Look back over those things you have listed and place a 1 before each of those you consider most important; place a 2 before each of those you consider next in importance; place a 3 before each of those you consider the least important.

Example 3 I like my job because there is a choice of food served in the cafeteria.

List below and explain briefly the things which you like least about your job. Look back over those things you have listed and place a 1 before each of those you consider most important; place a 2 before each of those you consider next in importance; place a 3 before each of those you consider the least important.