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A study of the sources of job satisfaction and dissatisfaction among public health nurses in one visiting nurse association

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A Study of the Sources of Job Satisfaction and Dissatisfaction
Among Public Health Nurses
in One Visiting Nurse
Association

BY

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CHAPTER I
INTRODUCTION

Keller refers to the present complex world of ours as a maze where nobody can find his way around and the frantic appeal made to the old sanctions like church and Bible and new devices like science and research. He asks,

"All to what end? Presumably that we may all be happy in a nice way. Not too happy just reasonably well satisfied on our jobs."¹

With a duty schedule of 40 to 48 hours a week, a person has a right to glean a general feeling of satisfaction from his job. If he does not, the negative feelings of anxiety, frustration, hostility, and anger may affect the other aspects of his life, too. Thus, his dissatisfaction does not affect his work-life only, but also pervades his social and domestic life. The projection and interdependence of satisfaction and dissatisfaction from one aspect of life to the other is something basic in human nature, because each person lives as a whole entity and not in compartments.

This makes it imperative that we study the sources of job satisfaction and dissatisfaction in different jobs. The underlying satisfaction and dissatisfaction may be similar

¹Keller, Franklin J., Foreward to Job Satisfaction, by Robert Hoppock, Harper and Brothers, Publishers, New York and London, 1935, p. XIX.

in nature in different jobs but the sources of satisfaction and dissatisfaction may vary.

Statement of the Problem

What are the sources of job satisfaction and dissatisfaction among the public health nurses currently employed in a public health agency?

Justification of the Problem

There is a shortage of public health nurses in the United States and the turnover rates are high. A study conducted in New York-New Jersey-Metropolitan Area in the latter part of 1956 concluded that of the 2372 public health nurses studied, "Over 1/3 (36 per cent) of all nurses had been appointed since the beginning of 1954, a fact which certainly bears out the contention of many administrators that the present turnover rates in public health nursing tend to be very high."² This high turnover and shortage of public health nurses is a real matter of concern when we think of the increasing population of the United States.

This problem also has a valuable significance to the present situation in India. Public health nursing is in its infancy in India. Since the financial year 1955-56, the Bombay State Government has launched a scheme of opening primary

²Johnson, Walter L., "Public Health Nursing Turnover," American Journal of Nursing, Vol. 57. No. 4, April, 1957, p. 465.

health units to render a preventive and curative health service to the rural areas. Each primary health unit serves a population of 20,000. The health team consists of a medical officer, two nurse-midwives, and a sanitarian.

The population covered by these primary health units so far is 15 per cent. By the end of 1961 in the second five-year plan, 38 per cent of the population will be covered.³ Total population of the present Bombay State is 48 million.

The degree of success of both plans depends to some extent upon the ability to attract and to retain the nurses who enter this field. For millions of people, the plan will be materialized only when the health services reach their homes through the nurse. What the nurse will be able to achieve in each home depends on her personal satisfaction with her job. Reider says,

"Unless the nurse's human needs are met in her work, she will be unable to satisfy the human needs of the patients."⁴

The best way to find out about the nurse's needs is to ask her. This study is the result of this felt need. The conclusions arrived at as a result of this study may not be applicable to the situations in India, but they might reveal the areas of satisfaction accruing from the very nature of the job of public

³Public Health Department, Bombay State Activities issued on the first State level seminar, Baroda, 1957, p. 15.

⁴Reider, Norman, "Human Needs and Nursing," Public Health Nursing, 43:392, July, 1950.

health nursing.

Scope and Limitations

This study restricted its investigation and findings to fifteen public health nurses employed by a visiting nurse association in a large metropolitan area in the New England region.

As satisfaction or dissatisfaction is a very subjective, personal attitude, the findings of this study would not be applicable to other public health nurses in different situations or agencies, and probably not to the same group after some lapse of time.

The other limiting factor was the interview schedule which covered only certain aspects relating to the job. It did not touch factors such as family relationships, the individual social status of the nurse, personal health, fulfillment of expectations, ambitions, temperament, and so forth; however, it was appreciated that each one of these factors was vital enough to tip the balance of satisfaction either one way or the other.

The findings were the respondents' expressed opinions and views only. There was no attempt to look into the everyday working situations to find the reasons for their statements.

Definition of the Terms

Public health nurse refers to the registered nurse, with

or without further preparation in public health nursing, employed as a staff nurse by a visiting nurse association.

Preview of Methodology

Fifteen staff nurses were selected at random from the roster of nurses employed by a visiting nurse association. An interview schedule was developed to obtain the opinions of the public health nurses. The participants were interviewed by the writer during their working hours in their respective district offices. Each interview required approximately 50 minutes.

Sequence of Presentation

- A. Chapter II presents the theoretical framework of the study.
- B. Chapter III contains a complete description of the methodology used.
- C. Presentation and discussion of the data are covered in Chapter IV.
- D. The fifth chapter has the summary, conclusions, and recommendations.

CHAPTER II
THEORETICAL FRAMEWORK

Review of Literature

During the years that followed the first world war, a great deal of attention was given to job satisfaction and worker morale. The economic importance of labor turnover made personnel men aware of the importance of more satisfied workers. Consequently, many studies were done by sociologists in industry to study factors underlying and affecting job satisfaction and morale.

The early research mainly established that better production, higher efficiency, and improved working conditions such as reduction of fatigue, better light, and so forth, go together.¹

But very soon, as more intensive and extensive studies were undertaken, it was conclusively proven that the outside job factors such as social status, family relationship, ambitions, and personal individual expectations affected the workers more, or as much as the working conditions.²

Roethlisberger³ stated that each worker brings to the

¹Mayo, Elton, "Revery and Industrial Fatigue," Personnel Journal, Vol. III, No. 8, December, 1924, pp. 273-281.

²Roethlisberger, F.S.) Management & Worker, Harvard Dickson, W.J.) University Press, Cambridge, Mass. 1950.

³Roethlisberger, F.S., Management and Morale, Harvard University Press, Cambridge, 1941, pp. 118, 120, 121.

job situation certain attitudes, beliefs, and ways of life, as well as his technical, social, and logical skills. In order to maintain his equilibrium, he must resolve these two sets of pressures.

Studies conducted later, seemed to realize this personal subjective attitude nature of job satisfaction so much that opinion studies were done in which each worker was asked what he considered important for job satisfaction. In these studies, a fairly large number of workers were interrogated and asked to mention what they considered the most important five or ten factors in terms of job satisfaction. The most striking common feature of these studies was that workers did not rate financial reward as the first most important factor but ranked it anywhere from fourth to sixth.⁴

The opinion studies and check list studies also gave us valuable information as to what the working adult population considered important. Many of these studies pointed out that workers were satisfied when they had:

- (1) Genuine interest and liking for the work
- (2) Good relationship with associates and boss.⁵

Compared to the number of studies done in industry on job satisfaction, the nursing literature revealed a scarcity of studies done about job satisfaction in nursing, although

⁴Blum, Milton L., Industrial Psychology and Its Social Foundations, Harper & Brothers, New York, 1949.

⁵Blum, Ibid. pp. 89, 85, 80.

nursing, according to Frasher,⁶ was among the first, if not the first, profession in the health field to recommend improved personnel policies and practices.

Kitson⁷ investigated vocational interest among one hundred and forty nurses and two hundred and forty-seven teachers. He had the groups indicate on a zero to 100 degree scale their interest, not in their jobs, but in the occupation itself. He attempted to define the upper limits of the scale by telling them to think of that activity in which they would spend the major portion of their time if they had \$1,000,000 and were not obliged to work for a living. Considering a rating of seventy or above to represent satisfaction, he found that 9 per cent of the teachers and 8 per cent of the nurses were dissatisfied.

In 1940, Nahm⁸ did a significant study about job satisfaction in nursing. The objective of her study was to measure the extent of nursing satisfaction and the factors associated with satisfaction. Two hundred seventy-five graduates from schools of nursing in Minnesota between 1935 and 1939 were the participants. The findings were that nurses as a group had a high degree of satisfaction toward nursing as an

⁶Frasher, Charles B., "What Makes a Nursing Job Attractive?" Nursing Outlook, Vol. 9, 1:509-510, September, 1953.

⁷Kitson as Reported by R. Hoppoch, Job Satisfaction, Harper and Brothers, New York, p. 224-225.

⁸Nahm, Helen, "Job Satisfaction in Nursing," American Journal of Nursing, Vol. 40, No. 12, December, 1940, p. 1390.

occupation. Public health nurses seemed to have a very high degree of satisfaction when compared with the institutional and private duty nurses. Little difference was found between the institutional and the private duty nurses, both in their attitudes toward their jobs and toward nursing as an occupation.

The most important factors differentiating the satisfied and the dissatisfied groups of nurses were:

1. Interest in the work.
2. General adjustment of individual.
3. Relationship with superior officers.
4. Family and social relationships
5. Hours of work.
6. Income.
7. Opportunities to advance and attain ambitions.

In 1936, the American Nurses Association⁹ conducted a study of incomes, salaries and employment conditions of 2,370 nurses employed in hospitals. 2,100 said that general staff nursing was satisfying work. The main reasons for dissatisfaction were not with nursing but were listed as:

1. Too long and broken hours of duty, making planned living impossible.
2. Inadequate financial reward.
3. No opportunities for advancement

⁹"The General Staff Nurse," A Study of the General Staff Nurse in 18 States," American Journal of Nursing, 38:11, November, 1938, pp. 1221-29.

The most extensive and intensive study on job satisfaction in nursing was done by Bullock¹⁰ and was sponsored by the Ohio State Nurses Association. All types of nurses were studied including nursing students. Five hundred nurses working in the state of Ohio participated in this study. Multiple methods such as interviewing, informal observation, questionnaires and rating scales were used to collect the data. The findings were that public health nurses had the **High**est satisfaction level. The most highly significant factors in terms of job satisfaction were:

1. Perceived leader behavior.
2. Work-group adjustments.
3. Personal aspirations.
4. Nurses own appraisal of nurses and nursing.
5. Nurse's perception of public opinion concerning nursing and nurses.

A close relationship was found to exist between leader behavior, work group adjustment and personal aspirations. The nurses own appraisal of nurses and nursing was centered around independence of action and self-direction along with opportunity for social activities and recreation. The nurse's perception of public opinion concerning nurses and nursing seemed to be that nurses were looked upon somewhat as servants

¹⁰Bullock, Robert P., What Do Nurses Think of Their Profession?
The Ohio State University Research Foundation, Columbus
Ohio, May, 1954.

who worked at unpleasant tasks and any satisfaction derived from the reputation of being a hard worker were nullified by the stigma of servant status.

Another study done by Grivest¹¹ reported on hospital nurses. Two hundred and fifteen nurses employed in four hospitals in Chicago were the participants. All were given the Science Research Associates Employee inventory to obtain scientific insight into the attitudes of nurses toward their jobs. The inventory consisted of a series of psychologically constructed statements which tested specific responses to the various aspects of job situation. The results showed conflicting feelings in the area of job demands, working conditions and employee benefits, in spite of general agreement that wages were satisfactory. Problems were demonstrated in communications, supervisory techniques, status recognition and personal relations. This study also revealed that nurses were satisfied with nursing but dissatisfied with other factors such as working conditions and interpersonal relations.

The only study on job satisfaction among public health nurses was done by Pickens.¹² A questionnaire with a rating scale was sent to 139 public health nurses in the Baltimore

¹¹Grivest, Mary T., "A Personnel Inventory of Supervisors, Head Nurses, and Staff Nurses in Selected Hospitals," Nursing Outlook, 7:77-78, June, 1958.

¹²Pickens, Elizabeth and Tayback, Mathew, "A Job-Satisfaction Survey," Nursing Outlook, 5:157-59, March, 1957.

Public Health Department. One hundred and twenty-six, or 90.7 per cent, were returned. The areas investigated were:

1. Salary.
2. Other conditions of work such as hours of work, sick leave, and so forth.
3. Attitudes toward supervision.
4. Attitudes toward administration.
5. Opportunity for advancement.
6. Opportunity for active participation in program planning.
7. Relationships.
8. Areas of work such as tuberculosis nursing, school nursing, and others.

The findings revealed that the nurses had a high degree of satisfaction in their work. Educational background did not affect job satisfaction level. There was some indication that additional years of experience increased the level of job satisfaction, a finding which related well with Bullock's¹³ finding. Nurses were satisfied with working hours and the security of the job. They were dissatisfied with the clerical aspect of their work. Salaries and opportunities for advancement were a low satisfaction item. Interpersonal relationships and opportunities to participate in changing methods and programs and planning were a high satisfaction item.

¹³Ibid, p. 103, 104.

Another significant study on all types of nurses at all levels was done by the American Nurses Association in 1958.¹⁴ This was a time and nursing functions study; and the observations were supported by a questionnaire and critical incident technique. The findings also were that nurses everywhere seemed on the whole to find gratification in their profession.

Therriault interviewed 132 registered nurses in eleven New Hampshire hospitals and came to the conclusion that, trite though it may sound, nurses liked people and yearned to help the sick. Love of people and urge to aid the helpless was firmly established in them.

Sledge and Rohrer¹⁵ surveyed nurses in charity hospitals in New Orleans and showed that altruism motivated 2/3 of them at the outset and their commonest source of current satisfaction was in that area. In Pennsylvania 2/3 of 2,475 nurses who were asked what is the single best thing about being a nurse gave altruistic reasons, opportunities to help others, seeing patients recover, and so on.¹⁶

Basis For Hypothesis

The literature in nursing on sources of satisfaction and dissatisfaction indicated one factor, that nurses as a group

¹⁴Hughes, Everett, MacGill, Helen and Deutscher, Irwin, Twenty Thousand Nurses Tell Their Story, American Nurses Association, New York, 1958.

¹⁵Sledge and Rohrer as Reported by Hughes Everett, Ibid, p. 214.

¹⁶Hughes, Everett, MacGill, Helen, and Deutscher, Irwin, Ibid. p. 214.

have a very high level of satisfaction because they like their work. They were unhappy when they were obliged to do something which was not nursing.¹⁷ Hubbard stated:

"Of the many satisfactions which accrue to a worker engaged in the practice of a chosen profession, the basic one is perhaps best often discussed openly and most highly esteemed privately. Its presence may be taken for granted by all...but...few. Its absence is quickly recognized and universally deplored. The satisfaction to which I refer is the privilege of doing the work that we want to do and for which we have been prepared to the best of our ability and as only we can do it."¹⁸

Statement of Hypothesis

The hypothesis for this study was that the high turnover among public health nurses is related to the working conditions

17 ?

¹⁸Hubbard, Ruth N., Foreward to Personnel Policies for Public Health Nursing Agencies, National Organization for Public Health Nursing, New York, 1950, p. 3.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

Fifteen public health staff nurses employed by a visiting nurse association in a large metropolitan area in the New England region participated in this study. From the roster of 90 staff nurses, in the office of the assistant director, a random sample was obtained by selecting every fifth name starting with the first. If the name selected turned out to be that of a licensed practical nurse, the next name on the roster was chosen arbitrarily.

All the nurses selected were full-time employees of the visiting nurse association. The length of experience in public health nursing varied from 8 months to 27 years. Eight of the public health nurses were between the ages of twenty and twenty-four, two were between the ages of twenty-five and twenty-nine, one was between the age of thirty-five and thirty-nine, and four were forty years of age and over.

Seven were graduates of a collegiate school of nursing and eight were graduates of a hospital school of nursing. Of the seven hospital school graduates, six had academic preparation in public health nursing ranging from two semester hour credits to thirty semester hour credits, and one had the complete thirty semester hours of public health nursing. Of the seven

graduates of a degree program two had their master's degree in public health nursing.

The visiting nurse association employed 90 staff nurses, nine supervisors, and five to eight physical therapists. There were nine district offices. According to the manual, the purposes of the Visiting Nurse Association were:

"To provide nursing service and physical therapy to acutely and chronically ill patients in their homes and to instruct families in the care of patients.

To give instruction in the home in maternal and infant care.

To give family health guidance, including guidance in child growth and development, nutrition, prevention of illness and accidents, and advancement of physical and mental health.

To conduct an education program for affiliating students and for its own staff."¹

Tools Used to Collect Data

The method used to collect the data for this study was an open end interview schedule. It was the method of choice because getting the respondents' opinions and attitudes was the primary objective of the study. This method allowed the respondent the greatest freedom to respond in terms of her own frame of reference, and to bring in the aspects which she personally thought pertinent. The second asset of the interview method was that in case the investigator's interpretation

¹"Board Member's Manual," Visiting Nurse Association of Boston, p. 1.

of a question was missed by a respondent, the investigator would be able to clarify the meaning of the question.

Preparation of the Interview Schedule

An interview schedule² consisting of a total of twenty-seven questions was compiled; and divided into sections A, B, and C, according to the category of the information sought. Section "A" had sixteen questions dealing with various aspects of public health nursing as experienced by a staff nurse. Section "B" had six questions on work-group adjustments. Section "C" sought factual personal data such as the interviewer's age, education and experience. Most of the questions grew out of a review of the literature and the investigator's experience in public health nursing in the rural health units of Bombay-State, in India.

After compiling the interview schedule, it was pre-tested by interviewing three public health nurses, not connected with the study in order to verify that the questions meant the same to the respondents as to the investigator. Two questions were re-phrased as a result of the pre-test.

Procurement of Data

The participants represented six district offices. Arrangements were made by telephone with the supervisors in

²Appendix

the district offices who scheduled appointments to interview each nurse at a time most suitable to her. Eleven visits were made by the investigator to the six different offices. The completion of fifteen interviews took about three weeks. One to three interviews were conducted in a day. The average time for each interview was about 50 minutes.

All the district supervisors and participants were very willing and co-operative. Each interview was conducted in privacy in some suitable available room in each district office. This arrangement enhanced the rapport and the permissive atmosphere for each interview.

In each case the investigator explained who she was and the purpose of the interview. She requested each one's co-operation and assured anonymity of the information throughout. One by one the questions were asked in the predetermined order and the responses were recorded as the interviewee was talking.

The investigator believed that a good rapport was established with each participant and the answers truly represented the feelings and opinions of the respondents.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The age and public health nursing experience of the fifteen public health nurses who participated in this study is presented in Table I.

TABLE I

AGE AND LENGTH OF TIME EMPLOYED
IN THIS AGENCY

<u>Age</u>	<u>Experience</u>		
<u>In Years</u>	<u>Under 2 Years</u>	<u>Over 2 Years</u>	<u>Total</u>
20-24	7	1	8
25-29		2	2
30-34			
35-39	1		1
40 and above		4	4
Total	8	7	15

Eight nurses were under 24 years of age; two between 25 and 29; one between 35 and 39; four were 40 and above. The eight nurses under 24, had had no public health nursing experience in any other agency. Of the other seven, two had had all their work experience in this agency, and five had from four to eleven years work experience outside this agency. Seven nurses

were graduates of a degree program; five of these had their B.S. degree and two had their M.S. degree. The B.S. degree nurses had what some called the accredited public health program, or as others called it, two months affiliation. Among the graduates of a diploma program, all had some preparation in public health nursing ranging from two academic credits to 30 academic credits and one had between 30 to 60 academic credits.

The responses indicated that younger nurses were attracted to this metropolitan agency, and that the turnover of nurses was probably high, since eight nurses had been with this agency for less than two years.

Further education and preparation for a job may make a difference in achievement and in a feeling of security in the day-to-day work. Respondents, therefore, were asked if they thought they were adequately prepared for the public health nursing work they were doing. Eight stated that they thought they were prepared. Six of these were graduates of a collegiate program, and two were graduates of a diploma school. One of the graduates of the diploma school had, as she termed it, two months of public health affiliation, which she thought really prepared her for this job. The second one had under 30 credits in public health nursing and about 8 years experience in other agencies. Five stated that they were not prepared, as they did not have the "regular 2 months public health affiliation as the college graduate but had only one day's observation in a public health agency;" two were not sure whether they were

prepared. The last two clarified their statement by adding that no education prepares anyone for all future situations in life, and that they needed the present work experience very much. It was interesting to note that one of these was a collegiate graduate, and the other one had over 30 academic credits in public health nursing.

Replies to a question asking if they thought they were using their preparation adequately, indicated that ten were positive they were always using what they had learned in many ways; five stated that not all that they had learned was being used, and they thought they were prepared to do much more particularly in such areas as supervision, teaching and maternity and child health work. This finding might be significant as according to the literature, nurses who thought that they were not prepared for their job, and those who thought that their preparation was not being used were more likely to be insecure and unstable in the job and might change more often until they found the job for which they felt they were prepared.

As the primary purpose of this study was to investigate sources of job satisfaction and dissatisfaction among the public health nurses, a number of the questions were centered around the current satisfactions as experienced by the nurses. They were first asked what aspects of their work appealed to them most. Fifteen nurses gave sixty-one responses as shown in Table II.

TABLE II

FIFTEEN NURSES' OPINIONS ABOUT
THE MOST APPEALING ASPECTS
IN THEIR PRESENT JOBS

<u>Item</u>	<u>No. of Replies</u>
Liking for people	11
Sense of achievement	6
Maternal and Child Health work	6
Working conditions	6
Self direction	5
Variety of cases	5
Helping people	4
Comprehensive care	4
Teaching people	3
Home environment	3
Geriatric cases	2
Bedside care	2
Type of supervision	2
Improvising in homes	1
Salary	<u>1</u>
	61

It was evident from the responses that the most important factor was a liking for the people. Sense of achievement and satisfactory working conditions are deemed as the prerequisites of job satisfaction, and six nurses spontaneously mentioned these as a source of satisfaction.

Respondents were asked what were the least appealing aspects of their work. Fifteen nurses voiced thirty-two replies, as shown in Table III.

TABLE III

FIFTEEN NURSES' OPINIONS ABOUT
THE LEAST APPEALING ASPECTS
IN THEIR PRESENT JOBS

<u>Item</u>	<u>No. of Replies</u>
Too much written work	10
Chronic older group - case load	3
Poor communication among health services ..	3
Poor articulation of all the health services	2
Giving care without accomplishment	2
No maternal and child health work	2
Poor patients only	1
No appreciation of work done	1
Lack of facilities	1
Language barrier	1
Unfair area	1
Doing care family can do	1
Nutrition work	1
Some procedures	1
Inadequate salary	1
Personal limitations	1
	<u>32</u>

The review of literature indicated that nurses did not like clerical work, and that it had been a source of dissatisfaction to many nurses. It was interesting to note that the respondents in this study indicated the same feelings. Ten nurses indicated they were annoyed with all the paper work they had to do, and they expressed it by saying:

"There is too much paper work, mostly duplication; the name is written in three places. Nurses should be out instead of writing all this."

"I feel something should be done about this writing, there is too much duplication. The supervisors never have the time. I wonder who reads all that we write."

"All the paper work, writing of records and reports is too time consuming. It may be necessary, but I would rather be out."

Ten nurses said they would rather do nursing than do all the written work. In view of the fact that there were only 32 responses about the least appealing, and 67 about the most appealing aspects of their work, by the same fifteen nurses, this might lead one to surmise that on the whole they were more satisfied than dissatisfied. It was interesting to note that only one nurse mentioned inadequate salary as a source of dissatisfaction. This indicated that nurses, like other workers, did not rate money as the first consideration for job satisfaction.

The highest satisfaction a person can achieve from any job is the satisfaction of doing a job well and to the best of his abilities. Therefore, the respondents were asked if they were giving the best possible care to their families and if not, why. Ten thought they were giving the best possible care to their families, but all of these except two qualified their answers with statements such as:

"Yes, I try to."

"Yes, but time is a big factor."

"Yes, I try to, but if I am bogged down and lack of time..."

"Yes, when the patient does not resist."

"Yes, but it is a long process, and you do not always understand what the problem really is."

The other two did not qualify their affirmations and probably thought they were giving the best possible care to their

families. Five nurses seemed to be undecided about the merit of their work and tended to say "Yes and No" at the same time. Nineteen replies were received as limiting factors from thirteen nurses, as given in Table IV.

TABLE IV
FACTORS LIMITING NURSES' ABILITY
TO GIVE THE BEST POSSIBLE CARE

<u>Limiting Factor</u>	<u>No. of Replies</u>
Lack of time	8
Personal limitations	5
Patient's resistance	3
Unsatisfactory area	2
Poor communication between agencies	1
	<u>19</u>

Out of the eight nurses who felt lack of time was a limiting factor, five were graduates of a degree program, and three were graduates of a diploma program. Among the five who felt their personal limitations were a hinderance to giving the best possible care, three were graduates of a diploma program and two were graduates of a degree program. These responses suggest that there may be a correlation between education and limitations, and that a further study in this area is indicated. The graduates of the degree program seemed to experience the lack of time more than their colleagues, and the graduates of diploma programs seemed to feel more personal limitations.

Though money may not be rated as number one in priority as a source of satisfaction, other factors being equal, money

would be a decisive factor in selecting or rejecting a job. This consideration prompted the question about adequate financial reward for the work done. Ten respondents indicated they were dissatisfied with the financial reward they got for their work; three were satisfied, and two were ambivalent. They all spoke at length about this problem and said that when the general salary range in the United States was compared with theirs, they were not adequately paid for the work they did. Many thought that the three to six years of education they had was not recognized. They also said that girls from high school without any further education often earned much more than a public health nurse. This grievance appeared to be a pretty well generalized factor, as there were no differences of opinion according to education, age or experience. However, the younger nurses were more eloquent and critical about the low salary, while the older nurses demonstrated a more philosophical resignation about the salary. Of the five satisfied nurses, three were satisfied with the salary they received, and the other two said that, "The money I earn is enough for me and it keeps me going. Since I do not value money for money's sake, it is all right." One might speculate that if this situation of unsatisfactory salary continued for a long period, it might mean that the society or the community did not really value the public health nurse's work and this might prove a serious block in attracting more nurses to public health work.

One of the differences between public health nursing and institutional nursing is that the public health nurse has to establish new relationships continuously with people in various types of settings. The nurse's reaction to this factor is important in terms of her own satisfaction in public health nursing. Question number 10 asked the nurse's opinion about these changing relationships. Twelve reported as follows:

"It is fine. I love it."

"It is challenging and stimulating to me."

"Oh, yes, it is fine with me. I love it."

"I enjoy it."

It has always been possible for many persons to rise above a monetary reward to do their duty, because they liked their work or because it was necessary for them to do it. But human beings being a social species, man has always sought credit and recognition from his fellow beings for his good deeds. Actually, many times man has done things or carried out functions in order to get credit and recognition from society. Nurses are no exception to this universal human phenomenon, therefore, the respondents were asked if they thought they got as much credit and recognition for their work as they deserved. The findings are presented in Table V.

TABLE V

SOURCES OF CREDIT AND RECOGNITION FOR
FIFTEEN PUBLIC HEALTH NURSES

<u>Source of Credit</u>	<u>No. of Nurses</u>
From patients only	4
From patients, doctors, and supervisors	3
From patients and supervisors only	3
From patients and doctors only	2
Does not want any	2
From nobody	<u>1</u>
	15

The table indicated that replies on the whole were positive. Twelve nurses thought they got most credit from the patients. Six in this group also got recognition from the supervisor, and five thought they also got recognition from the doctors. One person said she just did not get any credit from anybody, because being an older nurse her supervisor never knew what she was doing and patients took her work for granted. Another one said probably she got some credit from somebody, but she never thought about it. It did not make any difference to her as long as the pay and the promotions came all right. Another one said there was no need for recognition and that she never bothered about it. Though most of the credit apparently came from patients, it may be that supervisors could be more alert to the need for recognition for work done as this might influence job satisfaction.

One way of finding out about the satisfying nature of the job is to ask people on the job if they would select it again as a career, if they would recommend it to their friends as a

career, and why they chose the job in the beginning. Fifteen nurses gave thirty-seven answers for choosing public health nursing. The answers are tabulated in Table VI.

TABLE VI

REASONS WHY 15 PUBLIC HEALTH NURSES
SELECTED PUBLIC HEALTH NURSING
AS A WORK AREA

<u>Reasons</u>	<u>No. of Replies</u>
Working closely with people	9
Variety of cases	6
Teaching oppourtunities	6
Independence and initiative	4
Being unhappy in hospital	4
Opportunity of more comprehensive care	3
Working conditions	2
Relaxed type of work	1
I am happy with it	1
I just came	1
	<u>37</u>

It was evident from the responses that there were more positive than negative reasons. Only four were negative: being unhappy in the hospital; one nurse said she just came and was neutral. Nine chose the job because they liked it. Some of the replies were as follows:

"I am happy with it."

"It brings me closer to people."

"Allows for more comprehensive care than in hospitals."

"I like it outdoors."

"I like to see people in their homes and to see how they manage things."

Whatever their reasons for choosing the public health field in the beginning, twelve out of the fifteen nurses said

they would select public health nursing again as a career, if they had a choice. They would choose it because they liked the kind of work they were doing. Among the other three, one said that if she was going to be a nurse for an indefinite time she would rather go back to a hospital though she valued the experience she had had in public health nursing. One said she might not choose any type of nursing at all and she might go in sciences; another one said she was not sure, she might stick to public health nursing or she might do some type of social work.

All of the nurses said they would recommend public health nursing as a career to friends and relatives, because it was such a satisfying work; they liked it and their friends might like it also. Two respondents said they would recommend it only if the other girls were griping about what they were doing. One respondent said she would recommend it if she felt that the person's temperament suited this kind of job. The liking for the job as such was evident in all the positive replies.

The studies done in industry revealed that however pleasant and satisfying a job might be, if the individual worker was not happy with his immediate superior and with his colleagues he was not apt to be a happy worker. Next to interest in the work, the work group relationships were vital to a worker's happiness. It was deemed essential by the investigator to ask some questions about the nurse's views on the relationship.

among the agency staff and the staff and supervisor relationship. Replies on the whole were positive, and it was possible to identify a few areas of satisfaction for the nurses in these two realms, but comparatively fewer dissatisfactions were revealed. Ten nurses were sure that the other staff nurses were glad to have them and expressed their confidence in their colleagues by saying:

"Oh, yes, the relationship here is good."

"Yes, we have a very willing group, and it is a gratifying experience."

"Yes, I enjoy being with them and am certain they enjoy being with me, otherwise they would tell me."

"Yes, I have never seen any petty picking at each other."

The other five nurses were not as certain that the other staff nurses were glad to have them. Four from this group said:

"Yes, I guess so, but we do not see much of each other."

"I cannot say; I like to think so."

"Maybe; I guess so."

These five respondents seemed uncertain of the other person's opinion and would not add anything else to the above opinions. However, one nurse felt certain that the other staff nurses did not like her much and said they just did not belong to the same clan.

Two-thirds of the group felt that their colleagues thought that they did their work well and said they would select this same group to work with if they were given a choice. These

replies indicated that twelve persons were satisfied with their colleagues and were enthusiastic about this pleasant relationship. Among the remaining three, the respondents were not very articulate. The answers were rather lukewarm, and though no definite enthusiasm about the group was mentioned, they did not express any definite dislike. Only one said she did not like her co-workers, and two said they would not work with them if they had a choice.

Respondents' views on their relationship with the supervisor indicated satisfaction in this area. Twelve of the group felt free to suggest changes in policies, techniques and uniforms, and also to express their views about the large amount of writing they had to do. They said that all their grievances were taken up to the top-level people, through their staff committees, and they were satisfied with this procedure. Three respondents felt they could not suggest anything personally to the supervisor, but as the staff committee approach was always there, not suggesting anything to the supervisor did not bother them.

A total of twenty-six replies were received when the respondents were asked what aspects of supervision was most to their liking. The findings are presented in Table VII.

TABLE VII

ITEMS OF SATISFACTION ABOUT SUPERVISION
AS EXPRESSED BY FIFTEEN NURSES

<u>Item</u>	<u>No. of Replies</u>
Possibility of discussing problems	8
Somebody to see but not continually present ...	6
Freedom to request help and information	4
Consideration and understanding	4
Critical supervision seeing my needs	2
Freedom to use my judgement	2
	<u>26</u>

There were only a few replies about the aspects of supervision which did not appeal to them. The findings are presented in Table VIII.

TABLE VIII

ITEMS LEAST APPEALING ABOUT SUPERVISION
AS EXPRESSED BY FIFTEEN NURSES

<u>Item</u>	<u>No. of Replies</u>
Lack of supervision on problem cases	2
No freedom to let me use my skills	1
Little checking on records and reports	1
Supervisor and staff conflicts	1
Insecurity and prejudice of supervisor	1
No credit for knowledge given	1
	<u>7</u>

Most of the nurses replied that there was nothing that bothered them and they could not think of any unpleasant aspects. Only two mentioned lack of supervision on problem cases and the other items were only mentioned once.

Participants were asked what factors made an ideal community and agency in terms of future job satisfaction. As

might be expected, they were quite elaborate on this topic. Answers are tabulated in Table IX.

TABLE IX

OPINIONS OF FIFTEEN PUBLIC HEALTH NURSES
ON FACTORS IN AN AGENCY ESSENTIAL
FOR JOB SATISFACTION

<u>Essential Factors</u>	<u>No. of Replies</u>
Congenial personnel policies	13
Progressive flexible agency	9
Opportunities for advancement	6
Pleasant staff	5
Good communication	2
Health department	2
Unofficial agencies	2
Combined agency	1
	<u>40</u>

The important factors in an agency were congenial personnel policies, progressive flexible agency with opportunities for advancement, and pleasant staff. It should be noted that nobody mentioned salary as an essential factor in an agency. But congenial personnel policies were given the first preference.

TABLE X

OPINIONS OF FIFTEEN PUBLIC HEALTH NURSES ON FACTORS
ESSENTIAL FOR JOB SATISFACTION IN A COMMUNITY

<u>Factors</u>	<u>No. of Replies</u>
Variety of cases	14
Urban area with recreation	8
Adequate community resources	4
Geographic factors	4
	<u>28</u>

It was obvious that the majority would look for a community with a variety of cases and adequate recreational facilities in an urban area. The preference for variety of cases is in keeping with the respondents' liking for people, which was one great source of satisfaction as seen before-- on pages 29 and 30 of this chapter. Respondents seemed to understand the human need for relaxation and change for efficiency in work and a fresh mind. Eight said that they would look at the recreational facilities available in a community when accepting a job. Better care to families depends on resources available, and four respondents thought this important for their future job satisfaction.

For further clarification, the respondents were asked what factors they would avoid in an agency if they could. The responses are summarized in Table XI.

TABLE XI

OPINIONS OF FIFTEEN PUBLIC HEALTH NURSES
ABOUT FACTORS IN AN AGENCY TO AVOID
FOR FUTURE JOB SATISFACTION

<u>Factors</u>	<u>No. of Replies</u>
Rigid personnel policies	11
Unpleasant staff	5
Poor communication	2
Inconvenient hours	2
Overlapping work	1
Area far away from home	1
Agency without standing	1
No saving possible	1
Too much area	1
	<u>25</u>

Eleven respondents would avoid rigid personnel policies and this relates to their preference for congenial personnel policies in the previous question. The same number of respondents who would look for pleasant staff would also avoid an unpleasant staff. In considering both what they would look for and avoid in an agency, it should be noted that no one mentioned money, which was significant in itself.

Table XII gives factors in a community they would avoid if they could.

TABLE XII

OPINIONS OF FIFTEEN PUBLIC HEALTH NURSES
ABOUT FACTORS IN A COMMUNITY TO AVOID
FOR FUTURE JOB SATISFACTION

<u>Factors</u>	<u>No. of Replies</u>
Inadequate recreation	8
Lack of variety of cases	6
Lack of resources	6
Geographic factors	4
Too much travelling	2
No transportation available	<u>1</u>
	27

Eight, or over 50 per cent, would avoid a community where there were no recreational facilities such, as operas, movies and weekends by the coast. Six nurses said that they would not care for a community which did not have enough resources for its people or a community which did not have all income brackets represented. This again related to their liking for people, since they would avoid communities made up of solely rich or of poor people. One-third would avoid unpleasant

staff, such as snappy nurses, and older rigid nurses. What to look for and what to avoid in the agencies and communities gives a fair indication of what the nurses care for most.

In replying to the question as to why they chose this agency, respondents tended to give the geographical and urban factors first, and the factors about the agency second. One nurse said she was hired before she could make a choice. Fifteen nurses verbalized thirty-three answers. The replies are presented in Table XIII.

TABLE XIII

REASONS WHY FIFTEEN PUBLIC HEALTH NURSES
SELECTED THIS AGENCY
IN WHICH TO WORK

<u>Reasons</u>	<u>No. of Replies</u>
Vicinity of community to their homes	5
Large generalized agency	5
V.N.A. better than other agencies	4
Love for a city and its recreation	4
Variety of experience	3
Enjoyed student experience	3
Liking for changing weather and seacoast	3
To know city life	2
Good personnel policies	2
Good director	1
Did not choose	1
	<u>33</u>

It was evident from this table, that many factors such as vicinity of an agency to home, climate, and the recreation available affect the selection of a job as much as the work experience available.

Commenting on their future plans and the probable length of stay in this agency, nine stated that they were planning to

leave within the next six months. Only three nurses said they would stay in this agency until they retired. The other three were uncertain as to their future plans and would not commit themselves to any definite answers. The nine persons who were leaving within the next six months gave varied reasons. The reasons are tabulated in Table XIV.

TABLE XIV

REASONS WHY THE NINE PUBLIC HEALTH NURSES
WERE PLANNING TO LEAVE THIS AGENCY

<u>Items</u>	<u>No. of Replies</u>
Reached the plateau--no more progress	2
Further education	2
Teaching and supervisory jobs	2
Better paid job or promotion	1
Getting married	1
Going to have a baby	<u>1</u>
	9

One factor from Table XIV, seemed rather outstanding, five persons out of nine were leaving because the agency had little to offer them in further progress, promotion, better pay or advancement, and the use of their teaching and administrative skills.

Though it was difficult to draw any further significant conclusions from these varied replies, some of the answers when related back to the other replies of the same respondents seemed to be significant. Among the nine nurses planning to leave the agency, two were very dissatisfied with supervision and the supervisor. This might have some bearing on their leaving. One person was unhappy with her co-workers, and this

might be the real reason why she was leaving. From the data available it appeared that the underlying reasons why five of these people were leaving their jobs might have had something to do with their interpersonal or work group adjustment and their salary. This indicated that further study in these areas might be significant.

From the preceding presentation of the data it was possible to compile two comprehensive tables of implied sources of satisfaction and dissatisfaction among the fifteen public health nurses in this agency. Tables XV and XVI present these findings. Column two gives the number of times the response was received and column three gives the total number of respondents who responded this way. The same respondents voiced the same response more than once.

TABLE XV

COMPOSITE LIST OF SOURCES OF SATISFACTION FOR THE
FIFTEEN PUBLIC HEALTH NURSES
AS REFLECTED IN THE DATA

<u>Sources of Satisfaction</u>	<u>No. of Replies</u>	<u>No. of Respondents</u>
<u>Liking for people</u>	32	12
<u>Congenial work-group</u>	24	12
<u>Sense of achievement</u>	14	9
<u>Credit and recognition from patients</u>	12	12
<u>Variety of cases</u>	11	11
<u>Freedom of self direction</u>	9	9
<u>Teaching families</u>	9	9
<u>Congenial working conditions</u>	8	8
<u>Possibility of discussion problems</u>	8	8
<u>Comprehensive care</u>	7	7
<u>M. C. H. work</u>	6	6
<u>Nature of supervision (nobody continually present)</u>	4	4
<u>Helping people</u>	4	4
<u>Consideration and understanding from supervisor</u>	4	6
<u>Working in a home environment</u>	3	3
<u>Supervision seeing my needs</u>	2	2
<u>Older patients</u>	2	2
<u>Improvising in home</u>	1	1
<u>Salary</u>	1	1
<u>Being happy with work</u>	1	1

TABLE XVI

COMPOSITE LIST OF SOURCES OF DISSATISFACTION FOR THE
PUBLIC HEALTH NURSES AS REFLECTED IN THE DATA

<u>Sources of Dissatisfaction</u>	<u>No. of Replies</u>	<u>No. of Respondents</u>
<u>Too much written work</u>	11	11
<u>Inadequate salary</u>	11	10
<u>Lack of time</u>	8	8
<u>No sense of achievement</u>	4	4
<u>No credit for work done</u>	4	4
<u>Personal limitations</u>	5	4
<u>Poor communication among agencies</u>	3	3
<u>Chronic older group case load</u>	3	3
<u>No M. C. H. work</u>	2	2
<u>Poor articulation of health services</u>	2	2
<u>Dislike for supervisor</u>	2	2
<u>Poor staff relationship</u>	2	2
<u>No supervision on problem cases</u>	2	2
<u>Dislike for co-workers</u>	1	1
<u>No appreciation</u>	1	1
<u>No freedom to use my judgment</u>	1	1
<u>Lack of facilities</u>	1	1
<u>Little record and report checking</u>	1	1
<u>Supervisor and staff conflicts</u>	1	1
<u>No credit for knowledge</u>	1	1
<u>Insecure and prejudiced supervisor</u>	1	1
<u>Language barrier</u>	1	1
<u>Unfair area</u>	1	1
<u>Doing care family could do</u>	1	1
<u>Nutrition work</u>	1	1

From these two tables and the previous presentation of the data, it was evident that the majority of the respondents--about twelve out of fifteen--liked the nature of public health work or public health nursing, they would choose the career again and all would recommend it to their friends and relatives. The hypotheses stated for this study was that the high turnover among public health nurses was related to the working conditions. As described above, if the nurses were ready to choose the same career, it would indicate that the turnover had little to do with the nature of the job. Considered in the light of reasons for a better or different job in the field of public health nursing at least five persons were leaving this agency.

The data substantiates the hypothesis that the turnover is related to the working conditions such as, too much written work, inadequate salary, lack of time, no opportunities for advancement, etc.

CHAPTER V
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to find out the sources of job satisfaction and dissatisfaction among public health staff nurses employed by a visiting nurse association in a large metropolitan area in the New England region. A random sample of fifteen public health nurses was selected from the roster of 90 public health nurses.

An interview schedule of twenty-seven questions was used to collect the data. Each respondent was interviewed by the investigator. The interview schedule covered the following areas:

1. the public health nurses' personal and professional background.
2. the public health nurses' views on the nature of public health nursing and the most and least appealing aspects of the present job.
3. the public health nurses' views on workgroup relationships of both their colleagues and their supervisors.

Eight nurses were under 24 years of age, two between 25 and 29, one between 35 and 39, and four 40 and above. The eight nurses under 24 years of age had had no experience in any other agency. Of the other seven, two had all their work experience in this agency and the other five had from four to eleven years work experience in other agencies. Seven

nurses had been employed in this agency for more than two years and eight for less than two years. Seven nurses were graduates of a collegiate program, five had B.S. degrees and two had an M.S. degree.

Among the graduates of the diploma program, all had some preparation in public health nursing ranging from two academic credits to 30 academic credits, and one had between 30 to 60 academic credits.

The findings were that nurses enjoyed the nature of the public health nursing work. They liked people and the close contact with people in their home surroundings. The income level of people had no influence on their liking for them. The main sources of satisfaction among the public health nurses were found to be the liking for the people, the congenial work-group relationship, the sense of achievement in their work and the credit and recognition received from the patients. The data further revealed that self direction and the freedom to use one's judgement and the variety of cases were also sources of satisfaction to the nurses.

Their sources of dissatisfaction were related to the working conditions and not to the work itself. Too much written work, inadequate salary, and lack of time to give the best possible care were among the common sources of dissatisfaction. Nine nurses were planning to leave the agency in the next six months. The reasons for leaving indicated that the majority were leaving to get better jobs in public health nursing.

The majority of the respondents also indicated that they would select public health nursing again as a career if they were offered a choice, and all of them reported that they would recommend public health nursing as a career to their friends and relatives.

In choosing an agency and a community in which to work the nurses reported that they would look for congenial personnel policies in a flexible progressive agency with a variety of cases and a community with adequate recreational facilities. The nurses as a rule, like other workers, did not rate money as the first consideration in selecting a job.

The findings substantiated the hypotheses for the study which was that the high turnover among public health nurses is related to the working conditions. The findings apply only to opinions of the staff nurses employed in this one agency at the time of the study, and no general conclusions can be made.

Conclusions

As a result of the findings the following conclusions were made:

1. That the policies, program, and location of an agency are determining factors in why public health nurses seek employment in a specific public health agency.
2. That nurses select public health nursing because of their liking for people, and the greatest source of credit and recognition for their work comes from their patients.

3. That job satisfaction among public health nurses would be increased if it were possible for public health nursing administration to encourage and enhance the inter-relationship between nurses and patients by removing such obstacles as lack of time, poor articulation of health services, and poor communication between health agencies.

Recommendations

On the basis of the findings of this study, the following recommendations are made:

1. That a similar study be done using a larger sample.
2. That a study be done to find out the relationship of the sense of achievement acquired on the job and the professional and educational background of the nurse.
3. That a more concentrated and intensive study be done to find out the underlying reasons for the high turnover among nurses in the public health field.
4. That a comparative study be carried out to find the satisfaction level with the job and its sources among the staff nurses in a combination agency and in an official agency.
5. That more extensive time studies be done to determine how public health nurses use their time and how their time can be used more effectively to give them more job satisfaction.

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APPENDIX

- I. I am a student at Boston University School of Nursing and one of my requirements toward my master's degree is that I conduct a field study. I would appreciate your co-operation in assisting me. The information collected, as well as your name, will be kept anonymous.
-

A. About the job

1. What aspects of your work appeal to you most?

Any other?

Why?

2. What aspects of your work appeal to you least?

Any other?

Why?

3. Would you say, the nursing education you have had, prepared you adequately for the public health nursing work that you are doing now?

Why?

4. Do you think the nursing education and knowledge you have is being used adequately in this particular job?

Can you explain further?

5. Why did you select public health nursing as the area of nursing on which to work?

6. If you had to make a choice again, would you select work in some other field of nursing rather than in public health nursing?

7. In selecting an agency and a community in which to work, what are the factors you consider important in terms of job satisfaction?

Any other?

Please explain.

8. In selecting an agency and a community in which to work, what are the factors you would like to avoid if you could?

Any other?

Please explain.

9. In general would you say you are giving the best possible care to your families or are there any factors that prevent you from doing this?

Please explain.

10. Public health nurses because of the nature of their work are constantly establishing new relationships in different settings.

How does this affect you?

Why?

11. Have you ever recommended public health nursing as a career to any of your friends or relatives?

Why?

12. Why did you choose this particular agency in which to work?

13. How long are you planning to stay in this particular job?

14. If you are considering a change of job, what are the reasons for this change?

15. Do you think you get as much credit and recognition as you deserve for the work you do?

How do you mean?

Any examples?

16. Do you think the financial reward you get for your work is what you deserve?

If no -- why?

3. Are the people with whom you work now the ones you would prefer to work with if you had a choice?

4. Do you recall any instances in which you suggested any changes in your work assignments or the policies and programs of your agency to your supervisor?

If yes -- what were the suggestions?

If no -- would you feel free to do so?

5. From your experience as a staff nurse, what aspects of supervision in public health nursing do you like most?

Any other?

6. From your experience as a staff nurse in public health nursing, what aspects of supervision appeal to you least?

Any other?

C. Personal information - Now please give me some information about yourself.

1. Age:

(20-24) ___ (25-29) ___ (30-34) ___ (35-39) ___ (40+) ___

2. Education:

Last grade completed in high school ___

Graduate of diploma program ___

Graduate of degree program ___

Public health nursing education:

Less than 30 academic credits ___

30-60 " " ___

60-90 " " ___

More than 90 " " ___

M.S. degree

Length of work experience in public health nursing field:

Length of time you have been employed in this agency: