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Job-related stress and satisfaction as a function of experience level in the critical care setting

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This study was undertaken to explore the relationship of job-related stress and job satisfaction to the experience level of the graduate nurse in the critical care setting. A comprehensive review of the related literature was implemented. Job satisfaction and job-related stress were defined and found to be important to the practice of nursing in relation to job turnover and quality of patient care. Several strategies aimed at reducing job-related stress and enhancing job satisfaction of the new graduate in the critical care area were identified and discussed. Implications for further study and implications for educational practice were also discussed.

JOB-RELATED STRESS AND SATISFACTION AS A FUNCTION OF EXPERIENCE LEVEL IN THE CRITICAL CARE SETTING

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Abstract

This study was undertaken to explore the relationship of job-related stress and job satisfaction to the experience level of the graduate nurse in the critical care setting. A comprehensive review of the related literature was implemented. Job satisfaction and job-related stress were defined and found to be important to the practice of nursing in relation to job turnover and quality of patient care. Several strategies aimed at reducing job-related stress and enhancing job satisfaction of the new graduate in the critical care area were identified and discussed. Implications for further study and implications for educational practice were also discussed.

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Chapter I

Introduction

A collection of 28 articles on 19 investigations of stress in critical care units substantiated that critical care nursing is highly stressful (Stehle, 1981). The critical care nurse is faced with minute-to-minute decision making with no margin of error. There are many physician's orders with which to deal as well as anxious patients and anxious families. In contrast, being in the student role meant having instructor participation in any crucial decision-making concerning the patient. The transition from student to practitioner is a stressful period in ordinary circumstances, but a new graduate working in a critical care setting without any previous experience would find this a very stressful environment (Judy and Jones, 1985). Bryson, Aderman, Sampiere, Rockmore, and Matsuda (1985) stated that "levels of perceived tension are associated with job dissatisfaction"(p.767).

According to Sanger, Richardson and Larson (1985), the greater the level of job satisfaction, the less likely the individual was to change positions. Job satisfaction has also been found to affect attendance, productivity and the quality of nursing. In contrast, a number of studies provided evidence of an association between job dissatisfaction and turnover (Brayfield & Crockett, 1955; Herzberg, Mausner, Peterson, & Capwell, 1975; Porter & Steers, 1973; and Vroom, 1964). Kosmoski and Calkin (1986) have suggested that reducing dissatisfaction and attrition

and increasing satisfaction were desirable goals that would help control costs, encourage competent care, provide unit stability, and improve staff morale.

Ideally, the new graduate would not be employed in the critical care setting. However, as the nursing shortage has escalated and critical care areas have become increasingly difficult to staff, new graduates have been employed in the critical care setting in increasing numbers.

Statement of the Problem

The purpose of this study was to review the related literature and to provide answers to the following questions: 1) What is the meaning and significance of job satisfaction and dissatisfaction and how can job satisfaction of nurses be measured; 2) What is job-related stress, how can it be measured, and how does it affect the job satisfaction of new graduate nurses in the critical care setting; 3) Does the new graduate nurse in the critical care setting have greater job related stress than his or her counterpart in the non-critical care setting, and if so, is the result less job satisfaction; and 4) Are there educational experiences that would be effective in reducing job-related tension and enhancing job satisfaction of the new graduate nurse employed in a critical care area?

Definition of Terms

For the purposes of this paper, key terms are defined below:

Critical Care Unit: any geographically designated area which is designed to facilitate the care of the critically ill patient by the critical care nurse.

New Graduate: any individual who has completed any of the three types of basic nursing education within the past year and has entered the first job situation as a graduate professional nurse.

Stress: a state of mental tension resulting from factors that tend to alter an existent equilibrium.

Job-Related Stress: those stresses encountered within the roles and functions of employment.

Job Satisfaction: a positive feeling or emotional response toward one's job, a job which sufficiently meets that person's expectations, needs and values.

Job Satisfaction: a negative feeling or emotional response toward one's job when expectations, needs and values are not met in one's work.

Importance of Job-Related Stress and Job Satisfaction

Job satisfaction is a desirable goal in order to reduce turnover and absenteeism as well as to enhance the quality of patient care and the working life of the individual. Job-related stress has been found to cause job dissatisfaction which has been associated with high rates of absenteeism and turnover (Gray-Toft and Adnerson, 1981).

Significance of the Study

Hospitals are finding it increasingly necessary to hire new graduates to staff the critical care units. These are considered to be high stress areas. The new graduate in this first job is attempting to build self-confidence to make critical decisions about patient care but due to the acuity of care there is no margin for error. In this setting it would seem more difficult for the new graduate to make the role transition from student to satisfied practitioner. Increased levels of job-related stress would result in lower levels of job satisfaction.

Job dissatisfaction, though not necessarily the opposite of job satisfaction, is evidenced by employees who express frustration, have low morale, low productivity, and high rates of turnover and absenteeism. Nurse turnover results in increased costs and decreased quality of patient care. With the rising cost of health care, it is essential that the nursing profession be committed to seek methods of cost-control while safeguarding the quality of patient care. The purpose of this research is to

synthesize the existing literature to identify strategies to aid the graduate to make the transition into the critical care setting and become a satisfied nurse.

Limitations of the Study

One major limitation of this study is the ambiguity of the literature. Multiple studies of job satisfaction of nurses have been conducted with a variety of findings. It is difficult to determine what aspects of work lead to job satisfaction of nurses. Much of the theoretical framework is derived from studies of non-professional workers. Additionally, there are many intervening variables that affect the job satisfaction of nurses.

Another potential limitation of the study is the population to be sampled. In any given setting there is not adequate numbers of new graduates to study and randomization would be non-existent.

Procedures in Obtaining Literature

Several methods were utilized to obtain a thorough review of the literature. Initially, the Annual Review of Nursing Research (1984) supplied a composite listing of the historical perspectives of job-related stress and job satisfaction. Bibliographies obtained from journal articles provided further references. Various indexes were utilized such as the Cumulative Index to Nursing and Allied Health Literature, the Thesaurus of ERIC Descriptors, the Resources in Education, the Current Index to Journals in Education and the Education Index as well as also utilizing the card catalog. Topics such as stress, occupational

stress, critical care, critical care nursing, critical care nursing education, job satisfaction and job satisfaction evaluation were reviewed. This was felt to result in a thorough review of the current literature.

Chapter II

Review of the Literature

The purpose of this study was to review the related literature and to provide a theoretical framework for the understanding of job satisfaction, job-related stress and the effect each has on the other. Utilizing this framework, answers to the four identified questions will be synthesized.

The Nature of Job Satisfaction and Dissatisfaction

The first question to be addressed is: What is the meaning and significance of job satisfaction and dissatisfaction and how can job satisfaction of nurses be measured? There was general agreement that job satisfaction was a positive affective response to work and could be measured as such (Bullock, 1984; Curreri, Gilley, Faulk & Swansburg, 1985; Donahue, 1978; Hinshaw & Atwood, 1984; Juhl, 1985; Mobley, Griffeth, Hand, & Meglino, 1979; Munson & Heda, 1974; and Porter & Steers, 1973). Larson, Lee, Brown and Shorr (1984) added that job satisfaction occurs when individual needs and job characteristics are compatible and that a clear understanding of the functions and tasks of the job has been shown to significantly increase job satisfaction. Expectations affect satisfaction.

Job dissatisfaction, on the other hand, results when an individal's expectations, needs and values are not met in one's work. This negative attitude leads to loss of self-esteem (Juhl, 1985). There was substantiation to the relationship of job

dissatisfaction and absenteeism and turnover (Stamps and Piedmonte, 1986).

There has been much work done in the area of job satisfaction beginning with the assumption of Frank Taylor (1911) that job satisfaction was related entirely to the amount of money earned. Hoppock (1935) concluded that job satisfaction was only part of the general satisfaction with life. He suggested that job satisfaction was a composite of environmental, psychological and physiological factors and that job satisfaction could be determined by evaluating the job as a whole or by assessment of different aspects of the job. Elton Mayo (1945), the first to consider the worker from the psychological approach, felt that the most important determinant of job satisfaction was group interaction. Maslow (1954) established the needs hierarchy which served as a basis for Herzberg, Mausner and Snyderman (1959) and the Herzberg two-factor theory of job satisfaction. Vroom (1964) developed a scale based on the need fulfillment theory and on five general areas of job satisfaction; working conditions, tasks associated with work itself, relationship with co-workers, pay, and amount of control exercised by individuals in day-to-day activities. His theory was known as the "Expectancy Theory" which hypothesized that the more an individual's expectations are met on the job, the greater the satisfaction will be.

When Herzberg developed his theory of job satisfaction, he identified two factors, motivators and hygienes. The motivational

factors are those intrinsic factors that relate to the ability to experience psychological growth and that contribute to job satisfaction while hygienes are those extrinsic factors that relate to the animal needs of humans and influence job dissatisfaction. The motivators are feelings of achievement and accomplishment, recognition, responsibility, growth, advancement, and the work itself. According to Herzberg, absence of these factors does not necessarily result in dissatisfaction. The factors that Herzberg identified as associated with dissatisfaction are company policy and administration, supervision, interpersonal relationship with peers, superiors and subordinates, working conditions, pay and fringe benefits, status, and job security. Satisfaction and dissatisfaction are not believed by Herzberg to have a polar opposite relationship on the same continuum but are two separate and sometimes unrelated phenomena. One can be both satisfied and dissatisfied at the same time in varying degrees.

Although this complex theory is the most controversial, no overview of job satisfaction would be complete without a discussion of Herzberg's dual-factor theory. This theory has been the theoretical framework for much of the research regading nurses' satisfaction with their work. The major criticism of Herzberg has been related to his method of data collection, which was primarily interview. Additionally, the workers studied were non-professional, blue collar workers. Not all of the findings

are generalizable to the professional nurse. As Herzberg and others have studied job satisfaction of nurses, the theories of these pioneers have served as the framework on which to build.

Mattera (1985) reported on the annual meeting of the National Association of Health Care Recruiters, and identified a shortage of nurses, especially critical care nurses. Many hospitals have been forced to hire new graduates in order to staff those areas. Selby (1986) indicated that this growing shortage of nurses was cause for universal concern, and in fact, is becoming a crisis. According to Judy and Jones (1985), the practice of hiring new graduates for critical care often results in disillusioned, unhappy nurses and high turnover rates.

Reres (1976) identified employee turnover as "the greatest cause of fiscal loss in personnel management" (p.55). As Brief (1976) pointed out, those things that must be considered in the cost of turnover are 1) recruiting and selecting a replacement; 2) socializing the replacement in regard to the norms of the hospital; 3) overpayment of the replacement during the period of learning when she or he cannot produce at full capacity; 4) overtime work performed by others during the period between the turnover and the replacement's achievement of full capacity; and 5) achieving a social adjustment between the nursing unit and its new member. Munro (1983a) and Wolf (1981) have translated this into a dollar figure ranging between 2,000 and 3,000 dollars. The National Association for Nurse Recruiters (1980) in doing the R.N.

Hospital Vacancy Survey has estimated the cost of recruiting one nurse to average $866.34. Munro (1983b) stated that "nurse turnover increases the cost of delivery of care and decreases the quality" (p.21).

Because experience usually enhances job performance (Price and Mueller, 1981), nurse retention has significant implications for both quantity and quality of patient care. McMahon (1982) discovered that nurses were concerned with the quality of care they were able to render to patients. The findings of a survey of nurses in Texas done by Wandelt, Pierce and Widdowson (1981) indicated that one of the greatest concerns of nurses is quality of care or lack thereof and the inability to deliver quality care becomes a dissatisfier. The new graduate in the critical care unit has not sufficiently mastered the advanced knowledge and complex psychomotor skills to meet the demands of the acutely ill patient in this "high stress atmosphere which permits neither error nor hesitancy in problem-solving" (Dear, Weisman, Alexander and Chase, 1982 p. 561). This leads to anxiety, frustration and fear. Job satisfaction, according to Slavitt, Stamps, Piedmont and Haase (1978), is related to performance within the work setting. Cronin-Stubbs (1977) studied new graduates and found that the achievement factor was most often associated with satisfaction and that too much responsibility too soon caused the new nurse to feel overwhelmed and this condition resulted in dissatisfaction. Placing the new graduate in the critical care

setting with too much responsibility too soon would result in stress and lead to job dissatisfaction. The resultant turnover is a costly solution causing substantial fiscal loss to the employing institution.

However, Pilkington and Wood (1986) pointed out, "cost effectiveness need not be the only consideration here. Surely, it is not unreasonable to want to improve the quality of one's working life, particularly in an area such as nursing where the happiness of the staff may have an effect on the quality of care given to patients" (p.13).

There have been a variety of tools utilized to measure job satisfaction. One such tool was the Job Description Index (JDI) developed by Smith, Kendall and Hulin (1969) which measured registered nurse satisfaction in the areas of a) work, b) head nurse supervision, c) pay, d) promotion and e) co-workers. Each subscale of the index consisted of a list of adjectives or descriptive phrases which allowed respondents to describe their jobs by answering "yes", "no", or "uncertain" to each (Kosmoski and Calkin, 1986). Smith, et al. have performed validity and reliability studies on this instrument with various worker groups and reported internal reliabilities that ranged from .76 to .85.

The Minnesota Satisfaction Questionnaire (MSQ) devised by Weiss, Davis, England, et al. (1967) has been used and described by Bryson, et al. as well as Simpson (1985). There were two forms, the 100-item long form or the 20-item short form. Both

were reported to have a high degree of reliability, an alpha of.81 to .94 for the long form and a mediam reliability coefficient 0.90 for the short form. Both utilized a five-point Likert-type response scale ranging from very satisfied to very dissatisfied with a neutral midpoint. The MSQ measured job satisfaction on 20 different variables and has been widely used to study job satisfaction in a number of different occupations including nursing.

Munson and Heda (1974) described a method of measuring nursing satisfaction as an organizational variable. Categories of questions were based on Maslow's Hierarchy of needs and Herzberg's two-factor theory.

Everly and Falcione (1976) used an 18-item Likert-type scale to determine measures of job satisfaction. This instrument considered the intrinsic/extrinsic dichotomy.

Stamps and Piedmont (1987), building on Maslow's and Herzberg's theories of work satisfaction, have developed the two-part Index of Work Satisfaction. Work on this tool began in 1972 and during the interim the developers have revised and improved it based on multiple administrations of the tool and an exhaustive review of the literature. Part A consisted of 15 sets of paired comparisons of the six components of job satisfaction: a) the pay component, b) the autonomy component, c) the task requirements component, d) the organizational requirements component, e) the job status component, and f) the interaction

component. This allowed one to measure the relative importance of each of the six components to provide an understanding of the expectations of the respondent. Part B was the Likert scale that measured the current level of satisfaction for each of the six components.

The pay component, the dollar remuneration and the fringe benefits received for work done was considered a dissatisfier yet other work components have consistently been pointed to as higher in importance toward the development of job satisfaction. Good pay alone does not lead to satisfaction, but is an important factor in preventing dissatisfaction.

The amount of work-related independence, initiative and freedom either permitted or required in daily work activity was termed autonomy. Weisman, Alexander and Chase (1980) found this aspect of work satisfaction had been ranked high in importance by registered nurses.

Task requirements were those things that must be done as a regular part of the job. Job stress, as a result of frustration in meeting these obligations, has been found by Posner and Randolph (1979) to lead to dissatisfaction by registered nurses. Task requirements were considered an important aspect of nurses' job satisfaction and would be of particular interest to this study. If the inexperienced nurse in the critical care area were having difficulty meeting the expectations of the job, one would expect a low level of satisfaction, particularly in this area.

Organizational requirements were constraints or limits imposed upon work activities by the organization's management. Organizational support or lack thereof has been related in varying degrees to work satisfaction.

Job status was the overall importance felt about the job at the personal level as well as the importance of the job to the organization and the community. A positive relationship existed between the level or status of the worker's job and the worker's satisfaction.

Interaction meant the opportunities and requirements presented for formal and informal social and professional contact during working hours. This component included the nurse-nurse interactions as well as the physician-nurse interactions. Wagner, Loesch, and Anderson (1977) reported that cooperation and respect from peers, as well as their recognition, were important to the job satisfaction of nurses.

The Index of Work Satisfaction was comprised of statements measuring the six described components of job satisfaction which were randomly arranged with half being stated positively and half being stated negatively. A seven-point response scale with a neutral midpoint was used and the Index of Work Satisfaction was ultimately validated utilizing a 262-bed acute care community hospital.

Statistical evaluation of the Index of Work Satisfaction indicated high levels of both reliability and validity. Using

Cronbach's Alpha, a split-half reliability technique, a value of .82003 was obtained. Kendall's Tau, a measure of the strength of association between the weighted and unweighted scores, was calculated at .9213. Validity of scale items was demonstrated by using the varimax factor analytic technique.

In summary, numerous investigations have been conducted to identify the major phenomena pertaining to satisfaction. From the overall conceptual definitions of job satisfaction, two issues persist: the unidemensional versus the multidimensional concept, and the continuum of job satisfaction to dissatisfaction versus the continuum of satisfaction to no satisfaction (Atwood and Hinshaw, 1984). The consensus definition of job satisfaction was that job satisfaction could be the individual's feelings about his/her job as a whole or it could be feeling related to different aspects of the job. There was some evidence reported by Mobely, Griffeth, Hand and Meglino (1979) that the more an individual's expectations were met on the job, the greater his/her satisfaction and the less likely the individual was to leave the job.

Tools to measure job satisfaction have been developed and used with mixed results. When job satisfaction of nurses has been studied, it has been discovered that what is important to the satisfaction of one nurse may not be so important to another. The Index of Work Satisfaction has allowed for the weighting of the six components of job satisfaction which has then provided insight into what is important to the individual. For this reason, the

Index of Work Satisfaction has been found to be an effective measuring device to determine levels of job satisfaction of nurses.

Job-Related Stress and the Effect on Job Satisfaction

The second question under consideration is: What is job-related stress, how can it be measured and how does it affect the job satisfaction of new graduate nurses in the critical care setting? A simplified definition of stress is a state of mental tension resulting from factors that tend to alter an existent equilibrium. Hinshaw and Atwood (1984) have defined job-related stress as those stresses encountered within the roles and functions of employment.

However, to achieve a better understanding of job-related stress, it was necessary to explore the literature concerned with stress and, particularly, with job-related stress. Dr. Hans Selye (1976), founder of the International Institute of Stress, has defined stress as "the non-specific response of the body to any demand made upon it" (p. 74). Lazarus, Cohen, and Folkman (1980) modified Selyes' definition by suggesting that stress was cognitively mediated and thus assigned a positive or negative value according to the perception of the individual. Therefore, stress may be perceived as either good or bad, depending on the perception of the individual (Bailey, Steffen, & Grout, 1980). Cleland (1965) indicated that one should not consider stress as being imposed upon the individual but rather as the individual's

response to internal and external processes which reach those threshold levels that strain its physiological and psychological integrative capacities close to or beyond their limits. More simply stated, each individual perceives stress differently. What serves as a serious stressor for one may result in low levels of stress for another and may even be perceived differently by the same individual at different times depending on the mental and physical well-being of the individual at the time (Kroll, 1985).

On the other hand, Grout (1980) found that those tasks which were presumed to be stressful were instead a source of considerable challenge and satisfaction. There was no stress response unless such demands exceeded the person's ability to cope with them.

Manderino and Yonkman (1985) reported that while low or mild levels of stress can be quite useful in terms of sharpening performance, moderate to severe levels of stress can seriously interfere with problem-solving ability as well as motor performance. The findings of Norbeck (1985a) supported the premise that perceived job stress was positively related to job dissatisfaction and psychological symptoms. Others have reported similar findings as cited in Bryson et al. (1985). Stratton (1985) assumed that poor management of stress resulted in poor nursing care, job dissatisfaction and diminished potential for further personal/professional development. Bailey (1980) noted that job performance of individuals may have been negatively

affected by undue stress while a common response of individuals to job stress was to resign.

McCloskey (1975) discovered that the "new graduate who is faced with many new responsibilities and unfamiliar routines, and who may be criticized by the patient, peers, and physicians for her inexperience soon may lose confidence in her ability"(p.601). Meisenhelder (1981) reported that loss of self-esteem results in increased job-related tension and job dissatisfaction. Attempts to avoid this loss of self-esteem include absenteeism or leaving the job.

There have been a number of methods used to measure job-related stress. Huckabay and Jagla (1979) developed the 32-item questionnaire of Stressful Factors in the Intensive Care Unit which used a situational format to tap four main categories of stressful events in critical care nursing. The four main categories were interpersonal communication problems, need for extensive knowledge base, environmental problems (equipment failure, noise level, etc.), and patient care problems (workload, death of a patient, etc.) Respondents were asked to rate each item for frequency of stressfulness on a five-point Likert scale and the ratings for the 32 items were summed in scoring. Descriptive literature and a panel of five judges who reached 80% agreement were used by Huckaby and Jagla to establish content validity. A split-half reliability of .79 (Spearman rho) and .88 (Spearman-Brown) was reported.

Norbeck (1985b) used the Questionnaire of Stressful Factor in the Intensive Care Unit described previously but, she modified the questionnaire slightly by changing references from "intensive care" to "critical care" to broaden its use to all areas of critical care. The split-half reliability on the modified questionnaire for the Norbeck sample was .90 (Spearman-Brown), and coefficient alpha for the entire instrument was .90.

Kroll (1985) described and used the Stress Evaluation Questionnaire developed by Communication Management Associates. This was administered to approximately 200 nursing personnel to determine the most stressful factors for four different nursing units including the critical care unit. No reliability or validity factors were reported.

Cronin-Stubbs and Rooks (1985) used the Nursing Stress Scale to measure the frequency and the intensity of work-related stressors. Again, no measures of validity or reliability were reported.

Perceived job tension was measured by Bryson et al. (1985) by a 26-item questionnaire designed to assess the degree of frustration caused by various work-related conditions and events. The 18-item Job-Related Tension (JRTI) was modified by the inclusion of eight additional items. A sum of the 26 items yielded a total tension score for each subject. Acceptable levels of reliability and construct validity were reported with a coefficient alpha of .90.

Vincent and Coleman (1986) compared the stress of intensive care nurses to that of non-intensive care nurses by administering the Stressors for Nurses Form (SFN). Respondents were asked to rank order seven major categories of stressors. The same four categories measured by the Huckaby and Jagla Questionnaire of Stressfull Factors as well as lack of administrative rewards, life events and management of the unit were surveyed. Additionally, a list of subcategories was included for each of the seven items and respondents were asked to check those items that were felt to be stressful for the individual at the present time. The Stressors for Nurses Form was developed as a result of extensive study of stressors among ICU nurses according to Vincent and Coleman (1986), however, no validity and reliability studies have been done.

Spoth and Konewko (1987) devised the ICU stressor survey (ISS) which measured the cumulative frequency and cumulative severity of stress in three primary categories: (1) the physical environment, (2) the professional/interpersonal environment, and (3) direct patient care. Again no validity or reliability scores were reported.

To summarize, job-related stress is a feeling of tension resulting from factors encountered within the roles and functions of employment that tends to alter an existent equilibrium. Job-related stress like any other form of stress is related to the perceptions of the individual. There will not be a stress

response unless such demands exceed the person's ability to cope with them (Grout, 1980). LaRocco, House & French (1980) reported that perceptions of job related stress resulted in decreased feelings of job satisfaction and an increased propensity to leave the work situation.

New graduate nurses employed in the critical care setting experience multiple stressors. Novices must not only deal with their lack of knowledge and experience, but also with role change and leaving behind familiar, comfortable patterns and relationships (Holloran, Mishkin, and Hanson, 1980). Regardless of these identified stressors, Weisman, Dear, Alexander and Chase (1981) found that the new graduate may be no less satisfied in the critical care area than any other newly hired nurse depending on the nurse's perception of stress.

Measurement of stress has been accomplished with a variety of tools. When assessing what causes stress for nurses, five general categories have been identified: (1) interpersonal based, (2) environmental variables, (3) patient care based, (4) knowledge and skills based, and (5) management-related variables. These categories will serve as a basis for interventions to reduce job-related stress of the new graduate in the critical care area.

Comparison of Critical Care and Non-Critical Care Nurses

The third question to be discussed is: Does the new graduate nurse in the critical care setting have greater job-related stress than his or her counterpart in the non-critical care setting and

if so, is the result less job satisfaction? Two aspects of this question were explored: the new graduate versus the experienced nurse and the nurse in critical care areas versus the nurse in non-critical care areas. According to Gentry and Parkes (1982), nurses with shorter tenure experience greater difficulty with overload than is experienced by those who have been on the job longer. Houser (1977) reported that experience in either a critical care area or a non-critical care area was the best predictor of job performance. Toth and Ritchey (1984) found a statistically significant and direct relationship between the length of experience in critical care nursing and basic knowledge of critical care nursing as tested by the Basic Knowledge Assessment Tool (BKAT). Toth (1986) reported a nonsignificant effect of experience in non-critical care nursing on basic knowledge relevant to critical care nursing. The implication of these findings was that non-critical care experience was not valuable in preparing to work in critical care areas.

Kramer and Schmalenberg (1977) identified that "the first job of a new graduate nurse is perceived as a proving ground - a place to test out one's abilities as a nurse." According to Benner (1982) the new graduate is not a finished product and must progress through a series of developmental stages before becoming a proficient practitioner. The new graduate with no experience lacks the ability to use discretionary judgment which would be essential to the critical care nurse. Novices must not only deal

with those stressors identified as being associated with critical care nursing, but also with their lack of knowledge and experience (Bourbonnais and Baumann, 1985).

Contrary to what was expected, findings were inconclusive that the critical care setting was perceived as more stressful or found to be less satisfying by the new graduate. While some notable studies posited the critical care area to be more stressful (Dear, et al., 1982; Gentry, Foster & Froehling, 1972; Norbeck, 1985; Stehle, 1981, & Vincent and Coleman, 1986) others found that there was no significant difference in the stress of the critical care areas and that of the non-critical care areas (Cronin-Stubbs and Rooks, 1985; Keane, Ducette & Adler, 1985; Kobassa, Maddi & Kahn, 1982; & MacNeil and Weisz, 1987. On the other hand, Kelly and Cross (1985) and Maloney (1982) have found contradictory evidence which suggests that medical-surgical nurses have a higher level of stress than critical care nurses.

What these studies have demonstrated is that personality types may be more indicative of how well an individual adjusts to critical care nursing. Kobasa, et al.,(1982), described the "hardiness" tool. They felt that personality dispositions can influence coping processes and that these may be the mechanisms whereby personality exercises a buffering effect on stressful events. Cross and Kelly (1985) explored the relationship between personality types and stress. They utilized the Myers-Briggs Type Indicator which is based on Jung's Theory of personality

development. Results of this study demonstrated a marked trend for nurses to prefer being introverted rather than extraverted and to prefer sensing rather than intuition. There were more thinking types in critical care areas than non-critical care areas.

In summary, the findings were inconclusive as to which area of nursing was most stressful. Nursing tasks were not homogenous across various nursing units according to Overton, Schneck & Hazlett (1977) but the perception of stress was more related to the individual response than the type of unit. Although personality typing or hardiness testing might be useful to help predict who would be more able to manage the stress and thus be more satisfied, it is not an appropriate tool to determine who will be employed or not employed in the critical care areas.

Implications for Reducing Job-Related Stress and Enhancing Job Satisfaction

The final question explored was: Are there educational experiences that would be effective in reducing job-related tension and enhancing job satisfaction of the new graduate nurse employed in a critical care area?

The role of educators is to better socialize the nursing student into the professional role and further consider the interaction between practice and education (Brief, 1976). The Interdivision Coordinating Committee of the National League for Nursing (1983) found that 1) Graduates of a nursing education program are not always prepared for the reality of a nursing

service setting or of role expectations; 2) Nursing education programs do not place enough emphasis on transition of student to graduate nurse; 3) Not all nursing services have a well-organized program for the new graduate. "Today's graduate is not a 'finished product' and should not be in a critical care unit for his or her first work experience, a time of conflict in which the real world versus the 'ivory tower' ideals of the education setting "(Clark, 1986, p.16). But, in reality, as indicated by the findings of Yocom (1987) in studying the practice patterns of newly licensed registered nurses and depicted in Table 1, about 10% of the new graduates who wrote the RN licensing examination in July, 1984 and February and July, 1985 were hired in the critical care setting.

Table 1

Percent of Newly Licensed Registered Nurses Working in the Critical Care Setting

Type of Graduate	N	Percent of N
Diploma	628	12.1%
Associate Degree	2037	9.2%
Baccalaureate Degree	1239	11.1%
Total	3904	10.3%
Foreign	724	7.9%

Based on these facts, the nurse educator can no longer ignore this area of nursing as inappropriate for the new graduate. As stated by Jackle, Ceronsky, and Peterson (1977) "merely deciding

not to hire new graduates in critical care areas does not solve the problem" (p. 685). We must develop strategies to help new graduates bridge the "gap between expectations and reality" (Ruffing, Smith and Rogers, 1984). The expected result of this effort would be increased job satisfaction and reduced levels of job-related stress by new graduates with their first jobs being in the critical care setting.

Review of the literature has provided several recurring themes which were identified as sources of stress and dissatisfaction for practicing nurses. General categories of stress that emerged were (a) interpersonal based, (b) environmental variables, (c) patient-care based, (d) knowledge and skills based, and (e) management related (Friedman, 1982; Gentry et al., 1972; Gentry and Parkes, 1982; Jackle et al., 1977; Kelly and Cross, 1985; Kroll, 1985; Norbeck, 1985a; Norbeck, 1985 b; Norbeck, 1985c; Spoth and Konewko, 1987; and Vincent and Coleman, 1986).

The category interpersonal based stressors included subcategories such as; (a) personality conflicts among nursing staff, with physicians, with administration and with patients and/or families; (b) communication problems; and (c) lack of teamwork both among staff and with other departments. Strategies that have been suggested for implementation in the educational setting were (a) conflict resolution seminars (Burton and Burton, 1982), (b) assertiveness training (Anderson, 1987), (c) effective

communication skills (Bailey et al. 1980). Because these variables have been identified as sources of stress for nurses in both critical care and non-critical care areas, attainment of these skills may result in stress reduction and thus enhance job satisfaction.

Although the second stressor identified, the environmental variable, was found in several studies (Friedman, 1982; Gentry et al., 1972; Kelly and Cross, 1985; Kroll, 1985; and Vincent and Coleman, 1986) to be a significant cause of strss, there were no solutions appropriate for the educational setting. This variable included subcategories such as inadequate or poorly arranged workspace, high noise levels, and insufficient or malfunctioning equipment.

Patient care based problems constituted a third significant variable. Gentry and Parkes (1982) have observed that death of patients is frequently cited as the major source of stress by critical care nurses. Findings by Coolbeth and Sullivan (1984) indicated that academic exposure had a significant effect on attitudes toward death. A well-planned unit of study regarding death and dying was found by Brown (1986) to aid the student to become more comfortable dealing with issues of death and dying.

Knowledge and skills was a fourth concern of those nurses studied. This category included lack of personal experience and skills, inadequate knowledge for your area, and need to make rapid decisions concerning patient care.

Torez (1982) discussed the skills necessary for the technically competent critical care nurse. These decision-making responsibilities of the expert nurse were critical. The role of the nurse has become more vital and exacting than before. The nurse cannot wait for cardiac arrest to occur and react but must forestall the crises by preventive actions done subsequent to assessments made. Jenness (1987) described several effective methods to teach decision making to students. Some of those strategies were computer-assisted instruction, the use of a decision tree and case studies and simulation. Pardue (1987) encouraged nurse educators to promote clinical practice experiences for students to enhance decision-making skills.

Another strategy to increase the knowledge and skills of the student and to better socialize the neophyte into the critical care setting in a manner that has limited job-related stress and enhanced job satisfaction, has been a critical care internship program. Such programs have been favorably discussed in the existing literature. Dear, Celentano, Weisman and Keen (1982) suggested that critical care nurse internship programs serve as recruitment devices, deterrents to turnover, and aids to the development of knowledge and self-confidence for new nurses.

The main deterrent to establishing nurse intern programs was that it was a costly endeavor. However, when compared to the high cost of turnover, it became a cost effective solution to a critical problem. Roell (1981) reported that nurse-intern

programs stood as an efficient, effective method of orienting new graduate nurses in their first work experience. Brider (1986) reported that hospitals that had internship programs have maintained their critical care staff better.

Those internship programs described in the literature have been six weeks to one year in duration. They have been implemented either as an integral part of the nursing education program or a part of the hospital orientation program and have served as a reality-based experience. Internship programs both allowed the neophyte to ease into the role of a critical care nurse (Chickerella and Lutz, 1981) and provided a realistic expectation of what critical care nursing entailed. It was an individualized teaching/learning method.

Judy and Jones (1985) have described a six-week experience which consisted of didactic and clinical sessions designed to assist the student in the development of advanced theoretical and technical skills. Objectives were developed such as "Develop a plan of care to meet the changing needs of the patient with complex problems". This was then further modified with more specific objectives.

In the program described by Walters (1981) senior students voluntarily were paired with a clinical preceptor, a practitioner with expertise in the clinical area who was willing to share responsibility for instruction. Students participated voluntarily and were finally selected based on their grade point average

because a sound knowledge base was felt to be essential. Knowledge base could be assessed following participation in the preceptor program by the NLN Exam, Nursing Care of Adults in Special Care Units (NLN Test Service Catalog, 1987) or the Basic Knowledge Assessment Tool (BKAT)(Toth, 1986). Both are reported to have acceptable reliability and validity.

Turnball (1983) described the preceptor as a service-based nurse with clinical expertise and an interest in student education. The preceptor was willing to sponsor or work with a student nurse when the instructor may or may not be present in the patient care setting. In some programs, the only compensation for being a preceptor was the satisfaction of having helped the student learn to improve their own knowledge or skills and/or demonstrate their teaching and leadership skills. In other programs, there were tangible rewards.

The educator's role, according to Alspach (1984) and Bartz and Maloney (1984), was to plan the program including instructional content and learning objectives, choose, orient and guide the preceptors, facilitate experiences and theory integration, conduct or assist with student evaluation and feedback and evaluate the program overall. The Bartz and Maloney program was structured according to the Critical Care Standards for Nursing Care of the Critically Ill (Thiere, et al., 1981) Additionally, the Core Curriculum for Critical Care Nursing

(Alspach and Williams, 1985) has been developed to guide the learning plan.

Evaluation of the student was an important aspect of the program. Hingley and Harris (1986) found that nursing students were anxious about their performance and progress. Hemsworth (1981) found that one of the needs of new graduates was evaluation and frequent feedback to build self-confidence.

Borovies and Newman (1981) included a "rap session" to deal with stressors in their transition program. Stress reduction techniques were taught and professional support systems were utilized.

The fifth and final category found by Kelly and Cross (1985), Spoth and Konewko (1987), and Vincent and Coleman (1986) to be a source of stress was the management variable. Overwhelming workload, unclear responsibilities, inadequate staffing and the need for social support comprised this category. While problems of management was an identified source of stress, educational strategies were not the solution.

To summarize, whether or not the new graduate was appropriate for the critical care setting was a moot point. They have been employed there in a fairly high ratio. Nursing education and nursing service must find ways to collaborate to foster congruence of the nursing role (Fishel and Johnson, 1981)

Topics especially important to include in the nursing curriculum were conflict resolution techniques, assertiveness

training, effective communication skills and death and dying classes. Decision-making skills were also an essential aspect of the curriculum.

The nurse internship program was one experience that has been used successfully. Advantages have been found to exist for the student, the preceptor and the hiring institution. This program exposed nursing students to the "real world" of nursing. Planning of classroom content was guided by critical care standards and the core curriculum.

The effect of these interventions could be scientifically studied by comparing nurses new to critical care areas who have and have not participated in the preceptorship program in terms of job satisfaction and levels of perceived stress. One might also quantify levels of job satisfaction and perceived tension to study the effects on the preceptor.

Those categories for which no educationally-oriented solutions were found were the environmental variable and the management-related variable. Solutions for these variables are more germane to the practice setting.

Chapter III

Summary, Conclusions and Implications

Summary

The purpose of this paper was to review the related literature and to: 1) define job satisfaction and dissatisfaction, determine their significance to the practice of nursing and identify methods to quantify job satisfaction; 2) define job related stress, identify methods to evaluate the degree of stress perceived and correlate this to job satisfaction; 3) compare, from the literature, the perceived stress and job satisfaction of the new graduate in the critical care area and the non-critical care area; and 4) describe those learning experiences that will reduce job-related tension and enhance job satisfaction and discuss the implementation of those experiences into the educational program. These four questions were explored and addressed in this paper. A summary of the information obtained from the literature in response to those four questions will now be presented.

Question #1: What is the meaning and significance of job satisfaction and dissatisfaction and how can job satisfaction be measured?

Job satisfaction was defined as a positive affective response to work that was related to the individual's expectations of the job. In contrast, job dissatisfaction was a negative feeling toward one's job as a result of unmet expectations. Job satisfaction or dissatisfaction was found not only to be affected

by but also to affect the quality and quantity of patient care and ultimately the nurse's propensity to stay or to leave the job. Job turnover was found to be a costly solution to job dissatisfaction in terms of dollars, quality of the working life and quality of patient care.

The degree of job satisfaction has been measured by a variety of different tools. However, most of these measuring devices are modifications of each other. One tool emerged as being highly refined and comprehensive. The Index of Work Satisfaction (See Appendix A) measured job satisfaction, validly and reliably in six main areas: the pay component, the autonomy component, the task requirements component, the job status component, and the interaction component. For ease of scoring, the authors have included complete instructions for scoring procedures either by hand calculation, mainframe program or personal computer.

Question #2: What is job-related stress, how can it be measured, and how does it affect job satisfaction of new graduate nurses in the critical care setting?

Job-related stress was defined as those stresses encountered within the roles and functions of employment. However, the stress response was modified by the adaptive resources of the individual. For this reason, not all nurses perceive a given stimulus to be stressful to the same degree. In fact, Grout (1980) found that tasks and environment previously thought to be stressful were instead a source of considerable challenge and satisfaction.

Findings did substantiate that increased perceptions of stress were negatively correlated to job satisfaction and positively correlated to absenteeism and turnover.

Several stress questionnaires were described. The Stress Evaluation Questionnaire was one example (See Appendix B).

Question #3: Does the new graduate nurse in the critical care setting have greater job-related stress than his or her counterpart in the non-critical care setting and if so is the result less job satisfaction?

While it was found that lack of experience in critical care was related to the degree of stress perceived by the nurse new to the area, findings were inconclusive as to which area of nursing resulted in greater perceptions of stress. Hingley and Harris (1986) identified that nursing, in general, is a high-stress occupation. Therefore, helping students learn to deal with their stress would be useful whether the first job was to be critical care or another area of nursing.

Question #4: Are there educational experiences that would be effective in reducing job-related tension and enhancing job satisfaction of the new graduate nurse employed in a critical care area?

Aspects that have been found to be extremely stress producing could be dealt with under the main categories of interpersonal relations, patient care based stressors and knowledge and skills based stressors. All of these would be appropriate areas of study

whether the nurse is in the critical care area or elsewhere. Stress reduction techniques would also be a useful skill.

One main strategy identified to help prepare nurses for the critical care area was that of internship or preceptor programs either within the educational setting or as a means of orientation. This program must be carefully planned by a joint effort of nursing service and education. It does require the full support of administration because it is, initially, a costly program. But it would be a financially sound investment in terms of reduced stress, increased satisfaction and ultimately reduced turnover and increased quality and quantity of patient care.

Conclusions

Conclusions drawn from this study are: 1) job satisfaction is a desirable goal in terms of nurse retention, cost reduction, quality of patient care and individual happiness; 2) although individuals are all different and each will respond differently to a given stressor, the perception of job-related stress can be measured and correlated to the degree of job satisfaction; 3) it is not only appropriate but necessary to search for methods to ease the transition of the student into the critical care setting while remembering that the goal of the program is to produce beginning level practitioners; 4) effective intership or preceptor programs may provide one means of easing the student into the critical care setting. With the current shortage of nurses in all areas and especially critical care, it is imperative

for both nursing education and nursing service to search for methods to reduce job-related stress and thus enhance job satisfaction. This will reduce turnover and improve the quality of patient care.

Implications for Further Study

Implications for further study stem from each of the aspects identified as being extremely stress producing. Decision making is an essential skill that can be taught. Strategies to teach better decision-making skills must be identified and evaluated for effectiveness.

Communication skills are recognized as being critical for nurses. There is an emphasis in nursing curricula for students to learn empathetic communication to be more therapeutic with patients. However, nurse-nurse and physician-nurse communication skills are left to the student to learn on her own. This may result in faulty learning. Students need more opportunities to practice these skills once learned.

Death and dying units are taught and have been found to be effective in aiding the student to deal with dying patients and their families. But more needs to be done with this throughout the curriculum. Additional theory instruction accompanied by simulated and actual experiences in communicating with the dying patient and family members might be effective. Small group discussion to explore feelings about death and dying could enhance the student's coping ability.

Students need to learn better stress management techniques. This too is an area ignored. Some nurses are better at caring for the needs of others than meeting their own needs.

Financing for nurse internship programs needs to be found allowing for more of these programs to be implemented in but not limited to critical care settings. New graduates who have and who have not been involved in internship programs need to be assessed for role transition. Researchers can measure levels of job satisfaction and perceived stress and ultimately job turnover. One of the major problems for this type of research is to control for validity threats.

Implications for Educational Practice

Methods to reduce job-related stress and enhance job satisfaction have been discussed. Implementation of a variation of a nurse internship program will be discussed and applied to the critical care course at Allen Memorial Hospital School of Nursing. Nursing the "Critically Ill Patient" is a sixteen-week course offered during the second semester of the senior year.' There are 56 hours of theory and 112 hours of clinical experience. The focus of this course is on the utilization of the nursing process for individuals with life threatening multisystem disorders. Emphasis is placed on the assessment of biopsychosocial and spiritual needs, identification of stressors, planning and interventions which will contribute to promotion of an optimal position on the health-illness continuum. Decision making

regarding complex nursing is emphasized. Intensive care settings and selected medical-surgical units are utilized for clinical experiences.

Clinical assignments are made to optimize the correlation of theory content and clinical experience. A student spends six weeks on 2-Central (the surgical step-down unit) and six weeks on 4-Central (the medical step-down unit). A student spends the remaining four weeks rotating between the critical care areas, two weeks each in Intensive Care and Emergency Room (All of these areas are considered critical care areas). The student is assigned to work with a staff person in the units and is under his or her supervision. The student's role is one of observing and assisting with direct patient care. A faculty member is assigned to float between the two units to coordinate and facilitate the student's experiences.

Using the current course, "Nursing the Critically Ill Patient", as a framework, application of some aspects of the internship model can be applied. First, it will be essential for the success of the program to enlist the support of nursing administration including the head nurse of the critical care unit. This program requires nurse educators and nurses in the practice setting to work closely and to agree on the goals of the program.

The main goal of the nurse internship program is to productively enhance the student's transition from nursing student to clinical staff nurse. The student receives nurturance,

develops confidence, applies theory to practice, and gains exposure to the reality of clinical nursing.

Preceptors will be selected jointly by the head nurse and the nurse educator. This will be a voluntary assignment with no plan for any tangible reward. However, aside from the satisfaction of helping the student, the preceptor will improve his or her own knowledge or skills and/or demonstrate their teaching and leadership skills (Turnball, 1983). Clinical expertise, willingness and capability to teach interpersonal skills and leadership skills are the criteria for selection of preceptors.

After the preceptors have been selected, the educator will begin to work with these individuals. Goals and objectives for the program will be discussed. The role and expectations of the preceptor will be thorougly explained. Adult learning techniques will be stressed.

The preceptor program will be available during the final six weeks of the sixteen weeks of the critical care course. Students will be on the clinical unit from 7-3:00 on Monday and Tuesday or Tuesday and Wednesday of each of these six weeks depending on student schedules. The program size will be limited to no more than six students who will be selected according to expressed desire, minimum cummulative grade point average of 3.0 on a 4.0 scale and clinical excellence as rated by previous instructors. There will be no obligation to the student or to the institution for employment following completion of the program. The student

is expected to assume the practice role and to steadily grow in his or her ability to organize, make clinical judgments, demonstrate leadership qualities and carry out the nursing process. Because the student perceived this to be meaningful learning, the student will be motivated to learn. The student will continue to attend classes Thursday and Friday morning for theory presentation. Time will be scheduled during one clinical day each week for the group to meet to discuss the current stressors.

The instructor will serve as a catalyst for the program. She will assist to initiate a positive preceptor-student relationship. She will assure that program objectives are understood and agreed upon by all. She will be available to support preceptors and students as needs become apparent.

Formative evaluation of the student by the preceptor takes place throughout the six weeks. Strengths will be emphasized with areas for growth identified. Summative evaluation is a cooperative effort and will involve all three individuals - instructor, student and preceptor.

All three of these individuals, as well as the head nurse and involved patients, will participate in evaluation of the preceptor program. The program can be scientifically studied for its effect on the nursing practice of the student and on patient care. Comparisons of nurses new to critical care who have and have not had the preceptorship program could be made in terms of

job-related stress, job satisfaction and turnover and absenteeism.

An outline for a preceptor program to be implemented as part of the critical care course at Allen Memorial Hospital School of Nursing has been presented. The success of this program may provide a mechanism for aiding students to "bridge the gap" from student to practitioner.

Closing Statement

As the shortage of critical care nurses continues to escalate, new graduates will of necessity be hired in greater numbers to staff these areas. This practice often results in disillusioned, unhappy nurses and high turnover rates. It will become more critical than ever before for educators and service to collaborate to assist students to make the transition from student to practitioner.

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APPENDIX A

THE INDEX OF WORK SATISFACTION QUESTIONNAIRE

Part A (Paired Comparisons)

Listed and briefly defined on this sheet of paper are six terms or factors that are involved in how people feel about their work situation. Each factor has something to do with "work satisfaction." We are interested in determining which of these is most important to you in relation to the others.

Please carefully read the definitions for each factor as given below:

1. Pay—dollar remuneration and fringe benefits received for work done
2. Autonomy—amount of job-related independence, initiative, and freedom, either permitted or required in daily work activities
3. Task Requirements—tasks or activities that must be done as a regular part of the job
4. Organizational Policies—management policies and procedures put forward by the hospital and nursing administration of this hospital
5. Interaction—opportunities presented for both formal and informal social and professional contact during working hours
6. Professional Status—overall importance or significance felt about your job, both in your view and in the view of others

Scoring. These factors are presented in pairs on the questionnaire that you have been given. Only 15 pairs are presented: this is every set of combinations. No pair is repeated or reversed.

For each pair of terms, decide which one is *more important* for your job satisfaction or morale. Please indicate your choice by a check on the line in front of it. For example: If you felt that Pay (as defined above) is more important than Autonomy (as defined above), check the line before Pay.

___ Pay or ___ Autonomy

We realize it will be difficult to make choices in some cases. However, please do try to select the factor which is more important to you. Please make an effort to answer every item; do not change any of your answers.

1. ___ Professional Status	or	___ Organizational Policies
2. ___ Pay	or	___ Task Requirements
3. ___ Organizational Policies	or	___ Interaction
4. ___ Task Requirements	or	___ Organizational Policies
5. ___ Professional Status	or	___ Task Requirements
6. ___ Pay	or	___ Autonomy
7. ___ Professional Status	or	___ Interaction
8. ___ Professional Status	or	___ Autonomy
9. ___ Interaction	or	___ Task Requirements
10. ___ Interaction	or	___ Pay
11. ___ Autonomy	or	___ Task Requirements
12. ___ Organizational Policies	or	___ Autonomy
13. ___ Pay	or	___ Professional Status
14. ___ Interaction	or	___ Autonomy
15. ___ Organizational Policies	or	___ Pay

Part B (Attitude Questionnaire)

The following items represent statements about satisfaction with your occupation. Please respond to each item. It may be very difficult to fit your responses into the seven categories; in that case, select the category that *comes closest* to your response to the statement. It is very important that you give your *honest* opinion. Please do not go back and change any of your answers.

Instructions for Scoring Please circle the number that most closely indicates how you feel about each statement. The *left* set of numbers indicates degrees of *disagreement.* The *right* set of numbers indicates degrees of *agreement.* The *center* number means "undecided." Please use it as little as possible. For example, if you *strongly disagree* with the first item, circle 1; if you *moderately agree* with the first statement, you would circle 6.

Remember: The more strongly you feel about the statement, the further from the center you should circle, with disagreement to the left and agreement to the right.

	Disagree						Agree
1. My present salary is satisfactory.	1	2	3	4	5	6	7
2. Most people do not sufficiently appreciate the importance of nursing care to hospital patients.	1	2	3	4	5	6	7
3. The nursing personnel on my service do not hesitate to pitch in and help one another out when things get in a rush.	1	2	3	4	5	6	7
4. There is too much clerical and "paperwork" required of nursing personnel in this hospital.	1	2	3	4	5	6	7
5. The nursing staff has sufficient control over scheduling their own work shifts in my hospital.	1	2	3	4	5	6	7
6. Physicians in general cooperate with nursing staff on my unit.	1	2	3	4	5	6	7
7. I feel that I am supervised more closely than is necessary.	1	2	3	4	5	6	7
8. Excluding myself, it is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay.	1	2	3	4	5	6	7
9. Nursing is a long way from being recognized as a profession.	1	2	3	4	5	6	7
10. New employees are not quickly made to "feel at home" on my unit.	1	2	3	4	5	6	7
11. I think I could do a better job if I did not have so much to do all the time.	1	2	3	4	5	6	7
12. There is a great gap between the administration of this hospital and the daily problems of the nursing service.	1	2	3	4	5	6	7
13. I feel I have sufficient input into the program of care for each of my patients.	1	2	3	4	5	6	7
14. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.	1	2	3	4	5	6	7
15. There is no doubt whatever in my mind that what I do on my job is really important.	1	2	3	4	5	6	7
16. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.	1	2	3	4	5	6	7

	Disagree						Agree
17. I have too much responsibility and not enough authority.	1	2	3	4	5	6	7
18. There are not enough opportunities for advancement of nursing personnel at this hospital.	1	2	3	4	5	6	7
19. There is a lot of teamwork between nurses and doctors on my own unit.	1	2	3	4	5	6	7
20. On my service, my supervisors make all the decisions. I have little direct control over my own work.	1	2	3	4	5	6	7
21. The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.	1	2	3	4	5	6	7
22. I am satisfied with the types of activities that I do on my job.	1	2	3	4	5	6	7
23. The nursing personnel on my service are not as friendly and outgoing as I would like.	1	2	3	4	5	6	7
24. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	1	2	3	4	5	6	7
25. There is ample opportunity for nursing staff to participate in the administrative decision-making process.	1	2	3	4	5	6	7
26. A great deal of independence is permitted, if not required, of me.	1	2	3	4	5	6	7
27. What I do on my job does not add up to anything really significant.	1	2	3	4	5	6	7
28. There is a lot of "rank consciousness" on my unit. Nursing personnel seldom mingle with others of lower ranks.	1	2	3	4	5	6	7
29. I have sufficient time for direct patient care.	1	2	3	4	5	6	7
30. I am sometimes frustrated because all of my activities seem programmed for me.	1	2	3	4	5	6	7
31. I am sometimes required to do things on my job that are against my better professional nursing judgment.	1	2	3	4	5	6	7
32. From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid.	1	2	3	4	5	6	7
33. Administrative decisions at this hospital interfere too much with patient care.	1	2	3	4	5	6	7
34. It makes me proud to talk to other people about what I do on my job.	1	2	3	4	5	6	7
35. I wish the physicians here would show more respect for the skill and knowledge of the nursing staff.	1	2	3	4	5	6	7
36. I could deliver much better care if I had more time with each patient.	1	2	3	4	5	6	7
37. Physicians at this hospital generally understand and appreciate what the nursing staff does.	1	2	3	4	5	6	7
38. If I had the decision to make all over again, I would still go into nursing.	1	2	3	4	5	6	7
39. The physicians at this hospital look down too much on the nursing staff.	1	2	3	4	5	6	7
40. I have all the voice in planning policies and procedures for this hospital and my unit that I want.	1	2	3	4	5	6	7
41. My particular job really doesn't require much skill or "know-how."	1	2	3	4	5	6	7
42. The nursing administrators generally consult with the staff on daily problems and procedures.	1	2	3	4	5	6	7

	Disagree						Agree
43. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	1	2	3	4	5	6	7
44. An upgrading of pay schedules for nursing personnel is needed at this hospital.	1	2	3	4	5	6	7

APPENDIX B

THE STRESS EVALUATION QUESTIONNAIRE

STRESS EVALUATION QUESTIONNAIRE

1. Describe three job situations that create stress for you.

2. How often do you skip lunch or take less than the usual time?
   - Rarely or never (once every two weeks or less) _____
   - Occasionally (once a week) _____
   - Frequently (twice a week or more) _____

3. How often do you take your work home during the week?
   - Rarely or never _____
   - Occasionally _____
   - Frequently _____

4. Which of these do you have occasionally or frequently? Please mark "O" (occasionally) or "F" (frequently)

Insomnia	____	Worrying	____	Anxiety	____
Tension	____	Hypertension	____	Indigestion	____
Colds, flu	____	Irritability	____	Tense back or neck	____
Headaches	____	Fatigue	____		

5. How often do these statements apply to you at work?
   I have several things to do at once and not enough time to do them.
   Rarely ____ Occasionally ____ Frequently ____

   I will do anything I can to keep from failing at a task.
   Rarely ____ Occasionally ____ Frequently ____

6. Describe three job situations that give you satisfaction.

7. How often do you engage in non-work physical activity or exercise?
   Rarely ____ Occasionally ____ Frequently ____

8. How often do you engage in a relaxing hobby or mental recreation?
   Rarely ____ Occasionally ____ Frequently ____

9. How often do you feel tense, anxious, or irritable?
   Rarely or Never ____ Occasionally ____ Frequently ____

10. How often do you eat, drink or smoke to relieve tension?
    Rarely or Never ____ Occasionally ____ Frequently ____

11. Do you always feel rushed?
    Rarely or Never ____ Occasionally ____ Frequently ____

12. How often do you have difficulty sleeping?
Rarely or Never ____ Occasionally ____ Frequently ____

13. How would you rate your present state of health?
Excellent ____ Good ____ Fair ____ Poor ____

14. Are your daily tasks a source of pleasure and satisfaction?
Rarely or Never ____ Occasionally ____ Frequently ____

15. Do you try to recognize tension in yourself?
Rarely or Never ____ Occasionally ____ Frequently ____

16. Is your everyday life filled with problems demanding solutions?
Rarely or Never ____ Occasionally ____ Frequently ____

17. How often do you find yourself doing more than one thing at a time such as working while eating, reading while dressing, figuring out problems while driving?
Rarely or Never ____ Occasionally ____ Frequently ____

18. When you listen to someone talking and this person takes too long to come to the point, do you feel like hurrying him along?
Rarely or Never ____ Occasionally ____ Frequently ____

19. If you tell your friend or wife that you will meet them at a certain time, how often are you late?
Rarely or Never ____ Occasionally ____ Frequently ____

20. How often do you find yourself hurrying to places even when there is plenty of time?
Rarely or Never ____ Occasionally ____ Frequently ____

21. When you are in the midst of a job and someone other than the boss interrupts you, how often do you usually feel irritated?
Rarely or Never ____ Occasionally ____ Frequently ____

22. How often do you set deadlines for yourself at work or at home?
Rarely or Never ____ Occasionally ____ Frequently ____

23. How often do you go to your place of business when it is officially closed: weekends or holidays?
Rarely or Never ____ Occasionally ____ Frequently ____