A DESCRIPTIVE STUDY TO DISCOVER JOB RELATED FACTORS THAT HOSPITAL AND NURSING HOME REGISTERED NURSES CONSIDER IMPORTANT WHEN MAKING AN EMPLOYMENT SELECTION

By

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ABSTRACT

A DESCRIPTIVE STUDY TO DISCOVER JOB RELATED FACTORS THAT HOSPITAL AND NURSING HOME REGISTERED NURSES CONSIDER IMPORTANT WHEN MAKING AN EMPLOYMENT SELECTION

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The purpose of this study is to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

Eighty-three job related factors that are relative to employment selection were investigated to ascertain their perceived importance to job selection by hospital and nursing home registered nurses.

Grounded theory methodology was used to gather the study data. Fifty registered nurses were interviewed for this study. Twenty-five were employed in general acute care hospitals and twenty-five were employed in skilled nursing homes. All the nurses were interviewed using an interview instrument that contained 26 open-ended questions and a listing of 83 job related factors that the nurses were requested to rate using a five point rating scale.

The analysis of the study data resulted in ten conclusions: 1) That the hospital respondents have a negative perception of nursing homes and that perception of a facility is an important factor when selecting employment, 2) That organizational climate is more important than financial considerations, 3) That pay is usually not the main reason for an employment choice or change, 4) That hospital employment offers the best environment for personal and professional growth and development, 5) That participation in the management of the organization and management of personnel are considered as the most important factors, 6) That ownership form has absolutely no importance in employment selection, 7) That hospital employment offers the best environment for professional and peer relationships and associations, 8) That registered nurses who work in nursing homes are viewed negatively by their peers, 9) That registered nurses who work in nursing homes are viewed negatively by the public and, 10) That nursing home administrators are in control of factors perceived as important by registered nurses relative to employment selection.

DEDICATION

To Marietta

You are the one I share my feelings with, the one who touches the things I touch, through me feels the sadness and the gladness I feel, because you care and listen and are my friend, I love you.

Laurence Craig Green

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Lastly, I want to express a very special thanks to my wife, Marietta, for her patience and efforts in proof reading every page of this dissertation and for putting up with my absence while this study was being conducted and for her support, understanding, and love.

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INTRODUCTION

The Problem

For many years, a disparity has existed in the number of registered nurses working in nursing homes vis-a-vis hospitals. Of the total registered nurse population in the United States, only ten percent are working in nursing homes (Charles White 1981). The employment figures for the State of Michigan are even more concerning. In Michigan, the percentage of registered nurses working in nursing homes is six percent (State Health Coordinating Council 1983).

There are approximately seven thousand hospitals and approximately twenty-five thousand nursing homes in the United States (American Hospital Association 1983), (Robert Burmeister, ACHCA, 1984). In the State of Michigan, there are two hundred fifteen hospitals and four hundred forty-two nursing homes (Michigan Department of Public Health 1983).

Both types of facility depend heavily upon the employment of registered nurses in order to provide specialized services and to provide quality care to patients. In addition, federal and state rules and regulations mandate minimum staffing requirements for registered nurses in both hospitals and nursing homes (U.S. Department of Health, Education and Welfare 1974), (Michigan Department of Public Health 1983).

Recruitment and retention of registered nurses into the hospital setting is not perceived as a problem; however, recruitment and retention of registered nurses into the long term care setting is perceived as a problem and a difficult task (Kaye White 1980).

In order to better understand the problem of recruitment and retention of registered nurses into long term care facilities, it is important to have a basic knowledge and understanding of the evolution of hospitals and nursing homes as well as the historical attitudes of physicians, nurses, administrators, governmental policies, etc., toward the deliverance of medical care in this country.

Background and Historical Development of Health Care Institutions and of Medical Care

There are two historical periods that are germane to this discussion and presentation; one is the period prior to the 1900s and the other is the period commencing with the year 1900 to the present.

Prior to the 1900s, institutions that were constructed primarily to care for those with illness and suffering go back in history to the sixth century B.C. when Buddha appointed a physician for every ten villages and built hospitals for the "crippled and poor" (MacEachern 1969). These early structures inspired the early Hindu and Egyptian hospitals while Greek and Roman temples of the gods were used as hospitals (MacEachern 1969). These houses of worship, however, left much to be desired relative to the later accepted concepts of hospitals. In those days, medical practice was rife with "mysticism and superstition" (MacEachern 1969). If the patient was healed, the cure was laid to miracles; if the patient remained ill or died, he was said to be "lacking in purity and unworthy to live" (MacEachern 1969), (Theodor Litman 1974), (Sylvia Sherwood 1978). Regardless of their shortcomings, Greek temples were the forerunners

of the modern hospital since they provided refuge for the sick.

This image of hospitals, and the care that was provided therein, prevailed until the time of Hippocrates. Hippocrates emphasized a practice based on facts, relative to medicine, rather than on faith. This put medicine on a new basis of "rationalism" and the temples now took on a different image and meaning. People with acute illnesses and diseases began to utilize these facilities more and more. Therapy became more intricate and emphasis was placed on diet and moderation of living habits. The influence of the rational view of the healing art of medicine prevails to the present day.

Early Christian hospitals played an important part in shaping the present day perception and attitude held by much of the populous, i.e., suffering acute illness and disease is the Lord's way of providing us with a "cross to bear" and a way of providing others with assurances of spiritual reward through the charitable exercise of providing care and shelter for the sick and infirmed (Sylvia Sherwood 1978).

Church sponsored institutions, also a prototype of the modern hospital, were established in every major city

to provide the needy with shelter, food, and medical care (MacEachern 1969). It should be noted that this is one of the main reasons that the majority of hospitals today are designated as voluntary, not for profit community hospitals (American Hospital Association 1983).

The first account of a hospital in the U.S. territory is that of one on Manhattan Island used in 1663 for sick soldiers. Other reports indicated that Salem, Massachusetts and Charleston, South Carolina had established pesthouses for the diseased. In 1717 Boston, Massachusetts opened a hospital specifically for treatment of contagious diseases. Many other towns and cities had almshouses while still other towns and cities used empty dwellings to shelter the sick and infirmed and "cared for in a neighborly fashion by women of the community" (a forerunner to present day corps of hospital volunteers) (MacEachern 1969).

The first institution established in the American Colonies to provide organized care for the aged, the infirm, and the insane was in Philadelphia, Pennsylvania in 1732. This institution evolved into the Philadelphia General Hospital. Philadelphia was also the site of the first incorporated hospital in America the Pennsylvania

Hospital in 1751. Prior to this time, most institutions were built primarily to confine the contagious diseased. These institutions later became known as almshouses and users of these facilities often suffered from the stigma of pauperism (I. Donald Snook 1981).

The discovery and use of ether as an anesthetic by Dr. Crawford Long; the discovery and use of chloroform as an anesthetic; Pastuer's work in infection control; Lister's work in antiseptics and antisepsis had a profound influence in the development of the modern hospital with its emphasis on acute care and treatment of a single episode of illness. In fact, the discovery of anesthesia and the principle of antisepsis were regarded as the two "greatest influences in the development of the modern hospital" and the emphasis on acute care and curative goals (MacEachern 1969).

As the 1900s approached, there were approximately one hundred fifty hospitals and allied institutions in the United States devoted to the care of acute illness. There were no institutions, however, devoted to the care of chronic illness. Adjunct services began to develop in the areas of metabolism and nutrition, vitamin therapy, ultraviolet light therapy, glandular deficiency therapy,

blood disorders, organo therapy, etc. This was the beginnings of the era of diagnostic and therapeutic aids which is characteristic of today's hospitals.

Concurrent with the development of hospitals and the emphasis on acute care was the development of nursing education and training. In 1890 there were approximately thirty-five nurse training schools. By 1900 the number had increased to four hundred thirty-two and by 1910 the number had multiplied to one thousand one hundred twenty-nine. This proliferation was largely due to the work of the American Nurses Association and the National League of Nurses. Nursing education and training was greatly supported by the American Medical Association and the American Hospital Association. The majority of nurse education and training programs, however, were hospital based diploma schools of nursing that focused on and emphasized acute care, treatment, and techniques.

In 1910 Abraham Flexner documented disparity between American and European standards in the medical practice of health care. The report's impact was that changes would be initiated, by the American Medical Association, that would affect both medical and nursing education, and the practice and delivery of health care in the United States

that continues to the present (Sylvia Sherwood 1978).

Interestingly, these changes concentrated exclusively in the hospital as the primary locus of medical care and it can be seen how this locus influenced educational facilities and curricula, and attitudes, by concentrating on the provision of medical care relative to acute episodes. Completely excluded from any consideration were facilities providing care to the aged and chronically ill and to education and training relative to the aged and chronic illness. Low priority of the medical needs of this population was given by the medical and allied health professionals (J. Dixon 1961). Most of those suffering from chronic illness and contagious diseases were considered poor and were located in county infirmaries and poorhouses with a perceived societal stigma of pauperism attached to those residing therein.

To help remove the stigma associated with county infirmary and poorhouse residence, the federal government established programs in the mid 1930s designed to provide direct financial assistance to residents in order to provide them with a choice of residence and care (Old Age Survivors Insurance 1935), (Old Age Assistance Act 1935). For the first time in U.S. history, aged persons could

expect financial assistance on a continuing basis. This financial assistance, however, was forthcoming only to those who would choose to reside outside of the county infirmaries and poorhouses. Neddless to say, the vast majority elected to leave these institutions and took up residence in boarding houses. It was believed that "a private home for the aged was considered more respectable that a public almshouse" (Sylvia Sherwood 1978). It was this situation that created the present day nursing home industry.

To reiterate, medical education and treatment, and nursing education, nursing treatment, and nursing techniques were concentrated in the hospital and acute care; completely ignoring the aged and chronic illness and its related care, treatment, and techniques. We will subsequently see how this task was left to boarding house operators.

This movement stimulated development of alternative residences to county infirmaries and poorhouses in the form of privately owned and financed boarding houses (W. Friedlander 1961). These boarding houses, the precursor of today's nursing homes, were, as stated, privately owned and financed which accounts for the fact that the majority

of today's nursing homes are proprietor/investor owned for profit institutions vis-a-vis hospitals which are, contrariwise, voluntary, not for profit community owned. Consequently, a vast number of large home owners who found it impossible to maintain their large homes, which were considered liabilities when the Great Depression hit, found that the homes now became a financial boom and an asset by converting them into boarding houses (W. Friedlander 1961). This situation created a whole new industry, the nursing home industry, in the United States.

This new industry flourished in the coming years due to increase of life span of individuals and the bodily function deterioration associated with the aging process a process somewhat unknown at this time.

When boarding house residents experienced medical problems, care and treatment was provided by the boarding house operators because hospital care was scant to this population and because the boarding house operators did not want to loose income from their long time residents by sending them to a hospital. Eventually, the operators not only provided immediate care and treatment but subsequent convalescent care. This situation proliferated as the years went on and the boarding house operators began to

provide more and more care and treatment. All of this care and treatment was provided with no interference from any type of governmental agencies, rules, regulations, licensing, or any type of professional organizational peer review. It would not be until January 1974 that this situation would be corrected.

Exacerbating the problem and providing even more stimulus to the growth of this new industry was urbanization, residential mobility, one family housing, weakening of the extended family ties, the unwillingness and capacity of children to care for their parents, and the growing numbers of older people. All of this created even more demand for residential alternatives because the impact of the aforementioned drastically altered the living arrangements for older people. Boarding houses responded to this demand and more and more facilities originally designed for residential purposes were now being converted to group living.

Compounding this situation further was the birth of the voluntary health insurance program originated by a group of school teachers in Dallas, Texas that provided health benefits to their group for a fixed fee paid to Baylor University Hospital when the Great Depression hit.

This new plan was later to be incorporated under the name of Blue Cross (F. Goldman 1948).

However well intentioned this program was, it did hasten and strengthen centralization of medical services in the hospital setting by limiting reimbursement for services delivered exclusively in the hospital. Not only was this accepted as the most economical arrangement, but it encouraged the practice of medicine under the most ideal conditions for health care professionals as well. It centralized the physician's place of work, provided opportunity for peer review and consultation, and provided the practitioner with an expensive technology (H. Somers and A. Somers 1965).

Although this seemed like the ideal situation for health professionals, it was not an advantagous situation for the aged and chronically ill residing in the boarding houses because the hospital was inaccessible to them. The primary focus was on <u>acute</u> care.

During this entire period, there were no relationships or linkages between earlier nursing homes and the medical care system. Physicians, and other health care professionals, were primarily concerned with "a hospital based practice around which highly

institutionalized activities centered...and of a highly complex professional organization built around sophisticated knowledge and technology...concentrating the energies of medical science more and more on the treatment of acute short-term illness" (J. Dixon 1961). The hospital became the center of the medical care delivery system and residents of boarding houses would be sent to hospitals only for acute care. Hospitals felt that services and care of chronic illness reduced the value of the hospitals. Consequently, "no organized means of delivering care to people in these (boarding house) settings developed" (J. Dixon 1961). The care and treatment was still left to the boarding house operators.

During the late 1940s, hospitals began to proliferate with the greatest expansion coming in the late 1950s and early 1960s. This expansion was the direct result of enactment of the Hill-Burton Program for Hospital Construction that commenced in 1946. For the first time, communities that wanted to build voluntary, not for profit hospitals to serve their populations were given federal funds to defray the cost of construction. These funds were not available to construction of proprietary, for profit nursing homes. Funds were for

hospital construction only.

In fact, nursing homes caring for the aged and chronically ill, at this time, were never accepted as a legitimate component of the health care delivery system (Sylvia Sherwood 1978). While hospitals, during this period of growth, enjoyed prestige, status, and public approval, nursing homes, on the other hand, were viewed as horror houses where people were not cared for, abused, exploited financially for profit, unkempt, mistreated, and assaulted all in a physical plant environment that was considered a fire hazard, dirty, and not adequate in space for its purposes (M. Mendelson 1975).

Writings such as Tender Loving Greed and the Congressional Moss Committee report on long term care in the United States along with newspaper accounts of nursing home atrocities did not help promote a favorable public image nor did they promote a favorable professional image.

It would not be until 1965 that an explicit effort, by the federal government, would be made "to bring the nursing home industry into the mainstream of the health care delivery system" (E. Burns 1966). This effort was in the form of the passage of Public Law 89-97 creating Title XVIII Medicare and Title XIX Medicaid of the Social

Act. Enactment of these two titles were the most significant pieces of legislation that was designed "to meet the medical needs of high risk groups, the aged and the poor" (E. Burns 1966).

Title XVIII and Title XIX created two lower levels of care facilities: 1) the skilled nursing facility (SNF) and 2) the intermediate care facility (ICF). These two levels were considered as appropriate altenative settings for many of the aged and chronically ill patients who were using costly general acute care hospital beds.

The nursing home industry rapidly expanded because of the Medicare and Medicaid programs and federal funding. In 1939 there were 1,200 nursing home in the U.S. comprising 25,000 beds. In 1969 there were approximately 19,141 nursing homes (600% increase) comprising 994,211 beds (967% increase) (L. Block 1978). Today there are approximately 25,000+ nursing homes in the U.S. comprising over 1.5 million beds (Robert Burmeister, ACHA, 1984). Nursing homes account for approximately fifty-four cents (more than 50%) of every medicaid dollar spent by federal and state governments (Michigan Department of Social Services 1984). Also, for every dollar spent on persons under age 65, ninety-one dollars were spent for those 65

and older (George Washington University 1969), U.S. Department of Health, Education and Welfare Research and Statistics Note 12, 1969). It is apparent that the nursing home industry has grown tremendously not only in size and capacity but also in specialization of services that these facilities provide (U.S. Department of Health, Education and Welfare Conditions for Participation in Medicare and Medicaid Programs, 1974).

However unlike the earlier periods, care and services provided to the aged and chronically ill in nursing homes would now be subjected to strict federal and state conditions, rules, regulations, certifications, and licensing. In fact, section 1908-A of the Social Security Act of 1967 mandated that all states participating in the Medicare and Medicaid programs for skilled nursing facilities would be required to institute professional procedures for licensing nursing home administrators, and institute minimum educational requirements for licensing and a program of required continuing education for licensure renewal.

Presently the aged, the population with the highest incidence of chronic disease and illness, consists of eleven percent of the U.S. population (Bureau of Census

1985). It is estimated that by the year 2005, this percentage will be almost doubled thereby demanding even more long term care institutions and more specialized allied health care professionals especially registered nurses. Adding still more stress to this situation is the adoption, by the Health Care Financing Administration, U.S. Department of Health and Human Services, of Diagnosis Related Groupings which is a medical care reimbursement system that is designed to provide financial incentives to hospitals that can reduce the length of stay of acute patients in hospitals by transferring them to a lower, and less costly, level of care, i.e., a nursing home.

Yet the number of registered nurses employed in long term care facilities is, and continues to be, disproportionate to the numbers that are found employed in other health care settings especially the hospitals. The need for registered nurses in long term care facilities is critical at present and will become even more critical in the future because of the increases in the aged population, the projected increases in the number of nursing homes required to serve the aged, and the increased need for specialized care and services that can only, according to federal and state rules and

regulations, be provided by registered nurses (Kaye White 1980), (U.S. Department of Health and Human Services 1984), (Michigan Department of Public Health 1984), (AFL-CIO 1983).

In summary, the historical evolution of hospitals and nursing homes in the United States, the historical development of medical and nursing education and training in the United States, the historical attitudes of physicians, nurses, and other health care professionals, the increase in the life span of individuals, the reimbursement methodology of health care financing, and the growing aged population have all contributed to the critical shortage of registered nurses in long term care facilities.

As a way of further examining the reasons for this shortage, a study of job related factors that hospital and nursing home registered nurses consider important when making an employment selection might be helpful.

Purpose of this Study

Consequently, the purpose of this study is to discover job related factors that hospital and nursing

home registered nurses consider important when making an employment selection.

Significance of this Study

The literature is replete with articles, theories, and pronouncements concerning nurse recruitment, retention, motivation, job satisfaction, personal rewards, professional development, etc., in health care facilities (Charles White 1981), (Kaye White 1980), (J. Brady 1982), (David Babnew, Jr. 1980), (Slavittt, et al 1979), (Christman 1976), (J. Lipscomb, et al 1982).

It was this review of the literature that emphasized the problem facing the long term care component of the health care delivery system, i.e., the shortage of registered nurses working in nursing homes, or, specifically, the disproportionate number of the total registered nurse population employed in nursing homes vis-a-vis hospitals.

While the literature abounds with information on the aforementioned areas by a variety of writers in various environments, few of these writers sufficiently addressed the reasons for the disparity or offered solutions. Most

studies completed focused on job satisfaction or dissatisfaction factors chosen by the article authors. Data was then gathered on the chosen factors by utilizing questionnaires mailed to various health care professionals. The results provided information only relative to the chosen factors and did not provide information on why the health care professionals chose to work where they do.

This study, hopefully, will provide a grounded data based understanding of the problem of why only ten percent of the registered nurse population chooses to work in nursing homes. The data base from this study could also be utilized in the following ways:

1. Replicate the study widening the scope and research area by extending the study area beyond the Standard Metropolitan Statistical Area, Detroit and including registered nurses from rural areas of the state.
2. Provide personnel information to top management in nursing homes in 1) targeting recruitment efforts, 2) making changes in organizational climate and

design, 3) better understanding of what provides motivation for registered nurses in their career and, 4) targeting educational and continuing educational efforts.

3. Demonstrate the utility of grounded theory methodology in developing conclusions, hypotheses, and theories, grounded in data, relative to why hospital and nursing home registered nurses choose to work where they do.
4. Demonstrate how research discipline can be applied to descriptive studies permitting conclusions to emerge that are well grounded in data.

In addition, it is hoped that this study will stimulate further research into why hospital and nursing home registered nurses choose to work where they do and what might retain them in their chosen employment.

Definition of Terms

Terms used throughout this study are defined as follows:

Acute care...care of individuals that require medical, nursing, or supportive care for a short period of time, usually 7-10 days, as a result of illness or injury.

Aging process...sum total of changes that occur in an individual with the passage of time from birth throughout the course of life.

Areas of inquiry...the general range of items (main themes) of concern expressed, in "brain storming" interviews, by registered nurses as being considerations when selecting employment or being considerations which affect remaining in a chosen employment.

Attitude factors...a mental position or feeling with regard to a study participant's perception of a health care facility, professional relationships and peer associations in a workplace, status and prestige associated with a particular employment.

Categories...the general areas of inquiry (main themes) relative to the purpose of this study. In this study, categories are defined, in accordance with grounded theory methodology, as the eight areas of inquiry.

Chronic disease (illness)...comprises cell impairment and deviations from the normal which have one or more of the following characteristics: 1) permanance, 2) leave residual disability, 3) caused by non reversible pathological alterations, 4) requires special training of the patient for rehabilitation and, 5) may be expected to require a long period of supervision, observation, and care.

County medical care facility...a nursing care facility, other than a hospital long term care unit or a nursing home, that provides organized care and medical treatment to seven or more unrelated individuals who are suffering or recovering from illness, injury or infirmity and which is owned by a county or counties. Such facilities are approved by the Michigan Department of Social Services and certified by the Michigan Department of Public Health for participation in the Medicare and

intermediate care programs.

Diploma nursing school...a hospital based distinct part educational unit of a hospital approved by the state board of nursing to provide education and training to individuals for the profession of nursing. Such institutions do not offer degrees but diplomas upon successful completion of authorized program.

Financial factors...those job related items contained in the interview instrument which are perceived by registered nurses as having a total remunerational impact or affect on employment selection and retention.

Health care delivery system...interrelated and interdependent components (institutions) devoted to the rendering of medical care, i.e., hospitals, nursing homes, clinics, physician offices, group practices, dental offices, health maintenance organizations, etc.

Hill-Burton program...a program totally funded by the federal government to provide grants or loans to communities for the construction of local not for profit hospitals.

Home for the aged...a supervised personal care facility,

other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility that provides room, board, and supervised personal care to seven or more unrelated, nontransient individuals 62 years of age or older. Generally speaking, their purpose is to provide supervised personal care for the elderly person(s) who do not need organized nursing care.

Hospital...a facility offering inpatient, overnight care, and services for observation, diagnosis, and active treatment of an individual with a medical, surgical, obstetric, chronic, or rehabilitative condition requiring the daily direction or supervision of a physician. The term does not include a hospital licensed or operated by the Michigan Department of Mental Health.

Hospital long term care unit...a separate unit of a hospital which is designated, equipped, and staffed to provide nursing care for inpatients who are suffering from chronic disease or who are convalescing.

Intermediate care facility (ICF)...establishment or institution, other than a hospital or nursing home,

that provides room and board, planned program of care and supervision on a continuous twenty-four hour a day basis.

Intermediate care program...state's medical assistance program that provides institutional care that is less than skilled nursing care but more than room and board to needy individuals as authorized under Title XIX of the Social Security Act.

Institutionalization...the placing of an individual in a hospital, nursing home, or other similar entity.

Job related factors...the 83 general items contained in the interview instrument that are perceived by registered nurses as having an impact on or an influence on selection of employment, job satisfaction, job dissatisfaction, motivation, turnover, professional development and growth, personal development and growth, advancement, etc.

Long term care...care of individuals with physical or mental conditions that requires medical, nursing, or supportive health care for prolonged periods of time. This includes individuals who require extended periods of convalescence or treatment as a result of severe illness or injury.

Managerial participation/decision making factors...items in the organizational environment that registered nurses perceive as necessary to satisfy needs relative to acceptance, belonging, esteem, self actualization, etc.

Medicaid...a state's medical assistance program for needy and medically needy authorized under Title XIX of the Social Security Act. Title XIX provides grants to states for medical assistance programs to enable states to provide an effective medical assistance program to low income groups.

Medicare...a federal health insurance program for the aged authorized under Title XVIII of the Social Security Act. Title XVIII provides health insurance benefits to qualified individuals under part "A" hospital insurance and part "B" voluntary supplementary medical insurance program.

Opportunity factors...items contained in an organizational environment that is conducive to, promotes, and supports opportunities for advancement, promotion, creativity, professional and personal development and growth.

Organizational context factors...items in an organization

that controls the type of organizational climate that is present such as a centralized philosophy of management or a decentralized philosophy of management.

Ownership form factors...items relative to the type of ownership of a particular health care facility such as proprietary, corporation, not for profit, etc.

Patient care/environmental context factors...items relative to they type of institution providing care, type of patiens cared for, differences between the hospital and nursing home, and the philosophy of treatment provided.

Personnel management factors...items relative to the amount of discretion and authority given to supervisors relative to lthe management of individuals (employees) within an organization.

Properties...the job related factors (items) listed under each area of inquiry (categories) as described in grounded theory methodology.

Skilled nursing facility (SNF)...an establishment or institution, other than a hospital, having as one of its functions the rendering of healing, curing, or nursing care for periods of more than 24 hours to

individuals afflicted with illness, injury, infirmity, or abnormality.

NOTE: In the State of Michigan, according to the Michigan Department of Public Health rules and regulations, the term "nursing home" includes intermediate care facilities and skilled nursing facilities but does not include hospital long term care units.

Study participant/respondent...registered nurses who were interviewed in this study are referred to as study participants and/or respondents. A registered nurse is an individual who has successfully completed a course of instruction as approved by the state board of nursing and who has successfully completed a state administered examination and subsequently licensed by the Michigan Department of Licensing and Relgulation to practice nursing in the State of Michigan.

Methodology

The methodology used for this study is based on the grounded theory methodology described by Glaser and

Strauss (1967) and Glaser (1978). Grounded theory methodology is a general methodology for generating theory. Theory that emerges from this methodology is systematically gathered, analyzed and grounded in data itself. The theory emerges from the obtained data rather than being deduced from an existing body of data or theory.

Grounded theory is a compatible methodology for descriptive studies, such as this one, because there is little prior study on why hospital and nursing home registered nurses choose to work where they do, and because there is little formal theory existing concerning this subject. Grounded theory provides the flexibility and latitude that is required to develop intitial conclusions or hypotheses from which formal theory and verification can subsequently occur. The final product of this study will be a set of conclusions derived from the data obtained from the study participants through personal interviews.

A basic premise of grounded theory is that theory is an "ever developing entitity and not a perfected product" (Glaser and Strauss 1967). Because this study's conclusions are based upon data obtained from study

participants rather than existing theories, the conclusions are not likely to be completely refuted by more data or replaced by another theory (Glaser and Strauss 1967). However, conclusions that emerge from this study are expected to provide a data base for further study.

Limitations of this Study

Limitations were imposed upon this study by the nature of the study participants all of whom were hospital and nursing home registered nurses licensed to practice nursing in the State of Michigan and all currently employed in general acute care hospitals and skilled nursing homes in the Standard Metropolitan Statistical Area (SMSA) of Detroit.

Twenty registered nurses were chosen from general acute care hospitals rather than from limited service hospitals or specialized service hospitals because of the availability of and number of staff duty registered nurses found in this setting. The nurses chosen in this setting were not confined to any specialized area within the hospital. In fact, the nurses worked in a variety of

areas within the hospitals.

Likewise, twenty registered nurses were chosen from skilled nursing homes because of the professional nursing requirements of federal and state regulations and the type of care required to be delivered in this type of setting. Particular care was taken to ensure that the nurses worked in facilities that were licensed, by the State of Michigan, as skilled nursing facilities and that the care provided was skilled nursing care and not just intermediate care. Study participants chosen in skilled nursing homes were not confined to any area within the facility.

Ownership form of the hospitals or nursing homes was not considered when choosing study participants or facilities.

The search for study participants was, however, confined to general acute care hospitals and to skilled nursing homes located in the City of Detroit and the immediate adjacent cities and townships.

Descriptive studies, such as this one, using personal interviews to obtain data are normally subjected to concerns about reliability and validity. Relliability was maximized by using a single interviewer (the

researcher) following eight pre-established areas of inquiry using a pre-established and pre-tested interview instrument that was designed for uniformity. Additionally, meticulous documentation was made of all aspects of each interview session. Replication was not expected nor consistent with the open-ended interview approach that was appropriate for a grounded theory melthodology. The objective and intent of this study is to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

Another concern of descriptive studies and the data obtained from the personal interview method is that of validity. This possible confounding factor was addressed by the researcher/interviewer by ensuring that all respondents were afforded the opportunity, through interview recapitulation, to confirm and/or correct any information provided or explanations given to the interviewer.

To reiterate, the objective and intent of this study is not to verify hypotheses or a set of findings from previous studies. Contrariwise, the grounded theory methodology was used for this study so that descriptive

data could be obtained that could serve as a basis for generation of conclusions and/or hypotheses for theory building.

In addition, because of the type of study participants chosen for this study, the type of facilities from which they were chosen, and the location of the chosen facilities, no generalizations concerning the study's findings should be made beyond the aforementioned.

Organization of Remainder of this Study

Chapter II contains the literature review which is intended to support some assumptions and conclusions made in this study and to provide background information concerning the purpose of this study. Chapter III will contain a description and understanding of the grounded theory methodology and provide information relative to the procedures utilized and followed for this study. Chapter IV contains an analysis and discussion of the study data collected through personal interviews with the study participants and, finally, chapter V will contain conlusions derived from the analysis of the study data, implications for use of the data by nursing home administrators, and implications for further study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The purpose of this study is to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

In order to provide information relative to the purpose of this study and to provide the researcher with an understanding of job related factors individuals (employees) consider important, an extensive review of the literature was conducted in the areas of employee recruitment, retention, job satisfaction, motivation, and organizational climate.

The information obtained in this review was of importance to the researcher in designing and constructing the instrument that would be used to gather the data for this study. Additionally, the review provided a focus and direction for the study by indicating, to the researcher, those job related factors that would be useful in accomplishing the purpose of this study which is to

discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

The review supports the assumptions stated in chapter one relative to the growth of the aged population, the increased need for more long term care facilities, and the increased need for registered nurses to be employed in the long term care facilities.

The review also provided information about the changing emphasis of the work force in the U.S. Consequently, this chapter will contain:

1. An overview of the employment emphasis in the U.S. today as it relates to the health care delivery systems.
2. Comments on the future growth of health care workers, the health care delivery system, and the population projections relating to health care facilities.
3. Information derived from the literature review in the areas of organizational environment and climate, job satisfaction, and employee motivation that is pertinent to this study.

Overview of Employment Emphasis

The work force in the United States is composed of a variety of manufacturing industries and various service industries. Beginning with the industrial revolution, the United States shifted from a rural farming-farming emphasis to a manufacuring-industrial emphasis. In the decade of the seventies, and more so in the eighties, the emphasis is again shifting. The United States is now moving more and more toward a service oriented emphasis (James O'Toole 1981).

There are a variety of service industries in the U.S. today the largest being the health services industry. This industry consists of:

1. Hospitals of all types.
2. Convalescent institutions which include nursing homes.
3. Private physician offices.
4. Group physician practices.
5. Clinics of all types.
6. Health maintenance organizations (HMO).
7. Dental offices.

and a variety of other professional health corporations. There are approximately 7.9 million persons employed within this industry and the expenditure of dollars for health care, in 1983, was more than 355 billion dollars. This amounted to approximately $1,459 for every person in the United States and accounts for approximately 10.8% of the gross national product (GNP) (AFL-CIO 1983).

Two major components of the health services industry are: 1) acute care hospitals and 2) long term care nursing homes. Both depend heavily upon the services of licensed, registered, and certified health care professionals especially registered nurses who are the largest single group of licensed health care professionals in the health industry (AFL-CIO 1983). They are so large, in fact, that the National Labor Relations Board NLRB decided that registered nurses be an exclusive bargaining unit within health care facilities for the puposes of collective bargaining (U.S. Department of Labor 1979).

Future Growth Projections

In chapter one, mention was made of the increased demand for health services in future years especially in

the area of long term care for the aged. This statement is substantiated by a study conducted by the AFL-CIO (1983) which concluded that health care employment "is expected to outpace employment in other business sectors throughout 1995." Further, hospital employment alone has risen by 51% between 1971 and 1983 and is expected to rise again by 39% "because of the projected demand increases from a growing elderly population" (AFL-CIO 1983). Between 1971 and 1983, employment in convalescent institutions (which includes nursing homes) rose by a whopping 127% which made this segment of the health services industry "the fastest growing segment of health care employment" (AFL-CIO 1983), (Issues 1984). This certainly substantiates the assumptions of increased demand for long term care nursing homes because of a growing aged population. It is equally apparent, from the previously mentioned, that the need for registered nurses employed in nursing homes will continue to be a problem.

Consequently, an understanding of why registered nurses choose to work where they do is important if a solution to low employment of registered nurses in nursing homes is to be found.

This is why the primary emphasis of this study is to

ascertain why registered nurses choose to work where they do and what job related factors they consider important when making an employment selection, and why it is the registered nurses that is the concern and focus of this study.

Support for Purpose and Conclusions of this Study

In reviewing the literature, a plethora of writings, articles, commentaries, etc., of why people choose to work where they do and what retains them in a organization is to be found. In practically all of the literature reviewed, there appears to be a consensus of what factors are considered important relative to job satisfaction, employee recruitment, and employee retention.

Rue and Byars (1980) state that the organizational climate is one of the most important factors relative to employee motivation and retention. Abraham Maslow (1954) contends that persons enter into organizations for a variety of reasons and that individuals are motivated by a series of needs which begin with the basic necessities of life and culminate with self actualization. Maslow also states that individuals develop through the satisfying of

human needs which include acceptance and belonging, esteem and ego status, self actualization and that individuals will remain in an organization if, and only if, the organization can satisfy the individual's desired needs. Maslow implies this is the reason individuals work where they do and why, i.e., to satisfy human needs.

Frederick Herzberg (1966) maintains that individuals are motivated to work where they do when organizations satisfy individual needs in two areas that he calls maintenance or hygiene factors (extrinsic factors) and motivation factors (intrinsic factors). Herzberg indicates that the extrinsic factors are in the hands of, and under the control of, the management of the organization. These factors are: 1) compensation, 2) quality of supervision, 3) organizational policies, 4) working conditions and physical surroundings and, 5) security of the job.

The intrinsic factors, or motivators, are those factors the individual perceives as important for personal and professional growth and development. These factors are: 1) personal satisfaction in achievement or completion of an important task successfully, 2) being singled out for praise and recognition of achievement, 3)

individual responsibility for one's own work and, 4) a change in status and prestige through advancement and promotion.

Individuals will choose to work for organizations they perceive provides and organizational climate that is conducive to personal and professional growth and development. This organizational climate must contain, at a minimum, those extrinsic factors expressed by Herzberg in addition to an enlightened proactive management philosophy and style that provides a communication network of feedback relative to: 1) performance, 2) encouragement of creativity and initiative, 3) job enrichment and variety, 4) successful leadership style and, 5) human resources development (Chris Argyris 1957), E.H. Schein 1963).

Chris Argyris (1957) states that individuals employed in organizations want to express adult characteristics that have been taught them by parents, peers, educational institutions, etc.; however, the philosophy and style of managers within organizations and the structure of the organizations are incongruent to the above in that they expect individuals (employees) to behave passively and dependently thereby stifling

initiative and creativity. This situation, Argyris contends, will cause individuals (employees) to seek employment elsewhere and will cause prospective employees to shun that organization.

E. H. Schein (1963) purports that "traditional hierarchical system of organizations breeds a climate of fear and mistrust" and "that it is the organizational climate that determines the kind of workers an organization will attract." In Schein's view, a healthy organizational climate involves one that:

> Takes in and communicates information reliably and valididly...has internal flexibility and creativity to make the changes which are demanded by the information obtained...gains integration and commitment to the goals of the organization from which comes willingness to change...offers an internal climate of support and freedom from threat since being threatened undermines good communication, reduces flexibility, and stimulates self protection rather than concern for the total system.

Rue and Byars (1980), Abraham Maslow (1954), Frederick Herzberg (1966), Chris Argyris (1957), and E. H. Schein (1963) have indicated that an organizational climate which contains proactive management with participative philosophies, high quality of supervisors,

and environments conducive to personal and professional growth and development of individuals are far more important than are financial considerations.

David Babnew (1980) in an article said, "today, money motivation realistically no longer has the capacity to make people...retain their membership in an organization." His writings indicate that when professional employees are queried about money as a primary consideration for a job change, most indicated that money is not and would not be the primary consideration for a job change. Carol Weisman (1981) supports this statement as she indicates, from studies she has conducted, that nurses do not change employment "because they were looking for higher pay or more benefits." However, individuals who regard financial considerations as secondary are, usually, individuals who perceive themselves, and are perceived by others, as professionals. To these individuals, opportunities to satisfy the upper levels of Maslow's (1954) hierarchy of human needs and Herzberg's (1966) intrinsic factors are of paramount importance when selecting employment. Registered nurses are licensed, by the Michigan Department of Licensing and Regulation, as qualified health

professionals authorized to practice nursing in the State of Michigan and elsewhere in the U.S. through reciprocity agreements. As professionals, licensed nurses are concerned with attendance at professional meetings and seminars, are concerned with availability of peer associations, are concerned with exercising initiative and creativity, are concerned with participation in management decisions and policy formulation and, are concerned with exercising independent judgement in professional nursing matters, etc. Therefore, important to registered nurses is an organization that provides opportunities to engage in these professional pursuits and endeavors.

One cannot, or should not, conclude that this is all that is important to registered nurses when choosing employment. Other reasons such as an individual's perception of the facility is a highly important factor. In support of the perception factor, David Babnew stated that:

> If a persons finds his (her) work reasonably dignified, interesting and provides him (her) with a personal sense of accomplishment, the experience inherent in the job itself will elicit his (her) energies and talents. Contrariwise, if a person finds his (her) work a bore, or degrading, or incapable of providing occasional ego fulfillment, no amount of supervisory artistry or anything else can sustain his (her) devotion to it. He (she) may perform minimally,

> doing only what must be done, but he (she) can rarely be expected to devote any conscientiousness, ingenuity, or extra effort on it. The vital and crucial difference lies in how well the job is suited to the person.

Writings indicate that registered nurses working in hospitals have a negative perception of nursing homes stating that they perceive the work as repetitive, somewhat degrading, and not capable of ego fulfillment. In fact, many registered nurses, according to various articles, indicated they would not work, under any circumstances, in a nursing home.

Erika Bunke (1980) reported that registered nurses consider the nursing home to be a more difficult place to work vis-a-vis the hospital because of organizational climate, management style, and the type of patients cared for, i.e., chronically ill and aged. The perception most registered nurses working in hospitals have of working in a nursing home is that "there is little satisfaction that can be gained, professionally, because of poor prognosis of the patients," i.e., an extremely low probability of recovery.

Another concern that the majority of registered nurses have, according to Erika Bunke (1980) and Kaye

White (1980) stated that "foremost among the serious issues surrounding long term care is the question of appropriate staffing for quality patient care." One of White's suggestions for addressing the perceived problem is "marketing the institution for a successful nurse recruitment program." This suggestion seems appropriate as many hospital nurses perceive there is always inadequate staffing in nursing homes and that hospital nurses view the nursing home in a negative mode. Therefore, image must be addressed and corrected if recruitment of registered nurses into the nursing home from other settings is to be successful (Kaye White 1980).

Slavitt, et al (1979) measured nurses job satisfaction using the following factors in their study instrument:

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 that must be done as a regular part of the job.

4. Organizational requirements - constraints or limits imposed upon job activities by the administrative organization.
5. Interaction - opportunities and requirements presented for both formal and informal social contact during working hours.
6. Job prestige/status - overall importance or significance felt about the job at the personal level to the organization.

The study findings of Slavitt, et al, reported that the rankings and comparisons of three groups of nurses indicated that in group A the rankings were:

1. Autonomy.
2. Job status.
3. Pay.
4. Task requirements.
5. Interaction.
6. Organizational requirements.

in group B the rankings were:

1. Autonomy.
2. Job status.

3. Pay.
4. Task requirements.
5. Interaction.
6. Organizational requirements.

in group C the rankings were:

1. Autonomy.
2. Task requirements.
3. Pay.
4. Job status.
5. Interaction.
6. Organizational requirements.

Charles White (1981) states that "it is clear that increasing numbers of nurses are willing to give up certain (monetary) benefits in order to be in control of working conditions that previously were controlled by hospitals. In fact, the single most factor identified by agency employed nurses as determining their choice of employment was control over working conditions."

Carol Weisman (1981) in her study stated, "the major predictions of job satisfaction levels had to do with the nurse's perception of how much control they have over their work." Nurses leave jobs and seek other employment

not because they are looking for higher pay and more benefits but "because of their participation in the managerial context and their control and independence over their own work."

Frederick Herzberg (1968) stated that, "people spend less time working for money and more security than ever before...these benefits are no longer rewards." In a study conducted by Herzberg, 81% of respondents (n=1,685) indicated that "achievement, recognition, and responsibility were the foremost satisfiers in the job along with an organizational climate that is felicitious of human values." Herzberg further stated that "responsibility, personal achievement, and recognition are factors that produced increase liking for an individual's job and a more positive attitude." In this type of organizational context, absenteeism was lowered, turnover was lowered, and status changes increased through increased promotions.

M. Scott Myers (1964) stated that "a feeling of achievement, responsibility, growth, advancement...and earned recognition" are the factors important to employees. Myers further indicated that when the previously mentioned are eliminated or are not present in

the organizational environment, then employees become "sensitized to their environment and begin to find fault...this situation leads to employee turnover and is not conducive to retention of personnel."

Recognition of the registered nurse's contribution to the provision of health care has been of primary importance to registered nurses. In order to demonstrate "an appropriate way of recognizing the important role that nurses play in health care," the hospital of Saint Raphael in New Haven, Connecticut began to itemize nursing charges separately on patient's bills. Additionally, the state legislature of Maine passed legislation that mandates, commencing July 1, 1985, that all Maine hospitals itemize nursing charges on all patient bills (Hospital Week, October 12, 1982). In the State of Michigan, bills have been introduced into the house of representatives to "provide nurses with more equitable status in the health care system." Statutory recognition of nurses would acknowledge nursing as a profession with a unique body of knowledge and as making a valid contribution to health care (Concourse 1985). Activities such as those just listed certainly indicates the importance of the recognition factor relative to employment choices and job

satisfaction.

Charles White (1981) cited the main reasons registered nurses left hospital employment were:

1. Lack of respect by physicians.
2. Lack of control of nursing practice.
3. Lack of support from nursing administration or hospital management.
4. Undesirable shift assignments.
5. Understaffing.

White further stated that unsatisfactory pay is "never the main factor...and that...salaries could be tolerated if other factors were acceptable." A study conducted by the California Hospital Association in 1980 showed that pay was only the fifth reason why registered nurses leave hospital employment.

Citing Charles White (1981) again, he stated "studies in the various states may well conceal as much as they reveal, pointing out once again the need for further research on determinants of nursing turnover...and...why nurses leave hospital and nursing home employment needs much more investigation." White says that institutional managers should "make an extraordinary effort to keep good people now on staff, instead of working so hard to

get new ones....It is the working environment...that appears to be the critical factor determining employment."

Michael Bernadette (1980) stated that, relative to registered nurses, it is "an employees market and not an employers market." Further, most hospitals provide tuition reimbursement plans, salary differentials for advanced preparation, various levels of nursing practice and career ladder none of which just mentioned are common to long term care facilities. Bernadette also emphasized another problem associated with hospital or nursing home employment choice is that of re-entry after a period of inactivity from the nursing profession. Her observation was that it is easier to re-enter nursing, after a period of inactivity, into the nursing home than the hospital because "most long term care institutions do not require re-entry nurses to participate in a refresher course." Most re-entry nurses, according to Bernadette, "are out of touch with current nursing practice, are not knowledgeable of the technological advances that occured during their absence and are not familiar with new drugs and the problems of drug compatibilities and interactions." The concensus among the majority of registered nurses is that re-entry is, indeed, easier into the nursing home setting

than the hospital setting and for that reason may decide to choose nursing home employment vice hospital employment. Bernadette (1980) suggests that nursing home administrators should realize the importance of refresher training because nursing home registered nurses "are the sole registered nurse practitioner in a facility or the supervisor or charge nurse on the evening or night shift...where life and death decisions need to be made...and...they are responsible for them and are not adequately prepared."

Registered nurses are licensed by the State of Michigan to practice nursing and as such are licensed health care professionals who are vicariously responsible and liable, under the law, for their professional actions and decisions and are accountable in a legal sense. Consequently, the fear of a malpractice complaint is ever present and successful complaints could mean the loss of license and the ability to be employed and practice as a nurse.

Erika Bunke (1980) states that there are several reasons for the small number of registered nurses working in long term care facilities and that the following are the main reasons:

1. Low status of long term care nursing.
2. Low pay and fewer benefits in comparison to positions for nurses in other settings.
3. Staffing standards that are unrealistic in relation to the overwhelming health care needs of the residents.
4. Lack of understanding of the role of professional nursing on the part of physicians and administrators.
5. Job dissatisfaction of nurses due primarily to lack of control over professional practice.
6. Underutilization of emerging roles such as nurse practitioner and clinical nurse specialists.

Bunke contends that registered nurses view long term care negatively because of institutional image and the belief that the registered nurse who could not make it in the hospital setting chose employment in the nursing home the rationale being that the pace of work is slower in the nursing home because sophisticated equipment is absent and that "old folk didn't need as much care, and one certainly

didn't need to know very much to work with older people."

In 1980 the National Commission on Nursing, established as a cooperative venture of the American Hospital Association and the Hospital Research and Education Trust, was commissioned to study the problem of nurse recruitment and retention, the status of nursing management, nursing education and requirements, and nursing leadership (HMQ 1981). The Commission's study showed that "job satisfaction was the big issue." Gail Warden, Exucutive Vice President of the American Hospital Association, stated "there is a strong feeling among many in the (nursing) profession that one of the most important factors in attracting and keeping nurses relates to decision making responsibility or the lack of it." Commission member Barbara Donaho, Corporation Director of Nursing at Sisters of Mercy Health Corporation in Farmington Hills, Michigan believes that "attrition is related directly to a nurse being able to influence her environment and define nursing practice within it." However, Donaho feels "there is no hard evidence to support this assumption...and that...many people in the health care field reject it and look toward other reasons for solving the shortage problem." Commissioner Margaret

Walsh, Executive Director of the National League of Nursing, echoed the importance of nurses having enough control over the workplace and stated "of course salaries are an issue, but they are not as important an issue as autonomy." Findings of the Commission, in their final report, listed the following factors as very important to job satisfaction:

1. Sense of achievement.
2. Knowing you help others.
3. Intellectual stimulation.
4. Educational opportunity.
5. Fellowship with colleagues.
6. Income.
7. Opportunity to innovate.
8. Opportunity to choose hours.
9. Opportunity for advancement.
10. Chance to be a leader.

In 1980 RN magazine conducted a survey of its readers about their work experience and job satisfaction. One thousand registered nurses responded to the survey which revealed that what "bugs nurses most" is: 1) not having any input into administrative and managerial

decisions which affect matters that concern them and, 2) low patient care standards.

When the same respondents were asked to list "their professional priorities," sense of achievement, intellectual stimulation, and educational opportunities were cited in that order (Hospitals May 1, 1981).

Julie Trocchio (1980) in an article "Looking for Nurses" stated that to relieve the nursing shortage in long term care facilities, administrators should become marketing experts and inform nurses in other settings that "nursing in a nursing home is exciting, challenging and rewarding...and...that in this setting a nurse can use knowledge, experience, and skills; practice independently; constantly make and implement nursing judgements and; see direct efforts lead to quality care and better quality of life for patients...and...nursing homes offer a practice setting where nursing care is the primary therapy...and that...recruitment and retention of nursing personnel is dependent upon letting this secret out and fulfilling the promise of the challenge and reward."

Summarizing, it is quite apparent that although financial considerations are viewed by the majority of nursing home administrators as being the major important

factor that registered nurses consider when selecting employment, the majority of articles, books, research studies, etc., find contrary evidence. Major factors that are regarded as highly important are those factors that are controllable by the organization's administration and management to wit: organizational climate that is conducive to registered nurse input and participation into managerial decisions that affect matters concerning them, patient care, educational opportunities for personal and professional growth and development, and intellectual stimulation and interaction with colleagues.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study is to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

In order to better understand how data was obtained to accomplish the purpose of this study, the following will be presented in this chapter:

1. An overview of grounded theory methodology.
2. Appropriatness of using grounded theory methodology approach for this study.
3. A detailed account of the methodological procedures used in this study.

Overview of Grounded Theory Methodology

The methodology used for this study is based on grounded theory methodology described by Glaser and

Strauss (1967) and Glaser (1978). Grounded theory methodology concentrates on the generation of conclusions and on generation of theory from data systematically gathered, by a researcher, through personal interviews, participant observation or any other acceptable research method that would generate required data. Generation of conclusions and generation of theory rather than verifying conclusions and theory is the primary emphasis of grounded theory methodology. Consequently, conclusions generated by means of this methodology are derived from actual data gathered rather than deduced from an existing body of conclusions, hypotheses, or theories. Because the emphasis of the grounded theory approach is on generation of conclusions, hypotheses, or theories rather than on validating same, the results of this study will be a set of conclusions, grounded in data from the "real world" that could account for much of the understanding of why hospital and nursing home registered nurses choose to work where they do.

Glaser and Strauss (1967) contend that conclusions, hypotheses, and theories generated from systematically gathered data can rarely be refuted by more data or repalced by other conclusions, hypotheses, or theories. Grounded theory withstands the test of subsequent data

because it meets four essential criteria for generation of practical conclusions, hypotheses, or theories. To be practical, a set of conclusions, hypotheses, or theories:

1. Must have fit. Fit referes to the categories or conceptual elements of the conclusions, hypotheses, or theories emerging from the data. This is in contrast to deductive forms of research in which data are considered in relation to existing conclusions, hypotheses, or theories. The emerging conceptual elements of the conclusions, hypotheses, or theories are analyzed ensure they "fit" or are consistent with the data collected.
2. Must work. Work refers to a conclusion's or theory's ability to "explain what happened, predict what will happen, and interpret what is happpening" in the area under study (Glaser and Strauss 1967). This criterion is met through the systematic collection and analysis of the data.
3. Must have relevance. Relevance relates to the worthiness of the research study. The

data collected in the study substantiates the importance of and the need for the study by serving as the source for identifying problem areas.

4. Must be modifiable. Conclusions, hypotheses, or theories that can evolve and change in response to expanded understanding of a problem area meets the criterion of modifiability. Although core concepts of conclusions, hypotheses, or theories remain in tact, specific aspects of the aforementioned are expected to change with on-going investigation of a problem area.

According to Glaser (1978), the grounded theory methodology approach is "transcending in nature." The scope of grounded theory extends beyond the major area of study and existing conclusions and theories related to the emphasis of the study. Conclusions and theories grounded in data integrates relevant variables from any source from which they emerge. This quality of grounded theory facilitates the expansion of a set of conclusions, hypotheses, or theories into a broader more comprehensive set. "Grounded theory is ideational...it is a

sophisticated, careful method of idea manufacturing. The conceptual idea is its essence" (Glaser 1978).

PROCEDURES IN GROUNDED THEORY METHODOLOGY

Discussion

Although grounded theory differs from traditional research methodologies, it is a systematic organized effort. The specific process to be followed in a grounded theory methodology is summarized as follows:

1. Identify the general problem area.
2. Review the literature in areas related to the substantive area of study.
3. Collect research data.
4. Concurrently with collection of research data, code and analyze the data. Data collection, coding and analysis of data are collectively defined as theoretical sampling.
5. Generate memos relative to data collection of a subject area with as much saturation as possible.
6. Decide what data to collect next.

7. Continue data collection, analysis, coding, and generation of subject memos focusing on emerging core theory.
8. Generate memos on collected data rewriting memos until saturation is achieved.
9. Sort memos generated from data to develop a theoretical framework.
10. Write the report and rewrite where necessary and appropriate.

The ten procedures just listed will now be discussed in more detail.

Problem Area

According to Glaser and Strauss (1967), a problem area can be identified in many ways. Frequently, problem areas conducive for study are identified from readings or personal experiences. Further, from the readings or personal experiences, questions are generated relative to the area to be studied. These questions, subsequently, can be utilized as a basis for the research inquiry. While the questions focus the inquiry, they are not stated as preconceived conclusions or hypotheses.

Literature Review

Glaser (1978) recommends initial readings in a substantive area different, but related, to the areas of the research study. If the researcher is to use the grounded theory methodology with any amount of discipline, then he/she reads to broaden his/her knowledge and perspective. Reading in the substantive area of study commences when newly emerging conclusions or theory is sufficiently grounded by prior data collection, coding, and analysis. The review of the literature is related to the emerging conclusions and theories through integration of ideas. The literature review then becomes part of the emerging and/or expanding theoretical framework. The literature review does not provide the theoretical framework upon which the research study is conducted as in deductive research but rather used, in grounded theory, to build conclusions, hypotheses and theories rather than accept or reject existing ones.

Theoretical Sampling

As stated previously, "theoretical sampling is the process of data collection for generating theory whereby

the analyst jointly collects, codes, and analyzes data and decides what data to collect next and where to find them in order to develop his theory as it emerges" (Glaser and Strauss 1967). The collection of raw data, coding into categories and properties, and analyzing the codes, categories, and properties are done concurrently. This joint collection of data, coding, and analysis is the basis for generating conclusions and theories; it provides the basis for constant comparisons. By comparing the data as they are collected, "the researcher creates more abstract levels of theoretical connections. In short, conclusions and theories are generally built up inductively from the progressive stages of analysis of the data" (Glaser 1978). Theoretical sampling serves as a means for monitoring the emerging conceptual framework instead of verifying preconceived conclusions and/or hypotheses.

To reiterate, theoretical sampling is the concurrent process of data collection, coding, and analysis. The following is a more detailed explanation of data collection, coding, and analysis as it relates to grounded theory methodology:

> Data collection. The initial decisions for collecting data are based on the general

subject or problem area. The types of data to be collected are not based upon a preconceived theoretical framework. Criteria for selecting groups should be related to the purpose and relevance of the research study. Initially, groups are used that will most likely provide data and subsequent leads for collecting more data. Subsequently, groups are then selected that will assist in generating as many categories and properties as possible.

Coding. Coding is defined as providing the link between collected data and generated conlusions. In the process of coding, the data are separated into categories and properties. The categories and properties when fully saturated, i.e., when nothing new emerges, provide the basis for a theoretical framework. Glaser (1978) suggests that coding be directed by the following set of questions:

1. What are these data a study of?
2. What category does this incident indicate?
3. What is actually happening in the data?

These questions assist the researcher to concentrate on the emerging conceptual patterns. As coding progresses, all data can be classified as properties of some category. Eventually, a total saturation of conceptual codes (theoretical concepts) occurs when all the data are incorporated into the conceptual codes. Glaser (1978) describes the concept-indicator model which explains how a conceptual code is generated. This model is based on constant comparison analysis. The data, categorized as indicators, are compared to each other. Each indicator is compared to every other indicator. When a conceptual code is generated, each indicator to indicator and indicators to a conceptual code provide a means of determining the consistency of meaning of the indicators or the variations they represent. Variations are not ignored but provide a means for adjusting the conceptual codes to more accurately represent "what is." The conceptual codes are then compared to each other and the codes, grounded in data, comprise a generated conclusion, hypothesis, or theory.

Analysis. Analysis commences with coding and progresses with memo writing. "Memos are the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding" (Glaser 1978). Memos reflect the researcher's thoughts on indicators and codes, and/or the relationship between the indicators and codes and between codes.

Earlier in the study, the memos are generated from constant comparison analysis. As the study progresses, memos generate more memos. Sorting, writing, and reading all result in more memo writing also. The memos build on one another until a well grounded conclusion, hypothesis, or theory emerges.

Core Categories

As data are collected, coded and analyzed, several codes are generated. It is important to identify the core categories or the "main themes." Glaser (1978) recommends criteria to be used to determine which categories are core categories. Among the criteria are:

1. It must be related to several categories

and their properties more so than other categories.

2. It must occur frequently in the data.
3. It will take longer to saturate a core category because it is related to many other categories.
4. It relates meaningfully and easily with other categories.
5. It has "clear, grabbing implications for formal theory."
6. It is essential and vital to the analysis of the data.
7. It is a "highly dependent variable in degree, dimension and type. Conditions vary it easily."

Sorting

Theoretical sorting of memos is the foundation for formulating conclusions, hypotheses, or theories for presentation. Sorting reassembles the separated data; it is the ideas as they appear in the memos rather than the raw data that is sorted. The product of theoretical sorting is a generalized, integrated model by which to write the conclusions. Sorting is completed when

theoretical completeness is reached, i.e., when the problem under study is explained with the fewest number of concepts and the greatest possible scope including as much variation as possible. The final product is a constructive contribution to the problem area under study. Doubtless, it will not be total or all inclusive; however, it is expected that the conclusions that emerge from the data will continue to be enriched and modified.

METHODOLOGY FOR THE STUDY

Rationale

The purpose of this study is to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection. Therefore, to accomplish this purpose, a methodology was developed for this study based on grounded theory methodology as described by Glaser and Strauss (1967) and Glaser (1978).

Grounded theory methodology is an appropriate method for descriptive studies which will result in generation of conclusions, hypotheses, or theories (Yinger 1978). It is also appropriate for studying substantive areas such as why hospital and nursing home registered nurses choose

to work where they do and why they choose to remain in a given employment. Grounded theory provides the flexibility and latitude that is essential to developing an initial conclusion/hypothesis from which formal theory and verification can subsequently occur. Conclusions grounded in data are likely to be of significant practical value and use long before they are tested with traditional research methods (Glaser and Strauss 1967). In view of the current emphasis by the health care industry on why registered nurses choose to work where they do, the need for a comprehensive descriptive study appears most important at this time.

Therefore, the practical value and aspects of this study are most appealing; in addition, a basic premise of grounded theory methodology is that "theory is an ever developing entity and not a perfected product" (Glaser and Strauss 1967). This on-going quality of grounded theory makes it attractive and appropriate for presenting an initial comprehensive description of job related factors that registered nurses consider important when making an employment selection.

Grounded theory methodology has been demonstrated in studies conducted by Glaser and Strauss (1965), Glaser and Strauss (1967), Yinger (1977), Janesick (1977), and

Schmoll (1981) as an effective method for generating conclusions, hypotheses, or theories in problem areas where there is insufficient study and data available. The literature review also revealed that most studies conducted in this area have been descriptive; therefore, it seems appropriate that descriptive research methodology be utilized for this study also.

Identification of Problem Area

The problem area for this study of low employment of registered nurses in the long term care setting was identified through readings, seminars conducted by professional organizations, personal contact and interviews with health care administrators, and through personal, professional, and operational experience as a hospital administrator and as a licensed nursing home administrator in the States of Michigan and Georgia. The question of why registered nurses choose to work where they do was the basis for this study. Consequently, the major objective of this study would be to discover what job related factors hospital and nursing home registered nurses consider important when making an employment selection.

In order to identify the relevant areas of concern to registered nurses, the researcher conducted "brain storming" interview sessions with four registered nurses two who were employed in the general acute care hospital setting and two who were employed in the long term care skilled nursing home setting. Two interview sessions were arranged with the registered nurses employed in the hospital setting. Each nurse was interviewed separately and each was requested to discuss what factors in their present and past jobs and organizational environment they considered important and contributed to selection of their present employment, and what factors they found in the job that encouraged retention. Each interviewee was encouraged to be candid in their remarks and each was assured that information given in the interviews would be held in strict confidence. Each interview session with the general acute care hospital registered nurses lasted approximately 1½ to 2 hours. Likewise, two registered nurses employed in skilled nursing homes were interviewed by the researcher. Again, the nurses were encouraged to discuss, candidly, what factors in their present and past jobs and of the organizational environment they liked and what factors they particularly disliked. each inteview session lasted approximately 2 to 2½ hours.

Subsequent to the "brain storming" interview sessions conducted with the four registered nurses, the following areas of concern emerged that would be utilized to construct the interview instrument for this study and would provide direction for this study. The areas of concern were categorized as follows:

1. Financial factors.
2. Organizational context factors.
3. Managerial participation/decision making factors.
4. Personnel management factors.
5. Patient care and environmental context factors.
6. Opportunity factors.
7. Attitude factors.
8. Ownership form factors.

   Note: Although ownership form factors did not emerge from the "brain storming" interview sessions as a prominent category, the researcher decided to add this area because of some discussion relative to the area and comments made during the sessions.

Hypotheses were not constructed nor stated at the initiation of this study. This study was designed to be open and receptive to all data that might be collected. The conclusions of this study are derived from data collected in the interviews conducted with the study participants.

Literature Review

The literature review, in connection with this study, was beneficial in the following ways:

1. Identified what was already known about the problem area.
2. Identified the problem more definitively.
3. Provided background information upon which to base assumptions made in this study.
4. Confirmed the need for this study.
5. Confirmed the areas of inquiry.
6. Provided support for the conclusions of this study.

Data Sources

The data for this study were derived from personal interviews with selected study participants and from demographic/biographic information received from the study participants.

Fifty registered nurses were selected and interviewed. The first ten, five from hospitals and five from skilled nursing homes, would be used as a pilot study. The remaining forty registered nurses were used for the actual study and distributed as follows:

1. Twenty registered nurses would be interviewed who were employed in general acute care hospitals.
2. Twenty registered nurses would be interviewed who were employed in skilled nursing homes.

Pilot study participants were interviewed using a pre-established but untested interview instrument consisting of open-ended questions and a listing of job related factors using a five point rating scale, an untested demographic/biographic form, and an untested informed consent form.

The actual study participants were interviewed utilizing:

1. A pre-established, a pre-tested, and refined interview instrument.
2. A pre-established, pre-tested, and refined demographic/biographic data form.
3. A pre-established, pre-tested, and refined informed consent form.

Defining the Study Population

Glaser and Strauss (1967) recommended selecting a population that appears to be the group most likely to provide the data related to the problem area. The most obvious group from which to acquire data for this study would be registered nurses employed in general acute care hospitals and registered nurses employed in skilled nursing homes as these two types of facilities are the two major components of the health care delivery system and the two components most closely associated with the stated problem.

Because the focus of this study was to discover job related factors that hospital and nursing home registered nurses consider important when making an employment

selection, criteria were formulated relative to these two groups of study participants only. The criteria formulated, therefore, are as follows:

1. Be employed in a general acute care hospital.
2. Be employed in a skilled nursing home.
*3. Be assigned as a staff duty nurse (hospital).
4. Be assigned as a general duty nurse (nursing home).
5. Be willing to participate in the study and be available for a personal interview.
6. Be willing to express candid thoughts and comments about their present and past employment.
7. Possess a current license as a registered nurse in the State of Michigan and not be on inactive status.
8. Be employed in a hospital or skilled nursing home in the Standard Metropolitan Statistical Area, Detroit.

*Staff duty nurse is defined as a registered nurse who can be assigned to any area in the hospital and not one who is assigned because they are considered as a specialist due to concentrated, advanced study or specialized training and credentialing; such as, operating room, intensive care, coronary care, etc.

The enumerated criteria were met with all of the study participants. Age was not specified relative to criteria because age is not considered relative to employment of registered nurses in either setting. Education, i.e., diploma nurse or degreed nurse, was also not specified relative to criteria because there is no differentiation by the State of Michigan Department of Licensing and Regulation regarding the licensing of nurses and both categories of nurses sit for the same state administered examination.

Identification of Study Participants

Grounded theory methodology is not concerned with the traditional protocols of research methodology such as stating testable hypotheses and utilizing various formal statistical sampling procedures. Grounded theory methodology is more concerned with data gathering that will result in the formulation of testable hypotheses that have emerged from the data and analysis of same. Consequently, Glaser and Strauss (1967) expound that random selection of study participants is unnecessary as the objective of descriptive research, using grounded theory methodology, is to collect all information and data

from study participants regardless of where they are found because it is the data collected that is the important factor and not the random selection of study participants.

Therefore, identifying and subsequently selecting registered nurses from general acute care hospitals and skilled nursing homes is appropriate because the majority of registered nurses are employed in these two settings and it is these two settings that are most closely associated with the problem of under employment of registered nurses in the long term care setting.

Although, according to Glaser and Strauss (1967), it is not mandatory in grounded theory methodology to select study participants from a particular area, the researcher did, nevertheless, choose to select study participants employed in hospitals and skilled nursing homes within the Standard Metropolitan Statistical Area (SMSA) of Detroit because of the large availability of hospitals and skilled nursing homes and the large numbers of registered nurses employed in this area.

Initial Contact and Selection of Study Participants

Initially, the administrators and directors of nursing at four nursing homes and three hospitals were

contacted and appointments made to provide information regarding:

1. The reason and purpose of the study.
2. Why facilities and personnel in the SMSA, Detroit were selected for the study.
3. What the data would be used for.
4, What type of interview would be conducted.
5. Approximate duration of each interview period.
6. The criteria for study participant selection.

The response from the administrators and directors of nursing was extremely positive and cooperative and each stated a desire to have their facility and personnel participate in the study. Subsequent meetings resulted in arrangement of fifty interviews with registered nurses. The first ten interviews would be used as a pilot study and the remaining forty nurses would be used as study participants for the actual study.

Instrument Design

The interview instrument used for this study was a two part instrument with part one consisting of

twenty-six open ended questions that would provide in-depth information, qualifying information, explanations, etc. The questions were formulated to gather various information that would be used in conjunction with part two of the instrument. Part two of the instrument consisted of an 83 item Likert-type scale divided into eight areas of inquiry designed to gather actual feelings of the study participants (appendix A). Each factor was rated, by the study participants, using a five point rating scale that permitted each respondent to indicate the amount of importance they placed on each factor. The 83 factors were not arranged according to a specific area of inquiry. In fact, the factors were purposely not arranged in any logical order to preclude the respondent from identifying any particular area of inquiry. The factors were, however, numbered to permit the researcher to reassemble the factors in a logical order according to a specific area of inquiry.

The open-ended questions, part one, and the 83 job related factors, part two, were formulated using the information obtained in the "brain storming" interview sessions with registered nurses previously mentioned. The idea for the format and design of the interview instrument was gleaned from Glennaddee A. Nichols (1974), Edwin A.

Fleishman (1977), Susan Rhodes (1978), Stewart and Cash (1974) and Bradburn and Sudman (1979).

The interview instrument was also designed to permit easy coding and quantification of responses by study participants.

Pilot Study

This researcher cannot emphasize enough the importance of a pilot study. To further substantiate this statement and the need for a pilot study prior to conducting the actual research study, consider what Cletis Pride (1981) and Stewart and Cash (1974) have to say:

> Pretest can save you life sometimes. Send your questionnaire to a half dozen people...and ask them to both complete it and offer suggestions. They may show you where some of the questions aren't as clear as they might be (Cletis Pride 1981).

> It is always wise to pre-test your interview before serious data collection begins in order to locate and eliminate potential problems before they can harm an important interview or series of interviews. We can prepare only so much on paper and in our head, and sometimes the greatest plans do not work out when put into real practice. The pre-testing may be conducted with real interviews (Stewart and Cash (1974).

The advice of Cletis Pride (1981), Stewart and Cash (1974), and members of the dissertation committee was heeded. A pilot study was conducted by interviewing ten registered nurses. Five were interviewed who were employed in general acute care hospitals and five were interviewed who were employed in skilled nursing homes.

The administrators and directors of nursing of the hospitals and nursing homes were contacted and a prepared script was used in the intitial contact (see appendix B for the complete script). The administrators and directors of nursing were most receptive to the study project and proposed calling back the following day after they would have had the opportunity to discuss the study with employed registered nurses. A subsequent call yielded interview appointments with employed registered nurses. All appointments were arranged and coordinated by the respective facility's director of nursing or associate director of nursing. The directors provided the researcher with a listing of names of nurses to be interviewed along with date, time, and place for the interview.

The pilot study was beneficial in several ways. It did as Cletis Pride (1981) and Stewart and Cash (1974) indicated, i.e., afforded an opportunity for the

researcher to ascertain that some of the questions were not as clear as they could have been. "Prior to being asked, Mr. or Mrs. Responder may never have given a thought to the question being asked" (Cletis Pride 1981). This particular situation occured in the pilot study as some respondents stated that they never thought of some of the factors prior to the interview or prior to the interviewer asking the question. Consequently, refinement of the interview instrument addressed this situation along with other areas of ambiguity and corrections were made to the interview instrument.

In addition to testing the interview instrument and schedule of questions and factors, the pilot study afforded the opportunity to:

1. Test the general information letter stating the reason and purpose for the study (appendix C).
2. Test the biographical information about the researcher form (appendix D).
3. Test the informed consent form permitting the interview and participation in the study (appendix E).
4. Test the form to acquire demographic and biographic information from the study

participants (appendix F).

5. Test the interviewer's ability to provide additional information and explanation for and about the study.
6. Test the interviewer's ability and capability to alleviate study participant apprehension and create a non-threatening, relaxful atmosphere for the interview.

The duration of the pilot study was approximately four weeks.

Upon completion of the pilot study, a review of the manner in which the interviews were conducted, a review of the manner in which the data was coded and managed, analysis of the data, a review of the methodology, interview instrument, and other related documents was conducted by the researcher and the chairman of the doctoral committee. Additionally, a review of the above was also conducted by the researcher and a consultant in the Office of Research Consultation, Michigan State University. The methodology and interview instrument, along with associated forms, were modified and refined, where deemed appropriate, prior to proceding with the actual study interviews.

SPECIFICS OF THE STUDY

Interview Protocol and Interview Schedule

After completion of the pilot study and a review of the instruments used in the pilot study and the methodology used, the remaining forty interviews for the actual study were conducted. The time to complete the forty remaining interviews was approximately four months. The reasons for this length of time were unforseen schedule changes, seminar and inservice training schedule changes subsequent to original interview appointment, vacation times, changes in patient status/condition, emergencies, and even unforseen facility construction delays to name a few. Many of the interview appointments originally arranged and scheduled were subsequently cancelled and rescheduled, cancelled again and rescheduled. All of the forty interviews were conducted during working hours.*

Although there were no pre-established times set for

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*Hospitals and skilled nursing homes operate around the clock on a 24 hour basis with shifts 7am-3pm,3pm-11pm,11pm-7am. Many of the interviews were conducted between the hours of 7pm-10pm and 11pm-2am. The majority of the interviews, however, were conducted between the hours of 9am-6pm.

the length of each interview session, it was estimated, however, that each inteview would require at least 1½ hour to complete. This assisted the study participants, and the nursing supervisors, in planning their schedules. Consequently, the time alloted for each interview depended upon the study participant's willingness to completely and candidly discuss the subjects and factors associated with their employment and the extent of their availability. On the average, the time for each interview was approximately one hour twenty minutes.

Interview Format

All the interviews were conducted by the researcher. Utilization of a single researcher contributed to the reliability of the findings and reduced confounding due to the interviewer's experience or lack of experience. Because the interviewer was also the researcher, audio recordings of interview critique, data collection, coding, and analysis could be done concurrently.

The interview format was semi-structured using open-ended questions. The semi-structured format was maintained by using the same set of questions for each study participant which permitted maximum probing of

responses. The probing questions varied for each study participant dependent upon their initial response to any given question and their willingness to discuss the factor further. The probing question technique was used to ensure maximum information collection under each area of inquiry used in each interview. The semi-structured format had the advantage of offering a high degree of freedom to probe into answers and to adapt to different respondent's and situations.

Open-ended questions were also used because of the advantages cited by Stewart and Cash (1974) and Borg and Gall (1979). According to these authors, open-ended questions:

1. Allow the interviewee to do most of the talking while the interviewer listens.
2. Help put the interviewee at ease because the interviewee can determine the nature and amount of information to be given.
3. Are more effective in learning about feelings and attitudes of the interviewee.
4. Are less likely to telegraph or lead the interviewee to respond in one way or another.
5. Help enable the interviewer to determine the interviewee's frame of reference or stereotype.

Since the areas of inquiry for the interview related to discovery of job related factors that hospital and nursing home registered nurses consider important when making an employment selection, it was very important for the study participants to be somewhat guided during the interview but remain free to express their personal thoughts, feelings, and experiences about their present employment as candidly as possible.

Techniques used to gather data during the interviews were similar to the managerial grid technique devised by Blake and Mouton (1964), Fred Fiedler's (1967) contingency approach, John C. Flanagan's (1954) critical incident technique. Blake and Mouton (1964) identified five basic styles of management using the managerial grid. The managerial grid is a two dimensional framework characterizing organizational climate based on leadership style relative to concern for people or concern for production. Fiedler's (1967) contigency approach defined two basic leradership styles as task-motivated and relationship-motivated. An individual's leadership style, as well as the organizational climate, could be determined by utilizing, what Fiedler called, the least-preferred co-worker (LPC) scale. The managerial grid technique and the LPC scale technique were utilized relative to the

areas of organizational context, managerial participation and decision making, and personnel management. The critical incident technique involves studying one group by asking another group to describe "critical incidents" that relates to the group under study. In this study, the researcher asked both groups of study participants to relate "critical incident" they experienced relative to patient care and environmental context, opportunities, and attitudes.

In this study, it was important for the study participants to relate their actual feelings, experiences, and reactions rather than provide responses of how other registered nurses feel or would respond. The study participants were instructed to answer questions and rate factors according to their particular situation(s) and not be concerned with the situation(s) of other registered nurses. Each study participant was asked to focus on their specific situation relative to selection of employment.

Although the interviews in the pilot study were audio recorded in their entirety, it was decided not to utilize this method in the actual study. The reasons for this decision were:

1. Many of the study participants took a

little time to think before answering the questions. This gave the interviewer time to record information and other observations.

2. The recordings, when played back, had much distortion due to constant paging system in the hospitals and nursing homes, intercom interruptions, pager beeping, etc.
3. Most of the study participants in the actual study, in both settings, indicated apprehension of having their voices and comments recorded and expressed apprehension that they might be heard by persons other than the researcher.*

This did not present any type of handicap relative to data collection as the design of the interview instrument was most conducive to note taking and did not appear to detract or be a distraction during the interview of each respondent. There was sufficient space, on the

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*A majority of registered nurses interviewed in this study provided extremely candid comments about the quality, capability, and ability of their immediate nursing supervisor, facility administrator, physicians, treatment procedures, etc., and were most anxious that no one actually hear them make these comments. They were more comfortable with the researcher taking notes. The researcher honored their decision.

interview instrument, for the purpose of recording notes. The non use of audio recording equipment did not appear to detract from the data gathering interview nor detract the interviewer in any way or prevent keeping the interview moving and on schedule. The design of the instrument to permit space for note taking facilitated the interviewer's ability to remain on the subject with the respondent and to later restate or recapitulate their responses to questions and comments.

Interview Opening

At the beginning of each interview, the respondent was put to ease with casual conversation. A friendly, comfortable atmosphere was established especially once the respondent was made aware of the interviewer's background and experience in health care. Following this, the interviewer's opening comments served to:

1. Review the reason and purpose for the study with the study participants.
2. Review the experience and involvement of the interviewer in the health care field.
3. Review and explain the need for the informed consent form.
4. Review and complete the demographic and

biographic data form.

5. Reference code all forms.
6. Prepare the study participant for the interview format by briefly discussing the design of the interview instrument and the parts thereof.

Each interview began with and was guided by a prepared script (appendix G). If the study participant had questions subsequent to the interview opening, they were addressed. If not, the interview commenced with the asking of the open-ended questions.

The questions were designed to allow the study participant to respond candidly and share what they considered to be important or unimportant concerning their present employment. Additionally, the questions were designed to provide direction and continuity among interviewees and to minimize floundering or rambling without inhibiting their desire to share their feelings with the researcher. The open-ended questions provided an opportunity for the interviewer to probe for additional qualifying information and to thoroughly exhaust collection of information in any subject area (see appendix H for a listing of interview questions).

The interviewer used the generally accepted interview technique of pausing after statements made by the respondents to allow them to add more to their responses. Frequently, the respondents required a moment or two to reflect or collect their thoughts before proceding without further probing by the interviewer. If it was judged by the respondent's comments or pause that he/she had nothing further to add, the interview then proceded to the next question.

Throughout the interview, the interviewer would occasionally rephrase some of the study participant's response to ensure that the interviewer was perceiving the respondent's reply and intents as they intended them to be. This technique helped to ensure some degree of validity of the findings. Frequently, the study participants added or offered additional information subsequent to the rephrasing. The areas of inquiry were not addressed in any particular order. This was done to preclude the study participant from realizing they were responding relative to a particular area of inquiry although the questions and listing of factors did, in fact, relate to specific areas of inquiry and/or relate to specific subjects.

Upon completion of part one of the interview

instrument, the study participant was then requested to indicate, by use of a rating scale card given them by the researcher, a number on the 1-5 point rating scale that corresponded to their opinion as to how much importance they would place on job related factors if they were considering an employment offer or offers. The interviewer would read the factor to the interviewee and then wait for a respsonse. Not only did this provide information that could be coded and quantified, it also provided additional opportunity for the study participant to give more information if appropriate.

The interview instrument, the informed consent form, and the demographic/biographic data sheet of each study participant was reference coded with an alpha-nurmerical code that was assigned to each interviewee to maintain anonymity and to assist in data coding and analysis. The alpha-numerical codes were assigned in the order the study participants were interviewed. A-1 through A-20 were used to identify study participants interviewed in the acute care hospital setting and L-1 through L-20 were used to identify study participants interviewed in skilled nursing homes. Thus the first person was assigned A-1 or L-1 as appropriate with the second person assigned A-2 or L-2, etc., until all study participants had been assigned a reference code.

Interview Closing

Upon completion of the entire interview and at the close of each interview, the interviewer thanked the study participant for his/her cooperation and participation in the study, for his/her candidness in response to the open-ended questions and responses to factors and, again, ensured him/her that all information given will be kept strictly confidential. Each study participant was informed that he/she would receive a summary of the results is he/she desired upon completion of the study and research report.

The study participant was again thanked and the interview session ended.

MANAGEMENT OF INTERVIEW DATA

Schedule

Immediately following each set of interview sessions, usually at the end of the day, the researcher audio recorded:

1. Thoughts and perceptions about each interview and each study participant.

2. A summary of the interview content from memory and notes.
3. Impressions about the interview procedures.
4. Impressions of the interviewer's and study participant's behavior.
5. A description of the context of the interview which included:
    a. Date and time of each interview.
    b. A description of the setting in which the interview was conducted.
    c. The atmosphere of the inteview: hurried, interruptions, apprehensions, relaxed, etc.
    d. Incidents that might have impacted the interview session: illnesses, happy or sad events, etc.

Prior to each set of interview appointments, the management of the data for the previous set of interviews was completed. This included:

1. Reviewing each interview schedule and making additional notations and comments where appropriate.

2. Summarizing the demographic and biographic data received from study participants.
3. Review data received from the factor rating scale, transpose and record quantifying data on worksheet.
4. Review performance of the interviewer.
5. Review the environment in which the interview occured.
6. Reflect on any further impressions or content, interviewer/interviewee behavior, methodology, or general themes that were emerging from the open-ended questions or the factors.

All thoughts, observations, and impressions were recorded as they occured to the interviewer.

Data Worksheets

To record the quanitifable data from part two of the interview instrument, eight individual worksheets were constructed and used that corresponded to the eight areas of inquiry. Each worksheet contained a listing of factors related to a particular area of inquiry. At the end of each set of interviews or at the end of the day, the

response codes would be transposed onto the data worksheet in the appropriate box. The data on the worksheet could than be summed in rows and columns for calculation of means and percentages that would be used for data analysis. This was completed for each area of inquiry. The data worksheets were designed for easy management of the data and designed to facilitate analysis of the data (appendix I).

Validity of the Data

Validity of the data derived in this study was of concern to the researcher. Janesick (1977) cites validity as a central issue in a descriptive study. Validity concerns the accuracy of the data collected. Glaser and Strauss (1967) state validity is not a problem in the traditional sense when the focus of the study is on generating theory or hypothesis rather than on validating a theory or hypothesis. Glaser and Strauss contend that the accuracy of the evidence or specific facts, per se, are not of primary concern. What is important, they state, are the conceptual categories generated from the data. They suggest that multiple comparisons of all available data will result in theory or hypotheses that are truly

representative of the circumstances or phenomena being described. Glaser and Strauss contend that researchers often focus to strongly on specific aspects of the data and that we never do appreciate the total picture, or we end up with a distorted view of the overall circumstances or nature of what it is we are attempting to study. Although the grounded theory methodology seems appropriate for a methodological foundation for this study, the design of the study did attempt to maintain some degree of discipline for supporting the validity of the derived data.

In most ethnographic research, the researcher attempts to meet subjective adequacy such as that recommended in Homan's indices (1950) and cited by Janesick (1977). Janesick cites Homan's indices as:

1. Spending as much time as possible with persons being studied.
2. Conducting the research in the same place the persons being studied work and live.
3. Observing the subject in as many social contexts as possible.
4. Speaking the same language as the subjects.
5. Achieving as great a degree of intimacy

with the subjects as possible through multiple contacts.

6. Obtaining a confirmation of the meanings of the observations from the subjects being observed.

The index of language was met for all study participants as the researcher has more than twenty-five years experience in the health care field as a hospital administrator and as a licensed nursing home administrator in two states. All of the interviews were conducted at the study participant's place of employment. Many of the study participants were known to the researcher prior to the study. The indices related to time and social context were not applicable to this study. A critical index for validity of this study was the consistency between the notes taken during the interviews and the initial analysis, and the intentions and perceptions of what the study participants expressed during the interviews. This index relates to Homan's confirmation of meaning. This measure of subjective adequacy was met by recapitualting each area of inquiry. The study participants were provided with every opportunity to confirm, review, add to or restate information given in the interview. Each study

participant confirmed the interviewer's interpretation of the information as they related to the content and in the terms of the interviewer's interpretation of the content. This measure of validity was especially important because the interviews represented a signle encounter and because the interviewer was not well acquainted with all of the study participants. Confirmation of meaning, more than any other index of subjective adequacy, ensures accuracy of the data derived in this study. The interviewer recapitulation as well as the factor inquiry enabled the interviewer to verify the interview notes and the interpretations of the notes with the study participants and yet remain open and non-directive in obtaining more information.

Reliability of the Data

Reliability concerns the replicability and consistency of the findings. According to Janesick (1977), qualitative studies are not as concerned with reliability. There are no standardized instruments or statistical tables to rely on for the descriptions that emerge from qualitative studies. In fact, to impose categories prior to the research, would violate the tenets

of descriptive methodology (Janesick 1977), (Glaser and Strauss (1967), (Glaser 1978). This study attempted to address reliability in several ways:

1. All of the interviews were conducted by a single experienced interviewer.
2. Time frames for conducting the interviews were established and adhered to; each study participant was interviewed within a sixteen week period.
3. The interview format provided consistency in positioning the study participants at the opening of the interview and in gathering information representing the same eight areas of inquiry.
4. Identical demographic/biographic data was obtained for all study participants.
5. All of the interviews began in the same manner and all of the interviews were conducted using the same open-ended questions and listing of job related factors for each area of inquiry.
6. Meticulous documentation was made of all aspects of each interview session.

It would be expected that similar data would be derived in another study following the procedures outlined in this study's methodology.

Although the methodology attempts to address questions of validity and reliability, it most certainly will be subjected to criticism for lack of traditional discipline. However, the presentation of findings, discussion and conclusions of this study, and implications for further study presented in the following chapters should significantly contribute to the understanding of why hospital and nursing home registered nurses choose to work where they do and why they may choose to remain in their chosen employment.

CHAPTER IV

ANALYSIS OF STUDY DATA

Introduction

The purpose of this study was to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

To acquire data relative to the purpose of this study, registered nurses employed in general acute care hospitals and skilled nursing homes in the Standard Metropolitan Statistical Area, Detroit were chosen as study participants.

Demographic and biographic data was obtained from study participants utilizing a specially designed form (appendix F) that inquired about:

1. Nursing education: whether respondent possessed a degree from an institution of higher education or a diploma from a hospital based school.
2. Work experience as a registered nurse.
3. Professional organization affiliations.

4. Personal information: age, marital status, compensation, etc.

Data gathered relative to job related factors was obtained utilizing a two part interview instrument (appendix A). Part one of the instrument consisted of twenty-six open-ended questions (appendix A and H); part two consisted of an 83 item Likert-type scale divided into eight areas of inquiry designed to gather actual feelings of the study participants (appendix A). Each factor was rated using a five point rating scale that permitted study participants to indicate the amount of importance they palced on each factor. The responses ranged from 1 (not important) to 5 (highly important). The scale results were derived by computing 4 and 5 responses as important on the scale with 3 responses being neutral on the scale. Each factor was then tabulated to indicate the percentage of study participants perceiving importance by taking the total number of 4 and 5 responses (in combination) and dividing by the total number of study participants responding to each factor (appendix I).

Characteristics of Study Participants

Hospital Respondents

Each hospital study participant was employed in a general acute care hospital located in the Standard Metropolitan Statistical Area (SMSA) of Detroit and presently assigned as a staff duty nurse.

60% of the respondents possessed a college degree and 40% possessed a diploma from a hospital school of nursing. 80% of the nurses had more than five years of experience as a registered nurse; however, none of the hospital respondents reported any work experience in a nursing home. All work experience had been in the hospital setting. 50% of the respondents reported that they had never changed jobs since graduation from nursing school, i.e., 50% are still employed in their first job. 65% of the respondents indicated that they do not belong to any professional nursing organization at either the national, state, or local level. The median age of respondents was 40, 65% were married, and 95% were employed on a full time basis. 20% of the respondents reported a salary of less than $20,000 while 80% reported a salary in excess of $20,000.

Nursing Home Respondents

Each nursing home study participant was employed in a skilled nursing home located in the Standard Metropolitan Statistical Area (SMSA) of Detroit and presently assigned as a general duty nurse.

25% of the respondents possessed a college degree while 75% possessed a diploma from a hospital school of nursing. 100% of the respondents had more than 5 years of experience as a registered nurse and 90% had work experience in a hospital setting in addition to nursing home work experience. 5% of the respondents reported never changing jobs since graduation from nursing school while 95% reported changing jobs several times since graduation. 100% of the respondents indicated that they do not belong to any professional nursing organization at either the national, state, or local level. 65% of the respondents were over the age of 40, 75% were married, and 70% were employed on a full time basis. 75% of the respondents reported a salary of less than $20,000 while 25% reported a salary in excess of $20,000.

Graphic Presentation of Study Participant Characteristics

Figures 1-10 are a graphic presentation of the educational composition, work experience, present position, employment changes, professional affiliation, age, marital status, employment composition, compensation composition, etc., of both hospital and nursing home respondents.

Figure 1
Educational Composition of
Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Diploma	8	(40%)	15	(75%)
Associate degree	5	(25%)	4	(20%)
Baccalaureate degree	6	(30%)	1	(5%)
Masters degree	1	(5%)	0	(0%)
	n=20		n=20	

Figure 2
Work Experience of
Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Hospital experience	20	(100%)	18	(90%)
Nursing home experience	0	(0%)	2	(10%)
	n=20		n=20	

Figure 3
Years of Experience as a Registered nurse of Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Less than 3 yrs.	1	(5%)	0	(0%)
3-5 yrs.	3	(15%)	0	(0%)
6-10 yrs.	7	(35%)	6	(30%)
11-15 yrs.	3	(15%)	5	(25%)
16-20 yrs.	3	(15%	5	(25%)
21-25 yrs.	1	(5%)	3	(15%)
26-30 yrs.	2	(10%)	0	(0%)
30+ yrs.	0	(0%)	1	(5%)
	n=20		n=20	

Figure 4
Present Position of Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Staff nurse	13	(65%)	5	(30%)
Head/charge nurse	6	(30%)	11	(55%)
Admin. supervisor	1	(5%)	3	(15%)
Other	0	(0%)	1	(5%)
	n=20		n=20	

Figure 5
Number of Employment Changes Since Graduation from Nursing School of Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Never changed	10	(50%)	1	(5%)
2 changes	5	(25%)	2	(10%)
3 changes	2	(10%)	1	(5%)
4 changes	1	(5%)	6	(30%)
5 changes	0	(0%)	3	(15%)
6 changes	1	(5%)	4	(20%)
7 changes	1	(5%)	1	(5%)
8 changes	0	(0%)	0	(0%)
9 changes	0	(0%)	1	(5%)
10 changes	0	(0%)	1	(5%)
	n=20		n=20	

Figure 6
Professional Nursing Organization Affiliation of
Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Belong	7	(35%)	0	(0%)
Do not belong	13	(65%)	20	(100%)
	n=20		n=20	

Figure 7
Age Compositon of Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
20-29	3	(15%)	0	(0%)
30-39	7	(35%)	7	(35%)
40-49	7	(35%)	8	(40%
50-59	3	(15%)	5	(25%)
60+	0	(0%)	0	(0%)
	n=20		n=20	

Figure 8
Marital Status of Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Married	13	(65%)	15	(75%)
Unmarried	7	(35%)	5	(25%)
	n=20		n=20	

Figure 9
Employment Composition of
Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Full time	19	(95%)	14	(70%)
Part time	1	(5%)	6	(30%)
	n=20		n=20	

Figure 10
Compensation Composition of
Hospital & Nursing Home Respondents

	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Less than $12,000	1	(5%)*	6	(30%)*
$12,000-14,999	0	(0%)	4	(20%)
$15,000-17,999	1	(5%)	2	(10%)
$18,000-19,999	2	(10%)	3	(15%)
$20,000-24,999	7	(35%)	5	(25%)
$25,000-29,999	6	(30%)	0	(0%)
$30,000-34,999	2	(10%)	0	(0%)
$35,000-39,999	1	(5%)	0	(0%)
$40,000+	0	(0%)	0	(0%)
	n=20		n=20	

*Denotes part time employment

Data Analysis of Job Related Factors and Open-ended Questions of Hospital & Nursing Home Respondents

Discussion

Presentation of the analysis of the data in this chapter is relative to part one of the interview instrument regarding the open-ended questions and relative to part two of the interview instrument regarding the respondents perception of importance of the 83 job related factors corresponding to the 8 areas of inquiry. The data analysis will be presented as follows:

1. Hospital and nursing home respondents perception of importance of the 83 job related factors corresponding to the 8 areas of inquiry (Tables 1-10). Tables 1-10 will present factors in alphabetical order along with number of respondents perceiving importance, the percentage of respondents perceiving importance, and the rank order of the job related factors for that particular area of inquiry.
2. Analysis and presentation of data relative to the open-ended questions for both hospital and nursing home respondents.
3. Summary.

Data Analysis: Perceived Importance of Job Related Factors for Hospital & Nursing Home Respondents

Financial Factors

The financial area of inquiry that was investigated, relative to employment selection, contained 18 factors. These 18 factors are representative of the total compensatory value, in monetary terms, of an individual's membership in an organization. The total compensation value of employment includes direct and indirect income and outgo of dollars that is associated with a particular employment and the retention of same. The 18 financial factors represent not only direct and indirect compensation for a particular employment but also represents a cost to the individual in order to retain the job. For example, pay is a direct payment while fringe benefits are an indirect payment; however, factors such as travel distance and education represent costs to the individual and does impact upon and affect the individual financiallly and does represent financial considerations when making an employment selection.

18 job related factors were investigated relative to financial concerns to ascertain their importance to

registered nurses when making an employment selection. Table 1 lists the 18 job related financial factors in alphabetical order along with number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor.

Of the 18 financial factors investigated, 8 (44%) are perceived as important factors by 50% or more of the hospital respondents while 6 (33%) are perceived as important by 50% or more of the nursing home respondents. Another note of interest is the ranking of pay, as shown in Table 1, is that hospital respondents ranked pay fifth in importance while nursing home respondents ranked pay sixth in importance.

Data obtained from the open-ended questions contained in part one of the interview instrument indicates that only 25% of the hospital respondents would change employment for more money while 65% of the nursing home respondents would change employment for more money. However, when the nursing home respondents were queried further, 65% stated they would not consider working in a hospital even though it would mean earning more money.

(See next page for Table 1)

Table 1
Financial Factors Perceived As Important by Hospital & Nursing Home Respondents

FACTORS (18)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Child care	0	(0%)	18	0	(0%)	18
Compensation (pay)	13	(65%)	5	10	(50%)	6
Education expense reimbursement	14	(70%)	4	13	(65%)	4
Flexible time program	1	(5%)	15	5	(25%)	12
Full pay hospital|medical insurance	16	(80%)	2	9	(45%)	7
Leave of absence program	10	(50%)	8	6	(30%)	9
Long term disability insurance	2	(10%)	14	7	(35%)	8
Paid dues in professional organization	3	(15%)	13	2	(10%)	16
Paid meals	0	(0%)	16	1	(5%)	17
Perfect attendance pay	3	(15%)	12	5	(25%)	11
Shift choice	19	(95%)	1	17	(85%)	1
Shift differential	10	(50%)	7	4	(20%)	13
Time off for seminars, conventions, professional meetings, tc.	11	(55%)	6	14	(70%)	2
Travel distance: home to work	8	(40%)	9	11	(55%)	5
Uniform allowance	0	(0%)	17	3	(15%)	15
Vacation time	16	(80%)	3	13	(65%)	3
Variable shift choice (8,10,12 hr.)	5	(25%)	11	5	(25%)	10
Week-end standby (paid)	7	(35%)	10	4	(20%)	14
		n=20			n=20	

Organizational Context Factors

The organizational context area of inquiry that was investigated, relative to employment selection, contained 11 factors. These 11 factors are representative of concerns individuals have regarding organizational membership.

Organizational context factors are under the control of an organization's management and have a relationship to job satisfaction, motivation, and job security. Factors in this area of inquiry impact upon and influence an individual's professional and personal development and growth, i.e., is the organizational climate conducive to: 1) individual expression of initiative and creativity, 2) Individual commitment to the goals and objectives of the organization, 3) satisfying individual needs and, 4) job security.

The organizational context factors also have a relationship to whether the philosophy of management practiced is centralized (all power and authority retained by top management) or decentralized (power and authority dispersed to the lower levels of management), and whether the leadership style of management is autocratic which permits little or no participation in decision making, or

democratic which permits participation in decision making at the lower levels.

11 job related factors were investigated, relative to organizational context concerns, to ascertain their importance to registered nurses when making an employment selection. Table 2 lists the eleven job related organizational context factors in alphabetical order along with number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor.

Of the eleven organizational context factors investigated, 11 (100%) are perceived as important factors by 70% or more of the hospital respondents while 11 (100%) are perceived as important by 75% or more of the nursing home respondents.

In relation to the above narrative, data obtained from the open-ended questions contained in part one of the interview instrument indicates that a majority of registered nurses, in both the hospital setting and the nursing home setting, believe that the hospital setting has a more conducive environment and organizational climate for job satisfaction, motivation, job security, etc.

(See next page for Table 2)

Table 2
Organizational Context Factors Perceived As Important by
Hospital & Nursing Home Respondents

FACTORS (11)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Access to organizational policies	15	(75%)	9	15	(75%)	10
Adequacy of organizational policies	19	(95%)	6	15	(75%)	11
Adequate authority to accomplish assigned tasks	20	(100%)	1	19	(95%)	2
Availability of organizational policies	14	(70%)	11	15	(75%)	9
Defined, explicit chain of command	17	(85%)	8	19	(95%)	3
Education, experience, background of chief executive officer	17	(85%)	7	16	(80%)	6
Leadership style of chief executive officer	19	(95%)	5	15	(75%)	8
Leadership style of immediate superior	20	(100%)	2	18	(90%)	4
Organizational communication network	15	(75%)	10	16	(80%)	7
Quality of chief executive officer	19	(95%)	4	20	(100%)	1
Quality of departmental administrator	20	(100%)	3	18	(90%)	5
	n=20			n=20		

Managerial Participation/Decision Making Factors

The managerial/participation decision making area of inquiry that was investigated, relative to employment selection, contained 12 factors. These 12 factors are representative of concerns individuals have regarding organizational membership.

These factors, like organizational context factors, are under the control of the organization's top management and have a relationship to the amount of input, from the lower levels of management and other individuals, into problem resolution and decision making that top management permits. These factors also have a relationship to the amount of responsibility, accountability, and authority that top management is willing to delegate to the lower managerial levels.

Permitting lower levels of employees to provide input into problem resolution and into organizational decisions that are made, also has a relationship to job satisfaction, motivation, production, quality of service, etc.

Additionally, the managerial participation/decision making factors are associated with an organizational climate that is conducive for individual development and

for job enrichment.

Table 3 lists the 12 job related managerial participation/decision making factors in alphabetical order along with number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor.

Of the 12 mangerial participation/decision making factors investigated, 11 (92%) are perceived as important factors by 60% or more of the hospital respondents. 11 (95%) are perceived as important by 50% or more of the nursing home respondents.

(See next page for Table 3)

Table 3
Managerial Participation/Decision Making Factors Perceived As Important By Hospital & Nursing Home Respondents

FACTORS (12)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Complete responsibility for your job	20	(100%)	1	19	(95%)	1
Independence in choosing necessary equipment	15	(75%)	6	14	(70%)	8
Independence in choosing necessary supplies	12	(60%)	10	15	(75%)	6
Independence in implementing managerial control procedures	13	(65%)	7	16	(80%)	5
Independence in planning unit work	19	(95%)	2	18	(90%)	2
Participation in choosing necessary equipment	17	(85%)	3	15	(75%)	7
Participation in choosing necessary supplies	16	(80%)	4	16	(80%)	3
Participation in departmental budget formulation	12	(60%)	11	10	(50%)	11
Participation in departmental policy formulation	15	(75%)	5	16	(80%)	4
Participation in financial resource allocation and expenditure	6	(30%)	12	8	(40%)	12
Participation in organizational policy formulation	13	(65%)	8	10	(50%)	9
Participation in structuring nursing department	13	(65%)	9	10	(50%)	10
	n=20			n=20		

Personnel Management Factors

The personnel management area of inquiry that was investigated, relative to employment selection, contained 11 factors. These 11 factors are representative of concerns individuals have regarding organizational membship.

The personnel management factors relate to the amount of authority, power, discretion, and control that supervisors possess when dealing with the management of personnel and subordinates in an organization. These 11 factors have a relationship to the selection of employees and to the quality and training that individuals possess when they are hired in order to accomplish assigned tasks. Factors contained in this area of inquiry have a relationship to the types of employees that will be retained in the organization and the amount of input supervisors have in the retention of personnel. Also, these factors might influence the development and growth of a supervisor's managerial style and leadership style.

Table 4 lists the 11 job related personnel management factors in alphabetical order along with number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor.

Of the 11 personnel management factors listed, 9 (82%) are perceived as important factors by 55% or more of the hospital respondents, 9 (82%) are perceived as important by 60% or more of the nursing home respondents.

(See next page for Table 4)

Table 4
Personnel Management Factors Perceived As Important by
Hospital & Nursing Home Respondents

FACTORS (11)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Availability of employee training programs	16	(80%)	4	16	(80%)	3
Independent authority to discharge an employee	11	(55%)	9	12	(60%)	9
Independent authority to discipline an employee	12	(60%)	7	15	(75%)	5
Independent authority to evaluate employee performance	14	(70%)	6	16	(80%)	4
Independent authority to promote an employee	11	(55%)	8	12	(60%)	8
Independence in selection and retention of employees	17	(85%)	2	14	(70%)	6
Participation in formulating employee training programs	14	(70%)	5	12	(60%)	7
Participation in selection and retention of employees	18	(90%)	1	17	(85%)	1
Participation in structuring employee compensation programs	3	(15%)	11	4	(20%)	11
Power to withhold employee benefits	6	(30%)	10	7	(35%)	10
Qualification and training of employees when hired	16	(80%)	3	17	(85%)	2
		n=20			n=20	

Patient Care/Environmental Context Factors

The patient care/environmental context area of inquiry that was investigated, relative to employment selection, contained 19 factors. This area of inquiry contained the largest number of job related factors that are representative of concerns the registered nurses have regarding organizational membership.

The patient care/environmental context factors are those factors that pertain to the differences between the hospital and the skilled nursing home in the area of professional interaction, type of patients cared for, missision emphasis of the respective, facilities, etc. In general, the factors deal with the total environment of a hospital vis-a-vis a skilled nursing home.

In the hospital environment, the emphasis is on the treatment of a patient suffering from a single episode of illness with curative goals. The average length of stay for a patient is usually 6-10 days. In the skilled nursing home, on the other hand, the treatment emphasis is on rehabilitation of multiple medical disabilities with goals to arrest further deterioration or to maintain the patient's present state. The length of stay for patients in a skilled nursing home can range from 30 days to 1 to 20 years or more.

Table 5 lists the 19 job related patient care/environmental context factors in alphabetical order along with number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor.

Of the 19 patient care/environmental context factors investigated, 15 (75%) are perceived as important factors by 50% or more of the hospital respondents and 13 (68%) are perceived as important by 50% or more of the nursing home respondents.

(See next page for Table 5)

Table 5
Patient Care/Environmental Context Factors Perceived As Important by Hospital & Nursing Home Respondents

FACTORS (19)	% of Respondents Perceiving Importance: Hospital n	Hospital (%)	Hospital Rank Order	Nursing Home n	Nursing Home (%)	Nursing Home Rank Order
Amount of specialization associated with job	10	(50%)	13	8	(40%)	15
Availability of physician for advice and consultation	19	(95%)	1	18	(90%)	5
Independence in assessing patient needs	18	(90%)	4	19	(95%)	2
Independence in choosing treatment modality	14	(70%)	7	16	(80%)	7
Independence in formulating nursing/treatment procedures	14	(70%)	8	16	(80%)	8
Independence in implementing nursing/treatment procedures	16	(80%)	6	18	(90%)	6
Independence in providing patient care/treatment	18	(90%)	5	20	(100%)	1
Open communication with physician	19	(95%)	2	19	(95%)	3
Patient input/involvement in care/treatment	10	(50%)	14	16	(80%)	9
Patient turnover (length of stay)	9	(45%)	16	3	(15%)	19
Professional interaction with the physician	19	(95%)	3	19	(95%)	4
Repetition associated with job	10	(50%)	15	9	(45%)	14
Stress associated with job	12	(60%)	10	15	(75%)	10
Treatment emphasis of the facility: acute, long term, ambulatory, etc.	12	(60%)	11	10	(50%)	12
Type of patients cared for: acute, long term, ambulatory, etc.	8	(40%)	18	10	(50%)	13
Variety associated with job	12	(60%)	12	8	(40%)	16
Want family involvement in patient care	13	(65%)	9	11	(55%)	11
Want outside patient advocate involvement in patient care	9	(45%)	17	7	(35%)	17
Want visitor involvement in patient care	3	(15%)	19	6	(30%)	18
		n=20			n=20	

Opportunity Factors

The opportunity area of inquiry that was investigated, relative to employment selection, contained 3 factors. However, these 3 factors are representative of areas that are of concern to registered nurses regarding employment selection.

The opportunity for advancement relates to the perception a nurse has of the organizational climate, i.e., is it conducive for displaying ability and capability that is associated with selection for promotion. Additionally, does the organization have a proactive management philosophy and style that recognizes individual achievement, provides an atmosphere where an individual is singled out for praise, and rewarded for intitiative and creativity.

Professional and personal development and growth have a relationship to an organizational environment that satisfies a nurse's desire for furthering his/her education, satisfies a desire to gain more experience in his/her profession, provides job variety that will permit further development of professional skills, and provides opportunities to optimally utilize present professional skills.

Table 6 lists the opportunity factors perceived as important by hospital and nursing home study participants. The opportunity factors listed in Table 6 are in alphabetical order along with number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor. 100% of the opportunity factors are perceived as important by 95% of the hospital respondents and 100% of the opportunity factors are perceived as important by 75% or more of the nursing home respondents.

The areas having a relationship to opportunity factors are:

1. Sense of achievement.
2. Being recognized for successful completion of a task.
3. Being permitted to express initiative and creativity.
4. Being singled out for praise.
5. Having responsibility for own work or for work of others.
6. Acquiring more education.
7. Intellectual stimulation.
8. Development of professional skills.
9. Optimal utilization of professional skills.

When hospital and nursing home respondents were asked to indicate whether the hospital or the skilled nursing home provided more opportunity, the respondents answered as follows:

1. Advancement - 95% of hospital respondents and 95% of nursing home respondents stated the hospital.
2. Professional development - 100% of hospital respondents and 95% of nursing home respondents stated the hospital.
3. Personal development - 100% of the hospital respondents and 85% of the nursing home respondents stated the hospital.
4. Promotion - 85% of hospital respondents and 90% of nursing home respondents stated the hospital.
5. Acquiring more education - 100% of the hospital respondents and 95% of the nursing home respondents stated the hospital.
6. Developing skills further - 100% of the hospital respondents and 90% of the nursing home respondents stated the hospital.

7. Utilizing present skills - 100% of the hospital respondents and 70% of the nursing home respondents stated the hospital.
8. Job variety - 100% of the hospital respondents and 90% of the nursing home respondents stated the hospital.
9. Professional relationships - 100% of the hospital respondents and 90% of the nursing home respondents stated the hospital.
10. Personal reward/job satisfaction - 90% of the hospital respondents stated the hospital; while 90% of the nursing home respondents stated the nursing home.

It is obvious from the above that a clear majority of the registered nurses, in both settings, interviewed in this study perceive that the hospital environment offers the best opportunities for professional and personal development and growth. However, there is a slight polarization when it comes to personal reward and job satisfaction. The hospital nurses claim the hospital offers more opportunities for personal reward and job satisfaction while the nursing home nurses claim the opposite.

The data just discussed was obtained from answers to the open-ended questions contained in part one of the interview instrument. Table 7 is a graphic presentation of the data enumerated above.

(See page 137 for Table 6)

(See pages 138-140 for Table 7)

Table 6
Opportunity Factors Perceived As Important by Hospital & Nursing Home Respondents

FACTORS (3)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Opportunities for advancement	19	(95%)	1	15	(75%)	3
Opportunities for personal development	19	(95%)	2	17	(85%)	2
Opportunities for professional development	19	(95%)	3	18	(90%)	1
	n=20			n=20		

Table 7
Hospital & Nursing Home Respondents Answers To Open-ended Questions that are Pertinent To Opportunity Factors

Item	Responses in Graphic Form	
MORE OPPORTUNITIES FOR:		
Advancement	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	19 (95%)	19 (95%)
Nursing home	1 (5%)	1 (5%)
	n=20	n=20
Professional development	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	19 (95%)
Nursing home	0 (0%)	1 (5%)
	n=20	n=20
Personal development	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	17 (85%)
Nursing home	0 (0%)	3 (15%)
	n=20	n=20
Promotion	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	17 (85%)	19 (95%)
Nursing home	3 (15%)	1 (5%)
	n=20	n=20

Table 7 (cont'd)

Item	Responses in Graphic Form	
Acquiring education	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	19 (95%)
Nursing home	0 (0%)	1 (5%)
	n=20	n=20
Developing skills further	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	18 (90%)
Nursing home	0 (0%)	2 (10%)
	n=20	n=20
Utilizing present skills	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	14 (70%)
Nursing home	0 (0%)	6 (30%
	n=20	n=20
Job variety	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	18 (90%)
Nursing home	0 (0%)	2 (10%)
	n=20	n=20
Professional relationships	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	20 (100%)	18 (90%)
Nursing home	0 (0%)	2 (10%)
	n=20	n=20

Table 7 (cont'd)

Item	Responses in Graphic Form	
Which facility offers more personal reward/job satisfaction	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	18 (90%)	2 (10%)
Nursing home	2 (10%)	18 (90%)
	n=20	n=20

Attitude Factors

The attitude area of inquiry investigated, relative to employment selection, contained 5 factors. These 5 factors are representative of an individual's mental position or feeling with regard to:

1. Perception of a hospital or a nursing home.
2. Professional associations, peer relationships, and intellectual stimulation.
3. Status and prestige as it relates to the organization, the job, and the organizational environment.

Table 8 lists the attitude factors perceived as important by hospital and nursing home respondents. Table 8 lists the attitude factors in alphabetical order along with the number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor. Of the 5 attitude job related factors listed, 5 (100%) are perceived important by 50% or more of the hospital respondents. Likewise, 5 (100%) of the attitude factors listed are perceived as important by 55% or more of the nursing home respondents (see Table 8).

Data obtained from hospital and nursing home respondent's answers to the open-ended questions contained in part one of the interview instrument relative to this area of inquiry, indicates that 90% of the hospital respondents had a negative perception of the nursing home; 65% of the hospital respondents and 75% of nursing home respondents feel that registered nurses who work in a nursing home are viewed negatively by their peers; 55% of hospital respondents and 65% of nursing home respondents feel that a registered nurse who works in a nursing home is viewed negatively by the public. Additionally, 70% of hospital respondents and 80% of the nursing home respondents feel that the nursing home is a more difficult place in which to work. However, there appears to be an obivious polarization between the two study groups in that 90% of the nursing home respondents would consider working in a nursing home while 90% of the hospital respondents stated that they would not work in a nursing home under any circumstances. Also, 90% of the hospital respondents have a negative perception of a nursing home while 85% of the nursing home respondents have a positive perception of a nursing home. The majority of both groups, however, feel that registered nurses who work in nursing homes are viewed negatively by their peers and by the public.

In addition, data obtained in this study reveals that 100% of the hospital and nursing home respondents indicated that they knew what a skilled nursing facility was; however, only 20% of both the hospital respondents and the nursing home respondents could provide an adequate definition of a skilled nursing facility.

See Table 9 for a graphic presentation of the information just discussed.

Table 8
Attitude Factors Perceived As Important by Hospital & Nursing Home Respondents

FACTORS (5)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Peer associations in workplace	15	(75%)	3	11	(55%)	5
Perception of the facility	19	(95%)	1	20	(100%)	1
Prestige associated with facility/job	10	(50%)	5	12	(60%)	3
Professional relationships/associations in workplace	16	(80%)	2	15	(75%)	2
Status associated with facility/job	11	(55%)	4	12	(60%)	4
		n=20			n=20	

Table 9
Hospital & Nursing Home Respondents Answers To Open-ended Questions That Are Pertinent To Attitude Factors

Item	Responses in Graphic Form			
Perception of a nursing home	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Positive	2	(10%)	17	(85%)
Negative	18	(90%)	3	(15%)
	n=20		n=20	
RN viewed by peers if works in a hospital	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Positive	20	(100%)	20	(100%)
Negative	0	(0%)	0	(0%)
	n=20		n=20	
RN viewed by peers if works in a nursing home	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Positive	7	(35%)	5	(25%)
Negative	13	(65%)	15	(75%)
	n=20		n=20	
RN viewed by public if works in a hospital	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Positive	20	(100%)	20	(100%)
Negative	0	(0%)	0	(0%)
	n=20		n=20	
RN viewed by public if works in a nursing home	Hospital Respondents		Nursing Home Respondents	
	n	%	n	%
Positive	9	(45%)	7	(35%)
Negative	11	(55%)	13	(65%)
	n=20		n=20	

Table 9 (cont'd)

Item	Responses in Graphic Form	
Which facility is more difficult to work in	Hospital Respondents	Nursing Home Respondents
	n %	n %
Hospital	6 (30%)	4 (20%)
Nursing home	14 (70%)	16 (80%)
	n=20	n=20
Would you consider working in a hospital	Hospital Respondents	Nursing Home Respondents
	n %	n %
Yes	20 (100%)	7 (35%)
No	0 (0%)	13 (65%)
	n=20	n=20
Would you consider working in a nursing home	Hospital Respondents	Nursing Home Respondents
	n %	n %
Yes	2 (10%)	18 (90%)
No	18 (90%)	2 (10%)
	n=20	n=20
Know what a skilled nursing facility is	Hospital Respondents	Nursing Home Respondents
	n %	n %
Yes	20 (100%)	20 (100%)
No	0 (0%)	0 (0%)
	n=20	n=20
Could provide an adequate definition for a skilled nursing facility	Hospital Respondents	Nursing Home Respondents
	n %	n %
Adequate	4 (20%)	4 (20%)
Inadequate	16 (80%)	16 (80%)
	n=20	n=20

Ownership Form Factors

The area of inquiry investigated relative to ownership form contained 4 factors. These 4 factors are representative of the type of hospital or nursing home ownership that might be of concern to registered nurses when making an employment selection.

Table 10 lists the ownership form factors in alphabetical order along with the number and percentage of hospital and nursing home respondents perceiving importance, and the rank order of the factor.

As can be seen in Table 10, ownership form is not perceived as an important consideration for employment selection by either the hospital respondents or the nursing home respondents.

(See next page for Table 10)

Table 10
Ownership Form Factors Perceived As Important by Hospital & Nursing Home Respondents

FACTORS (4)	% of Respondents Perceiving Importance					
	Hospital			Nursing Home		
	n	(%)	Rank Order	n	(%)	Rank Order
Chain corporation	0	(0%)	3	5	(25%)	1
For profit organization	5	(25%)	1	0	(0%)	2
Not for profit organization	0	(0%)	2	0	(0%)	3
Private organization	0	(0%)	4	0	(0%)	4
	n=20			n=20		

Summary

The purpose of this study was to discover job related factors that hospital and nursing home regisrtered nurses consider important when making an employment selection.

Twenty registered nurses employed in general acute care hospitals and twenty registered nurses employed in skilled nursing homes were chosen as study participants. The study participants were then interviewed, by the researcher, utilizing a two part interview instrument with part one containing 26 open-ended questions and part two containing 83 job related factors that respondents were requested to indicate amount of importance they placed on each factor. Importance was rated utilizing a five point rating scale. Additionally, the methodology used for this study was the grounded theory methodology of Glaser and Strauss (1967). Demographic and biographic data was obtained using a specailly designed form that inquired about education, work experience, professional affiliations, marital status, age, and compensation.

Data collected in the interview process was presented by 1) analysis and discussion of study participant characteristics and subsequent presentation of data in graphic form (Figures 1-10), 2) discussion and

analysis of the 83 job related factors and subsequent presentation of perceived importance of factors along with discussion and analysis of data obtained from responses to the open-ended questions contained in part one of the interview instrument (Tables 1-10).

CHAPTER V

CONCLUSIONS

Introduction

The purpose of this study was to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

Eight areas of inquiry containing 83 job related factors were used to direct the researcher in collecting data for this study. All 8 areas of inquiry contained job related factors that could be pertinent to the understanding of why registered nurses choose to work where they do and what might retain them in their chosen employment. The 8 areas of inquiry relative to this study were:

1. Financial factors (18).
2. Organizational context factors (11).
3. Managerial participation and decision making factors (12).
4. Personnel management factors (11).

5. Patient care/environmental context factors (19).
6. Opportunity factors (3).
7. Attitude factors (5).
8. Ownership form factors (4).

Presented in this chapter will be:

1. Conclusions derived from analysis of the study data.
2. Support for conclusions presented.
3. Recommendations to nursing home administrators derived from analysis of the study data.
4. Implications for further study.
5. Summary.

Conclusions Derived From Analysis of the Study Data

In chapter IV, an analysis of the study data was presented. 8 areas of inquiry containing 83 job related factors were investigated to ascertain the amount of importance that hospital and nursing home registered nurses placed on each factor relative to selection of employment. In addition, data was obtained from study participants responses to the twenty-six open-ended

questions that also had a relationship to the factors and to selection of employment. An extra effort was made, by the researcher/interviewer, to create an atmosphere of trust and acceptance that would permit each respondent to be as candid as possible and to express his/her true feelings concerning the factors in each area of inquiry and also in responding to the open-ended questions. This was accomplished by the researcher/interviewer conveying to the respondent his background and experience in health care administration, and by conveying to the respondent his knowledge of nursing and associated terminology. Analysis of the data clearly indicates which areas of inquiry and which individual job related factors are perceived as important by hospital and nursing home registered nurses.

Therefore, the following conclusions are derived from analysis of the study data:

1. That registered nurses employed in hospitals have a negative perception of nursing homes and that the perception of a facility is an important consideration when making an employment selection. Nineteen of the hospital registered nurses (95%), as shown in Table 8, indicated that the

perception they have of a facility ranked number 1 in importance. Further, Table 9 shows that 18 (90%) of the same respondents have a negative perception of a nursing home.

2. That an organizational climate conducive to participation in management and decision making is more important than financial considerations relative to selection of employment. 100% of the job related factors in Table 2 and 92% of the factors in Table 3 are considered important relative to employment selection while only 44% of the financial factors are considered important (see Table 1) by 50% or more of the hospital registered nurses. 100% of the job related factors in Table 2 and 92% of the factors in Table 3 are considered important relative to employment selection while only 33% of the financial factors are considered important (see Table 1) by 50% or more of the nursing home registered nurses.

3. That compensation, per se, is not the primary consideration for selection of employment or for a change in employment.

Table 1 shows that compensation (pay) ranks fifth in importance among the hospital respondents and sixth among nursing home respondents. Information provided to the researcher in response to the open-ended questions, indicated that pay would not be the primary consideration for an employment selection or for a change in employment.

4. That hospital employment offers the greatest opportunities for advancement, promotion, professional and personal development and growth, acquiring education, utilizing professional skills, developing professional skills, and job variety. Table 6 shows that both groups of study participants rank opportunity factors important relative to selection of employment. Table 7 clearly shows that the majority of hospital and nursing home respondents feel that the hospital setting offers the best environment and organizational climate to achieve these goals.

5. That the areas relative to organizational context, managerial participation, decision

making, and participation in management of personnel contain the majority of factors that the hospital and nursing home respondents perceive as important relative to selection of employment. Tables 2, 3 and 4 list job related factors that are controllable by the organization's administration and management and have a direct relationship to delegation of responsibility and authority, and a relationship to the type of managerial philosophy and leadership style found in an organization.

6. That ownership form has no perceived importance relative to selection of employment. Table 10 definitely shows that none of the hospital or nursing home respondents consider these factors important when making an employment selection.

7. That hospital employment offers the best opportunities for professional relationships and associations, and for peer associations. Table 8 shows that 16 (80%) of the hospital respondents consider professional relationships/associations in the workplace as

important when making an employment selection, and have ranked this factor 2nd in importance, and 15 (75%) consider peer associations in the workplace an important consideration and ranked this factor 3rd in importance. Table 8 also shows that the nursing home respondents consider these two factors as important when making an employment selection as 15 (75%) ranked professional relationships/associations in the workplace as 2nd in importance and peer associations in the workplace as 5th in importance.

8. That registered nurses who work in a nursing home are viewed negatively by their peers. Table 9 shows that 13 (65%) of the hospital respondents and 15 (75%) of the nursing home respondents have indicated that their feeling that a registered nurse who works in a nursing home is viewed by his/her peers in a negative mode.

9. That registered nurses who work in a nursing home are viewed negatively by the public. Table 9 , likewise, shows that 11 (55%) of the hospital respondents and 13 (65%)

of the nursing home respondents have indicated that their feeling is that a registered nurse who works in a nursing home is viewed by the public in a negative mode.

10. That nursing home administrators are in control of the factors perceived as important by registered nurses relative to employment selection. When reviewing Tables 1, 2, 3, 4, 5, 6 and 8, it is quite apparent that all the job related factors listed are controllable by an organization's administration and management, and that it is the administrators and managers who create the organizational climate and who make the final decisions relative to the organization's financial posture.

In addition to the above enumerated conclusions, the analysis of the study data appears to indicate a degree of similarity between the responses from the hospital study participants and the nursing home study participants even though they are employed in two different and distinct components of the health care delivery system. This might suggest that registered nurses are a homogeneous group because of their common profession, i.e., nursing.

Support for Conclusions

Tables 1-9 contain data that supports the ten conclusions previously enumerated. However, additional support is presented from the literature review conducted in conjunction with this study.

The areas of inquiry and associated job related factors that have emerged as important from analysis of the study data, corresponds to the areas which Rue and Byars (1980), Abraham Maslow (1954), Frederick Herzberg (1968), E. H. Schein (1963), and David Babnew (1980) have written about.

It is apparent, from the data analysis, that compensation, per se, is not the main consideration when registered nurses make an employment selection or contemplate making an employment change. This is in consonance with conclusions reached by Slavitt (1979), Babnew (1980), Weisman (1981), and Herzberg (1968).

Examination of the data analysis reveals that an organizational climate conducive to professional and personal development and growth which leads to sense of achievement, recognition, advancement, promotion, etc., is an important factor relative to selection of employment and retention of personnel (M. Scott Myers 1964), (Charles

White 1981), (National Commission on Nursing 1980).

Myers (1964), Babnew (1980), K. White (1980), and Trocchio (1981) have all suggested that the perception registered nurses have of a health care facility greatly influences their selection of employment and their subsequent retention in that employment. The data analysis inescapably indicates that registered nurses have an extremely poor (negative) perception of nursing homes and view registered nurses who work in a nursing home in a negative mode.

In can be seen, from the literature review presented in Chaper II, that the literature is replete with support for the conclusions made in this study.

Recommendations to Nursing Home Administrators

Nursing home administrators are continuously faced with the problem of low employment of registered nurses in skilled nursing homes. The data gathered in this study and the subsequent analysis of the data may be of practical use in helping to solve the problem. The following are suggested ways in which administrators might use the data obtained in this study:

1. Evaluate non compensation programs to

ascertain their impact and influence on recruitment of registered nurses or retention of those presently employed.

2. Market the facility to potential employees concentrating on the positive aspects of nursing home employment such as stability of employment, and managerial relationships with top level and middle level management personnel.
3. Evaluate the internal structure concentrating on organizational climate and its conduciveness to employee input into managerial participation, decision making process, inovativeness, creativity, etc.
4. Acquire a greater understanding and perspective of what job related factors promote job satisfaction, motivation, job security, retention, etc.
5. Evaluate present organizational policies relative to control of nursing practice by registered nurses.
6. Develop, implement, and support programs for professional and personal development and growth.

7. Become affiliated with educational institutions that have nursing programs in order to influence program design, curriculum content, clinical training, etc., that will affect the image of the nursing home industry and affect the negative perception registered nurses have of nursing homes and nursing home employment.

Implications for Further Study

The methodology used in this study was based on grounded theory methodology the essence of which is to produce data grounded in the "real world". Forty registered nurses were interviewed that were employed in general acute care hospitals and skilled nursing homes. Consequently, the analysis of the data from this study could:

1. Be useful and meaningful to other researchers conducting studies relative to job related factors.
2. Be useful in constructing hypotheses or theories on why registered nurses work

where they do using some of the job related factors perceived as important by them to conduct studies to definitely determine if the factors have any significant influence on increasing the number of registered nurses employed in the long term care setting.

3. Replicate the study widening the scope to include registered nurses from all areas of the state, i.e., include registered nurses from rural areas as well as metropolitan areas.

Summary

The purpose of this study was to discover job related factors that hospital and nursing home registered nurses consider important when making an employment selection.

Ten conclusions were formulated and discussed from analysis of the data that could be pertinent to the selection of employment by registered nurses.

Seven suggested recommendations were presented which might be helpful to nursing home administrators in

solving the problem of low employment of registered nurses in the long term care setting. These suggestions were derived from analysis of the study data.

Three implications for further study were offered as to the possible value and use of the study data.

APPENDICES

APPENDIX A

INTERVIEW INSTRUMENT

APPENDIX A

Ref.Code_____
Date_____
Time_____

INTERVIEW INSTRUMENT

Part I

General Information

1. Do you like your present employment? Yes No

2. What do you like best about your present job?

_____

_____

Name two other things you like about your job?

_____

_____

3. What do you like least about your job?

_____

_____

Name two other things you dislike about your job?

_____

_____

4. Do you think about changing employment? Yes No

   Why?_____

   Why not?_____

5. Would you consider changing your employment? Yes No

   Why?_____

   Why not?_____

6. What could I give you to change your present employment? Name 3 or 4 things.

   _____

   _____

   _____

   _____

7. Would you consider working in:

   a. Private physician's office: Yes No

      Why?_____

      Why not?_____

   b. Group practice? Yes No

      Why?_____

      Why not?_____

   c. Nursing home? Yes No

      Why?_____

      Why not?_____

   d. Hospital? Yes No

      Why?_____

      Why not?_____

e. Health maintenance organization? Yes No

Why?_____

Why not?_____

f. Clinic setting (neighborhood, etc.) Yes No

Why?_____

Why not?_____

g. Independent nurse practitioner? Yes No

Why?_____

Why not?_____

8. What is your perception of a nursing home? Neg. Pos.

_____

_____

_____

_____

9. What is your perception of a hospital? Neg. Pos.

_____

_____

_____

_____

10. Did you have any specific nursing courses relative to geriatrics in nursing school? Yes No

11. Did you do any of your clinical training in a nursing home? Yes No

If yes, how long?____Type of facility_____

12. Were you taken on any field trips to nursing homes?
Yes No

13. Do you know what a skilled nursing facility is?

If yes, what do you think they do?_____

_____

_____

_____

14. In which facility do you think there are more opportunities for:

	Hospital	Nursing Hm.
a. Advancement?	_____	_____
b. Personal development?	_____	_____
c. Professional development?	_____	_____
d. Promotion?	_____	_____
e. Acquiring education/experience?	_____	_____
f. Developing your skills further?	_____	_____
g. Utilizing your skills?	_____	_____
h. Job variety?	_____	_____
i. Professional/peer relationships?	_____	_____

15. What was the attitude of nursing faculty to nursing homes or to working in a nursing home?

_____

_____

_____

16. In Which facility do you think it is more difficult to work? Hospital Nursing home

Reason_____

_____

_____

17. Which facility do you think offers more personal reward in job? Hospital Nursing home

Reason_____

_____

_____

18. How do you think a registered nurse is viewed by peers if he/she works in a hospital? Positive Negative

Reason_____

_____

_____

19. How do you think a registered nurse is viewed by peers if he/she works in a nursing home? Positive Negative

Reason_____

_____

_____

20. How do you think a registered nurse is viewed by the public if he/she works in a hospital? Positive Negative

Reason_____

_____

_____

22. If you could change four things concerning your present job, what would they be?

_____

_____

_____

_____

23. Have you thought about changing employment within the last 12 months? Yes No

Why?_____

Why not?_____

24. How likely/unlikely is it you will look for another job within the next 12 months? Likely Unlikely

Reason_____

_____

25. Do you think schools of nursing are including specialized courses in geriatric nursing at the present time? Yes No

Reason_____

_____

26. Do you think that schools of nursing should include specialized courses in geriatric nursing in their programs? Yes No

Reason_____

_____

INTERVIEW SCHEDULE

Part II

Job Related Factors

IF YOU WERE CONSIDERING ANOTHER JOB OFFER OR OFFERS, WHAT IMPORTANCE WOULD YOU PLACE ON THE FOLLOWING FACTORS?

RESPONSE CODES:

0 - Not thought of before interview
1 - Not important
2 - Slightly important
3 - Moderately important
4 - Very important
5 - Highly important

1.	Participation in structuring nursing department.	0	1	2	3	4	5
2.	Participation in organizational policy formulation.	0	1	2	3	4	5
3.	Participation in departmental policy formulation.	0	1	2	3	4	5
4.	Independence in formulating nursing and/or treatment procedures.	0	1	2	3	4	5
5.	Independence in implementing nursing and/or treatment procedures.	0	1	2	3	4	5
6.	Long term disability insurance.	0	1	2	3	4	5
7.	Adequate authority to do the job for which assigned/responsible.	0	1	2	3	4	5
8.	Power to withhold employee benefits.	0	1	2	3	4	5
9.	Complete responsibility for your job.	0	1	2	3	4	5
10.	Independence in implementing managerial control procedures.	0	1	2	3	4	5
11.	Treatment emphasis of facility: acute, long term, preventive, ambulatory,etc.	0	1	2	3	4	5

12.	Availability of relationships and associations with other health care professionals in the work environment.	0	1	2	3	4	5
13.	Quality of top administration.	0	1	2	3	4	5
14.	Quality of departmental administrator.	0	1	2	3	4	5
15.	Participation in financial resource allocation and expenditure.	0	1	2	3	4	5
16.	Participation in departmental budget process and formulation.	0	1	2	3	4	5
17.	Availability of full pay medical/hospital insurance.	0	1	2	3	4	5
18.	Amount of vacation time. (have respondent state how many weeks for number of years worked in facility)	0	1	2	3	4	5
19.	Travel distance from home to work.	0	1	2	3	4	5
20.	Whether a for profit institution.	0	1	2	3	4	5
21.	Whether a not-for-profit institution.	0	1	2	3	4	5
22.	Whether institution part of a chain corporation.	0	1	2	3	4	5
23.	Whether institution privately owned.	0	1	2	3	4	5
24.	Independence in assessing patient needs.	0	1	2	3	4	5
25.	Independence in planning patient care and treatment.	0	1	2	3	4	5
26.	Amount of stress associated with job.	0	1	2	3	4	5
27.	Availability of physician for advice and consultation.	0	1	2	3	4	5
28.	Easy access to communication with physician.	0	1	2	3	4	5
29.	Easy access to interaction with physician.	0	1	2	3	4	5
30.	Defined, explicit chain of command.	0	1	2	3	4	5
31.	Adequate amount of compensation (pay).	0	1	2	3	4	5
32.	Independence and authority to discharge an employee.	0	1	2	3	4	5
33.	Independence and authority to discipline an employee.	0	1	2	3	4	5

34. Independence and authority to promote an employee.	0	1	2	3	4	5
35. Additional pay for perfect attendance.	0	1	2	3	4	5
36. Paid meals during working hours.	0	1	2	3	4	5
37. Uniform allowance.	0	1	2	3	4	5
38. Shift differential	0	1	2	3	4	5
39. Whether facility pays dues in professional organization.	0	1	2	3	4	5
40. Whether facility pays for week-end standby. (inquire if respondent desires to participate in standby program)	0	1	2	3	4	5
41. Independence in determining patient treatment modalities.	0	1	2	3	4	5
42. Independence in employee performance evaluation.	0	1	2	3	4	5
43. Whether facility has employee training programs.	0	1	2	3	4	5
44. Participation in formulating employee training programs.	0	1	2	3	4	5
45. Opportunities for advancement (inquire where respondent would advance to)	0	1	2	3	4	5
46. Opportunities for personal development.	0	1	2	3	4	5
47. Opportunities for professional development.	0	1	2	3	4	5
48. Repetition associated with job, patient care, diagnosis, etc.	0	1	2	3	4	5
49. Qualification and training of subordinates when hired.	0	1	2	3	4	5
50. Whether facility provides LOA for specified reasons.	0	1	2	3	4	5
51. Independence in choosing necessary equipment.	0	1	2	3	4	5
52. Participation in choosing necessary supplies.	0	1	2	3	4	5
53. Independence in choosing necessary supplies.	0	1	2	3	4	5
54. Participation in choosing necessary supplies.	0	1	2	3	4	5

55. Participation in structuring employee compensation program.	0	1	2	3	4	5
56. Independence in planning unit work.	0	1	2	3	4	5
57. Education expense reimbursement program of some type.	0	1	2	3	4	5
58. Status associated with job/facility.	0	1	2	3	4	5
59. Prestige associated with job/facility.	0	1	2	3	4	5
60. Your perception of the facility.	0	1	2	3	4	5
61. Whether facility provides time off to attend seminars, conventions, professional meetings, etc.	0	1	2	3	4	5
62. Whether patient has input to care plan and treatment.	0	1	2	3	4	5
63. Variety of work assignements available in the facility.	0	1	2	3	4	5
64. Degree of specialization within the facility.	0	1	2	3	4	5
65. Availability of organizational policies.	0	1	2	3	4	5
66. Adequacy of organizational policies.	0	1	2	3	4	5
67. Type of patients cared for: acute, long term, ambulatory, etc.	0	1	2	3	4	5
68. Availability of peer associations on the job.	0	1	2	3	4	5
69. Leadership style of chief executive officer.	0	1	2	3	4	5
70. Leadership style of immediate superior.	0	1	2	3	4	5
71. Accessibility of organizational policies.	0	1	2	3	4	5
72. Patient length of stay (patient turnover)	0	1	2	3	4	5
73. Formal communication network of organization.	0	1	2	3	4	5
74. Independence in employee selection and retention.	0	1	2	3	4	5
75. Participation in employee selection and retention.	0	1	2	3	4	5

76. Having family involvement in patient care. Want Don't want	0	1	2	3	4	5
77. Having advocate involvement in patient care. Want Don't want	0	1	2	3	4	5
78. Having visitor involvement in patient care. Want Don't want	0	1	2	3	4	5
79. The education, experience and background of the chief executive officer.	0	1	2	3	4	5
80. Whether facility provides child care during working hours.	0	1	2	3	4	5
81. Whether facility has a flexible time program.	0	1	2	3	4	5
82. Can choose between an 8-10-12 hour shift. (have respondent state preference)	0	1	2	3	4	5
83. Choice of shift. (have respondent state shift preference 7-3; 3-11; 11-7)	0	1	2	3	4	5

APPENDIX B

PREPARED SCRIPT OF INITIAL CONTACT

APPENDIX B

Prepared script used by researcher when making intitial contact with hospital and nursing home administrators and directors of nursing for cooperation and participation in research study.

(Name of administrator), I am calling about a study I plan to conduct for my doctoral dissertation. The topic for the study is the discovery of job related factors that registered nurses consider important when making an employment selection. I hope to discover, through personal interviews with registered nurses in hospitals and skilled nursing homes, some of the job related factors they consider important, not only for employment selection but, perhaps, for remaining in a chosen employment. A pre-established interview instrument has been formulated for this purpose which consists of two parts: part one a series of open-ended questions and part two a series of job related factors. The nurse can indicate importance of any factor by utilizing a five point rating scale. Would you consider 1) allowing your registered nurses to participate in the study, 2(allowing and providing space in your facility during working hours to conduct the interviews, 3) inquiring as to whether your registered nurses would be willing to consent to a personal interview.

APPENDIX C

GENERAL INFORMATION LETTER

APPENDIX C

General Information Letter

I am conducting a research study to discover job related factors that registered nurses consider important when making an employment selection.

The procedure that will be utilized to gather data for analysis is the personal interview with registered nurses selected from hospitals and skilled nursing homes.

I want to assure you that all information transmitted to me will remain strictly confidential and will not be released to any other person(s) or organization(s). All interview forms are coded to protect your privacy, anonymity, and confidentiality and the identity of your facility.

I have no prior arrangements with the institution's administration that permits viewing of any interview forms, biographical data, demographical data, or any data gathered by me.

I will greatly appreciate your assistance in this wothwhile research study and request that the informed consent form be completed and signed.

Again, be assured that all information given to me will be kept strictly confidential.

Thank you for your assistance and cooperation.

GENE MEYERS
Michigan State University

APPENDIX D

RESEARCHER DATA

APPENDIX D

Researcher Data

NAME OF RESEARCHER	Eugene D. Meyers (Gene), 7 Olds Hall, Michigan State University. Phone 353-8711.
EMPLOYMENT	Michigan State University, Officer of Executive Programs, College of Lifelong Education and Graduate College of Business Administration.
EDUCATION	Michigan State University. Ph.D.(cand) - Education administration & curric. Georgia State University. M.B.A. - Management. B.B.A. - Hospital/Health Administration. University of Tennessee. Strategic planning; corporate strategy; cost accounting. University of Utah. Human resources development & administration.
WORK EXPERIENCE	Administrator. Hospitals & Nursing Homes. 20 yrs Associate Professor. Ferris State College. Health Services Management. 7 years. Adjunct Professor & Coordinator. Michigan State University. Nursing Home Administration Program. 4 years. Member. Nursing Home Administrators Board, Dept. of Licensing & Regulation, State of Michigan. 1981-Present. Member. Task Force FOUR, Michigan Department of Public Health. 1982-Present. Member. Planning Board, City of Big Rapids, Michigan. 1982-Present.

APPENDIX E

INFORMED CONSENT FORM

APPENDIX E

Informed Consent Form

In order to assure your protection and anonymity, I am required by Federal and State laws to take certain precautionary measures in research involving employed personnel.

Participation in this research study is voluntary. If you agree to participate, I need your authorization.

To protect and assure your confidentiality and anonymity, the following safegaurds are provided.

1. Your answers and other data are completely confidential. No one in your facility will ever have access to information from the interviews about any individual or about his/her answers.

2. The name of your facility will not be identified in any research report arising out of this study or given to any other organization(s) or personnel participating in or supporting this research project.

3. Reports to participants or research papers will present only grouped data. Individual responses will not be identifiable.

4. Your name will not appear on the interview form. This informed consent form will not be attached to any interview form prior to or during data analysis. Only codes will appear on any interview forms.

5. If you feel that any question represents an invasion of your privacy, please do not answer it.

6. Your participation in this research study is completely voluntary. If you agree to participate, please print and sign your name below.

Code_____ _____
(Print name)

Date_____ _____
(Signature)

APPENDIX F

GENERAL BIOGRAPHICAL & DEMOGRAPHICAL INFORMATION

APPENDIX F

General Biographical & Demographical Information

Code_____

PLEASE FILL IN THE BELOW INFORMATION. DO NOT PLACE YOUR NAME ON THIS PAPER. ALL DATA FURNISHED WILL BE KEPT STRICTLY CONFIDENTIAL. THANK YOU.

EDUCATION Diploma____Assoc.Degree____Baccalaureate Degree____Masters Degree____
Name of nursing school(s) attended_____
_____

EXPERIENCE Number years registered/licensed____. Total number of years worked as RN____. Type of institution(s) worked. Indicate number of years in each type of facility listed: hospital____ nursing home____clinic____group practice____ physician's office____HMO____other____.
Number of jobs since graduation____. Type institution presently employed_____
Size of institution presently employed (number of beds)_____. Location of present employment large city____medium city____small city____ rural____. Present position_____
How long_____.

AFFILIATIONS ANA___NLN___MNA___Other___None___
If not listed, please name_____

PERSONAL Age: 20-29____30-39____40-49____50-59____60+__
Marital status: Married____Unmarried____
Number children & ages_____
Annual income (your present job only):
Less than $12K___$12K-14,999___$15K-17,999___
$18K-19,999___$20K-24,999___$25K-29,999___
$30K-34,999___$35K-39,999___$40K+___

APPENDIX G

INTERVIEW GUIDE

Appendix G

Interview Guide

The following script was used to guide the beginning of each interview session with the study participants.

> Hello, my name is _____and I am conducting a study for my doctoral dissertation on why registered nurses choose to work where they do. The general information about the study sheet explains the reason and purpose for the study, the researcher data sheet is to provide you with information about my background and experience both professional and operational in health care administration, the informed consent form consent form is required to show that you give your permission for the interview and to ensure you that all information given to me will be kept strictly confidential and that your name nor the name of the facility will not be revealed to anyone nor will any of the information given to me be shown to anyone except in a summarized form that protects your anonymity and the anonymity of your facility. Would you please be kind enough to complete the demographic and biographic data sheet. Please do not provide any information you do not wish to provide or feel uncomfortable in providing. Also, do not answer any questions you feel uncomfortable in answering. Do you understand the purpose for this interview and do you have any questions to this point?

APPENDIX H

LIST OF INTERVIEW QUESTIONS

Appendix H

List of Interview Questions

Each interview session began with the study participant being asked the following open-ended interview questions:

1. Do you like your present job?
2. What do you like best about your present job? Name two other things.
3. What do you like least about your present job? Name two other things.
4. Do you think about changing employment?
5. Would you consider changing your employment?
6. What could I give you to change your present employment?
7. Would you consider working in:
   a. Private physician's office?
   b. Group practice?
   c. Nursing home?
   d. Hospital?
   e. Health maintenance organization (HMO)?
   f. Clinic setting?
   g. Independent nurse practitioner?
8. What is your perception of a nursing home?
9. What is your perception of a hospital?
10. In which facility, hospital or nursing home, do you think there are more opportunities for:
    a. Advancement?
    b. Personal development?
    c. Professional development?
    d. Promotion?
    e. Acquiring education?
    f. Developing your skills further?
    g. Utilizing your skills?
    h. Job variety?
    i. Professional relationships?
11. Did you have any specific courses relative to Geriatrics in nursing school?
12. Did you do any of your clinical training in a nursing home?
13. Were you taken on any field trips to nursing homes while in nursing school?
14. Do you know what a skilled nursing facility is?
15. If yes, give me a definition of a skilled nursing facility.
16. In which facility do you think it is more difficult to work?

17. Which facility do you think offers more personal reward in the job?
18. How do you think a registered nurse is viewed by peers if he/she works in a hospital?
19. How do you think a registered nurse is viewed by peers if he/she works in a nursing home?
20. How do you think a registered nurse is viewed by the public if he/she works in a hospital?
21. How do you think a registered nurse is viewed by the public if he/she works in a nursing home?
22. If you could change four things concerning your present job, what would they be?
23. Have you thought about changing jobs within the last twelve months?
24. How likely/unlikely is it you will look for another job within the next twelve months?
25. Do you think schools of nursing are including specialized courses in Geriatric nursing at the present time?
26. Do you think that schools of nursing should include specialized courses in Geriatric nursing in their programs?

APPENDIX I

DATA WORKSHEET

Appendix I

Data Worksheet
(Area of Inquiry)

RESPONDENT	A1 L1	A2 L2	A3 L3	A4 L4	A5 L5	A6 L6	A7 L7	A8 L8	A9 L9	A10 L10	A11 L11	A12 L12	A13 L13	A14 L14	A15 L15	A16 L16	A17 L17	A18 L18	A19 L19	A20 L20	0	1	2	3	4	5
FACTOR																										

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