The Causes and effects of job dissatisfaction among emergency room nurses

Karen Shuptar

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THE CAUSES AND EFFECTS OF
JOB DISSATISFACTION AMONG
EMERGENCY ROOM NURSES

by
KAREN SHUPTAR

A project submitted to the faculty of the
School of Food, Hotel, and Tourism
at Rochester Institute of Technology
for fulfillment of the requirements for
the degree of
Master of Science

October 2000
ABSTRACT

Statistics point to the fact that there is a nursing shortage. The number of people entering the field of nursing is declining and the number of nurses leaving the field is increasing.

According to past studies, one of the reasons nurses are leaving the field is due to job dissatisfaction.

This paper focuses on emergency room nurses at Strong Memorial Hospital, in Rochester, New York. The causes of their job dissatisfaction are studied as well as the effect their dissatisfaction has on their nursing careers.

The results of this study indicate that emergency department nurses at Strong do not want to leave the nursing field. Most would like to continue their careers in emergency nursing, some would work as nurses in other departments, and a few would use their nursing skills in other areas of the medical field.

While job dissatisfaction would not cause them to leave the nursing field, most of them are dissatisfied enough to leave Strong Memorial Hospital’s Emergency Department.

The nurses have many job dissatisfaction issues that need to be addressed. Some issues are common among nurses in general, while some are specific to their emergency department.
DEDICATION

In memory of Dr. Richard Marecki: You were right – I can do this!
ACKNOWLEDGMENTS

This paper was not a solo effort. It took more than a village to raise it and I’d like to thank all those that helped me.

First I’d like to thank God for instilling in me the little voice that told me I needed to do something different with my life and I thank him for surrounding me with the following wonderful people to assist me.

My parents, Marlene and Jim, thanks for the continued support, love, and prayers and the uncanny ability to know when not to say anything. Thanks to my brother, Brian, who was my first official student loan officer; my sister-in-law, Robin, who shared her trials and tribulations about paper writing. Also thanks to my niece, Mia, who is living proof that good things come to those who wait. To my family in Maryland, Uncle Gene, Aunt Mary, Greg, Doreen, Maggie, Lena, Rose, Mark, Mel, Cooper, “Lucky-Jack,” Lisa, and Dave, thanks for not harassing me too much when I showed up for our vacation with a larger suitcase for my schoolwork than the one I had for my clothes.

Where would I be without friends and concerned cousins – Ed, Pete, Pam, Mary Ellen, Marcia and Dave, Debbie, Puff, Adryann, Luba and Kevin, Linda and John, Dave C., Dave H. Mark, Dann, Don, Debby, M.L., and Sue. Thanks for not kicking me when I was down, but for kicking me when and where I needed it. The bruises will heal, but all your voices saying, “How’s that paper coming along?” will probably haunt me the rest of my life.
Thanks to Matthew and Robert, my cohorts in crime, who accompanied me to the zoo or McDonalds or Sea Breeze or any other place I could think to go instead of working on this project.

To the crews at Irondequoit Volunteer Ambulance, who thought I was taking up residence in the boardroom. I’m finally done and I’ll gladly take a call if we get one. Thanks for keeping the noise down to a dull roar.

To my co-workers in the Emergency Department at Strong Memorial Hospital, thank you for being generous with your time and experiences. Without you, this paper would not exist. You are one of the most committed, hardworking groups of people I have ever known. You give the emergency department more than a standard of care, but a standard of caring. Be proud of yourselves and your profession.

To Karen Orrico, thank you for the excellent word processing skills and hieroglyphic interpreting. You saved me a lot of time and anguish and extended the life of my computer because I’m sure I’d have eliminated it before this paper was finished.

Last, but not least, thank you to Ann Zachmeyer, Dr. Francis Domoy, and Dr. Jim Jacobs for giving me the chance to accomplish this goal.

If I’ve forgotten anyone, I apologize!
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CHAPTER I

INTRODUCTION AND STATEMENT OF STUDY

INTRODUCTION

The role of the nurses has expanded over the years. At one time, hospitals were
the largest employers of nurses. Doctor offices also employed one or two nurses
depending on the size of the practice.

Times have changed; more nurses are finding employment outside the hospital
setting. They are employed by: skilled nursing facilities; private practices; home
healthcare agencies; specialty offices such as radiology; hotlines for insurance and
medical groups; law offices to review medical records; schools either as caregivers or
instructors for health classes; and pharmaceutical companies in sales or research.

This study focuses on hospital nurses.

As with any profession, hospital nursing has its pros and cons.

On the plus side is flexibility. Working different shifts allows working parents
more time with their children and a savings on childcare costs. Women nurses who wish
to take time off to raise a family can do so and still find jobs available when they decide
to return to the workplace. Nursing is a portable profession. There are hospitals all over
the world. Individuals who become nurses find satisfaction in caring for people. In
addition, the many different facets of hospital nursing (intensive care, medical, surgical,
emergency, pediatric) make it possible for nurses to find their niche. Hospitals employee
benefits are usually decent too.
A few of the negative aspects of hospital nursing are working weekends and holidays. Also some nurses don’t appreciate working off shifts. Many times hospitals are understaffed and nurses aren’t compensated according to their worth.

In the past, individuals spent their whole career in nursing (even if the cons outweighed the pros). Today, that is not the case. Despite flexibility and satisfaction in caring for people, nurses seem to be more dissatisfied with and leaving the nursing profession.

BACKGROUND / PROBLEM STATEMENT

There is a nursing shortage. The United States Department of Health and Human Services projected by the end of the year 2000, the supply of Bachelor of Science (BS) trained nurses will be 596,000, while demand will reach 854,000. That is a shortfall of 258,000 (Singer, 1999).

Demand is up in all areas because the population is growing and people are living longer. Registered nurses and nurse practitioners are needed in clinics and private practice where patient volume is increasing and the doctors are being encouraged to keep their patients out of the hospitals. Nurses are needed in assisted living centers and nursing homes that are being built to accommodate a rapidly expanding aged population. Home care agencies are also in need of nurses. HMO’s as well as the patients themselves would rather have care administered at home than in the hospital.

Hospitals need nurses with BSN for intensive care, emergency care, surgery and maternity care. There is a demand for nurses to have increased skill levels for specialty areas.
Employment in hospitals is growing slowly because of managed care’s emphasis on discharging patients as quickly as possible. From 1986 to 1995, nurse employment in hospitals grew 21%, while nurse employment in non-hospital settings grew 87% (Singer, 1999). These changes in healthcare are making nurses reluctant to remain in nursing and causing students to make alternate career choices.

In general, nurses work less and move away from hospital settings as they age. This will have a great impact within the next 10 years as nurses decrease their workforce participation and have less time until retirement.

Nursing School Program applications are down for all programs – Associate Degree, Diploma Programs, and Baccalaureate Programs. Admissions are down for all except Baccalaureate Programs, which experienced only a 1.2% increase from 1994-1995. While nursing image suffers in general, contributing to decreased admissions, many educational programs were closed during the previous nursing glut, with no likelihood of reopening.

The perception of the nursing field has changed and nurses are unwilling to work. Nurses dislike current conditions, opt for early retirement, and reduce their hours due to the strong economy. Studies have suggested that job dissatisfaction is a major factor influencing nurses’ intention to leave the profession (Collins, 2000). They have identified high workloads, low pay, low influence over work assignment, limited avenues for skill development, and diminishing support from supervisors as sources of decreased job satisfaction.

Past strategies of offering attractive incentives and benefit packages, as well as long term employment offers are generally no longer feasible.
The use of traveling nurses has been unable to meet the demand. In 1997, the Health Profession Shortage Area Nursing Release Act was introduced to congress to help fill jobs with foreign nurses.

At Strong Memorial Hospital’s (SMH) Emergency Department, there is a high turnover of nursing staff. Some nurses have gone to other departments, some to other healthcare facilities, and some have left the profession.

Job dissatisfaction among hospital nurses seems to be increasing. The factors that cause the dissatisfaction need to be found and addressed to prevent experienced nurses from leaving the profession.

PURPOSE OF STUDY

The purpose of this project is to identify what factors contribute to job dissatisfaction of the emergency nurses at SMH and whether the dissatisfaction would make them leave the nursing profession.

METHODOLOGY

Qualitative research was used to gain information. There were no formal questionnaires. The nurses that were interviewed were asked: what satisfied them about their jobs, what dissatisfied them about their jobs, and if their dissatisfaction was enough to make them leave the nursing profession.
LITERATURE REVIEW

- Nursing journals – to find the most updated information pertaining to the nursing profession, especially job satisfaction/dissatisfaction.

- Qualitative research books – to obtain information on how to conduct qualitative research, what questions to ask, and how to ask them. Also how to interpret and present the data collection.

- Social Science books, articles – to see first hand how qualitative research is done and how the results are presented.

- Education books, articles – same as Social Science. Many educational studies are accomplished using qualitative rather than quantitative research methods.

- Job satisfaction articles, books – to gain general background on how and why people work, how they chose their profession, and what expectations they have about their jobs. Also to find out what satisfies them and dissatisfies them about their work. To see if some of the issues that affect nursing job dissatisfaction also affects other professions.

SIGNIFICANCE OF STUDY

Previous studies about job dissatisfaction have had a wide scope. They studied nurses from all areas of employment or hospital nurses from all departments.

This study focuses on job dissatisfaction among emergency nurses. This could lead to future studies to compare the responses of emergency nurses and all other nurses to see if there is a different degree of dissatisfaction among E.R. nurses.
This study can also be used to confirm results of existing studies done on job dissatisfaction among nurses. Themes that are drawn from the study can be used to generate questions for future studies that are qualitative or quantitative in nature.

LONG RANGE CONSEQUENCES

By finding out what causes job dissatisfaction for nurses, employers and management can focus on improvements so nurses will stay in their field and continue in nursing as a career. In addition, improvements to the nursing profession might attract more students so more nurses will be available for the future.
CHAPTER II
LITERATURE REVIEW

In order to carry out this research study, several topics needed to be investigated to provide background information, research guidance, and results of previous studies. The topics include: qualitative research, job satisfaction in general, and more specifically nursing job dissatisfaction.

JOB SATISFACTION

Some organizations found that satisfying employees is a prerequisite to satisfying the customer. Unhappy employees who are motivated by fear of losing their job are never going to give 120% of their effort for very long. AT&T’s credit card company convinced individuals from other credit card companies to move to Jacksonville, Florida, where the cost of living is low and paid them more than the other credit card companies. They can earn cash bonuses based on their own and company performance. Childcare assistance, on-site health club, the best and safest equipment, and a wide variety of other employee services help to ensure them that they are working for one of the best companies in America. The efforts paid off; in the first 20 months, they ranked third in the industry of 6,000 competitors. This was all accomplished without an ad campaign and with interest rates that were about average. Customers were won through word-of-mouth referrals and direct mail solicitation.

Most organizations just really don’t care about employee satisfaction. A sign that reads, “employees are our greatest asset,” are just words on the wall. Most places don’t
even do employee morale surveys because they set up an expectation that it needs to do something about employee morale problems.

Exit interviews are conducted as a way of gathering employee satisfaction data. The Human Resources person records notes on the employee personnel file, files it away, and nothing ever happens to it. The same with turnover data. Executives may never review it unless there is a major problem with employees leaving in droves.

Employee satisfaction or morale is important to organizational success. The problem comes when it is time to spend money on efforts to improve employee satisfaction. It is possible to make money and delight your customers and employees all at the same time. The key seems to be balance.

Most employers assume employees all want the same things: security, a good paycheck, interesting work, and nice work environment. Although this may be true, doing the basics may be enough to satisfy employees. According to Diane Tracy (Tracy, 1994), personal satisfaction can be achieved when an employee's "Bill of Rights" is honored.

1. The right to have responsibilities clearly defined.
2. The right to have enough authority to fulfill responsibilities.
3. The right to know the standards and be encouraged to achieve excellence.
4. The right to receive training needed to meet job standards.
5. The right to receive the knowledge and information needed to do the job.
6. The right to receive feedback.
7. The right to be recognized.
8. The right to be trusted when it is earned.
9. The right to make mistakes.

10. The right to be treated with respect.

However, a satisfied employee is like a satisfied customer. He or she may walk as soon as a slightly better offer comes along. A delighted employee will not only never leave, but will tell the world what a great company he or she works for. Of course, it also helps if the employee enjoys their chosen career and feels that what they do makes a difference.

"When I've met people who really love their work they're usually people who say two things about it: 'I can do it well and I think it's important.'"

Barbara Daly
Corporate Trainer (Harris, 1992)

Time and money need to be spent to find out what it takes to delight employees. Awareness of personal situations and goals has a lot to do with what “delights” them. A single mom with three small children has different priorities from an older married mom whose children are grown and out of the house. You will never satisfy everybody all of the time. Methods to determine employee needs, requirements, and priorities are the same as those used to determine customer requirements: focus groups, interviews, surveys, satisfaction feedback, and exit interviews. Ask the right questions and use multiple data gathering methods. Employee’s priorities need to be assessed on a regular basis.

Generic issues that should be surveyed:

1. Pay

2. Advancement/growth opportunities

3. Job stress levels
4. Overall climate

5. Extent to which executives practice stated organizational values

6. Benefits

7. Workload

8. Supervisor competence

9. Openness of communication

10. Physical environment/ergonomics

11. Safety

A survey tells that there is a problem. A survey does not tell enough to go out and begin solving a problem. More detailed information can be gathered by using focus groups to have confidential discussions about a particular issues.

Another method to get information is by just talking to employees. By wandering around, management can take the pulse of employee morale levels and can tell if there is trust in the organization. This kind of information gathering produces “soft” results that are difficult to quantify. This type of data helps to identify problems before they get too bad to correct.

“Hard” measures also need to be included on an organizational scorecard. These are measures of employee behavior that are related to their satisfaction levels. An example is voluntary turnover. An organization doesn’t necessarily have a morale problem if people are leaving to go back to school, have a baby, or move out of state because a spouse got a new job. Similarly, low turnover may not be a positive sign either. Just because there is low turnover doesn’t mean employees are happy.
An overall Employee Satisfactions Index (ESI) that gives an organization one number to look at to determine employee satisfaction is a good idea. The ESI should be a mix of soft and hard measures that are assigned a weight based on their importance as a predictor of employee satisfaction levels.

Excellent companies measure employee satisfaction by segmenting their employee population according to common needs and researching employee needs and priorities at least once a year.

- Formal morale or climate surveys are done with large samples of employees once a year.
- Focus groups and other techniques are used several times throughout the year to gather qualitative data on satisfaction.
- Hard measures of employee satisfaction such as absenteeism and turnover are collected on a regular (monthly) basis.
- Measures relating to employee morale, focus on delighting employees rather than just satisfying them.
- Individual measures relation to employee satisfaction are summarized into an Employee Satisfaction Index (ESI).
- Data is collected on employee satisfaction levels of other similar organizations to use for comparison and goal setting.
- Methods and instruments used to measure employee satisfaction are continually evaluated and improved.
QUALITATIVE RESEARCH

Qualitative research "humanizes" data and can be useful after quantitative research in an explanatory role. Similarly, it can be useful before quantitative research by providing themes on which quantitative questions can be constructed. Qualitative research can also stand alone.

QUALITATIVE INTERVIEWING

The purpose of open-ended interviewing is not to put things in someone’s mind (preconceived ideas), but rather to access the perspective of the person being interviewed.

Three approaches of qualitative interviewing:

1. Informal Conversational Interview – spontaneous, generation of quest.
2. General Interview Guide Approach - outline a set of issues to be explored before interviewing begins.
3. Standardized Open-Ended Interview – set of questions carefully worded and arranged with the intention of taking each respondent through the same sequence and asking each respondent the same questions with essentially the same words.

The research in this study focuses on the Informal Conversational Interview. The interviewer maintains maximum flexibility to pursue information in whatever direction appears to be appropriate. Questions flow from immediate context. There is no predetermined set of questions.

Data gathered will be different for each person interviewed. Each interview builds on the other. Strength of this approach is that it allows the interviewer to be highly
responsive to individual differences and situational changes. Questions can be individualized to establish in-depth communication with the person being interviewed.

Weakness of Informal Conversational Interviews

It takes a great amount of time to collect systematic information because it may take several conversations with different people before a similar set of questions has been posed to each participant.

This type of interview is more open to interviewer effects in that it depends on the conversational skills of the interviewer. The interviewer must be able to interact easily with people, generate rapid insights, and formulate questions quickly and smoothly. He/she must structure questions that do not impose personal interpretation or cause ambiguity or misperception. Encouragement is necessary to maintain communication and move the conversation in a direction that will satisfy the research objectives. The interviewer needs to know when to interrupt to avoid wandering, repetitive material, and going to a level of detail that is not appropriate.

Data is difficult to pull together and analyze. A great deal of time is spent sifting through responses to find patterns that emerge. However, this type of interview is flexible in terms of being able to be responsive to individual differences.

What Questions to Ask

The evaluator must decide what questions to ask, how to sequence questions, how much detail to solicit, how long to make the interview, and how to word the questions.

There are 6 kinds of questions that can be asked of people:
1. Experience/Behavior Questions
   - Questions what a person does or has done

2. Opinion/Value Questions
   - Aimed at understanding the cognitive and interpretive process of people. They tell us about goals, intentions, desires, and values.

3. Feeling Questions
   - Aimed at understanding the emotional response of people to their experiences and thoughts.

4. Knowledge Questions
   - To find out what factual information the respondent has.

5. Sensory Questions
   - These are about what is seen, heard, touched, tasted, and smelled.

6. Background/Demographic Questions
   - Identify characteristics of the person being interviewed. They help the interviewer locate the respondent in relation to other people.

Any of the above can be asked in the present tense, past tense, or future tense. They can all be asked in a circumstance, but that can be tedious.

To be truly open-ended, qualitative interviewing strategies must ask questions that permit respondents to answer in their own terms.

Examples of truly open-ended questions:

- How do you feel about the program?
- What is your opinion of the program?
- What do you think of the program?
Note taking during interviews

- Gather actual quotations.
- Expand notes immediately following the interview.
- If there is any ambiguity or uncertainty about what was said, clarification by follow up should be done immediately.
- Ideas and interpretations should be written down and clearly marked as such.

Some of Halcolm's Evaluation Beatitudes are helpful guidelines for interviewing (Patton, 1980):

Ask
Listen and record
Ask
Listen and record
Ask
Listen and record

It is a privilege to listen. To ask is a grave responsibility. Evaluators, listen. Do you not know that you shall be evaluated by your questions?

To ask is to seek entry into another's world. Therefore, ask respectfully and with sincerity. Do not waste questions on trivia and tricks; for the value of the answering gift you receive will be a reflection of the value of your question.
DATA ANALYSIS

- Make several copies (one to save, one to write on, one or more to cut and paste)
- Notes can be organized by topics

First, the analyst can use the categories developed and articulated in the study to organize presentation of particular themes. Second, the analyst may become aware of categories or patterns for which the interviewees did not have labels or terms and the analyst develops terms to describe these inductively generated categories. The analyst looks for recurring regularities in the data. These represent patterns that can be sorted into categories. Then the categories should be judged by two criteria: “internal homogeneity” – extent to which the data that belongs in a certain category hold together. “External heterogeneity” – extent to which differences among categories are bold and clear.

The process of categorizing is closed when sources of information have been exhausted, when sets of categories have been saturated so that new sources lead to redundancy, when clear regularities have emerged and feel integrated, and when the analysis begins to “overextend” beyond the boundaries of issues and concerns guiding the analysis.

NURSING DISSATISFACTION

Literature on job dissatisfaction in nursing in general is limited and there was no mention of emergency nurses as an individual group. However, several major items that cause nurses to be dissatisfied with their job were found.
Conflict

There are six areas that cause conflict within nursing:

1. Defiant Behavior
2. Space
3. Physician Authority
4. Beliefs and Values
5. Goals
6. Stress

Space - Overcrowding of staff, physicians, and patients can lead to burnout and turnover.

Beliefs, Values, and Goals – These may conflict with personal ethics or organizational goals. Moral stress is caused by the imbalance between demands of the work environment and the nurse’s ability to handle the demands. An example is dealing with the need to decrease the cost of healthcare without diminishing the quality of care. When the quality of care is high, nurses feel satisfied that they are able to give their patients optimal care. They don’t have to wonder, “Have I done all that I could have done for that patient?”

There is an emotional context of nursing. On a daily basis, nurses deal with a variety of situations – life, death, distress, suffering, grief, and ethical decision-making. A big problem that nurses have is that their formal training in ethical and moral reasoning is inadequate.
Physician Authority – The lack of respect within the profession leads to anger, feelings of diminished self-worth and conflict.

Stress – Stress is a major source of conflict within the field of nursing. Nurses report many stressors that contribute to conflict and job dissatisfaction.

Lack of participation in decision-making, lack of empowerment, and low influence over patient assignment cause stress. Dealing with change is also stressful. Technological changes, changes within the National Healthcare System, and increasing standards of performance can take their toll on the nursing staff. High workload, prioritizing tasks, performing tasks that have nothing to do with nursing, and inadequate staffing and resources are problematic realities for many nurses. Even “small things” can cause stress – inadequate changing rooms, not being able to take a meal break in a staff dining area when working an off shift, and inflexible scheduling. All these stressors contribute to conflict in the nursing field, which in turn leads to job dissatisfaction.

Communication

Communication between managers and staff nurses is very important. Both should feel comfortable venting frustrations to each other and both should feel respected.

Staff nurses who feel supported by nurse managers are more likely to discuss innovative ideas concerning patient care and unit management. One study revealed that staff nurses preferred nurse managers who used specific communication strategies to ameliorate stressful work situations (Peterson, 2000).

Literature on message design logic suggests that some communication styles are more effective in meeting situational goals. Different ways of reasoning and constructing
messages in supportive communication situations are related to how one perceives supportive or unsupportive relationships (Peterson, 2000).

In many instances, especially in the stressful hospital environment, staff nurses do not feel socially or professionally supported by management due to the managers incompetence in communicating. Support is needed to develop personal qualities and to integrate knowledge and self-awareness. It is also needed so the nurse feels valued and respected.

Difficulty Achieving Professional Development

Nurse leaders are concerned with staff nurse participation in professional activities. Nursing staff consists of adults who view themselves as mature independent people who bring life experiences to their work environment. They expect to be treated as adults and prefer activities that are logical, structured, and with an achievable goal, while respecting their individual freedom of ideas.

Some of the factors that motivate the nursing staff to participate in professional development activities are: to increase competence in the job, to learn something new, to keep up-to-date, to obtain some immediate practical benefit, and to secure professional advancement.

Unfortunately, there are restraining factors that keep nurses from participating in development activities. These are: work pressures, unit transfers, overtime fatigue, short staffing and administration, and hospital ownership changes. Other barriers include money, time, work conflict, family commitment, illness, transportation, childcare, location, weather, death, and going to programs alone. The most common restraining
factor ranked by nurses is that they are unable to leave the unit due to patient responsibility.

Salary and Career Prospects

One study suggests that pay prevents dissatisfaction, but doesn’t motivate an employee (Breisch, 1999). However, most of the other studies that were reviewed concluded that lack of financial reward did cause dissatisfaction. Twenty-five to 33% of nurses would leave the profession for higher paying careers. “I could earn the same salary working in an area where the outcomes, wages, and promotion were clearly related to the effort put in.” “Poor pay with ever increasing responsibility.” “At present very disillusioned. I don’t think my pay reflects how hard I work and the qualifications I’ve had to do” (Collins, 2000).

Nurses want to feel a commitment to the patient, family, other healthcare team members, and the organization. However, as one nurse laments, “The difficulties of nursing accumulate until finally you can no longer see its usefulness. The paperwork and eternal politics make everything a little too tiring” (Radcliffe, 1999). In order to fill nursing vacancies, one hospital advertised greater flexibility and even a car in some cases. They presented the job as a packaged product, but said nothing about personal development or staff satisfaction.
CHAPTER III

METHODOLOGY / MAJOR QUESTIONS

This chapter explains the methods used to carry out the research, what questions were asked, a description of the sample surveyed, and personal bias.

METHODOLOGY / MAJOR QUESTIONS

Personal interviews using qualitative research methods were conducted. The questions asked were:

"What do you find satisfying about your job?"

"What do you find dissatisfying about your job?"

"Is the dissatisfaction enough to make you leave the nursing profession?"

Personal bias was a problem since the interviewer works in the same department with the nurses. Preprinted questionnaires (which could lead the respondents) were not used so some of the bias could be eliminated.

It was helpful to hear in their own words, what they found dissatisfying about their jobs. By personally interviewing them, emotions were caught and elaboration on certain issues was accomplished.

The sample contained a variety of nurses. Eleven females and five males were interviewed. They had varying years of experience in nursing. The range went from two years to thirty-one years.

One nurse was a licensed practical nurse (LPN) and the rest were registered nurses (RN).
One person who had left the SMH Emergency Department to work in another department was interviewed. Another person, who had worked full time in the ED, left for a full time position in a different department, but is, now back in the ED part time was included in the study.

One person that was interviewed had left hospital nursing to work for a managed healthcare company. Unfortunately, no one who left the nursing profession altogether was available to be interviewed.

After the first 13 nurses were interviewed, themes about their job dissatisfaction were drawn up and compared to the themes that were prevalent in the studies referenced.

As a system of checks and balances, termed triangulation, the remaining three additional nurses that were interviewed were presented with the results of this study and the results of the studies found in the literature review. They were asked to comment about the results of this study, results of previous studies, and to give their own input on the topic of nursing job dissatisfaction.
CHAPTER IV
FINDINGS

This chapter discusses the results of the 16 interviews with nurses in Strong Memorial Hospital’s Emergency Department concerning job dissatisfaction.

FINDINGS

The nurses in Strong’s Emergency Department came up with many items that cause them to be dissatisfied with their job. The 42 items have been grouped into seven different themes.

STAFFING

The Emergency Department (ED) is seeing an increase in the number of patients needing medical attention. The acuity of the patients has also increased. One nurse (with 25 years of experience) said, “The people we sent to the Intensive Care Unit (ICU) now are ones that would have never made it a few years ago. The people we are sending to regular inpatient floors now are the ones that would have gone to the ICU a few years ago” (Interview 2, page 4, 2000).

Many of these patients need to be admitted, but sometimes there is a shortage of beds and patients end up “boarding” in the ED. This means that they have orders written as if they were up on the floor and need nursing care within the ED until a bed is available. “Boarders” as they are referred to, are very labor intensive and one nurse may have to care for as many as nine or ten patients alone.
All the nurses that were interviewed remarked that there are not enough nurses to do the job. Several said they felt that their licenses are at risk as well as the patient's health. Several others are angry that they can't give the kind of care they want to. A few others commented that they don't have enough time to do a lot of teaching with the family.

Most of the nurses are “sick and tired of not getting time to go to lunch, dinner, or breaks.” Some nurses are so stressed by the situation that they get physically ill with headaches and stomachaches, can't eat, and have nightmares.

PAY

Almost all the nurses mentioned that they were not paid enough. Although several mentioned that the pay was comparable in the Rochester area, it is not on par with the rest of the country. A few people said that it was unfair that new graduate nurses make almost as much as some experienced nurses.

Many of the nurses commented that there should be more pay for being the charge nurse and for precepting new nurses and students. Some were also upset that they don't get paid for working on merit projects, which can only be done outside of working in the department.

They do not feel the overtime system is fair. Part-time people should get extra for working more than their scheduled hours. People who work extra hours, but have a vacation day during the same week should also get the extra pay.

Along with monetary payment that would end up in their checks, they mentioned other items that were unsatisfactory. They feel that re-certifications (especially those that are job requirements) should be paid for by the hospital. The same goes for conferences.
Some felt that there are not enough class days or in-services offered and that they should be done “on the clock.”

Another issue was parking. They felt they shouldn’t have to pay for parking at the hospital. One nurse mentioned that they should be allowed to park in the garage (which is close to the ED rather than far lots) if they are working extra hours.

COMMUNICATION

All of the nurses felt that communication within the department is poor. Messages about changes in procedures or policies fall through the cracks. Because of the lack of communication, change takes too long to execute.

Several nurses felt that there should be more standardization about how things are done. Two examples are how traumas are run and the use of equipment. These things need to be communicated.

There is frustration because communication between doctors and nurses is poor. At times, they physically do not talk to each other. Sometimes the order sheets the doctors are supposed to fill out do not make it to the nursing order boxes. Sometimes the doctors get so anxious about having an order carried out that they ask a nurse (other than the patient’s assigned nurse) to assist them. So, sometimes orders are missed, care is delayed or procedures are duplicated because of miscommunication.

PHYSICAL LAYOUT AND ED PROCESSES

Almost all the nurses said the present ED is too small. The way it is set up makes it difficult for them to “eyeball” their patients. Some nurses don’t like the fact that their patients are located all over the department instead of in one area.
Some said the department was lacking in cleanliness and that housekeepers need to be more flexible.

Some nurses are not satisfied with the layout of the triage area and/or the triage process. They feel the patients have no privacy when discussing their medical problems. The triage system causes some concern as well. Some nurses believe that the triage nurse brings back too many patients too quickly. The staff nurses and doctors can’t keep up. They also feel there should be two triage nurses so one can always be there to assess new patients.

The admitting process causes some distress also. The nurses feel that it is too slow and too complicated. They also do not like the fact that the process is dictated by the floors and “when they are ready to take a patient.” They feel that the patients end up staying too long down in the ED and that certain tests and procedures can be done on the floor.

Although most of the nurses think the new ED (scheduled to open in March 2001) will solve the layout and possibly the cleanliness problems, they feel the processes will not change and need work. As one nurse said, “They are fooling themselves if they think the new facility is going to solve all their problems” (Interview 8, page 19, 2000).

CO-WORKERS – DOCTORS AND NURSES

Some of the nurses commented that some of their co-workers are unmotivated and “just plain lazy.” “The ED is no place for someone who likes to sit around” (Interview 1, page 1, 2000).
Some feel the orientation that new nurses get is long enough as long as they are able to complete it. The new nurses are “pulled into the numbers” if there is a staffing shortage. This is stressful for the new nurse as well as the rest of the staff.

The nurses feel that the new residents are not sufficiently oriented to the unit. They also feel the residents are too slow and cannot make decisions quickly. One nurse commented “there are too few diagnosticians in the department so the patients end up staying in the ED way too long.”

Traveling nurses are being employed because of the need for staff. One staff nurse who has worked in the ED over 20 years said, “The travelers are not as good as they used to be.” It is also frustrating to the staff nurses that the travelers make twice as much an hour for doing the same job.

Several nurses mentioned that it is sometimes frustrating to work at a teaching hospital. People come and go a lot. Medical students, residents from several different specialties, nursing students, paramedic students, and emergency medical technician students do rotations in the ED.

MANAGEMENT AND ADMINISTRATION

Management within the department is a dissatisfier for some of the nurses. Some nurses feel they are not being supported by management. “Management makes promises they don’t keep. They promised more staff and people are leaving as fast as they are being hired. They do nothing to retain the staff after they’ve been recruited” (Interview 5, page 12, 2000).

Some of the nurses feel that management “has their favorites” and that department rules get changed too often especially out of convenience. Nurses are frustrated that they
have a lot of ideas to try to better the department, but if management doesn’t like them, they are disregarded. Scheduling is also a problem. Sometimes requests are not honored and the request to try self-scheduling has been denied.

The hospital administration is also a source of dissatisfaction. “They think we are crying wolf when we say we need more staff. Strong believes the most important client is the outside attending, not the patient. The hospital cares only for money and is building the new ED on the backs of the staff” (Interview 4, page 10, 2000).

PATIENTS

Even the patients are, at times, a source of dissatisfaction. The nurses say that the patients are nastier, more demanding, unappreciative, and treat the staff as if they are retailers. The patients go to ED for treatment, yet refuse tests and procedures and get very belligerent.

It is frustrating that some patients don’t know how to use the emergency department or know what the word “emergency” means. “The city needs more walk in clinics or ‘docs in a box’ for people to go to instead of clogging up the ED” (Interview 4, page 10, 2000). Several nurses also are tired of running a drunk tank and caring for intoxicated people who are “frequent flyers.”

CAREER PLANS

When asked if they were dissatisfied enough with their jobs to leave the nursing field, all of the nurses interviewed said, “no.” One person said she would have tried a different career ten years ago, but not now since she’s so close to retirement. Another
said she would leave the nursing field if something “better or more appealing” came along. That hasn’t happened yet.

Although leaving the nursing field was not an immediate plan for any of the nurses, their feelings about leaving the SMH Emergency Department were quite different.

Of the 13 people initially interviewed, four of them would leave the SMH ED and take another position in a different department within SMH. Eleven of the 13 would leave SMH altogether. The other two would stay because of the benefits. Of the 11 that would leave, nine would like to stay in emergency nursing.

Four of the nurses interviewed said they had no immediate plans to leave the SMH ED and one person did leave because of dissatisfaction with the SMH ED. That individual is employed in a different department at SMH.

COMPARATIVE INTERVIEWS

The three nurses interviewed to compare job dissatisfaction findings of this study with those found in the literature have different associations with the Emergency Department at Strong. One is employed there full time, another is part time in the ED and part time in another department at Strong, and the third has a full time job outside of the hospital and works per diem in the ED. The two latter had been employed in ED full time.

All agreed with the items of dissatisfaction in the literature, as well as those voiced by ED nurses at Strong. They mentioned that some issues are more relevant to Strong’s emergency nurses than nurses in general.
All three reiterated that under staffing is a huge issue. They can’t give the kind of care they want to, there’s not time to spend with patients (to give proper explanations or teaching), and they feel their licenses are at risk.

They mentioned lack of respect from doctors, leadership, and administration as a dissatisfier. Doctors need to realize that nurses have brains and “do it because I’m a doctor” is not a good response when the nurse questions a procedure. As one nurse pointed out, nurses and physicians approach medicine in different ways. Nurses are not just the doctors’ “side kicks.” Quality medicine to physicians means doing tests to make a diagnosis and then coming up with a treatment plan. In essence, the physician’s “client” is the patient’s primary care physician and the insurance company. Quality medicine for nurses means conveying knowledge about the diagnosis to the patient, treating them, and managing their care – both physically and emotionally. The nurse’s “client” is the patient (Interview 16, page 31, 2000).

All three nurses were disappointed with departmental leadership. “They can’t articulate what nursing is and does and are unable to get administration to understand departmental problems. They don’t stand behind their staff. If a patient complains about a nurse, they get reprimanded. If the nurse has issues with a patient, it gets swept under the rug. You can’t defend yourself from nasty, violent patients” (Interview 16, page 31, 2000).

They seem to be the most disgruntled with administration. They are fixated on the bottom line. Their clients are the insurance companies and outside physicians. They keep trying to expand the hospital – get more doctors and patients, but yet they don’t increase the staff. “They may be the biggest, but not necessarily the best” (Interview 14,
Staff is tired of being lied to about improvements and changes that are never seen. They are frustrated that administration thinks, “A nurse, is a nurse, is a nurse...” (Interview 16, page 31, 2000). Specialty nurses exist. You can’t expect a floor nurse to automatically fit into an emergency department and feel comfortable. There is no reward for working on committees, longevity, working extra, or trying to advance your career. Administration has no handle on what ED nurses experience. “The administrative skirts, and shirts and ties, could not spend 12 hours in my shoes” (Interview 14, page 28, 2000). “Nurses seem to get more respect from people outside the medical profession. Sometimes there seems to be a little pity thrown in there too” (Interview 15, page 30, 2000).

Pay was another dissatisfier. It is frustrating to them to find that new grads are making almost as much as they are, that respiratory technicians with only a two year degree are making more than they are, and that traveling nurses who have no emotional link to Strong are making double what the full time staff nurses are making.

In fact, that is why one of them left SMH ED for a job with an HMO – money and hours, as well as the feeling of being more “professional” and using her education. Another of the three may become a traveling nurse out-of-state or get into medical sales. The third, a nurse of only two years, is very disillusioned with the nursing field and plans to look into consulting and policy making as a career. Although all of the three may not do direct patient care in the future, they will still be in the medical field.

They each said they were disappointed that the nursing field has evolved so poorly. “All the things that nurses mentioned as dissatisfiers are tangible and fixable –
opportunities for growth, respect, pay, and decent working environments can all be improved with decent, caring leadership” (Interview 16, page 31, 2000).
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This chapter discusses the conclusions drawn from the research and literature review dealing with nursing job dissatisfaction. Recommendations for future studies and possible remedies for job dissatisfaction among nurses are also discussed.

CONCLUSIONS

Issues that cause job dissatisfaction among the nursing population as a whole, also cause job dissatisfaction among nurses at Strong Memorial Hospital’s Emergency Room. However, certain issues are more problematic for ED nurses and vice versa. Job dissatisfaction for all nurses is due to staffing problems, communication, pay, stress, difficulty achieving professional development, and problems with management, co-workers, and patients.

At Strong’s ED, the major causes of dissatisfaction seems to be lack of staff, problems with management, and pay. Surprisingly, the baseline stress associated with “emergency” nursing is not as much of an issue as those mentioned above.

When reviewing the literature, it was noted that job dissatisfaction was a major reason for nurses to leave the profession. In doing this research, out of 16 nurses interviewed, only three expressed enough dissatisfaction to give up bedside nursing, but they would still stay in the medical field as sales representatives, policy makers, and educators for HMO’s.

Emergency nurses are a special breed. They are committed to their patients, as well as each other and their profession. The issues that cause them to be dissatisfied, at
least for now, may not be enough for them to want to give up nursing, but that could change if something is not done to bring greater satisfaction to their jobs. As one nurse noted, “All of the dissatisfiers are tangible, fixable things” (Interview 16, page 31, 2000).

The problem doesn’t seem to be with the nursing profession itself, but with all the external forces that push and pull on the nurses. Things like managed care, the almighty dollar, uneducated patients, rude physicians, and leadership and administration who forgot what the trenches are like, detract from the nurse being able to give quality care to the patient. This decreases their job satisfaction, which could make them want to leave the profession.

RECOMMENDATIONS

There is a lot more research that can be done on this topic. Studies can be conducted to see if nurses in different specialties, e.g., emergency, pediatrics, critical care, and oncology have different ideas about what dissatisfies them about their jobs and if they would leave the profession.

More studies can be done comparing just emergency nurse job dissatisfaction among hospitals of varying sizes and locations and whether the hospital is public, private, or a teaching hospital.

Studies can be done taking undivided dissatisfiers, eliminating them, and seeing if job satisfaction increases and if the number of nurses leaving the field decreases.

Since the nursing profession has been getting a lot of bad press in recent years, something needs to be done to recruit more nursing students. Once they become nurses, employers need to be able to retain them. Since the majority of people enter the nursing
profession to help and care for people, something must be done to help and care for the nurses. Hopefully, it’s not too late.
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