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Job satisfaction comparison between foreign educated nurses and U.S. educated nurses

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JOB SATISFACTION COMPARISON BETWEEN FOREIGN EDUCATED NURSES
AND U.S. EDUCATED NURSES

by

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Bachelor of Science
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A thesis submitted in partial fulfillment
of the requirements for the

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December 2009

ABSTRACT

Job Satisfaction Comparison Between Foreign Educated Nurses and U.S. Educated Nurses

by

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The current nursing shortage has impacted the profession and resulted in desperate recruitment of immigrant nurses to work in the U.S. Low job satisfaction is a factor implicated for the high nurse turnover rates, which contributes to further shortages and recruitment. Satisfaction amongst all nurses has been assessed in past research to address these issues; however no research per se has compared job satisfaction of nurses who obtained their nursing education in the U.S. to nurses who obtained education in other countries. It was the purpose of this study to compare these groups to identify any differences in job satisfaction. A survey on job satisfaction was conducted at two hospitals in Las Vegas, Nevada. Data found no significant difference between U.S. educated nurses and foreign educated nurses' (FENs) total satisfaction. However, significant differences were revealed when satisfaction items were broken into subscales. U.S. educated nurses were more satisfied with the extrinsic reward items. Findings from this study can be utilized to improve the environment for all nurses, in particular the growing population of FENs who receive little attention both in the healthcare setting and in past research.

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CHAPTER 1

INTRODUCTION

Background and Significance

Job satisfaction has long been studied amongst nurses over the last 20 years. Previous research indicates positive characteristics of nurses work environment, enhances nurses' job satisfaction and reduces turnover (Flynn, 2005). Flynn further states there is little evidence to assist in prioritizing initiatives to improve this work environment for nurses. With the glooming total shortfall of registered nurses in the U.S. estimated to reach one million by 2020, recruiting and retaining nurses has become a major focus for the profession (Flynn, 2005). Job satisfaction rates have been studied to improve patient outcomes, enhance nurses' professional outlook, and improve nurse recruitment and retention.

Against the backdrop of global nurse shortage, FENs have become a significant source of nurses in the last 10 years in the U.S., which deserves our attention. In fact, FENs are migrating to the U.S. and other westernized countries at record numbers (Kingma, 2006). For example, FENs made up 12-15.2% of the 2.9 million U.S. nurse workforce (Buchan, Sochalski, Nichols, & Powell, 2004; Polsky, Ross, Brush, & Sochalski, 2007). In recent years, overseas countries have, on average, contributed about four out of 10 of the annual number of new nurse entrants to the UK register (Buchan & Seccombe, 2005).

It is important to study nurses' job satisfaction because it has immediate implications for retention (Davis et al., 2007). With the expected nursing shortage to rise and continue over the next two decades, nurse retention will continue to be a significant

and meaningful issue. It is important to address job satisfaction for the future of the nursing profession, as well as for the safety and quality of patient care.

Migration of nurses is an international phenomenon (Aiken et al. 2004; Buchan & Calman, 2004; Kingma, 2006). In 2005, 34.1 percent of the newly registered nurses in Ontario, Canada were FENs (Baumann, Blythe, Rheaume, & McIntosh, 2006). The number of migrant nurses in the U.S. is expected to keep rising every year to aid in relieving our own country's nursing shortage.

Surprisingly, with this huge number of FENs at our doorstep, very little research has been completed on the job satisfaction of these nurses after they have migrated to the host countries. Even less research has been completed on the comparison of job satisfaction between FENs and U.S. educated nurses. Finally, nurse retention for all nurses, either foreign educated or U.S. educated, is an issue. However, no research data per se has been completed on the retention of FENs, which leads to this study.

A comparison between the job satisfaction of FENs and U.S. educated nurses would be beneficial to assess the retention and perceived reasons for job satisfaction or lack thereof in both groups. Knowledge gained by this comparison may help to improve the work environment, satisfaction rates, patient safety, and nurse retention. Any knowledge gained on job satisfaction is vital, especially when very little information is known on the growing population of FENs.

Even though the health care industry has focused more on financial concerns related to the current nursing shortage, it still directs great energy towards recruiting new nurses only to suffer 21 percent turnover rates each year (Davis et al., 2007). The cost of replacing a medical surgical nurse is estimated to be \$42,000 (Hayhurst, Saylor, &

Stuenkel, 2005). The nursing shortage has had a direct bearing on job satisfaction and nurse burnout, as well as outcome indicators such as patient mortality and failure to rescue (Davis et al., 2007). Research supports that facilities with a high patient to nurse ratio are twice as likely to experience nurse burnout and dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Further research completed by Loke (2001) explored the satisfaction among nurses with different leadership behaviors. Loke (2001) concluded positive leadership behaviors made a difference in employee outcomes, specifically nurse job satisfaction. Research completed in relation to job satisfaction revealed work fulfillment, job performance, and functioning decreased as workload and stress increased (Burke, 2003; Healy & McKay, 1999; Tovey & Adams, 1999). Other variables identified by previous research include; nurses who perceive themselves as healthy, Caucasian nurses and those working in nursing education were all more satisfied than those working in other areas of the profession (Kovner et al., 2006). These data suggest possible job satisfaction differences exist between different races, job titles, and self-perceptions (Kovner et al., 2006). Kovner and colleagues (2006) research revealed nurses who exhibit greater career orientation were also more satisfied with their jobs.

FENs' job satisfaction is affected by several diverse factors. FENs encounter numerous challenges during their transition in host countries (Xu, 2007). Research shows these challenges include language and communication difficulty; clinical differences such as those regarding the role and expectations of the nurse; marginalization, discrimination, and racism; and cultural displacement to name a few (Xu, 2007). Coupled with these listed challenges, currently most U.S. employers require FENs to participate in the same

orientation program for new nurse graduates or other domestically-educated nurse hires as a result of resources limitations and expertise to develop specifically tailored transition programs for FENs (Zizzo & Xu, 2009).

Some adaptation programs have been developed and implemented in some hospitals in the United Kingdom and the U.S. in an effort to provide a more effective method of transitioning and retaining these FENs who displayed difficulty assimilating into a new and different country (Gerrish & Griffith, 2004; Adeniran et al., 2007). These adaptation programs are exclusive to international hires and focus mainly on bigger issues these nurses face before practicing independently such as language, nurse role, and expectations. It is not uncommon for hospitals to lose or run the risk of losing these FENs after paying large amounts of money to recruit (\$7,779 per FEN), train, and hire these nurses from other countries to help their own nursing shortage (Xu & Zhang, 2005).

Even with all of the daunting challenges faced by FENs, a qualitative study showed a group of Chinese nurses were resilient and persevered through the difficulty and became competent nurses in the U.S. (Xu, Gutierrez, & Kim, 2008). In some cases, FENs moved to a specific city to work in a particular hospital unit where they might know several nurses from their home country who they may have even grown up with as children (Kingma, 2006).

Regardless of whose job satisfaction is being measured, job satisfaction is a multifaceted construct with a variety of definitions and related concepts (Misener et al., 1996). Job satisfaction has been defined as nurses' degree of positive affective orientation towards their job (Pilkington & Wood, 1986; Blegen & Mueller, 1987). Although the consensus among researchers is that job satisfaction consists of a positive attitude toward

the job (Cavanagh, 1990; McCloskey, 1990; Price & Mueller, 1986), less agreement exists about how to measure that attitude and which factors to consider. Constructs linked to job satisfaction include job related rewards and recognition, group membership, autonomy, pride, one's feeling of control over work environment, safety, and salary (Dijkhuizen, 1995). According to Misener and colleagues (1996), the "best-fit" instrument to measure job satisfaction should be useful in a variety of settings and cultures, providing not only setting-specific data but allowing for comparison across settings and sites.

Purpose of Study

Research completed by Pizer and colleagues (1992) found no significant difference in job satisfaction between U.S. educated and foreign educated nurses. This research is 16 years old and much has occurred in those years in regards to the increase in international nurse migration and the turnover rates in the U.S. healthcare system. Job satisfaction is directly related to nurse retention. Therefore, the purpose of this study is to determine if there are differences in job satisfaction between FENs and U.S. educated nurses in today's healthcare environment. If job satisfaction differences are found, it will also be the purpose of this study to examine what factors are impacted by or associated with these differences.

Significance

With the influx of FENs to the U.S. and the expected increase of this population as a result of the current domestic nursing shortage, it is important to measure job satisfaction of FENs in comparison to U.S. educated nurses. Identifying any differences for high or low job satisfaction that potentially exist in these groups may enlighten us and

benefit the nursing profession. These data could potentially aid hospitals in retaining nurses, decreasing the nursing shortage, nurse burn out, while improving quality of care, and the overall work environment.

Research Questions

Two research questions are asked in this study:

1. Are there any group differences in job satisfaction between FENs and U.S. educated nurses?
2. If job satisfaction differences are determined to exist, what factors impact or are associated with these differences?

CHAPTER 2

LITERATURE REVIEW

Job Satisfaction of Nurses in the United States

The literature is almost completely one sided, with a bulk of the literature referring to the job satisfaction of all nurses regardless of where they originate from. This large body of literature has revealed that job satisfaction was enhanced when nurses worked among clinically competent nurses, when newly employed nurses were provided a good orientation program, and when a unit had sufficient nurses on staff to provide quality patient care (Flynn, 2005). Additionally, it is common among nurse satisfaction literature to separate samples into two age groups, young and old. Significant differences are often found between these age groups (Ernst et al., 2004; Shuster, 1992).

A study completed on nurses' work environment in five countries, including the U.S., found more than 40 percent of nurses working in a Pennsylvania hospital reported being dissatisfied with their jobs (Aiken et al., 2001). Research supports that nurses feel hospital budget cuts reduce nursing staff to unsafe ratios and results in uneven quality of care, decreasing their satisfaction to work in the U.S. health care arena (Aiken et al., 2001). Surprisingly, U. S. nurses were found to be more dissatisfied with their working conditions than the wages they earn (Aiken et al., 2001). Even more interesting, Aiken and colleagues (2001) found job dissatisfaction among nurses was much higher in the U.S. than in other countries. Moreover, another study documented nurses had less time to create a therapeutic care environment for their patients, which was directly related to nursing job satisfaction and burnout (Aiken, Sloane, & Sochalski, 1998).

Several reasons exist for the nursing shortage. One primary reason nurses leave the profession is the dissatisfaction felt with the practice environment (Joint Commission on Accreditation of Healthcare Organizations, 2001). Conflicting nurse-physician relationships have been identified as a source of tension in this work environment (Greenfield, 1999). Nurses state they feel less influential and more subservient to physicians, possibly as a result of the historical hierarchical relationship between the two groups (Greenfield, 1999).

Job Satisfaction of Foreign Educated Nurses in the United States

The literature review of job satisfaction of FENs working in the U. S. includes a handful of publications. A descriptive study completed by Hayne and colleagues (2009) examined strategies to aid cultural adaptation, job satisfaction, role perception and social support in a population of recruited Filipino nurses in the U.S. Results indicated promoting the welfare of recruits in both social and work contexts positively benefits job satisfaction and carries on to related areas of satisfaction and positive adaptation (Hayne et al., 2009).

Emerson and colleagues (2008) completed a study to determine the relationship between acculturation and job satisfaction in addition to how the effects of select socio-demographic variables predict job satisfaction on a population of Filipino nurses working in the U.S. Findings revealed these FENs had a moderate level of job satisfaction (Emerson et al., 2008). Data indicated age, length of U.S. residency, and acculturation significantly predicted perception of one's job satisfaction (Emerson et al., 2008). Research by Emerson and colleagues was completed on an important population of FENs

and is vital to gain knowledge about these nurses, however, the study lacks a job satisfaction comparison between U.S. educated nurses and FENs.

Pizer and colleagues (1992) completed a comparison study of foreign educated and U.S. educated nurses. This study found no significant difference in job satisfaction between the two groups. However, differences in demographics, education, and general work differences did exist in the sample studied (Pizer et al., 1992). The differences in demographics include a higher incidence of male nurses from foreign countries and fewer of the FENs had children. The differences in education identified FENs as having more graduates who obtained a bachelor's degree than their U.S. educated co-workers.

The general work differences included FENs worked more evening and night shifts than their U.S. counterparts. Also, more FENs in this study worked in intensive care units, and were less likely to work in the emergency department or obstetrics (Pizer et al., 1992). Other work differences include FENs were more likely to work overtime and thus, made a higher income. Lastly, more of the U. S. educated nurses were employed as the assistant head nurse or charge nurses than FENs who were more likely to be employed as staff nurses (Pizer et al., 1992).

Pizer et al. (1992) is now sixteen years old and much has occurred in those years in regard to international nurse migration and the U.S. healthcare system. Additionally, the literature review completed sixteen years ago by Pizer and colleagues revealed a paucity of information about FENs in general and even less about their job satisfaction (Pizer et al., 1992). Now, sixteen years later, the same situation remains after a systematic, exhaustive literature search: very little research has been completed on the job satisfaction of FENs working in the U.S.

Pizer and colleagues (1992) used the Nurse Job Satisfaction Scale (NJSS) as a tool to survey work-visa nurses and nurses native to the U. S. with direct patient care across six acute care hospitals in 1989. The NJSS measures job satisfaction via a survey with three main themes to assess job satisfaction which are; nurses quality of care, enjoyment of one's job, and time to do one's job (Pizer et al., 1992). Pizer and colleagues (1992) used a more clinical assessment of nurses' time and quality of care given, which is only applicable to nurses providing direct patient care. My study differs from this 1992 study by utilizing an established job satisfaction tool (Mueller and McCloskey Satisfaction Scale [MMSS]) at only one research site to measure more personal satisfaction variables (see Chapter Four for details and Appendix C for the MMSS instrument).

Another international nurse study completed by Asperilla (1976) assessed Filipino nurses' satisfaction with facilities, position and work assignment, salaries and benefits, human relations and relationship with the health care team. This study found that salary satisfaction and supportive relationships with superiors were important indicators of overall job satisfaction. In another study, Cowart (1983) compared the work situation of Filipino nurses, other foreign nurses, and U.S. educated nurses licensed in Florida. While both of these older studies focused on FENs' perceptions of the work environment, neither conducted a job satisfaction survey nor a comparison of job satisfaction between foreign educated and U.S. educated nurses (Pizer et al., 1992).

Research on a comparison of nursing practice values between international nurses and U.S. nurses was completed by Flynn and Aiken (2002). Contrary to concerns among some U.S. nurses that the practice values of international nurses might not be

congruent with professional practice values defined within the U.S. context, this study did not find consistent differences between U.S. and international nurses (Flynn & Aiken, 2002). Still, no direct job satisfaction comparison was made on FENs and U.S. educated nurses in the study.

It is important to point out the instrument used to measure job satisfaction in my study has never been applied to compare job satisfaction between U.S. educated and foreign educated nurses as two separate groups in previous research. Therefore, the literature on the comparison of job satisfaction between U.S. educated nurses and FENs using the MMSS instrument is nonexistent. Comparisons made to previous research are only relative to the findings because either a different measurement instrument was used, or similar but not exact same research was conducted.

CHAPTER 3

THEORETICAL FRAMEWORK

Many theories were compared and contrasted to determine the best fit for the theoretical framework. The theoretical framework chosen for this study is Mueller and McCloskey's Model of Job Satisfaction based on the theory of motivation and the hierarchy of basic human needs Maslow (1954) created. This theory was chosen for the theoretical framework and measurement tool of this study because it provides an explanation for the motivation and needs of human beings as well as nurses.

Other theories reviewed such as Herzburg's motivational theory for example, primarily seeks to explain how to manage people properly and for the good of all people at their place of employment. While effective management is important, it is not what this investigator seeks to examine. Instead, this investigator wants to assess the current satisfaction on a hierarchy of needs between the two separate groups of nurses and compare these differences, if any.

Regardless of the discipline Maslow's hierarchy is applied to, it continues to be used to understand the driving forces of individuals and identify important factors for motivation and well-being (Benson & Dundis, 2003). According to Carpenito-Moyet (2003), it would be beneficial for managers and hospital administrators to consider individual nurses from Maslow's perspective. Such action would reportedly assist nurses to increase their efforts towards what really motivates them, resulting in improved quality of care and nurse retention (Carpenito-Moyet, 2003). The Mueller and McCloskey's satisfaction tool developed from Maslow's Hierarchy of Needs addresses the desires of nurses, and places these into a hierarchy of levels. Therefore, Mueller and McCloskey's

Model of Job Satisfaction based on the theory of motivation and the hierarchy of basic human needs Maslow (1954) created was chosen as the theoretic framework for this study.

Maslow's Theory

According to Maslow's (1954) theory of motivation and personality, "the study of motivation must in part, be the study of the ultimate human goals, desires or needs" (p. 66). Maslow describes the individual as a whole, not functioning separately without relation, but simultaneously as one unit. Using hunger as a concept, Maslow described motivation to eat the result of a whole individual's need, not a need from the individual's own stomach (Maslow, 1954). If this individual remained hungry, the entire future of the individual changes toward satisfying this goal (the need for food) before moving onto his or her next desire or need.

Maslow's Hierarchy of Needs follows a logical sequence and posits that higher level needs would not emerge until the lower level needs are met. From bottom to top, it includes physiologic needs, safety needs, belongingness and love needs, esteem needs, and the need for self actualization. Maslow's Hierarchy of Needs can be applied to nursing in many ways. For example, nurses must meet patients' basic needs such as need for water and food first before they can take of care the patient's need for psychosocial support.

Furthermore, Maslow's Hierarchy of Needs can be applied to explain job satisfaction of nurses. For example, research showed many nurses worked through their lunch break and missed the allotted 15 minute rest period per every four hours worked (Washington nurse, 2006). Food satisfies the first basic need on Maslow's hierarchy,

physiologic needs, and one would predict a nurse could not happily or easily move onto the next task without taking this lunch break. Safety needs are second on Maslow's Hierarchy of Needs, and nurses are concerned for their own safety at their place of employment. Many nurses, including FENs, have been verbally or physically assaulted by their patients or the patients' families (Winkelmann-Gleed & Seeley, 2005). Nurses may again face both verbal and physical abuse when conflict arises with physicians (Rosenstein, 2002). In addition, the need to belong applies to FENs as studies have shown these nurses feel as though they did not belong in their new country after they migrated (Gerrish & Griffith, 2004).

The limitations found regarding Maslow's Hierarchy of Needs include individuals whose needs do not fall within the hierarchical design. For example, a "starving artist" tends to pursue higher needs before lower needs (Kjellander & Kjellander, 2005). Also, some may have conflicting needs lying between two different levels of needs on the hierarchy. Another cited limitation is the difficulty of evaluating objectively (Encyclopedia of Nursing & Allied Health, 2008). Much of the research data collected using Maslow's theory is subjective and self reported, and therefore difficult to quantify. This self reported data is subject to distortion and inaccuracies in research if not dealt with appropriately (Encyclopedia of Nursing & Allied Health, 2008).

McCloskey and Mueller & McCloskey Model of Job Satisfaction Based on Maslow's Theory

In 1974, McCloskey first based her theory of job satisfaction on the theories of Maslow (1954) and Burns (1969) and utilized Maslow's Hierarchy of Needs to assess nurses' job satisfaction. In an effort to make her newly invented tool simple and more

useable, she divided the hierarchy of basic needs into three main categories (safety, social, and psychological factors) to test her hypotheses (McCloskey, 1974). The original tool McCloskey created measured staff nurses reasons to stay on the job, rather than reasons to leave the job. The tool also focused on rewards of the job rather than job punishment and aspects of the job that are disliked (McCloskey, 1974). Later, in 1990 McCloskey paired with Mueller and created a measurement tool based on the same dimensions as the original scale but included further intrinsic factors specific to nurses' job satisfaction (Mueller & McCloskey, 1990).

This measurement tool was assigned eight subscales to measure job satisfaction, these are; extrinsic rewards, scheduling satisfaction, family/work balance, interaction opportunities, professional opportunities, co-workers, praise/recognition, and control/responsibility) (Mueller & McCloskey, 1990). They began using this tool to measure nurses' job satisfaction based on what was learned from Maslow's Hierarchy of Needs.

Relationships Between Mueller and McCloskey's Model/Tool and Maslow's Theory

Figure 1 of Appendix B shows the relationships between Maslow's theory (1954), the original model by McCloskey (1974), and the revised model by Mueller and McCloskey (1990) (Misener et al., 1996). Mueller and McCloskey (1990) placed the following subscales family/work balance, scheduling satisfaction, and extrinsic rewards within Maslow's dimension of physiologic needs and safety. They have placed interaction opportunities, co-workers, and praise/recognition subscales within Maslow's dimension of belonging and self esteem. Lastly, Mueller and McCloskey placed

professional opportunities and control/responsibility subscales within Maslow's self actualization dimension.

The reason McCloskey (1974) originally minimized Maslow's five levels into three larger groups (Safety, Social, and Psychological) were for ease of using the tool she created to analyze the data collected. However, arranging these variables into these large groups was ultimately problematic because it resulted in a lack of needed detail for research data categorized in the groups (Mueller & McCloskey, 1990). In 1990, Mueller and McCloskey re-arranged these variables into more intricate and explicit eight factors. They took what Maslow created and tailored it directly for assessing job satisfaction in the nursing profession. The later more refined version of the Mueller and McCloskey Satisfaction Scale (MMSS) is designed for new and experienced nurses alike and it can be used for nurses in all types of work settings (Mueller & McCloskey, 1990).

My study utilizes the improved 1990 MMSS on the far right on Figure 1 of Appendix B. The limitations of this framework are similar to the limitations in Maslow's original hierarchy of needs. While the data collected will be guided objectively by the MMSS, the data will be subjective, and is susceptible to human misunderstanding and inaccuracies. MMSS is supported by numerous researched studies and is demonstrated to be a reliable and valid tool to assess job satisfaction in the nursing profession (Misener et al., 1996; see psychometric properties of MMSS in Chapter Four).

CHAPTER 4

METHODOLOGY

Design, Setting, and Sample

A descriptive, self-administered survey design was used for this study. Data were collected at all departments/units at Desert Springs Hospital (DSH) in Las Vegas, Nevada. A convenience sample was obtained from an estimated 425 nurses working at DSH. Of the 425 nurses, 45 percent were reportedly educated in a country outside the U.S. The only inclusion criteria for this study were that the participants be licensed registered nurses and currently working at the hospital. Power analysis was completed to determine the sample size needed for this study. It was determined the investigator needed a sample of 127 participants to complete this study and avoid making a type II error. Confidence level was set at 95 percent with a total population of 425 nurses and a confidence interval of 7.29.

Data Collection

Prior to data collection, approval of the study from the University of Nevada Las Vegas (UNLV) Institutional Review Board (IRB) was obtained for the study. Additionally, approval from the hospital nursing administration for nursing staff to answer the online survey during work hours was obtained. The nurses were asked to complete a survey regarding their job satisfaction using the MMSS tool. Data were collected via Survey Monkey using either departments/unit computers or via a paper-and-pencil format. Demographic data were also collected as part of the survey completion process.

The following questions were asked in the demographic portion of the survey; what is your age? Where did you obtain your formal nursing education? What is your native language? How many years have you been a nurse? How many years have you lived in the U.S.? How many years have you worked at DSH? How many hours a week do you work? On which unit do you work? The answers to these demographic questions will potentially help the researcher interpret the collected data.

Past research on nurse satisfaction commonly separates nurses into two age groups, younger than 40 and older than 40 being the most common age division mark (Ernst et al., 2004; Shuster, 1992). Therefore, this same method of dividing the sample into younger and older nurses was applied for this study. First, the investigator divided the entire sample into young and old to determine any significant differences as previous research has done. Next, further division of U. S. educated nurses young and old, and of FENs young and old were completed to determine differences in these groups as well.

Also in previous research, language has been identified as a significant factor that inhibits FENs' communication with fellow nurses, patients, and physicians (Xu, 2007). Therefore, 'what is your native language?' has been included as a demographic question. Additionally, length of U.S. residency and number of years as an RN have both been contributing factors of job satisfaction for FENs in past research and have therefore been included in the demographic questionnaire (Emerson et al., 2008; Pierce et al., 1996).

A clause stating that by participating in the online survey voluntarily consent was given to the researcher to use the data for research purposes. The completed survey data went confidentially to the researcher via a private Survey Monkey website created by the researcher. The completed survey data was transferred into a Microsoft excel spreadsheet

by the Survey Monkey website, and was then exported by the researcher into the Statistical Package for Social Sciences (SPSS) version 17 to complete the data analysis.

The nurse managers on hospital units verbally informed nurses of the job satisfaction survey and flyers were handed to nurses by the researcher two weeks prior to the start of the study. During the data collection phase, the researcher spent time at each of the units of the hospital informing nurses of the job satisfaction study and encouraged them to complete the survey. The researcher's role included helping some nurses' sign onto a computer to find the online survey, asking nurses to fill out the survey if they knew how to use a computer, and reminding nurses all potential information collected would remain confidential. Once a nurse successfully reached the online survey site, the researcher left, allowing the nurse privacy to complete the survey.

The total time to complete the survey was estimated at 15 minutes. The data collection period spanned over a period of five months from October 2008 to March 2009. According to the hospital's chief nursing officer, this same method of data collection was used in the recent past for hospital initiated research and had a participation rate of 65 percent. Knowing this, the investigator placed the target response rate significantly lower at 30 percent.

Instrument Used to Measure Job Satisfaction

The MMSS is a job satisfaction instrument consisting of 31 questions placed into a five point Likert scale. Scores are as follows: 1 very dissatisfied, 2 moderately dissatisfied, 3 neither satisfied nor dissatisfied, 4 moderately satisfied and 5 very satisfied. The 1990 MMSS has been and continues to be utilized in research and tested in the U.S. and other countries and cultures (Misener et al., 1996). MMSS has been chosen

for this research study because of the documented cross-cultural application of the instrument, its 18 year history of reliability in the U. S. and other countries, and because it has been specifically designed to measure job satisfaction for nurses in the clinical setting.

Also, this instrument was chosen because it was created out of the theoretical framework by which this study is guided. Since refining the MMSS to 31 items in 1990, research supports its use as a reliable and valid tool to measure nurse job satisfaction for nurses from various cultures (Misener, et al., 1996). Specifically, the MMSS measures eight dimensions of job satisfaction: *extrinsic rewards, scheduling, family and work balance, co-workers, interaction opportunities, professional opportunities, praise and recognition, and control and responsibility.*

Greater insight into these eight extrinsic factors which the MMSS uses to measure job satisfaction is needed to support its use in this study. According to research completed by Pierce and colleagues (1996), staff nurses viewed autonomy as the most important determinant of their job satisfaction and thus, their decision to stay or leave their job. Furthermore, research supports overall job satisfaction is directly associated with perceived autonomy in the work place (Pierce et al., 1996). Lastly, Price (2002) indicated a key issue of job satisfaction focused on peer socialization while dissatisfaction dealt with control over work conditions. This knowledge is important to the control and responsibility factors the MMSS uses because these factors contribute to nurses' independence and autonomy, and therefore, their job satisfaction.

A recent update to a previous 2006 survey was completed regarding nurses' work environments in 2008. This new research revealed survey respondents rated respect for

fellow nurses the highest out of all other health care providers, a result that matched the previous study completed in 2006 (Ulrich et al., 2009). Also, remaining the same as the 2006 study, nurses rated the highest level of communication and collaboration between nurses. Additionally, nurses stated the two main factors which keep them at their current nursing position were “the people they work with,” and “salaries and benefits” (Ulrich et al., 2009). This information is vital to support the MMSS’s inclusion of the co-worker factor.

Further information regarding the professional opportunities factor the MMSS used in the survey is included in the research. Ulrich and colleagues (2009) concluded support for nursing certification for a specialty is significantly related to the health of critical care nurses’ work environments, quality of care, nurses’ career and job satisfaction, and nurses’ intent to leave their current position. This knowledge supports the professional opportunity factor included in the MMSS.

Praise and recognition have also become a noted requirement for a satisfied employee in the nursing field. Many nurses state they feel the most recognized by the family members of the patients, and the individual patients they care for (Ulrich, 2009). Research completed in a pediatric setting by Ernst and colleagues (2004) revealed a relationship exists among nurses' job satisfaction, organizational work satisfaction, job stress, and recognition. Further, it indicates that older nurses were more satisfied with recognition they received than younger nurses. However, the study found that giving nurses on-the-job feedback was the most effective method of recognition, emphasizing the need for nurses to receive recognition regardless of how it is given (Ernst et al.,

2004). To improve institutional job satisfaction for all nurses, young and old, praise and recognition were identified as the single dominant factor (Ernst et al., 2004).

Additionally, it is a healthy psychological need to be rewarded for a job well done according to Schulz and colleagues (2009). The nursing profession is particularly associated with high levels of emotional strain and heavy workloads (Schulz et al., 2009). The highly emotional and straining role creates a more susceptible population to effort-reward imbalances. Research has documented wide-spread burnout; in addition, negative effort-reward imbalances can produce high absenteeism and turnover rates and have been identified as reasons why nurses leave their profession (Schulz et al., 2009). These data support the MMSS's measure of praise and recognition in the work place.

Family and work balance has been brought into the limelight in our changing society, where the preceding traditional family had a single income earned by the father. Today, more women are working full time and balancing family life as well. However, the nursing profession has a unique spin to working full time because the majority of the profession consists of women. Also, balancing family and work present greater challenges when you consider nurses work around the clock, on holidays and weekends, and with the current nursing shortage, sometimes mandatory overtime. Additionally, the nature of nurses' job description includes physical labor and long work shifts.

Several studies have addressed the negative effects of working overtime while attempting to manage family time simultaneously. For example, according to Wallace and Pierson (2008), long hours can result in individuals with little time and energy for activities outside of work and can decrease the individuals' capacity to maintain and build relationships. Also, overtime can be unpredictable and therefore, pose significant

problems when balancing long hours with childcare and spouses (Wallace & Pierson, 2008). The MMSS measures family and work balance as a result of the significant challenges data indicate it poses for nurses' job satisfaction and retention.

Work scheduling is never an easy task when the working schedule runs 24 hours a day and everyone wants a particular schedule which benefits them personally. Past research regarding nurses work schedules supports the use of "self-scheduling," a method in which nurses are allowed to schedule themselves for work days, while following unit guidelines (Bailyn et al., 2007). According to research completed by Bailyn and colleagues (2007), a self-scheduling pilot research study is part of an effort to make the hospital nursing environment more accommodating to nurses' family and work balance after nurses have voiced their need for good employment practices which help nurse recruitment, retention and patient care. These data revealed nurses felt they had better control of their time and were able to give better patient care when they were able to self-schedule (Bailyn et al., 2007).

Additional information to consider with scheduling includes the disadvantages experienced with creative fixes to scheduling issues. For example, the consequences of working rotating shifts as many nurses do, include worker exhaustion, high illness rates, quality productivity issues, high accident rates, absenteeism and turnover rates (Havlovic et al., 2002). As a result of the impact scheduling has on nurses' work environments, the MMSS appropriately included this factor into the satisfaction scale.

According to Maslow (1954), interaction is a social need to feel as though one belongs to a group. Research has found correlations between scores on emotional exhaustion, social interaction, and between personal accomplishment and social

interactions (Blood et al., 2007). Therefore, the opportunity for successful social interaction is affected by exhaustion and personal accomplishment, which research has revealed also impacts one's job satisfaction. Further, Price (2002) identified a key concern of job satisfaction is positive peer socialization. These findings indicate the importance of the MMSS's inclusion of the interaction factor.

These eight domains were chosen to represent the basic needs of nurses according to McCloskey's work in 1974, and the joint work by Mueller and McCloskey in 1990. Additional research information regarding the road blocks to obtaining greater job satisfaction indicates these eight domains are indeed relevant to measuring nurses' job satisfaction (Mueller & McCloskey, 1990). The MMSS has consistently demonstrated internal reliability for the overall score when tested with Cronbachs alpha. In their study, Mueller and McCloskey (1990) documented an overall Cronbachs alpha of .89. Reported Cronbach alpha subscale scores for the eight domains included extrinsic rewards (.52), scheduling (.84), family and work balance (.57), co-workers (.54), interaction opportunities (.72), professional opportunities (.64), praise and recognition (.80), and control & responsibility (.80) (Mueller & McCloskey, 1990).

Data Analysis

All data were analyzed with SPSS 17. Descriptive statistics were used to determine frequencies, means, and standard deviation for sample characteristics and MMSS scores. Independent *t*-tests (Student's *t*) were used for comparing satisfaction scores between the FENs and U.S. educated nurses. The Levene's Test was used for all data prior to any Independent *t* tests to determine equality of variances. For any identified group differences, correlational statistics, Pearson Product Moment and

Spearman's rho tests were performed relative to the level of the data; interval level data were analyzed with the former and any ordinal level data with the latter.

Modifications in Data Collection Procedures

Two weeks after the study began, the researcher noted the nurses were not utilizing the hospital computers to the extent originally hoped for, and experienced a lower than 30 percent target response rate for the study. To better accommodate the nurses and aid in a higher response rate for the study, an exact 'paper-and-pencil' version of the MMSS and demographic questionnaire was developed and used for the remainder of the study. Permission for this data collection modification was granted by DSH and the UNLV IRB.

Nurses at the research site were approached by the researcher and informed of the job satisfaction survey. If the nurses stated they had not already completed the online version of the survey, they were asked to participate using the 'paper-and-pencil' survey. Consent was given by the nurses by signing an IRB approved consent form (which will be stored in a locked desk by the researcher for the required period of three years). Nurses then completed their 'paper-and-pencil' MMSS and demographic questionnaire documents, and handed these to the researcher when they finished.

Previously, with the online survey, numerous nurses left partially completed computer survey to fulfill a nursing duty, never to return to the computer to finish the survey in full. It was also easier for the researcher to hand a paper version of the survey to four nurses and expect four surveys returned, instead of helping four nurses sign onto a computer, without knowing if they completed the survey in full. The above described

data collection modification resulted in an improved response rate, and the problem of incomplete data was eliminated.

Another reason for the modification of the data collection procedures involved logistics of the research site, and its possible respondents. During the facility authorization meeting the investigator attended, several nurse managers indicated that it has been difficult to get many nurses to even use a computer. It is now recognized by this investigator, that this information should have been taken more seriously and further details about the nurses' ability or lack thereof to use computers should have been determined a priori. Indeed, several nurses were not knowledgeable about computers and did not know how to get onto the intranet within the hospital. These nurses required the investigator to guide them to get to the online survey.

Even more important than nurses' computer skills were the logistics of these computers. The number of computers per unit, and who uses them the majority of the time, should have been assessed by the researcher before the study began, as many problems with just getting access to unit-computers by the nurses were encountered. At the time of this research, DSH had not yet converted to computer charter; therefore, nurses did not routinely use the computers and were not comfortable with them. Moreover, there were a limited number of computers per unit. Most units only had two computers, and one of these computers was constantly used by the unit secretary. The second computer was used frequently by physicians who needed to look up patient information.

CHAPTER 5

RESULTS

Sample

All nurses (about 425) working at Desert Spring Hospital (DSH) were asked to participate in this research. Of the 100 returned surveys, 24 had incomplete data and were therefore excluded from study. Therefore, the final sample used in the following analyzes consisted of 76 nurses. Of which, 56 survey respondents were U.S. educated nurses and 20 were FENs. Forty four percent of the research respondents were between the ages 18 and 40 years. Not surprisingly, there were more native English speakers, representing 57 percent of the respondents in this study. Interestingly, five of these were nurses who spoke English as their native tongue, but obtained their basic formal nursing education in countries outside the U.S.

Forty two percent of the sample reported that they have practiced for zero to five years at DSH. Twenty one percent stated they had been practicing in the U.S. between zero to five years and 20 percent between five to 10 years. Twenty three percent of the sample had been practicing nursing for zero to five years. Thirty five percent of this sample reported working 25 to 36 hours per week. The unit most frequently worked on in this sample was the medical/surgical unit (21 percent) followed closely by the intensive care unit (20 percent). Position titles were most represented by staff nurses with 62 percent of the population reporting this as their title. For further details regarding sample's practice related variables, see Table 1 in Appendix A.

The majority of this sample, 56 percent, stated they obtained their formal nursing education in the U.S. The highest level of education for this sample of nurses was a

bachelor's degree representing 46 percent of the respondents. For further detail regarding sample education characteristics, refer to Table 2 of Appendix A.

Job Satisfaction Scores

The satisfaction scores were calculated using the MMSS guidelines (Mueller & McCloskey, 1990). The possible rating range for the individual MMSS items (questions) was one to five, with the latter indicating higher satisfaction with each item. Satisfaction scores for each of the eight subscales were determined by adding the item values and then dividing this sum by the total number of survey items within each subscale; therefore, subscale scores can range from one to five. The sum of all subscale scores was used to determine the global (or overall total) satisfaction score. Global scores can range between eight and 40, the larger the global scores, the higher overall job satisfaction.

The total satisfaction score for the entire group (76 total nurses) had a mean of 16.76 with a standard deviation (SD) of 1.63. Means for subscale scores were also calculated to provide a description of satisfaction in regards to the Likert scale numbered from one to five utilized in the MMSS. The mean score U.S. educated nurses rated satisfaction for each subscale was 2.17; this indicated that satisfaction was scored at the moderately dissatisfied level. The mean score FENs rated satisfaction for each subscale was 2.02; this indicated that satisfaction was scored at the moderately dissatisfied level for this group as well. Overall, the entire sample reported global satisfaction at the moderately dissatisfied level. These scores may not be representative of the entire population of nurses working at DSH due to the small sample size.

No significant difference was found between the total satisfaction scores of U.S. educated nurses and FENs (CI 95%, -3.4 – 5.8, $p = 0.595$). See Figure 2 in Appendix B.

However, when each subscale score was examined, a difference was found between the two groups; these differences are presented below and in Figure 3 in Appendix B.

Subscale one (extrinsic rewards) addresses salary, vacation, and benefits. U.S. educated nurses were significantly more satisfied with extrinsic rewards than FENs. Subscale one became the focus of data analysis as a result of these significant differences revealed in the remainder of this study. The researcher broke the analysis down into individual questions of the subscale to identify the difference in more detail. Significant differences were again noted; see Figure 3 in Appendix B. U.S. educated nurses were more satisfied with the individual aspects of benefits and vacation of subscale one than FENs.

To evaluate age group differences the entire sample of nurses was divided into two age groups, young (ages 18 to 40) and old (above age 40). No significant difference was found between the total satisfaction scores of young nurses and old nurses (CI 95%, -0.91 – 8.32, $p = 0.114$). However, when each subscale score was examined, a difference was found between the two groups; these differences are presented below and in Figure 4 in Appendix B.

Younger nurses were more satisfied with subscale one, extrinsic rewards (CI 95%, 0.06 – 1.5, $p = 0.035$). This result conflicts with previous research which suggests that older nurses are more satisfied with their jobs (Ernst et al., 2004). However, in this study the aspect younger nurses were more satisfied with were the extrinsic rewards overall, and not salary, benefits package and vacation individually. See Figure 4 in Appendix B.

These groups were then divided into younger FENs and older FENs, and younger U.S. educated nurses and older U.S. educated nurses to determine any differences within these groups. No significant differences were found between younger and older U.S. educated nurses' total satisfaction, or between subscales when assessed individually. Significant differences were found between younger and older FENs' satisfaction scores. In this study, older FENs age 40 to 60 years or older had higher satisfaction with their total satisfaction, scheduling, balance of family and work, and praise and recognition when broken down into respective subscales. See Figure 6 and 7 in Appendix B.

The sample was further divided into native English speakers and non-native English speakers to determine potential differences amongst these groups. There were no significant differences between the total job satisfaction scores (CI 95%, -4.2 – 5.2, $p = 0.835$). However, when each subscale score was examined, a difference was found between these groups. Native English speakers were more satisfied with subscale one (extrinsic rewards) than non- native English speakers. The researcher broke the analysis down into individual questions of the subscale to identify the difference in more detail. Significant differences were again noted. Native English speakers were more satisfied with the individual aspects of benefits and vacation of subscale one than FENs. See Figure 5 in Appendix B.

Correlational analyzes were completed for U.S. educated nurses and FENs as separated groups to determine if one group had higher correlations to job satisfaction items than the other and vice versa. A strong positive correlation was found ($r .879, p < .001$) between FENs total satisfaction score and extrinsic rewards (subscale one, the significant variable throughout this study). This indicates that perhaps the higher

satisfaction scores for extrinsic rewards contributed most to the higher total job satisfaction score of FENs.

Similarly, a strong positive correlation was found ($r .738, p < .001$) between U. S. educated nurses and the same variables (extrinsic rewards and total satisfaction). Although the FENs have a stronger correlation with these variables, higher U.S. nurses' satisfaction scores for extrinsic rewards also resulted in a higher total job satisfaction score.

Strong positive correlations ($r .877, p < .001$) and ($r .950, p < .001$) indicating significant linear relationships were found between FENs satisfaction with vacation (question two of subscale one), benefits (question three of subscale one) and extrinsic rewards (subscale one overall), respectively. This demonstrates that higher vacation and benefit satisfaction scores may positively impact the extrinsic rewards satisfaction score.

Strong positive relationships were found between U.S. educated nurses' satisfaction with vacation (question two of subscale one) and benefits package (question three of subscale one) and extrinsic rewards (subscale one overall) ($r .788, p < .001$) and ($r .854, p < .001$), indicating a significant linear relationships between these variables as well. However, U.S. educated nurses have weaker correlations than their FEN counterparts for these variables. Nevertheless, higher satisfaction with vacation and benefits results in a higher extrinsic rewards satisfaction for U.S. educated nurses.

A strong positive correlation was found between FENs' satisfaction with vacation and years of practicing at DSH ($r .728, p < .001$). This indicated that more years of practicing at DSH might have equated to a higher satisfaction with vacation for FENs. A moderate correlation was found between FEN's satisfaction with benefits and years of

practicing at DSH, ($r .620, p < .001$). This suggested that more years of practicing at DSH might have equated to moderately higher satisfaction with benefits package for FENs.

A very weak correlation was found between FEN's years as an RN and total satisfaction score ($r .051, p > .05$). Again, a very weak correlation was found between FENs' years of practicing in the U.S. and total satisfaction score ($r .001, p > .05$). This suggested that length of working as an RN and length of working in the U.S. might only marginally affect total satisfaction for FENs.

A moderate correlation was found between FENs' years of living in the U.S. and the total satisfaction score ($r .337, p > .05$). These results are consistent with research which indicated length of U.S. residency is correlated to one's satisfaction score (Emerson et al., 2008).

A moderate correlation was found between U.S. educated nurses' satisfaction with vacation and years of practicing at DSH ($r .340, p < .05$). This indicated U.S. educated nurses' satisfaction with vacation might only be moderately affected by years of practicing at DSH. This correlation differs greatly from the FENs' strong correlation of $r .728$ with the exact same variables. A weak correlation was found between U.S. educated nurses satisfaction with benefits package and years of practicing at DSH ($r .241, p > .05$). Once again, this analysis differs greatly from FENs' correlation of $r .620$ with the exact same variables.

A very weak correlation was found between U.S. educated nurses' years as an RN and total satisfaction score ($r .167, p > .05$). This indicated that years practicing as an RN might only remotely be related to U.S. educated nurses' total satisfaction. This was the

same for FENs. See Table 3 in Appendix A for further details on all the above discussed correlations.

Cronbach's alpha for the entire MMSS including all variables (each survey question and total satisfaction score) was calculated to examine the internal consistency and reliability of this study and revealed a score of 0.678. Cronbach's alpha for each individual subscale was also completed. These values are as follows, Subscale one, 0.899; Subscale two, 0.932; Subscale three, 0.942; Subscale four, 0.791; Subscale five, 0.901; Subscale six, 0.944; Subscale seven, 0.947; and Subscale eight, 0.977. The Cronbach's alpha including all variables score of 0.678 is lower than typically reported for the MMSS instrument. This lower value is most likely a result of the small sample size in this study.

Limitations

There are several limitations with this study. First noted before the study began was the possibility of nurses filling out duplicate online surveys. This issue could not be realistically remedied without disturbing the respondents' confidentiality, such as, taking names and noting who had or had not completed the survey. This study involves job satisfaction, and therefore, confidentiality was placed at a high priority. Consequently, it was hoped nurses simply would not duplicate online surveys, as well as fill out an online survey and then later fill another paper survey.

A key limitation in this study is the small sample size without randomization. Difficulty recruiting busy nurses to complete surveys during work hours was experienced by the investigator, which is the most important cause for this small sample size. As a result, the non-randomized small sample limits the ability for the investigator to

generalize. Additionally, such a small sample size increases the possibility of committing type II errors.

Additional limitations include a greater number of U.S. educated nurses in the sample than FENs. U.S. educated nurses represented 56 of the 100 respondents, while 20 respondents represented the FENs. This could have the potential to skew the results in the comparison between these two groups. U.S. educated nurses have greater representation and are therefore more accurately described in this study than the FENs as a result. The greater number of U.S. educated nurses sampled for this study adds to the potential of committing a type II error.

CHAPTER 6

CONCLUSIONS

The findings in this study reveal there is no significant difference between U.S. educated nurses and FENs regarding their total job satisfaction scores, which matches research completed on identical populations by Pizer and colleagues in 1992. However, research completed by Pizer and colleagues utilized a different tool (the NJSS) which measured job satisfaction via a survey assessing nurses' quality of care, enjoyment of one's job, and time to do one's job (Pizer et al., 1992). While no significant difference was found regarding total job satisfaction in either study, the two studies measured job satisfaction using different tools and therefore measured different items related to job satisfaction.

In this study, a significant difference was identified between these two groups when looking at the individual subscales of the MMSS. U.S. educated nurses were found to have a higher job satisfaction regarding benefits package and vacation compared to FENs (subscale one). Therefore, we can conclude nurses educated in the U.S. in this study feel more satisfied with items such as paid time off awarded to them, health care insurance they receive, and retirement options provided through their employment than nurses who are educated outside the U.S.

Vacation and benefits are items measured by the MMSS used in this study, and were not measured in the research completed by Pizer and colleagues (1992). Therefore, this information is new in regards to past research completed on U.S. educated nurses and FENs. It is important to note that at the time of data collection for this study, 401K values had decreased significantly because of an unprecedented economic crisis. This may have

had a negative effect on the survey respondents completing this survey and may add to the reason FENs were unhappier, specifically with benefits than U.S. educated nurses. These differences in satisfaction with vacation and benefits raises the question, why are the FENs sampled in this study less satisfied with paid time off, health care insurance, and retirement options than U.S. educated nurses?

Native English speakers sampled in this study were also more satisfied with their current vacation opportunities and benefits package than non-native English speakers in this study. This result logically mirrors the U.S. educated nurses' higher job satisfaction scores with the same items because native English speakers are mostly U.S. educated nurses.

Younger nurses age 18 to 40 sampled in this study felt more satisfied with items such as hourly wages they earn, paid time off awarded to them, health care insurance they receive, and retirement options provided through their employment than nurses who are older (above age 40). These data contrast with previous research completed, where older nurses have been reported as more satisfied with salary than younger nurses (Ernst et al., 2004).

This raises the following questions: What makes this sample of younger nurses happier with wages earned, paid time off, insurance, and retirement? Based on findings completed by Pierce and colleagues (1996), the number of years of working as nurses, age, and hours worked affect job satisfaction. Typically, greater time worked at one facility results in higher pay and thus, higher satisfaction with pay. This raises the possibility that older nurses at this facility might be unhappier with wages than younger nurses because they may have worked as a nurse longer and might not have received

higher pay. It is also possible younger nurses might be happier with wages earned, paid time off, insurance, and retirement simply because they might not have received retirement or as high a salary as they do as young nurses. However, these conclusions are subject to error as a result of the small sample size in this study that may not be representative of the entire population of younger nurses working at DSH.

When separated from the entire sample, older FENs alone age 40 to 60 years and older were more satisfied as demonstrated in their scores for total satisfaction and for scheduling, balance of family and work, and praise and recognition than younger FENs when broken down into respective subscales. However, the sample size of older FENs is very small (only five), therefore this information is simply stated here and no conclusions are deemed safe to draw without risk of making an error regarding this result.

Correlations completed revealed the FENs sampled in this study may have placed greater importance on extrinsic rewards when scoring satisfaction than U.S. educated nurses. This suggests FENs' satisfaction with vacation and with benefits package might be more correlated to years practiced at DSH than for U.S. educated nurses.

This raises the following questions: Are the U.S. educated nurses sampled in this study less concerned with their vacation and benefits package than their FEN counterparts? Could the lesser correlation between this sample of U.S. educated nurses total satisfaction and vacation and benefits be related to their higher satisfaction scores with vacation and benefits?

The FEN's years of practicing as an RN, years of practicing in the U.S., as well as years of living in the U.S. were marginally related to their total satisfaction score in this study. These findings are opposite of what was hypothesized for these variables

according to previous research stating years of residency is related to satisfaction (Emerson et al., 2008; Pierce et al., 1996). Therefore, further research is needed to clarify these relationships.

Knowledge gained regarding FENs job satisfaction is vital, especially because very little information is known on the growing population of FENs working in the U.S. This research found this sample of FENs was less satisfied with their vacation and benefits package than their U.S. counterparts. In addition, FENs may place a greater importance on these factors when rating job satisfaction.

Recommendations for future studies regarding U.S. educated nurses include addressing what factors contributed to these nurses reporting higher satisfaction with their vacation, and benefits package. Also, in future research to combat the nursing shortage, determining if satisfaction with these particular factors would keep these nurses from leaving their current jobs and improve their work environment is an important area of inquiry.

Recommendations for future research for FENs includes assessing how the facility used for this study rewards vacation hours and provides benefits to nurses. Also, identifying requirements for satisfactory benefits and vacation opportunities would be useful information to obtain for this facility and for future research on this population. Additionally, determining if these nurses would then stay at their current jobs if factors concerning benefits and vacation opportunities were satisfactory is an important area for future research.

APPENDIX A

TABLES

Table 1: Demographics: Nurse Practice Data

	Total Sample <i>n</i> = 100		U.S. Nurses <i>n</i> = 56, 56%		FENs <i>n</i> = 20, 20%	
	#	%	#	%	#	%
Years Practicing DSH						
0 to 5 years	39	42	27	48	12	60
5 to 10 years	16	16	14	25	2	10
10 to 15 years	9	9	6	10	3	15
15 to 20 years	6	6	4	7	2	10
20 to 25 years	2	2	2	3.6	0	0
25 years or more	3	3	3	5.4	0	0
Years Practicing U.S.						
0 to 5 years	21	21	10	17.9	10	50
5 to 10 years	20	20	17	30.4	1	5
10 to 15 years	5	5	3	5.4	2	10
15 to 20 years	12	12	9	16.1	3	15
20 to 25 years	7	7	6	10.7	1	5
25 years or more	14	14	11	19.6	3	15
Years a RN						
0 to 5 years	23	23	14	25	8	40
5 to 10 years	16	16	13	23.2	3	15
10 to 15 years	6	6	5	8.9	1	5
15 to 20 years	14	14	9	16.1	3	15
20 to 25 years	5	5	3	5.4	2	10
25 to 30 years	12	12	10	17.9	2	10

30 or more years	3	3	2	3.6	1	5
Hours Worked/Week						
12 to 24 hours	8	8	4	7.1	3	15
25 to 36 hours	35	35	25	44.6	8	40
37 to 48 hours	20	20	15	26.8	5	25
49 to 60 hours	12	12	9	16.1	3	15
60 or more hours	4	4	3	5.4	1	5
Units Worked On						
Clinical Education	1	1	1	1.8	0	0
ED	12	12	11	19.6	1	5
IMC,CPCU,GIMC	10	10	8	14.3	2	10
ICU	20	20	12	21.4	6	30
Med/Surg	21	21	14	25	6	30
Management	10	10	7	12.5	3	15
Procedures	3	3	2	3.6	1	5
Surgery	1	1	1	1.8	0	0
Position Title						
Staff Nurse	62	62	41	73.2	18	90
Nurse Manager	9	9	7	12.5	2	10
Other*	7	7	7	12.5	0	0

*Other position titles include infection control; wound care, clinical education nurses.

Table 2: Demographics: Nurse Education Data

	Total Sample <i>n</i> = 100		U.S. Nurses <i>n</i> = 56, 56%		FENs <i>n</i> = 20, 20%	
	#	%	#	%	#	%
Basic Nursing Education Country						
U.S.	56	56	56	100	0	0
Bulgaria	1	1	0	0	1	5
Canada	5	5	0	0	5	25
India	1	1	0	0	1	5
Philippines	13	13	0	0	13	65
Highest Education Level						
ADN	9	9	9	16.1	0	0
Bachelor	46	46	33	58.9	13	65
Diploma	14	14	7	12.5	4	20
Master	8	8	7	12.5	1	5
Ph.D.	2	2	0	0	2	10

Table 3: Significant and Non-Significant Correlations

Correlate	Total Satisfaction	Vacation	Benefits
<i>U.S. Nurses</i>			
Extrinsic Rewards	.738, p < .001	.788, p < .001	.854, p < .001
Years an RN	.167, p > .05	---	---
Years Practicing in U.S.	---	---	---
Years Practicing at DSH	---	.340, p < .05	.241, p > .05
---	---	---	---
<i>FENs</i>			
Extrinsic Rewards	.879, p < .001	.877, p < .001	.950, p < .001
Years an RN	.051, p > .05	---	---
Years Practicing in U.S.	.001, p > .05	---	---
Years Practicing at DSH	---	.728, p < .001	.620, p < .001
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APPENDIX B
FIGURES

Maslow (1954)	McCloskey (1974)	Muller/McCloskey (1990)
Self Actualization	Psychological	Control/Responsibility
		Professional Opportunities
Self Esteem	Social	Praise /Recognition
Belonging		Co-Workers
		Interaction
Safety	Safety	Extrinsic Rewards
Physiologic needs		Scheduling Satisfaction
		Family/Work Balance

Figure 1. Relationships among Maslow’s theory and Job Satisfaction Models by Muller and McCloskey. Adapted from Misener, T. R., Haddock, K. S., Gleaton, J. U., & Aljamieh, A. R. A. (1996). Toward an international measure of job satisfaction. *Nursing Research*, 45(2), 87-91.

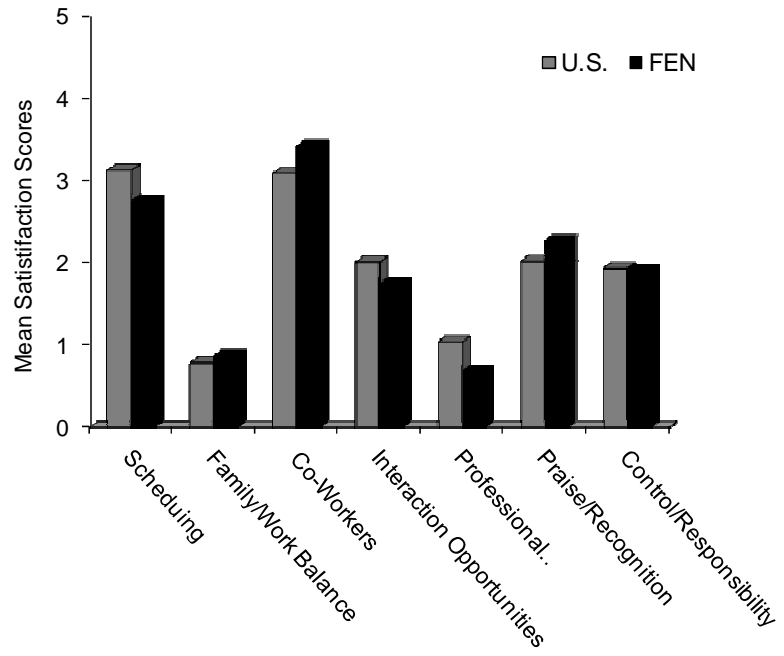


Figure 2. Non Significant Subscale Comparisons

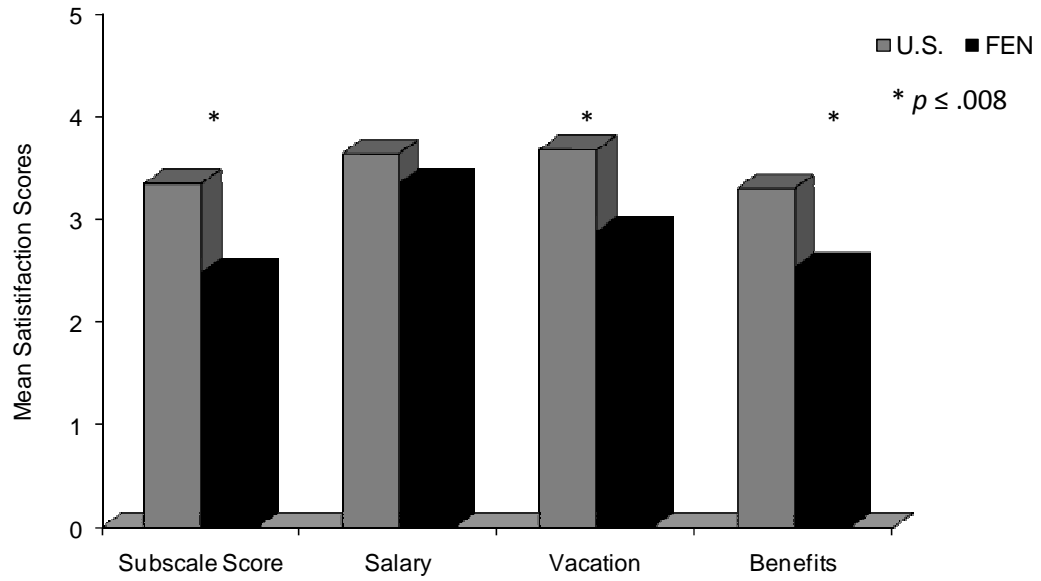


Figure 3. Comparisons of Mean Extrinsic Reward Subscale and Item Scores

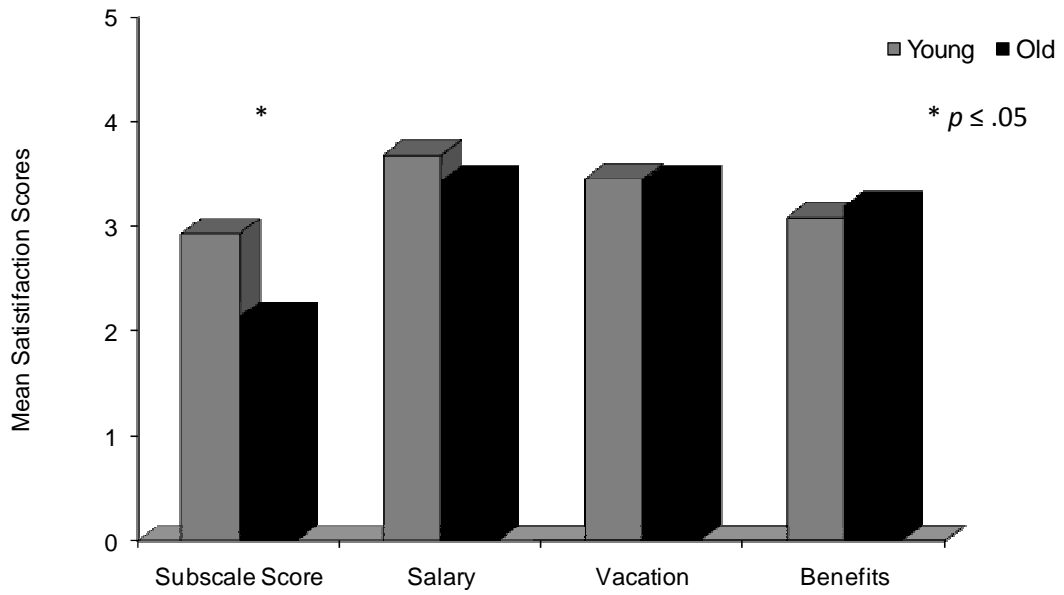


Figure 4. Comparisons of Mean Extrinsic Reward Subscale and Item Scores between Young and Old

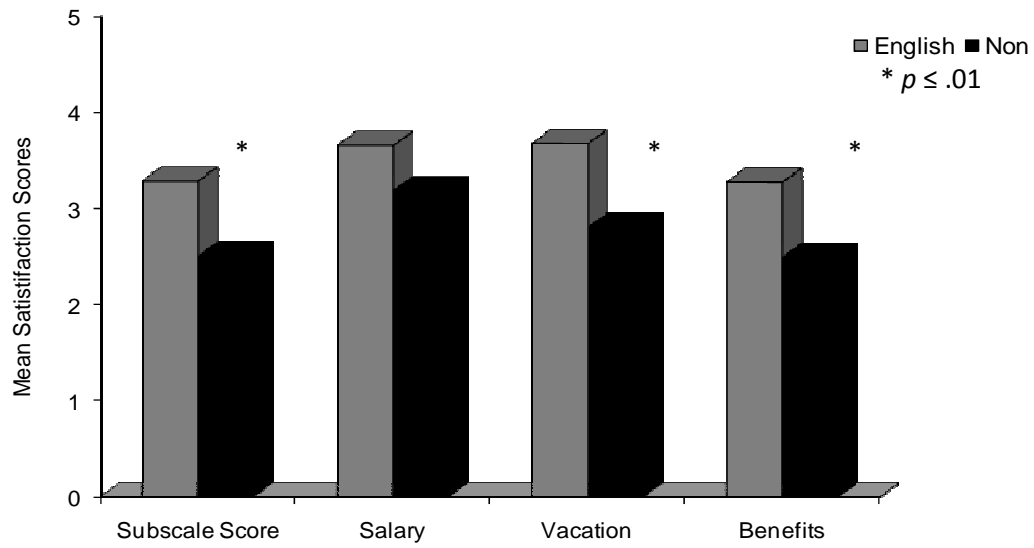


Figure 5. Comparisons of Mean Extrinsic Reward Subscale and Item Scores between Native English and Non Native English Speakers

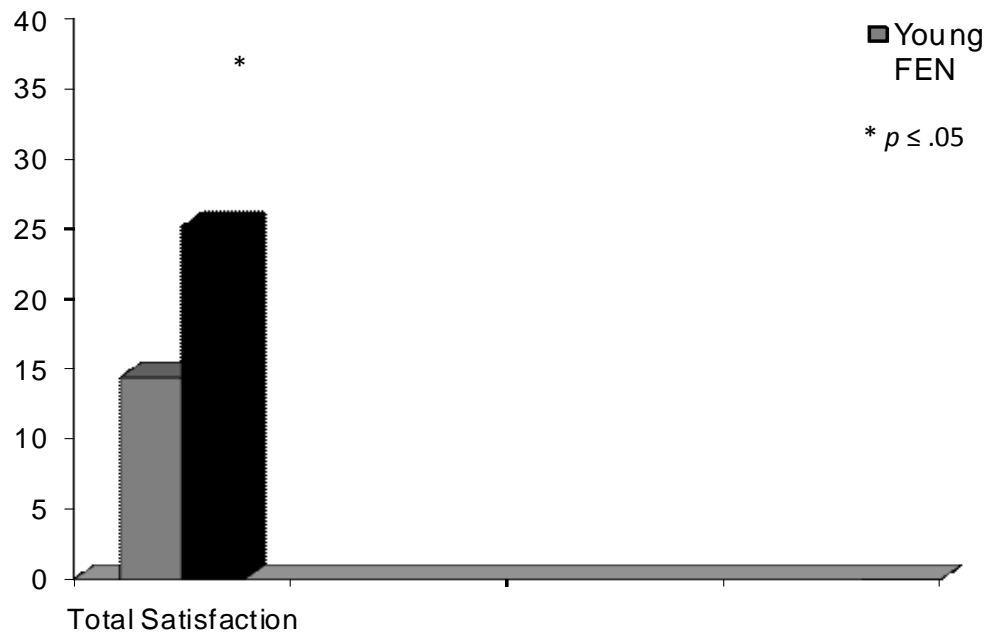


Figure 6. Comparison of Young and Old FENs Mean Total Satisfaction Score

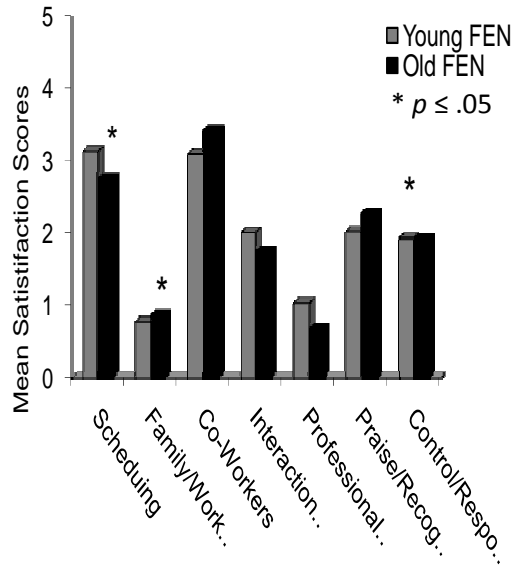


Figure 7. Comparison of FENs Mean Subscale Scores

APPENDIX C
MMSS INSTRUMENT

Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Kari A. Zizzo for the purpose as stated in the request dated 3/13/2008.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

Sue Moorhead

Sue Moorhead, Associate Professor, College of Nursing

Date: March 26, 2008

McCloskey/Mueller Satisfaction Scale (MMSS)

Description

The scale has 31 items capturing eight types of satisfaction: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility. Each item is rated on a five point Likert scale. The scale was designed to be used to assess the satisfaction of hospital staff nurses.

Background

In 1974 McCloskey studied nurses who had resigned from jobs and asked what rewards would have kept them on the job. Scale items were constructed and categorized as either safety rewards (potential against dangerous threat), social rewards (need to belong), or psychological rewards (autonomy, responsibility, recognition, and appreciation) based on the theories of Maslow and Burns. The 1974 scale was updated and revised and used in a 1987 study (McCloskey & McCain). The previous versions of the scale had reported face and content validity and test-retest and alpha reliability. The current version of the scale is based on rigorous examination of the measurement characteristics reported in a 1990 publication (Mueller & McCloskey). Factor analysis supported the current 8 subscale structure. These 8 subscales, however, do support the original three theoretical dimensions: safety rewards are captured by the three satisfaction factors of extrinsic rewards, scheduling and family/work balance; social rewards have taken the form of satisfaction with co-workers and interaction; psychological rewards are represented by satisfaction with professional opportunities, praise/recognition, and control/responsibility.

Measurement characteristics (also see the article by Mueller and McCloskey)

Reliability:

Chronbach alphas for each of the eight subscales range .52--.84; the alpha for the global scale is .89. Smaller alphas belong to subscales with fewer items. Test-retest correlations between measurements taken at 6 months on the job and at 12 months are consistently at the same level or lower than the alphas. This is as expected because the comparison between 6 months reflects actual change as well as consistency.

Construct Validity:

Confirmatory factor analysis of the original three dimensions followed by exploratory factor analysis resulted in the creation of eight subscales. An oblique rotation routine was used in conjunction with the maximum likelihood common factor analysis program supplied by SPSSx. The eigenvalue criterion of one was used to determine the number of factors and .40 was the cutoff for item loadings on factors. The subscales were assessed to determine if they correlate as theoretically expected with other variables: task variety, autonomy, feedback, friendship opportunities, task identity, and intent to stay. Moderate positive correlations found for all expected relationships demonstrate construct validity.

Criterion-Related Validity:

The subscales were correlated with the Brayfield-Rothe general job satisfaction scale and with subscales from Hackman and Oldham's Job Diagnostic Survey (JDS). Correlations on subscales ranging from .53 to .76 for similar dimensions indicate criterion-related validity. Correlations of the overall scale with the Brayfield-Rothe was .41 and with the JDS general dimension was .56. These indicate that the McCloskey/Mueller Satisfaction Scale may be a more valid measure of nursing satisfaction compared with the other scales that were not designed for nurses.

Scoring

Each item is scored from 1 to 5 with the 5 indicating the highest level of satisfaction. For each subscale, scores are summed and divided by the number of items to attain a mean. An overall mean for the global scale can be attained as a general measure of nursing satisfaction. The subscales are:

satisfaction with extrinsic rewards
three items: 1,2,3
satisfaction with scheduling
six items: 4,5,6,8,9,10
satisfaction with the balance of family and work
three items: 7,11,12
satisfaction with co-workers
two items: 14,15
satisfaction with interaction opportunities
four items: 16,17,18,19
satisfaction with professional opportunities
four items: 20,21,27,28
satisfaction with praise and recognition
four items: 13,24,25,26
satisfaction with control and responsibility
five items: 22,23,29,30,31

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McCloskey/Mueller Satisfaction Scale (MSS)

Copyright 1989

How satisfied are you with the following aspects of your current job?

Please circle the number that applies.

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
1. salary	5	4	3	2	1
2. vacation	5	4	3	2	1
3. benefits package (insurance, retirement)	5	4	3	2	1
4. hours that you work	5	4	3	2	1
5. flexibility in scheduling your hours	5	4	3	2	1
6. opportunity to work straight days	5	4	3	2	1
7. opportunity for part-time work	5	4	3	2	1
8. weekends off per month	5	4	3	2	1
9. flexibility in scheduling your weekends off	5	4	3	2	1
10. compensation for working weekends	5	4	3	2	1
11. maternity leave time	5	4	3	2	1
12. child care facilities	5	4	3	2	1
13. your immediate supervisor	5	4	3	2	1
14. your nursing peers	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
15. the physicians you work with	5	4	3	2	1
16. the delivery of care method used on your unit (e.g. functional, team, primary)	5	4	3	2	1
17. opportunities for social contact at work	5	4	3	2	1
18. opportunities for social contact with your colleagues after work	5	4	3	2	1
19. opportunities to interact professionally with other disciplines	5	4	3	2	1
20. opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
21. opportunities to belong to department and institutional committees	5	4	3	2	
22. control over what goes on in your work setting	5	4	3	2	1
23. opportunities for career advancement	5	4	3	2	1
24. recognition for your work from superiors	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
25. recognition of your work from peers	5	4	3	2	1
26. amount of encouragement and positive feedback	5	4	3	2	1
27. opportunities to participate in nursing research	5	4	3	2	1
28. opportunities to write and publish	5	4	3	2	1
29. your amount of responsibility	5	4	3	2	1
30. your control over work conditions	5	4	3	2	1
31. your participation in organizational decision making	5	4	3	2	1

APPENDIX D
HUMAN SUBJECTS APPROVAL



**Biomedical IRB – Expedited Review
Approval Notice**

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: October 2, 2008

TO: **Dr. Yu Xu**, Physiological Nursing

FROM: Office for the Protection of Research Subjects

RE: Notification of IRB Action by Dr. Charles Rasmussen, Co-Chair
Protocol Title: **Job Satisfaction Comparison Between Foreign Educated Nurses and U.S. Educated Nurses**
Protocol #: 0807-2789

This memorandum is notification that the project referenced above has been reviewed by the UNLV Biomedical Institutional Review Board (IRB) as indicated in regulatory statutes 45 CFR 46. The protocol has been reviewed and approved.

The protocol is approved for a period of one year from the date of IRB approval. The expiration date of this protocol is September 28, 2009. Work on the project may begin as soon as you receive written notification from the Office for the Protection of Research Subjects (OPRS).

PLEASE NOTE:

Attached to this approval notice is the **official Informed Consent/Assent (IC/IA) Form** for this study. The IC/IA contains an official approval stamp. Only copies of this official IC/IA form may be used when obtaining consent. Please keep the original for your records.

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through OPRS. No changes may be made to the existing protocol until modifications have been approved by the IRB.

Should the use of human subjects described in this protocol continue beyond September 28, 2009 it would be necessary to submit a **Continuing Review Request Form** *60 days* before the expiration date.

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at OPRSHumanSubjects@unlv.edu or call 895-2794.

Office for the Protection of Research Subjects
4505 Maryland Parkway • Box 451047 • Las Vegas, Nevada 89154-1047
(702) 895-2794 • FAX: (702) 895-0805



**Biomedical IRB – Expedited Review
Modification Approved**

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: February 17, 2009

TO: Dr. Yu Xu, Physiological Nursing

FROM: Office for the Protection of Research Subjects

RE: Notification of IRB Action by Dr. John Mercer, Chair
Protocol Title: **Job Satisfaction Comparison Between Foreign Educated Nurses and U.S. Educated Nurses**
Protocol #: 0807-2789

The modification of the protocol named above has been reviewed and approved.

Modifications reviewed for this action include:

- Survey and Informed Consent will now be changed to a paper survey and signed Informed Consent.

This IRB action will not reset your expiration date for this protocol. The current expiration date for this protocol is September 28, 2009.

PLEASE NOTE:

Attached to this approval notice is the **official Informed Consent/Assent (IC/IA) Form** for this study. The IC/IA contains an official approval stamp. Only copies of this official IC/IA form may be used when obtaining consent. Please keep the original for your records.

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through OPRS. No changes may be made to the existing protocol until modifications have been approved by the IRB.

Should the use of human subjects described in this protocol continue beyond September 28, 2009, it would be necessary to submit a **Continuing Review Request Form** 60 days before the expiration date.

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at OPRSHumanSubjects@unlv.edu or call 895-2794.

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4505 Maryland Parkway • Box 451047 • Las Vegas, Nevada 89154-1047
(702) 895-2794 • FAX: (702) 895-0805



**Biomedical IRB – Expedited Review
Continuing Review Approved**

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: October 8, 2009

TO: Dr. Yu Xu, Nursing

FROM: Office for the Protection of Research Subjects

RE: Notification of IRB Action by Dr. John Mercer, Chair
Protocol Title: **Job Satisfaction Comparison Between Foreign Educated Nurses and U.S. Educated Nurses**
Protocol #: 0807-2789

Continuing review of the protocol named above has been reviewed and approved.

This IRB action will reset your expiration date for this protocol. The protocol is approved for a period of one year from the date of IRB approval. The new expiration date for this protocol is September 17, 2010.

PLEASE NOTE:

Attached to this approval notice is the **official Informed Consent/Assent (IC/IA) Form** for this study. The IC/IA contains an official approval stamp. Only copies of this official IC/IA form may be used when obtaining consent. Please keep the original for your records.

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through OPRS. No changes may be made to the existing protocol until modifications have been approved by the IRB.

Should the use of human subjects described in this protocol continue beyond September 17, 2010, it would be necessary to submit a **Continuing Review Request Form** 60 days before the expiration date.

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at OPRSHumanSubjects@unlv.edu or call 895-2794.

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VITA

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Special Honors and Awards:

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Publications:

Zizzo, K. A., & Xu, Y. (2009). Post-hire transitional programs for internationally educated nurses: A systematic review. *The Journal of Continuing Education in Nursing, 40*(2), 57-66.

Zizzo, K. & Xu, Y. (2008). [Review of the book *Positive Practice Environments: Key Considerations for the Development of a Framework to Support the Integration of International Nurses* by Adams, E., & Kennedy, A. Geneva, Switzerland: International Centre on Nurse Migration, 2006]. *Policy, Politics, and Nursing Practice, 9*, 220-221.

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Thesis Title: Job Satisfaction Comparison between Foreign Educated Nurses and U.S. Educated Nurses

Thesis Examination Committee:

Chairperson, Yu Xu, PhD.
Committee Member, Mary Bondmass, PhD.
Committee Member, Alan Jauregui, APN
Graduate Faculty Representative, Emily Lin, PhD.