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Factors Contributing To Registered Nurse Job Satisfaction In the Nursing Home

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Factors Contributing To Registered Nurse Job Satisfaction In The Nursing

Home

By

Michael Shipley

Submitted in partial fulfillment of the requirements for the degree of Doctor of
Philosophy in Health Science
Seton Hall University
2015

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SETON HALL UNIVERSITY
School of Health and Medical Sciences
Department of Interprofessional Health Sciences & Health Administration

APPROVAL FOR SUCCESSFUL DEFENSE

Doctoral Candidate, Michael Shipley, has successfully defended and made the required modifications to the text of the doctoral dissertation for the Ph.D. during this **Spring Semester 2015**.

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By

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Dedication

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Abstract

Factors Contributing to Registered Nurse Job Satisfaction in the Nursing
Home

By

Michael Shipley

Seton Hall University

October, 2014

Dr. Genevieve Pinto-Zipp, Chair

Over the next several years the aging population will increase the number of patients suffering from chronic illness. A sicker aging population, coupled with changes in healthcare reimbursement will require nursing homes to admit sicker patients for shorter lengths of stays. To meet the needs of the increased number of chronic patients and those patients with higher acuities, nursing homes will require more skilled, registered nurses. Registered nurses (RNs) are the linchpin to providing high-quality care in the healthcare environment and especially in nursing homes.

Understanding the factors of RN job satisfaction in the nursing home is important in increasing job satisfaction, decreasing RN turnover, and improving quality of care. The purpose of this study was to 1) Identify factors that contribute to job satisfaction for RNs working in Genesis nursing homes

in the Northeast, 2) determine the overall job satisfaction levels of nursing home RNs working for Genesis in the Northeast. A descriptive, comparative, cross sectional study was conducted to gather quantitative data (survey) describing RN job satisfaction in eight domains. Five hundred forty nine RNs from eight states and one hundred sixty nine nursing homes met the inclusion criteria of the study.

Study results revealed that RNs were most satisfied with standards of care and personal satisfaction in nursing homes. They were least satisfied with pay, training and workload. The Mid-Atlantic RNs were significantly more satisfied than New England RNs with standards of care ($p < .024$) and workload ($p < .019$). New Jersey RNs were significantly more satisfied than Pennsylvania RNs with professional support ($p < .045$), personal satisfaction ($p < .012$), training ($p < .000$) and overall job satisfaction ($p < .010$). Not surprising, there were significant differences in job satisfaction based on job title, educational level, shift, type of unit, work status, length of service and years practicing as an RN.

This study lends support to the position that continued staff reassessment and investment in staff development is key to the management of cost effective and efficient nursing home care especially as the need for RNs in nursing homes is expected to increase.

Chapter I

INTRODUCTION

Background of the problem

Registered Nurses (RNs) work in diverse settings such as hospitals, ambulatory care, nursing homes, and home health care. Nationally, over 60% of RNs work in hospitals, while approximately 5% work in Nursing Homes (HRSA, 2010). In New Jersey 56.2% of RN's work in hospitals while 6.2% work in Nursing Homes (Flynn, 2007). As a result, most of the research focuses on RN job satisfaction in the hospital settings, and little is known about RN job satisfaction in the nursing home. Based upon the anticipated increase in nursing home residence and the severity of their illness, research is needed to determine what factors contribute to RN job satisfaction for those nurses working in the nursing home (Carr & Kazanowski, 1994).

The hospital nurse cares for patients with acute illnesses. Patients may present with heart attacks, pre and post-operative, respiratory distress, renal insufficiency and may require other advanced diagnostic procedures. Hospital RNs are usually specialized and work on units such as surgery, psychiatry, cardiac, pediatrics, oncology, medical, emergency room or

intensive care ("Nursing career overview", 2010). The nursing home nurse specializes in treatment of chronic illnesses and provides support for both patients and families. Nursing home patients frequently present with conditions requiring ongoing care and monitoring such as fractures, Alzheimer's disease, pulmonary, cardiac and stroke ("Nursing career overview", 2010). While traditionally most of the patients in the nursing home reside long term, many nursing homes now have dedicated units which address the care of post-acute patients for a short period of time before returning home. In these units patients receive physical, occupational and speech therapies, and nursing skilled care (intravenous medications, oxygen, wound care, total parental nutrition) similarly to that which is provided in hospitals and rehabilitation facilities. Regardless of the environment, the role of nurses in both nursing homes and hospitals are to promote health, prevent illness and educate patients and families. Nurses provide direct care, observe, assess, and record patient's symptoms, collaborate with physicians, and administer medications and treatments. They also supervise other personnel such as Licensed Practical Nurses (LPNs) and aides/techs ("Nursing career overview", 2010).

Given that hospitals are experiencing an increase in financial pressure to discharge patients earlier to nursing homes and other lower cost environments, coupled with the growing elderly population, the demand for nursing home beds and thus the increased need for RNs working in nursing

homes to care for more clinically complex patients or chronic patients is expected . ("Nursing career overview", 2010). Based upon the ever expanding role of the RN working in the nursing home understanding what contributes to their job satisfaction is critical to meeting the needs of today's patients within the nursing home environment.

Interestingly, as the role of the RN continues to increase the literature suggests that the shortage of RNs is further expanding and thus further compromising the workforce (Spetz & Given, 2003). While today's RNs work in diverse settings their amount and type of education and training often impacts where they work. In a survey of 55,000 RNs it was reported that 20% had graduated from hospital-based diploma programs, 34% had Bachelor's Degrees, and 45% had Associate Degrees as their initial education (US Dept. Health and Human Services, 2010). However, after 2001 only 3% of RNs had been trained through a diploma program, 40% had obtained a Bachelors or higher, and 57% of the RNs graduated with an Associate's degree. Hospitals are primarily hiring BSN nurses as they have more education (4 years) and receive more training in leadership, and communication, and have a higher level of clinical training and advanced critical thinking skills. According to the US Department of Health and Human Services (2010), approximately 54% of diploma prepared RNs work in hospitals while 7% work in nursing homes. 64.8% of RNs with associate degrees work in hospitals and 7.4% of RNs with associate degrees work in nursing home. 67.4% of

RNs with bachelor's degrees work in hospitals and 3.5% work in nursing homes. 47.8% of RNs with masters or doctorate degrees work in hospitals compared to 2.4% in nursing homes. In the nursing home setting, approximately 17% of the RNs have diplomas, 53% associates degree, 25% have bachelor's degrees and 6% with a masters or doctorates degrees (US Department of Health and Human Services). While to-date nursing homes have not distinguished between the value of the BSN verses AD or Diploma trained RN's, they have recognized that the skill level of any RN is necessary to care for the complexity of chronic illness in the elderly and that the total numbers of RN's needs to increase in the Nursing Home setting to care for the more medically compromised patient population (Robertson, Higgins, 1999).

It is estimated that overall by the year 2020 there will be a shortage of eight hundred thousand nurses (Spetz & Given, 2003). Buerhaus (2000) projected three hundred forty thousand nurses will be needed by 2020 (Thrall, 2007). Thus, the demand will far exceed the supply over the next several years. Furthermore, Rosenstein reports that approximately 126,000 RN positions are vacant (Rosenstein, 2002). By 2016, the Bureau of Labor Statistics estimates that nursing employment will rise by twenty three percent while the supply in 2020 will fall thirty six percent from the estimated demand (Bradley, 2008). In New Jersey, Flynn (2007) estimated that the supply of RNs will be 49% below the demand, causing a shortfall of 42,000 RN

positions. Although only 5% of the RNs work in a nursing home, the shortfall will negatively impact this environment.

This increased demand for Registered Nurses is further impacted by the forecast that in 2015, more nurses will leave the profession than the number of nurses who enter the profession (Thrall, 2007). Specifically, the aging nursing population will be retiring and thus will further exacerbate this nursing shortage. The percentage of older RNs (50 years and older) increased from 33.4% in 2000, to 45% in 2008. The percentage of RNs who were 60 years and older also increased from 14% in 2004 to 16% in 2008. (US Department of Health and Human Services, 2010). In contrast to RNs who work in hospitals, older RNs are more likely to work in nursing homes. Only 2.1% of RNs under 30 work in a nursing home. 10.7% of RNs over the age of 65 and over work in a nursing home. In the nursing home environment, approximately 52% of the RNs are 50 years and older and approximately 17% are 60 years and older (US Department of Health and Human Services). Further adding to the projected shortfall is the lack of nursing faculty available to prepare future RNs.

According to Milliken, Clements, and Tillman (2007), the average age of teachers in the nursing profession is 49, and over thirty percent of the nurses working are 50 years old. By the year 2015, the projection is that the number of nurses that are over 50 will exceed forty percent as they plan to retire

(Milliken, Clements & Tillman, 2007). This lack of nursing faculty has and will continue to negatively affect the RN shortage. Less nursing faculty results in fewer RN programs available to educate and mentor the next generation of nursing professionals. In 2005, three-quarters of the nursing schools in the US reported faculty shortages and stated that qualified applicants were denied admission (LaRocco, 2006). Approximately 150,000 qualified applicants are denied admission to nursing schools annually due to insufficient numbers of faculty (Thrall, 2007). The issue of aging faculty will add to the RN shortage as there will be even less faculty to educate RNs. Currently the average age of PHD faculty is 54 with only four hundred doctoral prepared nurses graduating yearly (LaRocco, 2006). Also it has been proposed based on current data that twenty five percent of new PhDs will not obtain a faculty position but move into higher administrative positions (LaRocco, 2006). Thus addressing the faculty shortage is critical to improving the RN shortage.

Researchers state that the current nursing shortage is different from previous shortages as the number of those who will retire and the number of nurses that choose alternative careers are far greater now than in previous shortages (LaRocco,2006; Spence Laschinger & Sullivan Havens, 1996; Spetz & Given, 2003). In attempt to proactively address this projected shortage Researchers and health care executives are focusing their attention on determining and examining the causes of the nursing shortage. Evidence

suggests that some additional causes of the nursing shortage include, licensure delays, poor working conditions, low wages, an aging workforce to meet the aging baby boom generation needs, small younger workforce, inability of the profession to attract men and minorities, faculty shortages, hospital restructuring, and job dissatisfaction (Spetz & Given,2003; Rosenstein, 2002; LaRocco, 2006).

The projected shortage of RNs is not unique to the industry due to the previous shortages in the 1980s and late 1990s. Failure to retain staff practicing clinically and the resulting higher professional staffing turnover rates is another factor that warrants immediate attention as increased turnover rates may exacerbate professional job satisfaction and further impact the nursing shortage globally and may hamper the quality of care within the nursing home environment. Based upon the negative impact of a RN shortage, and the potential negative impact in the nursing homes, the focus of this research is to investigate the factors that influence RN job satisfaction in the nursing home, in order to further address the needs of the nursing profession shortage which has and will continue to impact the quality and state of health care in the United States especially within the nursing home environment.

Need for the study

According to the Bureau of Labor Statistics, annual turnover is defined as “the number of total separations for the year divided by the average monthly employment for the year, times 100” (Castle & Engberg, 2005, p. 2). In the nursing home industry turnover ranges from 40% to 75% however, there is very little published data as to why RN's leave their job so frequently (Cohen-Mansfield, 1997). Furthermore, this turnover increases costs to the institution and negatively impacts patient care (Cohen-Mansfield). It is estimated that the cost to replace a long term care nurse exceeds \$7,000 (Waldman, Kelly, Aurora, & Smith, 2004). Though institutional costs to the nursing home industry are not available, the annual turnover cost in acute care settings has been estimated to be approximately twenty nine million dollars (Waldman et al.). A 2004 study estimates of RN turnover costs to be approximately \$31,000 per RN (Bland Jones, 2004). Interestingly, employee turnover in other industries such as banking, retail, computer and insurance industry, research has shown a positive correlation between perceptions of turnover and customer satisfaction and the company's bottom line. Bland Jones suggests that high turnover may negatively impact customer satisfaction and profitability in the health care environment.

The factors contributing to turnover are complex however the literature identifies several factors influencing RN turnover specifically. Supervisor

relationships, work schedule, growth opportunities, challenging work, geography, poor salary, decision making, support, staff competency, work environment and workload have all been cited in the research as impacting RN turnover (Shader, Broome, Broome, West & Nash, 2001).

A study by Shader et al. (2001) examined the relationship between RN job stress, work satisfaction and group cohesion and its influence on anticipated turnover. Data from two hundred forty six self-report questionnaires were analyzed. In this study a negative correlation between job stress, group cohesion and work satisfaction and a positive correlation between job stress and anticipated turnover was observed (Shader et al. 2001). The researchers also found a positive correlation between work satisfaction and group cohesion and a negative correlation between work satisfaction and anticipated turnover (Shader et al. 2001). Additionally, the results supported that when staff had high job stress, low work satisfaction and unstable work schedules; the staff had a greater intention to leave the job.

The results also showed that for the 20-30 group, work satisfaction and job stress were found to be significant predictors of anticipated turnover rate (Shader et al. 2001). For the 31-40 group, work satisfaction was a significant predictor of anticipated turnover rate (Shader et al.2001). For the 41-50 group, work satisfaction and group cohesion significantly predicted anticipated turnover (Shader et al.). Interestingly, there were no significant

predictors of turnover for the 51 or older group (Shader et al.). Furthermore, work satisfaction was a significant predictor of anticipated turnover for all of the age groups except the 51 or older age group.

The authors utilized their findings to support the importance of nursing supervisors focusing on nurse's perceptions with regard to work environment. Understanding how nurses perceive satisfaction, intensity of the work, and relationship with other staff can enable the manager to address the nurse's needs and help reduce turnover. According to Donoghue (2010), nursing home turnover for RNs is as high as 56%. He states that high turnover may be associated with a heavy workload. Donoghue found that management tenure and stability was significantly associated with RN turnover. Donoghue also examined the relationship between RN hours and License Practical Nurse (LPN) and Certified Nursing Assistants (CNA) turnover. He found that nursing homes with higher RN hours were significantly less likely to have high LPN and CNA turnover. While high RN hours were not associated with low RN turnover, the support of having more RNs was beneficial to turnover of LPNs and CNAs. Castle (2007) also found that instability of the top leadership in the nursing home may negatively impact RN turnover. Anderson (2004) also found a relationship between instability of the director of nursing and high RN turnover. It is important to address the specific needs of Registered Nurses because they are important caregivers. Patient care cannot be delivered without competent, qualified RNs. RNs are the largest

sector of the health care workforce and their impact on quality is well documented in the literature.

Registered Nurse Impact on Patient Outcomes (quality of care)

The nursing shortage and registered nurse turnover are important issues in healthcare as research has shown a positive correlation between RN staffing and patient care outcomes (Spetz & Given, 2003; Castle et al., 2005; Polivka, Salmon, Hyer, Johnson, & Hedgecock, 2003; Horn, Buerhaus, Bergstrom, & Smout, 2005; Kash, Castle, Naufal, & Hawes, 2006). In the acute care setting, fewer nurses resulted in increased mortality, post-surgical complications and higher infection rates (Spetz & Given). Similarly, in nursing homes, research showed a positive relationship between low staffing levels (Registered Nurses) and low quality of care (particularly with pressure ulcers/bedsores) (Kash et al.). In a study conducted by Horn et al., (1,376 patients in 82 nursing homes) an increase in direct care (ten minute increments) by Registered Nurses (RNs) in nursing homes resulted in a significant reduction of patients who lost weight, fewer hospitalizations, pressure sores, infections, and decreases in the ability to perform activities of daily living (ADLs) (Horn et al., 2005).

In a study by Castle and Engberg (2005), turnover data was collected from three hundred fifty four nursing homes in four states. The researchers found

that increases (0-50%) in the registered nurse turnover rates were significantly associated with decreases in quality of care (Castle & Engberg, 2005). As RN turnover increased, physical restraints, catheter use, contractures, pressure ulcers and psychoactive drug use significantly increased among the nursing home residents (Castle & Engberg, 2005).

Research shows that registered nurses have a positive effect on quality of care (mortality, infections, pressure ulcers, weight loss, ADLs, hospitalizations) (Spetz & Given, 2003; Kash et al., 2006; Horn et al., 2005; Castle & Enberg, 2005). Thus, the RN presence is critical to improving quality of care. Because there is a shortage of RN's, and the demand for RN's will increase over the next several years, understanding what influences job satisfaction in the nursing profession is critical to improving RN satisfaction, decreasing RN turnover, and improving quality of care.

Defining RN Job Satisfaction

Job satisfaction is described in different ways. According to Misener, Haddock, Gleaton and Abu, (1996) job satisfaction is a complex construct with many definitions and theories. Most researchers believe that job satisfaction can be defined as a positive perception of their job (Misener et al. 1996). Locke defined job satisfaction as an employee's evaluation of their job and environment (Locke, 1969). Smith suggests that satisfaction refers to how nurses feel about their job and that satisfaction is based on emotions

rather than objective criteria (Smith, Kendall, & Hulin, 1975). Pilkington and Wood (1986) focus on nurse's orientation to the job. The amount of on-going training and mentorship a nurse receives determines the level of job satisfaction (Pilkington & Wood, 1986). Geiger and Davit (1988) believe that the nurse is satisfied to the extent that the job fulfills needs. Ma, Samuals and Alexander (,2003) define job satisfaction "as the difference between the amount of rewards workers receive and the amount they believe they should receive". Manojlovich and Spence-Laschinger describe job satisfaction as employee's attitudes and behaviors in the work setting (Wild, Parsons, & Dietz, 2006). Job satisfaction is based on an individual's needs related to supervisory communication, recognition, training, and employee engagement. Understanding what is important to the nurse can help in increasing job satisfaction, reducing turnover, and can positively affect patient outcomes.

Conceptual Framework

Improving the nurses work environment and understanding the factors that influence the way nurses respond to work experiences may lead to increased job satisfaction and patient satisfaction (Spence Laschinger, 1996). Kanter's Theory of Structural Empowerment in organizations assert that three organizational structures influence work effectiveness and that employee's react and behave according to these organizational structures. The Structure of power, opportunity and proportions leads to increased job satisfaction and

patient satisfaction (Spence Laschinger). Kanter (1993) defines power as the ability to get things done in an organization. Power involves the structures of information, support and resources. According to Kanter, information refers to knowledge and data that one needs to carry out the job. Support refers to the coaching employees get from supervisors and feedback they receive from them (Kanter, 1993). Resources are tangible items that help employees attain the goals of the organization. The structure of opportunity is the ability of the individual to advance in the job, learn new skills, and become challenged (Kanter).

Kanter states that when organizations allow employees to have access to information, receive support and resources necessary to do the job, and have opportunities to learn and grow, the employees have higher levels of autonomy, self-efficacy, job satisfaction, motivation and have a greater commitment to the organization. Employees that are not empowered perceive themselves as less important, are less motivated and committed, adhere to conformity and are not passionate about accomplishing organizational goals (Kanter).

Kanter's Condition of Work Effectiveness Questionnaire (CWEQ) measures perceived access to empowerment structures in the work environment. The CWEQ was modified by Chandler for use in nursing populations and contains 31 items on a 5 point Likert scale ranging from 1 (

none) to 5 (a lot). There are 4 subscales: resources, opportunity, support, and information. An overall empowerment score is calculated by adding the four subscales. The higher the score, the higher the perception of empowerment in the work environment (Spence Laschenger, 2012).

Van Saane, Sluiter , Verbeek, and Frings-Dresen (2008) further support Kanter's notion that employees work behavior are responses to work conditions and not from personality traits. Van Saane et al. (2008) propose eleven constructs associated with job satisfaction. They assert that the constructs of autonomy, communication, co-worker interaction, financial rewards, growth and development, meaningfulness, promotional opportunities, supervision, work content, work demands and workload represent the content of job satisfaction. Organizations can influence job satisfaction by enhancing these areas. This is consistent with Kanter's argument that organizational structures promote increased worker involvement and satisfaction. Kanter's theory that work characteristics/ variables influence employee motivation and job satisfaction is supported throughout the literature.

Purpose of the Study

The purpose of this study is to identify factors that contribute to job satisfaction for RNs working in a Nursing Home and to determine the overall job satisfaction levels. Although only 5% of the RN population works in a nursing home, the importance of the Nursing Home RN is underscored due to the aging population, increased demand for RNs, and RN turnover rates in Nursing Homes. In 2009, approximately 12.9% of the US population was 65 years or older for a total of 40 million people. It is estimated that by the year 2030, almost 20% of the US population will be 65 years or older for a total of 72 million people (US Dept. of Health & Human Services, 2011). The increase in the population from 40 million to 72 million people will place great demands on the health care system, particularly the demand for nursing home RNs. Approximately 84% of those 65 years or older suffer from at least one chronic illness and approximately 75% of the nearly two trillion per year spent on health care is spent on chronic care. As a result, more RNs will be needed to care for the proliferation of chronically ill patients (US Dept. of Health & Human Services).

Flynn (2007) estimated that in New Jersey alone, approximately 42,000 RNs will be needed by 2015. Other researchers predict that the national shortage of RNs may reach as high as 800,000 by 2020. The percentage of RNs working in nursing homes has decreased over the last 20 years from 8%

to 5% while the RN demand has increased by 36% (US Dept. of Health & Human Services). The RN demand is also affected by the national economy.

Staiger, Auerbach & Buerhaus (2012) investigated the relationship between the RN supply and recessionary periods in the economy. They state that job gains occur faster in a recession than non-recessions. In the eighteen months starting in December 2007, the national economy lost 7.5 million jobs while health care gained 428,000 jobs. During this time, RN employment increased by 243,000 which was the largest increase in the last forty years. The researchers found that during economic downturns, the demand for health care continues and RNs fill vacancies due to their personal and family economic concerns. Seven of ten RNs are married women and during recessions they return to the workforce. The researchers found that as the national unemployment rate rises, the supply of RNs also increases. As the unemployment rate decreases, so does the supply of RNs. They found that an increase of one percentage point in the national unemployment rate was significantly associated with 1.2% increase in the size of the RN workforce (Staiger, Auerbach, Buerhaus, 2012).

Identifying and understanding the factors that influence RN job satisfaction can help the health care community to improve RN satisfaction, decrease RN turnover in nursing homes and thus improve patient quality of care. Thus, the primary research questions and hypotheses posed in this study are:

Research Questions

For the purpose of this study, the primary research questions were:

- What are the job satisfaction levels for registered nurses (RNs) working in nursing homes in the Northeast?
- Is there a significant difference in the job satisfaction scores of RNs working in nursing homes between the Mid-Atlantic and New England regions?
- Is there a significant difference in the job satisfaction scores of RNs working in nursing homes based on the state that the nurse works?
- Is there a significant difference in the job satisfaction scores for RNs working in nursing homes based on demographics?

Research Hypotheses

The hypotheses were derived from the research questions and they are as follows:

- H1: There are significant differences in the job satisfaction scores of RNs working in nursing homes between the Mid-Atlantic and New England regions.

- H2: There are significant differences in the job satisfaction scores of RNs working in nursing homes based on the state that the nurse works.
- H3: There are significant differences in the job satisfaction scores of RNs working in nursing homes based on demographics.

Chapter II

LITERATURE REVIEW- FACTORS THAT INFLUENCE REGISTERED NURSE JOB SATISFACTION

In healthcare, RN job satisfaction has been studied over the last eighty years. In 1940 researchers identified factors /variables affecting job satisfaction. According to Wild and Dietz (2006), factors such as work hours, work perception, growth opportunities, work relationships, salaries and having a balance between family and job responsibility affects ones job satisfaction (Wild, Parsons & Dietz). In a descriptive study by Wild, and Dietz, the Mueller and McCloskey Satisfaction Scale (MMSS) was mailed to two hundred California Nurse Practitioners (NP) to determine their job satisfaction (Wild et al. 2006). Of the two hundred surveys mailed, sixty six were returned. Results showed that the NPs were very satisfied with their work schedules (49%), somewhat satisfied with their salary (52%), very satisfied with the amount of responsibility (52%), and somewhat satisfied with the working conditions (33%) (Wild et al.2006). Approximately 60% of the NPs in the survey were moderately to very satisfied with their relationship and interaction with their supervisor (Wild et al. 2006). Though this was a relatively small descriptive study, NPs appeared most satisfied with their schedules, flexible hours and supervisor relationships (Wild, Parsons & Dietz 2006). However,

due to the small sample, and diverse work settings in which NPs practice, this study may not be indicative of the nurse population in general.

In a qualitative study of thirty nurses by McNeese-Smith, (1999) structured interviews were conducted to assess job satisfaction among hospital staff nurses. In this study the nurses described what they perceived influenced their satisfaction with several themes emerging (McNeese-Smith). Using content analysis to extract the important messages from the interviews, several major influences of job satisfaction emerged; patient care, environment, work load, coworker relations, personal factors, salary and benefits, professionalism, cultural background and career stage (McNeese-Smith). Of these categories, the primary themes that had the greatest influence on nurse satisfaction were: rewards of feeling good for doing something worthwhile, working in a challenging, fast pace hospital, and friendship with co-workers (McNeese-Smith). Additionally, nurses stated that getting praise for giving good care and seeing their patients improve was extremely rewarding (McNeese-Smith). They also stated that the hospital environment was exciting and that the friendship between co-workers also provided fulfillment (McNeese-Smith).

More recently, Rosenstein (2002) examined the nurse-physician relationship to determine the influence that physicians have on nurse job satisfaction. A sample of convenience was surveyed: one thousand two

hundred employees (720 nurses, 173 physicians, 26 executives and 281 unidentified) from eighty four west coast hospitals Rosenstein (2002). This survey consisted of a Likert scale for twenty four questions measuring the perceptions of nurse-physician relationships. Important significant findings showed that physicians rated their relationship with the nurses significantly more positive than the nurses did. Nurses rated physician awareness of the importance of the relationship significantly lower than the physicians, and nurses rated physicians value and respect for nurse collaboration significantly lower (Rosenstein). Of the seven hundred twenty nurses, 96% witnessed or experienced disruptive physician behavior compared to 78% of the one hundred seventy three physicians who witnessed or experienced disruptive behavior by a physician (Rosenstein). The issue of disruptive behavior is important because over 30% of those in the survey stated that they were aware of nurses who resigned due to poor treatment by physicians (Rosenstein).

In a cross-sectional study by Ma & Samuals (2003) three thousand four hundred seventy two nurses from South Carolina hospitals completed a twenty seven question survey in order to determine which factors contributed the most to job satisfaction. The independent variables in the study were age, education, years of service, years of experience, hospital size, job position, retirement plan, teaching hospital status, and geographic area (Ma & Samuels). Surprisingly there were no significant differences for age and

years of service at their current job (Ma & Samuels). However, nurses with over two years of experience had significantly ($P=.001$) lower levels of job satisfaction than those with two years or less experience (Ma & Samuels). The authors believed that more experienced nurses expect more autonomy, recognition and opportunities and when they don't experience this, they become dissatisfied (Ma & Samuels 2003). Job position was also a factor that affected nurse job satisfaction with charge nurses and nurse managers having significantly lower levels of satisfaction than administrative nurses (Ma & Samuels). The researchers also found that nurses in smaller urban areas had significantly higher levels of job satisfaction than nurses in large urban areas (Ma & Samuels). They attribute this difference to the structure of jobs, relationships between co-workers and commuting time to work (Ma & Samuels). Lastly, the nurses that were in a retirement plan had significantly higher levels of satisfaction than those nurses that were not in a plan (Ma & Samuels).

Atencio, Cohen and Gorenberg,(2003) investigated autonomy as a factor of job satisfaction and found that nurses with less experience perceived their level of autonomy as higher than nurses with more experience (Atencio et al. 2003). More experienced nurses want more freedom to make decisions and use their clinical skills and judgment supporting a link between structural empowerment and autonomy. When an organization provides employees with access to information, appropriate support and resources, and

opportunities to learn and grow, employees have feelings of increased autonomy, self- efficacy, and a greater commitment to the organization (Manojlovich & Spence Laschinger, 2002). The increase levels of autonomy and self- efficacy lead to higher levels of job satisfaction (Atencio et al. 2003) Specifically in this longitudinal, descriptive study, two hundred fifty seven acute care RNs from an urban California hospital were surveyed regarding their perceptions of autonomy, task orientation and work pressure (Atencio , Cohen, & Gorenberg, 2003). In this study nurses with five years or less experience perceived significantly higher levels of autonomy than the nurses with twenty one or more years experience (Atencio et al.2003). There was also a significant difference from those nurses who were in their positions five years or less versus those in their positions sixteen or more years with junior nurses reporting higher levels of autonomy (Atencio et al. 2003). The findings support that the more experienced nurses need more autonomy and when they don't get it they have lower levels of satisfaction (Atencio et al. 2003) Similarly, less experienced nurses perceived significantly higher levels of task orientation than the more senior nurse (Atencio et al. 2003). Not surprisingly, nurses who worked less than thirty hours per week perceived significantly lower levels of work pressure than those nurses work forty hours per week (Atencio et al. 2003). This study showed that the more experienced nurses wanted more autonomy possibly because they were more skilled and confident to make decisions. The difference in task orientation may also be

that the more experienced nurse understands what the priorities on the job are and gets frustrated when they cannot attend to those priorities.

Manojlovich and Spence Laschinger (2002) studied how work place (structural empowerment) and personal (psychological empowerment) factors contribute to job satisfaction. Three hundred forty seven hospital nurses were surveyed to determine how structural empowerment (information, support, resources, opportunity) and psychological empowerment (meaningful work, competence, autonomy, impact) effect nurses job satisfaction (Manojlovich et al. 2002). Results of a regression analysis showed that structural empowerment predicted 29.5% of the variance in job satisfaction and when combined with psychological empowerment it predicted 38% of the variance in job satisfaction (Manojlovich & Spence Laschinger, 2002). These results support Kanter's theory of structural empowerment in that nurse behaviors and perceptions are shaped by the structure that an organization has in place. When an organization allows nurses to have information, support, resources, and learning opportunities, nurses will present with higher levels of job satisfaction (Manojlovich et al.). These structural factors are provided by the organization. There are also other factors that are important to nurses that an organization controls and provides.

In an exploratory, correlational study, Cumbey and Alexander (1998) examined the relationship between organizational variables (structure,

technology and environment) with job satisfaction of public health nurses (clinics, homes, schools, industry). In this study structure referred to rules and regulations, as well as supervisor collaboration with staff, and shared decision making with staff, with environment including systems influencing the individual and the organization (Cumbey & Alexander). 838 participants (800 RNs, 31 LPNs, 7 unknown) responded to the questionnaires. The data supports that structure was significantly associated with job satisfaction and accounted for 41% of the variance in job satisfaction (Cumbey & Alexander). Additionally nursing experience was positively correlated to job satisfaction and the job satisfaction of LPNs were significantly higher than that of the RNs (Cumbey & Alexander). Similar to the acute care nurse in the aforementioned study, organizational variables (structure) had a positive effect on the job satisfaction of the public health nurse. Continuing education is another organizational variable that is reported to enhance RN job satisfaction.

Robertson, Higgins, Rozmus, and Robinson (1999) examined the relationship between continuing education and job satisfaction among RNs and LPNs employed in long term care facilities. 85 LPNs and 25 RNs completed the Professional Educational Activity Scale to measure the degree of continuing education participation (Robertson et al. 1999). They also completed the McCloskey and Mueller Satisfaction Scale to assess their job satisfaction (Robertson et al. 1999). The data supported the author's hypothesis that the greater the participation in continuing education, the

greater the satisfaction among nurses (Robertson et al. 1999). Also it was found that RNs had significantly higher levels of job satisfaction than LPNs and had participated in significantly greater amounts of continuing education than LPNs (Robertson et al. 1999).

In order to understand the possible significance of work setting on job satisfaction, Carr and Kazanowski (1994) surveyed 1000 Registered Nurses working in long term care and outside of long term care. They found that nurses working in long term care were significantly dissatisfied with staff cohesiveness, staffing, workload and relationships with administrators (Carr & Kazanowski). However, long term care nurses reported a significantly greater preference for working with older adults than non- long term care nurses (Carr & Kazanowski). The authors postulated that the dissatisfaction of the long term care nurse has more to do with environmental/management (structure) issues in the setting than the type of patients they are caring for (Carr & Kazanowski 1994). This finding further supports the notion that an organizations structure may influence RN job satisfaction.

Gilles, Forman, and Pettengill (1996) examined the job satisfaction of 44 nurse managers from long term care (nursing homes, public health agencies, hospices) to determine the effects of a continuing education program on job satisfaction. Job satisfaction was measured at the beginning and end of a 30 month program (Gilles et al. 1996). The researchers found a significant

improvement in job satisfaction related to organizational policies. After the program, the nurse managers had significantly higher levels of job satisfaction related to the organizational policies (Gilles et al.1996). After the continuing education program satisfaction levels increased in areas of autonomy, interaction, pay, professional status and task requirements but not significantly (Gilles et al. 1996).

Based upon the available evidence, McHugh, Kutney-Lee, Cimiotti, Sloane, and Aiken (2011) has argued that nurse's job satisfaction could be improved by focusing on organizational aspects of the nurses work environment. In a cross sectional study of 68,488 nurses, they compared job satisfaction and burnout in different job roles and settings (McHugh et al. 2011). They collected data from acute care RNs (51%), nursing home RNs (2.5%) and RNs in other settings (18.9% public health, ambulatory care and non-institutional environment) (McHugh et al. 2011). The data supports that RNs (direct care staff) in hospitals and nursing homes were significantly less satisfied than nurses in other settings (McHugh , Kutney-Lee, Cimiotti, Sloane, and Aiken 2011) . The direct care RNs in hospitals and nursing homes were significantly less satisfied with salaries, benefits, level of independence, and professional status that nursing home RNs having the highest degree of dissatisfaction, followed by hospital RNs. An alarming finding noted was that 47% of nursing home RNs stated that the workload caused them to miss important changes in resident's conditions (McHugh et

al. 2011). Workload is an organizational issue that management can address and improve. Organizational structure was so important in this study that nurses who were in hospitals with what they perceived as good work environments were significantly more satisfied with salaries, benefits and other aspects of the job (McHugh et al. 2011). Organizational structure such as management support and responsiveness can improve the RNs job satisfaction (McHugh et al.2011). In the hospital setting, obtaining magnet status may improve job satisfaction.

Upenieks (2002) examined the difference between RNs at Magnet and non- Magnet hospitals and their perceptions of job satisfaction as it relates to organizational characteristics (Upenieks). The key characteristics of Magnet hospitals involve administration (participatory management, flex schedules, clinical ladders, good staffing), professional practice (autonomy, delivery of care models) and professional development (management, competencies, continuing education, orientation) (Buchan, 1999). Three hundred and five RNs from four hospitals (two Magnet, two non- Magnet) completed surveys measuring job satisfaction (autonomy, practice setting, relationships) and organizational aspects (self- governance, organization structure, educational opportunities) (Upenieks, 2002). The authors found that nurses at magnet hospitals had more autonomy than non- magnet nurses (Upenieks). The Magnet nurses perceived that they have more support from administration which included a strong commitment to nursing, leadership visibility, better

staffing, and greater recognition than nurses in non- magnet hospitals (Upenieks). Organizational characteristics had a positive influence on RN job satisfaction.

In a study of 2,095 nurses working in four Norwegian hospitals, the factors of integration, pay and autonomy were rated as the most important job factors for the nurses. However, when their current level of job satisfaction was measured, the factors that they rated highest were professional status, interaction, and autonomy. Although they rated interaction and autonomy as most important and they were also satisfied with these factors, they were least satisfied with pay. Other findings were as follows: older nurses (37 years) were significantly more satisfied with their job than younger nurses. Nurses with a Master's degree were significantly more satisfied, nurses with greater years of tenure at the hospital were significantly more satisfied, and nurses in clinical ladder programs were not significantly more satisfied than those not in a program (Bjork, Samdal, Hansen, Torstad, Hamilton 2007).

Kovner, Brewer, Wu, Cheng and Suzuki (2006) examined factors that influenced work satisfaction of one thousand five hundred thirty eight nurses who were randomly selected from twenty nine states. The authors found that demographic and health variables explained .090 of the variance, unemployment .099 and movement constraints .135 of the variance in work satisfaction with more than 40% of the variance in work satisfaction being

explained by organizational characteristics (high autonomy, high distributive justice, high group cohesion, high promotional opportunities, high supervisor support, high variety of work, low work to family conflict and low organizational constraint) (Kovner et al. 2006). The authors contend that improving organizational characteristics is within the organization's control and that these improvements will lead to increased RN job satisfaction (Kovner et al. 2006). While there is evidence that organizational factors influence job satisfaction of hospital nurses, it is uncertain what impacts nursing home nurses.

Castle, Degenholtz and Rosen (2006) argued that job satisfaction among nursing home workers is important because little is known and job satisfaction is associated with productivity, turnover, and quality. They define job satisfaction as how favorable one views their particular job. They state that job satisfaction is comprised of both work environment, and individual personality factors. In this study, they examined job satisfaction scores of 251 nursing home caregivers (RNs, LPNs and Nurses Aides) and the characteristics that were associated with job satisfaction. In this study the independent variables were age, gender, race, marital status, tenure and part time employment with the dependent variable being job satisfaction. The data supports that all the caregivers were satisfied with the nature of the work and their coworkers and less satisfied with promotion opportunity, supervisors and compensation (Castle et al. 2006). They found that males were

significantly less satisfied with the work than females, and married caregivers were significantly less satisfied with pay and work. Full time care givers were significantly less satisfied with pay than part-time workers but significantly more satisfied with the nature of the work. Lastly, all the caregivers who had perceived high levels of quality of care had significantly higher levels of job satisfaction. This suggests that management can improve job satisfaction by improving quality of care. However, according to the authors, poor quality (patients with high incidence of pressure sores, weight loss, restraint use) may be the result of lower job satisfaction among staff (Castle et al 2006).

Choi, Flynn & Aiken (2011) also state that little is known about how the nursing home work environment affects job satisfaction among RNs working in the nursing homes. They argue that the RNs role is complex due to their job requirements. RNs are responsible for direct patient care and they have to supervise LPNs and nursing assistants. Due to the complexity of their role, and the ambiguity of job satisfaction, the authors argued that many factors influence job satisfaction. The authors agree with other researchers that work, demographic, facility and personality factors are related to satisfaction among RNs working in nursing homes. In this study, 863 staff RNs from 282 nursing homes in New Jersey were surveyed. The purpose of this study was to examine the relationship between RNs perception of their environment and job satisfaction, as well as the relationships between specific aspects of the nursing practice environment and RNs ratings of their job satisfaction. The

authors found that staff RN participation in facility affairs, supportive management and resource adequacy, were significantly associated with RN job satisfaction (Choi et al. 2011). Surprisingly, and contrary to Castle (2006), and Rosenstein (2002), no significant associations were found between quality of care and RN job satisfaction, and nurse physician relationship and RN job satisfaction. There were also no significant associations between age, educational level and RN job satisfaction. The authors did find that RNs employed in for profit nursing homes were significantly less satisfied than those working in nonprofit nursing homes. The findings in this study suggest that management can do much to improve RN job satisfaction in nursing homes by enhancing a supportive nursing practice environment through participation in facility affairs, providing a supportive manager, and adequate resource allocation (Choi, Flynn & Aiken 2011).

Chapter III

Methods

Design

This study is designed as a descriptive, comparative, and cross-sectional study. The principal investigator (PI) in this study is examining the nursing home registered nurse population and their perceptions about job satisfaction using a survey. This research compares two groups; registered nurses working in the New England and Mid-Atlantic regions and is cross-sectional because the data was collected at one point in time.

In preparation for this study the PI conducted a pilot study in the spring of 2013. In the pilot study the PI hypothesized that there would be a significant association between registered nurse job satisfaction and demographics. A Spearman Rho correlation was completed with the ordinal variables of age range, years practicing as a registered nurse, education level, and facility bed size. In the pilot study there was little or no relationship so the PI and the committee decided not to pursue this question in the main study (See Appendix B). Based upon the pilot study findings the PI sought to investigate the following in the present study: (1) identify factors that contribute to job

satisfaction for Registered Nurses working in nursing homes in the Northeast, (2) determine the overall job satisfaction levels of nursing home Registered Nurses working in the Northeast (NJ, PA, CT, MA, ME, NH, RI, VT) working for Genesis HealthCare, the largest nursing home company in the country.

Variables

The nursing home environment is unique due to its long term elderly population with chronic needs, and the growing number of younger, short stay patients utilizing rehabilitation therapy. As a result, the nurses caring for these diverse groups require certain skills and education. Aligning the abilities of the nurse with the right patient population is critical in rendering good care. Other factors or variables may influence the nurse's ability to render care.

The independent variables identified in the literature when describing characteristics of registered nurses and used in this study were:

- State/region where the registered nurse works (eight states)
- Size of the nursing home (bed size, 120 or less, 121-150, 151-200, over 200)
- Race
- Nursing unit (short-stay, long stay, specialized)
- Education level (Diploma, Associate's Degree, Bachelor's Degree, Master's degree)

- Shift (day, evening, night)
- Years of service working at Genesis (1 year or less, 2-5 years, 6-10 years, 11 or more)
- Years practicing as a Registered Nurse (1 year or less, 2-5 years, 6-10 years, 11 or more)
- Title (staff, supervisor, unit manager)
- Work status (full time, part time, casual)
- Age range (30 years or younger, 31-40, 41-50, 51 or older)
- Gender
- Marital status
- Caregiver status (caring for parent or children at home)

The dependent variables were the job satisfaction scores (mean) for the domains of:

- Pay
- Prospects
- Professional support
- Personal satisfaction
- Standards of care
- Training
- Workload
- Overall job satisfaction

Measurement

Van Saane , Sluiter , Verbeek & Frings-Dresen (2008), explain that there are eleven constructs associated with registered nurse job satisfaction. They argue that these constructs represent the content of job satisfaction and that any tool measuring it should include the domains of: autonomy, communication, co-workers, financial reward, growth & development, meaningfulness of work, promotion, supervision, work content, work demand, and workload.

Autonomy involves the nurse's ability to make decisions and use independent judgment. Some studies have shown that more experienced nurses were significantly less satisfied because they experienced lower levels of autonomy (Atencio & Cohen, 2003; Kovner & Brewer, 2006). Communication is an important aspect with nurses. The ability to express concerns and be heard were significantly associated with job satisfaction (Carr & Kozanowski, 1994; Manolovich & Spence, 2001). Co-worker interaction is important to nurses because they are so dependent on one another to provide good care. Van Saane et al. state that growth and development needs to be measured because nurses want to be challenged and learn new things. They also state that the nature of the work should be meaningful and aligned with their values, beliefs and expectations. Promotion has to do with the future outlook where a nurse works. Nurses also want job

security. Supervision is the amount of support the nurse receives from their immediate boss. Work content is the specific duties and type of work that is required of the nurse. Work demand is associated with the pressure put on the nurse and the amount of time they have to finish. Flynn (2007), found that nurses were significantly less satisfied because of all the demands placed on them and their feeling that they could not get everything done they needed to do. Lastly, workload is the amount of work to be done and the impact on quality and how it affects patient relationships.

While none of the nurse job satisfaction instruments measures all of the aforementioned constructs, the measure of job satisfaction (MJS) survey measures most of them. As a result, the PI obtained permission from Dr. Traynor (Appendix E) to use the MJS to measure the job satisfaction of registered nurses working in Genesis nursing homes. The MJS was developed from the responses of a random sample of more than seven hundred community nurses of the Royal College of Nursing. The MJS is a measure designed to monitor the morale of nurses following legislation and delivery of health changes in the United Kingdom (Traynor & Wade, 1993). The MJS is sensitive to differences in satisfaction over time and to differences in level of satisfaction between different groups of nurses in different environments. As a result, it should be analyzed according to job title (Wade, 1993). The MJS has content validity and overall good reliability (Cronbach's $\alpha = .95$) (Traynor & Wade, 1993). There are seven subscales consisting

of forty-three items measured on a five point Likert scale (1-very dissatisfied, 2-dissatisfied, 3-neither dissatisfied or satisfied, 4- satisfied, 5-very satisfied). The mean scores are calculated for each subscale by dividing the sum of item scores by the number of items comprising that scale. Also, the overall job satisfaction score is the sum of the forty-three items divided by forty-three. Traynor & Wade (1993) reported that each of the subscales have good reliability. Pay (four items Cronbach alpha=.90), prospects (six items Cronbach alpha=.88), personal satisfaction (six items, Cronbach alpha=.85), professional support (eight items Cronbach alpha=.89), standards of care (six items, Cronbach alpha=.90), training (five items, Cronbach alpha=.85), and workload (eight items, Cronbach alpha=.88).

For clarification, the domain questions are presented. The four questions in the domain of Pay inquire as to how satisfied the nurse is with the amount of pay and the degree to which they are fairly paid for what they contribute. The six questions in the prospect domain measures job security, promotion, and their satisfaction with nursing as a career. Personal satisfaction entails their sense of accomplishment, personal growth and development, how interesting the work is, the challenge that the work presents, and how satisfied the nurse is with their ability to exercise independent judgment. Professional support involves team work, support and guidance, fair treatment from the boss, and the quality of contact with colleagues. The standard of care domain is the quality of work with patients and how satisfied

they are with the care they provide. Training involves the adequacy of the training they receive and the ability to attend courses and in-services. Lastly, the workload domain contained eight questions. These questions inquired about the time to get the work completed, staffing levels, the amount of work, and the time spent on administrative tasks versus the amount of time spent with the patients (Traynor & Wade, 1993).

The last question on the MJS is open ended and asks the respondent to comment in the space provided. The PI analyzed this qualitative question and identified themes associated with job satisfaction.

Sample

The sample of convenience in this study included all registered nurses who provide direct care in a Genesis nursing home in the northeast working full time, part time or on a casual/per-diem basis. Their titles were either a staff/charge nurse, supervisor or unit manager. Also included were those registered nurses that participated in the Pilot Study from New Jersey and Pennsylvania (n=203). Those excluded were those registered nurses working in administration and clinical reimbursement in Genesis and those registered nurses not employed by Genesis.

Procedure

After obtaining approval from the Genesis research committee and the Seton Hall Institutional Review Board (see appendix C), the principle investigator (PI) obtained a list of direct care, registered nurse job codes from the human resource department at Genesis. The PI sent an email and, letter of recruitment/solicitation (appendix D) asking for the registered nurses working in Northeast Genesis nursing homes to voluntary and anonymous participation in the study. The email contained a link to an online survey where the data was secured on Survey Monkey (licensed under Genesis). The PI was the only one with access to the data. Reminder emails asking for participation were sent weekly. The survey was accessible online from January 29, 2014 through February 28, 2014.

Statistical Analysis

SPSS version 21.0 was used for the analysis. Descriptive statistics such as mean, median, standard deviation, frequencies, and percentages were used for the demographics of the participants and their overall job satisfaction scores and their scores on each of the seven subscales. The Mann Whitney U test was used to compare the job satisfaction scores of two groups; Mid-

Atlantic registered nurses (NJ, PA) and New England registered nurses (CT, MA, ME, NH, RI, VT). The non-parametric test was used due to the difference in the two group sizes (381 and 164).

One-Way ANOVA was used to test if there were significant differences in job satisfaction scores based on demographics (age, job title, education level, shift, type of unit, bed size, work status, length of service working at Genesis, years practicing as a registered nurse). The One-Way ANOVA was also used to test if there were significant differences in the job satisfaction scores of the eight states. The parametric One-Way ANOVA was used due to the large sample size.

Elliott & Woodward (2007), state that true normality is a myth but what is important is to find out how much your data departs from normality. They state that if you are comparing means and your sample size is large (forty or more), you can use the central limit theorem to justify using parametric procedures even when your data are not normally distributed. The central limit theorem states that sample means are approximately normal for large sample sizes even when the original populations are non-normal (Elliott & Woodward, 2007).

In this study five of the eight groups had sample sizes less than forty (CT=20, ME=26, NH=38, RI=26, VT=13). As a result, the PI conducted a Kolmogorov-Smirnov, and Shapiro-Wilk test to examine whether the data

were normal. The PI also looked at the graphical representation of the histograms, normal Q-Q plots, and box plots and found that the data were approximately normal. The Levine test was also conducted to test for homogeneity of variances between the eight groups. The results were non-significant in seven of the eight dependent variables, indicating equal variances among the groups.

Chapter IV

Results

Characteristics of the Sample.

The target population was the total number of Registered Nurses (RNs) employed by Genesis Healthcare in the northeast (N= 9,295). The on-line survey was emailed to an accessible population of 3,082 direct care RNs working in 169 Genesis nursing homes in the northeast. There were 549 completed surveys (demographic and satisfaction surveys) for a 17.8% response rate. 4 respondents did not identify the state that they worked in (Table 1).

222 subjects (40.73%) indicated that they worked in a nursing home that was 120 beds or less. 153 RNs (28.07%) worked in a nursing home with 121 to 150 beds. 125 RNs (22.94%) worked in facilities with 151 to 200 beds and 45 respondents (8.26%) were from nursing homes over 200 beds. 4 respondents did not indicate the size of the nursing home they worked in (Table 2).

Table 1.

State Demographics of Survey Participation

State	Surveys Sent(N)	Complete Responses(n)	Response Rate by State(%)	Number of Nursing Homes
CT	208	20	9.6	19
MA	435	41	9.4	37
ME	167	26	15.5	11
NH	220	38	17.2	25
NJ	885	157	17.7	32
Pa	960	224	23.3	33
RI	160	26	16.2	8
VT	47	13	27.6	4
Missing		4		
Total	3,082	549	17.8	169

Table 2.

The number of beds in the nursing home where the RN works

	Frequency	Percent	Valid	Cumulative
Valid 120 beds or less	222	40.4	40.7	40.7
121 to 150 beds	153	27.9	28.1	68.8
151 to 200 beds	125	22.8	22.9	91.7
Over 200 beds	45	8.2	8.3	100.0
Total	545	99.3	100.0	
Missing 999	4	.7		
Total	549	100.0		

427 respondents (78.64%) identified themselves as White/Caucasian. 53 RNs were Black/African Americans (9.76%). 44 RNs were Asian (8.10%) and 15 respondents identified themselves as Hispanic/Latino (2.8%). 3 respondents were American Indian (0.55%) and 1 identified themselves as Native Hawaiian/Pacific Islander (0.18%). 6 respondents did not reveal their race.

248 respondents (46.53%) reported that they worked on a short stay nursing unit. 226 respondents (42.40%) worked on a long term unit. 59 RNs (11.07%) reported that they work on a specialized nursing unit. 16 respondents did not report what type of nursing unit they worked on.

244 respondents (44.6%) reported that they work on the day shift. 154 respondents (28.2%) worked on the evening shift. 149 respondents (27.2%) indicated that they worked on the night shift. 2 respondents did not indicate the shift they worked on.

231 respondents (42.3%) have been practicing as an RN for 11 years or more. 172 (31.5%) have between 2 to 5 years' experience as an RN. 74 respondents (13.6%) reported that they have between 6 to 10 years' experience. 69 RN's (12.6%) reported 1 year or less experience as an RN. 3 respondents did not indicate their years practicing as an RN (Table 3).

Table 3.

The amount of years practicing as an RN

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 year or less	69	12.6	12.6	
2 to 5 years	172	31.3	31.5	44.1
6 to 10 years	74	13.5	13.6	57.7
11 years	231	42.1	42.3	100.0
Total	546	99.5	100.0	
Missing 999	3	.5		
Total	549	100.0		

305 respondents (57%) reported that their job title was a staff/charge nurse. 138 (25.8%) were supervisors and 92 (17.2%) reported that they were unit managers.

443 respondents (81.7%) worked full-time. 55 respondents (10.1%) reported that they worked part-time. 44 respondents (8.1%) indicated they work on a per diem/casual basis. 7 respondents did not report their work status.

222 respondents (41.6%) reported to have worked at Genesis between 2 to 5 years. 146 respondents (27.3%) worked at Genesis for 1 year or less. 83 respondents (15.5%) have worked for Genesis for 6 to 10 years. 83

respondents (15.5%) also reported working at Genesis for 11 years or more.

15 respondents did not report their years working at Genesis (Table 4).

Table 4.

Length of Service at Genesis

		Frequency	Percent	Valid	Cumulative
Valid	1 year or less	146	26.6	27.3	27.3
	2 to 5 years	222	40.4	41.6	68.9
	6 to 10 years	83	15.1	15.5	84.5
	11 years	83	15.1	15.5	100.0
	Total	534	97.3	100.0	
Missing	999	15	2.7		
Total		549	100.0		

295 respondents (54%) reported that they were caring for a parent or child at home. 251 respondents (46%) indicated that they did not care for a parent or child at home. 3 respondents did not report their care-giver status.

180 respondents (33%) reported that their age range was 51 years or over. 133 respondents (24.4%) were between 41 and 50 years old. 132 respondents (24.2%) reported they were between the ages of 31 and 40 years old. 100 respondents (18.3%) reported that they were 30 years old or younger. 4 respondents did not report their age range (Table 5).

Table 5.

Age range of RN

	Frequency	Percent	Valid	Cumulative
Valid 30 years or younger	100	18.2	18.3	18.3
31-40 years	132	24.0	24.2	2.6
41 to 50 years	133	24.2	24.4	67.0
51 years or over	180	32.8	33.0	100.0
Total	545	99.3	100.0	
Missing 999	4	.7		
Total	549	100.0		

254 respondents (46.7%) reported that their higher level of education was an Associate's degree. 226 (41.5%) had Bachelor's degrees. 33 respondents (6.1%) reported having a diploma. 31 respondents (5.7%) had

Master's degrees. 5 respondents did not report their education level (Table 6).

Table 6.

The RNs Highest Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diploma	33	6.0	6.1	6.1
	Associates degree	254	46.3	46.7	52.8
	Bachelor's degree	226	41.2	41.5	94.3
	Master's degree	31	5.6	5.7	100.0
	Total	544	99.1	100.0	
Missing	999	5	.9		
Total		549	100.0		

The gender split among females and males for the total sample was 497 females (92.4%) and 41 males (7.6%). 11 respondents did not report their gender. 324 respondents (59.6%) were married and 220 (40.4%) reported their status as single. 5 respondents did not reveal their marital status (Figure 1).

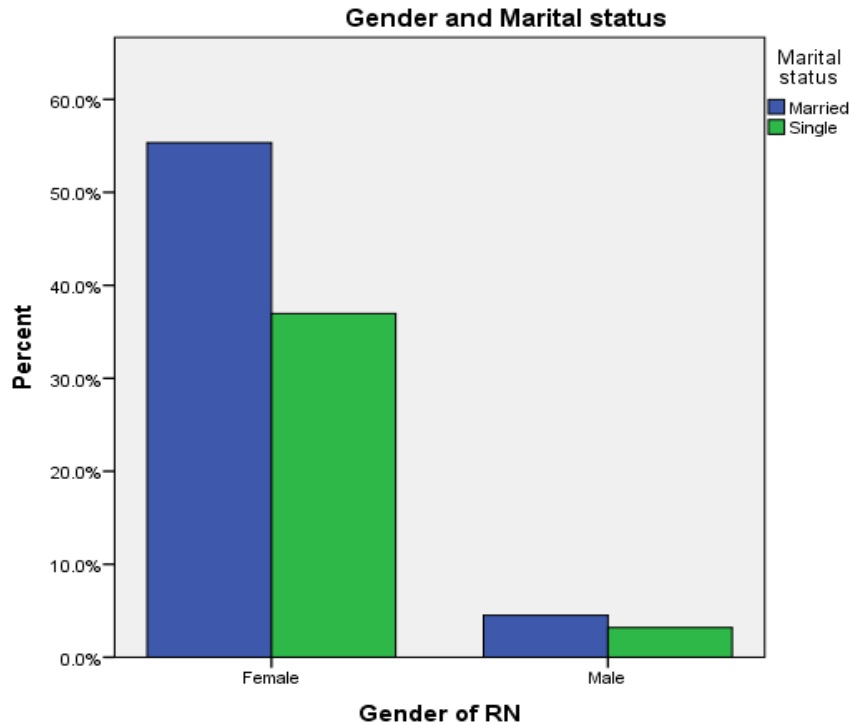


Figure 1. Gender and Marital Status distribution of Registered nurses that participated in the survey.

Job Satisfaction of RNs

The descriptive statistics for the job satisfaction levels of registered nurses (n=549) practicing in the northeast Genesis nursing homes were as follows; overall satisfaction sub scale score (M=3.34, SD=.62), standard of care sub-scale score (M=3.61, SD=.82), personal satisfaction sub-scale score (M=3.57, SD=.72), prospects sub-scale score (M=3.46, SD=.67), professional support sub-scale score (M=3.46, SD=.81), workload sub-scale score (M=3.08, SD=.77), training sub-scale score (M=3.06, SD=.71) and pay sub-scale score (M=2.99, SD=.98). Based on the results the PI determined that RNs were most satisfied with standards of care, personal satisfaction, prospects, and professional support and least satisfied with workload, training and pay. These data are shown in Table 7.

Using the Mann-Whitney U non-parametric test to test the equality of the two group distributions significant differences between the groups in the domains of standards of care and workload were noted. The Mid-Atlantic RNs (n=381) were significantly more satisfied than the New England RNs (n=164) with standards of care (U=27,455, effect size .19, p=.024).

Table 7.

Job Satisfaction Levels for RNs (Combined data)

Domain	n	Mean	Median	Standard Deviation
Standards of Care	549	3.61	3.83	.8157
Personal Satisfaction	549	3.57	3.67	.7249
Prospects	548	3.46	3.50	.6703
Professional Support	549	3.46	3.57	.8082
Workload	549	3.08	3.13	.7714
Training	549	3.06	3.20	.7140
Pay	549	2.99	3.00	.9784
Overall	549	3.34	3.40	.6216

1-Very Dissatisfied

2- Dissatisfied

3- Neither Satisfied or
Dissatisfied

4-Satisfied

5-Very Satisfied

The Mid-Atlantic RN's were also significantly more satisfied in the domain of workload ($U=27,297.5$, effect size .20, $p= .019$). There were no significant differences in the domains of pay, prospects, professional support, personal satisfaction, training and overall satisfaction (Table 8).

Table 8.

Mann-Whitney U (Tests equality of Distributions)

	Mid-Atlantic (n=381)	New England (n=164)	Sig. Level	Effect Size	Achieved Power	Req. Size for .80
Pay	3.0	3.0	.171	.12	.26	2,184
Prospects	3.5	3.5	.702	0	.05	-----
Professional Support	3.63	3.5	.537	.06	.05	8,724
Standards of Care	3.83	3.67	.024*	.19	.51	872
Personal Satisfaction	3.67	3.67	.326	.04	.07	19,626
Training	3.20	3.20	.187	.14	.34	1,604
Workload	3.13	2.88	.019*	.20	.57	788
Overall	3.42	3.32	.105	.12	.24	2,184

Note * $p \leq .05$

Effect size conventions
 .20 small
 .50 medium
 .80 large
 (Portney & Watkins, 2009)

A One-Way ANOVA was used to test that the population means of all the groups (eight groups) were the same for each job satisfaction domain. The average job satisfaction scores were found to be different across the states. The Bonferroni post hoc test was performed at the .05 significance level and found that the mean job satisfaction scores in **professional support** were significantly higher for New Jersey RN's (M=3.63, SD=.74, n=157) than Pennsylvania RNs (M=3.37, SD=.83, n=224) but not significantly higher than RNs in Connecticut (M=3.23, SD=.96, n=20), Massachusetts (M=3.30, SD=.77, n=41), Maine (M=3.54, SD=.85, n=26), New Hampshire (M=3.55, SD=.74, n=38), Rhode Island (M=3.64, SD=.77, n=26), and Vermont (M=3.16, SD=.75, n=13) (Table 9 and Table 10).

New Jersey RNs (M=3.73, SD=.72, n=157) had significantly higher scores than Pennsylvania RNs (M=3.47, SD=.72, n=224) in the domain of **Personal Satisfaction** but not significantly higher than RNs from Connecticut (M=3.53, SD=.87, n=20), Massachusetts (M=3.55, SD=.60, n=41), Maine (M=3.48, SD=.72, n=26), New Hampshire (M=3.54, SD=.68, n=38), Rhode Island (M=3.7, SD=.56, n=26), and Vermont (M=3.45, SD=.79, n=13) (Tables 9 and Table 10).

Table 9.

One Way ANOVA Significance Level

	(n=545)		Effect Size	Power
	8 groups (States)			
	NJ	PA		
	(n=157)	(n=224)		
Pay				
Prospect				
Professional Support*	.045	.045	.18	.89
Standard Of care				
Personal Satisfaction*	.012	.012	.16	.80
Training***	.000	.000	.22	.98
Workload				
Overall**	.010	.010	.18	.88

Note * $p \leq .05$
 ** $p \leq .01$
 *** $p \leq .001$

Effect Size Conventions
 .10 small
 .25 medium
 .40 large

(Portney&Watkins, 2009)

Table 10.

Mean Values of RN Job Satisfaction by State

	NJ	PA	CT	MA	ME	NH	RI	VT
	(n=157)	(n=224)	(n=20)	(n=41)	(n=26)	(n=38)	(n=26)	(n=13)
Pay	3.02	3.03	3.13	2.89	2.68	3.16	2.69	2.81
Prospects	3.58	3.38	3.38	3.40	3.54	3.53	3.54	3.15
Professional Support	3.63	3.37	3.23	3.30	3.54	3.55	3.64	3.16
Std. of Care	3.80	3.57	3.37	3.50	3.36	3.52	3.82	3.44
Personal Satisfaction	3.73	3.47	3.53	3.55	3.48	3.54	3.70	3.45
Training	3.23	2.90	3.05	3.17	3.17	3.21	3.05	3.02
Workload	3.26	3.03	2.87	2.92	2.91	3.11	3.11	2.86
Overall	3.50	3.27	3.22	3.26	3.27	3.39	3.40	3.14

New Jersey RNs (M=3.23, SD=.68, n=157) had significantly higher scores than Pennsylvania RNs (M=2.90, SD=.74, n=224) in the domain of **Training** but not significantly higher than RN's from Connecticut (M=3.05, SD=.69, n=20), Massachusetts (M=3.17, SD=.53, n=41), Maine (M=3.17, SD=.58, n=26), New Hampshire (M=3.21, SD=.73, n=38), Rhode Island (M=3.05, SD=.59, n=26), and Vermont (M=3.02, SD=.99, n=13) (Table 9 and Table 10).

New Jersey RNs (M=3.50, SD=.61, n=157) had significantly higher scores than Pennsylvania RNs (M=3.27, SD=.63, n=224) in **Overall Job Satisfaction** but not significantly higher than RNs in Connecticut (M=3.22, SD=.68, n=20), Massachusetts (M=3.26, SD=.51, n=41), Maine (M=3.27, SD=.61, n=26), New Hampshire (M=3.39, SD=.56, n=38), Rhode Island (M=3.40, SD=.52, n=26), and Vermont (M=3.14, SD=.65, n=13) (Table 9 and Table 10).

There were no significant differences in the job satisfaction scores between the states in the domains of **Pay** New Jersey (M=3.02, SD=.94, n=157), Pennsylvania (M=3.03, SD=.99, n=224), Connecticut (M=3.13, SD=.85, n=20), Massachusetts (M=2.89, SD=.99, n=41), Maine (M=2.68, SD=.99, n=26), New Hampshire (M=3.16, SD=.91, n=38), Rhode Island (M=2.69, SD=1.05, n=26), Vermont (M=2.81, SD=1.30, n=13), **Prospects** New Jersey (M=3.58, SD=.65, n=157), Pennsylvania (M=3.38, SD=.70, n=224), Connecticut (M=3.38, SD=.71, n=20), Massachusetts (M=3.40,

SD=.55, n=41), Maine (M=3.54, SD=.59, n=26), New Hampshire (M=3.53, SD=.59, n=38), Rhode Island (M=3.54, SD=.52, n=26), Vermont (M=3.15, SD=.82, n=12), **Standards of Care** New Jersey (M=3.80, SD=.76, n=157), Pennsylvania (M=3.57, SD=.82, n=224), Connecticut (M=3.37, SD=.98, n=20), Massachusetts (M=3.50, SD=.76, n=41), Maine (M=3.36, SD=.97, n=26), New Hampshire (M=3.52, SD=.73, n=38), Rhode Island (M=3.82, SD=.73, n=26), Vermont (M=3.44, SD=.73, n=13), and **Workload** New Jersey (M=3.26, SD=.77, n=157), Pennsylvania (M=3.03, SD=.78, n=224), Connecticut (M=2.87, SD=.90, n=20), Massachusetts (M=2.92, SD=.62, n=41), Maine (M=2.91, SD=.79, n=26), New Hampshire (M=3.11, SD=.65, n=13), Rhode Island (M=3.12, SD=.76, n= 26), and Vermont (M=2.86, SD=.65, n= 13) (Table 9 and Table 10).

A One-Way ANOVA was used to test that the population means among the demographic groups were the same for each job satisfaction domain. There were significant differences in the job satisfaction scores by **job title** (staff, supervisor, unit manager) in all eight of the domains: pay ($p=.008$), prospects ($p=.00$), professional support ($p=.00$), standards of care ($p=.00$), personal satisfaction ($p=.00$), training ($p=.00$), workload ($p=.00$) and overall ($p=.00$). The Bonferroni correction was used to reduce the possibility of a Type I error. (Table 11). Staff RNs were significantly less satisfied in all of the job satisfaction areas. In the domain of pay, staff RNs were significantly less satisfied than supervisors ($p=.006$). In the domain of prospects, staff RNs

were significantly less satisfied than supervisors ($p=.002$) and unit managers ($p=.000$). In professional support, staff was significantly less satisfied than supervisors ($p=.002$) and unit managers ($p=.000$). Staff was also significantly less satisfied than supervisors ($p=.001$) and unit managers ($p=.000$) with standards of care. In personal satisfaction, staff were significantly less satisfied than supervisors ($p=.000$) and unit managers ($p=.000$). Staff were also significantly less satisfied than unit managers ($p=.000$) in the area of training. Staff were significantly less satisfied than

Table 11.

One Way ANOVA Significance Levels

	Age	Job Title	Ed. Level	Shift	Type of Unit	Bed Size	Work Status	LOS	Years Exp.
Pay	NS	.008**	.00***	NS	NS	NS	.015*	.00***	NS
Prospects	NS	.00***	NS	NS	NS	NS	NS	NS	NS
Professional Support	NS	.00***	NS	.00***	NS	NS	NS	NS	NS
Standard of Care	NS	.00***	NS	NS	NS	NS	NS	.001***	.00***
Personal Satisfaction	NS	.00***	NS	.00***	NS	NS	NS	.002**	.008**
Training	NS	.00***	NS	NS	NS	NS	NS	.013*	NS
Workload	NS	.00***	.001***	NS	.003**	NS	NS	.00***	.00***
Overall	NS	.00***	.001***	NS	NS	NS	NS	.00***	.005**
Bonferroni Correction (.05/3 or 4 groups)	.0125	.0166	.0125	.0166	.0166	.0125	.0166	.0125	.0125

NS= No Significance

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

supervisors ($p=.000$) and unit managers ($p=.006$) with workload. Lastly, staff were significantly less satisfied than supervisors ($p=.000$) and unit managers ($p=.000$) with overall satisfaction (Figures 2, 3, and 4) (Table 12).

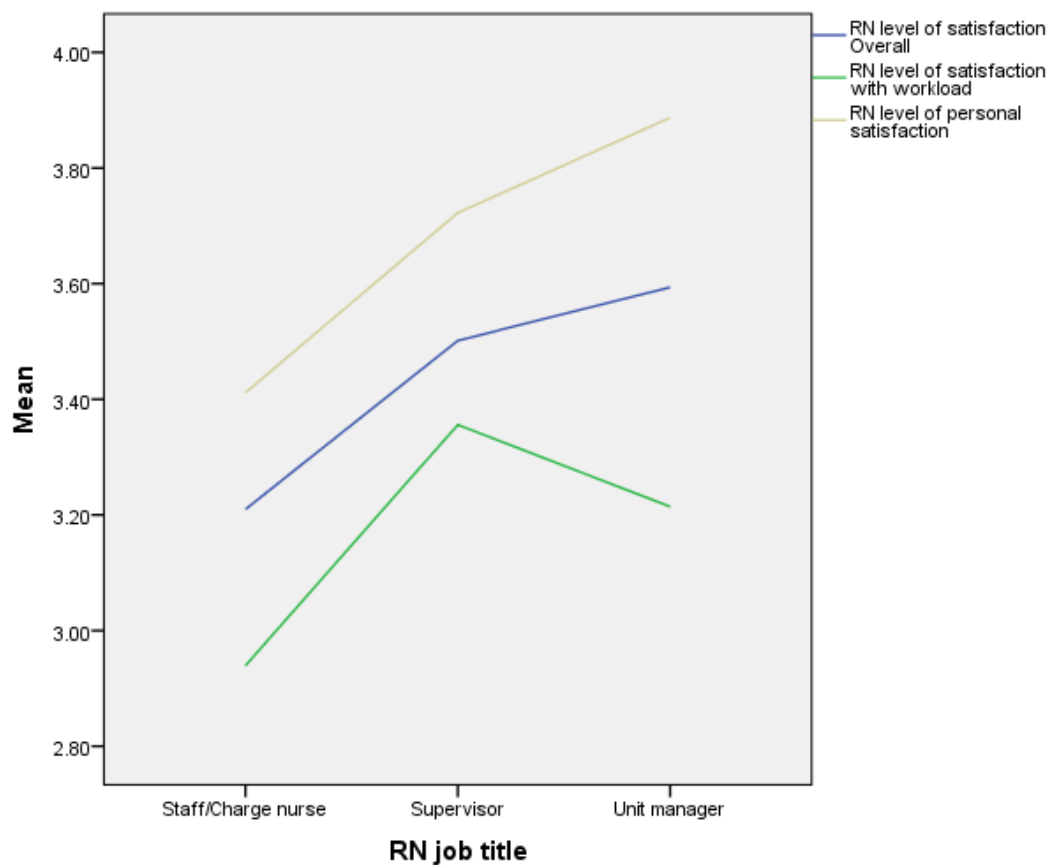


Figure 2. Registered nurse job title. Mean job satisfaction scores (overall, workload, personal satisfaction) of each of the three groups. Mean differences were significant at .0166.

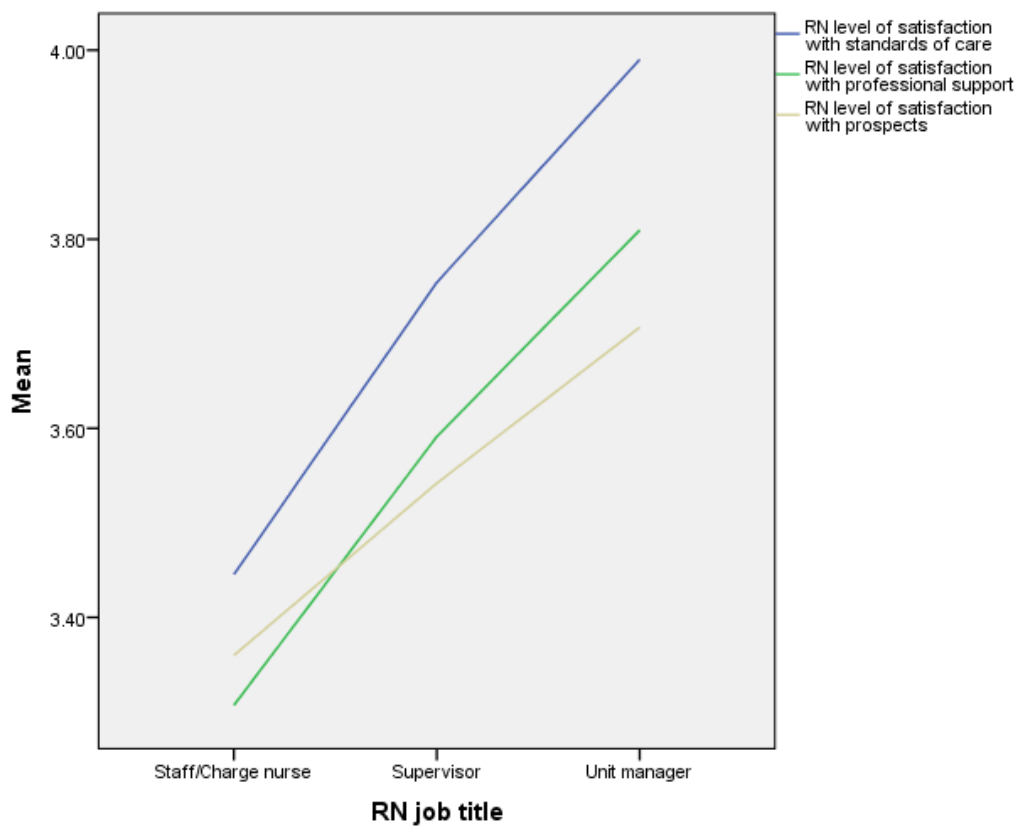


Figure 3. Registered nurse job title. Mean job satisfaction scores (standards of care, professional support, prospects) of each of the three groups. Mean differences were significant .0166.

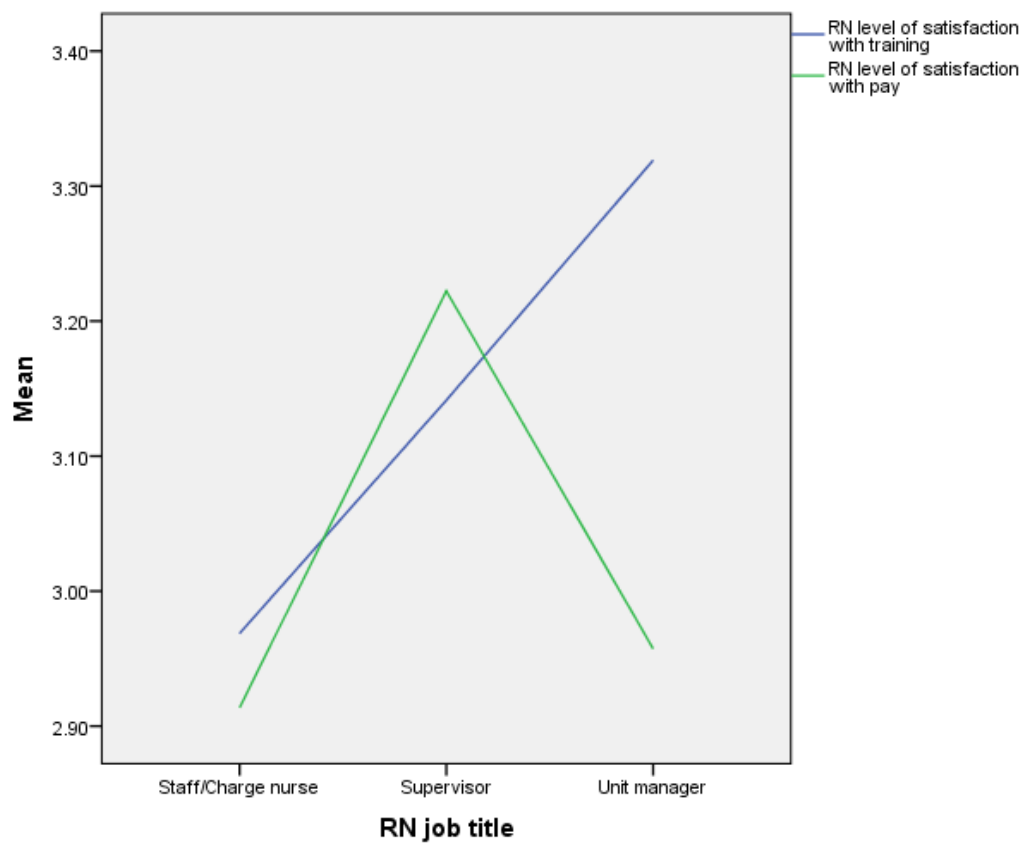


Figure 4. Registered nurse job title. Mean job satisfaction scores (training, pay) of each of the three groups. Mean differences were significant .0166.

Table 12.

RN Mean Level of Job Satisfaction by Job Title

	Staff (n=305)	Supervisor (n=138)	Unit manager (n=92)
Overall	3.21*	3.50*	3.59*
Workload	2.94*	3.36*	3.21*
Training	2.97*	3.14	3.32*
Personal Satisfaction	3.41*	3.72*	3.89*
Standards of Care	3.45*	3.75*	3.99*
Professional support	3.31*	3.59*	3.81*
Prospects	3.36*	3.54*	3.71*
Pay	2.91*	3.22*	2.96

* $p \leq .0166$

There were significant differences in job satisfaction (overall, workload, pay) scores based on **education** (Figure 5) (Table 13). Diploma RNs were significantly more satisfied in overall job satisfaction than bachelor's prepared RNs ($p=.001$). Diploma RNs were significantly more satisfied with workload than associate degree RNs ($p=.003$) and bachelors prepared RNs ($p=.000$). In the domain of pay, diploma RNs were significantly more satisfied than associates ($p=.001$), and bachelors ($p=.000$) and master ($p=.000$) prepared RNs.

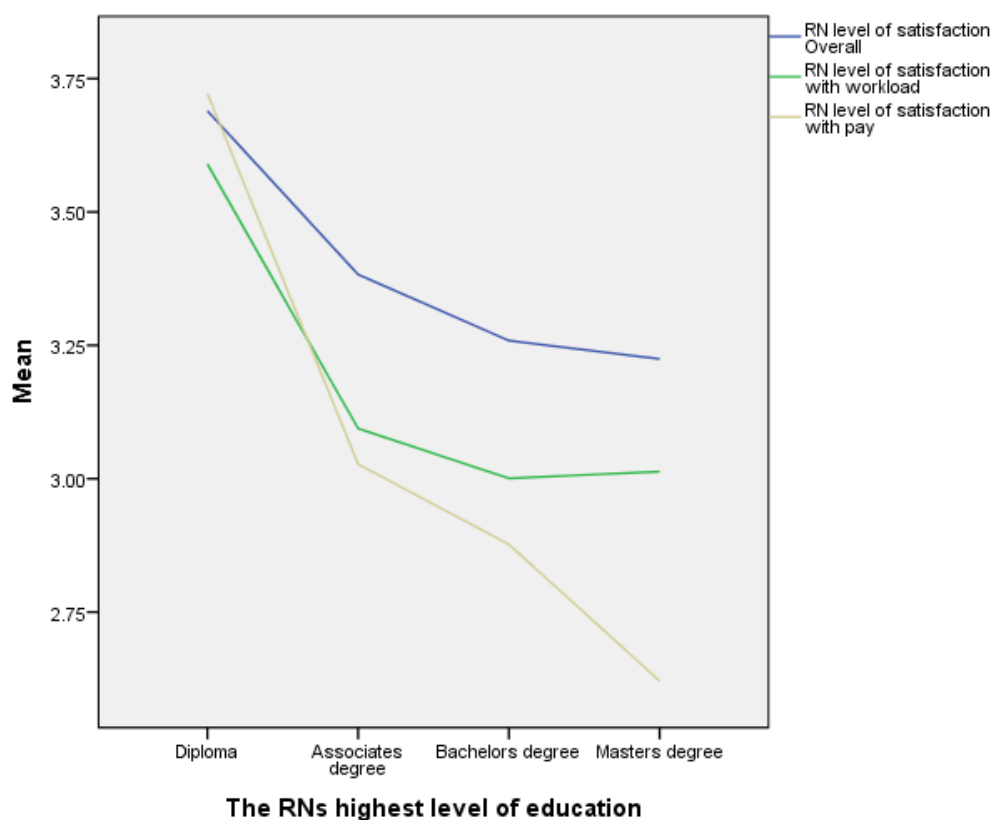


Figure 5. The registered nurses highest level of education. Mean job satisfaction score (overall, workload, pay) of each of the four groups. Mean differences were significant at .0125.

Table 13.

RN Mean Level of Job Satisfaction by Education

	Diploma (n=33)	Associates (n=254)	Bachelors (n=226)	Masters (n=31)
Overall	3.69*	3.38	3.26*	3.22
Workload	3.59*	3.09*	3.0*	3.01
Pay	3.72*	3.03*	2.88*	2.62*

* $p \leq .0125$

There were significant differences in job satisfaction (personal satisfaction, professional support) scores by **shift**. In both domains, day shift RNs were significantly more satisfied than night shift RNs ($p=.000$) (Table 14).

There were significant differences in job satisfaction (workload) scores based on the **nursing unit** worked. RNs who worked on the long stay unit were significantly more satisfied with the workload ($p=.003$) than the RNs who worked on the short stay unit (Table 15).

Table 14.

RN Mean Level of Job Satisfaction by Shift

	Day (n=244)	Evening (n=154)	Nights (n=149)
Personal Satisfaction	3.70*	3.52	3.40*
Professional Support	3.60*	3.41	3.28*

* $p \leq .0166$

Table 15.

RN Mean Level of Job Satisfaction by Unit

	Short Stay (n=248)	Long Stay (n=226)	Specialized (n=59)
Workload	2.95*	3.18*	3.14

* $p \leq .0166$

There were significant differences in job satisfaction (pay) scores based on **work status**. Part-time RNs were significantly ($p=.012$) more satisfied than full time RNs. (Table 16)

Table 16.

RN Mean Level of Job Satisfaction by Work Status

	Full Time (n=443)	Part Time (n=55)	Per Diem (n=44)
Pay	2.93*	3.33*	3.05

* $p \leq .0166$

There were significant differences in job satisfaction scores based on the number of years working at Genesis in six of the eight domains. (Table 17) (Figures 6 and 7). With personal satisfaction, RNs working at Genesis for eleven years or more were significantly more satisfied than RNs working one year or less ($p=.004$) and RNs working two to five years ($p=.010$). In overall job satisfaction, RNs working eleven or more years for Genesis were significantly more satisfied than RNs working one year or less ($p=.000$) and those working between two to five years ($p=.000$). With workload, RNs working eleven years or more were significantly more satisfied than those working one year or less ($p=.000$) and those working two to five years ($p=.001$). Additionally, those working between six to ten years were significantly more satisfied ($p=.003$) than those working one year or less. In the domains of training and pay, RNs working eleven years or more were significantly more satisfied ($p=.006$) ($p=.000$) than RNs working between two to five years at Genesis. Lastly, RNs working eleven years or more were significantly more satisfied than RNs working one year or less with standards of care ($p=.003$).

There were significant differences in job satisfaction scores based on the number of years practicing as an RN. RNs with eleven years or more experience were significantly more satisfied than RNs practicing one year or less with standards of care ($p=.000$), personal satisfaction ($p=.005$), workload ($p=.000$) and overall job satisfaction ($p=.003$). RNs with six to ten years were

Table 17.

RN Mean Level of Job Satisfaction by Length of Service

	1 yr.or less (n=146)	2-5 yrs (n=222)	6-10 yrs. (n=83)	11 or more (n=83)
Pay	3.04	2.77*	3.04	3.41*
Standards of Care	3.45*	3.59	3.76	3.84*
Personal Satisfaction	3.47*	3.51*	3.68	3.80*
Training	3.07	2.98*	3.05	3.28*
Workload	2.91*	3.01*	3.27*	3.38*
Overall	3.25*	3.27*	3.44	3.60*

*p_≤ .0125

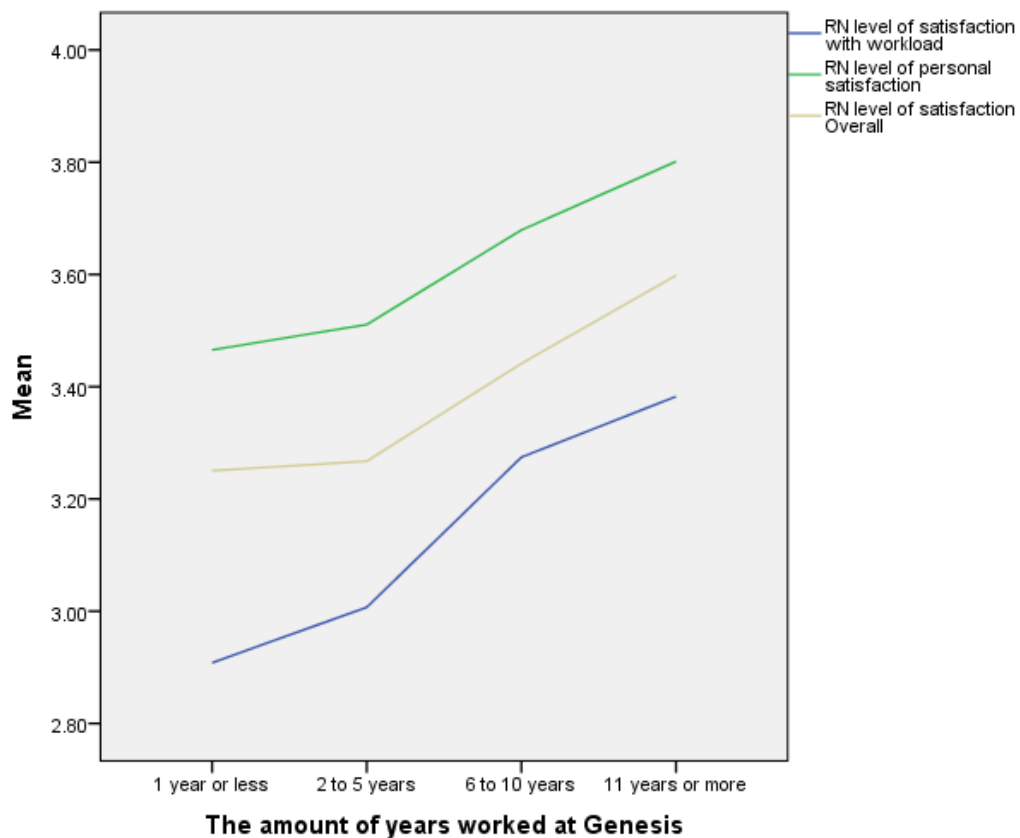


Figure 6. The amount of years worked at Genesis. The mean job satisfaction scores (workload, personal satisfaction, overall) of each of the four groups. Mean differences were significant at .0125.

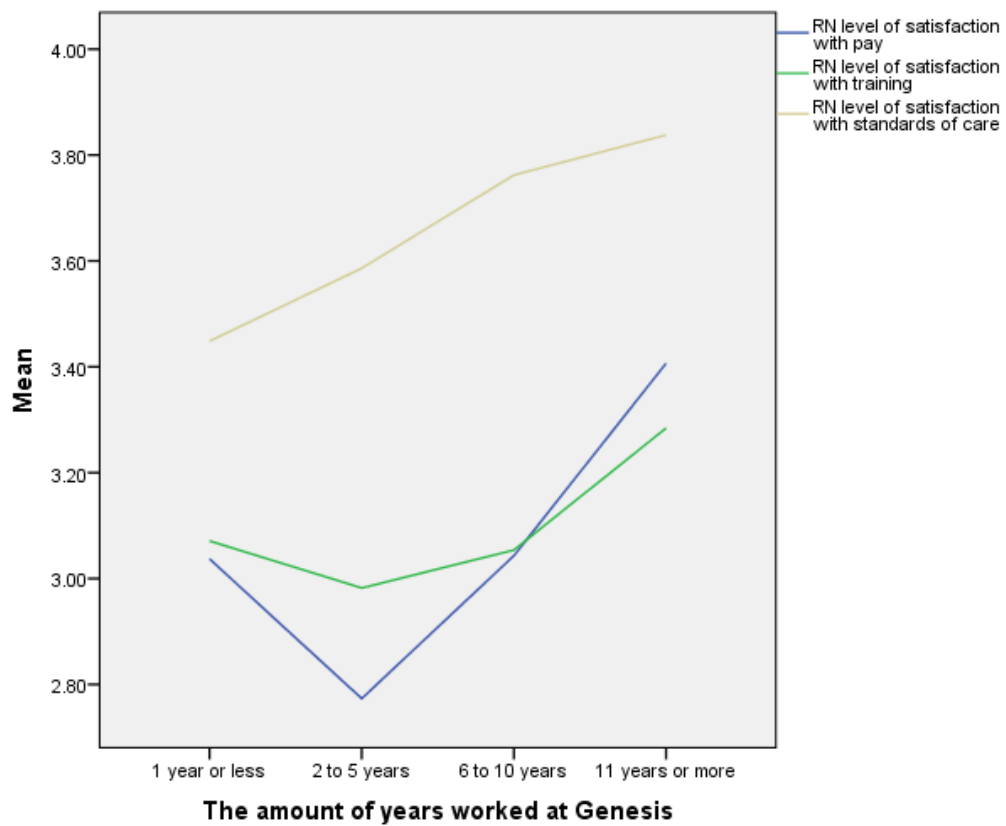


Figure 7. The amount of years worked at Genesis. The mean job satisfaction scores (pay, training, standards of care) of each of the four groups. Mean differences were significant at .0125.

also significantly $p=.012$) more satisfied than RNs with one year or less with workload. (Table 18) (Figure 8). There were no significant differences in job satisfaction by age, and by bed size.

Table 18.

RN Mean Level of Job Satisfaction by Years Practicing as an RN

	1 yr or less (n=69)	2-5 yrs (n=172)	6-10 yrs (n=74)	11 or more (n=231)
Standards of Care	3.25*	3.59	3.67	3.72*
Personal Satisfaction	3.32*	3.55	3.61	3.65*
Workload	2.73*	3.05	3.13*	3.20*
Overall	3.12*	3.32	3.39	3.41*

* $p \leq .0125$

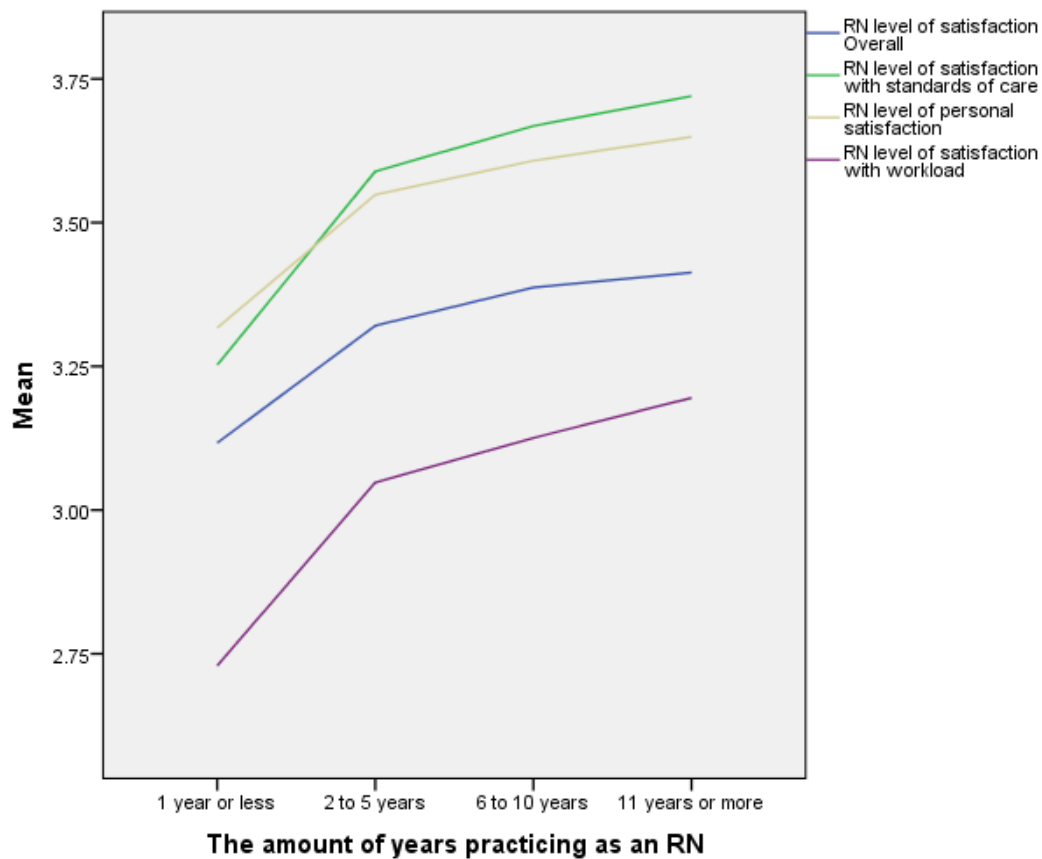


Figure 8. The amount of years practicing as an RN. The mean job satisfaction scores (overall, standards of care, personal satisfaction, workload) of each of the four groups. Mean differences were significant at .0125.

A reliability analysis was conducted for each job satisfaction domain to determine the consistency of the measure. All domains of the measure in this study had good internal consistency (Table 19).

Table 19.

Reliability Analysis of the Dissertation Study Questions

	Cronbach's Alpha
Pay	.953
Prospects	.843
Standards of Care	.938
Personal Satisfaction	.862
Workload	.890
Professional Support	.920
Training	.737
All Questions	.959

The Mann Whitney U was used to test the equality of the distributions of two sets of groups. RNs caring for children or parents at home (n=295) were significantly ($p=.018$) more satisfied than RN non care givers (n=251) in the domain of professional support. RNs who were married (n=324) were significantly more satisfied ($p=.042$) than single RNs (n=220) in the domains of prospects ($p=.042$) and overall job satisfaction ($p=.034$).

Results from the open ended question.

The last question on the measure of job satisfaction survey was open ended and asked the participants, have you answered every question? You are invited to comment in the space below. One hundred forty nine RNs responded in narrative form. The PI analyzed the comments and several themes emerged (Table 20). The themes were generated from the literature review of factors that influence registered nurse job satisfaction as described by Van Saane, Sluiter, Verbeek & Frings-Dresen (2008). In reading the RNs narrative it became evident what messages they were conveying. Nearly all the statements were forthright and descriptive. Most of the RN comments were about workload (sixty one) and supervision (fifty). Many of the RNs were concerned that they did not have enough time to spend with patients because of too much paperwork. One nurse commented the following:

A lot of dissatisfaction I have reflects what I have experienced in my nursing career to be a system problem with healthcare, meaning that I have found the same problem with every nursing job I've had; not enough staff, increasing workloads, nurses absorbing work that is not nursing related, not enough time. It's a gallon of work that's trying to be fit in a shot glass worth of time, and the gallon keeps getting bigger but the shot glass stays the same.

Another nurse commented:

I love my job because I love my patients. I wish there was an opportunity for more quality time with them and I wish there was more continuity and better communication between the shifts. I also believe there should be more staff per patient ratio. The administration is wonderful here and I am enjoying the experience I am receiving as a new nurse.

Table 20. Have you answered every question? You are invited to comment in the space below

149 Responses Following Completion of Survey-Open Ended

Primary themes	Number of comments	Respondents comments
Work Load	61	Paper work vs time spent with patients, staffing, not enough time, patient acuity, standards of care, med pass, risk management, staff turnover, want 12 hour shifts.
Supervision	50	Recognition ,appreciation, treatment, favoritism related to discipline, training opportunities, support via communication, listening, advancement opportunities, Director of nursing is involved and cares
Pay	26	Pay not commensurate with workload and responsibility, no pay differences for BSN, AA, Diploma
Career	23	Opportunity, obstacles, Rewarding profession, job security
Co-workers	17	Teamwork, compassionate care, communication
Benefits	11	Tuition assistance, health insurance, 401K match
Training	10	There is much to learn and it can be overwhelming
Equipment	4	Outdated equipment

Regarding supervision, support from management was a central theme. One nurse commented the following:

The staff on my unit are good, hardworking, caring people. We are all pushed to the max, demands from patients and administration with no visible support except when something goes wrong and then it is “what did you do?” No support at all. The workload has increased and there is little support. Can’t take much more, just so frustrating every day.

Another nurse who was very satisfied reported the following:

Our facility has had a lot of changes in the last six months, most of which are positive. Our new Director of Nursing is hands on, personable and available to us at all hours. Also, staffing has improved significantly. It’s a much nicer place to work.

Other themes that emerged were comments related to pay (twenty six), career (twenty three), co-workers (seventeen), benefits (eleven), training (ten), and equipment needs (four).

Related to pay, a new graduate responded:

As a new graduate I am excited to have a job in my field. The people are fantastic at this organization and they put a lot of time in training staff. That said, as a new grad I need to be exposed to a hospital environment to hone my skills and I just do not see getting that clinical experience here. And the rate of pay is dismal. I feel that they would keep valuable assets if they would pay people more and save money down the line.

Chapter V

Discussion

In this study nursing home RNs were most satisfied with the quality of the work with their patients and the care that they were able to provide them (Standards of Care). They also had high satisfaction levels with the amount of challenge on the job, their sense of accomplishment, and the ability to use independent judgment (Personal Satisfaction). The results observed in this study of nursing home RNs are consistent with McNeese-Smith (1999) in which she found that nurses in the acute care settings experienced higher levels of job satisfaction from getting praise for giving good care and seeing their patients improve. In a profession that is dedicated to caring for the sick and vulnerable, it is comforting that nurses in this study took pride in their work. It is also reassuring that nurses base their job satisfaction on giving good care and they are sensitive to their patient's wants and needs. In the literature it has been noted that nurses are sensitive to patient extrinsic feedback and often it determines their level of job satisfaction. Tyler, Parker, Engle, Brandeis, Hickery, Rosen, Wang, and Berlowitz (2006) found that extrinsic feedback was also significantly associated with job satisfaction among RNs working in nursing homes. Thus, they argue that management must assure that the patient delivery of care system maximizes the amount of

time that RNs spend with patients (Tyler et al). In the nursing home environment there are many demands related to documentation which may limit patient contact. Interestingly, the statement “If it’s not documented, it was not done” is often used in many state surveyor reports of nursing homes. While documentation is necessary it should not be at the expense of spending more time with patients and potentially impacting nurses perceptions of their care. Frequently, nurses are stressed and dissatisfied with the amount of documentation that is required as it impacts patient contact and interaction which is paramount to patient centered care (Milazzo,2014) . Nurses not only derive much satisfaction from patient interactions but from seeing that their efforts positively affect patient’s outcomes. Interestingly, the nursing home RNs in this study had lower levels of satisfaction related to pay, training and workload. RNs had the lowest mean score for pay (2.99). Although RN salaries have substantially increased over the last fifteen years, the physical nature of the work and the attractiveness of other career opportunities that offer higher salaries countervails these increases. Other studies have also shown the dissatisfaction with RN pay (Bjork, Sandal, Hansen, Torstad, and Hamilton, 2007) (Milazzo,2014). According to the Bureau of labor Statistics, (2014) nursing home RNs have the lowest mean wage among all RN settings. The heavy workload and lower pay may be problematic for an industry that will

need more RNs in the future to care for an increasing number of patients suffering from chronic illness.

Ongoing training was also noted in this study as an important facet of nursing home RN job satisfaction. Given that the healthcare environment is constantly changing and the technological advances seek to improve efficiency and foster the utilization of best practices it is imperative that nurses continue to receive training. Gilles, Foreman and Petengill, (1996) found a significant improvement in job satisfaction levels of nursing home RNs due to a training program. Regardless of the healthcare practice setting, it is important for nurses that practice to keep abreast of new deliveries of care.

It is no surprise that the nursing home nurses in this study had lower satisfaction scores with workload. In nursing homes, nurse to patient ratios are anywhere from 1:10 to 1:30 or more depending on the type of nursing unit and complexity of patient care. Even on long-term units where the patient acuity is not complex, the needs of these patients can be great. The average long-term care patient takes an average of eight medications or more and administering medications to twenty or thirty patients takes an inordinate amount of time and limits direct interactions on a more personal level with patients. The dissatisfaction with the workload and the distributions of care activities of RNs in general is well documented in the literature. A study by McHugh, Kutney-Lee, Cimiotti, Sloane and Aiken (2011), found that almost

half of the nursing home RNs lamented that the amount of work caused them to miss important changes in residents condition. Flynn (2007) also found that workload caused dissatisfaction among RNs. She states that RNs receive little support from supervisors, rarely receive recognition, and are on the brink of emotional exhaustion. Today, with the implementation of the Affordable Care Act, the health care environment and its government funding source is reducing costs and trying to become more efficient. Hospital systems are collaborating with nursing homes to reduce avoidable rehospitalizations, promote shorter length of stays in nursing homes, and trying to discharge patients directly from the hospital to home. As a result, some nursing homes may decrease staff if occupancy levels also decrease. A concern is that cutting labor costs may increase the workload for direct care givers including the RNs and further impact the type of workloads they engage in. The healthcare industry must be cognizant that patient satisfaction and safety, and staff satisfaction and quality must be improved and cutting labor costs may result in increased costs due to poor quality outcomes.

When looking further at this studies data to assess if regional differences existed in nursing homes, significant differences between the groups (Mid-Atlantic vs New England) in the domains of standards of care and workload were noted. The second research hypothesis was supported. The Mid-Atlantic RNs had significantly higher satisfaction scores in those two

areas. This was surprising given the demographics of the two groups. Approximately 57.1% of the New England RN participants work in nursing homes that are one hundred twenty beds or less compared to 33.9% of the Mid-Atlantic RNs. In nursing homes with one hundred fifty one to two hundred beds, 12.9% were from New England versus 27.2% in the Mid - Atlantic region. In nursing homes over two hundred beds, only 3.7% were New England participants compared to 10.3% in Mid-Atlantic. In the industry, it is a generally accepted belief that smaller nursing homes have higher satisfaction and provide better patient care. In this study, a greater percentage of the RN participants worked in small nursing homes (bedside) but have lower levels of job satisfaction in two domains. Even more surprising is that the RNs in New England were not as satisfied with the type of care they were providing their patients (standards of care) and they were significantly less satisfied with the workload. This is puzzling since it is perceived that staffing levels are usually higher in smaller nursing homes. A possible explanation could be that there was a greater percentage of staff nurses (64.6%) in New England compared to Mid-Atlantic (53.6%) In this study, staff nurses were significantly less satisfied than supervisors or unit managers in all eight job satisfaction domains. Another factor as to why the New England RNs were less satisfied may be that a greater percentage of the New England RN participants worked on short stay and specialized units. In this study, short stay RNs were significantly less satisfied with the workload.

Another factor that may explain the difference is the education level of both groups. 91% of the New England participants had an associate or bachelor's degree and only 3.7% compared to 7.2% in the Mid-Atlantic had an RN diploma. In this study, diploma RNs had significantly higher levels of job satisfaction than associate degree, bachelor's degree and master's degree RNs. Lastly, there were significant differences in job satisfaction based on years practicing as an RN and there was a greater percent of New England RN participants (16%) compared to Mid-Atlantic (11.1%) with one year or less. It is not known why newer RNs are less satisfied but the orientation process is vital. It is difficult to infer why there were differences with standards of care and workload without more knowledge of the staffing levels, and management support systems of both regions.

When looking at New Jersey nursing home RNs their mean job satisfaction scores were significantly higher than Pennsylvania nursing home RNs in the domains of professional support, personal satisfaction, training and overall job satisfaction, supporting the third research hypothesis. Trying to explain why these differences exist is difficult as similar staffing patterns and management structures should exist in both states due to having similar leadership structures and that both states are in the same region (Mid-Atlantic). Furthermore, in reviewing the demographics of the respondents it is perplexing as to why the Pennsylvania scores were significantly lower while approximately 71% of the Pennsylvania respondents work in smaller centers

(one hundred fifty beds or less) compared to 49% of New Jersey RNs. It is possible that the smaller centers don't have the level of support in terms of staffing and supervision that occurs in the larger nursing homes. Perhaps this is the case in New England where a greater percentage of RNs worked in smaller centers and they too were less satisfied. Thus, leading us to challenge the perception of better staffing levels and increased support in smaller nursing homes. Clearly, when nurses don't have adequate support and training they become less satisfied, emotionally exhausted, and feel underappreciated (Flynn, 2007). Another possible explanation is that a greater percentage of Pennsylvania night shift RNs participated (34%) compared to New Jersey (26%). Night shift RNs were significantly less satisfied than other shifts in the areas of professional support and personal satisfaction. A further analysis of job satisfaction by shift will be provided when discussing the last research question. In New Jersey, there was a greater percentage of participants with six or more years working at Genesis (39%) vs 26% from Pennsylvania. Those RNs with more tenure were significantly more satisfied in five of the eight job satisfaction domains than those RNs with five years or less service. It is likely that those who stay at Genesis are more content in their job. A greater percentage of New Jersey participants (63%) have also been practicing as an RN for six years or more than Pennsylvania participants (53%) and they too had significantly higher job satisfaction scores than those RNs that have practiced five years or less.

Married RNs were more satisfied than single RNs in all eight domains. 64% of the New Jersey RNs were married vs 55% in Pennsylvania.

The significant differences in nursing home RN job satisfaction scores based on demographics leads us to support the alternative research hypothesis for the fourth research question posed in this study. When looking further at the demographics, significant differences based on job title, education level, shift, type of unit, work status, years working at Genesis and years practicing as an RN were noted.

The findings that staff nursing home RNs are significantly less satisfied in all eight satisfaction domains when compared with the supervisor and the unit manager is discerning as they are the closest RN to the patient. Ma & Samuals (2003) also found that job position was a factor that affected job satisfaction. They found that charge nurses were significantly less satisfied than administrative nurses. While the RNs in this study were all direct care workers, there are differences in the roles of the staff nurse, supervisor and unit managers that may help explain why staff nurses were less satisfied. According to the Genesis job description, staff nurses report to the unit manager, or supervisor. Staff nurses exchange information about patient care to other departments. They ensure patient needs are met by answering call bells, addressing patient family concerns and work with physicians. They administer medication and treatments and directly oversee

the care provided by licensed practical nurses and certified nursing aides. They are also responsible for copious amounts of documentation of patient care plans and progress notes. They also participate in family meetings and quality assurance and safety meetings. They work at the bedside, in the hallways and at the nurse's station. Their day is filled with interruptions attending to patient/ family needs and emergencies. The required education is a graduate of an accredited school of nursing or college with a current RN licensure by the State Board of Nursing.

The unit manager reports directly to the director of nursing. While they also deliver direct patient care and attend to many of the charge nurse duties, they spend much of their time on documentation and care planning meeting activities. They also spend a lot of time assessing patients and supervising the unit and assuring appropriate staffing levels. They play an important role in quality assurance identifying trends and deciding on various courses of action related to rehospitalizations, falls, pressure ulcers, weight loss, medication use etc. The unit manager will work closely with the nurse practice educator to identify staff educational needs and assess staff competency. The education requirements are as follows: diploma or associates degree with three years of experience, or bachelors in nursing with two years' experience and one year experience in a leadership role, and a current RN license. The unit manager has their own office and also works in

patient care areas and the nurse's station and is responsible for one unit from thirty to sixty beds.

Similar to the unit manager, the supervisor reports directly to the director of nursing. They float throughout the nursing home assuring adequate amounts of staff. They also handle patient and family complaints. They assist with medical emergencies and serve as a liaison with the hospitals when admitting patients. They assist the staff nurses as supervisors work in the evening and night shifts when the unit managers are gone for the day. They may spend a disproportionate amount of time on one particular unit depending on the needs of the patients and staff. The education requirements are similar to that of the unit manager except that a bachelor's of science in nursing is preferred and a minimum of three years clinical experience is required.

In nursing homes staff nurses are expected to care for ten to thirty patients, depending on the unit they work on and the shift they work. Given the patient demands, high expectations, and increased patient acuity, staff nurses are dissatisfied. Analyzing the demographics of the staff RNs in this study may help explain some of the dissatisfaction. A greater percentage of the RN staff had bachelor's degrees (47%) compared to supervisors (33%) and unit managers (38.5%). The RN staff were also considerable younger at thirty years or younger (24.5%). However, in this study there were no

significant differences in job satisfaction based on age. There were significant differences in job satisfaction based on years worked at Genesis and years practicing as an RN. In this study there was a smaller percentage of staff RNs with eleven or more year of RN experience (29.7%) verses supervisor (59.4%) and unit managers (52.2%). In this study those RNs with eleven years or more experience were significantly more satisfied in six of the eight job satisfaction domains.

Staff RNs in this study may have been less satisfied due to the amount of work, having less experience (younger in age and fewer years practicing as an RN) not fully acclimated into the “Genesis way” of doing things (35% at one year or less) and because a greater percentage of staff nurses had higher levels of education. In this study, there was a negative relationship between education and job satisfaction. Although no correlation analysis was done, job satisfaction decreased in every domain as educational level increased.

There were significant differences in job satisfaction (overall, workload, and pay) based on education. In this study, only thirty three respondents had an RN diploma compared to two hundred fifty four with associates degrees, two hundred twenty six with bachelor’s degrees and thirty one with master’s degrees. It is difficult to ascertain why the diploma RNs were significantly more satisfied than the bachelor’s nurses with overall job satisfaction,

workload and pay. Diploma nurses were also significantly more satisfied than associate degree nurses in the domains of workload and pay. They were also significantly more satisfied than master prepared nurses with pay. The diploma RNs in the study were primarily forty-one years or older, and practicing as an RN for eleven or more years. It is possible that their satisfaction may be associated with being employed as hospitals have ceased hiring RNs that do not have associate or bachelor's degrees.

There were significant differences in job satisfaction (personal satisfaction and professional support) by shift. Day shift RNs were significantly more satisfied than night shift RNs. Although there were no studies to corroborate the findings of this study, it seems obvious that day shift RNs perceive they get more support, guidance, and interaction with their boss. At night, there are no administrative staff present and fewer direct care staff. In nursing homes, the staffing levels on night shift are minimal and staff may perceive less support. Personal satisfaction consists of personal growth and development, interesting and challenging work, ability to use independent judgment, and having a sense of accomplishment. While the workload is less on night shift, they have fewer staff present. It is not known for sure whether differences exist in the ability to make decisions on days but it would seem that most of the patient care activities occur in the waking hours and there would be a greater need for RN judgment. Further research is needed regarding the perceptions of night shift RNs related to autonomy and support.

In this study, short stay RNs were significantly less satisfied than long term care RNs in the domain of workload. Although the staff ratios are greater on the short stay units, the patient acuity is much more complex. The average age of the patient population is much younger (50's and 60's vs 80's and higher). The average length of stay also is much shorter (about 25 days) and there are great demands on documentation. The short stay nurses are under pressure to work closely with nurse practitioners, physicians, admission staff and case management to prevent rehospitalization.

In this study part-time RNs were significantly more satisfied with pay than full time RNs. Castle, Degenholtz, and Rosen (2006) also found that part time nursing home workers (RNs, LPNs, aides) were significantly more satisfied than full time care givers. Though we cannot be certain as to why, perhaps the part time workers are supplementing their main income by working extra whereas the full time worker relies on their income to meet their primary obligations.

There were significant differences in job satisfaction scores by length of service (years working at Genesis). RNs working at Genesis eleven years or more were significantly more satisfied with pay, personal satisfaction, training, workload and overall than RNs working two to five years. Almost 97% of these RNs had been practicing for six years or more compared to 43% of the two to five year RNs. RNs working eleven years or more were also

significantly more satisfied than RNs working at Genesis one year or less in the areas of standards of care, personal satisfaction, workload and overall. RNs working six to ten years were also significantly more satisfied than one year or less with workload. In a hospital setting, Ma and Samuals (2003) found no significant difference based on years of service. RNs in this study who have been with Genesis for longer period of time would be expected to be satisfied or they would not continue to work there. These RNs (eleven year or more) may be influenced by age, experience level (generational differences) and job title (72% of one year or less RNs are staff nurses compared to 40% and 52% for eleven year and six to ten year RNs).

Lastly, RNs with eleven years or more experience were significantly more satisfied than RNs practicing one year or less with standards of care, personal satisfaction, workload and overall. RNs six to ten years were also significantly more satisfied than RNs with one year or less with workload. The dissatisfaction of those RNs working one year or less may be influenced by their job title as almost 93% of those participating were staff nurses. Almost 11% of the (eleven or more years) RNs had diploma and we know that diploma nurses were significantly more satisfied in this study. Almost 90% of the RNs (eleven or more years) were forty one years or older, compared to 23% of the one year or less RNs. However, there were no significant differences in job satisfaction among the age groups.

One hundred and forty nine RNs completed the open ended question at the end of the survey. The respondents were asked to comment freely in a narrative. Several themes emerged. There were long narratives about workload, supervision and pay. The RNs were very passionate about not spending enough time with patients and too much time spent on paperwork. They stated that the patient acuity levels were high and not enough staff to meet the needs. Many stated that they don't have the time to give and the care is compromised as a result. This creates liability and risk management issues. These comments are consistent with Flynn's (2009) findings that workload was so heavy that important changes in residents are missed in nursing homes. Dissatisfaction with supervision, pay and career were also dominant themes. These comments support the quantitative results where RNs were least satisfied with pay, training and workload.

Upon reviewing and reflecting upon the data presented in this study, the theoretical framework posed by Kanter is supported. Kanter's theory of structural empowerment asserts that three organizational structures influence work effectiveness and that employee's react and behave according to these organizational structures. The structure of power, opportunity and proportions leads to increased job satisfaction and patient satisfaction (Spence Lashinger, 1996). Power involves the structures of information, resources and support. Kanter states that when organization s allow employees to have access to information, receive support and resources necessary to do the job, and have

opportunities to learn and grow, the employees have higher levels of autonomy, self-efficacy, job satisfaction, motivation, and have a greater commitment to the organization. Employees that are not empowered perceive themselves as less important, are less motivated and committed, adhere to conformity and are not passionate about accomplishing organizational goals (Kanter, 1993). Kanter's theory suggests that organizations can influence job satisfaction. There is evidence throughout the literature that organizational factors influence RN job satisfaction (Manojlovich and Spence-Lashinger, 2001; Cumbey & Alexander, 1998; Robertson, Higgins, Rozmus & Robinson, 1999; Carr & Kazanowski, 1994; McHugh, Kutney, Lee, Cimiotti, Sloane & Aiken 2011; Upenieks, 2001; and Kovner, Brower, Wu, Chen & Suzuki, 2006; Choi, Flynn & Aiken, 2011). Management can do much to improve RN job satisfaction. In this study, factors linked to job dissatisfaction were pay, training and workload. It was further supported by the qualitative responses that workload, supervision and pay were a source of dissatisfaction for RNs. While there are financial constraints in nursing homes as well as the healthcare environment in general due to budget cuts, focusing on non-monetary initiatives may be beneficial to job satisfaction. With RN turnover rates from 45-80% in nursing homes (Castle & Engberg, 2005) the implications of neglecting organizational factors pose a risk to increasing RN job satisfaction, decreasing RN turnover, and improving quality of care for nursing home patients.

Chapter VI

Summary and Conclusions

Understanding the factors of Registered Nurse (RN) job satisfaction in the nursing home is important in increasing job satisfaction, reducing RN turnover, and improving quality of care. RNs comprise the largest sector of the health care workforce with 2.7 million employed. While only 5% of the RNs work in nursing homes, and nursing home occupancy has decreased by 20% over the last ten years, the aging population in the United States will increase the demand for RNs especially in nursing homes (US Department of Health and Human Services, 2010). By 2030 almost 20% of the population (seventy two million people) will be sixty five years or older. It is predicted that 84% of those sixty five and older will suffer from at least one chronic illness. Currently, 75% of the two trillion per year spent on health care is on chronic care. Given this increase in chronic illnesses for a longer duration, older adults will require more care and medical management offered by nursing expertise. Of concern is that the percentage of RNs working in nursing homes has decreased over the last twenty years from 8 to 5% while the demand has increased by 36% (Flynn, 2007). The question remains as to why have we seen this decrease and what are the factors that influence this decrease? If the decrease is management based and given the increased

projected need for nursing management in nursing homes as the population ages and presents with more chronic medical needs, nursing home managers will need to increase the number of RNs working in the centers. However, if other factors are influencing the numbers of RNs in nursing homes, evidence of these factors is imperative to ensure change. According to Rand's study (2014), many nurses fifty years and older are delaying retirement due to economic reasons which may provide some relief but it is not known if the pending retirements will happen over a ten year span or a few years. Further research is needed to determine the impact of the nurse retirements on nursing home employment. Another problem related to the RN supply is the nursing home is turnover.

According to a survey from Career Builder and Harris Poll (2014), most nurses find their work satisfying. An online survey was conducted among eight hundred eighty six nurses employed full or part time in a hospital, ambulatory, home care, hospice, or nursing home. However, the survey found that nursing home nurses were more likely than nurses in other settings to leave their environment for a different one, due to work/life balance and pay. This high (40-75%) turnover rate in the nursing homes is frightening as the need increases. Thus, further research is needed to understand how nursing home organizations can improve work/life balance and pay perceptions of nursing home RNs.

The data from this study on a large sample of nursing home nurses (n=549) confirms findings from other research that RNs were least satisfied with pay (2.99), training (3.06) and workload (3.08). Perpetuating these negative effects, is the economic barriers related to government reimbursement cuts (approximately 80% of nursing home revenue are from government through Medicaid and Medicare) which make it difficult to raise RN wages in nursing homes. While nursing homes compete against each other for patients and staff, they pay RNs substantially less than hospitals so newer RN graduates usually take a job with a nursing home to gain experience and then move on to the hospital setting. The RNs in this survey who completed the open ended question were passionate in the responses about the pay, relative to the amount of work they have to do. Most stated that they were unhappy in the nursing home and that more staff would stay if the pay was higher. With limited ability to improve nursing home RN wages, perhaps nursing home management should focus their efforts on training and workload management. Often as a result of pay issues nursing homes have an older RN population and are willing to employ new graduates. Thus, as the patient acuity increases in the nursing homes older RNs and new grads need advanced skills and clinical competency to treat post-acute and chronic illnesses. Increasing RN training and education opportunities to meet the demand of caring for sicker patients is essential and may aide in combatting turnover rates.

In this study, 47% of the nurses had associates degrees, 42% with bachelors, 6% with a diploma and 6% with a master's degree. Despite the higher numbers of advanced degree nurses present in these nursing home RNs, the RNs in this study were not satisfied with the on-site training available. Part of the issue for management is that sending staff out of the nursing home for training is costly as RNs are direct caregivers and they need to be replaced. The other issue is that nursing homes usually have one person responsible for nursing education in the center. Education is one facet of the job which usually includes orientation and onboarding new staff, infection control and other assigned duties. Large nursing home companies have staff educators that may come to the center for training on a limited basis. Clearly based upon the data and the current state observed in nursing homes, further research is needed to determine the most efficient way to improve training to the nursing home RNs.

The RNs in this study rated workload slightly higher than pay, and training, with an overall mean score of 3.08 indicating they were neither satisfied nor dissatisfied. However, of the one hundred forty nine respondents to the open ended question of the survey, there were sixty one comments related to workload. The respondents were very descriptive about the lack of time to get the work done, too much documentation and not enough time with patients, high patient acuity and not enough staff. The RNs in this study derived satisfaction from spending time with patients. This is

consistent with other research (McNease-Smith, 1999) in which nurses stated that getting praise for giving good care and seeing their patients improve was extremely rewarding. While adding more RNs or other licensed staff may not be possible, it may be worth the investment for nursing home management to conduct a study on how nursing home RNs spend their time. Perhaps additional clerical staff to assist with non- patient duties will enable RNs to spend more time with their patients. According to the Advisory Board Company (2014) nurses engage their patients when their duties are aligned with direct patient care. When nurses increase their time with patients, satisfaction increases and patient falls, infections and med errors are reduced.

Novant health system in North Carolina has increased the time that nurses spend with their patients to 70%. They achieved this by expanding the duties of LPNs (licensed practical nurses) and aides, adding a new electronic health record system, and implementing a new shift change process where the hand off occurs in the patients rooms. Finding ways to increase the nurse's time with the patient may be a worthwhile investment for nursing home organizations. It seems to increase staff satisfaction and have a positive effect on the quality of care.

While RNs in this study rated professional support with a mean score of 3.46, there were many comments (fifty) in the open ended question indicating

dissatisfaction in this area. While it is not known exactly how much support from the supervisor influences job satisfaction the responses from this survey were very descriptive. Issues related to recognition, appreciation, favoritism, listening and general communication are important aspects of management-employee relations. Management can control and improve in this area and must do so to help reduce turnover. Further research is needed to address specific actions management can implement to enhance support. The RNs in this study were most satisfied with standards of care ($m=3.61$) and personal satisfaction ($m=3.0$) though the mean scores for both domains were below the satisfaction score of 4.0. From a leadership perspective, it is comforting to know that nurses rated the care that they give at a higher level than the other domains. The primary objective of the nurse is providing competent and compassionate care. Had the nurses in this study rated it lower than other domains, there would be cause for concern about the care that is given. The responses to the open ended question support the position that nurses are vehement about providing care and take pride in their work. Many expressed that they wanted more time to spend with their patients in order to bring about better care and outcomes. They seemed very sensitive to patients and family feedback and stated how upset they would become when a patient declined or when a family member complained about the care they gave. Many of the respondents wrote long narratives with the central theme about patient care and the obstacles they faced. Some of the respondents expressed gratitude

to the PI in being able to tell their story and expressing themselves seemed to have a cathartic affect.

Personal satisfaction was rated closely behind standards of care. This domain encompasses growth and development, interesting and challenging work, a sense of accomplishment, and the ability to use independent judgment. Other studies in the hospital setting have confirmed how important autonomy (independent judgment) is to the satisfaction of the nurses. One way management can enhance this area for the nurse is through a more participatory management structure. Upenieks (2002), found that nurses at Magnet hospitals were highly collaborative with management. As a result, the nurses perceived they had higher levels of autonomy, professional development, and greater support from management. Nursing home organizations may benefit from adopting some of the management principles of the Magnet organizations to enhance management/staff collaboration.

The fact that nurses in this study had an overall satisfaction score of 3.34 indicates that there are opportunities for improvement. Based on the aforementioned results, management should focus on improving the RNs perception of training, workload and professional support. Research is needed to determine how training can be enhanced and how organizations can ease the workload for RNs. It is understandable as to why staff may be overwhelmed with work if they perceive that they are not supported or

listened to by their boss. The perceived lack of professional support may influence staffs satisfaction with workload.

The fact that significant differences were found in this study between the mid-Atlantic and New England regions (related to standards of care and workload) underscores the need to investigate why those differences exist within the same organization. As suggested previously, the characteristics of the respondents (bed size, title, education, years practicing) may help explain why the mid-Atlantic RNs were significantly more satisfied. It is perplexing that while New Jersey and Pennsylvania are in the same region, New Jersey RNs were significantly more satisfied than Pennsylvania RNs with professional support, personal satisfaction, training and overall job satisfaction. The respondent demographics related to bed size, shift, years at the organization, years practicing and marital status may help explain the differences in job satisfaction.

In this study, staff nurses comprised 56% of the respondents. Of the three types of positions surveyed, staff nurses have the closest contact and interaction with patients. This, coupled with the fact that they were significantly less satisfied in all eight job satisfaction domains is cause for concern. Management must reevaluate its employee relations program to address the needs and wants of this group. Management should institute surveys, small group meetings, online chat groups, or formulate a committee

to learn more about what staff nurses experience and how management can positively impact their work experience.

With so few diploma nurses employed and their diminished demand in the workforce, it may be more relevant to address the bachelors prepared nurses who were younger, less experienced and primarily in staff positions. Since job satisfaction increases with age, management should investigate how generational differences can influence job satisfaction.

Day shift RNs were significantly more satisfied than night shift RNs with personal satisfaction and professional support. Since most of the administrative support staff and supervision works normal business hours, this is not a surprise. While night shift has less work to do as patients are usually sleeping, there are substantially fewer staff and contact with administration is infrequent. In smaller centers, there is no floating supervisor to assist staff nurses. Further research is needed to ascertain why the night shift nurses were significantly less satisfied with personal satisfaction. Perhaps with less work to do, they do not feel as challenged as the other shifts. With less support staff it is reasonable to believe that the night shift nurses would be autonomous and therefore significantly more satisfied in this area. However, if they feel less challenged that could be the source of this dissatisfaction. Management may benefit from learning more from night shift staff and create opportunities for them to contribute to the organization.

Perhaps more performances improvement responsibilities or have administrative staff or supervision rotate shifts so that the night staff feel more involved.

Interestingly, nurses who worked on the Long term care units were significantly more satisfied than the short stay nurses with workload. Long term care workloads may foster more patient nurse interactions and enrich the nurse's experience. Management should re-evaluate the workload on the short-stay units to assure nurses are spending the majority of their time with patients. Since nursing homes are admitting sicker patients and this trend will continue, additional support staff will be needed to alleviate the workload on short-stay units.

Given that the RNs with eleven or more years of service at Genesis and those practicing eleven or more years were significantly more satisfied it would be prudent of management to reevaluate the onboarding process for new staff. Alternately, because those with two to five years at Genesis were significantly less satisfied, management may benefit from enhancing or creating an ongoing mentoring program for those coming off orientation. In general the data from this study lends support to the position that continued staff reassessment and investment in staff development is key to the management of cost effective and efficient nursing home care especially as the need for RNs in nursing homes is expected to increase.

Limitations

This study described registered nurse job satisfaction for a group of nurses working at Genesis Healthcare, but it is not generalizable to the entire population of RNs working in the United States. The sample represented a minute percentage of the 2.7 million RN population in the United States. Using the Mann-Whitney U to compare the mid-Atlantic and New England regions, the effect sizes were very small which resulted in low statistical power. The required sample sizes for the domains ranged from seven hundred and eighty eight to nineteen thousand six hundred and twenty six. Given the limited resources and time to complete this project, the sample sizes required for a statistical score of .80 were unrealistic. When comparing the eight states the significant effects were supported with high statistical power (.80 to .98) in six of the eight job satisfaction domains. Small to medium effect sizes were noted for the pay and prospect domains which resulted in low statistical power (.51 and .71). The significant effect sizes for the demographics were also supported with high statistical power. The electronic distribution of the survey resulted in a favorable response rate of 17.8% and provided the PI with immediate results. However, the length of the survey (forty three questions) may have been the reason that there were over one hundred incomplete surveys.

The open-ended question at the end of the survey, where long narratives provided by respondents and required the PI to categorize them into themes. The themes were created based on the eight satisfaction domains contained in the measurement tool and other themes in the literature. Lastly, the results of the demographics and job satisfaction surveys were based on self-reported data.

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Appendix A

Post Hoc Power Analysis for ANOVA Test

	Age	Job Title	Ed Level	Shift	Unit	Bed Size	Work Status	LOS	Yrs. Pract. RN
Pay	.12	.81	.99	.09	.14	.25	.76	.99	.25
Prospects	.34	.99	.60	.73	.69	.25	.09	.77	.12
Professional Support	.07	.99	.70	.96	.72	.56	.29	.86	.73
Standards of Care	.81	.99	.34	.24	.75	.12	.19	.93	.96
Personal Satisfaction	.81	.99	.76	.97	.19	.25	.19	.92	.83
Training	.08	.98	.83	.45	.69	.21	.79	.80	.39
Workload	.39	.99	.95	.14	.86	.25	.4	.99	.98
Overall	.39	.99	.94	.67	.78	.30	.45	.99	.86

Appendix B

Factors Contributing to Registered Nurse Job Satisfaction in the Nursing Home- Pilot Study

Introduction

The high patient acuity has increased the demand for Registered Nurses (RN's) in nursing homes. In one of the few studies on nurses in long term care, the US Department of Health Human Services (2010) noted that RN's had the lowest levels of job satisfaction. McHugh (2011) found that direct care nurses in hospitals and nursing homes were significantly more dissatisfied than direct care nurses in other work settings. The purpose of this pilot study was to, 1) determine if the study methodological approach was sound, 2) identify factors that contribute to job satisfaction for RNs working in nursing homes in New Jersey and Pennsylvania, 3) determine if there is a significant relationship between job satisfaction and demographics, and 4) determine if there is a significant difference in NJ and Pa satisfaction.

Methods

The research design for the pilot study was descriptive, correlational, and cross sectional. The measure of job satisfaction (MJS) survey was used to measure RN job satisfaction of RNs providing direct care in a Genesis nursing home. After obtaining IRB approval the PI sent an email with the online survey to 1,585 RNs working at Genesis.

Results

203 complete surveys were reviewed, 12.8% response rate. RNs were most satisfied with professional support (37%), personal satisfaction (39%), and standard of care (50%). They were least satisfied with training (15%), workload (17%), and pay (33%). NJ RNs (23% vs.12%) were significantly more satisfied than Pa RNs.

Conclusion

Study data was consistent with the literature noting workload as a problem and that RNs providing good care to their patients in nursing homes are satisfied. Insight is gleaned from the data that can further support nursing home RN's satisfaction.

Committee: Dr. Pinto Zipp, Dr. Cabell, Dr. Cahill

Appendix C

Seton Hall University Institutional Review Board Approval



SETON HALL UNIVERSITY
1 8 5 6

January 6, 2014

Michael Shipley
11 Van Deripe Rd.
Hillsborough, NJ 08844

Dear Mr. Shipley,

The Seton Hall University Institutional Review Board has reviewed the information you have submitted addressing the concerns for your proposal entitled "Factors Contributing to Registered Nurse Job Satisfaction in the Nursing Home". Your research protocol is hereby accepted as revised and is categorized as exempt.

Please note that, where applicable, subjects must sign and must be given a copy of the Seton Hall University current stamped Letter of Solicitation or Consent Form before the subjects' participation. All data, as well as the investigator's copies of the signed Consent Forms, must be retained by the principal investigator for a period of at least three years following the termination of the project.

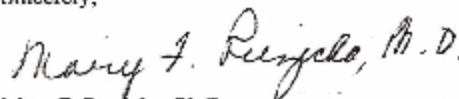
Should you wish to make changes to the IRB approved procedures, the following materials must be submitted for IRB review and be approved by the IRB prior to being instituted:

- Description of proposed revisions;
- *If applicable*, any new or revised materials, such as recruitment fliers, letters to subjects, or consent documents; and
- *If applicable*, updated letters of approval from cooperating institutions and IRBs.

At the present time, there is no need for further action on your part with the IRB.

In harmony with federal regulations, none of the investigators or research staff involved in the study took part in the final decision.

Sincerely,



Mary F. Ruzicka, Ph.D.
Professor
Director, Institutional Review Board

cc: Dr. Genevieve Pinto Zipp

Office of Institutional Review Board
Presidents Hall • 100 South Orange Avenue • South Orange, New Jersey 07079 • Tel: 973.313.6314 • Fax: 973.775.2461 • www.shu.edu

Appendix D

Solicitation Letter

January 29, 2014

Hello,

I am a doctoral student at Seton Hall University conducting a study to examine job satisfaction for Registered Nurses (RNs) working in nursing homes in the Northeast. The purpose of this study is to identify factors that contribute to job satisfaction for RN's working in nursing homes. The results of this study will provide insight regarding what is most important to nurses working in nursing homes so that we can begin to address and improve RN job satisfaction in the nursing home industry.

I am conducting this research solely as part of my doctoral preparation and to gain knowledge about the RN population in nursing homes. I invite, all RN's meeting the criteria of providing direct care working in the Northeast for Genesis to voluntarily and anonymously participate in this study. This project was approved by the Seton Hall University IRB.

As a manager at Genesis, I will share the study findings in aggregate with the President of the region as well as seek to publish my findings in a peer reviewed journal. If you choose to participate in this study or not, your position in the company will not be affected as this study is completely voluntary and anonymous. Your voluntary and anonymous participation is greatly appreciated.

This link https://www.surveymonkey.com/s/Measure_Job_Satisfaction2 to survey monkey will allow you to complete a demographic sheet and the Measure of Job Satisfaction (MJS) survey. The MJS survey has been used in several research studies and is a valid and reliable measure. The surveys will take approximately 15 minutes to complete them. The surveys are completely anonymous as no identifying responses are requested. I am interested in your honest opinions. If you prefer not to answer a question, please leave it blank. I would appreciate your completing this survey by (date- within 2 weeks). If you have already completed the survey as part of the initial study we thank you and ask that you not participate in this follow up study.

Thank you in advance for your cooperation with this important project. Your answers will make a substantial contribution to my understanding of contemporary issues related to RN job satisfaction in the nursing home. If you would like a summary in aggregate form of my findings of the study please email me at Jmanbops@aol.com, and I will be happy to send it to you when the study is completed.

Sincerely,

Michael Shipley, LNHA, M.S.

Faculty Advisor: Genevieve Pinto Zipp PT, EdD Genevieve.zipp@shu.edu

Appendix E
Approval to use the Instrument

Shiple, Michael

From: Michael Traynor [m.traynor@mdx.ac.uk]
Sent: 01/09/2013 7:21 AM
To: Shiple, Michael
Subject: Re: Permission to use the MJS

Dear Mike,
 thanks for you email. I am happy for you to use the MJS for your work.
 Please find all the details you will need at the web address at the end of this message.

best wishes with your study,
 Michael

Michael Traynor
 Professor of Nursing Policy
 Middlesex University
 Tel: +44 (0)208 411 2536
 Charterhouse Building Archway Campus

website: www.ssnr.org.uk <<http://www.ssnr.org.uk/>>
 blog: blog.ssnr.org.uk <<http://blog.ssnr.org.uk/>>

+ I receive many emails; if you don't get a reply to your email please
 feel free to remind me +

Access to my office in the Charterhouse building is via the Holborn Union
 entrance: take the stairs down to the basement, turn left, walk past the canteen to the
 end of the corridor, go through the double doors and take the lift to the top floor, out
 of the lift turn left and ring on the entry phone.

Details of the MJS can be found at <http://mdx.academia.edu/MichaelTraynor>

On 09/01/2013 00:39, "Shiple, Michael" <Michael.Shipley@GenesisHCC.com>
 wrote:

>Hello Dr. Traynor,
 >
 >I am requesting your permission to use your instrument, the Measure of
 >Job Satisfaction survey on our schools (Seton Hall University in New
 >Jersey) ASSET (academic survey system evaluation tool)program so that
 >nurses can complete the survey via e mail. May I have your approval? I
 >am a Doctoral student investigating RN job satisfaction in the Nursing Home.
 >Thanks, Mike Shipley.
 >This e-mail and any attachments may contain information which is
 >confidential, proprietary, privileged or otherwise protected by law.
 >The information is solely intended for the named addressee (or a person
 >responsible for delivering it to the addressee). If you are not the
 >intended recipient of this message, you are not authorized to read,
 >print, retain, copy or disseminate this message or any part of it. If
 >you have received this e-mail in error, please notify the sender
 >immediately by return e-mail and delete it from your computer.
 >