Mountain View nurses and job satisfaction

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MOUNTAIN VIEW NURSES AND JOB SATISFACTION

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A thesis submitted in partial fulfillment of the requirements for the

Master of Science Degree in Nursing
School of Nursing
Division of Health Sciences

Graduate College
University of Nevada, Las Vegas
August 2007
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Entitled

MOUNTAIN VIEW NURSES AND JOB SATISFACTION

is approved in partial fulfillment of the requirements for the degree of

MASTERS OF SCIENCE IN NURSING

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ABSTRACT

Mountain View Nurses and Job Satisfaction

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The purpose of this study was to assess the level of nurses' job satisfaction in one hospital in Las Vegas, NV. Guided by Maslow's Hierarchy of Needs Theory, the study used the Mueller/McCloskey Satisfaction Scale to measure overall job satisfaction and its components. Results indicated that the nurses (N = 52) were less than satisfied. The mean total job satisfaction score was 3.6 ± .64 (possible range 1-5). Satisfaction with co-workers reflected the highest subscale mean (4.1 ± .60) of factors contributing to job satisfaction (possible range 1-5). Nurses educated outside of the United States were significantly more satisfied in their jobs (M = 3.9 ± .43) than nurses educated in the United States (M = 3.4 ± .65). No significant differences in job satisfaction were found between age groups or between nurses working in specialty units and nurses working in medical/surgical units.
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ACKNOWLEDGEMENTS

It is with great pleasure that I acknowledge my committee members; Dr. Mary Bondmass, Dr. Sally Miller, and Dr. Harvey Wallmann and chair member Dr. Susan Kowalski. My chair’s guidance, attention to detail and support has been crucial to the completion of this study. “Thank You!” A special “thanks” to Professor Mary Bondmass for her statistical guidance and support. I couldn’t have done it without you. Committee members, Dr. Sally Miller and Dr. Harvey Wallmann, your insights provoked additional questions and interests assisting in the growth and guidance of my research and writing. “Thank you”.

The administration and nursing staff at Mountain View Hospital have been exceptionally supportive, including Mark Howard, Bob Nettles, and Helen Vos who granted me the permission to use their facility for my research. An individual “thanks” to Alice Conroy for the numerous schedule changes and support during the past two and a half years.

I want to give an extra special note of appreciation to my parents for their support and encouragement of my academic endeavors and pursuit for a better life. Mom, thanks for reading and listening to nearly every version of this paper. Your heartening advice and support motivated me even in the hours of my discontentment.

Lastly, a special thanks to Catherine Prato for her numerous sit-down chats and positive words of support. “Thank you”.

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CHAPTER 1

INTRODUCTION

Nursing job satisfaction has been integrally associated with the nursing shortage. According to Aiken, Clarke, Sloane, Schalski, and Silber (2002) nurses have experienced a significant staffing change that negatively affects their job satisfaction and ultimately contributes to the current nursing shortage. Lundgren, Nordholm, and Segesten (2005) state there is a relationship between job satisfaction and employee turnover, especially in nursing. Numerous articles (Blegen & Vaughn, 1998; Sheward, Hunt, Hagen, Macleod, & Ball, 2005) claim that nurses who are satisfied in their jobs tend to excel in their chosen profession and are less likely to make a career change. According to Buerhaus et al. (2005), job satisfaction is the pivotal determinant for the retention of registered nurses, specifically in the hospital setting.

Problem Statement

Nevada, specifically Las Vegas, has experienced a significant population boom in the past two decades. According to the U.S. Census Bureau (2007) the population nearly doubled from 770,280 in 1990 to 1,425,723 in 2000. The most recent documented numbers of the population trends are from 2005 showing that the Las Vegas Metropolitan area (Clark County) reached 1,815,700 indicating an increase of approximately 389,977 people since the year 2000.
As a result of this significant growth, proportionally there are a smaller number of registered nurses per population in the state of Nevada as compared to the rest of the country. There are only 520 nurses per every 100,000 people in Nevada (Timko, 2004) and the national average is 782 nurses per every 100,000, ranking Nevada 49th in the nation for nurses to population ratio (1st being the best and 50th being the worst). Nevada Hospital Association Executive Director, Bill Welch stated a consequence of the state’s unanticipated population growth is that Nevada has a shortage of approximately 1,800 nurses (Timko), and needs to employ more than 700 new nurses a year to meet the state’s growth needs. Nevada’s current nursing shortage is causing a less than desired staffing pattern with higher patient acuity levels at the majority of hospitals in Las Vegas. Nationally, the result of changed staffing patterns and increased employment demands lead to less satisfied nurses in the workforce and fewer individuals seeking nursing careers (Aiken et al., 2002).

Although the current nursing shortage in Nevada has been well documented and is assumed to cause distress among nurses, it is essential to first measure the level of job satisfaction among nurses in Las Vegas hospitals. A sampling of Las Vegas nurses can indicate whether their level of job satisfaction compares positively or negatively with other nurses. Various factors contribute to job satisfaction (Mueller & McCloskey, 1990) and it is valuable to identify what factors are of highest importance to Las Vegas nurses.

Purpose of the Study

The purpose of this study is to determine the level of job satisfaction among nurses at Mountain View Hospital in Las Vegas, Nevada and to identify factors influencing their job satisfaction.
CHAPTER 2

REVIEW OF LITERATURE

The literature review addresses the meaning of job satisfaction and organizes the literature according to motivating factors of job satisfaction. These are safety rewards, social rewards, and psychological rewards. The review of literature concludes with a discussion of demographic variables and their relationship to job satisfaction.

Job Satisfaction

Job satisfaction was defined by McCloskey and McCain (1987) as “the degree to which employees like or enjoy their jobs”. McCloskey (1974) laid the foundation for research in nursing job satisfaction by constructing a scale to identify and categorize rewards and incentives associated with job satisfaction. In 1990 this scale was revised by Mueller and McCloskey and a factor analysis was performed to obtain the eight subscales of satisfaction: extrinsic rewards, scheduling, balance of family and work, co-workers, interaction opportunities, professional opportunities, praise and recognition, and work control and responsibility. A 5-point Likert scale, 1 (very dissatisfied) to 5 (very satisfied), was used to determine the value of satisfaction on each question in the eight subscales of the now known McCloskey and Mueller Satisfaction Scale (MMSS) (Mueller & McCloskey, 1990).

According to Roberts et al., (2004) and Tourangeau, McGillis-Hall, Doran, & Petch, (2006) there is an incongruency regarding the accuracy of the MMSS’s ability to measure
job satisfaction and whether or not the tool can stand, “the test of time”. Future research is necessary to determine if the psychometric properties of the MMSS to measure nursing job satisfaction is as accurate today as it was when it was initially developed (Roberts et al., 2004; Tourangeau et al., 2006).

Maslow’s hierarchy of needs theory served as the theoretical framework in the development of the MMSS (Maslow, 1954). The eight sub-scales of job satisfaction were categorized into three fields of rewards: 1) Safety rewards, 2) Social rewards, and 3) Psychological rewards.

**Safety Rewards**

Extrinsic rewards, scheduling, and balance of family and work for the nurse employee comprise the safety rewards identified by McCloskey (1974). Safety needs are often addressed when hospitals speculate what may motivate nurses to work or stay in their present positions (Albaugh, 2003; Kuhl, 2005). Hospitals are competing to hire nurses by offering higher salaries, sign on bonuses and better benefit packages. The job migration pattern resulting from competitive recruitment leaves the understaffed hospitals with higher patient-to-nurse ratios, which may ultimately cause nurses’ to have decreased job satisfaction (L. H. Aiken, Clarke, Sloane, Schalski, & Silber, 2002; Castle, 2006). Benson and Dundis (2003) describe the extrinsic rewards of wages, benefits and sign on bonuses as incentives to employees which allow them to meet their essential physiological needs.

According to Benson & Dundis (2003) the level of stress and anxiety that nurses encounter at work affects their safety level. If a nurse is pressured for time due to increased number of tasks, higher patient-to-nurse ratios, and increased acuity levels, then her/his safety level is compromised despite the extrinsic rewards of wages and bonuses
Work schedules and hours of work have a large influence on nursing job satisfaction (Espeland, 2006; Fletcher, 2001; Kuhl, 2005; Mrayyan, 2006; Mueller & McCloskey, 1990). Price (2004) studied 141 nurses from 26 acute medical and surgical wards from a single large teaching hospital using the MMSS to determine the areas of satisfaction among the staff nurses. Results of the study showed that 76% \((n = 107)\) were satisfied at the 4.0-5.0 level on a Likert scale \((1 = \text{most dissatisfied}, 5 = \text{most satisfied})\) regarding number of hours worked. However, slightly over half of the sample \((55\%, n = 78)\) felt that the compensation for working weekends was inadequate and caused dissatisfaction at a level of 1.0-2.0 on the same Likert scale. Required weekend shifts and mandatory overtime hours have been documented in various studies as job dissatisfiers for nurses because such requirements can conflict with family and child care responsibilities (Aiken et al., 2001; Begat, Ellefsen, & Severinson, 2005; Blegen & Vaughn, 1998; Fletcher, 2001).

Childcare facilities were a major concern for women as they entered the workforce years ago. Today such concerns are addressed by employers with the inclusion of childcare facilities and flexible programs allowing the balance of family and work (Lynch, 1994). Benson and Dundis (2003) align the desire to meet family responsibilities and provide child care within the safety needs of Maslow's model. When employees are unable to provide appropriate care to their families their focus is no longer on the tasks of the job but rather geared towards concern for their family members. Price (2004) found that 46\% \((n = 65)\) of 141 nurses included in the study were dissatisfied with childcare.
facilities. The hospital in Price’s study offered childcare for the staff in addition to job share opportunities and flexible working hours. Price discussed this outcome as a result of the nursing staff being unaware of the options available to them.

**Social Rewards**

Relationships with co-workers and interactive opportunities are designated as social rewards according to Mueller and McCloskey (1990). These factors relate to Maslow’s level of love and belonging for the individual and the employee (Benson & Dundis, 2003; Maslow, 1954). Levels of nursing experience differ significantly between a new graduate and a veteran nurse. New graduate nurses have greater difficulty relating to their older peers professionally; this is often postulated as veteran nurses “eating their young” (Mrayyan, 2006; Rowe & Sherlock, 2005). Professional nursing relationships are initiated as new graduate nurses enter the work arena and are essential in retaining new graduate nurses in their positions. Roberts et al. (2004) studied the relationship of job satisfaction in new graduate nurses and their intent to remain in their position. Results indicated that new graduate nurses who were more likely to stay in their present positions were significantly more satisfied than those who did not intend to stay as indicated on seven of the eight MMSS subscale scores.

Benson and Dundis (2003) described effective mentoring as a means to improve job satisfaction. Positive mentoring experiences allow both the novice and the experienced nurse opportunities to learn from each other, encouraging professional growth. Mentoring new graduate nurses by pairing them with experienced nurses fosters teamwork and team building (Kuhl, 2005). Furthermore, mentoring in this fashion provides the new graduate a more positive learning experience rather than by trial and
error. When new graduate nurses become overwhelmed they are more likely to become disheartened limiting the level of job satisfaction experienced (Roberts et al., 2004). Positive methods of mentoring give new graduate nurses the ability to provide quality patient care during their precepted learning phase. In addition, the mentor relationship allows the veteran nurse the opportunity to acquire technological or computer skills in a non-threatening or non-demeaning way (Albaugh, 2003; Kuhl, 2005).

**Psychological rewards**

The three subscales of the MMSS that address the psychological rewards of Maslow’s hierarchy of needs model are professional opportunities, praise and recognition, and control and responsibility (Mueller & McCloskey, 1990). The present nursing shortage negatively impacts the working environment and the level of control and responsibility a nurse has in the care of patients. When hospitals experience nursing shortages staff nurses often work more hours and provide care for a greater number of patients (Aiken et al., 2002; Begat et al., 2005; Castle, 2006). Influx of technology has also contributed to the lack of control nurses feel they have over their patient documentation and charting (Darbyshire, 2004).

Computer technology has found its way into the nursing work environment requiring older nurses to learn new skills unrelated to patient care and a significant change in charting styles. Computer based charting contributes to the older nurses’ lack of job satisfaction as new skills are needed and younger nurses get this in their college educations, making the older nurses feel obsolete (Murnane, 2006). Cellillie (2004) showed that the aged nurses are less satisfied with their opportunities to participate in
nursing research as compared to generation “X” nurses. This may be related to the influx of electronics and technology into research and nursing in general.

A study by Begat et al. (2005) showed that control of patient care was related to the number of tasks and level of anxiety nurses had in their job settings. Anxiety as defined by Marriam-Webster (2005), “is an abnormal and overwhelming sense of apprehension and fear often marked by physiological signs by doubt concerning the reality and nature of the threat, and by self-doubt about one’s capacity to cope with it”. Begat et al.’s findings (N = 71) indicate that as the number of patients per nurse increased their level of anxiety also escalated (p < 0.05). Nurses in the hospital setting who deal with high patient-to-nurse ratios are less satisfied because they feel their ability to provide safe effective care is compromised.

Nurses experience up to four times more stress and burnout than those working in other health care professions (Wright, 2003). Aiken et al. (2002) studied a sample of 10,184 registered nurses in the hospital setting examining nurse job satisfaction and burnout. Their results indicated that the patient-to-nurse ratio was significantly related to the lack of job satisfaction (n = 3,926, p < .001) and burnout (n = 4,162, p < .004). Such factors may influence nurses to seek greater meaningfulness in their jobs. The lack of control and responsibility that nurses feel they have over their patient assignments affects their level of self actualization as described in Maslow’s hierarchy of needs. Lower self actualization diminishes the level of enjoyment and motivation experienced by the employee (Benson & Dundis, 2003; Fletcher, 2004; Buerhaus et al., 2005). In addition, quality of care diminishes with rising patient-to-nurse ratios and higher numbers of
unlicensed personnel, increasing the risk of malpractice with subsequent potential for loss of licensure (Blegen & Vaughn, 1998).

*Age and Job Satisfaction*

The aging nurse population is related to the large number of nurses born in the “baby boom” era. Approximately 40% of nurses are expected to be 50 years of age and seeking retirement between 2010 and 2020 (Norman et al., 2005). The number of nurses in the workforce over the age of 50 nearly quadrupled from 2001 to 2003 from 4.7% to 15.8% respectively, and in 2000 only 9.1% of all nurses in the United States were younger than 30 years of age (Buerhaus, Staiger, & Auerbach, 2003; Berg, Rodriguez, Kading & De Guzman, 2004). The increased job demands of the nursing profession has been linked to increased burnout and career changes among younger nurses (Aiken et al., 2002; Buerhaus et al., 2005; Lundgren, Nordholm, & Segesten, 2005; Virginia Tech Center for Survey Research, 2001).

According to Cellillie (2004) employers need to consider the workplace values of the aged nurse differently than the new graduate or younger nurse. Cellillie used the MMSS and compared the eight sub-scales of the tool between two different generations of nurses. The study indicated that the aging nurse of the “baby boom” era (84%) were less satisfied with social contact at work when compared to the generation “X” nurse (59%, $p < .05$). In a related study, Berg et al. (2004) found that job satisfaction was positively associated with age ($N = 327$) and that as nurses got older their level of job satisfaction improved ($r = .16, p = .004$).

A generation gap exists between baby boomers and Generation “X”. Both generations have different values and job expectations. Various studies have shown that
Generation “X” valued numerous financial factors, diversity, flexible schedules, and opportunities for professional development whereas the Baby Boomer generation shows significant commitment and satisfaction in their jobs and are often considered workaholics (Apostolidis & Polifroni, 2006; Casey, Fink, Krugman, & Propst, 2004; McNeese-Smith & Crook, 2003). Apostolidis and Polifroni (2006) compared these two groups and found that the Baby Boomers ranked autonomy over professional status as the primary factor of importance in their jobs and yet were most satisfied with the professional status ($N = 97, \chi^2 = 6.45, df = 2, p < .05$). They further discovered that Generation “X” felt professional status was the most important factor and satisfier followed by interaction, autonomy and pay.

Perhaps related to age, a study by Larrabee et al. (2003) found that nurses who have been in their jobs less than five years had higher intentions to leave their current position for better salaries or benefits. Whereas the majority of nurses employed for more than five years showed overall higher satisfaction scores related to autonomy, nurse/physician collaboration, psychological empowerment, and group cohesion.

Country of Education and Job Satisfaction

The United States (U.S.) has been recruiting nurses from the Philippines since the latter half of the twentieth century (Berg et al., 2004; Seago & Spetz, 2005). The prevalent and persistent shortage of nurses experienced by the U.S. has been the underlying reason for the migration of Filipino nurses. The opportunities for Filipino nurses and their families to afford a better life than can be attained in the Philippines is significantly better in the United States and is also an important migration factor (Seago & Spetz, 2005; Trossman, 2002).
Job satisfaction among the Filipino nurses is significantly higher as a result of their cultural backgrounds and improved opportunities in the United States as compared to the Philippines (Agho, 1993; Seago & Spetz, 2005; Trossman, 2002). Conversely, a study by Berg et al. (2004) showed that job satisfaction and where nursing education was obtained were not significantly associated ($N = 327, \chi^2 = 5.1, df = 2, p = .08$), although the relationship did approach significance. Berg et al. concluded that Filipino American nurses who were primarily educated in the Philippines and immigrated to the U.S. reported higher job satisfaction compared to nurses overall.

According to Pizer, Collard, James, and Bonaparte (1992) a statistically significant ($N = 814, p < .05$) higher level of enjoyment was found among the U.S. educated nurses ($n = 502, M = 3.23 \pm .03$) when compared to the non-U.S. educated nurses ($n = 312, M = 3.15 \pm .03$) even though the difference in mean scores was small.

*Type of Nursing Unit and Job Satisfaction*

Job satisfaction for many nurses varies with the type of nursing unit. A study by Mrayyan (2006) indicated that nurses are less satisfied in the medical surgical units than in the critical care areas of a hospital. Furthermore a study by Boyle, Miller, Gajewski, Hart, and Dunton (2006) stated that nurses experience different levels of satisfaction based on the type of unit they work on. Their study of 206 participating hospitals across the U.S., included 55,516 nurses who responded to the 2004 National Database of Nursing Quality Indicators (NDNQI) Registered Nurse Satisfaction Survey (range: $< 40$ low, $40-60$ moderate, and $> 60$ high satisfaction). The goal of Boyle et al.'s (2006) study was to compare the following units: pediatrics, rehabilitation, obstetrics, step-down, medical surgical, psychiatric, critical care, and emergency services. The results indicated
that there was a significant difference \( (p = .000) \) in the level of satisfaction and pediatric unit nurses were the most satisfied while, surgical and emergency service departments were least satisfied (Boyle et al., 2006). There was no significant difference noted between the medical surgical \( (M = 48.85 \pm 9.07) \) and critical care units \( (M = 48.35 \pm 8.24) \) in this study, nurses of both units were moderately satisfied (Boyle et al., 2006).

**Chapter Summary**

Nearly all the articles reviewed for this study included reference to the current nursing shortage and its negative impact on staffing and job satisfaction. Increased patient-to-nurse ratio has been cited as a primary cause of increased stress, burnout and turnover of hospital nurses in the United States.

Of the fifty-six articles reviewed, twenty-four articles were directly related to nursing job satisfaction. The implication of various factors influencing nursing job satisfaction have been reviewed and discussed in this section. Six of the twenty-four articles described use of the MMSS to measure job satisfaction. Of which, only one study indicated that nurses were dissatisfied in their jobs. The remaining five studies using the MMSS concluded that nurses were either moderately or less than moderately satisfied in their job settings. Furthermore, there was agreement among these studies that co-workers and interpersonal relationships were the more satisfied areas. Professional opportunities, praise and recognition, and control and responsibility were frequently the least satisfied sub-scales of the overall MMSS measurements.
CHAPTER 3

THEORETICAL FRAMEWORK

Maslow’s Hierarchy of Needs Model

Maslow’s Hierarchy of Needs model was used as the conceptual framework to guide this study (Maslow, 1954). The work of Benson and Dundis (2003) illustrate Maslow’s theory as related to the needs of the employee.

The structure of Maslow’s theory is based on the motivation of individuals to meet lower level needs before striving to meet higher level needs. Maslow’s Hierarchy of Needs model is represented in the shape of a triangle (Figure 1.0) with the base depicting the lowest level need, the physiological need for survival.

In ascending order, the second order need is for safety. Maslow states that once people no longer need to seek food, clothing, air, and shelter they are motivated to seek safety. This second order need represents security from harm, morality, and the attainment of health and property. Higher than the safety need is the need for love and belonging. Friendship, family and sexual partners are intricate within this third level. Maslow purports that a smaller number of individuals achieve the fourth level of need, which is esteem. Esteem enables an individual to possess an aura of confidence and respect for and by others. The apex of the triangle represents level five, self-actualization. Self-actualization is achieved by a nominal number of individuals (Maslow, 1954).
Maslow's model has been used in the business industry to understand the employee's motivation, needs, and desires. As noted in Figure 1.0, Benson and Dundis (2003) have aligned examples of employee needs with each need level in Maslow's hierarchy.

**Physiological Needs**

The salaries or wages an employee earns are means to attain the physiological requirements for human survival. Without adequate wages or income the basic physiological needs of housing, utilities (gas, electricity, water, food, and clothing) cannot be maintained. If an employee feels he/she is not being compensated fairly for work done then the focus of the employee will be on the unfairness rather than the actual work. Benson and Dundis (2003) elaborate that if employees are compensated fairly for the jobs they perform; then they will not spend an unwarranted amount of time thinking about how to correct their financial situation. The lack of a just salary creates negative feelings toward the employer and work establishment.

**Safety Needs**

Safety needs reflect the need for security in relation to self, employment, family, health, property and morality (Maslow, 1954). Safety in the work environment is influenced by schedules, job benefits, level of anxiety, and time constraints within which work must be completed. Stress influences safety because increased stress encourages quick, hasty decisions especially when under time pressure to complete numerous nursing tasks. Benson and Dundis (2003) compared this level of Maslow's hierarchy with the learning phase of a job. Nurses in a new job require an orientation period that is adequate to make them feel safe in their practice (Roberts et al., 2004). If nurses feel they have not received the appropriate training to perform expected tasks they feel insecure and job
dissatisfaction may occur. Veteran nurses who are expected to care for many patients with high acuity levels can also experience unsafe feelings (Benson & Dundis, 2003).

**Love and Belonging Needs**

Once safety needs of employees are attained they will seek meaningful social interactions and acceptance from co-workers and supervisors. This level is equivalent to the love and belongingness of Maslow’s hierarchy of needs (Benson & Dundis, 2003). It is at this level that humans express their need to belong, participate and interact with one another (Maslow, 1954).

In the absence of social interactions and acceptance from employers and co-workers employees become vulnerable to depression and anxiety that hinder job satisfaction. Working in an environment that is not welcoming or accepting encourages the employee to seek other employment (Aiken et al., 2002; Ashkanasy & Hartel, 2000; Lundgren et al., 2005). It is the positive inter-relationships and communication between co-workers and management, which promote retention of nursing staff.

**Esteem Needs**

Maslow’s esteem needs include self-respect and respect for others (Maslow, 1954). People need to feel a sense of contribution and self-value in what they do. If this need is not met then inferiority complexes, arrogance and vanity can overwhelm a person’s self concept (Benson & Dundis, 2003). Maslow further differentiates esteem into two distinct types. The first is external in the form of recognition and praise from others that positively influences the individual. The second type of esteem is internal, and considered to be a higher form of esteem, as it relates to self-confidence, competence, and achievements, that are void of outside influences. The self-esteem level as it relates
to the employee is based on the individual’s success and recognition from supervisors (Benson & Dundis, 2003). It is at the self-esteem level of Maslow’s theory that people seek to feel competent, confident and self-assured in their work environment.

Need for Self Actualization

Lastly, the need for self actualization is what drives a person to meet the ultimate level of performance and achievement in the endeavor they choose. Maslow (1954) described self actualization as, “the intrinsic growth of what is already in the organism, or more accurately, of what the organism is,” meaning self-actualization is achieved when a person reaches his/her fullest or greatest potential. It is at this level of the hierarchy the employee begins to enjoy his/her job and begins to take the initiative to learn and grow with an organization (Benson & Dundis, 2003; Maslow, 1954; J. McCloskey, 1974).

The levels of Maslow’s theoretical framework are intertwined with nursing job satisfaction. The goal of self actualization is for the nurse to reach and enjoy his/her ultimate level of performance and to take the personal initiative to learn and grow within the organization. The self-actualized nurse is able to lead others, manage numerous tasks, and resolve problems within the nursing profession. It is at this level that nurses seek higher education, offer to serve as mentors to new nurses, and are not influenced by negative perceptions. Self actualization increases job satisfaction.

Research Questions

For this study the following research questions are asked:

1. What is the level of job satisfaction of Las Vegas nurses working at Mountain View Hospital?
2. What is the relationship of motivating factors to overall job satisfaction among Las Vegas nurses working at Mountain View Hospital?

3. Is there a difference in job satisfaction among age groups of Las Vegas nurses working at Mountain View Hospital?

4. Is there a difference in job satisfaction between Mountain View nurses who received their nursing education in the U.S. and Mountain View nurses who received their education outside of the U.S.?

5. Is there a difference in job satisfaction between Mountain View nurses who work on specialty units and Mountain View nurses who work on medical/surgical units?

Definitions

For the purpose of this study the following definitions are offered:

Job satisfaction is conceptually defined by Mrayyan (2006) as the level of fulfillment and contentment an individual feels about his/her profession. The operational definition of job satisfaction is the total mean score using the MMSS (Mueller & McCloskey, 1990).

Motivating factors are conceptually defined by Mueller and McCloskey (1990) as safety, social and psychological rewards that contribute to job satisfaction. These include: extrinsic rewards, work scheduling, family/work balance, relationships with co-workers, social interaction, professional opportunities, receiving praise/recognition, and having control/responsibility (Mrayyan, 2006). Operationally, the mean sub-scale scores of the MMSS measure motivating factors.
Type of nursing education and country where nursing education was obtained are operationalized using the demographic form responses. Age groups are defined as: younger nurses (age 34 and below), middle age nurses (age 35 - 44), and older nurses (age 45 and above).

Medical surgical units are conceptually defined as units where the nurse has a minimum of five to six patients assigned per shift and patients have lower acuity levels. Operationally defined Medical/surgical units were those units designated as medical/surgical at Mountain View Hospital.

Specialty units are conceptually defined as any adult unit with a patient-to-nurse ratio of one to four patients to a single nurse with higher acuity. Operationally, specialty units included: Intensive care (ICU), Cardiac Care (CCU), Obstetrics (OB), and Emergency Room (ER).
CHAPTER 4

METHODOLOGY

Setting and Design

A descriptive cross-sectional survey design was used for this study. The study was conducted at Mountain View Hospital, located in the Northwestern metropolitan area of Las Vegas. After obtaining internal review board (IRB) approval from the University of Nevada, Las Vegas and Mountain View Hospital study participants were recruited.

Sample

A convenience sample of 53 participants was recruited for this study. Based on the inclusion criteria potential participates were approached and asked to participate in the study. Since this study focused on nursing job satisfaction the nurses targeted to participate came from a pool of nurses employed at Mountain View hospital.

For the sake of maintaining a reliable pool of participants and avoiding a type I error the following inclusion and exclusion criteria were used:

Inclusion criteria

a. Holds a license as a registered nurse (RN) in Nevada.

b. Has been a registered nurse for a minimum of nine months.

c. Employed by the hospital (Mountain View) consecutively for the past six months prior to this study.
d. Speaks English

c. Willing to sign the consent form and willing to participate in the study.

Exclusion Criteria

a. Unlicensed hospital personnel.

b. Registered nurses with less than nine months of bedside nursing experience.

c. Nurses with less than six months employment at Mountain View Hospital.

d. Non-English speaking personnel.

e. Unwillingness or refusal to sign the consent form.

f. Individuals clinically diagnosed and treated for mental or depressive disorders.

Procedure

Nurses were verbally approached at the beginning, during, or after their shift to participate in the study. The student investigator (SI) approached the participants individually or in groups and asked the potential participants if they would be willing to answer a three page survey questionnaire which would take approximately 15 minutes to complete. Furthermore, the SI explained to the participants the purpose of the study and told them that participation was voluntary. They were also told that the individual responses to the survey would not be shared with their employers or immediate supervisors. The SI also emphasized that refusing to participate would in no way jeopardize their job or their standing with their employer.

The privacy and confidentiality of the participants were ensured by:

1. The use of numerical codes instead of names was used on the actual questionnaire.
2. Nurses were informed that they had the right to refuse participation in the study or choose not to answer an item on the questionnaire without penalty or job loss.

3. Data with identifying information will be destroyed at the end of the study period and results shared with the nursing administration for the purposes of managerial or motivational interventions will be provided in a cumulative report of only aggregate data; without identifying individual nurses.

4. Additionally, all questionnaires were kept in a locked cabinet in the nursing office at the University of Nevada, Las Vegas and will remain there for three years, until they are destroyed.

Nurses agreeing to participate were given a verbal explanation of the study’s purpose. They were also shown the survey questionnaire and asked to sign the informed consent. The survey questionnaire and consent were written at an estimated eighth grade reading level. As participants were completing the questionnaire the SI remained in the immediate area to answer any questions the participants may have had. Upon completion of the questionnaire the participants were asked to place their completed questionnaire into a large manila envelope to further assure the participant’s confidentiality. They were also given an opportunity to draw one item from the grab bag, a grab valued from $1.00 to $5.00 for their participation in the study. Grab bag contents ranged in values of: twenty $1.00 awards, fifteen $2.00 awards, ten $3.00 awards and five $5.00 awards. Any volunteer willing to participate without a grab bag incentive was also permitted to participate.


Instrumentation

The Mueller and McCloskey Satisfaction Scale (MMSS) was used to assess job satisfaction and identify the motivating factors of nursing job satisfaction (Appendix E). It is a 31 question Likert scale survey on nursing job satisfaction which was revised in 1990 (Mueller and McCloskey, 1990). The responses to each question were elicited using a Likert-type scale ranging from 1 to 5, with 5 being the most satisfied and 1 being the most dissatisfied.

Reliability of the MMSS

The researchers’ field tested the MMSS and obtained an alpha coefficient of .89 for the composite score. The survey consists of eight sub-scales of variables related to: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognitionon, and control/responsibility. The alpha for each of the sub-scales of satisfaction per Mueller and McCloskey (1990) ranged from 0.52-0.84. The test/re-test correlation measurements at six and twelve months were at the same level or lower than the alpha scores for the sub-scales; which was an expected finding (Mueller and McCloskey, 1990).

Cronbach’s alpha co-efficient for the MMSS composite score of nursing job satisfaction was 0.89 (Mueller & McCloskey, 1990) lending strength that a relationship existed between the eight sub-scales of the MMSS and overall nursing job satisfaction (Brady-Schwartz, 2005; D. F. Polit & Beck, 2004). The alphas for each of the eight subscales ranged from .52 to .84 with a cut-off item loading factor of 0.40. The lower alphas were directly related to the sub-scales with few questions.
The validity of the composite score of satisfaction was assessed by comparing MMSS with the Brayfield-Roth general job satisfaction scale obtaining a correlation value of .41. The sub-scales were correlated with the Hackman and Oldham’s Job Diagnostic Survey (JDS) which produced a correlation value that ranged from .53 to .75. Mueller and McCloskey (1990) contended that the MMSS composite score was more valid compared to the individual sub-scale scores.

**Relationship of MMSS items to Maslow’s Hierarchy of Needs**

The first, second and third questions of the survey were concerned with extrinsic rewards such as salary, and benefit packages addressing the physiological needs of Maslow’s needs hierarchy. Question two and four through nine were related to schedules; regarding vacation, hours of work, types of schedules, weekends, full/part time status, and differential pay for specific types of schedules (day versus night shift). These sub-scales addressed the employees’ safety needs in Maslow’s hierarchical structure (2000).

Work and family life were the focus of questions ten through twelve. Peers and co-workers from different health professions were examined with questions thirteen and fourteen. Interaction opportunities of the unit were analyzed with questions fifteen through eighteen. These three sub-scales addressed Maslow’s level of belongingness and love.

Questions nineteen through twenty-two investigated the professional opportunities a nurse has on his/her unit or floor. These questions addressed the learning and training issues that are present in most employment settings.

Praise and recognition were measured through positive feedback in questions twenty-three through twenty-six addressing the self esteem aspect of this study’s theoretical
framework. Lastly, questions twenty-seven through thirty-one examined the control and responsibility a nurse feels he/she has providing the nurse with a level of self actualization within an organizational structure. This sub-scale assessed Maslow’s self-actualization needs. See Figure 2.0 for relationship of the MMSS questions to Maslow’s Hierarchy of Needs Model.

Demographic Data Sheet

Participants were also asked to complete a demographic data sheet. The following demographic data was collected: age, gender, level of education attained and where the education was received, number of years employed as a registered nurse, number of jobs held as a registered nurse, specialty unit currently working in and for how many years, average number of patient’s per shift, shift worked (day or night), number of hours worked per week and if any medications taken which could alter emotional state or mood.

Data Analysis

All data was analyzed using the Statistical Package for the Social Sciences (SPSS 15.0), for Windows software (SPSS, Inc., 2006).

The research questions were addressed in the following manner:

1. Research Question #1 used descriptive statistics and distribution to measure the overall and sub-scales of nursing job satisfaction.

2. Research question #2 utilized Person’s correlation of the MMSS sub-scales (motivating factors) to the total MMSS composite scores of nursing job satisfaction describing their relationship.
3. Research question #3 was addressed by using a One-Way ANOVA test comparing the three age groups of nurses (younger, middle aged and older nurses).

4. Research question #4 used an independent t-test measurement to measure the differences in the level of satisfaction between nurses educated in the U.S. and nurses educated outside the U.S.

5. Research Question #5 used an independent t-test measurement to measure the differences in the level of satisfaction between specialty and medical surgical units.

Methodological Limitations

A limitation of the study is the lack of randomness in the sample. This study was based on a convenience sample. The subjects may have overestimated or underestimated their level of satisfaction.

The possibility of a Type II statistical error exists due to the small sample size involved in the statistical analyses. A power analysis was not conducted.

A third limitation of the study is the possibility of instrument weakness. This particular tool was developed by McCloskey in 1974 and the most recent revision was done by McCloskey and Mueller in 1990. Researchers have suggested that the MMSS frequently used to measure nursing job satisfaction may not “stand the test of time” and that further research is needed regarding the psychometric properties of the tool itself (Roberts et al., 2004; Tourangeau et al., 2006).

The timing of the study was near “nurses’ week” and participant responses may have been influenced more positively in this week of recognition for their profession.
Furthermore, the subjects were surveyed before, during or after their shift which could have influenced their satisfaction based on the type of day they may have experienced.

Communication of Findings

The findings of this study will be communicated to the administration of both the nursing program and Mountain View Hospital which have been involved with this study. It may assist with future research and administrative decisions and changes in the hospital setting.
CHAPTER 5

FINDINGS

This chapter summarizes the findings of the study regarding nursing job satisfaction at Mountain View hospital. Demographics of the participants are described and the findings of the research questions are presented.

Sample Number

Fifty-three survey questionnaires were self administered by the participating nurses at Mountain View Hospital between March 20, 2007 and May 30, 2007. The sample consisted of twenty nurses from the medical-surgical (med/surg) unit and 33 nurses from specialty units (ICU, CCU, ER, and OB). One survey was excluded from the study due to a clinical diagnosis of depression and anti-depressant medication use. The total number of valid surveys reflected in the results is fifty-two (N = 52).

Results

Description of Sample

Every participant had been employed by Mountain View hospital for at least six consecutive months and held a registered nurses license for a minimum of nine months preceding survey participation. Of the total sample (N = 52) forty-eight of the subjects (92%) were female and four (8%) were male. With the exception of two nurses older than 55 and one nurse younger than 25 years of age, ages of the sample were evenly distributed. A large portion of the participants were married (71.2%, n = 37), with only
19.2% \( (n = 10) \) being single and the remaining 9.6% \( (n = 5) \) were separated or divorced. (See Table 1.0 for further detail of demographics).

The majority of participants \( (65\%, n = 34) \) received their nursing education in the U.S. while the remaining participants were educated in the Philippines \( (33\%, n = 17) \) with only one subject educated in Kenya, Africa. Twenty seven nurses had attained a baccalaureate degree in nursing \( (51.9\%) \). Approximately 85% of the nurses had at least five or more years of nursing experience and 61.5% had more than five years of nursing experience in their current nursing area (See Tables 1.0 and 2.0 for further detail of demographics).

**Reliability Analysis**

As a measure of reliability, coefficient alphas were computed for the MMSS composite and subscale scores. Measures for the present study are compared with reliabilities found in Mueller and McCloskey’s study \( (1990) \) as presented in Table 3.0. The coefficient alpha obtained for the MMSS composite score in this study was .88 \( (N = 52) \). This indicated positive reliability. The reliability analysis of Mueller and McCloskey’s study resulted in an alpha score of .89.

Reliability coefficients for the sub-scales are presented in Table 3.0 and reflect moderate to strong reliability for all sub-scales \( (.62 - .92) \). The reliability coefficients for the sub-scales in the present study are higher than those obtained by Mueller and McCloskey.

**Results of Research Questions**

**Research Question #1:** What is the level of job satisfaction of Las Vegas nurses working at Mountain View Hospital?
Results are first presented as the sum of the MMSS sub-scales to obtain a mean composite satisfaction score \((M = 112.57 \pm 19.66)\), with scores ranging from 61-143. See Table 4.0 for the composite total and sub-scale scores. Satisfaction scores are also presented with Likert mean values for comparative purposes with other studies. The mean Likert composite score was \(3.63 \pm .63\) with a range of 1.96 - 4.61. See table 5.0 for the mean composite and mean sub-scale scores.

Distribution analysis of the composite satisfaction scores indicated that approximately 38.4\% of the nurses were at least moderately satisfied and 42.3\% ranged between neutrally and moderately satisfied. See Figure 3.0 for distribution curve of composite satisfaction scores.

Research Question #2: What is the relationship of motivating factors to overall job satisfaction among Las Vegas nurses working at Mountain View Hospital?

All of the MMSS sub-scales were significantly correlated to the composite satisfaction score \((p < 0.01)\). The strongest correlations were found between the sub-scales of ‘control and responsibility’ \((r = .90, p = .000)\), ‘recognition and praise’ \((r = .84, p = .000)\) and ‘scheduling’ \((r = .84, p = .000)\) and the sample’s composite satisfaction score (see Table 6.0).

Research Question #3: Is there a difference in overall job satisfaction among age groups of Las Vegas nurses working at Mountain View Hospital?

To determine if there was a difference in composite satisfaction scores related to age, the sample was divided into 3 groups: “younger nurses” \((\leq 34 \text{ years of age})\), “middle aged nurses” \((35 \text{ to } 44 \text{ years of age})\), and “older nurses” \((\geq 45 \text{ years of age})\). A One-Way ANOVA was done to determine if there was a difference between the composite
satisfaction scores of the three age groups. There was no significant difference ($p = .542$) between the three age groups for overall job satisfaction (See Table 7.0).

Research Question #4: Is there a difference in job satisfaction for Mountain View nurses who received their nursing education in the United States compared to those who received their education outside of the United States?

An independent sample $t$-test was utilized to determine the difference in satisfaction scores between nurses who were educated in the U.S. and nurses educated outside the US. Thirty five nurses were educated in the U.S. Of the 17 nurses educated outside the U.S., 16 were educated in the Philippines and one was educated in Kenya, Africa. A significant difference in composite satisfaction scores was observed between the two groups ($p = .005$). The nurses educated outside the United States were more satisfied ($M = 123.3 ± 13.54$) than U.S. educated nurses ($M = 107.37 ± 20.21$) (See Table 8.0).

Research Question #5: Is there a difference in job satisfaction between Mountain View nurses who work on specialty units and Mountain View nurses who work on medical/surgical units?

An independent $t$-test was used to compare nurses working in medical/surgical units ($n = 20$) and nurses working in specialty units ($n = 32$). The mean composite satisfaction score for nurses in medical/surgical units was 111.10 ± 18.08 and the score for nurses working in specialty units was 113.50 ± 20.82. The composite scores indicated that there was no significant difference ($p = .673$) in satisfaction between unit types (See Table 9).

Note: Observed power was .15, .82, and .07 for the analyses of research questions three, four, and five respectively.
CHAPTER 6

DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS

This chapter includes discussion of the results, study limitations, recommendations for nursing practice and recommendations for future study.

Mountain View Nurses’ Job Satisfaction

Mountain View nurses (N = 52) scored a mean sum satisfaction value of 112.57 ± 19.66 (equivalent to a 3.63 ± .63 mean value on the 5-point Likert scale) indicating a mean overall level of job satisfaction that is less than moderately satisfied. However, this sample’s mean overall satisfaction score (M = 3.63) was stronger than the MMSS scores from the Magnet hospital in Brady-Schwartz (2005) study (N = 470) comparing job satisfaction of nurses at magnet (M = 3.54 ± .52) and non-magnet recognized hospitals (M = 3.33 ± .56). The composite satisfaction scores of Mountain View nurses indicated that a larger number of nurses (81%) were satisfied when compared to Price’s (2002) study of hospital staff nurses (N = 141) which reflected only 58% of the nurses were satisfied in their job setting.

The overall satisfaction of nurses at Mountain View Hospital (M = 3.63 ± .63) was also stronger than Jordanian nurses (N = 120) studied by Mrayyan (2006), whose overall satisfaction score was less than neutral (M = 2.74 ± .50). Mountain View nurses compared similarly to the nurses in Roberts, et al.’s study (2004) of new baccalaureate nurses (N = 124) intent to stay or leave their present job, whose overall satisfaction score

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was 3.65. However, new baccalaureate nurses most likely to remain in their present jobs scored a mean composite satisfaction of 3.80 ± 0.69, whereas nurses most likely to leave scored a lower \( M = 3.15 \pm 0.75 \) level of satisfaction (Roberts et al., 2004). This result suggests that nurses who have the intent to leave their jobs have less job satisfaction.

**Influence of Motivating Factors (Sub-Scales of the MMSS)**

Pearson correlation values were used to determine the relationship of motivating factors (MMSS sub-scales) to overall job satisfaction. The sub-scales of the MMSS relate to Maslow's theoretical framework and can be applied to employees (Benson & Dundis, 2003; Maslow, 1954). It was possible to determine the strength of relationship between the individual needs represented in the subscales, and their impact on job satisfaction. The various correlations suggest which motivating factors were more important to the Mountain View nurses.

**Safety Rewards**

Salary, vacation time, and benefits of the employee are items addressed in the extrinsic rewards of the MMSS (Benson & Dundis, 2003; Maslow, 1954). This sample’s mean extrinsic rewards score was 3.64 ± 0.81 with a positive and significant correlation \( r = 0.67, p < 0.01 \). This may be explained in by the fact that a large majority of the nurses have been in the nursing profession for a significant number of years and extrinsic rewards are less motivating than other aspects of the job. As was shown in the study by Larrabee et al. (2003) that nurses employed for less than five years reflected a higher intention to leave their current jobs for better salaries and benefits than nurses employed for more than five years.
The sub-scale of scheduling is related to the safety level of the employee's hierarchy of needs. The sample's mean satisfaction score for scheduling was 3.86 ± .81 with a strong positive correlation \( r = .84 \) to overall job satisfaction. Roberts et al.'s (2004) study of new graduate nurses ranked scheduling as the second highest satisfied sub-scale. A study by Lynch (1994) of home health nurses \( (N = 66) \) showed that scheduling was a stronger satisfier than extrinsic rewards. In Lynch’s study, 44% of the sample was very satisfied and 32.5% were moderately satisfied in the scheduling sub-scale where as only 9.6% were very satisfied and in the extrinsic rewards. This can be explained because the potential for overtime hours and schedule flexibility is necessary for the employee who may have family responsibilities that take precedence.

The sub-scale of balance and work for this sample ranked second to the lowest of the eight sub-scales \( (M = 3.31 ± .70) \) with the lowest positive correlation \( r = .55 \) to overall job satisfaction. The lower correlation value for family and work balance may be explained by the change in society itself. The female gender has taken momentous strides in society and the family position of care-giver and parent are no longer primarily the female responsibility.

**Social Rewards**

The love and belonging needs of Maslow’s model are addressed by the MMSS in the sub-scales, co-workers and interactive opportunities. Mountain View nurses were most satisfied with co-workers \( (M = 4.08 ± .60; r = .61) \) and interactive opportunities \( (M = 3.89 ± .74; r = .70) \). This is comparable to the findings by Price’s (2002) study of registered nurses from 26 acute medical-surgical wards in a large teaching hospital whose
score for satisfaction with co-workers was 3.8. This suggests that nurses value the relationship with co-workers highly and such relationships impact job satisfaction.

*Psychological Rewards*

The self-esteem and self-actualization needs of Maslow’s model are aligned with the sub-scales of praise and recognition, professional opportunities and control and responsibility. Mountain View nurses’ praise and recognition score was 3.68. The score had a strong positive correlation to overall job satisfaction \( r = .84 \). Receiving recognition for work by supervisors and peers has been found to have a significant positive relationship with job satisfaction (Blegen & Vaughn, 1998). This result was consistent with the study of new graduate nurses who also ranked praise and recognition fourth with a satisfaction score of 3.64 ±.84 (Roberts et al., 2004). Praise and recognition had a lower satisfaction score than co-worker \( M = 4.09 ±.74 \), scheduling \( M = 3.92 ±.75 \) and interaction opportunities \( M = 3.82 ±.74 \) all of which have a lower correlation value with overall job satisfaction as previously mentioned. Furthermore, Roberts et al. study concluded that new graduate nurses who were employed less than six months showed to have significantly more satisfaction \( p = .05 \) with praise and recognition than nurses employed more than twelve months.

The Mountain View nurses’ control and responsibility satisfaction score was 3.42 ± .87, and demonstrated a strong positive correlation \( r = .90 \) with overall job satisfaction. However, this subscale was ranked among the lowest three of the subscales. In comparison Mountain View nurses scored higher than Price’s (2002) study of registered nurses whose satisfaction in the area of control and responsibility was 2.7.
Additionally, the Mountain View nurses' score for control and responsibility was comparable to Brady-Schwartz's findings (2005) that compared nurses at magnet (M = 3.35 ± .86) and non-magnet hospitals (M = 2.99 ± .87). Mountain View nurses ranked similar to the magnet hospital nurses in this sub-scale.

Professional opportunities received a moderate correlational value (r = .67) with overall job satisfaction. The satisfaction score for professional opportunities was ranked as the lowest subscale by Mountain View nurses (M = 3.25 ± .82). This is consistent with Roberts et al. (2004) study of new graduate nurses and Prices' (2002) study of nurses in the acute hospital setting both placing the sub-scale of Professional Opportunities as the lowest. A possible explanation for the lower scores may be that nursing research and publishing are not emphasized as a primary focus of hospital nurses providing bedside care. However nurses at Mountain View hospital are not dissatisfied with the professional opportunities available to them. This may be related to the hospital’s educational reimbursement plan for nurses who seek higher education and degree programs.

Satisfaction Related to Age

The results of this study indicated that age was not significantly related to the level of job satisfaction of nurses at Mountain View hospital. All three age groups (younger, middle-aged and older) were between the ranges of neutral (93) to moderately satisfied (< 124.00). However the older nurse age group had a composite satisfaction score of 116 ± 21.50 that was 7.2 points greater than the younger nurses group and 5.1 points greater than the middle-aged nurses group. The satisfaction value alone suggests that as nurses age the likelihood of becoming more satisfied in their jobs is possible, however the result
was not statistically significant. A larger sample would need to be used to show consistencies with Berg et al.'s (2004) study of aging nurses \((N = 327)\) which reflected that job satisfaction had a weak but positive correlation with age \((r = 0.16, p = .004)\).

Conversely, a study by McNeese-Smith and Crook (2003) found that there were significant negative relationships between age and specific individual work values of the nurses studied \((N = 412)\). Results of this study indicated that aged nurses were less satisfied with economic returns \((p = .008)\), level of prestige \((p = .04)\) and variety \((p = .0001)\) than younger aged nurses.

**Satisfaction Differences Related to Country of Education**

The independent \(t\)-test results of the current study indicated that nurses educated outside the U.S. \((n = 17)\) had significantly higher composite satisfaction scores \((M = 123.2 \pm 13.54, p = .002)\) in their jobs than nurses \((n = 35)\) who were educated in the U.S. \((M = 107.3 \pm 20.21, p = .005)\). Since 16 of the 17 nurses educated outside the U.S. were educated in the Philippines it is indicative to say that Filipino nurses are more satisfied in their jobs than U.S. educated nurses.

This is contrary to the study done by Berg et al. (2004) on job satisfaction (using the PNAA Questionnaire of 28 questions) between nurses U.S. educated nurses \((n = 52, 17.1\%)\) and nurses educated in the Philippines \((n = 244, 81.9\%)\). Berg et al. found that there was no significant \((p = .08)\) association between satisfaction in nurses educated in the U.S. or in the Philippines, although the relationship did approach significance.

Also contrary to the current study results, Pizer et al. (1992) found a significantly higher level of enjoyment \((p < .05)\) among the U.S. educated nurses \((n = 502, M = 3.23 \pm .03)\) when compared to the non-U.S. educated nurses \((n = 312, M = 3.15 \pm .03)\). Of the
total non-U.S. educated nurses included in Pizer et al. study 311 were educated in the Philippines.

*Satisfaction Differences Related to Nursing Unit*

The present study’s results indicate that there was no significant difference \( p = .673 \) in nursing job satisfaction between medical surgical \( (M = 111.1) \) and specialty units \( (M = 113.5) \). These study results are similar to the study by Boyle et al. (2006) of 55,516 nurses using the NDNQI Registered Nurse Satisfaction Survey (2004). Their results indicated that there was no significant difference in level of job satisfaction among medical surgical \( (M = 48.8 \pm 9.07) \), critical care \( (M = 48.3 \pm 8.24) \), step-down \( (M = 49.1 \pm 10.9) \), and obstetrics units \( (M = 49.4 \pm 8.51) \). These findings are contrary to Mrayyan’s (2006) study of Jordanian nurse job satisfaction between critical care and medical surgical units employing the MMSS. Mrayyan’s results indicated that nurses were more dissatisfied in the medical surgical units \( (2.55 \pm .50) \) than nurses working in critical care units \( (2.93 \pm .49) \).

**Recommendations for Nursing Practice**

Job satisfaction is critical to retention of nurses in their positions and to professional development of the individual nurse. Satisfied nurses are able to give better patient care and strengthen the nursing profession overall. Hospital administrators and managers who are sensitive to variables of nurse job satisfaction may be able to lessen high turnover rates. It is this student investigator’s conclusion, based on the findings of this study, that the ability to have control and responsibility in one’s nursing practice is an important factor related to job satisfaction; hospital administrators and nurse managers may need to consider ways to increase nurses’ perceived level of control and responsibility.
Highly ranked motivating factors for Mountain View nurses include receiving praise and recognition for their work, and having input regarding their schedule. Satisfaction with scheduling is one of the most positive areas of nursing job satisfaction at Mountain View Hospital. However, nurses perceive that praise and recognition are lacking and this would be an area for nursing administration to address. Comments of “good work” and “appropriate practice” are taken to heart when spoken with sincerity from supervisors and can raise the nurse’s level of self esteem.

Lastly, the majority of nurses in this study were over the age of 35 years, with nearly 36% of them being over the age of 45 years. It is estimated by Norman et al. (2005) that 40% of nurses will be over the age of 50 years and seeking retirement between the years 2010 and 2020. In light of the future healthcare needs of Nevada, nursing schools must produce sufficient numbers of new graduate nurses to fill the void that will occur when older nurses retire. Hospital and nursing administration must take measures to assist new graduates in their adjustment to their professional nursing role. It is this student investigator’s opinion that new graduates need to be retained, and nursing turnover rates in general need to decline significantly in order to meet the nursing needs of the Las Vegas community by the year 2010. Administrators who implement actions to increase nurses’ job satisfaction may help stabilize the nursing workforce.

Recommendations for Further Study

It is recommended that this study be repeated using a larger sample size and several hospitals in the Las Vegas community to measure job satisfaction among nurses. A larger sample would allow for higher numbers in all categories for comparative purposes. This would allow for greater generalization of the results. Nursing managers and charge nurses
should also be included in further studies so that satisfaction interpretations between staff
nurses and charge nurses within the Las Vegas community can be identified and
measured. A rewording of the demographic questionnaire is recommended to ensure that
ethnicity is included, and exact age is requested.

Conclusion

In conclusion, Las Vegas nurses at Mountain View Hospital are neither strongly
satisfied nor strongly dissatisfied with their jobs. Working with co-workers and having
opportunity for interaction were factors that Mountain View nurses indicated as most
satisfying in their jobs. Non U.S. educated nurses were significantly more satisfied than
U.S. educated nurses. Age and type of nursing unit worked on did not affect level of job
satisfaction among the Mountain View nurses.
REFERENCES


http://www.dhpstate.va.us/nursing/survey/nursing_survey.doc.htm
Table 1.0 Demographics of Mountain View Nurses ($N = 52$)

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<td><strong>Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>12</td>
<td>23.1</td>
</tr>
<tr>
<td>Associate</td>
<td>9</td>
<td>17.3</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>27</td>
<td>51.9</td>
</tr>
<tr>
<td>Master</td>
<td>4</td>
<td>7.7</td>
</tr>
<tr>
<td><strong>Country of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>35</td>
<td>67.3</td>
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<tr>
<td>Philippines</td>
<td>16</td>
<td>30.8</td>
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<tr>
<td>Africa</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Table 2.0 Nursing Demographics of Mountain View Nurses (N = 52)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (n)</td>
<td>Percent (%)</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of Nursing Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>1 - 2</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>3 - 4</td>
<td>6</td>
<td>11.5</td>
</tr>
<tr>
<td>5 - 9</td>
<td>10</td>
<td>19.2</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>34</td>
<td>65.5</td>
</tr>
<tr>
<td>Years of Experience in Current Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1</td>
<td>5</td>
<td>9.6</td>
</tr>
<tr>
<td>1 - 2</td>
<td>5</td>
<td>9.6</td>
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<tr>
<td>3 - 4</td>
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<td>19.2</td>
</tr>
<tr>
<td>5 - 9</td>
<td>14</td>
<td>26.9</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>18</td>
<td>34.6</td>
</tr>
<tr>
<td>Total number of Nursing Jobs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 2</td>
<td>10</td>
<td>19.2</td>
</tr>
<tr>
<td>3 - 4</td>
<td>16</td>
<td>30.8</td>
</tr>
<tr>
<td>5 - 6</td>
<td>10</td>
<td>19.2</td>
</tr>
<tr>
<td>7 - 8</td>
<td>7</td>
<td>13.5</td>
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<tr>
<td>9 - 10</td>
<td>2</td>
<td>3.8</td>
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<tr>
<td>&gt; 10</td>
<td>7</td>
<td>13.5</td>
</tr>
<tr>
<td>Type of Unit</td>
<td></td>
<td></td>
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<tr>
<td>Medical/Surgical (MS)</td>
<td>20</td>
<td>38.4</td>
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<tr>
<td>Intensive Care (ICU)</td>
<td>10</td>
<td>19.2</td>
</tr>
<tr>
<td>Cardiac Care (CCU)</td>
<td>8</td>
<td>15.4</td>
</tr>
<tr>
<td>Emergency Room (ER)</td>
<td>7</td>
<td>13.5</td>
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<tr>
<td>Labor and Delivery (LD)</td>
<td>7</td>
<td>13.5</td>
</tr>
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</table>
Table 3.0 Reliability Coefficients for the MMSS: Composite Score and Sub-Scales

<table>
<thead>
<tr>
<th></th>
<th>Mueller-McCloskey (1990)</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Satisfaction Score</td>
<td>.89</td>
<td>.88</td>
</tr>
<tr>
<td>Sub-Scales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extrinsic Rewards</td>
<td>.52</td>
<td>.77</td>
</tr>
<tr>
<td>Scheduling</td>
<td>.84</td>
<td>.86</td>
</tr>
<tr>
<td>Family and Work Balance</td>
<td>.57</td>
<td>.62</td>
</tr>
<tr>
<td>Co-Workers</td>
<td>.54</td>
<td>.62</td>
</tr>
<tr>
<td>Interaction Opportunities</td>
<td>.72</td>
<td>.87</td>
</tr>
<tr>
<td>Professional Opportunities</td>
<td>.64</td>
<td>.88</td>
</tr>
<tr>
<td>Praise and Recognition</td>
<td>.80</td>
<td>.92</td>
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<tr>
<td>Control and Responsibility</td>
<td>.80</td>
<td>.90</td>
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</table>

<table>
<thead>
<tr>
<th>Table 4.0 MMSS Scores for Nurses Satisfaction (N = 52)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Composite Satisfaction Score</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>112.57 ±19.66</td>
</tr>
<tr>
<td><strong>Composite Sub-Scale Satisfaction Scores</strong></td>
</tr>
<tr>
<td><strong>Extrinsic Rewards</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>10.92 ±2.44</td>
</tr>
<tr>
<td><strong>Schedule</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>23.17 ±5.05</td>
</tr>
<tr>
<td><strong>Family/Work Balance</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>9.92 ±2.11</td>
</tr>
<tr>
<td><strong>Co-Workers</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>8.15 ±1.21</td>
</tr>
<tr>
<td><strong>Interaction Opportunities</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>15.57 ±2.99</td>
</tr>
<tr>
<td><strong>Professional Opportunities</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>10.01 ±3.31</td>
</tr>
<tr>
<td><strong>Praise and Recognition</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>14.73 ±4.24</td>
</tr>
<tr>
<td><strong>Control and Responsibility</strong></td>
</tr>
<tr>
<td>Mean ±SD</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>17.07 ±4.37</td>
</tr>
</tbody>
</table>


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Table 5.0 Mean Satisfaction Scores per the Likert 5-point Scale

<table>
<thead>
<tr>
<th></th>
<th>Mean Satisfaction ±SD</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Satisfaction</strong></td>
<td>3.63 ± 0.63</td>
<td>3.65</td>
<td>1.96-4.61</td>
</tr>
<tr>
<td><em>(Mean Sub-Scale Sums)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mean of the Sub-Scale Satisfaction Score Sums</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extrinsic Rewards</td>
<td>3.64 ± 0.81</td>
<td>3.83</td>
<td>1.33-5.00</td>
</tr>
<tr>
<td>Schedule</td>
<td>3.86 ± 0.84</td>
<td>4.00</td>
<td>1.83-5.00</td>
</tr>
<tr>
<td>Family/Work Balance</td>
<td>3.31 ± 0.70</td>
<td>3.33</td>
<td>1.00-5.00</td>
</tr>
<tr>
<td>Co-Workers</td>
<td>4.08 ± 0.60</td>
<td>4.00</td>
<td>2.00-5.00</td>
</tr>
<tr>
<td>Interaction Opportunities</td>
<td>3.89 ± 0.74</td>
<td>4.00</td>
<td>2.00-5.00</td>
</tr>
<tr>
<td>Professional Opportunities</td>
<td>3.25 ± 0.82</td>
<td>3.37</td>
<td>1.25-5.00</td>
</tr>
<tr>
<td>Praise and Recognition</td>
<td>3.68 ± 1.06</td>
<td>4.00</td>
<td>1.50-5.00</td>
</tr>
<tr>
<td>Control and Responsibility</td>
<td>3.42 ± 0.87</td>
<td>3.60</td>
<td>1.60-5.00</td>
</tr>
</tbody>
</table>

*MMSS, McCloskey-Mueller Satisfaction Scale (1990).*
<table>
<thead>
<tr>
<th>MMSS Sub-Scale</th>
<th>$r$</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extrinsic Rewards</td>
<td>.67</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Scheduling</td>
<td>.84</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Family and Work Balance</td>
<td>.55</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Co-Workers</td>
<td>.61</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Interaction Opportunities</td>
<td>.70</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Professional Opportunities</td>
<td>.67</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Praise and Recognition</td>
<td>.84</td>
<td>$\leq .01$</td>
</tr>
<tr>
<td>Control and Responsibility</td>
<td>.90</td>
<td>$\leq .01$</td>
</tr>
</tbody>
</table>

*MMSS, McCloskey-Mueller Satisfaction Scale (1990).*
<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>n</th>
<th>Mean ±SD</th>
<th>Range (61-143)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger Nurses</td>
<td>17</td>
<td>109.1 ± 19.06</td>
<td>84-143</td>
</tr>
<tr>
<td>(age 34 and below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Age Nurses</td>
<td>15</td>
<td>111.4 ± 18.20</td>
<td>69-137</td>
</tr>
<tr>
<td>(age 35-44)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Older Nurses</td>
<td>20</td>
<td>116.3 ± 21.50</td>
<td>61-142</td>
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<td>(age 45 and above)</td>
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</table>

* No significant differences were found between age groups (p=.542)

<table>
<thead>
<tr>
<th>Education Group</th>
<th>n</th>
<th>Mean Satisfaction ±SD</th>
<th>t</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Educated</td>
<td>35</td>
<td>107.3 ± 20.21</td>
<td>-2.93</td>
<td>.005</td>
</tr>
<tr>
<td>Non-U.S. Educated</td>
<td>17</td>
<td>123.2 ± 13.54</td>
<td>-3.36</td>
<td>.002</td>
</tr>
</tbody>
</table>

*MMSS, McCloskey-Mueller Satisfaction Scale (1990).*
<table>
<thead>
<tr>
<th></th>
<th>Mean ±SD</th>
<th>Mean ±SD</th>
<th>t</th>
<th>p value</th>
</tr>
</thead>
</table>
| Medical/Surgical  
(n=20)     | 111.10 ± 18.08 | 113.50 ± 20.82 | -.425 | .673    |
| Specialty   
(n=32)      |              |              |     |         |

**Table 9.0** MMSS Scores Between Medical/Surgical and Specialty Units (*N* = 52)

MMSS, McCloskey-Mueller Satisfaction Scale (1990)

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APPENDIX B

FIGURES
Figure 1.0 Maslow’s Hierarchy of Needs Related to the Individual and Employee

<table>
<thead>
<tr>
<th>Individual</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morality, creativity, acceptance, and problem solving</td>
<td>Enjoying his/her job, initiative to learn and grow with an organization</td>
</tr>
<tr>
<td>Self esteem, confidence, achievement, respect of and by others</td>
<td>Individual success and recognition from supervisors</td>
</tr>
<tr>
<td>Friendship, family, and sexual</td>
<td>Interrelationships and communication with co-workers and supervisors</td>
</tr>
<tr>
<td>Security of body, employment, resources, family, health and property</td>
<td>Benefits, stress, anxiety, time pressure or constraints</td>
</tr>
<tr>
<td>Breathing, food, water, sex, sleep, homeostasis, excretion</td>
<td>Salaries and wages earned</td>
</tr>
</tbody>
</table>

Maslow’s model is used in the business industry to understand employees:

----Motivation---- ----Needs---- ----Desires----


Figure 2.0 Relationship of Maslow’s Model and the MMSS

<table>
<thead>
<tr>
<th>Safety</th>
<th>Social</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extrinsic rewards (Q:1,2,3)</td>
<td>Satisfaction w/ co-workers (Q:13,14)</td>
<td>Professional opportunities (Q:19,20,21,22)</td>
</tr>
<tr>
<td>Scheduling (Q:4,5,6,7,8,9)</td>
<td>Interaction (Q:15,16,17,18)</td>
<td>Praise/recognition (Q:23,24,25,26)</td>
</tr>
<tr>
<td>Family/work balance (Q:10,11,12)</td>
<td>Control and responsibility (Q:27,28,29,30,31)</td>
<td></td>
</tr>
<tr>
<td>Maslow’s Physiological &amp; Safety Needs</td>
<td>Maslow’s Love &amp; Belonging Needs</td>
<td>Maslow’s Self Actualization &amp; Esteem Needs</td>
</tr>
</tbody>
</table>


MMSS, McCloskey-Mueller Satisfaction Scale (1990)
Figure 3.0  Distribution Curve of Composite Satisfaction Scores
Jan. 8, 2007

Ursula Moser
9105 Gray Bluff Dr.
Las Vegas, NV 89129

Re: Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Ursula S. Moser for the purpose as stated in the request dated 12/18/2006.

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

Signed:

Sue Moorhead, Associate Professor, College of Nursing

Date: 1/8/2007
REQUEST FORM
McClosey/Mueller Satisfaction Scale (MMSS)

Your Name: Ursula S. Moser
Address: 1105 Gray Blvd, Dr.
Las Vegas, NV 89129
Phone No: (102) 915-3810
Date this request is being made: 12/18/06

Please send me a copy of the McClosey/Mueller Satisfaction Scale (MMSS)
and permission to use the scale for (give the purpose and useful description
of the proposed use): My thesis/doctoral dissertation
on a permanent Las Vegas hospital.

Check which type of permission you are requesting:

- Student
  For use in a thesis/dissertation
  (request must be accompanied by a
  statement from the advisor verifying
  use)
  Fee: $50.00

- Researcher (non-student)
  For use in a specific study
  Fee: $75.00

- Institution
  For use for an indefinite period of time
  related to ongoing assessment of staff
  Fee: $250.00

I understand that I will use the tool only for the purpose indicated above
and that I will not reproduce and distribute the instrument further without
the author's permission.

Signed [Signature]
Date 12/18/06

Send this completed form to:
Center for Nursing Classification & Clinical Effectiveness
H.A. Sheldon Sweeney
College of Nursing
467 NE
University of Iowa
Trow City, Iowa 52242

Make checks payable to the College of Nursing, University of Iowa.
Memorandum of Understanding
Between
Mountain View Hospital
And
Ursula Moser
Graduate Student, School of Nursing
University of Nevada, Las Vegas

This Memorandum of Understanding is designed to formalize the relationship between Mountain View Hospital and Ursula Moser, RN regarding her thesis study on Nursing Job Satisfaction at Mountain View Hospital located at 3100 North Tenaya Way, Las Vegas, NV 89128.

Terms of Agreement

1. Mountain View Hospital agrees to provide the following at no cost to Ursula Moser, RN.
   a. Access to patient floors and staff areas for purposes of the study
   b. Use of needed space and furnishings
   c. Security
   d. Use of the restroom

2. Ursula Moser, RN agrees to do the following at no cost to Mountain View Hospital.
   a. Work with the staff to identify nurses that meet the criteria of the study
   b. Contact information in case an issue or question should arise
   c. Paper, forms and other materials required for her study
   d. Payments to nurses for participation

The period of study will be from March 20, 2007 to May 20, 2007. Ursula Moser will follow all HIPPA regulations. No documents belonging to Mountain View Hospital will leave the premises and all items with names that are not used will be shredded. Participation in the survey will be voluntary and participants will clearly understand this and sign appropriate release.

This friendly and non-obligatory agreement manifests the goodwill of the signers and their desire to cooperate in her study to determine job satisfaction of Las Vegas nurses. No element of this agreement will be construed to imply any form of financial or monetary obligation or liability, nor confer on one party the capacity to represent or act as an agent of the other. This agreement may be suspended or terminated by either party on 30 days written notice to the other.

Mark Howard
CSO, Mountain View Hospital
2-21-07

Ursula Moser
Graduate Nursing Student, UNLV
2/30/07

Rob Nellies
Director of Human Resources

Helen Vox
Chief Nursing Officer

Date

Date

Date

Date

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UNLV
UNIVERSITY OF NEVADA LAS VEGAS

Social/Behavioral IRB – Expedited Review
Approval Notice

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

DATE: April 10, 2007

TO: Dr. Patricia Alpert, Nursing

FROM: Office for the Protection of Research Subjects

RE: Notification of IRB Action by Dr. Paul Jones, Co-Chair

Protocol Title: Las Vegas Nurses' and Job Satisfaction
Protocol #: 0701-2278

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

The protocol is approved for a period of one year from the date of IRB approval. The expiration date of this protocol is April 2, 2008. Work on the project may begin as soon as you receive written notification from the Office for the Protection of Research Subjects (OPRS).

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

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

Should the use of human subjects described in this protocol continue beyond April 2, 2008, it would be necessary to submit a Continuing Review Request Form 60 days before the expiration date.

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at OPRISSubjects@unlv.edu or call 895-2794.
TITLE OF STUDY: Las Vegas Nurses and Job Satisfaction

INVESTIGATOR(S): Ursula S. Moser, RN and Dr. Patricia Alpert, DrPH, MSN, RN

CONTACT PHONE NUMBER: (702) 895-3810

Purpose of the Study
You are invited to participate in a research study. The purpose of this study is to determine if Las Vegas nurses are satisfied in their jobs and what variables influence their satisfaction.

Participants
You are being asked to participate in the study because you are registered nurse working at Mountain View Hospital either on the medical/surgical floors or in the critical care units.

Procedures
If you volunteer to participate in this study, you will be asked to do the following:
1) Answer a 11 question survey pertaining to your job satisfaction.
2) Answer a 13 question demographic data sheet pertaining to yourself and your work environment.

Benefits of Participation
There may not be direct benefits to you as a participant in this study. However, we hope to learn how to assist hospital administrators and nurse managers in retaining their nursing staff and to learn more about job satisfaction of nurses in the hospital setting.

Risks of Participation
There are risks involved in all research studies. This study may include only minimal risks. The risk is that you may become uncomfortable when answering some of the questions.

Cost/Compensation
There will not be any financial cost to you to participate in this study. The study will take about 15 minutes of your time. You will receive an opportunity to win $1.00 to $5.00 in a grab bag for your participation in the study.

Contact Information
If you have any questions or concerns about the study, you may contact Patricia Alpert at 895-3810. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact the UNLV Office for the Protection of Research Subjects at 702-895-2794.
Voluntary Participation
Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university or Mountain View Hospital. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Confidentiality
All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. Final study results will be reported/shared with hospital administrators and nurse managers as aggregate data without revealing your identity. All records will be stored in a locked facility at UNLV for at least 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Participant Consent:
I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant ___________________________ Date _____________

Participant Name (Please Print) ___________________________

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.
APPENDIX E

DATA COLLECTION INSTRUMENTS
Nurse’s Demographic Data:

Instruction: Please complete the following demographic section by checking the appropriate answer about yourself.

1. Gender: 1- Male 2- Female

2. Marital status: 1- Single 2- Married 3- Separated/Divorced 4- Widowed

3. Shift worked: 1- Day 2- Evening 3- Night 4- Rotating

4. Time commitment for your work: 1- Full-time 2- Part-time 3- Per Diem

5. In what country did you receive your nursing education? ______________________________

6. Are you presently taking any medication for a psychological disorder or that may influence your mood?
   1. Yes If yes, please list: __________________ ________________
   2. No

7. What is your highest level of education?
   1. Diploma
   2. Baccalaureate
   3. Master
   4. Doctorate
   5. Associate

8. What is your age?
   1. Less than 25 years
   2. 25-34 years
   3. 35-44 years
   4. 45-54 years
   5. 55 years or more

9. How many years of nursing experience do you have?
   1. Less than one year
   2. 1-2 years
   3. 3-4 years
   4. 5-9 years
   5. 10 years or more

10. How many years of experience do you have as RN in your current area of employment?
    1. Less than one year
    2. 1-2 years
    3. 3-4 years
    4. 5-9 years
    5. 10 years or more

11. Total number of nursing jobs you have had in your nursing career? ________________
Instructions: Please answer the following about your current hospital setting.

1. How would you best describe the type of the unit/ward you work in?
   1. ICU
   2. Surgical-ICU
   3. CCU
   4. Emergency Room
   5. Recovery Room
   6. Oncology Unit
   7. GI Unit
   8. Kidney Dialysis Unit
   9. Day Care Unit
   10. Medical-Surgical Ward
   11. Pediatrics
   12. Labor and Delivery

2. What is the minimum number of patients a single nurse cares for on your unit? _______ 

3. What is the maximum number of patients a single nurse cares for on your unit? _______ 

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McCloskey/Mueller Satisfaction Scale (MMSS)

How satisfied are you with the following aspects of your current job?  
Please circle the number that applies.

<table>
<thead>
<tr>
<th>SATISFACTION WITH EXTRINSIC REWARDS</th>
<th>Very Satisfied</th>
<th>Moderately Satisfied</th>
<th>Neither Satisfied</th>
<th>Moderately Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salary</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>2. Vacation</td>
<td>5</td>
<td>4</td>
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<tr>
<td>3. Benefits</td>
<td>5</td>
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<thead>
<tr>
<th>SATISFACTION WITH SCHEDULING</th>
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</thead>
<tbody>
<tr>
<td>4. Hours that you work</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>5. Flexibility in scheduling your hours</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>6. Opportunity to work straight days</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>7. Weekends off per month</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>8. Flexibility in scheduling your weekends off</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>9. Compensation for working weekends</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<thead>
<tr>
<th>SATISFACTION WITH THE BALANCE OF FAMILY AND WORK</th>
<th>Very Satisfied</th>
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<th>Moderately Dissatisfied</th>
<th>Very Dissatisfied</th>
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</thead>
<tbody>
<tr>
<td>10. Opportunity for part time work</td>
<td>5</td>
<td>4</td>
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<td>11. Maternity leave time</td>
<td>5</td>
<td>4</td>
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<td>12. Child care facilities</td>
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<tr>
<th>SATISFACTION WITH CO-WORKERS</th>
<th>Very Satisfied</th>
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<tbody>
<tr>
<td>13. Your nursing peers</td>
<td>5</td>
<td>4</td>
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<td>14. The physicians you work with</td>
<td>5</td>
<td>4</td>
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<tr>
<td>SATISFACTION WITH INTERACTION OPPORTUNITIES</td>
<td>Very Satisfied</td>
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<td>Neither Satisfied Nor Dissatisfied</td>
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<td>Very Dissatisfied</td>
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<td>15. The delivery of care method used on your unit (e.g. functional, team, primary)</td>
<td>5</td>
<td>4</td>
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<td>16. Opportunities for social contact at work</td>
<td>5</td>
<td>4</td>
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<tr>
<td>17. Opportunities for social contact with your colleagues after work</td>
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<td>18. Opportunities to interact professionally with other disciplines</td>
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<tr>
<td>19. Opportunities to interact with faculty of the College of Nursing</td>
<td>5</td>
<td>4</td>
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<td>20. Opportunities to belong to department and institutional committees</td>
<td>5</td>
<td>4</td>
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<td>21. Opportunities to participate in nursing research</td>
<td>5</td>
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<td>22. Opportunities to write and publish</td>
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<th>SATISFACTION WITH PRAISE AND RECOGNITION</th>
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<td>23. Your immediate supervisor</td>
<td>5</td>
<td>4</td>
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<td>24. Recognition for your work from superiors</td>
<td>5</td>
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<tr>
<td>25. Recognition of your work from peers</td>
<td>5</td>
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<td>26. Amount of encouragement and positive feedback</td>
<td>5</td>
<td>4</td>
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<td>Item</td>
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<td>27. Control over what goes on in your work setting</td>
<td>5</td>
<td>4</td>
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<td>28. Opportunities for career advancement</td>
<td>5</td>
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<td>29. Your amount of responsibility</td>
<td>5</td>
<td>4</td>
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<td>30. Your control over work conditions</td>
<td>5</td>
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<td>31. Your participation in organizational decision-making.</td>
<td>5</td>
<td>4</td>
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</tbody>
</table>

Satisfaction with control and responsibility.
VITA

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Bachelor of Science, Nursing, 2001

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Thesis Title:
Mountain View Nurses and Job Satisfaction

Thesis Examination Committee:
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Committee Member, Dr. Mary Bondmass R.N., Ph.D.
Committee Member, Dr. Sally Miller R.N., Ph.D.
Committee Member, Dr. Harvey Wallman P.T., Ph.D.