

Job Satisfaction among Hospital Staff and Agency-Employed Nurses

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Received: 30 October 2017; **Accepted:** 24 October 2017

Citation: Olubummo C. Job Satisfaction among Hospital Staff and Agency-Employed Nurses. *Nur Primary Care*. 2017; 1(5): 1-7.

Introduction

The spectacular growths of agencies providing temporary nursing services to hospitals have been documented in the literature [1]. There are apparently a number of reasons on both sides of the equation. Bennett [2] wrote that the use of temporary nurses helped hospitals created a 4-5% saving in payroll, clerical work and fringe benefits for the hospitals that hired them. It also makes it easier on management, since 60-75% of their time is devoted to finding shift coverages. In addition, the use of agency nurses provides an alternate source of services that can be used to enforce job discipline on the hospital nursing staff.

On the individual nurse's side of the equation is the fact that working for an agency provides nurses with greater flexibility in scheduling and autonomy over one's life than as a staff nurse [3]. When employed by an agency, nurses become more entrepreneurial in their outlook on work.

Statement of the Problem

An increasing number of nurses employed in hospitals are actually working for agencies who supply them to hospitals in the area. Although their income is not as high, they are able to negotiate their own schedules with the nursing agency [4]. The major focus of this study is the difference between nurses who work for organizations that supply nursing staff to hospitals and nurses who are directly employed by hospitals in relation to job satisfaction. In addition, both groups will be asked about the benefits and trade-offs of working for an agency or a hospital.

Research Questions

- Do agency nurses differ from hospital nurses in their job satisfaction?
- Why do some nurses choose to work for nursing agencies rather than hospitals?

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Definitions of Terms

Agency nurses are nurses who are employed by a company that provides nurses to requesting individuals or organizations. Although nursing organizations are generally thought of temporary employment agencies, in many cases, they allocate nurses on a long-term basis to employers.

Hospital-employed nurses are those nurses who are directly employed as hospital staff. The employer is the hospital itself.

Job satisfaction is the perception of the quality of the conditions under which a nurse works. In this study, job satisfaction is operationalized as scores on the four scales of the Modified Nichols Tool (MNT) [5]. The four levels are 1) working environment, 2) tangible benefits, 3) hospital policy and structure, and 4) personal/professional self-esteem.

Theoretical Rationale

Developed the classic model of employee retention and job choice [6]. They perceived desirability of movement out of the organization is a function of job satisfaction and perceived the possibility of an inter-organizational transfer. Job satisfaction is hypothesized as a function of conformity of responsibility to self-image, the predictability of employment relationships, and compatibility of career and other roles. Given the March and Simon model, nurse employer choice is a relatively straight-forward proposition.

The perceived possibility of inter-organizational transfer is dependent on exogenous variables, such as opportunities for advancement, the current state of the market, conditions of the local job market, and so forth, plus self-perceptions of marketability [7].

To a great extent, the perceived possibility of inter-organizational transfer, from the viewpoint of hospital management, will fluctuate among nurses based upon their perceptions of the competitiveness of the hospital in which they are presently employed, given working conditions and salaries of other hospitals who compete in the same pool of potential employees and alternative forms of nursing employment, including entrepreneurship and agency work.

For hospital administrators, the precursors to job satisfaction are critical to a retention policy. The variable of conformity of job to self-image is, of course, a significant factor. Nurses see themselves as skilled professionals who should be respected for their capabilities. Their actual job conditions in hospitals, however, tend to be similar to blue collar labor. They have to wear uniforms; they are told what to do, authority is arbitrary and non-consultative, and is perceived by many as incompetent [8]. To the extent that actual job conditions vary from treatment as a respected professional, job satisfaction will decline, and the search for alternative employment will increase.

Review of the Literature

The literature review has been divided into two sections. The first section deals with studies that have attempted to isolate sources of job satisfaction and dissatisfaction among nurses. The second section covers studies of research that compares agency nurses with staff nurses on job satisfaction.

Sources of Job Satisfaction and Dissatisfaction

There have been several studies that have surveyed nurses on their job satisfaction and reasons for staying or leaving their jobs. Most have been surveys; however, qualitative studies have been conducted. Paris [9], surveyed 137 health professionals employed by agencies on job design and job satisfaction. They found weak ($r > .14$ and $< .30$) significant relationships between task variety, learning, and information and job satisfaction.

Ashton [1], compared job leavers and job stayers in a sample of 212 hospital nurses in Salt Lake City, Utah. The variables on which the sample was assessed were determined by Vroom's expectancy theory, as modified by Porter and Lawler. Expectancy theory posits that individual behavior is determined by the motivation, ability, and role perceptions of the individual. Motivation is theorized as a function of the valence of performance, which is determined by the combination of the valence of outcomes and instrumentality of return. The valence of results is the perceived value of rewards from the job and organization.

Instrumentality of return is the perceived relationship between job performance and rewards. The valence of return is the relationship between the value the individual places on performance and the perception of the value of rewards. For example, a worker can assess the rewards of work highly and could see a weak link between job performance and receiving those awards. The valence of performance, then, generates expectancy, or a perception of the relationship between work and reward structure. The sample was

assessed on role conflict, role ambiguity, and role dissensus (the difference between self-perceived role perception and supervisors' understanding); self-perceived and supervisors' ratings on performance; motivation; and job satisfaction. Leavers and stayers were determined by whether they were still employed a year after the survey. There was approximately a 30% turnover rate. Leavers were less satisfied than stayers, were rated by their supervisors as poorer performers although they rated themselves as equal to stayers, were younger and employed by the hospital for a shorter period of time, and had lower levels of motivation than stayers.

Sterner [10], conducted a study to describe the phenomenon of nursing job satisfaction more adequately. The theoretical foundation of the survey was a modified version of the job satisfaction model constructed by Hackman and Oldham. Their basic theory stated that workers who are desirous of higher order need satisfaction respond favorably to five core job characteristics that satisfy higher order needs: skill variety, task identity, task significance, autonomy, and feedback from the job itself. The consequence is job satisfaction, personal growth, and heightened self-esteem. Those workers who do not desire higher order need satisfaction will not respond positively to the five job characteristics. This theory was examined to determine whether it included both breadth and depth necessary to be applicable to nursing work and to determine if it was founded on any questionable theoretical assumptions. Seven relationships were hypothesized: (1) all nurses desire personal growth (higher order need satisfaction), but they differ on whether they pursue it through work or non-work activities (job involvement); (2) locus of control influences a nurse's experienced responsibility for work outcomes; (3) stress and task evasiveness decrease experienced meaningfulness of nursing work; (4) interpersonal relationships are a source of feedback about the results of work efforts; (5) nursing job satisfaction is influenced by satisfaction of lower order needs by the job; (6) a broader additive model predicts job satisfaction in nurses better than Hackman and Oldham's narrow multiplicative model; and (7) variables that predict job satisfaction also predict propensity to leave the job. Thirty-six white, female, direct care nurses working in a medium-sized general hospital comprised the sample. The subjects were administered the Diagnostic Job Survey, the Rotter I-E Scale, the Job Involvement Scale, and the Janis-Field Feelings of Inadequacy Scale. Also measured were life satisfaction, work stress, and evasiveness of work. Results of this study indicated that all nurses desire the satisfaction of higher order needs; they differed on whether these requirements are satisfied through work or non-work activities (job involvement). Interpersonal relationships at the workplace where a source of personal growth, especially for less job involved nurses. Interpersonal relationships at work also provided nurses with feedback about the outcomes of their work efforts. This is particularly the case of the supervisory relationship. Nurses described the end products of their work as being ambiguous, so feedback is vital to job satisfaction. Neither stress nor evasiveness affects nurses' experienced meaningfulness of their work. Evasiveness correlated significantly with job satisfaction ($r = -.32, p < .05$) and with desire for complex work ($r = -.36, p < .05$). Satisfaction of lower order needs was related to job satisfaction.

The most important of these were interpersonal. There was no evidence that locus of control influenced job satisfaction. Internals experienced significantly greater responsibility for work outcomes than did externals. Moderates, however, behaved like externals. An expanded model (including information in addition to task characteristics) predicted job satisfaction among nurses better ($\sim = .80, p < .004$) than the task characteristic only model ($\sim = .22, p < .26$). An additive model performed better than a multiplicative model. The results suggest that job satisfaction in nurses is complex and multifaceted.

Elsabahy [11], conducted a qualitative study to identify the factors that registered staff nurses perceived as leading to job satisfaction and dissatisfaction. Further analyses were made of the meaning of these elements to the nurses and the effects resulting from these factors in relation to the nurses' performance, attitude, mental health, interpersonal relationships, and turnover rate. A randomly selected sample consisted of ten full-time registered staff nurses from a hospital that possessed the characteristics of the average, acute care community hospital in New Hampshire. Data were collected by a tape-recorded interview utilizing Herzberg's semi structured interview guide. The data were transcribed, and content analysis was performed according to Herzberg's coding scheme for first level factors, second-tier factors, and effects. Analysis of the data produced findings supportive of Herzberg's theory. Registered staff nurses identified achievement, recognition, and work itself as the factors that contributed to job satisfaction while supervision-technical, interpersonal relations-peers and working conditions were the factors that lead to job dissatisfaction. Feelings of achievement, recognition, and pride were the second-level factors associated with job satisfaction while feelings of unfairness where the predominant second level feelings emanating from job dissatisfaction. The effects identified by the nurses as related to job satisfaction were an increase in the quality of care given and in a positive attitude toward self, others, the hospital, and the profession. The effects identified as related to job dissatisfaction were a decrease in the quality of care but an increase in the quantity of care given an increase in psychosomatic complaints, and job turnover for seven of the ten nurses. The findings of the study highlighted the important role of supervisory nurses in helping to alleviate the nurse manpower shortage. In order to decrease sources of job dissatisfaction and to increase sources of job satisfaction and their positive effects on performance and attitude, the following recommendations were advanced: Supervisory nurses should (1) enhance their theoretical base of knowledge in organizational management and human relations skills; (2) organize creative and innovative nursing care delivery methods; (3) develop a system that rewards quality, not the quantity of care given; and (4) support their staff nurses' efforts to be recognized as competent individuals and active members of the nursing care team.

Gleason [3], investigated whether differences existed among the views of nursing educators, nursing administrators, doctors and associate degree nurses regarding the role of the associate degree nurse. Also examined was the relationship between role stress, role clarity, job dissatisfaction, propensity to leave the organization,

and length of service. Three questionnaires were designed for the study. One was used to gather demographic data. Another was designed to assess incongruences or differences regarding expectations of and preparation for the role of the associate degree nurse. A third questionnaire was designed to determine role clarity among associate degree nurses and the relationship between role stress and the variables listed above. Among the major conclusions were: (1) Incongruences existed in the perceptions of nursing educators, associate degree nurses, doctors, and nursing administrators regarding the role of the associate degree nurse. (2) Nursing educators seemed to feel that the associate degree nurse's preparation was consistent with job expectations. (3) Doctors appeared to have a lack of knowledge regarding the role of the associate degree nurse. (4) Nursing administrators did not think that associate degree nurses were adequately prepared. (5) Role stress appeared to exist among associate degree nurses. (6) There was a significant relationship between role stress, job dissatisfaction, and propensity to leave the organization. (7) It is most likely that role stress is contributing significantly to the high dropout rate of nurses.

Grinspun [4], conducted a secondary analysis of data collected from members of the high school class who selected nursing as their occupation during the fourth wave assessment. There were 379 respondents. Only 18% stated that they would choose a career other than nursing. More than 80% indicated they were happy as nurses. Ninety percent were interested in pursuing further education. When asked about factors related to job satisfaction, the three highest factors were 1) pride and respect from family, 2) opportunity to use education and training, and 3) importance and challenge. The three lowest-rated factors were 1) opportunity for promotion and advancement, 2) supervisors, and 3) fringe benefits. It was concluded that organizational factors are the least motivating factors for nurses.

Jamal et al. [12], examined the relationships among several variables that were thought to be related to voluntary job turnover among registered nurses who worked in hospitals. The determinants studied were: professional orientation participation in decision-making, job cohesiveness, level of pay, and job satisfaction. The facets of job satisfaction, i.e., satisfaction with the work itself, supervision, people, pay, and promotion were also examined for their influence on turnover. The demographic characteristics of sex, age, length of job tenure, educational level, and job level were analyzed for their relationship to turnover. Data were obtained for the study by administering a questionnaire to a volunteer sample of 290 nurses in eastern Oregon. The survey previously had been examined for internal consistency and reliability in a pilot study. Of the 290 nurses who comprised the sample, 48 quit their jobs; 25 left for job-related reasons, 23 for non-job related reasons, and of the latter group, 9 relocated. Data were reported for the following groups: total quits, job-related quits, non-job-related quits, and relocated quits. For both the whole quits and the job-related quits, the results show that lower scores for overall job satisfaction, satisfaction with pay, satisfaction with supervision, level of remuneration, and participation in decision-making, were

related directly to turnover. Higher scores on involvement in decision-making and job cohesiveness were related significantly to greater total job satisfaction. Job cohesiveness was not related to turnover. Professional orientation also was not related significantly to turnover or to any other variable studied. Of the demographic characteristics, increased length of job tenure and job level was associated with fewer turnovers. However, nurses with a higher educational level had a greater tendency to quit. The results of this study supported the notion that an equitable salary, enlightened supervision, and an opportunity to participate in decision-making related to their jobs did promote job satisfaction and decrease voluntary job turnover among a sample of registered nurses.

Repo-Tiihonen et al. [13] examined how staff nurses and nursing managers in for-profit and non-profit hospitals manage conflict situations in the workplace. He investigated the relationship between conflict management style and job turnover rates for nurses and identified organizational variables that could be used to predict job turnover. Full-time female registered nurses working on general medical/surgical units in the greater Los Angeles area completed questionnaires. The main findings were: (1) staff nurses and nursing managers working in non-profit hospitals and for-profit hospital staff nurses used avoidance as their predominant conflict management style. For-profit hospital nursing managers, however, used a compromising style most frequently. All the nursing groups used competition the least. (2) None of the four groups examined had statistically significant multiple correlation coefficients when conflict management style was used to predict job turnover rates. (3) Non-profit hospital staff nurse turnover was predicted using the variables kinship responsibility, promotion, salary, and efficient communication. Nonprofit hospital nursing manager turnover can be predicted using the variables relationship accountability and intent to stay. No statistically significant selected independent variables were found to predict the turnover rates of for-profit hospital nurses.

Shapiro [15] conducted a survey of nurses at two British hospitals who had quit their jobs. A turnover rate of 53% was reported at one hospital. A total of 171 nurses participated in the study. In the survey, respondents were asked the reasons for quitting. Bad management or staff relations was mentioned by 41% of the leavers; lack of resources, 21%; further training, 17.5%; poor pay, 14%; and dislike of the culture of the hospital, 12.5%. Respondents were divided into short-stay leavers who had less than one year of employment at the hospital, and long-stay leavers, who had more than a year. Reasons for leaving differed for the two groups. Short stay leavers left because of poor take-home pay, lack of support from administration, not being notified of changes in staffing and scheduling before they were made, low staffing levels in potentially dangerous situations, lack of consideration of well-being and safety, and time was taken to get repairs done. Long-stay leavers listed poor career prospects, poor quality of decision-making by the administration, not being notified of changes in staffing and scheduling before they were made, being asked to justify the need for resources when requesting them, low staffing levels in potentially dangerous situations, and lack of in-service training.

He also found that nurses did not report the same reasons to their supervisors for leaving as they did in the confidential survey.

Ke [14] analyzed the nursing shortage from the perspective of economic incentives. She noted that vacancy rates were correlated with salaries relative to other professions that require similar levels of training. She wrote that in the late 1960s, the vacancy rate was 23%. In the years following, salaries of nurses rose relative to other similar professions and the cost of living, with a consequent decline in the vacancy rate to 8% in 1982. Salaries stagnated between 1982-1986, and the vacancy rate grew to 13%. She also noted that when nursing is cheap, hospitals will substitute registered nurses for ancillary workers, thus creating a situation where there is increasing hiring of nurses, while vacancy rates also increase. She also states that the pay differential between starting salary in nursing and top salary is highly compressed compared to other professions, making nursing relatively inexpensive, creating a situation where hospitals can use nurses inefficiently. Therefore, Prescott stated that the problem should be conceptualized as a shortage of professional nursing practice since because of their devaluation in the marketplace; nurses are employed by hospitals in ways that do not utilize their professional training. The data from the research reported indicating that the primary sources of nurse retention and leaving are organizational factors. Ke [14] indicated that because nurses are a cheap form of labor, hospitals tend to hire them for their versatility and employ them in a variety of tasks from those requiring no skill to advanced knowledge. Studies of job-leavers suggest that the primary sources of dissatisfaction that result in leaving are the way they are treated on the job. Many see supervisors as rigid and incompetent. They are subject to decisions that are arbitrarily made without consultation and then ordered to confirm. They complain that their judgments are continually questioned, that management does not consider either their or the patients' health and welfare. They are poorly paid, have reduced benefits, and have relatively weak prospects for advancement.

The reality of nurses in hospital practice is at variance with their role perceptions and those aspects of the job that gives them satisfaction and retains them. The data suggest that nurses wish to be treated as professionals, with participation in decision-making, consultative supervision, and job tasks that utilize their knowledge and training. Shapiro et al. [15] have reported that nurses value professional improvement, including furthering their education. The literature suggests that there is a severe gap between the desires of nurses to professionalize themselves and be treated as professionals and their utilization and treatment by hospitals. The data suggest that retention is a function of the way in which hospitals treat their nursing staff.

Job Satisfaction among Staff and Agency Nurses

Somers [16] wrote that agency employment provided advantages for healthcare institutions by improving efficiency, providing discipline for the staff (e.g., they are readily employed as substitutes for striking workers; their presence induces job competition, cutting down on staff absenteeism), reducing average management costs, and providing needed help. The individual

nurses employed by agencies benefit through the provision of flexible self-determined schedules. Somers hypothesized that agency employment provided a tradeoff between remuneration and job satisfaction. Disadvantages include lack of sufficient control over nursing credentials by the administration, the need for appropriate on-the-job orientation, and the loss of continuous personnel to provide consistent health care.

Shapiro, Burkey, Dorman, & Welker [15] reported nursing turnover in acute care hospitals as high as 25-30% per year. The cost of recruiting nurses is a major budget item, estimated at between \$2,500-3,000. Hospital staff RNs are often less attractive than in other areas of nursing practice and in other professions. Staff RNs is routinely required to rotate shifts and work three out of four weekends. In addition, hospital administrations have often been unresponsive to suggestions from nursing staff on the improvement of working conditions. The authors reported on a survey conducted by the Hawaii Nurses Collective Bargaining Association of 429 nurses in the state. When asked how hospitals could improve working conditions, suggestions averaged slightly more than two per respondent. In order of popularity, suggestions were: 1) flexible staffing and scheduling; 2) use of part-time nurses to fill in for full-time staff for holidays and weekends; 3) establishment of in-house float pools; 4) use of variable shifts of 8, 10, or 12 hours; and 5) hiring some nurses for weekend work only. Forty-five percent of the respondents indicated that a high priority was a supportive administration; 29% reported non-salary economic issues were important such as parking, pensions, vacation, and reimbursement for sick leave; 25% said a priority for clinical advancement. The reasons for nurses leaving the profession were, in order of importance: 1) long hours and under-staffing, 2) poor treatment by medical staff and administration, and 3) low pay and inadequate benefits. Because of the lack of control over their lives hospital staff work incurred, many nurses have resigned from hospital staffs and have signed up with agencies that provide temporary nursing staff to the local hospitals. The nurses then work for the companies, who then charge hospitals fees for the nurses that are higher than house staff wages; the nurses working for the agencies are paid less than they would get as staff nurses, but the trade-off is that they can control their working hours. The over-bureaucratization and sexism of hospital administration end up costing the hospital and the nurses. A number of U.S. hospitals have stepped up recruiting of foreign-born and foreign-educated nurses, especially from Taiwan, Korea, the Philippines, and Ireland. The practice creates problems in cost benefits and professional qualifications. Many such nurses cannot pass U.S. license exams and end up working as aides or LPNs. With the exception of Korea, none of the countries teach a nursing process or nursing diagnosis. There are several conflicts resulting from hiring foreign nurses: 1) their tendency to job hop, 2) educational differences, 3) loneliness on the part of the nurses, and 4) language differences.

Somers [16] wrote about nursing from the staff and agency perspective. Somers wrote that a staff nurse, worked for a hospital because of the security, continuity, and the benefits. Another nurse from an agency indicated that her choice was based on her desire

for independence and control over her scheduling. Snelson [17] conducted a study of work satisfaction of registered nurses in Michigan. A random sample of nurses was selected from a list provided by the Michigan Board of Nursing. Work morale was most strongly related to autonomy, a factor in choosing agencies for employment. Pay was second on the list, which was found to be the most important source of dissatisfaction. Respondents were also dissatisfied with physician/nurse interaction, task requirements, and organizational policies. Differences were reported by the agency, although they were not specified by the author.

Teasley et al. [18] reported the findings of a study of 1,155 full-time staff nurses in Illinois employed by hospitals, home care agencies, and public health agencies. There were no differences in salaries among the three samples. Home health care nurses were less likely than the others to have health insurance or a pension plan. Home health care nurses reported a significantly higher level of usage of their clinical skills than a hospital or public health nurses. Hospital nurses' willingness to remain with their present employers was predicted by power use, job scope, and experience. Home health care nurses' willingness was predicted by use of clinical skills and desire for fewer working weekends.

Thulth [19] reported on a study of 40 agency-employed nurses. Findings indicated that 53.3% reported that they chose agency employment because it provided them with more flexible scheduling than other jobs. Also, 86% reported that their job satisfaction increased as a result of being employed by an agency. Only 39% suggested that a better salary would induce them to return to hospital employment. Using principal components analysis, the authors reported on two clusters of factors influencing nurses to work for agencies. The most important were intangible factors, such as equal treatment, quality of supervision, recognition, feedback, and fairness. Tangible benefits were the second factor and included flexible scheduling and a better salary.

Giles [20] conducted a survey of the perceptions of agency employment among 93 nurses in the South Florida area. Responses indicated that 92% took on agency employment because of the flexibility of time scheduling, 84% desired additional income, 82% reported that the company paid higher salaries than the hospital, 80% indicated that they could take a day off when they wanted, 76% stated they could get a vacation when they wanted, 68% stated that they would be paid on the day of their work, and 63% reported greater job satisfaction. In general, agency work provided greater flexibility and autonomy for employees. Significant disadvantages of office employment included no paid sick time (70%), no paid vacation time (67%), no health insurance (65%), no malpractice insurance (60%), and no tuition reimbursement (54%). The major disadvantages were the lack of benefits.

Wen-Chi et al. [21] conducted a study of job satisfaction among 129 home health care nurses employed by 24 agencies in a southeastern state. Respondents were administered the Nursing Job Satisfaction Scale (NJS), which contains 32 questions assessing job enjoyment, quality of care, care/comfort measures, job interest, and time to

do the job. Schuster reported that the nurses indicated general satisfaction with their work. Home care nurses reported lower scores than hospital nurses on time to do the job. Schuster found that nurses who spent more time in indirect activities had lower job satisfaction than those engaged in more direct patient care activities. Results were compared with data from other studies of hospital nurses. Home health care nurses reported higher levels of general satisfaction, but lower levels of satisfaction with the time available to do their jobs. The study was flawed by the lack of statistical verification of the findings since no inferential statistics were reported.

The data from the literature review suggest that although nurses may be dissatisfied with a number of aspects of their employment, one of the leading sources has been lack of autonomy and control over their job scheduling. Many nurses have taken up employment by nursing agencies so that they would have control over their work schedules and be able to determine the conditions of their jobs. The data suggest that agency-employed nurses have committed to that form of work because of the greater autonomy and freedom provided by the agency. The most excellent source of disadvantages reported by agency-employed nurses is that they lose benefits provided to hospital staff nurses. The data suggest that agency nurses have higher levels of job satisfaction than staff nurses.

Methods

Sample

The sample for this study will consist of approximately 100 registered nurses (RNs) working in hospitals in New York City. Approximately 50 will be employed by nursing agencies that supply hospitals with nurses, and 50 will be nurses who are actually employed by the hospitals.

Techniques of Measurement

The variables to be assessed in this study are job satisfaction, reasons for working for a hospital or an agency, disadvantages for working for a hospital or an organization, and background data.

Job satisfaction

Job satisfaction will be assessed using the Modified Nichols Tool (MNT), a 26 item scale to assess the job satisfaction of agency and hospital-employed nurses. The MNT uses a 5-point balanced Likert-type response mode as follows: 1) very dissatisfied, 2) Dissatisfied, 3) neither satisfied nor dissatisfied, 4) satisfied, and 5) very satisfied. Respondents are asked to use the 5-point scale to rate their level of satisfaction for each of the 26 items.

The items are grouped into four subscales: 1) working environment, 2) tangible benefits, 3) hospital policy and structure, and 4) personal/professional esteem.

Each item is a simply worded phrase, e.g., fringe benefits, amount of salary). The overall reliability for the MNT was .97 using Cronbach's coefficient alpha. The maximum validity coefficient was .96. Scales were derived from a principal components factor analysis. A copy of the scale is in Appendix A.

In addition, two questions will be asked each respondent: the first will ask the respondent to rank-order in importance the reasons that they choose to work for a hospital or an agency; the second will ask them to rank-order the disadvantages for working for a hospital or an agency.

Background information

Respondents will be asked a series of items assessing background demographics. The following demographic items will be assessed: sex, age, marital status, years of nursing experience, whether they work for an agency or the hospital in which they are presently employed, and years of experience in the present job. All items will use a forced-choice format.

Data Collection

Data will be collected through personal contact with nurses where the researcher presently works and in neighboring hospitals. The researcher will request the permission of the nursing administrator to use the facilities for distributing questionnaires. Once permission is granted, the researcher will distribute questionnaires and cover letters to prospective respondents. The cover letters will contain an explanation of the goals of the study, the auspices under which it is conducted, a request for participation, and a statement guaranteeing confidentiality, the right of refusal, and access to the findings of the study. A tear sheet will be provided for those wishing a copy of the results. A cover letter is in Appendix B. The researcher will make arrangements to collect completed survey questionnaires.

Data Analysis

The background data will be presented using frequencies and distributions. Means will be computed for the two groups of nurses on each of the four MNT subscales and the rank ordering of reasons for employment by a hospital or an agency and disadvantages thereof. For each variable, a *t*-test of means will be conducted to see whether there are significant differences between the two groups. All *t*-values with probabilities of less than .05 will be considered significant. The result demonstrated that Agency nurses have more Job satisfaction than Hospital nurses.

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