Level/Indicators of Job Satisfaction Among Unlicensed Assistive Personnel Employed in Acute Care

A Thesis Presented to
the Faculty of the Frances Payne Bolton School of Nursing
Case Western Reserve University

In partial fulfillment of the requirements
for the degree of Doctor of Nursing Practice

By

Ronnie Ursin, MS, BSN, BS, ASN, RN

Approved: _____, Member

_____, Member

_____, Chairperson

Date: _____

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Abstract

Unlicensed Assistive Personnel (UAP) provide important components of basic patient care in both long term care (LTC) and acute care (AC) settings (McIntyre, 2008). UAP share responsibilities for personal care with the registered nurse (RN) and may be responsible for bathing, grooming, ambulating, and feeding patients along with selected specimen management. Because LTC and AC settings differ in characteristics and because job descriptions of UAP in LTC and AC differ, the levels of job satisfaction may also differ. Level of job satisfaction is important because it is recognized as contributing to the level of care quality and to the UAP's intent to remain employed. The purpose of this descriptive correlation study was to identify the level of job satisfaction among UAP employed in AC. A total of 35 eligible UAP employed at AC hospitals in two separate southern states in the United States (US) completed the Castle (2007) Nursing Home Nurse Aide - Job Satisfaction Questionnaire (NHNA-JSQ). Participants ranged in age from 25 to 63 years with a mean age of 39.8 years, 34 were female, 32 identified themselves as black from among the seven racial categories available, 32 had graduated from high school, and just over half (18) had some college education. UAP employed at the study sites were, overall, satisfied with their job and on a scale of 1 to 10 would recommend working at their respective places of employment. Additional research with a larger sample across additional settings and seeking input from UAP about what they, themselves, find satisfying is needed in order to identify strategies that could be adopted to enhance their job satisfaction in AC settings.

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Dedication

To my mother, Elizabeth C. Ursin, whose love, inspiration, prayers, and support has sustained me through my matriculation through each degree that I have earned. To my father, Calvin Ursin, Sr., who was always there when I needed words of encouragement. To my brothers and sisters, Calvin Jr., Melanie, Patrick, Michael, Nicole, and Darren for looking up and feeling proud that your brother was making it through successfully. To the one who has encouraged me and been a tremendous support, Detric L. Kemp, Esquire. To my church family, Providence Baptist Church, River Ridge, LA for your prayers and spiritual support.

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Joseph Casnave and Lillian Frazier, maternal grandparents

Charles and Lucille Arrington, uncle and aunt

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Chapter 1

Introduction

The background and purpose of the study are presented and its significance for nursing is identified. The study is linked to two well-established theories of satisfaction. The concepts of the study and the relationship among the concepts are depicted through a conceptual model. Finally, the research questions are identified.

Background and Statement of the Problem

Unlicensed Assistive Personnel (UAP) provide important components of basic patient care in both acute care (AC) and long-term care (LTC) settings (McIntyre, 2008). Traditionally, about 90% of the direct care received by residents of nursing homes is provided by UAP (Atchinson, 1998; Castle, 2007; Halbur & Fears, 1986) whose work impacts LTC patient outcomes (McCallion, Toseland, Lacey, & Banks, 1999). In AC settings, UAP share responsibility for personal care with registered nurses (RNs) and may be responsible for services such as bathing, grooming, ambulating, and feeding patients; assisting with assembly, monitoring, and disassembly of medical equipment; selected specimen collection and measurement; and obtaining vital signs and assisting nurses and other medical staff in performing healthcare procedures. Patients receive social and emotional support from UAP who also provide vital information about the patient's condition to nurses (Atchinson).

Support functions such as transporting patients, making beds, and responding to patient calls are among the functions of UAP (Health Careers Center [HCC], 2004). UAP are expected to be team players accountable for precision in following directions and emotionally stable in the face of emotionally charged interpersonal situations.

UAP are educated in various settings. UAP education is provided by several entities including community colleges, nursing homes, and nurse staffing agencies (San Diego Community College [SDCC], 2008). The purpose of all UAP programs is to prepare the student to successfully complete the standardized written competence examination and for a career as a UAP (SDCC). Courses range from anatomy and physiology through basic nursing procedures to communication and charting. A state certification examination is the determination of a graduate's ability to perform the functions and tasks of a UAP.

UAP is a broad term that identifies a group of employees titled Certified Nursing Assistant (CNA) or Patient Care Technician (PCT) (American Nurses Association [ANA], 1992, 2007). UAP work in many different settings such as nursing homes, hospitals, physicians' offices, hospice care, home care, and prisons (SDCC, 2008). Typically, AC settings are traditional public or private hospitals. However, with transition from inpatient to various community care sites, physician-owned clinics, surgery centers and various ambulatory care enterprises also constitute AC settings employing UAP.

Turnover among UAP in LTC reached critical proportions in 1999 (Fitzpatrick, 2002; Gruss, McCann, Edelman, & Farran, 2004; Remsburg, Armacost, & Bennett, 1999). Parsons, Simmons, Penn, and Furlough (2003) found that about 30% of the UAP workforce leaves LTC positions within 4.6 years of employment due to dissatisfying factors in the workplace. Although research that quantifies UAP turnover in AC is not available, anecdotal information suggests there may be a similarly high turnover rate of UAP in AC with attendant recruitment and replacement costs. In the current and projected future economic marketplace, ongoing UAP turnover may be poorly tolerated.

Fochsen, Josephson, Hagberg, Tomingas and Lagerstrom (2006) noted that while researchers have studied LTC turnover extensively, the research failed to identify the underlying reasons for turnover. In a literature search that included Academic Search Premier, Business Search Premier, CINAHL, Ovid, and Google Scholar, research about turnover of UAP employed in AC was not found. Data from several studies (Castle, 2007; Cohen-Mansfield, 1997; Parsons et al., 2003) support that determinants that affect UAP job satisfaction in LTC include communication, advancement, rewards, recognition and pay structure (Chou, Boldy, & Lee, 2002; Moyle, Skinner, Rowe, & Gork, 2003; Parsons et al.; Syptak, Marsland, & Ulmer, 1999), but the research has not been tested in the AC setting. Because LTC and AC settings differ greatly in characteristics (Pratt, 1988) and because the job description of UAP in LTC and AC differ, determinants of UAP job satisfaction in AC may also

differ. Given the important role of UAP in AC and the cost of continuously recruiting and replacing UAP, healthcare leaders cannot allow low job satisfaction to be a deterrent to successfully retaining UAP resources.

Statement of the Purpose

The purpose of this study was to identify the level of job satisfaction among UAP employed in AC using the determinants of job satisfaction identified by Castle (2007) among UAP employed in LTC.

Significance to Nursing

The importance of this study to nursing focuses on maintenance of an adequate UAP workforce. The study is consistent with a national health priority of the Centers for Disease Control (CDC) National Center for Health Statistics (NCHS) to increase the number of UAP to meet the expected increase in need for care of an aging population (NCHS, 2007). The study addresses determinants of job satisfaction of UAP employed in AC. Strengthening aspects of the job known to provide job satisfaction may help maintain the current UAP workforce and attract others to join that workforce. Strengthening the satisfying aspects of the job holds potential for decreasing the overall turnover rate, ultimately decreasing healthcare expenditures related to UAP turnover.

The cost of turnover is a financial burden to many organizations. Hoffman (2001) stated that the average cost of recruiting and training a new UAP was $4,000, at that time. With evidence of a growing turnover rate nationally, the LTC industry is

prone to financial disadvantages. In early 2000, Integrated Health Systems developed a program to retain UAP. During the phases of development and implementation of the program, many new strategies emerged. Among them was the notion to offer pay increases to UAP who participated in the growth of the organization. The pay increases linked to a career ladder that provided tangible evidence of growth along with gratitude and respect that helped retain UAP (Hoffman).

Theories Guiding the Study

Maslow's Hierarchy of Needs

Certain needs are basic to all people and require satisfaction accordingly (Smeltzer & Bare, 2004). Maslow's hierarchy of needs (MHN) theory posits that a basic, low-level need must be met before higher level needs can be pursued (NetMBA, 2007). Furthermore, Maslow's theory states that when one need is mostly satisfied it no longer motivates and the next higher need takes its place; as soon as one need is met, satisfaction of the next higher need is sought.

According to Brown and Cullen (2006), MHN embodies the following types of needs: physiological, safety, social, esteem, knowledge and aesthetics, and self-actualization. Physiological and safety needs are considered lower-level needs (Envision, 2007). Physiological needs are those required to sustain life such as air, water, nourishment, and sleep. If these needs are not satisfied, then a person's motivation will arise from the quest to satisfy them. Once physiological needs are met, attention turns to safety and security in order to be free from the threat of

physical and emotional harm. Living in a safe area, having medical insurance, job security and financial stability fulfill safety and security needs. Once physiological and safety needs are met, higher level needs arise (Envision).

Higher level needs include social, esteem, and self-actualization needs in that ascending order. Social needs are those related to interaction with others and may include friendship, belonging to a club or group, and giving and receiving love (Envision, 2007). Once a person feels that they belong, esteem needs become important. Esteem needs can be categorized as external and internal motivators. Internal motivators include self-esteem, a sense of accomplishments, and self-respect. External motivators are those dependent on others' valuing of oneself such as reputation and recognition.

Maslow later refined his model to include the need for knowledge and aesthetics (Brown & Cullen, 2006). The need for knowledge refers to the need to know, to understand, and to explore. This need is a cognitive concept. Aesthetics is related to symmetry, order, and beauty. After satisfying all lower levels, Maslow believed, a person is ready to attempt fulfillment of the ultimate need, self-actualization (Huitt, 2004).

Self-actualization is considered the summit of Maslow's motivation theory (Envision, 2007). Self-actualized individuals tend to be motivated by truth, justice, wisdom, and meaning. Unlike lower levels, self-actualization is never fully satisfied; as one grows psychologically there are always new opportunities to continue to grow.

Self-actualized persons have frequent occurrences of peak experiences and moments of exceptional happiness and harmony (NetMBA, 2007). Maslow believed only a small percentage of individuals reach the level of self-actualization.

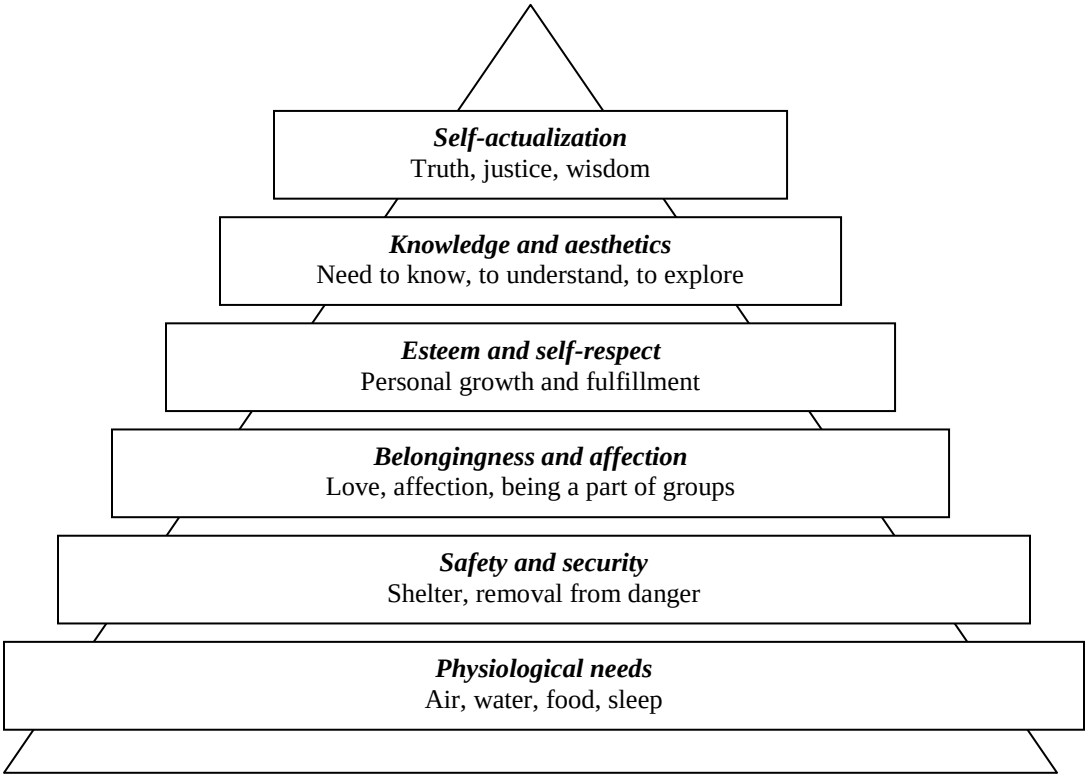

Figure 1: Maslow's Hierarchy of Needs
Source: http://www.accel-team.com/maslow_/maslow_nds_03.html

Herzberg's Hygiene and Motivation Theory

According to Frederick Herzberg's (1966) hygiene and motivation theory, people are influenced by two factors: hygiene and motivation. Hygiene factors are entities that involve the work and organizational environment. The following are considered hygiene factors: (a) the enterprise structure; (b) policies and administration; (c) supervision, processes, leadership, and management; (d) working

conditions or ergonomics; (e) interpersonal relations; (f) compensation; (g) status; and (h) job security.

Motivation is the psychological feature that arouses an action toward a desired goal; the reason for the action; that which gives purpose and direction to behavior (Princeton University, nd). Motivation factors involve what employees actually do on the job and are tailored into the jobs employees do in order to develop intrinsic motivation in the workplace. Motivation factors include the following perceptions within the individual: (a) achievement, (b) recognition, (c) growth and advancement, and (d) interest in the job. Hygiene factors do not lead to higher levels of motivation, but without hygiene factors dissatisfaction tends to exist. Motivation factors result from internal instincts in employees, yielding motivation rather than movement, and are strong determinants of job satisfaction (Herzberg, 1966). To positively impact employee job satisfaction the employee must perceive that both hygiene and motivation factors are positive.

Employees' job satisfaction tends to be higher when they feel they are treated with dignity and respect, recognized for their achievements, and given the opportunity to grow and advance in their work through increasing levels of responsibility (Value Management, 2008). Figure 2 is a model of Herzberg's hygiene and motivation theory. Combining the hygiene and motivation factors results in four scenarios related to employee job satisfaction. In the first scenario employees have few complaints but are not highly motivated; the job is perceived as a paycheck. The

second scenario is considered the worst because employees are unmotivated with lots of complaints. The third scenario is where employees are highly motivated and have few complaints. In the last scenario employees are motivated but have a lot of complaints.

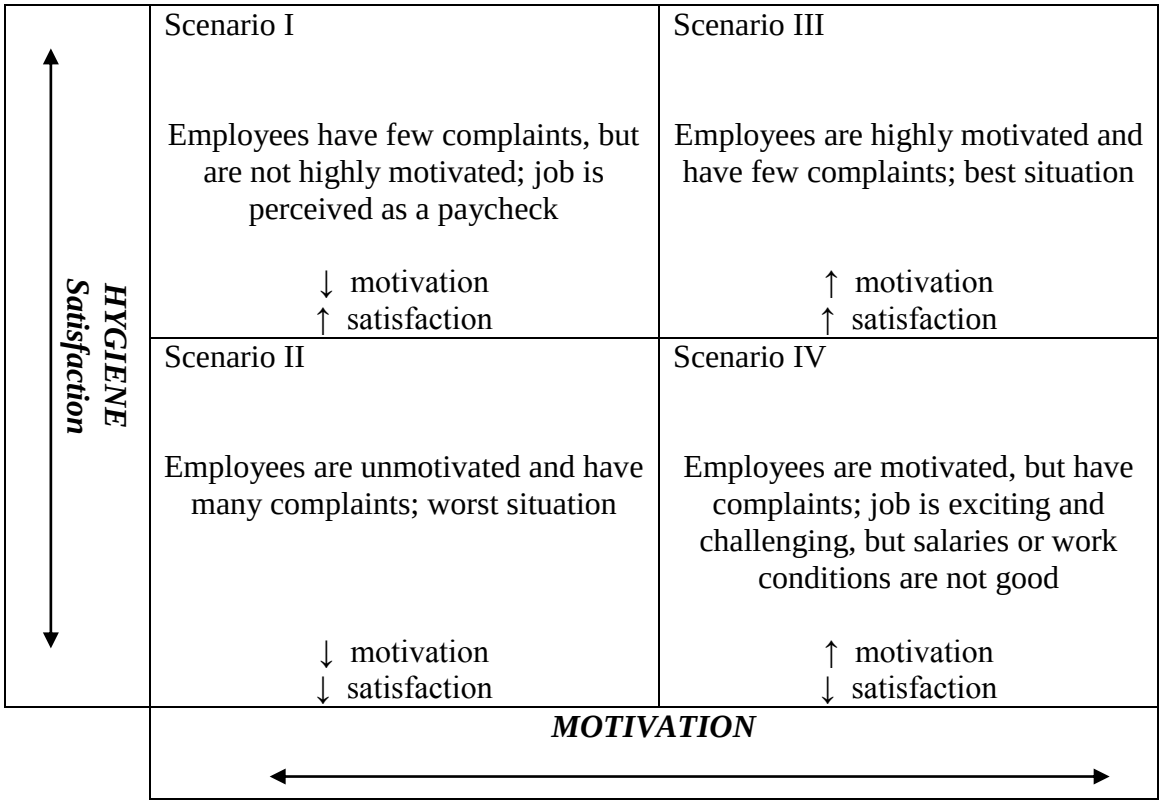

Figure 2: Model of Herzberg's hygiene and motivation theory: An adaptation of the *Value Management model*. Source: Value Management (2008)

Concepts of the Study

The concepts of the proposed study are determinant, UAP, and job satisfaction. Determinants of job satisfaction among UAP are factors that specifically influence UAP perceptions about their job. Job satisfaction is a broad concept that is

influenced by simultaneous positive and negative influences that may fluctuate over time.

Theoretical Definitions

Job satisfaction can be broadly defined as 'the favourableness or unfavourableness with which employees view their work (Grieshaber, Parker, & Deering, 1995, p.19). Job satisfaction is influenced by hygiene and motivation factors elucidated by Herzberg (1966). Those factors include promotional opportunities, relationship with leadership, compensation, work environment, and interaction with patients (Castle, Degenholtz, & Rosen, 2006; Sung, Chang, & Tsai, 2005). Job satisfaction determinants seem to fall across all levels of Maslow's Hierarchy of Needs as labeled by Brown and Cullen (2006).

Conceptual Model

A model of the relationship among the concepts of the study is presented in Figure 3. The model exhibits how determinants, whether favorable or unfavorable, may have an impact on perceived satisfaction with the job. The perceptions of UAP ultimately have an effect on overall job satisfaction.

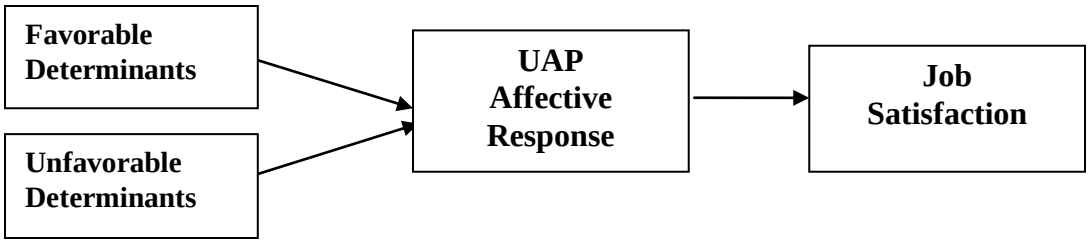

Figure 3: Relationship Among the Study Concepts

Assumptions

The assumption from the conceptual framework that informed this study was that when favorable determinants outweigh unfavorable determinants as perceived by the worker, job satisfaction increases. When job satisfaction is high, the employee is more likely to remain in the position.

Research Questions

Therefore, the following research questions were addressed:

RQ1: What was the level of job satisfaction among UAP employed in acute care as measured by the Nursing Home Nurse Aide – Job Satisfaction Questionnaire (NHNA-JSQ)?

RQ2: How did the demographic and background characteristics of the study participants impact their level of job satisfaction?

Chapter 2

Literature Review

The purpose of this study was to identify the level of job satisfaction among UAP employed in AC using the determinants of job satisfaction identified by Castle (2007) among UAP employed in LTC. The content of this chapter is guided by the proposed study variables. The dependent variable, job satisfaction, will be presented first. The independent variables, determinants of job satisfaction, will then be presented. For purposes of this study, determinants of job satisfaction will include (a) communication including relationship with coworkers, leadership support, and inclusion in decision making, (b) opportunity for advancement, (c) rewards and recognition, and (d) compensation.

Job Satisfaction

Employees are an enterprise's most valuable asset (Andrica, 2000). It is an executive's responsibility to maintain a satisfied workforce. Maintaining employee satisfaction and retention is vital and must be considered essential for healthcare enterprise sustainability. Part of the success and sustainability of any enterprise is likely aligned with satisfied employees having the desire to be more productive, creative, and committed to their jobs (Syptak, Marsland, & Ulmer, 1999). Andrica suggested that employees want to feel successful and respected. Employees often overlook their negative perceptions of an enterprise and persevere in time of crisis.

Most importantly for healthcare enterprises, studies have shown a direct correlation between staff satisfaction and patient satisfaction (Kaldenberg & Regrut, 1999).

Job satisfaction has been studied from many different perspectives (Barsky, Frame, & McDougal, 2004; Bender, Donohue, & Heywood, 2005; Brown, Ferrara, & Schley, 2002; Griffin, Patterson, & West, 2001; Harrington, Bean, Pintello, & Mathews, 2001; Johnson & Holdaway, 1994; Kim, 2002; Kirkman & Shapiro, 2001; Koh & Boo, 2001). Researchers across a number of disciplines have examined job satisfaction in relationship to pregnancy, education, the hotel industry, military settings, organizational ethics, participative management, teamwork and supervisor support, cultural values, and gender segregation. Brown et al. studied job satisfaction and pregnancy. Findings suggested that women's job satisfaction was significantly higher prior to pregnancies. Brown found a positive correlation between satisfaction and organizational maternity policies. Harrington et al. studied job satisfaction and burnout. Using a stratified random sample of Air Force family advocacy program workers, participants were more likely to leave employment if they experienced low levels of intrinsic job satisfaction or felt dissatisfied with salary and promotional opportunities.

In other studies (Kirkman & Shapiro, 2001; Koh & Boo, 2001), organizational ethics and cultural values supported by leadership were found to have positive implications for job satisfaction. Eisenberger, Stinglhamber, Vandenberghe,

Sucharski, & Rhoades (2002) found that organizational leaders can favorably influence business outcomes while actively engaging in, supporting, and rewarding ethical behavior. Such findings suggested that employees who are increasingly satisfied are absent less, less likely to leave, and more likely to display quality organizational behaviors. Bender et al. (2005) supported the perception that women have lower expectations in the workplace and are easily satisfied with work experience. In addition, the Bender et al. findings suggested that women are more satisfied in careers dominated by women, but did not show support for men being more satisfied in careers dominated by men. Although job satisfaction research reaches across all disciplines and is extensive in healthcare, researchers have failed to fully investigate job satisfaction among UAP in healthcare with specific emphasis in AC settings.

Communication

Communication between leaders and staff is crucial to effective leader:staff relationships and job satisfaction (Currivan, 2000; Trombetta & Rogers, 1988). Castle (2007), in a quantitative descriptive study, found that UAP employed in nursing homes were most satisfied with their interaction with coworkers, but gave mediocre ratings to their chances to talk about and discuss concerns with enterprise leadership. Utilizing a 10-point visual analogue scale, the rating for the question about discussing concerns with leadership was 5.2.

Parsons, Simmons, Penn, and Furlough's (2003) statewide study in Louisiana in 2003 also noted factors impacting job satisfaction among UAP employed in nursing homes that were related to leadership. The study was provoked by concerns related to nursing care and turnover among nursing assistants. A total of 550 subjects responded that the relationship with leaders could enhance or minimize job satisfaction. Employees reported that input into decisions made by enterprise leaders was insufficient, and that they believed that employees had no involvement in changes and improvements. Parsons et al. found that employees who perceived no opportunities for input were the employees who were more likely to be looking for another job and planning to quit. Findings that further support that poor communication between leaders and staff impacts turnover and job dissatisfaction were also documented in Australia (Moyle, Skinner, & Rowe, 2003), suggesting that the concern is broadly common.

Chou, Boldy, and Lee (2002) found evidence that long-term care (LTC) employees' satisfaction was impacted by leadership support. Their findings showed that professional support had a strong and positive effect on job satisfaction. In the Chou et al. study, 500 participants felt that leadership support was lacking in their situation. Support should enable staff to express their concerns and receive proper supervision and fair treatment (Chou et al.). Mansfield (1997) reported that staffing in nursing homes is important and the relationship between leadership and

subordinates should feel secure. Staff reported that one's having the opportunity to be helped by the supervisors was important to maintaining satisfaction.

Monahan and McCarthy (1992) also studied the importance of leadership's relationship with staff. Findings suggested that leaders should keep UAP involved in decision making related to patient care issues. Monahan and McCarthy reported that UAP appreciated leaders who were flexible and listened to their ideas and concerns. The study participants reported that many decisions were made within the patient care environment but that employees had no control over the decisions and they were looking forward to a day when LTC leaders would be required to work for 2 years in the LTC environment before serving in leadership positions in order to understand the frontline impact of leaders' decisions (Monahan & McCarthy). When leaders are familiar with the environment in which they lead, those leaders tend to be more conscious of the decisions they make and better understand the impact of those decisions on overall staff morale and attrition rates. Racial differences were among the demographics tested in the study. However, race had no effect on job satisfaction of the UAP in that study.

Opportunity for Advancement

Pennington, Scott, and Magilvy (2003) suggested that issues important to UAP employed in nursing homes were motivational factors such as job enrichment opportunities and personal growth. However, Aiken, Havens, and Sloane (2000) found that when UAP employed in acute care (AC) were offered the educational

opportunity required to advance to licensed practical nurse (LPN) or registered nurse (RN) roles, many of those UAP indicated that they preferred the UAP role and did not desire that method of advancement. The UAP preferred onsite education to improve skills for providing better resident care. It was suggested that those UAP might be averse to the formal educational program required for advanced licensure.

Healthcare leaders commonly reward tenure and exceptional performance with advancement (Syptak et al., 1999). By understanding what UAP valued most, leaders were able to design programs that produced work-friendly environments. Syptak et al. found that promoting a valuable employee to a new title that aligned with that employee's skill and ability was perceived as a form of achievement. Supporting employees by allowing them to pursue further education made them more valuable to the practice and more fulfilled professionally. Remsburg, Armacast, & Bennett (1999) found that lack of a career ladder negatively impacted UAP job satisfaction.

A few studies (Castle, Degenholtz, & Rosen, 2006; Sung, Chang, & Tsai, 2005) found that UAP were, overall, satisfied with their work and their coworkers, but were less satisfied with advancement opportunities. Castle et al. explored factors associated with job satisfaction and dissatisfaction for nursing home UAP. The Job Descriptive Index was utilized. Findings showed that participants felt that their opportunity for being promoted was limited. Using a qualitative design, Sung et al.

found training programs and opportunities to be incentive factors for satisfaction and retention for nursing assistants.

Hypothesizing that enterprise structures impacted job satisfaction, the Banaszak-Holl & Hines (1996) study showed job design and enterprise structure affected turnover rates. Job design factors included, but were not limited to, flexibility, inclusion in decision making, and training. Flexibility, inclusion in decision making, and training decreased the chances that UAP would leave employment. Caudill & Patrick (1991) found that UAP involved in patient care were likely to remain on the job. Banaszak-Holl & Hines provided evidence that involvement of UAP in patient care can significantly reduce staff turnover. Involvement provides a sense of greater responsibility and authority (Banaszak-Holl & Hines).

Monahan and McCarthy (1992) were interested in exploring views of UAP regarding their employment specifically in rural nursing homes. Their descriptive study enhanced knowledge about the likes and dislikes, family views, and motivation of UAP. A total of 76 UAP showed that continuing to learn was gratifying. UAP felt that recognition and personal reward helped to maintain morale.

Rewards and Recognition

UAP can be recognized in many different ways. Enterprise leaders can show appreciation by saying thank you, giving praise, providing opportunity for growth and development, and by showing respect (Remsburg et al., 1999). Studies (Castle, 2007;

Parsons et al., 2003) of the workplace have shown that being recognized for achievements, knowing that one's contributions matter to the enterprise, and the opportunity for growth and professional development have a profound effect on employee satisfaction and commitment.

Castle (2007) found that recognition was highly important to UAP. That study of 1,579 UAP suggested that, on average, UAP were not very satisfied with the recognition that they received from enterprise leaders. On a scale of 1 (low) to 10 (high), the mean recognition rating was 5.3. That recognition rating of 5.3 was the lowest of all the categories tested including workload, work demands, coworkers, training, quality of care, and work content. In addition, the Parsons et al. (2003) study concluded that recognition and appreciation impacted satisfaction as much as other factors such as compensation. Parsons et al. found that recognition was significantly more important when compared to health insurance, compensation, and leave benefits.

Compensation

Does compensation have a profound impact on job satisfaction? One may think so. However, Parsons et al. (2003) showed that workers making less money can appear to feel more satisfied than more highly paid workers. Parsons et al. found that UAP felt greater satisfaction with their job than with their compensation. In their study of 550 UAP, 60% were satisfied or very satisfied with their jobs. However, nearly half (45%), disagreed or strongly disagreed with their compensation. Moving

from a low-paying position to a higher compensation rate may not always produce a higher level of satisfaction (Labour Market Treads [LMT], 2003).

During the period 1991-1997, the British Household Panel Survey (BHPS) presented information to the Institute for Social and Economic Research (ISER) that clearly distinguished between low-wage and high-wage workers in order to measure levels of job satisfaction with job security, quality of work, hours worked, and compensation (LMT, 2003). Overall, satisfaction was greater among lower paid workers. Lower paid workers were not concerned about compensation and gained more satisfaction from the work being performed.

In Atchinson (1998), a study to determine the perceptions of UAP employed in nursing homes, compensation emerged as the critical component of dissatisfaction. Nearly 80% of the UAP' income was close to the poverty line. The study supported the findings that UAP were more satisfied with their job than with their compensation. Socialization was found to be the positive crucial factor for UAP over compensation. However, Gruss, McCann, Edelman, & Farran (2004) found that high turnover rates were directly associated with low wages.

Dissatisfaction and Turnover

Many factors were found to be associated with dissatisfaction and turnover among UAP employed in LTC (Remsburg et al., 1999). Such factors included unfriendly work environments, lack of cooperation, heavy workloads, and lack of respect and recognition. Atchinson's (1998) research purpose was to identify UAP

perceptions of job satisfaction and test hypotheses that personal growth and development, job security, and challenges were related. Atchinson concluded that new job opportunities, whether current or created, provided an incentive for upward mobility in a career ladder. Other options such as tuition reimbursement were found to provide an avenue for growth and motivation for UAP to remain on the job.

The Remsburg et al. (1999) study established several reasons for turnover directly associated with job dissatisfaction. The study found that enterprises that disregarded the importance of recognition had turnover due to job dissatisfaction. The study also found that compensation structures impacted the level of job satisfaction.

Donoghue and Castle (2006) identified nursing home characteristics that influenced turnover among caregivers. Study caregivers included UAP, RNs, and LPNs. The results presented a different perspective of turnover and satisfaction from other studies focusing on satisfaction. For example, high nurse:patient ratios were associated with lower voluntary turnover, but increased involuntary turnover. The results indicated that the fewer patients a single caregiver is assigned per shift, the less the chance that the caregiver will leave the job. Donoghue and Castle included quality of care in their study and found lower voluntary turnover in nursing homes that provided higher quality care. Donoghue and Castle did not focus on the determinants of satisfaction on which most studies focused (Atchinson, 1998; Banaszak-Holl & Hines, 1996; Castle, 2007; Castle et al., 2006; Chou et al., 2002; Fitzpatrick, 2002; Monahan & McCarthy, 1992; Moyle et al., 2003; Parsons et al.,

2003; Remsburg et al., 1999; Sung et al., 2005). The Donohue & Castle study emphasized the importance of activities of daily living (ADL) scores over the commonly studied determinants such as communication, relationships, training, and compensation.

Synthesis of the Literature

The purpose of this literature review was to provide a wide range of perspectives and supporting documents that discussed the determinants of job satisfaction. The review of the literature covered a 15-year period, from 1992 to 2007. The search included several electronic databases, CINAHL, Business Premier Source, EBSCOhost, and Google search with attention to the leading clinical journals including the *Journal of Nursing Administration*, *American Journal of Nursing*, *Geriatric Nursing, Gerontologist*, and *Journal of Long Term Care Administration*. Empirical studies and online articles were included. A total of 37 papers were examined, of which 13 were closely aligned with this research. Using the matrix method, each of the 13 research articles was evaluated in chronological order using a structured form with 13 topics: author, title, journal, year, purpose, methodology, sample size, statistics, instruments, demographic variables, determinants of satisfaction/turnover, results, and limitations.

For purposes of this research all studies that focused on job satisfaction were not exhausted. However, an attempt was made to include those studies that were closely relevant to determinants of job satisfaction of UAP. In an effort to synthesize

the literature, several determinants were present among the studies reviewed that influenced the perception of UAP' job satisfaction. Determinants included communication, compensation, opportunity for advancement, relationship with coworkers, leadership support, recognition, inclusion in decision making, and work demand. The review of the literature revealed many studies that focused on job satisfaction among UAP in LTC. Several studies included (Atchinson, 1998; Banaszak-Holl & Hines, 1996; Castle, 2007; Castle et al., 2006; Chou et al., 2002; Fitzpatrick, 2002; Monahan & McCarthy, 1992; Moyle et al., 2003; Parsons et al., 2003; Remsburg et al., 1999; Sung et al., 2005) were found to be closely aligned with the purpose of this study. The seminal issue was that no studies found were performed in an AC setting focused specifically on UAP.

Studies included in the synthesis revealed a number of similarities and differences. The similarities and differences are discussed below. The following are presented: issue, methods, results, and critical analysis.

Issue

The issue studied, as reflected in the literature review matrix (Appendix F), was job satisfaction among UAP. Job satisfaction across the UAP workforce has been studied for many years; however, this review focused on studies within the last 15 years. Studies focused on the views, perceptions, and factors that affected job satisfaction for UAP. Researchers used diverse variables to ultimately determine the same conclusion with regard to job satisfaction. Topics included turnover,

organizational factors, job design, facility types, and health conditions such as dementia. The literature currently reflects numerous studies exploring and examining job satisfaction among UAP in LTC or nursing homes. This literature review suggested that researchers have not yet completed research regarding job satisfaction among UAP in AC settings.

Methods

Studies were performed in several different national and international locations including the United States, Australia, and Taiwan. Different methodological designs were used; nonexperimental descriptive, cross-sectional, questionnaire, stratified random sampling, and qualitative. No one design was identified as dominating any other. Sample sizes ranged from 25 to over 500. Despite researchers' ability to acquire 500 plus participants, other factors seemed to limit the rigor of the studies as discussed within the critical analysis section.

Although not always readily available in the published reports, researchers used statistical tests such as bivariate analysis, linear regression, chi-square, t-test, and multi-variate analysis. All statistical analyses appeared to be appropriate to the data. No study instrument was used consistently throughout the research studies. However, the Job Description Index was found to be the instrument of choice in job satisfaction research.

Results

Demographics, determinants of job satisfaction, and study results were consistently presented. Ages ranged from 18 – 55 years and the dominant gender was female. Although there were demographic profile variations, studies consistently included the following: age, gender, ethnicity, education, marital status, and years on the job. Determinants of job satisfaction consistently included training, relationship with patients and co-workers, opportunity for advancement, recognition, work demand, and compensation.

Since the inception of research on the determinants of job satisfaction in LTC settings, the results have been highly consistent. Determinants that have a positive relationship with job satisfaction include relationship with patients, relationship with co-workers, opportunities for advancement, learning opportunities, inclusion in decision making, supportive work environment, compensation, recognition, and respect. Other determinants such as quality of care and job security have been studied but further research is necessary to generalize findings and support conclusions.

Critical Analysis

Each study presented positive aspects and opportunities for improvement in research. Selected weaknesses in the studies were identified. Those studies closely aligned with the purpose of this research were presented.

The Monahan and McCarthy (1992) study was limited to rural nursing homes. An opportunity exists to replicate the study in urban areas. The predominately white UAP population in the study presents a major disadvantage to generalizing the research findings to more diverse workforce populations. A workforce dominated by one race group is likely to show homogeneous results.

Atchinson (1998) had positive aspects of the study. The instrument utilized was the Job Diagnostic Survey (JDS). The JDS has established validity and reliability across diverse populations. The study population size, 283, provides strength for the study's generalizability to similar populations in the Midwest. However, the study only included 18 male participants limiting its ability to be generalized to the male UAP workforce.

Remsburg et al. (1999) worked to develop standard formulae for calculating and tracking UAP turnover rates related to job satisfaction and Castle et al. (2006) examined job satisfaction and the characteristics associated with job satisfaction among UAP, RNs, and LPNs. Both studies had a large number of participants: Remsburg et al. had a 60% response rate (75 respondents of 125) and Castle et al. had a 75% response rate (717 respondents of 953), both considered good for research studies. The use of only one or two sites produced an obvious limitation of the studies. However, Remsburg et al. utilized several clinical departments. The approach is considered good for generalization across clinical areas.

Chou et al. (2002) examined the relationship of satisfaction at nursing homes in Australia. This study was one of just a few found outside of the United States. The moderate response rate could weaken study conclusions. The lack of knowledge regarding non-participants was a limitation. The comparative approach used, nursing homes versus hostels, allowed the researcher to add greater support to job satisfaction of UAP working outside of the nursing home setting.

Moyle et al. (2003) identified the level of satisfaction among RNs and UAP in LTC and Sung et al. (2005) explored reasons for nurse aides continuing to work in LTC dealing with dementia patients. Although the purpose of the two studies differed, both had similar components. Both studies had limitations due to the small number of participants; 27 and 16, respectively. However, the qualitative approach by researchers warranted a limited number of participants. Moyle et al. and Sung et al. could have produced a stronger study by using multiple study sites. A separate observation of both is that Moyle et al. supported similar studies confirming that recruitment and retention was critical in maintaining a stable workforce and Sung et al. can only be generalized to females because the study was dominated by female participants.

Parsons et al. (2003) examined job satisfaction and turnover among UAP employed in nursing homes. Since Parsons et al. included the whole state of Louisiana, the study could possibly be generalized to other states in the region. The profile of UAP is aligned with the national profile. Because the study included a large

number of African American women, it lacks the ability to be applied to other ethnicities. Overall, Parsons et al. conducted a strong study that produced results that could be utilized as a benchmark for other related studies.

Summary

Numerous studies addressed consistent determinants of job satisfaction among UAP employed in LTC (Atchinson, 1998; Banaszak-Holl & Hines, 1996; Castle, 2007; Castle et al., 2006; Chou et al., 2002; Fitzpatrick, 2002; Monahan & McCarthy, 1992; Moyle et al., 2003; Parsons et al., 2003; Remsburg et al., 1999; & Sung et al., 2005), but many of the studies were completed more than 5 years ago and do not reflect current societal or working circumstances. Determinants of job satisfaction were gleaned extensively from populations employed in LTC. Researchers have not yet completed the same caliber of research on UAP in AC. Job satisfaction determinants studied including communication, compensation, relationship with patients and co-workers, leadership, training, and work environments were common across the studies found. However, generalizability of research findings is limited until research is completed in AC settings.

Chapter 3

Methods

The purpose of this study was to identify the level of job satisfaction among UAP employed in AC using the determinants of job satisfaction identified by Castle (2007) among UAP employed in LTC. This chapter presents the study design and methodology. Included are the research questions, setting and sample, and inclusion and exclusion criteria. The instruments and process for data collection and the statistical analyses to answer the research questions are also discussed.

Design

The descriptive, correlation study was conducted using a convenience sample of UAP employed in AC who volunteered to participate in the study.

Setting

UAP participants were employed at a level II, 286-bed, non-profit, acute care hospital in a Gulf coast state and at a regional 319-bed acute care, non-profit hospital located in a second southeastern state. Services provided at each study site included both adult and pediatric AC, women's services, and rehabilitation. The Boards of Nursing regulation in each state give general to specific delegating authority to the registered nurse in delegating tasks to the UAP.

Sample

A total of 70 UAP were employed at the research sites. At least 30 complete data sets were needed to assume normal distribution of the data. The sample size was determined based on the Central Limit Theorem (Gravetter & Wallnau, 2007). All UAP who met the study inclusion criteria were recruited to participate in the study.

Inclusion Criteria

All UAP employed at each study site who voluntarily agreed to participate in the study and who did not meet the study's exclusion criteria were included.

Exclusion Criteria

For this research there were just two exclusion criteria. In order to avoid the possibility of coercion or bias, any UAP under the supervision of the researcher were excluded from the study. Jensen (1997) suggested that participants experiencing recent negative performance evaluations might be influenced to answer study questions about job satisfaction with negative bias. Therefore, participants were excluded from the study if a merit evaluation was performed within one month prior to initiation of the study.

Instrument

The study questionnaires included demographic, personal, and work characteristics of participant items (Demographic and Background Data Sheet (DBDS)) developed by the researcher (Appendix A) and the Nursing Home Nurse Aide – Job Satisfaction Questionnaire (NHNA-JSQ) (Castle, 2007) (Appendix B).

Demographic and Background Data Sheet

The DBDS profile included: (a) age in full years; (b) gender; (c) racial background; (d) marital status; (e) highest level of education; (f) employment status i.e., full-time, part-time, agency, on-call/PRN; (g) usual shift worked; (h) employment status at another facility; (i) whether or not the participant received a performance evaluation within 1 month prior to completing the study questionnaire; (j) number of full years of employment in current position; and (k) number of full years employed as a UAP anywhere.

Nursing Home Nurse Aide – Job Satisfaction Questionnaire (NHNA-JSQ)

The NHNA-JSQ is a nursing assistant (NA) job satisfaction questionnaire (Castle, 2007). The items on the questionnaire were developed by Castle based on a previously published job satisfaction study performed with NAs. The instrument contains 21 questions. Of the 21 questions, 19 questions are designed to understand determinants of job satisfaction that have important implications for NAs' job satisfaction and 2 questions are designed to rate UAP overall job satisfaction and whether the UAP would recommend their respective employer to a friend. Each item is scored using a visual analogue format with an interval scale from 1 to 10. The number 1 represents the lowest and the number 10 signifies the highest level of each variable (Castle).

The subscales are: coworkers, work demands, work content, workload, training, rewards, and quality of care. Coworkers represent relations with other

workers in the facility (Visual Analog Scale Questions [VASQs] #3, 5, & 6). Work demands represent resources and demands of the job (VASQs #8, 9, & 14). Work content represents the complexity and challenges of the work (VASQs #10, 11, & 12). Workload represents time pressures (VASQs #4, 13, & 15). Training represents preparation for the position (VASQs #7, 16, & 17). Rewards represent the benefits of the job (VASQs #1 & 2). Quality of care represents how well nursing assistants perceive patients are cared for (VASQs #18 & 19). In addition, two global job satisfaction questions are included on the NHNA-JSQ.

Reliability

Reliability of the instrument was established by Castle (2007) utilizing Chronbach's alpha. Internal consistency was determined using Chronbach's alpha for each subscale, and represents the degree to which items correlate within each subscale (Castle). Chronbach's alpha ranged from 0.72 – 0.83, higher than recommended levels. The establishment of internal consistency was completed utilizing the properties of prior work by McHorney, Ware, Lu, and Sherbourne (1994).

Validity

Factor analysis was used by Castle (2007) to test the extent to which the items in each domain represented the same underlying construct. To further report the applied psychometric properties of the instrument several tactics were utilized including completeness of data, score distribution, item-scale consistency, and

reliability of domain scores. Castle reported 66% of 726 surveys returned were usable. The factor analysis showed that the items were representative of the underlying factors and represented seven subscales.

Pilot Work

Pilot work was not performed using a sample of UAP as a precursor to this study. The NHNA-JSQ was used in a study by Castle (2007) to understand the relationship between job satisfaction of NAs, intent to leave and actual turnover 1 year following the study.

Procedure

Recruitment

The Institutional Review Board (IRB) at the 319-bed hospital and in the absence of an IRB, the administration of the 286-bed health system approved the proposal for this research. Following site IRB and administrative approvals, the research proposal was presented to the IRB of Case Western Reserve University where it was also approved. Following IRB approvals, the researcher met with the chief nurse executive (CNE) at the hospital and the chief executive officer at the health system and received written permission (Appendixes D & E) to conduct the research at each study site as well as to post and distribute the research fliers.

In order to accommodate the work schedules of the participants, six opportunities to meet the researcher and voluntarily complete the survey were scheduled in a conference room at the study site. At each meeting, the researcher was

introduced to the UAP by the site CNE. The UAP were informed about the study by the researcher including: (a) the purpose of the study, (b) that participation in the study involved voluntarily completing a 21-item survey and demographic profile, (c) the identified risks and benefits, (d) the length of time projected to complete the survey, (e) how security and confidentiality would be maintained, (f) management of data for publication of study results, (g) contact information for the researcher and IRB, and (h) how to complete each instrument. The UAP were encouraged to ask questions about the study and the researcher answered any questions. When all questions had been answered, the researcher again invited everyone to voluntarily participate.

Data Collection

Research packets were distributed containing the DBDS and the NHNA-JSQ to each UAP present. Participants were asked to remain respectfully silent during completion of the DBDS and NHNA-JSQ and to refrain from discussing them after they left the room. Completion of the DBDS and NHNA-JSQ was expected to take about 15 minutes. Completion of both forms constituted consent to participate. Participants were instructed to return both forms to the envelope and seal the envelope regardless of whether they decided to participate or not. Participants who decided not to participate placed blank forms in the envelope and sealed it. All envelopes were placed in a locked drop box upon exiting the door where they were retrieved by the researcher.

Alteration in Data Collection

In order to accommodate the work schedules of the UAP, six opportunities to meet the researcher and voluntarily complete the survey were provided around the clock. However, several UAP arrived to complete the study at an alternate time and requested permission to remove the questionnaire from the conference room, complete the questionnaire at a time convenient for them, and return the questionnaire to the researcher. Those UAP were granted the opportunity although it was not consistent with the process approved by the IRB. All of the released questionnaires were returned to researcher's office by the next morning in the sealed envelope.

The alteration could have potentially produced bias giving the opportunity for UAP to collaborate about their answers to the questionnaire. There was no way to determine, identify, or measure whether or not bias was, indeed, introduced into this study. Details of the alteration were reported to the IRB. The IRB reviewed the details of the alteration, did not identify a threat to study participants, and approved continuation of the study and use of the data acquired.

Data Management

The researcher reviewed and cleaned all submitted forms for missing data or errors by visually inspecting the completed instrument data Predictive Analytics Software (PASW, 17.0, 2009) file content against the original paper copy of the instrument. A total of 100% of the instruments were reviewed for accurate data entry. Frequency distributions were performed on the data to assess for outliers and

irregularities, possibly indicating errors in data entry. Irregularities were matched with the original paper copy of the instrument, the data were verified, and the necessary corrections were made. No instruments were missing two data points, therefore no data were coded as 999. The researcher assigned each complete data set a sequential-numeric code that was only used to input data into PASW for analysis.

Data Analysis

RQ1: What was the level of job satisfaction among UAP employed in AC as measured by the NHNA-JSQ?

The variable of interest was the level of job satisfaction determinants. Levels of determinants of job satisfaction yield interval type data. Thus, the statistics used to answer RQ1, were measures of central tendency and dispersion.

RQ2: How did the demographic and background characteristics of the study participants impact their level of job satisfaction?

The variable of interest was the relationship between job satisfaction determinants and the demographic and background data. Thus, the statistics used to answer RQ2 were measures of central tendency, dispersion and Pearson product-moment correlation.

The following demographic variables yield nominal data: gender, racial background, marital status, employment status, shift work, and number of months since last performance evaluation. The following demographic variables yield ordinal data: level of education and years worked. Nominal and ordinal data were

descriptively analyzed using absolute number and measures of proportion (percent). The variable on the DBDS that yields ratio data is age. The ratio data were descriptively analyzed using measures of central tendency (mean, median, and mode), a measure of dispersion (standard deviation [SD]), and measures of proportion (percent). The ratio data were analyzed for normality of distribution using mean, median, mode, skewness, and kurtosis.

Control of Bias

Risk of bias was controlled in three ways. First, all participants were instructed to return the study instruments to the envelope in which they were distributed, seal the envelope, and simultaneously place the sealed envelope in the lock box in order to avoid bias among colleagues who may be known to each other as informal leaders who elected to participate or not participate in the study. In addition, all participants were requested not to discuss the study. Second, studies of participants who indicated they completed a performance evaluation within the previous month were excluded from the study. Last, studies of participants who indicated that the researcher was their direct supervisor were informed that they were not eligible to complete the study. The researcher was not in the room while participants completed the study.

Protection of Human Subjects

The IRB or its substitute at both the study sites and at Case Western Reserve University reviewed the study for protection of human subjects. The study

participants were anticipated to be without risk. Participation in the study was entirely voluntary. Participants were assured that their employment was not affected in any way by their decision to participate or not participate in the study. Consent for participation in the study was demonstrated through completion and return of the DBDS and the NHNA-JSQ.

Study participants' anonymity was assured by the absence of any code or other identifying information on the study instruments or envelope. The researcher-assigned code was only used for the purposes of data entry into PASW. Data were stored in a locked drawer in a locked office to which only the researcher had access. Assurance was given that results of the study would only be reported as cumulative statistics and would not link to any individual. Data will be destroyed two years following the last publication of the study.

Summary

This study explored the level of job satisfaction identified among UAP in two AC settings. In order to achieve at least 30 complete data sets, all of the 70 UAP employed at the study sites who met the study inclusion criteria, but not the study exclusion criteria, were invited to participate in the study. Demographic and background data about the participants were collected using questionnaire items developed by the researcher. Levels of job satisfaction among the study participants were identified using the NHHA-JSQ instrument developed by Castle (2007). The

study questions were answered using measures of central tendency and dispersion, as well as Pearson product-moment correlation.

Chapter 4

Results

The purpose of this study was to identify the level of job satisfaction among UAP employed in AC using the determinants of job satisfaction identified by Castle (2007) among UAP employed in LTC. The focus of this chapter is statistical analysis of the data. Institutional Review Board (IRB) activity is explained. The demographic characteristics of the pilot study participants are presented using descriptive analysis and percentages. The subscale and total scores from the Nursing Home Nurse Aid Job Satisfaction Questionnaire (NHNA-JSQ) are analyzed using measures of central tendency and standard deviation. The research questions are answered.

Sample Description

A total of 70 potential participants were employed as UAP at the combined study sites, 40 at the level II, 286-bed, non-profit acute care hospital located in a Gulf coast state and 30 at the regional 319-bed, acute care, non-profit hospital located in a second southeastern state. Services provided at each study site included both adult and pediatric AC, women's services, and rehabilitation. A total of 40 questionnaires were distributed across both study sites. In all, 36 questionnaires were returned completed and 4 questionnaires were returned blank. Of the thirty-six, only 35 were eligible to be included in the study because one participant indicated that a performance evaluation was completed 1 month prior to the study. A total of eight

questionnaires had missing data points. However, no more than two data points were missing on any single questionnaire so all 35 questionnaires were included in the data analysis.

Response Rate

Although, together, 70 UAP were employed at the two study sites, 20 of those 70 were under the direct leadership of the researcher and were excluded from eligibility for participation, leaving 50 potential participants. A total of 40 of those 50 UAP volunteered to participate for a strong response rate of 80%.

A total of 40 questionnaires were distributed. Of those 40, four were returned blank and 1 questionnaire was returned reflecting the participant having a performance evaluation one month prior to the initiation of the study, an exclusion criterion of the study. The study culminated with 35 eligible questionnaires. The response rate on the questionnaires was 90%. Eligible questionnaires were 87.5%. The ineligible questionnaire rate was 2.5% and 10% were returned blank. A high response rate is the key to the strength of a survey's results, therefore the response rate for this study was considered good (Instructional Assessment Resources, 2010).

Sample Profile

Participants ranged in age from 25 to 63 years with a mean age of 39.8 years. The SD for age was 12 years. Of the participants, 20 (59%) were 35 years of age or older. The most common age among the participants was 28. All but one (97.1%) of the 35 participants were female and one was male. A total of 32 (91%) of the

participants identified themselves as black from among the seven racial categories available while three (8.6%) identified themselves as white.

Most (80%) of the participants were either married or single. Just four (11.4%) were divorced and two (5.7%) were widowed. Only one participant (2.9%) self-identified as partnered.

In all, 32 (91%) had graduated from high school and just over half (n=18, 51.4%) had some college education while six (17.1%) were college graduates. Only 3 (8.6%) had less than a high school diploma. The distribution of education is presented in Table 1 (Appendix I).

Participants were asked about their work schedule and shift worked. All (97.1%) but one participant worked a full-time schedule. Data collection was timed to accommodate potential participants working all three shifts but most (62.9%) of the participants worked the day shift. Only six (17.1%) worked a second job. The distribution of employment status is presented in Table 2 (Appendix J).

Participants were asked about the number of years they had worked as a UAP and how many years they had worked in the current position. Experience ranged from 2 to 40 years. The mean for years worked was 12.39 (SD 9.13). The majority (60%) had eleven or fewer years' experience. Years worked in the current position ranged from 0 to 40 but the mean for years in current position was only 8.29 (SD 7.31). This suggests that there was turnover among UAP who participated in the study. The distribution of years of employment is presented in Table 3.

Table 3

Demographic Profile of Sample – Years as UAP

Years Worked as UAP (n = 35)	M	SD
	12.39	9.13
Years in Current Position (n = 35)	**M**	**SD**
	8.29	7.31

Research Questions

RQ1: What was the level of job satisfaction among UAP employed in acute care as measured by the NHNA-JSQ?

The NHNA-JSQ included seven subscales: (a) work content; (b) quality of care; (c) training; (d) coworkers; (e) work demands; (f) workload; and (g) rewards. Each of the 19 questions was rated from 1 to 10 with 1 being low and 10 being high. In addition, two questions sought a global perception of UAP job satisfaction.

Overall, participants rated work content satisfaction at 9.1. Other subscales receiving a relatively high score were quality of care (9.2), and training (8.7). However, participants rated their chances for more training low (7.5). Participants rated their coworkers lower (7.4) than training. Low ratings were also given to work demands (7.0) and workload (7.6).

Participants gave the lowest score to rewards (5.6) that included pay and chances for advancement. However, overall satisfaction with the job was 8.1 and whether or not they would recommend their employer to a friend scored 8.3. Overall, the global questions were rated 8.2. The mean and standard deviation for each question are presented in Table 4 (Appendix K).

RQ2: How did the demographic and background characteristics of the study participants impact their level of job satisfaction?

Pearson correlation coefficient and *t* test statistics were used to answer RQ2. Correlation coefficients between .10 and .30 are considered small, between .30 and .50, moderate, and coefficients greater than .50 are considered large (Cohen, 1988). The correlation analyses are presented in Table 5.

Table 5

Relationship Between Years Worked as a UAP and Job Satisfaction Variables (n=35)

Demographic	Statistical Test	People You Work With	Cooperation Among Staff	Amount of Support
Years Worked as a UAP	Pearson Correlation	.374*	.355*	.338*

* statistical significance $p \leq 0.05$

Pearson correlation coefficients were calculated for the relationships between participants' age, years as a UAP, years in current position, and each variable of the NHNA-JSQ. There were no statistically significant findings associated with participants' age or years in their current position and job satisfaction variables. A

moderately positive correlation ($r = .374$, $p < 0.05$) was found between years worked as a UAP and participants' ratings of their coworkers. Participants with a greater number of years worked as a UAP tended to be highly satisfied with the people with whom they worked.

A *t* test was performed to examine the relationship between participants' level of education and each item on the NHNA-JSQ. Level of education on the DBDS was presented as the following: (a) no high school; (b) some high school; (c) high school graduate; (d) some college; and (e) college graduate. Due to the variation in percentage of participants across each category, for this analysis level of education was collapsed to (a) high school graduate or less and (b) post-high school. As shown in Table 6 (Appendix L), the group statistics suggested that participants with less than college education were, on average, more satisfied with aspects of the job than participants with college education.

The mean of participants with post-high school education was higher for pay ($M = 6.5$). The analysis showed that participants with post-high school education were more satisfied with pay than those participants who had at least a high school diploma. The mean scores of UAP with a high school diploma or less were higher than the mean scores of participants with post-high school education for: (a) people you work with (8.6); (b) cooperation among staff (8.2); and (c) amount of support (8.5). The analysis showed that participants with a high school diploma or less were more satisfied with the people with whom they worked with, cooperation they

received from others, and the amount of support they received to do their job, than those participants who had post-high school education. Mean scores and standard deviations for level of education and job satisfiers are presented in Table 6 (Appendix L).

A *t* test was also performed using the same two groups comparing means for each of the following job satisfiers: (a) people you work with ($t(33) = 3.58$, $p < .01$); (b) cooperation among staff ($t(33) = .114$, $p < .05$); and (c) amount of support ($t(33) = 3.44$, $p < .05$). The mean scores of participants with post-high school education were significantly higher ($M = 6.5$, $sd = 1.79$) than the mean scores of participants with high school education or less ($M = 4.3$, $sd = 2.5$). Although the t tests were performed, there were not enough participants in the individual cells of the subgroups to use the data to conclude any significant findings or generalize the findings to the UAP population.

Chapter 5

Discussion

The purpose of this study was to identify the level of job satisfaction among UAP employed in AC using the determinants of job satisfaction identified by Castle (2007) among UAP employed in LTC. This chapter focuses on interpretation of the findings of the study, identifying differences and similarities with previous research. Limitations of this study are described. Implications of the findings for nursing practice and future research are also explored.

This descriptive correlation study was conducted using a convenience sample of 35 UAP employed in AC who volunteered to participate in the study. UAP participants were employed at a level II, 286-bed, non-profit, acute care hospital in a Gulf coast state and at a regional 319-bed, acute care, non-profit hospital located in a second southeastern state. Services provided at each study site included both adult and pediatric AC, women's services, and rehabilitation. The Demographic and Background Data Sheet (DBDS) and the Nursing Home Nurse Aide - Job Satisfaction Questionnaire (NHNA-JSQ) were used to collect data from each participant.

Demographics

The mean age of participants was 39.8 years. The population studied contained more females than males. Prior research (Atchinson, 1998; Monahan & McCarthy, 1992; Parsons et al., 2003) supports that there are usually more females

working as UAP than males. The majority of the participants self-identified as black. Research has shown that black females dominate roles as UAP (Gruss, McCann, Edelman, & Farran, 2004; Parsons et al., 2003). Although such women might be expected to be the single head-of-household, only fifteen (44%) female participants identified themselves as single.

Since the position is commonly perceived to be a lower level position with minimal educational preparation, surprisingly, nearly all participants had a high school diploma. In fact, six (17.1%) of the participants were college graduates who worked as a UAP for an average of 10.3 years and in their current position an average of 7.6 years, long before the economy bottomed out leaving numerous college graduates without jobs. Anecdotally, one college graduate stated the job choice was quite purposeful.

It was not surprising to note that 97.1% of the participants worked full-time because, generally, UAP positions are full-time in acute care facilities. The mean years worked as a UAP was found to be 12.39 years. Participants worked in their current position, on average, longer than 8 years. It might have been informative to discover the extent to which the participants had child care responsibility, given their age and full-time positions.

The findings of this study have similarities to, as well as differences from, the findings of Castle's 2007 study of UAP employed in LTC. The same demographic descriptors and the same job satisfaction instrument were utilized for both studies.

The participants' mean age, gender, and length of time in the current position were similar. As found in this study and also by Castle, a significant number of UAP participants had completed high school education or held a college degree. Both studies had well-educated participants, but in Castle's study no participant was prepared at the college graduate level consistent with the lengthier work histories of Castle's participants (M = 21.0 years) compared to a M = 12.39 years in this study.

However, the racial preponderance of the two studies was quite different even though both study sites were in southern states. A majority (64%) of those who participated in Castle's study identified themselves as white as compared to only 8.6% in this study. Closer examination of the specific neighborhood location of the healthcare sites might reveal that employees were drawn from a racially predominant neighborhood population with easy access to the work site.

Overall, the demographic and background characteristics of the study participants did not have a statistically significant impact on job satisfaction. However, UAP with greater years of experience in that role had a more positive perception of their co-workers. It may not be unusual for a mutually dependent work group to hold more positive perceptions of their colleagues than those whose work is more autonomous. However, the mean scores on the co-worker subscale were only moderately high with the mean perception of the ability of co-workers nearly two full points below self-perceptions of ability. Mean item scores suggest that work was accomplished individually and independently, rather than collegially. Participants'

level of education also had a positive impact on their job satisfaction as it related to co-workers and support on the job. Perhaps those with more education had more opportunity to learn interpersonal skills.

Although workload is commonly a focus of complaint, the mean score for participants in this pilot study was moderately strong (7.6), buoyed by the perception that the time allotted to accomplish the work was adequate. The final subscale examined the benefits of the job and garnered the lowest mean item scores and subscale mean score. Despite the low rating on the reward subscale, overall, the participants were satisfied with their job and would recommend working at their respective places of employment.

Limitations of the Study

This study suggests that the measures of job satisfaction used by Castle (2007) to measure job satisfaction among UAP employed in LTC may also have meaning for UAP employed in acute care. However, the small sample size prohibits robust statistical analysis and generalizing study findings beyond the study participants. This study does serve as a pilot that suggests there could be value in repeating the study using a larger sample.

Sites for this study are located in the southern portion of the United States. The enterprise culture at the sites may be uniquely influenced by the culture of their external environments. The site in the Gulf Coast state is rather geographically remote and may exhibit values that differ from more urban settings.

Females tend to be the dominate gender in nursing roles at all levels. Nearly all of the participants (97.1%) in this pilot study as in other UAP studies (Castle, 2007; Parsons et al., 2003; & Fochsen et al., 2006) were female. Therefore, the findings of this study cannot be generalized to males who work as UAP, even to the one male participant in this study.

Similarly, when a majority of the participants represent just one racial group, the findings cannot be generalized to a broader racial group. The overwhelming majority (94.1%) of UAP self-identified as black in this study. Therefore, the findings are not generalizable beyond the black participants.

There are several definite and potential reasons why some eligible participants may have chosen not to participate in this study. There were 70 potential participants, but 20 potential participants were under the direct leadership of the researcher. Those potential participants were excluded from this study to prevent bias or potential coercion. Reasons why the other potential participants may have elected not to participate could range from the following: (a) not having the time to leave their work assignment to complete the questionnaire; (b) being aware that they met the exclusion criteria; (c) not on duty; (d) lack of knowledge or understanding about the study; and/or (e) fear that the results might lead to disciplinary action by the employer.

As noted by Castle (2007), the NHNA-JSQ tool may be subject to some limitations. The developers of the NHNA-JSQ selected not to use negatively worded items because they were shown to confuse some UAP when the instrument was tested

during its development. The developers felt that a response set bias could result, wherein respondents might use the same response categories for all questions. Despite this limitation, the NHNA-JSQ was found to be a sound research instrument for use with UAP by its developers.

Nursing Implications

The overall subscale mean scores in this pilot study from lowest to highest were: rewards, work demands, coworkers, workload, training, work content, and quality of care. UAP were least satisfied with rewards and most satisfied with the quality of care being provided to patients. Dissatisfaction with rewards is not a surprising finding in this pilot study. Pay among UAP is acknowledged and recognized to be low. This pilot study showed other aspects of rewards such as opportunities for advancement are also important to UAP. Opportunities seem to exist for the two research sites to improve job satisfaction by creating such rewards as career ladders for UAP and/or providing education in more advanced technical skills in order for UAP to qualify to perform broader patient care activities. Such additional accomplishments could enhance the self-respect of UAP and garner a higher level of respect both at work and at home.

With regard to work demands, UAP rated their chances to discuss their concerns with leadership as low. Each study site seems to have a critical opportunity to promote collaboration and more open dialogue with UAP. Leadership has a responsibility to take a proactive approach in encouraging UAP to discuss their

concerns and suggestions because UAP are valuable members of the interdisciplinary team. When a UAP voices a concern, the concern needs to be handled with the same attention with which other employees' concerns are addressed. Leadership could provide purposeful meetings with UAP whether the meetings are small group or one-on-one. Such approaches can promote enhanced sharing and communication when appropriate follow-up is demonstrated.

Castle suggested using a mentorship approach to improve communication. An identified mentor could facilitate UAP to have a formal connection with leadership and provide an avenue for UAP to voice concerns. Syptak et al. (1999) suggested healthcare leaders make intentional effort to decrease dissatisfaction related to voicing concerns with leadership, making informed and wise decisions about the individual's characteristics and ability when appointing the mentor.

The findings of this study also support the generalized perception of UAP that they are less important to patient care than other categories of providers in the AC setting. UAP rated their coworkers, teamwork, and cooperation among staff as low. There is an opportunity to improve the effectiveness of collaboration among UAP and other providers who primarily interact with a UAP such as the registered nurse (RN). Ensuring that UAP are invited to and actively involved in interdisciplinary patient meetings and rounds could be beneficial. Such a strategy could potentially help encourage UAP input into a patient's plan of care. Access to patient information to

assist the UAP in providing care can, conversely, help the UAP to be a part of the team.

Workload was also perceived by the UAP to be an area of dissatisfaction and concern in this study. The UAP rated satisfaction with work schedules, amount of time to do the job, and workload as low. Workload was rated the lowest satisfier. The findings of this study suggest that UAP perceive their workload to be impeding their ability to provide the best care possible to the patient.

UAP commonly feel the brunt of patients' living longer with multiple conditions, yet with less ability to provide their own care. It is widely known that UAP may be assigned from 10 to 15, or more, patients during a shift in collaboration with one or more RNs. Despite the large patient load, UAP are expected to provide multiple components of basic patient care including bathing, ambulating, performing vital signs, feeding, and turning within that shift. Use of a standard formula for UAP hours per patient day (HPPD) similar to that used for RNs as the basis of staffing matrices for UAP coverage could result in more equitable workloads and lead to improve UAP job satisfaction.

Conclusion

The data in this pilot study are not strong enough to answer the research questions to make concrete recommendations to the AC enterprises. The data were primarily used to describe the participants' profile, compare the profile to Castle's 2007 study, describe the findings on the instrument, and recommend replicating the

pilot study with a larger sample. However, the findings can be utilized to provide feedback and areas of opportunity to the study sites.

AC enterprises recognize that the need for UAP is likely to increase as the supply of RNs providing direct patient care diminishes in proportion to the number of patients under the Patient Protection and Affordable Care Act (PPACA). If UAP are to be active members of the interdisciplinary care team they need to be provided the appropriate information and support to function effectively in the care of the patient and to feel optimally satisfied in their job. Improving UAP satisfaction could increase loyalty and tenure, thereby reducing turnover cost.

Journal articles were searched in the nursing and business literature. Studies performed in countries outside the United States were examined. Yet, no literature specific to job satisfaction among UAP employed in AC was found. Therefore, expansion of this study to a larger UAP population is strongly recommended in order for AC enterprises to strategically prepare for future UAP provider resources based on evidence for best practices to attract and retain UAP resources.

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Appendix A

Demographic and Background Data Sheet (DBDS)

Please print your age to the nearest year in the space provided.

Q1. How old are you? _____ years

Please circle <u>one</u> answer for each question below.

Q2. How do you describe your gender? 1. Male 2. Female 3. Other

Q3. What is your racial background? (How do you describe yourself?)

1. White
2. Black
3. Hispanic
4. Asian
5. Pacific Islander
6. American Indian
7. Mixed
8. Other

Q4. What is your marital status? 1. Single 2. Married 3. Separated 4. Divorced 5. Widowed 6. Partnered

Q5. What is your highest level of education?

1. No high school
2. Some high school
3. High school graduate
4. Some college
5. College graduate

Appendix A, cont: DBDS

Q6. What is your usual work-schedule? 1. Full-time 3. On-call/PRN

2. Part-time 4. Agency

Q7. What shift do you usually work? 1. Day 2. Evening 3. Night

Q8. If you work at another facility, company, and/or private duty as a UAP, what is your employment status?

1. Full-time 2. Part-time 3. On-call/PRN 4. Agency 5. N/A

Q9. Have you had a performance evaluation within 1-month prior to this survey?

1. Yes 2. No

Q10. How many years have you worked as a UAP? _____ years

*For each study site, a specific job title will be utilized on the DBDS i.e. PCT or CAN.

Q11. How many years have you worked in your current position? _____ years

Appendix B

Nursing Home Nurse Aide – Job Satisfaction Questionnaire (NHNA-JSQ)
(Castle, 2007)

Directions:
The following questions ask your opinion about your job and how much you like your work. The lowest score is 1 and 10 is the highest score. Please circle the number that you select.

Q1. Rate how **fairly** you are paid:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q2. Rate your chances for **advancement**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q3. Rate the **people** you work with:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q4. Rate your **workload**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q5. Rate whether you feel **part of a team** effort:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q6. Rate the **co-operation** among staff:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q7. Rate the **training** you have had to do your job:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q8. Rate the a**mount of support** you get when doing your job:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Appendix B, cont: NHNA-JSQ

Q9. Rate the chances you have **to talk about** your **concerns**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q10. Rate how much you **enjoy working** with patients:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q11. Rate how your **role influences** the lives of patients:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q12. Rate your **closeness to patients** and families:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q13. Rate your work **schedule**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q14. Rate the **demands** patients and their families place on you:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q15. Rate the **amount of time** you have **to do your job**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q16. Rate whether **your skills** are adequate for the job:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q17. Rate the chances you have for **more training**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q18. Rate the **care given** to the patients:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Appendix B, cont: NHNA-JSQ

Q19. Rate the **effect you have** on patients' lives:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q20. Generally speaking, rate **how satisfied** you are **with your job**:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Q21. Would you **recommend** working at this facility to a friend:

Lowest score ---1---2---3---4---5---6---7---8---9---10--- Highest score

Appendix C

Letter of Approval for Instrument Use

University of Pittsburgh

Graduate School of Public Health
Department of Health Policy & Management

130 DeSoto Street
Pittsburgh, PA 15261

February 3, 2009

Dear Ronnie Ursin:

The NHNA-JSQ I developed is not copyrighted. You are more than welcome to use it in any way you wish. In fact, I appreciate your interest in this instrument.

I believe it should work well for Nurse Aides in the acute care setting.

Sincerely

Nicholas G. Castle, Ph.D.

Nicholas G. Castle, Ph.D., M.H.A., AGSF
Professor
A610 Crabtree Hall
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University of Pittsburgh
130 DeSoto Street, Pittsburgh, PA 15261
Telephone: (412) 383-7043
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e-mail: CASTLEN@Pitt.edu

Appendix D

Opelousas General Health System Approval Letter

Opelousas
GENERAL HEALTH SYSTEM

539 E. Prudhomme Street • P. O. Box 1389
Opelousas, Louisiana 70570
(337) 948-3011 • Fax (337) 948-5126

December 22, 2009

Mr. Ronnie Ursin, MS, RN
4952 Clarendon Terrace
Frederick, MD 21703

Dear Mr. Ursin:

I am in receipt of your request to conduct your research project at our facility for the Doctor of Nursing Practice degree program through Case Western Reserve University. Opelousas General Health System gives its permission for you to undertake this study, "Level/Indicators of Job Satisfaction Among Unlicensed Assistive Personnel Employed in Acute Care", at our facility.

Since job satisfaction is an important factor in retention and recruitment and you will be surveying employees within our facility, we look forward to your results and findings.

We are pleased that you are a part of our management team and we wish you the best in this endeavor.

With regards,

Gerald A. Fornoff
President/CEO

GAF:kpf

Appendix E

Copper Green Mercy Hospital Approval Letter

Cooper Green Mercy Hospital
Jefferson Health Systems

WILLIAM A. BELL, Sr.
Commissioner of Health and Community Services

SANDRAL HULLETT, M.D.
Chief Executive Officer and Medical Director

January 6, 2010

Mr. Ronnie Ursin, MS, RN
315 Amesbury Road, #309
Lafayette, LA 70507

Re: CASE research project

Cooper Green Mercy Hospital will participate in your proposed research "Level/ Indicators of Job Satisfaction among Unlicensed Assistive Personnel Employed in Acute Care". As the Chief Executive Nurse of the Hospital I am very interested in supporting the proposed research. We perform staff satisfaction surveys and view this research as an extension of that. We are often looking for ways to increase staff involvement in process improvements for our Hospital and the patients that we serve.

Thank you for this opportunity, and I can be reached directly at (205) 930-3596.

Sincerely,

Deborah Andrews, MSHSA, RN
Chief Executive Nurse

COMMISSIONER BETTYE FINE COLLINS,President COMMISSIONER BOBBY HUMPHRYES COMMISSIONER JIM CARNS COMMISSIONER SHELIA SMOOT

Jefferson County Commission. Serving the Citizens of Jefferson County
1515 6TH AVENUE SOUTH . BIRMINGHAM, AL 35233 . PHONE: 205-930-3200 . FAX 205-9303497

Appendix F

Literature Review Matrix

Author Title Journal Year	Purpose	Methodology & Sample Size	Statistics & Instruments	Demographics	Determinants of Satisfaction	Results	Critique / Limitations
Rita S. Monahan & Suzanne McCarthy 1992	To explore views of nurse's aides regarding their employment in selected NH.	Non-experimental descriptive study, convenience sampling 36 aides at 7 different NH	Verbal interview; 8 questions	Predominately all white. 91% female, Age=16-71 years	Relationship to patients, work rewarding, learning opportunities, schedules, physical exertion, supervisor support, pay.	Reputable instrument use: Job Diagnostic Survey. Study can be generalized to the Midwest. The population size is appropriate at 283 participants. Could not be specific to males; only 18 participated.	Study is limited to rural NH. The study could be replicated in a larger urban area. The predominantly white NA population is much more alike than dislike.
Leslie Grant, Rosaline Kane, Sandra Potthoff, Muriel Ryden 1996	To explore specialized training about dementia care and turnover among licensed nurses and NAs.	Cross-sectional Facilities specified, not participants	Bivariate Analysis Index for Training	Demographics not identified	Training	Specialized Care Units (SCU) had significantly higher scores means on training and staff stability. More diverse training methods for better staff retention. However, turnover rates between the two were not significantly different. Showed that a well-trained workforce is difficult in facilities where nursing assistant turnover is higher.	Limited because the baseline data are unit-specific and it's hard to measure overall training that impacts outcomes unit-specific. Strong because it shows that nurse floating impacts true differentiation across department education.

Jane Banaszak-Holl & Marilyn Hines 1996	To examine job design and organizational factors affecting turnover.	Interviews and survey instrument 10 sites	Originary least square linear regression. The Resident Assessment Instrument (RAI).	Facility size		Greater responsibility and client involvement. On average less than 50 hours of training. Inclusion is decision making Intensity of work had no effect on turnover.	
Joyce Atkinson 1998	Determine the perceptions of NA employed in nursing homes	Questionnaire 283 in 24 nursing homes	Chi-square Job Diagnostic Survey - Hackman & Oldman		Security of job, Educational opportunities, support groups, salary, work socialization	Study revealed most concern with pay, job security, growth and development, socialization, and challenges in work.	Reputable instrument use: Job Diagnostic Survey. Study can be generalized to the Midwest. The population size is appropriate at 283 participants. Could not be specific to males; only 18 participated.
Robin Remsburg, Karen Armacost, Richard Bennett 1999	To develop standard formulas for calculating and tracking turnover and stability rates, identify reasons for NA turnover, terminations and facility-specific strategies to reduce turnover, and evaluate effectiveness.	Descriptive analysis 29-37	Retrospective - HR files	Years of service = 32-35 months	Pay respect recognition career ladder work environment	Dissatisfied with pay, lack of career ladder, adequate training needed, staffing consistency needed. Include in decision-making	60% response rate good. Only 1 facility used. Several units were used which is good for generalization across clinical areas, however, no acute specialty services were included.

Chou, Shu-Chiung, Boldy, Duncan P., Lee, Andy H. 2002	To assess the direction/magnitude of the effects among the components of staff satisfaction. To examine relationship of satisfaction at facility types (NH vs hostels.	Cross-sectional design to collect data; Stratified random sampling to select facility; Structural equation modeling (SEM) 70 facilities; 610 NH & 373 hostel staff; Western Australia	5-point Likert t-tests Measure of Job Satisfaction (MJS) questionnaire		Workload, Team (co-workers), Training, Professional support	Professional support strong and positive effect on satisfaction. NH had lower scores on all aspects vs hostels. Non-significant was team-sprit to workload and training to workload. Workload, team, spirit, and professional support influence JS.	Findings are only based on Western Australia. Moderate response rate may weaken conclusions about relationships among satisfaction components. Lack of information about non-responders is another limitation.
Wendy Moyle, Jan Skinner, Gillian Rowe, & Chris Gork 2003	Identify the level of satisfaction among RNs and CNAs in long-term care	Qualitative 27 participants	Nursing Work IndexJob Description Index Index of Work Satisfaction	Age: 19-55Male: 1	Workplace convenience, contact with residents, resident gratification, teamwork, tension recognition, and overtime	Produces JS: convenience, contact with residents, resident gratification, and teamwork. Produce JD: time constraints prevent interaction with residents, tensions are not recognized, not being listened to, inadequate staffing.Produce both JS and JD: overtime	Limitation includes the small number of participants, bias towards one organization, and lack of generalizability of the results.
Sharon Parsons, William Simmons, Katherine Penn, Melanie Furlough 2003	To examine JS and turnover among NA employed in NH.	Survey State of Louisiana 500 CNAs	Bivariate & Multivariate Analysis Likert scale	Age, race, sex, marital status, education and educational goals, family responsibilities.	Pay, task, social, Supervision, Management/organizational issues/ pay and benefits	The need for growth opportunities, employee involvement and participation, supervisory training, employee recognition	Since the study included the whole state, it can be possibly generalized to other states in the region. The profile of CNAs fits a national profile. Because the study includes a large number of black women, it lacks the ability to apply to other races.

Huei-chuan Sung, Shu-min Chang, & Chuan-shoiu Tasi 2005	Explore the reasons for continuing to work among nurse aides who cared for older people with dementia in long-term care settings.	Qualitative 16 CNAs: 1 NH	60-minutes interviews	Taiwan nurses: Average age = 34, all high school graduates, 12 of 16 were female.	Pay relationship with patients working environment training opportunities gratification.	87.5% stated pay would keep them on the job. Relationship with residents. Working conditions are important. Training opportunities specific to clinical areas are beneficial. Caring for residents is personally rewarding.	Small number of participants. Single study site. Female dominated.
Nicholas Castle, Howard Degenholtz, Jules Rosen 2006	To examine JS and the characteristics associated with JS	Purpose sampling 251 RNs, LPNs, CNAs; 75% of those eligible.	Descriptive correlation Job Description Index	Age, gender, race, marital status, job tenure, & part-time employment	Salary, work environment, promotional opportunities.	Caregivers are overall satisfied with work and coworkers, less satisfied with promotional opportunities, superiors, and compensation. Quality of care positively correlated with job satisfaction.	Although the sample is relatively large, the sample only came from 2 facilities. This limits generalizability.
Nicholas Castle 2007	To examine JS of NA working in NH.	Simple random sampling 1579 of 2872 surveys. 55% response rate	Descriptive Multivariate analysis Bivariate comparisons Nursing Home Nurse Aide Job Satisfaction Questionnaire	Sex, age, race, education, years of employment	Quality of care, training, coworkers, work demands, workload, rewards	Able to speak with leadership low, advancement opportunity low, relationship with residents high, relationship with coworkers positively impact JS. Not satisfied with pay.	The developers chose not to use negative words in the survey. The response rate was low compared to other surveys of its nature. Facility participation low. Did not represent NAs in chain facilities with Medicare occupancy. The instrument is sound.

Karen Pennington, Joann Congdon, Joan Magilvy 2007	To describe the characteristics, work perceptions, and factors influencing employment of 2nd-career CNAs.	Qualitative descriptive design 17 from 5 nursing homes	The iterative process of data analysis involved the on-going immersion of researchers in interviewing, intuiting, analyzing, and synthesizing data throughout the study.	Gender, age, marital status, type of CNA education, highest level of education	Relationships	2nd Career CNAs believed NH were good work environments that provided fulfilling employment and opportunities for retention. Work was loved. Interaction with residents and co-workers, and benefits. Pay did not influence choice of employment.	Limitation included restrictive age criteria, self-selection of participants and underrepresentation of government sites. Older CNAs were not interviewed and could have added substantive information. A gap could be left with limited site selection. 2nd Career CNAs are understudied to determine trend in data.
G. Fochen, M. Josephson, M. Hagberg, A. Toomingas, M. Lagerstrom 2006	To find predictors for leaving nursing care with special reference to physical working conditions	754 participants	Bivariate Analysis multivariate model using logistic regressionModel fit assessed by Hosmer-Lemeshow goodness of fit x2 statistics	Gender, age, years in patient oriented jobs, nursing education.	Physical working conditions		

Appendix G

Cooper Green Mercy Hospital Flyer

Attention all PCTs
Here's Your Opportunity to Take Part in Research About What Satisfies You About Your Work

All PCTs are invited to take about 15 minutes to answer a short, 21-question survey about things that make your work satisfying. The purpose of the study is to explore whether the determinants of job satisfaction identified among PCTs employed in long-term care are also identified as determinants of job satisfaction among UAP employed in acute care. Ronnie Ursin is a nursing student at Frances Payne Bolton School of Nursing, Case Western Reserve University and will be conducting this research as a part of his nursing education program.

PARTICIPATION IS VOLUNTARY and CONFIDENTIAL

You are eligible to participate if you:

- Hold the job title, PCT
- Are 18 years of age or older
- Have not had a performance evaluation in the past month

You have 6 opportunities to participate. TO LEARN MORE and TAKE the SURVEY, JOIN RONNIE:

Thursday	April 1	7:00 AM	Executive Suite	Administration
Thursday	April 1	3:00 PM	Executive Suite	Administration
Friday	April 2	7:00 AM	Classroom 2	East Building
Friday	April 2	3:00 PM	Classroom 2	East Building
Saturday	April 3	7:30 AM	Executive Suite	Administration
Saturday	April 3	3:00 PM	Executive Suite	Administration

For more information, contact Ronnie Ursin at 337-594-3811; rxu12@case.edu

Appendix H

Opelousas General Health System Flyer

Attention all CNAs
Here's Your Opportunity to Take Part in Research About What Satisfies You About Your Work

All CNAs are invited to take about 15 minutes to answer a short, 21-question survey about things that make your work satisfying. The purpose of the study is to explore whether the determinants of job satisfaction identified among CNAs employed in long-term care are also identified as determinants of job satisfaction among CNAs employed in acute care. Ronnie Ursin is the Clinical Director for Inpatient Services and a nursing student at Frances Payne Bolton School of Nursing, Case Western Reserve University, and will be conducting this research as a part of his nursing education program.

PARTICIPATION IS VOLUNTARY and CONFIDENTIAL

You are eligible to participate if you:

- Hold the job title, CNA
- Are 18 years of age or older
- Do not report directly to Ronnie
- Have not had a performance evaluation in the past month

You have 6 opportunities to participate. TO LEARN MORE and TAKE the SURVEY, JOIN RONNIE:

Monday	March 8	7:30 AM	Conference Room 1	Main Campus
Tuesday	March 9	7:30 AM	Conference Room 1	Main Campus
Tuesday	March 9	12:00 PM	ICU Conference Rm	South Campus
Wednesday	March 10	7:30 AM	Conference Room 1	Main Campus
Wednesday	March 10	12:00 PM	ICU Conference Rm	South Campus
Thursday	March 11	7:30 AM	Conference Room 1	Main Campus

For more information, contact Ronnie Ursin at 337-594-3811; rxu12@case.edu

Appendix I

Demographic Profile of Sample - Education

Table 1

Demographic Profile of Sample - Education

Level of Education (n = 35)	f	(%)
Some high school	3	8.6
High school graduate	14	40.0
Some college	12	34.3
College graduate	6	17.1

Appendix J

Demographic Profile of Sample – Employment Status and Shift

Table 2

Demographic Profile of Sample – Employment Status and Shift

Employment Status (n = 35)	f	(%)
Full-time	34	97.1
Part-time	1	2.9
Work Shift (n = 35)	**f**	**(%)**
Day	22	62.9
Evening	4	11.4
Night	9	25.7
2nd Employment (n = 6)	**f**	**(%)**
Full-time	1	16.7
Part-time	3	50.0
On-call/PRN	2	33.3

Appendix K

Job Satisfaction Subscale Means with Item Mean and Standard Deviation

Table 4

Job Satisfaction Subscale Means with Item Mean and Standard Deviation (n=35)

Subscale	**Item**	**Overall Subscale Mean**	**Item Mean**	**SD**
Work Content		9.1		
	Rate how much you enjoy working with patients		9.7	.7
	Rate how your role influences the lives of patients		9.0	1.3
	Rate your closeness to patients and families		8.7	1.3
Quality of Care		9.2		
	Rate the care given to the patients		9.3	1.2
	Rate the effect you have on patients' lives		9.2	1.2
Training		8.7		
	Rate the training you have had to do your job		8.9	1.5
	Rate whether your skills are adequate for the job		9.5	1.0
	Rate the chances you have for more training		7.5	2.5
Coworkers		7.4		
	Rate the people you work with		7.6	2.0
	Rate whether you feel part of a team effort		7.4	2.2
	Rate the cooperation among staff		7.3	2.1

Appendix K

Job Satisfaction Subscale Means with Item Mean and Standard Deviation

Table 4 cont.

Job Satisfaction Subscale Means with Item Mean and Standard Deviation (n=35)

Work Demands		7.0		
	Rate the amount of support you get when doing your job		7.3	2.4
	Rate the chances you have to talk about your concerns		6.6	2.6
	Rate the demands patients and their families place on you		7.2	2.6
Workload		7.6		
	Rate your workload		6.8	2.5
	Rate your work schedule		7.7	2.5
	Rate the amount of time you have to do your job		8.2	2.2
Rewards		5.6		
	Rate how fairly you are paid		5.5	2.4
	Rate your chances for advancement		5.6	2.7
Global Rating		8.2		
	Generally speaking, rate how satisfied you are with your job		8.1	2.3
	Would you recommend working at this facility to a friend?		8.3	2.2

Appendix L

Level of Education and Job Satisfiers

Table 6

Level of Education and Job Satisfiers

Questionnaire Item	High School vs College	n	Mean	SD
How fairly you are paid	HS Graduate or less	17	4.353	2.5481
	Post HS	18	6.5	1.7905
People you work with	HS Graduate or less	17	8.647	1.3666
	Post HS	18	6.556	2.0065
Cooperation among staff	HS Graduate or less	17	8.294	1.6111
	Post HS	18	6.278	2.164
Amount of support	HS Graduate or less	17	8.588	1.6605
	Post HS	18	6.111	2.4944