

**SOURCES OF JOB SATISFACTION AND DISSATISFACTION
FOR UNIT CLERKS
EMPLOYED IN ACUTE CARE SETTINGS**

by

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BY

DENISE DUNTON

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of
MASTER OF NURSING

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Dedication

To my husband Brent and my children Evan and Amanda

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Abstract

Unit clerks play an important role in the efficient, effective function of nursing units in hospital settings. The job satisfaction of unit clerks can influence the delivery of patient care through their central position of communication and continuity. Only a few investigators have studied these important members of the health care team. Published research was limited to three published articles emanating from the work of Meleis et al regarding unit clerks in the United States. Consequently, the review was extended to include studies of clerical workers and professional secretaries.

This existing research indicated that the sources of job satisfaction for unit clerks were primarily in the relationships these individuals had with the public, co-workers and supervisors. Sources of job dissatisfaction were identified as frequent interruptions, wages, ergonomics and lack of promotion opportunities. To further investigate the extent of job satisfaction in Canadian environment, this ethnographic study posed the research question: What are the factors that contribute to the job satisfaction and dissatisfaction of unit clerks?

Following approval of the two participating hospitals, a letter of invitation to participate was sent to unit clerks who met the criteria of at least one year's full time experience as a unit clerk in an acute care setting. Nine participants agreed

to participate in the interviews and participant observation sessions following explanation and consent to the study.

The interview transcripts and field notes were analysed for factors which contributed to job satisfaction and dissatisfaction of unit clerks. In general, the results reflected the findings of the previous research. Participants of this study described relationships with nursing staff, other health care workers, supervisors and patients as their strongest source of job satisfaction, followed by pride in organizational skill, expansion of role and opportunity for personal growth.

Frequent interruptions were the primary contributing factor in unit clerk job dissatisfaction, followed by ergonomic issues. Unit clerks who participated in this study indicated that their education was inadequate to prepare them for their work environment. Their contractual benefits were described as a source of satisfaction although they would have preferred opportunities for promotion or pay raises. Job uncertainty in the future of the health care system completed the factors identified by the participants as contributing to job dissatisfaction.

Recommendations resulting from this study included the importance of including unit clerks in decision making and educational opportunities, educating others to the role of the unit clerk and formal recognition of achievements and contributions. Further research is warranted to further explore these issues and

enhance the understanding of nurse managers regarding this pivotal role in the health care team.

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CHAPTER ONE

Introduction

The unit clerk employed in a hospital is an integral part of the health care team. A predominantly female occupation, these individuals incorporate responsibilities and functions that are multiple, vital and require organization, concentration and an ability to adapt to stressful situations (Resch, 1989). A job description of this position in a non - unionized facility is found in Appendix A.

Unit clerks occupy the lowest level in a nursing unit hierarchy and are relied on by nursing staff, physicians and other hospital departments as the communication hub of the unit. A breakdown at this level disrupts the work patterns of all other facets of the health care team and ultimately threatens patient care and safety.

Hall, Stevens and Meleis (1992) identified two reasons why nurse managers should pay critical attention to the job satisfaction of unit clerks. First, turnover is costly and the orientation of new staff in unit clerk positions is difficult and time consuming as each unit tends to have specific characteristics. Maintaining qualified personnel and reducing staff turnover has become an important focus in today's restrictive health care budget.

The second reason nurse managers should give this issue careful attention

is the degree to which job stresses and satisfactions of unit clerks may mirror the work context of the nursing staff. By understanding and addressing these concerns, the overall working conditions of the hospital unit(s) may be enhanced.

Literature addressing the hospital unit clerk's satisfactions and dissatisfactions was limited. The majority of articles on job satisfaction addressed the issue of secretaries in business settings in the United States, thus did not capture the elements unique to the health care setting. This qualitative research study was designed to explore the job satisfaction of unit clerks. As well, the elements of work life which create job satisfaction as well as those which prevent or reduce perceptions of job satisfaction were examined.

Problem Statement

The purpose of this study was to explore and describe the job satisfaction of hospital unit clerks. The following research question directed the study: What are the factors that contribute to the job satisfaction and dissatisfaction of unit clerks?

Definition of Terms

Three concepts were important to define for the purposes of this study:

Unit Clerk: an employee in a Clerk III position on a nursing unit in an acute care setting in an urban hospital. The role encompassed the clerical duties of a patient

care area.

Job Satisfaction: a sense of pleasure or positive affect occurring during or after performance in the employment setting (Nevas, 1976). This definition was used conversely to yield an operational description of job dissatisfaction.

Job Dissatisfaction: a sense of displeasure or negative affect occurring during or after performance in the employment setting.

Conceptual Framework

The conceptual framework for this thesis was based primarily on the Quality of Worklife model proposed by O'Brien - Pallas and Baumann (1992). This model was easily adapted from its intended target of nursing to examine the worklife of unit clerks (Appendix B). The model was used to examine and propose linkages between an individual's experience, the institutional context of the work, and components of the macro health care system. The model also provided a framework to identify how work was altered by influences of society, institutions, and personal characteristics. In applying this model, O'Brien - Pallas and Baumann (1992) suggested that two dimensions, internal and external, be considered when examining quality of worklife issues. A final component of this model was an assessment of outcomes.

Internal Dimension

The internal dimension addressed four factors that have an impact on the clerk and the environment in which the role was performed. These four factors were: individual, socio/environmental and contextual, operational and administrative. The individual factor encompassed two aspects. The first was related to home/work interplay. This included, but was not limited to child care, hours of work, and flexible schedules. The second issue addressed individual needs such as attitudes, goals, values and self-image. The social/environmental and contextual domain of the internal dimension encompassed factors such as climate, status role, management style and communication. The operations domain explored facets of work delivery and covered areas such as schedules, shift work, work arrangements, work design, technological demand and equipment.

Finally, within the administration domain, aspects of institutional policy, wage/benefits, career laddering and performance appraisals were addressed to better enhance the understanding of unit clerk roles. Subcomponents of the internal dimension were used to provide direction to the interview process and analysis of data.

External Environment

This focus directed the researcher to assess factors that were external to the clerk and the environment in which he or she worked. The three major factors O'Brien - Pallas and Baumann (1992) proposed were: client and demand on the system, health care policy, and labour market.

The client demand on systems included such factors as demographic changes (aging populations, increasing chronicity, and decreased lengths of stay with concomitant increased acuity), technology, and client empowerment. The second factor in the external dimension was the impact with which health policy affected unit clerks. Issues such as the impact of funding, laws and regulations and changing directions all contributed to the unit clerk's perception of quality of worklife.

The final component of the external dimension was the labour market conditions. This factor was defined by the number of positions for unit clerks available, the ratio of full time to part time workers, the available applicant supply and the presence of unionization. Each of these components had the potential for significant impact on unit clerks' perceptions of job satisfaction and dissatisfaction.

Assessment of Outcomes

O'Brien - Pallas and Baumann (1992) believed that the degree of impact of the internal and external dimensions could be measured through assessment of client satisfaction, nurse (or in this case unit clerk) satisfaction, stress, group cohesion, commitment, and motivation.

This model supported the purpose of this present study and provided clear guidelines to direct the research design. As Baumann and O'Brien - Pallas (1993) stated: "evaluation of worklife is an important one when delivery of health care is in a period of rapid change . . . (investigators) should undertake research that will identify which aspects . . . should be strengthened, maintained or changed to increase job satisfaction and improve patient outcomes" (p.40).

The application of the model proposed by Baumann and O'Brien - Pallas (1993) provided an insight into the degree of unit clerk job satisfaction and the factors that influenced this satisfaction. Nurse managers will be able to use this information in considering their own particular subculture of unit clerks and enhancing their work environments. There is a close working relationship between unit clerks and nursing staff. Nurse managers who are aware of this relationship can enhance the work context of nursing units through greater harmony, productivity and ultimately better patient care.

Organization of the Thesis

This thesis is organized into five chapters. The first chapter identifies the significance of the research issue and presents the conceptual framework. Chapter Two will present a review of relevant literature and will be followed by a description of the research design in Chapter Three. Chapter Four will present the findings of the study, including a description of the unit clerks' job satisfaction and dissatisfaction as well as the components that contribute to their perceived level of satisfaction. In Chapter Five, the implications for nurse managers and future research will be delineated. This final chapter also provides a summary and conclusions based on the research.

CHAPTER TWO

LITERATURE REVIEW

The review of the literature indicated that a wealth of research has been done on job satisfaction. However, few studies were found that specifically addressed job satisfaction of unit clerks.

Three researchers, Vroom, Herzberg and Locke have made a major contribution to knowledge of job satisfaction. Vroom (1964) considered six determinants of job satisfaction in his research. They were: supervision, the work group, job content, wages, promotional opportunities, and hours of work. While the author stated the general effect these components brought on job satisfaction, each employee varied in motivation, values, and abilities and that this had a significant effect on the perception of job satisfaction. Vroom has been criticized for overlooking individual values and preferences (Locke, 1969).

Herzberg and his associates (Hill, 1987) expanded on this area of research by their recognition that job satisfaction is not an unidimensional concept. In Herzberg's theory (1968), job content factors (labelled intrinsic or motivators) were elements related to the actual content of work and contributed to job satisfaction. These intrinsic factor stem from challenge, autonomy, variety and the work itself (Nevas, 1976).

Herzberg's job context factors (Hill, 1987) also referred to as extrinsic or hygiene factors, were associated with the work environment. These factors included pay, benefits, security, working conditions, relationships with peers and superiors and status (Nevas, 1976). This author maintained that the opposite of job satisfaction is no satisfaction and similarly the opposite of job dissatisfaction is no job dissatisfaction.

Criticisms of Herzberg's theory included oversimplification of the issue, inconsistent research findings, and use of theory that was method bound and as such tended to be self fulfilling (Kerr, Harlan & Stogdill, 1974; Hill, 1987; Locke, 1969). Nonetheless, this theory has been used extensively in a wide variety of settings including business, industry and higher education.

Finally, Locke's (1969) approach to job satisfaction was based on the dynamic character of values arranged in a hierarchy. This researcher indicated that a valid overall index of satisfaction would be a sum of the evaluations of all job aspects to which the individual responded. Locke identified nine major job facets: work itself, pay, promotion, recognition, benefits, working conditions, supervision, co-workers and company/management (Kerber & Campbell, 1983).

Scarpello and Campbell (1983) found support for other researchers' contentions that Locke's sum of facets was not an adequate measure due to the

infinite variety and effects of, and between, the components. Although each theory has had its proponents and critics and they have been rigorously applied in a variety of settings, none have been used specifically to examine the unit clerk subculture.

As the literature addressing unit clerk job satisfaction was limited, other related disciplines outside of health care were explored. Three broad categories derived from the literature will be utilized to organize this section of the literature review: interpersonal relations, role conflict and environmental factors.

Interpersonal Relations

Relations with the Public

Dealing with the public was reported to be one area of the unit clerk's job that generally provided satisfaction. Hill (1987) and Hall, Stevens and Meleis (1992) reported that satisfaction came from ability to tend to patients' and family/friends' needs. Contact with the public was important in reaffirming to the unit clerks that they were valuable members of the health care team. Dealing with the public also supplied the clerks with an opportunity to maintain their cultural contacts by working with members of their community or ethnic background.

Poteet (1985) described the importance of educating the unit clerk to the public relations aspect of the job. This author stated that establishing the initial

positive relationship with the public was ultimately cost effective as requests and problems were likely to be more reasonable. The development of appropriate communication skills is crucial to the work outcomes and perceptions of the unit clerk.

Co - Worker Relations

The development of communication skills is also pertinent to promoting the integration of the unit clerk into the health care team. Meleis, Norbeck, Laffrey, Solomon and Miller (1989) completed an ethnographic research study involving structured interviews with 87 female unit clerks. They reported that teamwork, challenge and interaction were the three most frequently reported areas of satisfaction for unit clerks. The authors felt that the opportunity to be of service to others was a motivating factor behind this finding.

Meleis, Norbeck and Laffrey (1989), using the same data set as reported by the preceding authors, and Linton and Kamwendo (1989) discovered conflicting information in their studies. Strained relationships with co - workers, lack of communication, inequitable sharing of work tasks and internal conflicts resulted in split allegiances and were contributing factors to job dissatisfaction.

In addition to the recommendation of developing effective communication skills, Cohen (1983) advocates the promotion of social support on the job. This

would suggest that the incorporation of unit clerks into staff meetings and inservicing is a vital step in encouraging open dialogue and exposure of existing problems.

Relations with Supervisors

Professional Secretaries International (1986) found that 86% of their nearly 4000 respondents to a written questionnaire had a good relationship with their supervisors. In contrast, the relationship between supervisors and unit clerks were demonstrated by Linton and Kamwendo (1989); Meleis, Norbeck, Laffrey, Solomon and Miller (1989) and Dimarco and Norton (1974) to be a source of dissatisfaction. Unit clerks often reported that they felt their allegiances were split between a number of superiors and this resulted in ambiguity. The ability to prioritize the work was compromised when the unit clerk was reporting to a number of superiors.

Unit clerks described resentment at their supervisors' failure to recognize their needs and to appreciate the unit clerk and the work that was produced. Lack of communication, an ongoing theme in the dissatisfaction of unit clerks, was highly prevalent in this relationship and resulted in inefficiency and inaccurate work.

Unit clerks reported a dissatisfaction with lack of leadership as well as

ineffective leadership, for example changing the rules inappropriately and without notifying the affected staff. Professional Secretaries International (1986) found that those employees denied access to necessary facts had to consult their superiors too often. The result was often a strained relationship between the secretarial clerk and the supervisor.

This strain was potentiated by a reported lack of input encouraged or sought from the clerical workers. This tended to create feelings of helplessness and inability to effect positive changes in the work environment. Keller and Szilagyi (1978), in a longitudinal study of 132 managerial, engineering and supervisory personnel, found that positive leader reward behaviour was related to higher job satisfaction while punitive leader behaviour was related to lower job satisfaction with work supervisors.

Several authors made recommendations which address dissatisfactions associated with the supervisor - unit clerk/clerical relationship. Resch (1989) encouraged supervisors to approach the unit clerk as a team member with a give and take manner. Cohen (1983), Potteet (1985) and Professional Secretaries International (1986) encouraged assertiveness training, sharing of personal and institutional goals, and a full explanation of tasks and why they are important. Supervisors were encouraged to delegate enough responsibility that unit clerks

feel they make valuable contributions in the work place.

In addition to allowing self - enrichment courses and encouraging the expression of ideas, Cohen (1983) suggested educating the supervisors themselves in such issues as active listening, providing positive rewards and using positive criticism. These recommendations are important steps in improving the work situation of the unit clerk and also are pertinent to role conflict.

Role Conflict

Work Expectations

Closely related to the interpersonal relations aspect of the unit clerks' satisfactions and dissatisfaction was work overload. Overload was defined by Meleis, Norbeck, Laffrey, Solomon and Miller (1989) as exceeding one's ability to comfortably manage with one's work. Inadequate staff (the unit clerk often works alone), pressure from superiors, lack of work organization and lack of time all contribute to work overload. As well, the many interruptions are time consuming and further minimize the time available for task completion.

The unit clerk's work was characterized in the literature as repetitious and unchallenging, leaving little to anticipate or learn (Hall, Stevens & Meleis, 1992; Vaughn, Cheatwood, Sirles & Brown, 1989). Dytell (1987), using scale measurement tools with 150 clerical workers and 60 service workers, identified

task insignificance as one of two important predictors of strain while Hall, Stevens and Meleis (1992), using information from a qualitative interview study of 46 clerks, determined that unit clerks are required to complete tasks in a mechanical fashion.

The tasks were often beyond the educational preparation of the clerks and involved such duties as triaging emergency patients and supplying emotional support to the family and friends of sick and dying patients. In a survey of 162 secretaries, Statham and Bravo (1991) found that workers were unable to make the correct decisions and therefore spent inappropriate amounts of time and energy attempting to guess and please their supervisors. As a result, unit clerks could not organize their tasks appropriately. This supported Keller's (1975) findings in which role ambiguity was highly and significantly related to low levels of job satisfaction.

A final source of dissatisfaction among unit clerks determined by Hall, Stevens and Meleis (1992) in this category was the frustration created by irritable and demanding patients. This frustration was compounded by the tendency of the unit clerk to identify with the patients as victims of the same factors that make their own jobs difficult.

Recommendations to address the dissatisfactions of work expectations

were numerous. Keller (1975) stressed the importance of clarifying job expectations and ensuring that these are non - conflicting. Fahrbach and Chapman (1990) recommended that the unit clerk/clerical jobs should be designed with variety, autonomy and challenge. Providing activities so that monotony and repetition can be minimized were also pertinent. Poteet (1985) advocated using education tools to assess coping skills and then providing needed inservices on priority setting, time management and assertiveness training.

Building on the unit clerks' personal pride in their work was another facet which the nurse manager could address in promoting job satisfaction and reducing job dissatisfaction. Hall, Stevens and Meleis (1992) determined that the unit clerks sought to complete their duties efficiently, meet demands effectively and provide an organized milieu. Most felt they had expertise to share and should be recognized as valuable resource people.

Family Expectations

In an analysis of interview and health diaries of workers, Verbrugge (1984) found that clerical staff were less happy with their roles and lives than other employed individuals. Barnett and Baruch (1985) suggested that the quality of experience in the family role was a major source of stress for unit clerks. This finding was supported by Stevens and Meleis (1991) who used the data collected

from the study involving the 87 unit clerks noted previously.

Hall, Stevens and Meleis (1992), Stevens and Meleis (1991) and Cohen (1983) contended that the unit clerks (predominantly women) remained exorbitantly responsible for parental and domestic tasks irrespective of their employment status. There was little extracurricular time to do anything but the necessary, day - to - day tasks.

Many clerks worried about the quality of care they and their child care providers were supplying to their children. Stevens and Meleis (1991) discovered that their worries took three forms. The clerks were concerned about the environment their children are raised in and about their children's skills. They doubted their parenting abilities.

Child care resources were also a concern for this group of workers as it is for working parents in every category. Sick children created large amounts of anxiety. Respondents reported having to lie in order to take sick days or go to work while concerned about the health of their children (Stevens & Meleis, 1991).

Berardo, Shehan and Leslie (1987), using multiple regression analysis on the data of 1,565 white couples from a previous study, determined that, although wives who are working decrease the number of hours allocated to housework, there was no appreciable increase in the amount husbands contribute to

housework. The authors found that the wives performed 74 percent of the housework on average. While Meleis, Norbeck and Laffrey (1989) completed research which supported the enhancement theory (the greater one's role involvement, the higher the potential for reward and satisfaction), it was not surprising that 75 percent of their respondents conveyed a sense of being overwhelmed. Compounding this finding, Meleis, Norbeck, Laffrey, Solomon and Miller (1989) discovered that the unit clerks needed significant time after work to calm down from the anxieties of the job. Previous research (Verbrugge, 1984) found that the most striking characteristic of her findings was the degree of dissatisfaction with the clerical workers' job and family roles.

Froberg, Gjerdingen and Preston (1986), in their literature review on the effects of multiple roles on women's health, delineated the need to identify environmental supports such as maternity (and paternity) leave benefits, flexible working hours and child care provisions. Cohen (1983), in a similar review of the literature, argued that flexibility of hours would decrease the conflicts between family and work obligations and that overtime should be limited in order to prevent intrusion into the clerk's personal life.

Roles of Women in Society

This multiple role issue was important in emphasizing the need for

research in this hospital worker because the majority of whom were women.

Gimenez (1989) linked role conflict related to work and family to results of ideological and structural constraints peculiar to women. Women have been socialized to put family obligations ahead of work. This promotes the neglect of occupational skills that would benefit the clerk.

Lam, Lee, Ong, Wong, Chow and Kleevins (1987) stated that rising levels of education and professional competence in women have the potential to increase the incidence of women taking more demanding work positions while still being bound by more traditional domestic and familial obligations. The long standing attitudes of society toward women pervades the unit clerk's position.

Fine (1990) described clerical jobs as often devalued because women were in those positions, not because the position had been deskilled. Cohen (1983) expanded on this assumption by stating that societal thinking viewed women as less intelligent, less competent and less dedicated to the work than men. Rewards were therefore not evident. Women traditionally occupied positions low in occupational prestige, social value and high in expectations over benefits (Hall, Stevens & Meleis, 1992; Barnett & Baruch, 1985).

Environmental Factors

Organizational Hierarchy

The clerk was determined to be virtually at the bottom of the health care hierarchy (Linton & Kamwendo, 1989; Hall, Stevens & Meleis, 1992). As a direct result of this organizational location, unit clerks reported being patronized as opposed to being consulted or listened to. They had little control over their workload and tended to be used as scapegoats for mistakes made by others above them in the hierarchy or as reservoirs for displaced aggression (Professional Secretaries International, 1986; Hall, Stevens & Meleis, 1992). Dissatisfaction was potentiated by confusion regarding the chain of command (Statham & Bravo, 1991). This was particularly true in hospital settings where a dual line of authority exists between the physician and administrators. Clerical workers found themselves without the permission to act on their own and did not receive the specific information to allow them to proceed.

Three different research studies further explained why organizational position created dissatisfaction in unit clerks. Kerber and Campbell (1987) determined that employees at higher organizational levels tended to be more satisfied with their work. Stevens and Meleis (1991) hypothesized that higher status jobs provided better benefits including flexibility, control over work and

higher income. Keller (1975) stated that role conflict was related to low levels of satisfaction with supervision, wages and opportunity for advancement.

Advancement

The literature consistently confirmed the lack of advancement that accompanied the clerical role (Cohen, 1983; Professional Secretaries International, 1986; Stevens & Meleis, 1991; Verbrugge, 1984). Hall, Stevens and Meleis (1992) found that the unit clerk role was not considered as a legitimate step in the career ladder of health care institutions. Professional Secretaries International (1986) quantified this concern also by indicating that fifty percent were excluded from advancement opportunities. Cohen (1983) pointed out that any training provided was usually limited to skills already possessed.

Two recommendations were found in the literature to address the limitations of advancement for clerks. Poteet (1985) described the need for educators to develop programs targeted to support personnel. Hall, Stevens and Meleis (1992) recognized unit clerks as potential and valuable sources of future nurses who have already been exposed to the realities of health care and possess life experiences. They should be encouraged to enter the nursing profession if they demonstrate an interest.

Wages

Accompanying the lack of advancement opportunities, unit clerks experienced low rates of pay. Stevens and Meleis (1991) and Hall, Stevens and Meleis (1992) related this to the vast majority of women located in a limited number of occupations characterized by low earnings, few benefits and little job security. Unit clerks reported experiencing strain and financial burdens; even basic necessities were sometimes a struggle. Meleis, Norbeck, Laffrey, Solomon and Miller (1989) determined economic considerations as one of the reasons that clerks gave for preferring to work elsewhere, given the opportunity.

This situation could be linked back to the preceding discussion of society's view of women and employment. A woman's position was regarded as a supplementary source of family income ("pin money") despite the fact that many women were sole heads of the family (Hall, Stevens & Meleis, 1992). Another factor which could situationally contribute to the low level of wages was the absence of unionization for unit clerks in some hospitals. Unit clerks who are not unionized have little bargaining power in bureaucratic hospital organizations.

Some respondents indicated that wages were a source of satisfaction in respect to the benefits and the security of employment within the health care institution (Hall, Stevens & Meleis, 1992). In the current times of economic

restraint, women could not risk quitting their jobs. This was especially problematic for those who were unable to afford the time or money to upgrade their education. Until spending for health care is brought under control, unit clerks will not make financial gain.

Occupational Hazards

Wages and lack of advancement opportunities were only the beginning of environmental factors influencing the satisfaction of unit clerks. Stevens and Meleis (1991) described the general state of women's occupations as characterized by poor working conditions. Statham and Bravo (1990) identified factors such as social arrangement and physical layouts which may interfere with the social interaction and social support, thus promoting isolation.

Numerous studies concerned with the physical environment of clerical workers have addressed the issue of video display terminal (VDTS). Statham and Bravo (1990) linked the physical problems of VDT users to the design of equipment, work stations and the job itself. Dytell (1987) determined work environment discomfort to be one of two of the most important predictors of strain.

Verbrugge (1984) linked the chronic health problems experienced by

clerical workers with sedentary tasks, poor lighting, frequent interruptions and unpredictable workloads. Meleis, Norbeck, Laffrey, Solomon and Miller (1989) expanded on the issue of frequent interruption. Respondents identified these stressors as sudden meetings, phone calls, questions and the shifting of work priorities.

Hall, Stevens and Meleis (1992) added to these occupational environmental concerns with the issue of exposure to blood and other body fluids and to diseases without proper knowledge. The clerk respondents also identified ventilation, inhaling toxic cleaning solutions and frequent tension headaches as environmental concerns. Meleis, Norbeck, Laffrey, Solomon and Miller (1989) determined that work space was often described as inadequate, unclean and not respected by other employees.

Poteet (1985) recommended that managers stand back with their clerical staff and view the work area through the eyes of a visitor. Close attention to the ergonomics of the work station could provide relief for several of the unit clerks' concerns.

Organizing job expectations to ensure employees take frequent work breaks and providing numerous opportunities to ambulate were means of breaking the tedium of the clerk job (Fahrbach & Chapman, 1990). Light, heat and noise

levels should be monitored and controlled for optimum working conditions.

Fahrbach and Chapman (1990) encouraged education regarding work posture and positioning, exercise and relaxation techniques. Nurse managers tend to send their nursing staff rather than their unit clerks to education sessions on these topics. By encouraging their unit clerk staff to attend and use these approaches, the whole health care team will benefit.

Technology

Another large source of research related to clerical job satisfaction has been in the area of technology. Hage (1965) identified the relationship between technology and a lowered level of job satisfaction. This problem continues to persist today. Technological advances have created a fragmentation of jobs, leaving workers with little sense of achievement (Statham & Bravo, 1990). Professionals tended to benefit from technological advances while the clerical workers' situation deteriorates. Clerical workers reported being increasingly monitored by their equipment, a situation which they find dehumanizing.

Technology tended to reduce the amount of control that is available to the clerical worker. Statham and Bravo (1990) in research on the effect of technology, determined that the clerical workers were not allowed input into the introduction of technology, that there was a lack of training in the new equipment

and that an inadequate amount of equipment was available to complete the expected work. Planning and evaluation appeared to be insufficient to meet the needs of the clerks using the equipment.

The research completed by the Professional Secretaries International (1986) determined that the stress level of clerical workers increased with rising level of technology. Stress was intensified by the downtime which accompanied technology.

Cohen (1983), in a review of the literature encompassing technology effects, described automation as leading to routinization and simplification. This limited the use of education and further negated the desire to fulfill aspirations. Too often the result of automation was an increase in the number of changes demanded of the clerical worker. It was easy for managers to request these changes but resulted in the clerical worker feeling frustrated and not having an outlet to release their feelings.

Recommendations for the introduction and use of technology were numerous. Statham and Bravo (1991) stated that careful planning and continued feedback are encouraged. Nurse managers should include the unit clerks in the planning process and provide attention to their feedback. Cohen (1983) validated Statham and Bravo's belief that the unit clerk's feedback must be considered

seriously.

Summary

Most of the information relevant to job satisfaction of unit clerks had been extrapolated from research conducted at the secretarial level in the business and private world. The entire literature review indicated that the one qualitative study of 87 unit clerks showed similarities in sources of job satisfaction and dissatisfaction to clerical workers. While similarities between the situations of secretaries and unit clerks could be drawn, further research into the subculture of the unit clerk within the nursing department was warranted.

An exploratory, descriptive study using interviews and participant observation would contribute to a more comprehensive assessment of the factors influencing this important group of the health care team. In these times of economic restraint and the quest to provide quality patient care with dwindling resources, the time invested to enhance job satisfaction and decrease or eliminate dissatisfaction would reap benefits at the unit clerk, nursing and patient levels.

CHAPTER THREE

Design

This chapter will present the selected research methodology for this topic. The proposed design will be presented in the following sections: method, participants, data collection, trustworthiness, data analysis and limitations.

Method

This research problem was investigated using the qualitative research method of a mini ethnography. Ethnography strives to understand the cultural meanings people use to organize and interpret their experiences (Parse, Coyne & Smith, 1985). A mini ethnography was defined by Leininger (1985) as a small - scale ethnography which focused on a specific or narrow area of inquiry. In this study, the unit clerks were considered a small section of the overall nursing department.

Qualitative research is rich in content and allows the reader to easily understand what the findings were and apply meaning to the one's practice. This type of research addressed the purpose of this study. As limited research had been conducted on this classification of health care worker, the potential existed to miss important indicators of job satisfaction/dissatisfaction in a quantitative study.

Applicability of Design

One reason for selecting the ethnographic approach to this problem was within the methodology itself. The main focus was to explore and describe the satisfactions and dissatisfactions of unit clerks, not to identify causal relationships. This focus aligned with ethnography which seeks to gain new insight, interpret behaviour or guide changes for the future (Leininger, 1985). Ethnography is particularly suited to situations where there is limited knowledge of a phenomenon (Leininger, 1985). This was the case with unit clerks as the literature review demonstrated a paucity of direct research on this subculture.

Qualitative research is amenable to small sample sizes without jeopardizing its value. The sample size for this study was small (nine participants) for three reasons. First, the number of subjects to which the researcher had access was limited and would jeopardize the generalizability of any quantitative method considered. Secondly, a random sampling approach had the potential to eliminate valuable participant information which may have been obtained through purposive sampling. Third, the sample size was kept small because the amount of time allotted to the project had to be kept within manageable dimensions yet yield sufficient data to obtain accurate information.

Participants

Parse, Coyne and Smith (1985) indicated that the study sample should be drawn from a population living in the culture which the researcher wished to explore. The sample for this research project was a purposive, convenience sample (Leininger, 1985). The participants in this study were 9 unit clerks actively employed at two urban acute care hospitals. All participants had a minimum of one year full time experience (1950 hours) in this position in order to have sufficient experience for exploration.

Once approval had been obtained from the two participating hospitals, the unit clerks were approached on an individual basis. Each received written explanation (Appendix C) regarding the purpose of the research, how the data would be obtained, and the approximate length of commitment. The explanation was distributed to eligible clerks as determined through discussion of the most appropriate procedure with each institution.

Ethical Considerations

Each participant was assured that they would retain the option to withdraw their participation from the study at any time. The participant also retained the option of requesting that specific interactions or data not be recorded and could refuse to answer any specific questions during the tape-recorded interview. A

guarantee of confidentiality in the letter of explanation was extended to each possible participant. Only the researcher and the Thesis Advisor had access to the entire data collection. Participants were also informed that if the study was published, confidentiality would be maintained through grouping of the data and elimination of identifying information from the published reports. Once the participants had agreed, consents verifying their agreement to participate were signed (Appendix D). Ethics Committee approval was obtained (Appendix E).

Data Collection

Information was obtained through participant observation and interviews conducted in person and by telephone by the researcher. The interview sessions were conducted first and tape recorded to facilitate verbatim transcription (Bernard, 1990). An ethnographic record of notes and tape recordings was kept for coding purposes and served as a trail for the reviewer. The interviews were conducted outside of the unit clerk's work time to reduce interruption and increase their ability to focus and reflect on their experiences. The length of the initial interviews were between twenty and sixty minutes, with subsequent interviews conducted by telephone as necessary for clarification or further exploration.

The ethnographic interview began with descriptive questions structured to lead the participants to reflect and describe the facets of job satisfaction and

dissatisfaction as they had experienced them and as remembered (Parse, Coyne & Smith, 1985). The participants were encouraged to describe aspects of their experience that they may ignore in daily consciousness but that the researcher noted during observation periods. Additional questions were generated from the descriptions and observations to round out and verify the understanding of the researcher (Criddle, 1993).

Knaack (1984) suggests that encouraging self disclosure by participants is possible only when the researcher communicates interest in hearing and understanding each participants' experience. The researcher had ten years' experience in interviewing and listening to patients and staff and this was an asset in facilitating self disclosure. Listening and transcribing the interview tapes provided further opportunity to assess and refine skills in this area.

Participant observation was defined by Parse, Coyne and Smith (1985) as a way of involved watching. In this manner, the researcher engaged in observing unit clerks' activities and the entire situation for the purpose of recording and analysing the activities and interactions. Activities were observed that do not penetrate the consciousness of the unit clerk during research strictly based on interviews.

Participant observation sessions ranged from one to two hours in total for

each subject. Notes were kept during this period, using interview guides. All information was kept confidential and only information related to the unit clerk's work was recorded.

The ability to recognize and distance oneself from existing biases is very important in research and the process of bracketing to achieve this prior to and during the data collection is discussed throughout the literature (Bernard, 1990; Parse, Coyne & Smith, 1985). In order to bracket any preconceived beliefs, personal experiences and feelings about unit clerk job satisfaction and dissatisfaction were examined. These beliefs about the unit clerks were explicitly stated both in the ethnographic record and in the report. The writer strived to enter the interviews without theories about causes and expected findings instilled by personal experience and through review of the literature (Beck, 1992).

Trustworthiness

According to Lincoln and Guba (1985), there are four parallel criteria utilized to enhance the rigor of a qualitative study. These are: credibility, fittingness, auditability and confirmability. Each of these were addressed to promote rigor in this research project.

Credibility

Credibility was defined by Sandelowski (1986) as the presentation of

descriptions and interpretations of human experience such that the subjects identify it as their own. For the purposes of this study, six means of striving for credibility were utilized (Lincoln & Guba, 1985). These six were: prolonged engagement, persistent observation, peer debriefing, negative case analysis, progressive subjectivity and member checks.

Prolonged engagement is defined as the substantial involvement of the investigator at the site of inquiry in order to overcome misinformation and distortions while building rapport and establishing trust. This was achieved by conducting one interview with each participant in a one-to-one setting in addition to other participant observations. Telephone interviews were conducted as necessary after the interview and the participant observation. The establishment of rapport was enhanced by the fact that a superficial working relationship with these individuals was developed. The writer had worked indirectly with, and out of necessity in the past, had to do the job of unit clerks and had great admiration for their abilities.

Persistent observation is the ability to add depth to the scope of the study through adequate exposure to the setting. This was achieved through participant observation which provided an opportunity for the researcher to observe the context and nuances of the research site on an ongoing basis.

Peer debriefing, that is the sharing of one's findings, tentative analysis and conclusions in order to confirm or disconfirm intuitions, was facilitated by the assistance of the Chair of the thesis committee who possessed experience in qualitative and ethnographical research. Progress was shared with the Thesis Chairperson in order to reach intersubjective agreement of the meaning derived from the descriptions (Bernard, 1990). This member was able to cut through issues and point out new or different perspectives to information.

It was anticipated that the unit clerks would not present identical information. By recognizing the uniqueness of each individual's experience and incorporating it into the findings regardless of its fit, the criteria of negative case analysis was met. The potential for further research that this created was too important to discard and may be indicative of an area which had been under-explored or a completely separate topic which could warrant further study at a later date.

Credibility was also enhanced by the use of progressive subjectivity. The researcher could not experience the feelings and information of these individuals without an impact on beliefs, values and thought processes (Bernard, 1990). An ethnographic record which documented reactions to the information was maintained and considered during the examination and coding of the observations

and interviews.

Finally, member checks were utilized in which a participant was asked during the telephone interview to confirm what the writer is hearing and interpreting for that individual's perspective. A final copy of the research document was made available to them by request or they could access a copy through their employing institutions.

Fittingness

The parallel criterion of fittingness (the synergism of the emerging theory to the collected data and also the ability to apply the theory to outside contexts [Lincoln and Guba, 1986]) was achieved through assurance that the unit clerks had at least one years' experience in the position. This ensured that the views of the subjects were representative of the culture to be studied. The "elite bias" which is a particular problem in qualitative research was minimized through evaluating the data for over-weighting/exaggeration of stories through validation during telephone interviews and observations during participant observation. The "holistic fallacy" was addressed through the utilization of more than one institution to ensure data were consistent and congruent.

Auditability

Auditability can be related to consistent findings (Chalmers, 1992). This

was achieved primarily through the use of peer debriefing which ensured the decision trail used by the researcher would supply similar findings using the same data set (Sandelowski, 1986). Auditability was enhanced through review by the Thesis Chairperson.

Confirmability

Confirmability is the freedom from bias in the research process (Sandelowski, 1986). Similar to the dependability audit discussed previously, a confirmability audit allowed the data to be traced to its sources and the processes used to organize the raw data inspected by outside reviewers of the study (Lincoln and Guba, 1985). As before, the Thesis Chairperson assisted in meeting this parallel criterion.

Data Analysis

Although the literature contained some very confusing and in-depth discussions of the data analysis procedures for ethnographical research (Parse, Coyne & Smith, 1985; Leininger, 1985), the most succinct description was by Burnard (1991). The procedural stages were logical and met the project's needs in analysing the participant observations and interview descriptions of the unit clerk culture.

The first step was to make notes after each interview and participant

observation regarding issues that presented during data collection. During the project, memos about data categorizations were made to provide clues and direction for future analysis. During the second stage, the transcripts and field notes were reviewed and additional themes that emerged were noted. By reviewing the collected data, the researcher became immersed in the culture under study.

In the third stage, the researcher re-read all the data and generated as many headings (open coding) as necessary to describe the contents. Issues which were irrelevant to the topic were excluded. The lists of categories were grouped together under higher order categories in the fourth stage. In this stage, the smaller categories were grouped together into broader categories. Stage five involved reviewing and discarding the categories which were repetitious or too similar. This process generated a final list of headings.

At this point in stage six, an independent reader was invited to discuss the categories and the researcher made necessary adjustments. Stage seven involved rereading the transcripts and field notes to ensure that the categories addressed all aspects of the data collected. Adjustments were made as needed.

Following this side - by - side review, the collected data were coded with the appropriate category headings. Once the data were coded, the next two stages

involved the collection and organization of corresponding pieces of the data under each category and sub - headings.

Validity of the groupings were assessed in the eleventh stage by completing a member check of the category system. Adjustments were made as required. In the following stage, the sections were filed together for reference during the writing of the report. The researcher was careful not to distort the meanings of the transcripts and notes by moving them out of context or transposing information without ensuring completeness of the content. Maintaining complete transcriptions and notes was essential.

During the final stages of data analysis, the sections were written up using selected examples of data with commentary to link up the information. The object was to achieve as a final product, a smooth flowing narrative which thoroughly described the culture of the unit clerks and provided excerpts of data to enhance the readability.

Limitations of this Study

The sample for the study was small and therefore may have limited descriptive abilities outside of the institutions where the study occurred. There were more willing participants than anticipated with nine unit clerks involved and others who indicated interest after the interviews had concluded and analysis

begun. These numbers contributed to a greater sense of confidence in the results but caution must be taken due to several issues.

There was no way to determine whether this convenience sample was representative. The participants were generally more positive about their job than the writer had anticipated. Explanations for this include self selection of individuals positive about their work, leading to a unique group of volunteers or possible collusion of participants which could have produced complimentary findings. This was minimized by the anonymous nature of the study, using two different sites and by the timing of the interviews which occurred in a short period of time, often several within one to two days.

Response bias may have occurred if participant responses were edited but the study was expected to offset this by including participant observation. The participant observation itself may have contributed to edited responses as the unit clerks were aware that their nursing co-workers would be aware of their participation in the study. Validation of the descriptions and extrapolated meaning plus the verbal and nonverbal confirmation and rapport which came with repeated interactions also assisted to provide data. In addition, all unit clerks were assured of confidentiality prior to the beginning and again at the close of the interview. Peer review was also utilized to ensure the essence of the information

was captured. These controls helped ensure that the findings of this study reflected the participants' perceptions of job satisfaction and dissatisfaction at that particular point in time.

The researcher may have experienced one or more the pitfalls of using an ethnographical research method as discussed by Germain (1986). Utilizing premature description of the culture was possible if the researcher did not perceive that there was additional information to be explored. Another pitfall may have been that attention may have been focused on irrelevant descriptions rather than on the central characteristics of the culture. The use of peer debriefing assisted in minimizing these potentials.

These pitfalls may have been exacerbated by the very nature of the method selected. Leininger (1985) indicated several limitations of this type of research. These include: vague language, interference of researcher bias, lack of procedural guidelines and the fact that the study was based in part on the memories of the participants. These issues were addressed by thorough familiarization with ethnographic processes and previous examples of this type of research prior to beginning this research project. The two best defences were preparedness and awareness.

CHAPTER FOUR

Nine unit clerks in two acute care institutions responded to the invitation to participate in this research project. All unit clerks who met the pre-established criteria and participated in the study were female. The institutions were based in two provinces in Canada. The interviews and participant observations were held over an eight month period between March 1995 and October 1995. Using Burrard's (1981) method of qualitative data analysis, four elements were extrapolated from the interviews, field notes and participant observation records. These elements included two categories: demographics and job description, and two themes: sources of job satisfaction and sources of job dissatisfaction.

Demographics

All the participants in this study exceeded the minimum required length of one year of total full time experience in a unit clerk position. The range was three to eighteen years of experience with the mean experience being ten years. The age range was twenty two to forty eight with a mean of thirty four years. The type of units these unit clerks worked in were varied: three worked on adult surgery units, three worked on adult medicine units, one worked on a combination medicine/surgery unit, one worked in the operating room, and one in a psychiatric setting.

Four of the participants worked full time (1850 - 1872 hours/year), three worked 0.7 full time equivalent positions (F.T.E.) and two worked half time (0.5 F.T.E.). Only two unit clerks were covered by a collective bargaining union. All had a Grade 12 education while three had supplementary university courses. All met the institutions' required hiring qualification of medical terminology either through course certification or other related work such as Licensed Practical Nursing. Other post secondary education included courses in computer (word processing), hairdressing and health care aide programs.

Work experience preceding employment as a unit clerk included: licensed practical nursing, grocery store cashier, waitress, hospital housekeeper, bank teller, pharmacy technician, and an accounts receivable clerk. Three were not married and had no children. The remaining five unit clerks were married and had children of varying ages from preschool to those attending university and/or working.

Job Descriptions

The interviews began with general, introductory topics to put the participating unit clerks at ease. As one of these initial questions, the participants were asked to describe their work duties. The responses were similar throughout the descriptions. Eight unit clerks worked rotating week day and week end eight

or twelve hour shifts and one clerk worked a six hour day shift. Four of the nine participants worked Monday to Friday with weekends and statutory holidays off.

The primary task identified by the clerks was communication. This involved answering the telephone and handling various types of enquiries ranging from recording and relaying lab results to calls from family/friends asking about patients. In addition, the clerks had a standard core of duties that included processing physicians' orders. Processing physicians' orders involved interpretation of handwriting, completion of a variety of diagnostic test requisitions and accompanying preparations as well as the transcription of medications and treatments to various forms used by nursing staff. While the registered nurses did check these orders in what was observed as a cursory manner, the potential for errors and omissions in transcription or interpretation which could result in delays in treatment or harm the patient was significant.

The unit clerks performed what one termed "gopher" duties in procuring supplies and information for the nursing staff , nursing supervisors and other allied health professionals such as physiotherapists and pharmacists. They kept the units stocked with office and nursing supplies and performed secretarial functions such as typing reports and staff schedules. Seven of the unit clerks calculated daily nursing workload measurement estimates while the facility where

the remaining two were employed did not have a measurement system in place. In three interviews, the unit clerks described assisting the nurses with procedures by providing emotional and sometimes physical support to steady or reassure patients.

Three unit clerks performed duties that exceeded the standard description of duties. One of these clerks worked in a decentralized environment where there were no unit managers in the organizational structure and her job had evolved into a more administrative function, encompassing duties such as compilation of statistics, direct troubleshooting in staffing and patient issues and research involvement. Another unit clerk was responsible for organizing the operating room slates and scheduling patients. The third unit clerk worked on an area with more longer term patients and therefore found a greater amount of time was spent in patient/family interaction. The preceding three unit clerks performed these duties in addition to the tasks common to all the unit clerks involved.

The physical work space utilized by the unit clerks was similar in six of the participant observation sessions. These participants worked in an area within the nursing station. Their desks were geographically separate from the nursing desks where all the patient charts were located. In order to access chart information or the majority of requisitions and papers, the clerks needed to leave

their own desk space and walk to the nursing station or office supply area. Four of the participants had access to a dumbwaiter (a small elevator device used to transport supplies between floors) located approximately thirty feet from their desk space.

The remaining three unit clerks' locations were physically separate from the nursing stations, requiring the clerks to leave their own work spaces and go to the nursing stations which were set in a wheel design. The approximate distance between each work space would be fifty feet. These unit clerks had no means of directly visualizing the nursing stations and this impaired their ability to see where they were needed, but on a positive note, there were fewer interruptions by nursing staff.

All participants identified a combination of factors which contributed to job satisfaction and dissatisfaction. These factors are discussed in the following section.

Sources of Unit Clerk Job Satisfaction

Analysis of interview transcripts and participant observations revealed four sources of satisfaction. These, in descending order of frequency, were: positive interpersonal relationships, professional pride in organizational ability and responsibility, benefits, and the opportunity for personal growth. Within

these four categories, subcategories emerged which further enhanced understanding of unit clerks' sources of satisfaction.

Interpersonal Relationships

Overall, the unit clerks who participated in this study expressed a great appreciation for working with all types of people. This was reflected in statements such as "I enjoy being with people. I enjoy working with people" and "I like the people I work with". Within the grouping of interpersonal relationships, five subcategories were identified. These were: relationships with nursing staff, other health care workers, nursing supervisors, patients and families, and physicians.

Relationship with Nursing Staff

The participants identified a feeling of teamwork through participation and belonging to the health care team. As one unit clerk stated "they (the health care workers) talk to me on the same level"; another indicated she was "part of the team". A third participant indicated that she had "staff support" when it was needed and, in return, unit clerks provided the nursing staff with a place to go for a sounding board.

The participant observation sessions supported this perception of teamwork. The unit clerks were observed to have an effortless rapport with all of

the nurses they worked with, communicating freely and as equals. Both unit clerks and nursing staff made suggestions and asked for direction as needed. This complementary relationship contributed to another sub - category within the data, that of facilitator.

The unit clerks saw one of their roles as facilitators in fast - paced environments. Supporting this were statements such as “I’m willing to help out to make it easier for everybody”. The unit clerks reported carrying out team building activities not included in their formal job descriptions such as managing coffee funds, coordinating staff functions and looking after cards or gifts. This task seemed to default to the unit clerk as “the one consistent person that is there to talk to everybody”.

The unit clerks observed in this study went about their duties with an apparent heightened awareness of issues and perceptions around them. They were quick to identify when a staff nurse and physician was upset or in need of assistance. One example of this was one of the participants taking the time in her busy day to make sure that one of nurses had gone for a lunch break.

The empathy shown for others was felt to be reciprocated. The unit clerks indicated that they did not feel taken for granted and repeated overheard compliments from nurses such as “our clerks are really good here” or “glad to see

you back and they make it known". During observation on several of the unit clerks' work sites, the nurses, alerted by the notice that their clerks were participating in this study, made a point of telling the investigator how valuable the clerk(s) were and that they were appreciated.

The clerks indicated that this type of positive feedback helped them deal with "stress times". The relationship between nurses and unit clerks could be characterized as positive, each free to discuss concerns as they arise. One unit clerk stated "I never find them criticizing me. If you do make a mistake, they bring it to you, but it is never anything that puts you down at any time."

The large staff complements (ranging from 15 - 44 nursing staff) seemed to increase the importance of the unit clerks in their central support role by providing a bridge between staff who rotate through various shifts. In some cases, the unit clerk played a more definitive role in staff relations, trying to "diffuse bad tempers on the unit between the staff". One unit clerk indicated her compassion for the casual nursing staff, going "to bat for them begging for extra shifts, because it must be very difficult when you are the bread winner. Some family situations are very, very poor".

Using one clerk's self portrait, unit clerks are "the centre of the floor" and they "work with all the staff." "You get to know their personalities and there is

definitely every type of personality so that's interesting and it's a challenge to try and get along with everyone". Another participant stated that she "read into a lot of the people and their needs and wants and who I'm working with and what to expect from them and what they expect from me."

The unit clerks, in maintaining these multiple relationships, noted the importance in keeping "out of all the politics". This appeared to be a means of reducing stress and tension on the wards. The writer observed one unit clerk who, being asked to settle a disagreement between two staff, stated she would not get involved and physically removed herself. This studied neutrality extended beyond nursing staff to encompass other members of the health care team as discussed below.

Relations with Other Health Care Workers

There was a strong sense of pride in the relationships developed with other departments and staff. Participants discussed the good feelings that resulted when "you've made friends in other areas". One unit clerk noted "unit clerks rely on one another. I know its a nice feeling to get another unit clerk on the other end and they know what you're looking for". Developing networks of contacts outside of the employing facilities was another source of satisfaction, developing "a rapport with them because of calling . . . for patient transfers".

Participant observation supported the existence and utility of these relationships. The unit clerks used these relationships to achieve their objectives, such as obtaining supplies or medications, in a timely manner. People contacted by the unit clerks included physical plant workers, dispatchers, porters/orderlies, and admitting personnel.

As with relations with nursing staff, the unit clerks describe the satisfaction in anticipating and organizing work for individuals such as the therapists who come to the units. "We have a lot of people coming and going, like physio, the dieticians. You kind of keep things organized". Similar to the interdepartmental contacts, the writer observed the unit clerks coordinating unit activities such as appointments with allied health professionals.

One example of this was when one unit clerk noted a young female patient ready for discharge and appearing confused. This participant stopped her desk work immediately and determined that the patient had no discharge arrangements in place but had been told by her physician that she could go home. Immediately, this particular clerk located the social worker assigned to this individual, explained the problem and suggested various strategies to meet this patient's needs. Once satisfied that the patient was going to receive adequate attention, she returned to the tasks she had left.

Relationship with Nursing Supervisors

Generally the participants indicated positive interpersonal relationships with their superiors. The unit clerks had developed a talent of doing as much as they could to facilitate the work flow of the unit but would direct issues to their supervisor when they could no longer adequately address it. One participant, in discussing her working relationship with physicians, stated “the ones that you can’t ... jolly along..., if they become too much of a problem then you just go ahead and dump them in someone else’ lap, they get paid for it and I don’t”.

In addition, an open two - way relationship existed between all but one of the unit clerks and their supervisors. In statements such as “we usually take it to our unit manager. We’ll sit down and try to think out a solution”; “they’re great, they’re excellent”; participants indicated that their suggestions for improvements in work flow were positively received. These clerks were encouraged to take risks: “give it a whirl. If it works, great, if not, go back to the old way”. There were several examples of this successful problem solving given, including the redesign of work stations and allocation of seating.

Verbal appreciation (“gives me encouragement and the pats, too”) received from supervisors also provided job satisfaction. In addition, recognition that the unit clerks had personal lives which could affect job performance were usually

recognized by their supervisors. One clerk indicated that she “went through a very difficult time in my personal life and found it very, very easy to talk to my boss about it”. This would also serve to reinforce the clerks’ perception that they are an accepted team member.

Unit clerks who participated in this study identified that the supervisors had verbally acknowledged their value as a member of the health care team through comments such as “unit clerks are the centre of the unit”. According to one participant, this verbal recognition was supported by action, “you get results”. Flexibility in accommodating changes in shift schedules also were a source of satisfaction for unit clerks as most indicated their requests were accommodated whenever possible.

Relationship with Patients and Families

A further source of satisfaction for the participants came from working with patients and the public. This satisfaction was derived as a result of performing tasks such as giving phone messages to patients and feeling “I’ve done a good job ‘cause . . . I get to help the patients, help the visitors”. One participant stated that it was the patients that kept her coming back to her job, enjoying the interaction and positive reinforcement received as indicated by comments such as “they treat you very nice”.

The unit clerks indicated that they took pride in being able to provide the human touch or kind word that they assessed as sometimes missed by nursing staff pushed to the maximum workload. The clerks achieved this in a variety of ways such as: giving “them (the patients) a little pep - up to make them feel better about themselves. I like doing that” or “stop and say hello”. Another commented that “as a unit clerk, you feel that happiness and joy, and a lot of sadness”. One unit clerk had overcome her personal discomfort in working with the elderly through her work. Another identified with the patients by asking herself “what would it be like for me to be in this hospital bed?”

One unit clerk expressed a desire to do even more for the patients than her job description allowed, wishing she could “get to know them personally better”. This desire has sparked this particular participant to consider pursuing a career as a nurse, having found that the unit clerk job “totally changed my idea of what I want from life”

Each unit clerk observed had some interaction with either patients or their families. These interactions were consistently warm and professional. The individuals were treated with respect and unit clerks communicated the message that the patients’ welfare was a high priority. One clerk took time to sit with a patient who needed supervision to smoke and also to separate grapes into servings

because the dietary department was unable to provide this service.

Relationship with Physicians

Job satisfaction was also derived from personal interaction with physicians. The unit clerks indicated that they felt respected by these individuals, making comments during the interview such as “a doctor will come in and say ‘well maybe we should try this or this or this’, and I sit there and listen to them but I can’t help them. It’s just they feel they can say it out loud. It makes it easier or something”. The unit clerks observed working with physicians had a comfortable rapport. The unit clerks clearly stated their knowledge on issues and answered the physicians’ questions thoroughly. If they were unable to assist the physician, they quickly sought out an individual, either nurse or manager, to address the physicians’ issues.

One participant indicated that substantial time could be spent explaining access issues to physicians. Another believed that “we get along better with the doctors than the nurses . . . I think we are less of a threat”. Another factor which could contribute to this perception comes from the statement “we know the doctors . . . and they know us”, underscoring the importance of the continuity of the unit clerks. There was no indication during the participant observations that the nurses held any resentment toward the unit clerks for this role.

The importance the unit clerks place in facilitating the work of others again came into place when discussing interaction with physicians. The unit clerks described personal pride in being able to anticipate the needs of the regular physicians: “try and keep all the doctors happy”, “what they want . . . you just get things ready for them”. This included locating patient charts, supplying pens, and obtaining lab results. They also saw their personal value in being able to answer questions and prevent the interruption of a nurse working with patients.

These subcategories of ‘relationships’ occurred the most frequently and was assessed to provide the strongest source of job satisfaction for the participating unit clerks. The following section involving organizational skills ranked second by the majority of unit clerks in strength as a source of satisfaction.

Organizational Skills

A consistent theme throughout all of the interviews was the awareness of increasing workload that had occurred over the years. Along with this, a sense of pride in organizational skills and responsibility in managing this workload existed. The category of organizational skills was comprised of subcategories of variability of the role, role expansion, perfectionism, coordination of care and independence.

Variability of Role

“I like a job that is unpredictable, you never know from day to day “.

Unpredictability or variability was a challenge that several of the unit clerks identified as a source of job satisfaction. Statements such as “my day involves anything” and “I like the fast pace” helped the writer understand that the unit clerk did not lead an ordered, predictable work pattern. One clerk described the variability as a “real challenge” in trying to complete regular duties while accommodating “routine admissions at the same time as the ‘admit follows’ (patients admitted to an inpatient unit following surgery or ‘same day surgeries’) coming back. . . plus anything that walks through the door in Emerg.” As a result, the clerks involved in this study described a great deal of pride in their high level of organizational abilities. One stated: “I like having my job place organized and God help you if you mess it up too much!”

The work stations of the participating unit clerks were a testament to the organizational abilities of these individuals. They were set up so that as many requisitions as possible were within arms reach of the area where the unit clerks processed their orders. Three maintained a list to remind them of tasks that required their attention. All supplementary supplies such as pens and forms were placed conveniently and labelled. There was no time wasted in looking for

standardly used items.

The variability of the work was intensified by the rotational shifts of the nursing staff. One clerk noted that the nursing staff “are only on three days, I’m the only one that is there Monday to Friday”. This reinforced the central importance of the role which had forced the clerk to be a communication conduit. The statement “tell (the unit clerk) because (she) will relay it to whoever, because she is going to be here, right?” supported this assessment. This served to further reinforce the important continuity that the unit clerks provided.

The clerks also functioned as a resource for staff “because I’ve been around a lot”. During the participant observations, the writer observed a mean of four questions (and a range on 1 - 7) in one hour from nursing staff that required direction from the unit clerk. The majority of these requests dealt with accessing other departments. The requests increased the erratic nature of the unit clerk’s work and also created situations where the unit clerk would volunteer to complete a task for a nurse thus adding to the number of activities carried out.

Role Expansion

One clerk noted that she did not have time for her original job, noting “that the health care system is changing greatly”. Being able to “relieve the nursing staff of some of their duties” had been a source of satisfaction and pride. An

example of this source was the charting of the temperatures on graphics sheets in the patients' record. Another example would be in "setting up conference. . . we set them up for the head nurses and get the family to attend and sent to all departments."

One clerk noted "that Medicine has come so far. We are doing far more tests, . . . more x-rays and the nurses . . . they don't check our kardexing, they don't check our requisitions. There's far more responsibility". Another stated "there is so much more and it is our responsibility to make sure they happen. Our orders are not double - checked . . . there's far more responsibility".

The unit clerks were observed processing all physician orders and requesting numerous tests, ensuring that appropriate preparations were documented in the patients' kardexes. A range of 0 to 8 tests were observed to be ordered at one time. The highest number of charts requiring processing was seven. The unit clerks used a standard approach to processing these orders: quickly reviewing the charts for "stat" orders then processing those first. Two characteristics, efficiency and accuracy, summarize the unit clerks in their work.

While one clerk stated "there is more responsibility and that is good because it gives you more job satisfaction", at times this became a concern because the clerks had assumed too much responsibility, for example "important

medical questions” which needed to be relayed between health disciplines.

Another unit clerk stated: “I have no authority and is my butt really covered for the decisions I made?” For this particular individual, attempts to discuss this concern with her supervisor were met with “double - talk” and when pressed for an answer, this supervisor “doesn’t back it up”. This was a source of frustration and tension for this unit clerk.

Two of the clerks interviewed felt that they had assumed numerous duties once performed by head nurses. These duties included “doing the hours, keeping track of the vacations, leave of absences . . ., head nurse’s stats, and troubleshooting staffing issues (“no staff for the unit”). Another duty assumed by one of the unit clerks was the coordination of a research study, coordinating “the medication with lab work”.

While a sense of pride existed in being able to master these duties, the clerks expressed a need to know that their work was utilized, not simply ignored once filed. One participant gained satisfaction from intervening in events or “aborting a sticky solution”. Upon further questioning, this unit clerk described an incident where she felt that a patient’s safety was compromised and took measures to correct it. Once again, the central role of these individuals emulated that similar of the head nurse but without any authority. This pride in mastering

additional duties extrapolated to the following subcategory of 'perfectionism' in which the ability to do more tasks and perform them accurately was important to the unit clerks.

Perfectionism

The unit clerks also discussed a need to avoid errors, ensuring processed physicians' orders were "always double checked". "I don't like errors. I don't like being wrong". These concerns were enhanced by the knowledge that errors in this line of work could result in possible harm to the patients or "it costs everybody" when discharges are delayed. This carefulness was complicated by the down loading of responsibilities from nursing staff to the unit clerks. One participant provided several examples of processing orders where simple mistakes could be serious: "I never send a lab req down without having an RN check it first, just in case I have the wrong addressograph or I've ticked off the wrong one".

During the participant observation sessions, the writer noted that the unit clerks had developed a system of mental double checks, for example, validating transcribed orders against the original orders prior to sending them. Their systematic checks appeared to be performed automatically and without adding obvious redundancy or significant additional time to their jobs. The participants

enjoyed the feeling of a job well done, “once you leave, you’re able to know that you’ve done everything”. Another stated “maybe I’m too conscientious . . .if I’m going to do a job, I want to have it done and completed before I finish for the day”.

Coordination of Care

With patients staying shorter periods of time in hospital and typically being more acutely ill, the unit clerks relayed how they had a greater role in coordinating patient care and discharge. This was emphasized in a statement “we have a lot, a big turnaround . . . we’re processing the charts one day and the next day we’re stripping them and they are going home. It’s a lot of paperwork.” A summary of a typical patient turnover was ten to twelve admissions one day and ten to twelve discharges the following day. The range of admissions during the periods of observation were zero to two and the discharges were zero to two in a one hour period.

One clerk stated “you know the ropes or the different avenues you need to access in order for this to be completed for the patient. This happens, unfortunately too much, but it makes you feel good when you can complete something like that.” Another supported this assessment by stating “the pieces of the puzzle have to fit”. The clerks seemed to enjoy the challenge inherent in the

statement “you always have to be thinking”.

Independence

The clerks interviewed expressed an appreciation for the amount of independence that existed in their roles. One participant stated that she had enough leeway but still had someone to go to if needed and another claimed that “basically the responsibility is ours”. When asked how she felt about this increased responsibility, one participant responded “I don’t mind it. I enjoy that part of it. I find it makes you a lot busier, it frees the nurses up”. Once again, this highlighted the satisfaction the clerks obtained from facilitating the system.

Opportunity For Personal Growth

An offshoot of the increased workload and responsibility of the unit clerk was the ongoing opportunity to increase one’s knowledge base. This opportunity manifested itself in several of the interviews in statements such as “different things that come on the ward . . . its not boring”. One clerk stated “I’ve been lucky enough to watch a few procedures being done. You learn all the time. It’s nice to be involved”. Another unit clerk cited “always gonna be learning” as a reason to continue in the role for an indefinite period. Another identified the opportunity to expand her knowledge on computers “without creating more problems” as a source of satisfaction.

The opportunity to improve interpersonal skills was a recurrent theme in the interviews. One unit clerk identified personal growth as a result of her employment as a unit clerk, noting that she had developed assertiveness skills. as “one of my unit objectives last year” while another indicated she had developed good listening skills. Another described pride in overcoming the tendency to be a “loner” and learned to “sit there and talk to people and the residents and families”. This achievement allowed the participant to apply the new skills to her personal life: “it’s helped me out in the community too because I’m also the bowling coordinator and I look after 150 kids”.

The unit clerks displayed an eagerness to learn and increase skills. There was no sense of resentment for the additional responsibilities the unit clerks had taken on as this provided the opportunity to learn. In addition to keeping attuned to the tempo of the unit, the unit clerks were also observed to absorb new information from sources such as physicians or nurses discussing specific cases. They read histories and reviewed laboratory results as time allowed. Hospital postings and memos containing day - to - day information were read by two of the unit clerks observed.

Benefits

In general, the participants of this study indicated that they were pleased

with the employee benefits, sometimes including wages. One clerk stated “I think the benefits, like with the dental plan and with your insurance for ambulance and private rooms, benefits, I think they’re great.” Holidays and sick time were also items of satisfaction for these participants, noting that “compared with other people in the public sector” . . . “there’s no way I’d ever complain about my benefits”. A unit clerk stated “the money’s good as well . . . you can’t complain about that” while another felt “it’s more than enough . . . there are educated people out there working for quite a bit less than I am, doing the same type of thing, so I can’t complain”.

Another source of satisfaction related to work benefits was the shifts worked. One respondent enjoyed working twelve hour shifts because “you get that week off every six weeks”. Others confirmed this, stating “I enjoy my days off during the week and I don’t mind working on the weekends”. Others had a slightly different perspective on this issue, noting that the twelve hour shifts “tend to go fairly fast as well” and “we put in long days . . . so, after a full day, you’re ready to forget it.” Also, one unit clerk noted that the weekend “gives you a different perspective” as these times were usually less hectic.

Unit clerks were observed working both week ends and week days. The former was noticeably quieter with fewer unit and allied personnel present. The

noise level and number of distractions were less and the affect of the unit clerks appeared to be less pressured, supporting the observation of some of the participants that the weekends were a welcome respite in a busy environment.

These sources of job satisfaction for unit clerks who participated in the study were consistent throughout both settings. It was interesting to note that the results supported those findings of Meleis, Norbeck, Laffrey, Solomon and Miller (1989). The exception would lie in the issue of pay and benefits. The majority of unit clerks in this study indicated that these were sources of satisfaction as opposed to dissatisfaction as in the previous literature. The unit clerks in both settings earned approximately \$8.00 per hour less than the nurses. A discussion of sources of job dissatisfaction will follow.

Sources of Unit Clerk Dissatisfaction

Five sources of dissatisfaction were identified from this study. These included frequent interruptions, ergonomics of the work environment, lack of educational opportunity, inadequate compensation and job uncertainty regarding the future. These sources of dissatisfaction are presented in order of decreasing priority and supported by subcategories where applicable.

Interruptions

The greatest recurring source of dissatisfaction for the unit clerks

participating in this study was the frequent interruptions which distracted them from their tasks. These interruptions arose from subcategories such as: the telephone, public sources, and hospital staff as well as subcategory of miscellaneous interruptions.

Telephone Interruptions

The phone was a major source of interruption. The interviews revealed comments such as “its going all the time. We’re answering phones” (up to ten were noted on the units observed) and “its constantly ringing” plus the intercoms which may be patient or staff requests for assistance. It was an expectation of the unit clerks’ supervisors that the phones be answered by these clerks, freeing up the nursing staff for direct patient care. The clerks noted that the interruptions originated from a large variety of sources including: doctors, patients, families, and other departments.

During the participant observation sessions, there was a range of four to seventeen telephone interruptions and a range of three to five phone calls initiated by the unit clerks. Approximately one half of the incoming telephone calls required referral to another individuals such as the head nurse or nurses looking after patients.

One participant noted that many of the phone interruptions generated by

other hospital departments could be reduced with enhancements in technology. Her suggestion was a computer system could easily communicate information, such as discharges or transfers, to several recipients in a minimum amount of time. Only one of the areas where the unit clerks worked had a computer and it was not on a network system.

Some improvements had been noted, such as the establishment of a Pre Admission Clinic which diverted patient calls to another department. Other unit clerks were forced to prioritize the return of calls in order to complete their work. "I don't do it instantly. I keep a little list". The unit clerks demonstrated an understanding of the importance of public and interdepartmental relations that can be maintained through phone contact and made every effort to meet the needs of those calling in.

As discussed previously, the participants demonstrated this commitment to the patients by their actions. Each unit clerk observed stopped her work to address the needs of patients and their friends or family. One accompanied a patient to smoke, another located a patient's social worker and others relayed phone messages.

Interruptions by Public

Family enquiries were noted to consume a considerable amount of time for

several of the participants. For instance one clerk noted “you’ll have three or four family members for one patient and that’s one of my big pet peeves”. To address this, there was an unwritten rule “patients aren’t allowed to use our phones”. The clerk went on to elaborate that the interruptions took away from the patients’ rest and care and this was the explanation that was provided.

The unit clerks understood why these interruptions occurred and empathized with the public but found that their work was discontinuous as a result. Illustrated in previous discussion on the importance of the unit clerks as a conduit of information, interruptions posed a threat to this function. This discontinuity was further exacerbated by interruptions by hospital staff.

Hospital Staff Interruptions

One clerk expressed frustration in trying to transcribe “a doctor’s order to the kardex and I could get half way through and . . . (have someone) trying to ask me a question”. Another reinforced this observation stating “ you’ve got lots of things to do, which you have to get done, but (the doctors will) come along and it’s sort of expected of you . . .they’re hollering form the other side, where’s this, where’s that . . . maybe if the doctor flipped through the chart and read what was written . . . that sort of goes for everybody”. During the participant observation sessions, three of the unit clerks were asked by physicians for information (e.g. lab

results, dictated histories) which was present on the patients' charts.

The intercom system also created additional interruptions by nursing staff. One unit clerk noted "a lot of staff will pick up the intercom and get you on there and say "can you bring me a pencil?" This was noted to be "more the older staff . . . who are not aware that our job has really increased in duties" and some new nurses who "figure it is not an RN's duty to say run and get a piece of paper". This attitude by some nurses was observed to be a source of tension for some of the less assertive unit clerks. One clerk addressed the situation by stating "at times I find there's one of me and ten nurses and they forget that there's just one of you and sometimes you have to say, look, I'm doing this right now".

Another source of frustration was: "three or four people try to talk to you at once because they don't realize that you are on the phone and they say 'order me this, where's that, can you tell me where this person is'?" Another confirmed this observation, noting "little things that take up time and that I'm the only one that can do (them), get behind because of these things".

"It is noisy with people going on like this all the time . . . takes you longer to get your work done . . . you can't concentrate as well." As a result, the clerks noted that they spend more time rechecking their work. This related to the desire to do the tasks perfectly and avoid error, a source of satisfaction discussed earlier.

One participant commented on the high level of stress this created not only for them, but to a greater extent for replacement (casual) unit clerk staff, who had difficulty meeting the expectations of the staff. This person noted “its a stressful place and . . . we have a high turnover, it’s demanding”. This stress on casuals was also intensified by the lack of training and orientation received by the casual workers. This will be discussed at a later point.

Due to the high rate of interruption, the unit clerks who worked rotating shifts expressed appreciation for the quieter times such as after 4:00 p.m. and weekends when their concentration was less often broken. As one clerk stated “you feel like you can usually cope better because there’s not all the people around doing things”. The other moderating factor observed by one unit clerk was that “some of the nurses really pitch in and help, ‘cause until our work is done, they can’t do theirs.” This decreased activity was observed during participant observation sessions held on weekends.

Miscellaneous Interruptions

One of the unit clerks identified that the dumb waiter required frequent answering, retrieving supplies for the unit or for other units. During the participant observation sessions, the dumb waiter rang a mean of 8 times in one hour with a range on two to 13 times. The bell announcing the dumb waiter’s

arrival rang continuously until someone answered it and nursing staff did not take the initiative to stop this interruption. This required the unit clerk to stop what she was doing, retrieve the items from the dumb waiter, determine their final destination and then return to the task at hand. This perception of what constitutes a unit clerk's job results in these individuals assuming nursing tasks but there appears to be little reciprocation.

Another source of interruption noted by some participants were the patients themselves. One unit clerk noted "you have to be very flexible. You can't say, well, a patient comes to you and says 'I'd like a cup of coffee' . . . you can't say, well, I'm sorry I'm busy, I can't do it for you now, so you'll just have to go off and do whatever". As a result, priorities were constantly juggled and work abandoned and resumed later. All these interruptions had to be weighed and prioritized against orders and issues requiring immediate attention. Maintaining positive public relations and working relationships entered into the calculations, involving unit clerks in a constant balancing act.

Ergonomics

Work Space Limitations

All but two of the participants identified the lack of physical working space as a concern for them, noting "its just so cramped". Along with the

restricted work space, the unit clerks described problems accessing equipment, particularly the telephone. One clerk described the frustration: “everyone would be sitting around (the telephone) and no one would answer it, they’d expect you to answer it, so you’d be reaching across the table to answer it”. One unit clerk had received numerous comments from people saying “doesn’t that drive you crazy to be in that little room . . . its really nice compared to what it used to be when it was right off the change room”. Another clerk noted: “a lot of the changes or issues or ideas are usually geared toward the nursing staff, not the clerical staff”.

Another described frustration with nursing students and their instructors who examined charts in the middle of the clerk’s work areas. “Go some place into a corner . . . you can take all the time you want with that chart but maybe don’t sit at a really busy place to do it”. One participant expressed a wish for more space as there were “always binders for this and binders for that”. The work spaces typically included the paper supplies noted previously as well as a variety of procedure and information manuals, books and old patient records. The two clerks who indicated satisfaction with their work space had recently collaborated in renovating the space so more items were available at arm’s reach. A wide range of hospital personnel accessed these items throughout the participant observation sessions and this added to the congestion and noise. Noise was a

problem specifically identified by one of the participants. She said “sometimes if you are taking lab results over the phone, you almost have to plug your other ear”. This created stress and the potential for error for the unit clerk.

Another issue related to physical set up was the lack of computer access. Several clerks identified this as a factor in increasing their workload. One participant described how one computer entry could eliminate phone calls to departments to relay patient information and reduce the number of patient condition enquiries. Other clerks indicated a need to access lab results and pharmacy. This lack of computer networking is compounded by the “high turnaround” where there were a high volume of admissions and discharges experienced on many of the unit clerks’ areas. The clerk who slated patients for surgery was “sceptical” about proposed plans to introduce a computerized Operating Room booking package but hoped that this would alleviate conflicts within the slate.

Supply Issues

Within the unit clerk’s role was the restocking of the unit’s supplies. One clerk elaborated on the associated problem with storing items which the nursing staff need for day to day function: “I have to stock the nursing station with pencils and papers and stuff. It’s like what do you need that much stuff for?”

Procuring the supplies from the central dispatch area was also a problem for several of the unit clerks. At times, the clerks had found it necessary to justify their requests as evidenced by statements describing attitudes such as “its not necessary, oh whenever you get there it’s okay” or “you guys don’t really need all these (items)”. Another stated: “When we phone over for supplies we need them right away, it takes three/four hours for it to come”. “Its very frustrating for the staff because they are always on our backs saying, well, why isn’t it here, phone again”.

One clerk felt that the small equipment additions they received each year were more for pacification than addressing the concerns of the clerks. “I don’t know if that’s supposed to compensate for the areas that we do have to work in”. All of the participants seemed particularly conscientious about the fiscal restrictions such as decreasing operating and capital funds which leave no money for renovations or purchases that would facilitate their day to day function. “I realize that funding is not at a great level but it would be nice to have something for us now and again”.

Support Services

Unit clerks reported frustration in getting immediate responses to their requests. One clerk cited an example of a safety issue where “the exit sign in the

seclusion room hall way, which is supposed to be a safe area, had been smashed by a patient. They had removed the sign, the wires were kept but they were hanging there. . . we phoned repeatedly, . . . sent work orders and finally we had to scream to say that this is a safety issue”.

These frustrations served to contribute to job dissatisfaction but also further confirmed the pivotal role of communication and continuity that the unit clerks provide. Given this importance, the limited education opportunities as a job dissatisfaction was understandable.

Limited Educational Opportunities

Under the categories of limited educational opportunities, two subcategories of casual unit clerks and inservices were extrapolated.

Casual Unit Clerks

As discussed in the previous section, the lack of adequate orientation for the casual unit clerks who filled vacation and sick shifts was a source of dissatisfaction for the participants. One stated that “if you have a casual person on usually it does make it quite hectic and stressful . . . the onus is on you, making sure that the other co-worker . . . is doing their job and getting things done”. It was noted that it was “easier to do it myself” than try to explain routines and expectations to new staff who only received “one day of orientation”.

The reason provided for this inadequate preparation includes a lack of orientation and training programs. One participant indicated that most of the learning occurred “on the job” and was not provided with a hospital orientation. Another noted changes in the length of orientation, stating “15 years ago, I got more training than the girls are getting today . . . I got two weeks on the ward”. At the time of the interview, this clerk indicated that the casuals were getting one day of orientation, on their own, unpaid time. These observations served to reinforce the trend of decreasing hospital resources.

In general, the clerks indicated that when more work responsibility was added, “we sort of just mull our way through it” and wished “I had a pair of extra hands at times”. An example of this was when the clerks began processing the medication orders. “To this day, it is very difficult because you are not working with medicines and as you know that doctor’s writing isn’t the easiest and if you don’t know the med, you really have a difficult time transcribing them”. Another clerk had coped with this additional responsibility by building in safeguards: “I never transcribe anything unless I have an RN tell me what it is . . . or until they are ‘medexed’”, the process where physicians’ orders are transcribed on to medication administration records.

One clerk described the casual staff as follows: “a lot of them are from

outside the hospital. Very young people . . . and I personally don't think that they have a good viewpoint of hospital work and what it all entails and how important and stressful the work is that needs to be done". In considering these factors, the participants demonstrated their sense of responsibility discussed previously: "I don't think they realize the importance of it all, ending up dollar figures if the patients stays on when he shouldn't". The unit clerks linked failure to act in a timely manner with increased health care costs.

Another source of concern related to the casuals was their availability. One clerk reported that the casuals were "not always there when we need them. Sometimes we do work short because we can't fill". Another reaffirms this, stating "we don't have much back up right now".

Inservice Opportunities

The unit clerks consistently expressed dissatisfaction with the lack of education and inservices geared towards their needs. One indicated there were "continual workshops for staff, inservices for staff, and the unit clerk is exempt yet we're expected to know everything". This clerk went on to say she felt there was a place to the clerks to learn as well. A second clerk reinforced this assessment stating "it would be really nice . . . if we had more inservices geared toward clerical staff or per se, unit clerks as a whole group".

One of the participants added to this source of dissatisfaction by voicing her perception that the unit clerks “sort of fall between the cracks . . . you’re not the same as your secretaries or your clerks that work in Admitting . . . and you’re not the same as the nursing staff”. A review of the posted reminders of educational opportunities at each of the unit clerk’s work sites confirmed that at that point in time, the inservices were designed for nursing staff.

The clerks expressed a desire to learn more about the tests and procedures they are ordering: “it would help if you knew what actually happened when a patient went for tests”. One clerk who had been able to observe procedures indicated “if you’re there watching things you understand a lot better what’s going on”. Another was more fortunate to be encouraged to attend education opportunities. Others had limited exposure to institutional inservices involving new items such as payroll system and telephone system.

One unit clerk expressed frustration in the loss of skills gained because of limited access to the computer on which she had been trained. Another stated: “you are given a tremendous amount of information in a short period of time and then if you don’t have the time to work it, you’re losing it”. As above, this clerk noted the “waste of money” that this incurred. There also seemed to be a perceived lack of support for continuing education, that is, that taken outside of

work time. One clerk indicated her supervisor's inflexibility in allowing shift adjustments to accommodate a course.

Compensation

This category encompassed several subcategories. These included pay levels, lack of respect and recognition and lack of promotion opportunities.

Pay Levels

One of the unit clerks participating in this study indicated that the pay scale, while "livable . . . could be a little more, especially with the changes in the job". Another participant who also thought a pay raise would be positive felt that "in this day and age, that's kind of untalkable". Another felt that in comparison to "someone who is scrubbing a pot down in the kitchen" the wage was not comparable for the responsibility they carry. One participant has initiated action to address her perceived lack of financial compensation for assuming additional responsibility by "having my job evaluated by the Union . . . for thoughts on being reclassified". While this step had been taken, she still entered it with concern with regard to what the possible repercussions could be.

Another unit clerk expressed related frustration in the difficulty in getting overtime. She indicated: "you don't always get compensated for overtime". This clerk felt intimidated by the tone of voice and avoided asking for overtime even

though there was no one to take over and finish the work.

Lack of Respect and Recognition

Some clerks perceived an demeaning attitude such as “that the clerk’s job” and this does not foster a teamwork atmosphere. One indicated that the clerks were often recipients of displaced nursing staff frustration: “we take the flack for everything that goes on in the ward” and “we’re just gophers”. Another indicated that “you end up going and getting it for them. Just so you don’t cause any waves”. Stress and frustration resulted from this. During the participant observation sessions, this lack of consideration for what the unit clerks were involved in was evident in six of the eight sites observed. It was apparent that the needs of the nursing staff were felt to supersede those of the unit clerks.

Two of the interviewed clerks have reported addressing this source of stress by using assertive communication and statements such as “we tell them where the supplies are and could they please get them themselves because we are busy”. Increasing staff awareness of what a unit clerk does in her duty was suggested as a means of improving the respect awarded. Another indicated that an increased wage would not “make me feel like I’m that much better . . . because that has got to come from yourself.”

Another clerk attributed the perceived lack of respect to a discrepancy in

education levels: “because we don’t have the education, I think this is why we’re not shown respect”. This clerk suggested that if suggestions for formalized training were implemented and “we did come out with a certificate” that would be one way to generate respect. Another felt that the unit clerk professional “could become classified as a career . . . because there is so much involved”.

Lack of Promotion Opportunities

One unit clerk expressed a desire to continue in the similar line of work but identified “there isn’t a lot of places you can go”. None of the unit clerks interviewed indicated that there was a possibility of promotion. Lateral movements to areas where there were better working hours or conditions were the only options assessed as options available to the participants. This lack of opportunity, coupled with the following uncertainty for the future, presented a sense of hopelessness and frustration.

Uncertainty For The Future

All of the unit clerks interviewed expressed a sense of discomfort with the changes in the health care system that have occurred and those yet unknown. One participant noted that “there are changes all the time”. The other concern generated by these frequent changes was a fear for the loss of the job. One clerk noted “if (the health care system) ever settles down a bit so that people aren’t so

afraid of their jobs, afraid of losing their jobs, afraid of family not having beds to go to (beds had been reduced and often there were patients still in beds awaiting discharge when the new patients arrived), . . . that would really help.”

Some unit clerks no longer worked under a head nurse directly and this had created a void where there was no one to deal with the problems immediately, leaving only the clerk there “on a regular basis”. Another concern of one participant was the rapid turnover of supervisory people, resulting in a lack of direction and continuity. This was reported to be stress provoking.

Also related to the changes in supervision was the lack of venue for addressing concerns. One unit clerk identified several issues of system abuse or poor patient care but felt that “nobody seems to care”. Other unit clerks noted that lack of cooperation in change manifested by some nursing staff. Stating examples such “we’ve done this for 20 years, there’s no possible way that a new way would work any better”. To cope, one clerk explained that “you just have to close your eyes to them sometimes”.

The degree of influence the clerks perceived in these changes varied from individual to individual. One indicated she was given the opportunity for input but another described her frustration when administrative personnel “forget to ask the unit clerk when they build a new unit what is needed”. Another identified her

frustration with this issue: “I feel that there will always be a change and whatever I’ve suggested won’t work”. “Lost cause” seems to underscore the helplessness of some of these unit clerks.

The other concern identified by clerks was that they did not seem to be included in the information loop. One noted “we hear different things from different people and . . .I’ll take it as it comes and, if I hear I hear and if I don’t I don’t. Another indicated that they had been informed of upcoming unit changes “about a year and a bit” ago but there had been no further information. This feeling of helplessness and uncertainty created additional stress in an environment where distractions could result in serious errors in patient care.

Conclusion

This chapter has presented the findings of the interviews and participant observations of the nine unit clerks involved in this present study. The following chapter will present a discussion of the findings utilizing the categories of the previous literature review. Recommendations designed to assist the nurse manager enhance sources of job satisfaction and reduce or eliminate sources of job dissatisfaction will be discussed.

CHAPTER FIVE

This study drew a purposive, convenience sample of nine unit clerks employed greater than one year full time in an acute care setting. The unit clerks participated in interviews and participant observation sessions. The transcripts of the interviews and notes taken during participant observation were analysed and sources of job satisfaction and dissatisfaction delineated. All respondents were female and related sources of satisfaction and dissatisfaction which were consistent among departments, institutions and geographic locations.

Four broad categories of job satisfaction were delineated from this study. Interpersonal relationships emerged as the strongest of the sources of job satisfaction followed by pride in organizational abilities through mastery of a broad range of duties and coordination of many activities contributing to patient care. Benefits and opportunity for personal growth completed the categories.

Five sources of job dissatisfaction were derived from the study. Frequent interruptions comprised the strongest category of dissatisfaction, following by ergonomics. Lack of educational opportunity, inadequate compensation and job uncertainty ranked in descending order for unit clerks. It was interesting to note that benefits were assessed as third as a source of job satisfaction and fourth (in terms of wages, recognition and opportunity) as a source of job dissatisfaction.

While the benefits such as vacation and sick time were perceived as satisfying, wages were not viewed as adequate for the level of responsibility the clerks hold.

This chapter will examine the extent that this current study's findings are applicable to the theoretical framework proposed by O'Brien - Pallas and Baumann (1992) and also compare with the findings of the literature review. Recommendations for nurse managers and further research opportunities will be proposed in response to the findings.

Support for Conceptual Framework

O'Brien - Pallas and Baumann (1993) set out a model which was appropriate in studying unit clerks. The findings of the present study aligned well with this Quality of Worklife conceptual framework as the unit clerks involved in this study illustrated the internal and external dimensions of the framework.

In the internal dimension, issues in the individual domain included: hours of work and flexibility (or in this study, perceived inflexibility) of schedules. In contrast to the findings of Stevens and Meleis (1991), child care was not identified as an issue for participants in this study. Issues revolving around individual needs tended to be sources of satisfaction as unit clerks viewed themselves as holding a pivotal role within their unit. Factors of the social/environmental and contextual domain were sources of dissatisfaction as the clerks felt less respected and valued

as a member of the health care team and indicated a sense of despair regarding their stature and potential to advance. Finally, the fourth domain of the internal dimension, including administration or process and structure, proved to be both a source of dissatisfaction as wages, advancement and institutional policy were issues of concern for participating clerks while benefits and relationships with supervisors proved to be a source of satisfaction.

Within the external environment, client factors proved to be one of the most powerful sources of satisfaction in the workplace. On the other hand, technology was not adequately up to date in order to benefit the unit clerks. Reduced federal transfer payments have resulted in decreased operating and capital budgets and have forced the health care environment to change. In an effort to respond, health reform initiatives to decentralize and streamline systems have contributed to many sources of job dissatisfaction such as employment insecurity or lack of educational opportunities. Directly related to the process of health care reform is the final component of the external dimension, labour market conditions. While numbers of positions available was not an explicitly stated concern, the quality of orientation education and job security did exist as sources of concern.

This study findings showed that the female - dominated career of unit

clerks held a pivotal and important role in acute care nursing, performing core functions such as coordination and communication which enhanced the continuity of care. In general, the findings reflected that of the previous research conducted both in direct study of unit clerks and related clerical pathways. To facilitate the comparison of previous research findings and results of this study, the same broad categories of the literature review (Chapter Two) will be utilized: interpersonal relations, role conflict and environmental factors.

Interpersonal Relations

Similar to the findings reported by Hill (1986/1987), Poteet (1985), Hall, Stevens and Meleis (1992), the results of this study demonstrated that the participants found that relationships with nursing staff, other health care workers, supervisors and patients and their families were their strongest sources of job satisfaction. Several of the unit clerks indicated that these interactions were a source of pride.

Meleis, Norbeck, Laffrey, Solomon and Miller (1989) indicated challenge as a frequently reported source of satisfaction. This was supported by the participants' identification of organizational skill, expansion of role and perfectionism as subcategories which contributed to job satisfaction.

Unlike the findings of Hall, Stevens and Meleis (1992), none of the

participants in this study indicated that their position enabled linkages with their cultural background but this may be attributed to the fact that all respondents were Caucasians, working in primarily Caucasian environments. Strained working relationships such as those identified by Linton and Kamwendo (1989) were noted but not weighed as a major factor in the participants' responses.

A lack of responsiveness by supervisors to input from participants was consistent with findings by the Professional Secretaries International (1986). Unit clerks in this study occasionally found that introduction of technology, equipment or problem solving tactics were initiated without consultation or evidence of consideration for volunteered input. This lack of input negatively impacted on workload and reflected findings of previous research discussed under role conflict.

Role Conflict

Participants of this study confirmed the down loading of tasks but found this to be a source of challenge and satisfaction as opposed to overload as defined by Meleis, Norbeck, Laffrey, Solomon and Miller (1989). Although the unit clerks did not typically indicate that they could not manage to complete their tasks, they corroborated the frustration associated in the literature with the many interruptions they experienced and that were observed in their work environment.

Contrary to suggestions by Hall, Stevens and Meleis (1992) or Vaughn

Cheatwood, Sirles and Brown (1989), the participants in this study did not express feelings that their work was unchallenging or repetitious. This may be explained by the pride the unit clerks felt in the expansion of their roles and their perceptions that their role was important to the function of their respective units.

The unit clerks also did not reinforce the finding of frustration by Hall, Stevens, and Meleis (1992) in dealing with irritable or demanding patients. The participants seemed to take pride in their ability to assist patients although there was some frustration described when dealing with duplicated requests for assistance or information from the public.

As in earlier findings by Statham and Bravo (1991), unit clerks felt that their education was inadequate to prepare them for the expectation of their role. The new and casual unit clerks were a concern because their inadequate education created more work for the regularly employed clerks. One clerk had taken steps through her collective bargaining unit to address her perception that she was performing tasks that exceeded her scope of responsibilities by requesting a job review.

Previous researchers noted that expectations in the family role had been a source of stress of unit clerks (Verbrugge, 1984; Stevens & Meleis, 1991). This was not found in this study and several reasons are suggested. Unit clerks had

typically been in their roles for periods of time sufficient for them to reconcile their work and home lives. Another possibility was that this aspect had not emerged as a strong component in the interviews or participant observations and was not extrapolated and fully explored.

All participants were assessed as secure and comfortable both in the workplace and in their personal lives. This finding may also be attributed to the fact that the participants felt that they had suitable benefits although they would have preferred opportunities for promotion or pay raises. Flexibility of hours, identified as an important component of job satisfaction by Froberg, Gjerdingen and Preston (1986) was a concern primarily for one unit clerk who wished to enroll in external computer courses and was unable to obtain time off to achieve this.

Lack of respect for the position was a finding which was supported in the literature review. The participants did not relate this to the fact that their position was perceived as women's work (Fine, 1990) but felt that their lack of formal education, lack of recognition by their nursing coworkers and placement in the organizational structure were contributing factors.

The unit clerks in this study did not indicate that they felt they were scapegoats for mistakes although it should be noted that within their pride in the

work, most participants had built in a system of double checking their work to prevent errors. The unit clerks indicated that they responded to several authorities including nursing staff, supervisors and physicians but unlike participants in previous studies, the unit clerks had developed a system for understanding their reporting structure.

The findings of this research project supported the lack of advancement opportunity for the participants as a category of job dissatisfaction (Cohen, 1983; Professional Secretaries International, 1986). Hall, Stevens and Meleis (1992) found that the unit clerk role was not a step in the career ladder. In this study, two of the participants were planning to enroll in nursing education as a result of their work.

Although lack of advancement was an issue, the unit clerks in this study were divided in their perception of wages. Some unit clerks felt that their wages and benefits were a source of job satisfaction while other felt that they should be further compensated. The participants who tended to be more satisfied with their wages were from Manitoba and non - unionized. This latter fact may explain the satisfaction experienced by the unit clerks, i.e. they may have felt they had no power to bargain for improvement and thus were resigned to their situation or not made aware by a supportive union.

Environmental Factors

The results of this study regarding the impact of environmental factors concurred with that of previous research. The participants identified concerns with physical layout as a significant source of job dissatisfaction. Participant observations in all settings noted the unit clerk to be physically separate from co-workers. Supplies and patient charts tended to be separate from the clerks' working stations, creating breaks in work flow. The issue of exposure to blood and body fluids was not an explicitly stated concern of the involved unit clerks but the potential was noted during participant observations. Containers holding specimens awaiting pick-up were perched on upper levels of the unit clerks' work space.

Other authors suggested that technology contributed to dissatisfaction in terms of fragmentation (Statham & Bravo, 1990) or dehumanization. In contrast, this study found that the lack of technology was a source of dissatisfaction for participants. This difference may be explained as a variation between health care systems. Previous literature was based in the United States which is typically more technologically advanced than the Canadian health care system. This conjecture was supported by the observation that video display terminals were present only in two of the unit clerk work environments observed. As a result,

concerns associated with these terminals did not play a large role in ergonomic concerns in this study (Verbrugge, 1984).

As discussed previously, frequent interruptions were the leading source of job dissatisfaction for participants of this study and reflected similar findings in the literature (Meleis, Norbeck, Laffrey, Solomon and Miller, 1989). The unit clerks' work space was frequently violated by nursing staff, physicians and other staff similar to the findings of Meleis, Norbeck, Laffrey, Solomon and Miller (1989).

Knowledge of these sources of satisfaction and dissatisfaction can serve as a guide for nurse managers to consider when addressing the job satisfaction of unit clerks in their areas of responsibility. Recommendations will be made for incorporating aspects of education, administration, research and practice and will include means of maintaining and enhancing current sources of job satisfaction as well as suggestions for addressing sources of job dissatisfaction for unit clerks.

Maintaining Unit Clerk Job Satisfaction

Interpersonal Relationships

It is important that the sources of satisfaction be maintained and enhanced for unit clerks because of their pivotal role in a hospital unit. Dissatisfaction can serve to lower effectiveness and efficiency (Hall, Stevens and Meleis, 1992)

which is a concern for nurse managers who must administer tight budgets in times of economic constraint. Formal and informal recognition of the unit clerks' importance and personal contributions are important. This recognition could be achieved in numerous means and selected to appropriately complement the organization and individual unit clerk cultures.

Informal recognition could be ongoing and include such activities as verbal acknowledgement of a unit clerk's proficiency in handling a situation or working under adverse or high pressure conditions. Nursing staff and other members of the health care team could be provided with inservice on the role of the unit clerk and in ideal situations, spend several hours working with the unit clerk. The nurses could also be encouraged to participate in this type of positive feedback as unit clerks in this study indicated they derived satisfaction from their ability to work with these individuals. Formal recognition may contribute to higher job satisfaction (Hall, Stevens and Meleis, 1992) and can be delivered through annual performance appraisals, awards such as unit clerk excellence awards or letters of recognition that are placed on the clerks' personnel files.

Nurse managers could provide overt support to the unit clerks in their role. This can be initiated by encouraging the unit clerks to participate in staff meetings (Cohen, 1983; Resch, 1989) and ensure that their concerns and input are solicited

and considered along with the nursing staff. Another valuable method of supporting unit clerks is the establishment of meetings specifically for unit clerks. These meetings allow unit clerks to discuss similar issues between units or divisions, maintain their system of contacts throughout the organizations, serve to reduce isolation and generate discussion of practice.

It is essential that managers listen, follow through and provide feedback on the issues raised in order to promote and maintain the positive working relationships described by the unit clerks in this study (Cohen, 1983). Concerns should be acknowledged, investigated and solutions for resolving issues arrived at collaboratively. As with all staff, the nurse manager could approach individual concerns about incidental errors as the basis of a learning opportunity rather than personal fault as the unit clerks participating in this study indicated their pride in efficiency and their fear of error. Harsh correction could result in an unintentional increase in re-checking and paranoia which could result in a nonproductive member of the health care team.

Opportunities to further nursing research could be evaluated. As nurse managers struggle to reduce operating budgets, issues of delegation between nursing and clerical staff could be investigated. Another focus for possible research is the degree to which unit clerks influence the perceived job satisfaction

of nursing staff.

Unit clerks are often the first point of contact for the public with the nursing unit. This initial interaction can set the tone for the remainder of the public's perception of the unit and its staff. The unit clerks indicated that they enjoyed this contact and recognized the important role they played. Further development in this area could occur by ensuring that the unit clerks are provided with ongoing educational opportunities for enhancing public relations (Poteet, 1985). Nursing staff could be encouraged to benefit from this education in order to present a positive, united demeanor to public who may be apprehensive of the mystery of hospitals or sensationalised claims of inadequate care.

Pride

Along with positive feedback on how well unit clerks perform and their value to the unit, nurse managers could share personal and institutional goals and provide full explanations of tasks (Poteet, 1985). Workload that has been down loaded to the unit clerk level should be evaluated periodically to ensure several aspects are assessed: first, that the down loading of responsibilities from nursing to the unit clerks has occurred appropriately and fits within the unit clerk's abilities, legally and ethically; secondly, that adequate education and training has accompanied the tasks and that the work has not been altered in the course of

reassignment; and finally, ongoing evaluation that the work the unit clerks are performing continues to hold value for the unit.

Reviewing tasks and job descriptions is time consuming but performed once every one to two years, reviews may result in eliminating some tasks which have remained in existence throughout the evolution of the unit. Nurse managers need to assess the duties of the unit clerk to ensure that tasks and data collected by these individuals are useful and actively used. Similarly, duties such as inventory counts and other tasks should be examined to determine if there is a more appropriate or expeditious process that can be instituted. Task analysis can be linked directly to positive feedback and recognition of the unit clerks' role and will help to ensure that down loading of duties has been relevant and manageable.

In a previous section, the importance of encouraging unit clerk input into decision making was highlighted. The suggestions provided should be examined for possible implementation as they may serve to link duties and result in increased efficiencies in work flow for unit clerks and nursing practice. This issue will be further expanded in later discussion of ways of improving those ergonomic sources of job dissatisfaction.

Nurse managers could examine opportunities to formalize the status of the unit clerk by working with the employing organization or local community

colleges to implement a unit clerk certification program. The benefits of this would be numerous: the clerks would receive formal recognition of their accomplishments, increasing their status in the eyes of the nursing staff; a consistent knowledge base would be provided; assessments of abilities and aptitude would be assured; costs of orientation would decrease and finally, a program would address the lack of preparation facing the unit clerks who are employed on a casual basis.

Opportunity for Personal Growth

The enthusiasm to expand knowledge demonstrated by the participants is a valuable asset for nurse managers to build on. With resources for training and education of staff currently restricted by fiscal realities, self directed learning by the unit clerks could be supported. Attempts to enhance a learning environment could be encouraged by nurse managers, both on an informal and formal basis, with nursing staff, physicians and nurse managers encouraged to explain issues of interest to the unit clerks. This will be further developed in the issue of education under job dissatisfaction.

Benefits

The unit clerks in this study expressed satisfaction with their current levels of benefits such as vacation, sick time and other perks. Nurse managers have

limited ability to enhance this source of job satisfaction due to the fact that decisions influencing benefits are typically negotiated either through the collective bargaining unit or through the Human Resources division of the health care organization. Nurse managers should ensure that these benefits are delivered on a fair and equitable basis. When organizational operations permit, the unit clerks could be allowed shift schedule flexibility to meet the demands of both their lives and to take advantage of educational opportunities if they so choose.

Many of the suggestions for maintaining and improving the work life of the unit clerk are linked to decreasing and minimizing the sources of job dissatisfaction as discussed in the following section.

Decreasing Unit Clerk Job Dissatisfaction

Frequent Interruptions

Linked to the previous discussion of increasing awareness of the unit clerks' role for nursing staff and physicians, a better understanding of the roles and responsibilities of the unit clerk may also reduce the number of interruptions from these sources (Cohen, 1983). If possible with current lean nursing staff patterns, time spent by nurses working with the unit clerk heightens awareness. This awareness would serve to reinforce to nurses that the clerks are not "just gofers" but individuals who have their own heavy workload. One option is to

incorporate four hours of time with the unit clerk during a new nurse's orientation to the ward. In addition to promoting awareness and understanding, this facilitates the work of the nursing staff during those time periods where there is no unit clerk coverage, preventing a backlog of work. Physician interruptions should be examined for trends in the type of requests they are making to the unit clerks. For recurrent issues such as requests for lab results or histories, current processes should be examined to determine if there is a better way to meet these needs.

Phone interruptions were also a significant factor in the number of interruptions unit clerks faced during the course of their work day. There are many opportunities to address this issue. Due to the presence of Pre - Operative Clinics in many organizations, patient and family instruction during initial assessment regarding a spokesperson for each family holds the potential to reduce a number of calls on scheduled admission areas. Other areas where admissions are unpredictable could be addressed through patient/family teaching on admission or during the initial portion of the hospital stay.

Another means of reducing phone interruptions could be addressed through one of the unit clerk participant's suggestions. A local area network (LAN) of computers linking various areas of the hospital could reduce much of the time spent on the phone. One linked system could involve the hospital units,

switchboard, dietary, pharmacy, lab, x-ray and admitting departments. This would allow patient information to be up to date and easily accessible. The need for patient enquiries to be directed to the units would be reduced by the ability of the agency switchboard to pull up information and relay location or general status to callers. Changes to patient information could be entered once and would eliminate individual calls to each department.

Treger (1996) noted that the current lack of accessible and pertinent information sometimes has tragic results that could be averted with the thoughtful and judicious application of technology. Technology such as computers, faxes, voice mail and electronic mail have the potential to allow point of entry access, communication with several departments at once, ease in summoning test results or schedules and decreasing travel time. Cohen (1983) noted that automation can enhance work by decreasing tedium. Given the results of this study, unit clerks may be more satisfied if they were included in the education, trial, evaluation and introduction of new technology as they will be end users of the system(s) (Statham & Bravo, 1990). This could include trial and evaluation of various types of equipment and software available plus opportunity to review relevant research and evaluation on the available technology. These issues are directly related to the work environment of the unit clerks and will be further discussed in the next

section.

Ergonomics

Along with encouraging unit clerk input into the introduction of new technology, nurse managers should also seek input into the redesign or reorganization of the work areas (Poteet, 1985; Stringer, 1990). Other means of detecting ergonomic problems are through accident reports, high job turnover and absenteeism, worker comments, reporting systems and efficiency or quality problems (Healthcare Benefit Trust, 1994). This publication noted four common ergonomic problems in the office/clerical setting that the nurse manager and unit clerk should be alert to: glare on computer monitors, repetitive motion of wrists and hands, prolonged sitting and awkward postures.

Job and task analysis can be utilized to identify these concerns. The idea of a designated work space for the unit clerks was present in several of the participants' transcripts. This could be a suggestion which nurse managers could examine for feasibility in their respective units. Ergonomic analysis and work space design evaluation should be conducted on a regular basis by officers familiar with these issues such as Occupational Health and Safety Department personnel. In keeping with the following discussion on education, Fahrbach and Chapman (1990) recommended staff be trained in work posture and positioning,

exercise and relaxation techniques. These approaches should include the nursing staff as these issues also affect their practice..

Educational Opportunities

With the introduction of any technology and other changes in the organization or unit, nurse managers should ensure that adequate education and information is available and ongoing. Learning needs and skills of unit clerks could be assessed on a regular basis, facilitated by the hospitals' education departments. Cohen (1983) and Professional Secretaries International (1986) advocated assertiveness training, priority setting and time management courses as beneficial for unit clerks as well as nursing staff.

These needs can be met in numerous ways including specific inservicing, circulation of educational material and one-to-one instruction. Nurse managers should be cognizant of the value that including unit clerks in nursing inservices can hold. This need not be formal inservicing and could take the form of encouraging unit clerks to observe procedures or nursing staff practices as time allows and by encouraging their attendance at staff meetings.

These suggestions address the ongoing educational needs of the unit clerks but nurse managers must first focus on the initial orientation needs of new unit clerks. In addition to working on the development of certification programs as

discussed previously, it is recommended that a comprehensive institutional orientation package be set up. Nurse managers and hospital educators should ensure that there is formal instruction on the processes that the unit clerks must follow. This includes the basic format for processing orders, requisitioning tests and ensuring information is filed appropriately. The creation of a unit specific reference manual could also be beneficial.

Practice with a competent, experienced unit clerk should provide the final component of orientation. In this time of limited finances, the temptation to reduce the amount of orientation offered can result in long term issues and the potential for serious errors in patient care and decreased unit clerk job satisfaction.

Continuing education should be considered in relation to encouraging upgrading that pertains both to personal and professional growth. Course offerings in telephone etiquette, organizational skills, time management and computer skills could be included. Wang, Sascomo, Fitzhieghan and Jones (1984), during their research on health promotion, found that their clerical participants preferred lunch hour with no fee for courses. Nurse managers could assess the specific educational needs of their unit clerks to tailor education appropriately. The ability to switch shifts and take time needed for this should be considered whenever operationally appropriate.

A final consideration which originated from the literature review was Cohen's (1983) suggestion that nurse managers themselves be educated on active listening, and on how to provide positive rewards and criticism. The ability to promote the well being and preparation of unit clerks will rest with the abilities of the nurse manager to assess, plan, implement and evaluate interventions so patient care is optimized.

Inadequate Compensation

As addressed previously, due to the limited amount of influence that nurse managers possess over rewards for wages and associated benefits, the only options available are to ensure equitable distribution of benefits, allowing flex time and supporting educational courses when able. Formal and informal recognition becomes one of the few tools available to compensate for these limitations.

Job Security

Linked very closely to the limited influence the nurse manager may have on compensation is the rate and type of change that the health care organizations are undergoing. Nurse managers should strive to be as honest and open as possible, informing the staff of planned change as soon as possible. Input from unit clerks may be obtained when appropriate but often the nurse manager must make carefully researched program decisions which consider every conceivable

impact on all staff that the manager is responsible for. In addition to this, frequent information sessions could be held to provide the unit clerks (and other staff) with the opportunity to address concerns and ask questions.

A final suggestion for nurse managers when considering changes and decreasing the complement of unit clerks is to keep in mind that the unit clerk provides the “glue” which has been described as holding the unit together. As length of stay shortens and the acuity of patients increase, continuity and quality become important aspects of excellence in patient care. The benefits of cost savings must be balanced against the cost of inconsistency and inefficiency in having dissatisfied or inadequately prepared unit clerks.

Conclusion

The results of this study have identified many aspects of job satisfaction and dissatisfaction of unit clerks that nurse managers can consider. The sources of satisfaction were assessed to outweigh the sources of job dissatisfaction at the point that these interviews and participant observations were conducted. All the sources and the components which underlie them need to be considered so nurse managers can ensure that unit clerks have the best working conditions possible in order to enhance the quality of patient care. Future research is warranted to continue the understanding of this group’s value to our health care system, their

impact on nursing practice and role in patient care delivery. Further investigation into job satisfaction and dissatisfaction on a larger scale would enhance the information available for nurse managers so that the contribution of this important component of the health care delivery team can be optimized.

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SUBJECT: JOB DESCRIPTION - CLERK III

<u>POSITION TITLE</u>	<u>DEPARTMENT</u>
Clerk III	Nursing Services
<u>DEFINITION OF POSITION</u>	
The Unit Clerk is responsible for the clerical functions of a Nursing Unit.	
<u>OBJECTIVES REFERENT TO THIS ROLE ARE:</u>	
<ol style="list-style-type: none"> 1. To provide assigned clerical functions essential to the provision of safe and efficient patient care. 2. To maintain appropriate and open lines of communication. 3. To respond to own needs for continuous learning and personal development. 	
<u>QUALIFICATIONS:</u>	
<ol style="list-style-type: none"> 1. Educational and experience requirements: <ul style="list-style-type: none"> · Grade XII high school standing or its equivalent. · Clerical or receptionist experience - 1 year. · Medical terminology course required within 3 months of employment. 2. Demonstrated competence of: <ul style="list-style-type: none"> · Typing speed 35 - 45 wpm. · Written, oral and telephone communication skills. 3. Evidence of continuing self-improvement. 4. Current Heart Saver Certificate. 	
<u>LINE OF RESPONSIBILITY:</u>	
Directly responsible to the Unit Manager for provision of effective clerical functioning of a Nursing Unit.	

DEPARTMENT OF NURSING

FUNCTIONS:

The Unit Clerk functions as part of the nursing team by:

1. Performing clerical duties essential to effective delivery of patient care - eg. completion of requisitions, ordering of supplies, contacting other departments, processing of Physician's orders, completion of GRASP reports.
2. Effective written, oral and telephone communication within the hospital between units and departments and with external agencies.
3. Promoting and maintaining good public relations between the hospital, patients, families and visitors.
4. Recognizing and responding to the need for continuous learning and personal development.
5. Performs other duties as directed, including duties listed in the unit specific Unit Manual.

DATE OF ISSUE: May 1984

DATE OF LAST REVISION: August 1993

September 16, 1993
Date Signed

Appendix A Quality of Worklife Model: Adapted for Unit Clerks

Internal Dimension
<p>Individual: Home/Work Interplay: job sharing, flexible schedules, day care, part time work Individual Needs: attitudes, self image, goals: job/career, life values, respect, recognition, autonomy</p> <p>Social/Environmental Contextual: Climate, status role, communication, work team goals, interdisciplinary relations, management style, advancement, physical environment, organization structure</p> <p>Administration: Institutional policy, wages/benefits, performance appraisals, management philosophy, recruitment programs</p> <p>Operations: Work delivery (design, load, flow, schedules, shift work, work arrangements), degree of role specificity, technological demand and support, equipment and materials</p>

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External Dimension
<p>Client Demand on System Demographic changes, technology, client empowerment</p> <p>Health Care Policy Funding, law and regulations, constraints, changing direction</p> <p>Labour Market Regional variation, presence of unionization, job availability, applicant availability</p>

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Outcomes
Retention, stress, group cohesion, client satisfaction, motivation, commitment, quality

**Appendix C
Explanation of Study**

Dear Unit Clerk,

You are asked to take part in a research project “Job Satisfaction and Dissatisfaction of Unit Clerks in Urban Acute Care Settings” which will be conducted by Denise Dunton, a graduate nursing student from the University of Manitoba. The project will be conducted under the supervision of Dr. I. Bramadat, Associate Dean, Faculty of Nursing (phone number 204 - 474 - 6375). You have been selected to take part in one person - to - person interview (30 - 60 minutes), a follow - up telephone interview (if necessary), and be observed while at work (1 - 2 hours). No names or identifying information will be recorded and all communication will be held confidential. Only information related to unit clerk work will be recorded. Participation in this study is completely voluntary. If you agree to participate, you may withdraw from the study at any time during the interview or participant observation.

While your participation in this project may have minimal benefits to you personally, it is anticipated that your contribution will provide a better understanding of important members of the health care team. The costs to you involve the time you spend answering interview questions and being observed while you work. As a token of appreciation, a small gift certificate will be provided upon completion of the project.

The findings will be published in a final report. Only the researcher, Denise Dunton and her Thesis Advisor, Dr. Bramadat, will have access to the entire data collection. Your name will not appear on the typed copy of the interview or in any report or articles that result from the study and any specific details which might identify you will be disguised on any reports about the study.

If you are interested in participating in this study or would like additional information, please contact Denise Dunton at (phone number) (collect) after 1630 hours or on weekends before (date).

Appendix D

Consent

You have been asked to participate in a research project “Job Satisfaction and Dissatisfaction of Unit Clerks in Urban Acute Care Settings” which will be conducted by Denise Dunton, a graduate student from the University of Manitoba. The project will be carried out under the supervision of Dr. I. Bramadat, Associate Dean, Faculty of Nursing (Phone number:). The project has been approved by the Ethics Review Committee, Faculty of Nursing, University of Manitoba.

The goal of the project is to explore and describe job satisfaction and dissatisfaction of unit clerks who work in acute care hospital settings. A total of 6 to 8 unit clerks will be interviewed. You have been selected as a possible participant in this study because you have worked as a unit clerk for at least one year at full time hours. Participation in the project is completely voluntary. You are not required to take part in this project. If you agree to participate, you may still withdraw from the study at any time during the interview or work observation sessions.

If you agree to take part, you will be asked to take part in any interview and will also be observed while working. The interview involves questions about what it is like for you to work as a unit clerk, what aspects of your work give you satisfaction, and what aspects lessen your satisfaction. The interview will be tape

recorded, last about 30 minutes to one hour and be conducted outside of your work to avoid interruptions. You may ask that the tape recorder be turned off at any time should you not wish to answer specific questions. You may be contacted a second time by telephone at home to clarify some of your answers or to confirm observations made during work observation. After the interview is over, the interview will be typed out for use in the analysis phases of the project.

During the work observation, Denise Dunton will observe you at your work for a period of 1 - 2 hours. Notes will be kept during this period. You may ask that certain events not be recorded and you can see the notes at any time. Your co-workers on the ward will know only that you are part of a university research study about unit clerks. All the information you give will be kept confidential and only information related to your work as a unit clerk will be recorded. Only the researcher, Denise Dunton and her Thesis Advisor, Dr. Bramadat, will have access to the entire data collection. Your name will not appear on the typed copy of the interview or in any report or articles and any specific details which might identify you will be disguised and grouped with other unit clerk information on any reports about the study. All collected information will be kept for seven to ten years in a locked cabinet and destroyed after this period of time.

While your participation in this project may have minimal benefit to you

personally, your feelings and experiences will provide better understanding and awareness of your role in health care. A gift certificate as a small token of appreciation for your time and contribution will be provided when the study is finished.

Please feel free to contact the researcher at (phone number) or her Advisor (Dr. Ina Bramadat, Phone number) should you have questions.

Your participation in the study is important. Thank you.

I agree to participate in this project:

Your Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

Denise Dunton, B.Sc.N.

Dr. Ina Bramadat, Thesis Chair

The University of Manitoba
FACULTY OF NURSING
ETHICAL REVIEW COMMITTEE

APPROVAL FORM

Proposal Number N#95/09

Proposal Title: "JOB SATISFACTION AND DISSATISFACTION OF UNIT CLERKS IN
URBAN ACUTE CARE SETTINGS."

Name and Title of
Researcher(s): DENISE DUNTON, BScN
M.N. GRADUATE STUDENT
UNIVERSITY OF MANITOBA FACULTY OF NURSING

Date of Review: FEBRUARY 06, 1995.

APPROVED BY THE COMMITTEE: FEBRUARY 06, 1995.

Comments: APPROVED WITH NECESSARY ADDITIONS AND REVISIONS.

Date: 21st February, 1995. E. J. Hanson,
Elizabeth J. Hanson, RN, PhD **Chairperson**
Assistant Professor
University of Manitoba Faculty of Nursing
Position

NOTE:
Any significant changes in the proposal should be reported to the Chairperson for the Ethical Review Committee's consideration, in advance of implementation of such changes.