DETERMINANTS OF JOB SATISFACTION IN CRITICAL CARE NURSING: DEVELOPMENT OF A PROCESS THEORY

by

Catherine Kidd, R. N., B. N.

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BY

CATHERINE KIDD

A thesis 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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ABSTRACT

Nurse administrators of critical care areas are faced with a continuing problem of recruitment and retention of critical care registered nurses. Numerous studies address the reasons why critical care nurses leave their speciality. The purpose of this thesis is to investigate critical care nurses who have remained in critical care for two years or longer. The questions are: what factors do critical care registered nurses find satisfying in their work; what are the relationships between those factors; and what theory can be developed to explain those factors and their interrelationships.

A modified grounded theory methodology was used. A series of three interviews was undertaken with each of 10 subjects. Data was analyzed using the constant comparative analysis technique described by Glaser and Strauss (1974).

A process theory of job satisfaction was developed from the data. Factors that critical care registered nurses found satisfying in their work were reflected in patterns and themes. The core theme was determined to be Professional Aspects, which included the patterns of Quality Care, Challenge, and Career Alternatives. Interrelating with this theme and with one another were three other themes: Work

Setting, with the patterns of Environment, Organization Directed, and Union Directed; Interpersonal Relationships with the patterns of Colleagiality, Relationships with Physicians, and Relationships with Supervisors; and Personal Indices, with the patterns of Control, Coping Strategies, Values, and Perception of Stress.

Through analysis of the concept of job satisfaction and the themes which emerged from the data, a process theory of job satisfaction was determined. Job satisfaction is the result of the cognitive appraisal of personal elements that occurs within specific circumstances. The personal elements that are appraised include Professional Aspects, Interpersonal Relationships, Work Setting, and Personal Indices. Professional Aspects are the major contributor to the perception of job satisfaction.

Job satisfaction must be viewed as a process. Strategies to increase job satisfaction must be ultimately related to attainment of Professional Aspects of nursing. Much can be learned from the critical care nurse subjects regarding their survival strategies and perceptions of job satifaction.

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"For now we see through a glass darkly; but then face to face: Now I know in part; but then I shall know even as I am known. (I Corinthians, 13:12).

TABLE OF CONTENTS

ABSTRACT iv

ACKNOWLEDGEMENTS vi

page

CHAPTER 1: STATEMENT OF THE PROBLEM 1

The Necessity For Research In Nursing Administration 1
The Chronic Shortage of Registered Nurses 3
The Shortage of Registered Nurses in the United States 3
The Shortage of Registered Nurses in Canada . . 5
The Shortage of Critical Care Registered Nurses 6
The Research Questions 9
Analysis of Concepts and Definition of Terms . . . 11
Assumptions, Delimitations, and Limitations of the Study 14
Assumptions 14
Delimitations 15
Limitations 15
Methodology 16
Organization of the Thesis 17

CHAPTER 2: REVIEW OF THE LITERATURE 18

Concept Analysis 18
Select a Concept 19
Aims and Purposes of Analysis 19
Uses of the Concept 20
Uses of the Concept In Dictionaries 20
Uses of the Concept in Thesauruses 23
Uses of the Concept in the Literature . . . 23
The Concept of Patient Satisfaction 25
Uses of the Concept of Job Satisfaction . . 26
Determination of the Defining Attributes . . . 29
Development of a Model Case 30
Identification of Antecedents and Consequences 31
Definition of Empirical Referents 33
Research Related to Job Satisfaction 34
Research Related To Nursing Job Satisfaction . . . 40

Research Related To Critical Care Job Satisfaction 44
Summary 45
The Design of the Study 46

CHAPTER 3: RESEARCH METHODOLOGY 48

Rationale for the Methodology 48
Grounded Theory Methodology 50
The Study Population 53
Sample Size and Sampling Procedure 53
Description of the Subjects 55
Ethical Considerations 56
Implementation of the Methodology and Data Analysis 57
Determination of Rigor in the Study 62
Truth Value 63
Applicability 64
Consistency 65
Neutrality 65
Strengths and Weaknesses of the Methodology . . 66

CHAPTER 4: DESCRIPTION OF THE DATA 68

Findings of the Study 68
Description of the Themes 69
Theme 1: Professional Aspects 75
Pattern 1: Quality of Care 76
Related Category 1: Doing Everything Possible 79
Related Category 2: Family Interactions . . 81
Related Category 3: Patient Relationships 83
Related Category 4: Outcomes and Patient Response to Care 85
Pattern 2: Challenge 90
Related Category 1: Knowledge 91
Related Category 2: Problem Solving 92
Related Category 3: Decision Making 93
Related Category 4: Responsibility 94
Theme 2: Interpersonal Relationships 97
Pattern 1: Collegiality 99
Related Category 1: Affirmation, Encouragement, Support 100
Related Category 2: Rapport 102
Pattern 2: Relationships with Physicians . . 103
Related Category 1: Respect, Recognition, Support 104
Related Category 2: Authority and Dependence 106
Pattern 3: Relationships with Supervisors . 108
Related Category 1: Recognition, Support, Communication 109
Theme 3: Work Setting 111
Pattern 1: Environment 111

Related Category 1: Physical Environment 111
Related Category 2: Type of Patient . . . 112
Related Category 3: Activity 115
Related Category 4: Politics 116
Related Category 5: Teaching 117
Pattern 2: Organization Directed 119
Related Category 1: Hours of Work 119
Related Category 2: Variation in Assignments 123
Related Category 3: Communication 124
Pattern 3: Union Directed 125
Related Category 1: Pay 126
Theme 4: Personal Indices 127
Pattern 1: Control 127
Related Category 1: Knowing Why 128
Related Category 2: Territoriality . . . 129
Related Category 3: Knowing Own Physical and Emotional Limitations . 130
Related Category 4: Knowing Own Limits of Role and Responsibility 130
Pattern 2: Coping Strategies 131
Related Category 1: Separation of Home and Work 132
Related Category 2: Talking It Out . . . 132
Related Category 3: Reaction To Crisis . 133
Related Category 4: Rationalization . . . 133
Related Category 5: Personal Interests . 134
Pattern 3: Values 135
Related Category 1: Caring 135
Related Category 2: Importance of Work . 138
Related Category 3: Work Expectations . . 139
Pattern 4: Perception of Stress 145
Related Category 1: Hours of Work 145
Related Category 2: Control 145
Related Category 3: Rewards 146
The Interrelatedness of the Themes, Patterns, and Categories 147
Personal Indices 148
Professional Aspects 149
Quality of Care 149
Challenge 152
Work Setting 155
Interpersonal Relationships 158
Summary 159

CHAPTER 5: DESCRIPTION OF THE THEORY 165

The Development of the Process Theory 165
Theme: Professional Aspects 166
Theme: Interpersonal Relationships 167
Theme: Work Setting 168
Theme: Personal Indices 169

Further Support of the Findings from the Literature 170
The Statement of the Theory 174
The Relationship of the Concept Analysis to the Research Findings 174
Circumstances 175
Personal Elements 176
What is Considered Important 177
Need Fulfillment 177
What is Valued and Desired 177
Self-Concept 178
Goals and Aspirations 178
Expectations 179
Cognitive Appraisal 179
The Conceptual Framework of Job Satisfaction 180
Explanatory Power of the Theory 183
Plans for Refinement and Testing of the Theory . 186
Limitations of the Theory 190
Implications and Recommendations 191
Conclusion 192

REFERENCES 193

Appendix page

A. 202

B. 206

C. 209

D. 212

E. 217

F. 222

CHAPTER 1: STATEMENT OF THE PROBLEM

The Necessity For Research In Nursing Administration

Research in the area of nursing administration has been identified to be of great importance to the profession of nursing. "A major function of nurse executives is ensuring the development and implementation of research. Sound studies are needed that change nursing practice and the environment and outcome of practice" (Henry, O'Donnell, Pendergast, Moody, & Hutchinson, 1988, p. 28). A Canadian Nurses Association position paper released in 1988 supports the necessity of research in this field. Standard V of this position paper states "Nursing administration promotes the advancement of nursing knowledge and promotes the utilization of nursing knowledge" (p. 10). The National Nursing Administration Research Priorities study conducted in the United States determined 90 priority research topics and 12 definitions that were deemed to be useful for nursing administration research (Henry et al, 1988). These definitions were rank ordered by a Delphi survey. The National Administration Research definition ranked highest was:

> Nursing administration research is concerned with establishing costs of nursing care, with examining the relationships between nursing services and quality patient care, and with viewing problems of nursing service delivery within the broader context of policy analysis and delivery of health services (Henry et al 1987, p.309).

Research questions that deal with problems related to nursing care delivery, especially those that deal with determining methods of maintaining adequate numbers of prepared registered nurses to deliver quality patient care, can be seen to fall under this priority research definition.

There are many issues challenging nurse administrators today, one of which is the changing socio-demographic characteristics of the nursing work force. These changes impact directly on staffing patterns and requirements of staff and must be considered by the nurse administrator when planning for maintenance of adequate numbers of qualified registered nurses in the clinical areas. As a result of the new era for working women, some nurses today are remaining within the work force for many years. This trend contrasts greatly to former years, when many nurses would retire from the profession after only a few years of practice (Ezrati, 1987). Today, nursing is a career choice of individuals who anticipate remaining in the work force until the average age of retirement. The necessity of keeping nurses satisfied and challenged in their jobs for years at a time has not been studied to any great extent by nursing administrators (Banning, 1987). Determining what nurses perceive as satisfying in their jobs may provide administrators with the requisite knowledge to create a working environment within their institutions that will attract and retain registered nurses.

The Chronic Shortage of Registered Nurses

Compounding the difficulties facing nursing administrators today is the chronic shortage of adequately prepared critical care registered nurses. This shortage is evident in both Canada and the United States (U. S.). Potentiating this shortage is the fact that there is a decrease in the numbers of registered nurses participating in the work force.

The Shortage of Registered Nurses in the United States

The shortage of registered nurses in the work force has been studied at length. In 1987, the American Hospital Association reported that 85% of hospitals surveyed had shortages. These shortages averaged 14% in each hospital. The shortages were greatest in large hospitals and those in the urban areas, particularly in medical-surgical critical care units (Harrington, 1988). This nursing shortage is expected to worsen. Fackelman (1987) projects there will be a shortage in the U. S. of 390,000 baccalaureate prepared nurses and 344,000 nurses with Masters and Doctoral degrees by 1990. This represents a 40% shortfall in needed baccalaureate prepared nurses (Kennedy, 1987). Similar predictions for the shortfall in numbers of diploma prepared or associate degree nurses have not been found. However, diploma and associate degree nurses comprise 66% of the anticipated graduates in 1990 (Institute of Medicine, 1983),

therefore, it can be predicted that the shortfall will be even greater than for the baccalaureate group. These alarming predictions indicate the need to institute immediate measures to increase the supply of registered nurses.

Adding to the nursing shortage is an alarmingly high attrition rate of registered nurses, reported to be as high as 17% in 1987 in Northern California (Marquis, 1988). This represents a 4% increase from the previous year. This same study estimated that it cost $8,000 (U.S.) to replace one registered nurse. This attrition rate is considerably less than the 61% attrition rate reported in 1977 in Northern California (White, 1981), but with the nursing shortage worsening, it is highly probable that the "revolving door syndrome" (Prescott & Bowen, 1987 p.62) will occur again. The attrition rate of registered nurses in hospitals is higher than other employment groups either within the hospital setting or in business or industry in general (Jenny, 1982).

Compounding the nursing shortage is a decrease in the numbers of nurses being attracted to the profession. In the U. S. the rate of applications to baccalaureate schools of nursing dropped by 24% for the 1987-1988 academic year, with a subsequent 10% decrease in the number enrolled (American Journal of Nursing, 1988). This decrease in enrollment is most likely related to the women's movement which has caused a shift in career choices and decisions for today's women.

Nursing, as a profession, has a poor public image with hard work, low status, poor salary, and long hours as the dominant theme (Kalisch & Kalisch, 1987). An article in Working Woman (July, 1986) listed nursing as one of the ten worst careers for women.

The Shortage of Registered Nurses in Canada

Canada is also experiencing a nursing shortage. In a report prepared by the Ontario Ministry of Health released in 1987, Metropolitan Toronto was the most seriously hit of any area in Ontario, with a shortage of nearly 1,000 nurses (The Nursing Report, 1988). In British Columbia in the summer of 1986, there were 547 hospital vacancies (Schultz, 1987). These reports focused on the number of nurses leaving nursing after several years of practice, and identified poor working conditions as the reason for their career change.

The greatest nursing shortage is determined to be in critical care areas (The Canadian Nurse, 1987). This was recently verified in a report by the Registered Nurses Association of British Columbia that stated there was an average nursing vacancy of 445 nurses, and of these, 122 were in critical care (Mason, 1988). It is interesting to note that a study released by the Alberta Hospital Association in 1980 concluded that the nursing shortage was, at that time, not so much a lack of trained registered nurses as much as a lack of nurses who were willing to work in the present set

of circumstances. This report was published when there was no decrease in the supply of registered nurses. A study released by the Ontario Nurses Association in June, 1988, also determined that the shortage of nurses in Ontario today is primarily the result of nurses being unwilling to participate in the work force as a result of the working conditions in which they were forced to practice (Staff, 1988).

It is evident that nurse administrators in Canada must address the problem of attrition of registered nurses if they are going to have adequate staffing in their institutions. In today's era of short supply, perhaps altering the circumstances in which registered nurses work may cause more to remain in the profession, more to be enticed back to work, and more to be attracted to the profession.

The Shortage of Critical Care Registered Nurses

There is a chronic shortage of adequately prepared critical care nurses throughout the United States and Canada. The attrition rate in U. S. critical care units has been documented to be as high as 35% per annum (Hayne & Bailey, 1982). In Manitoba, the Health Services Commission provided 1988 statistics that indicated there was an 11% vacancy rate in the Equivalent to Full Time positions for critical care registered nurses in the city of Winnipeg. There were no statistics available on the attrition rate in the Winnipeg critical care areas.

There are high economic costs associated with high attrition rates. The complexities of critical care nursing require an extended period of education and orientation for the critical care nurse. Most critical care units have an orientation program of at least three months, and many have educational programs that are even longer. Most practitioners are not able to perform their duties to the fullest extent for at least another six months after orientation.

Other costs are the personal costs that individual patients have had to pay as a result of unavailability of critical care beds due to bed closures related to short staffing. Delivery of quality nursing care is also compromised by the instability of nursing staff (Wolf, 1981). Staff who remain face frequent over-time requirements, frequent orientation of new employees, and low moral caused by the frequent loss of educated colleagues. Patient care suffers by a lack of experienced critical care nurses to provide competent nursing care and to act as role models for new staff.

The shortage of critical care nurses has also been exacerbated by the rapid increase in the number of critical care beds opened over the past seventeen years. A United States report published in 1981 and prepared by the Institute of Medicine states that in the United States in 1971 there were 3200 critical care beds and by 1980, the number had grown to 62,000. A search of the information published

in the Canadian Hospital Directories in the years 1971, 1980, and 1987, established a smaller but still significant growth in the number of critical care beds in Canada. In 1971, the number of critical care beds in Canada was determined to be 2,064, in 1981 this had increased to 2,586, but by 1987, an increase of 169% is recorded, with the actual number of critical care beds increased to a total of 4,377. As the majority of critical care units are staffed with a 1:1 nurse to patient ratio, the demands for the number of registered nurses to staff these units has far exceeded the supply of specially educated critical care registered nurses.

Increased technology has also increased the number of registered nurses required to staff a critical care unit. With each new piece of equipment, increased demands are placed on the registered nurse in terms of time to utilize the technology in the care of the patient. The burden to maintain a sense of caring, which is the essence of nursing, within such a highly technological environment also increases the demands for direct nursing interventions in the care of patients and their families.

Registered nurses employed in critical care units in Canada work within a highly technological and stressful environment. Many U. S. studies have been undertaken to determine the reasons for the high attrition rate in critical care units. The majority of these studies have been direct-

ed towards identifying stressors and other factors determined to be negative influences on the critical care nurse that lead to attrition (Hinshaw & Atwood, 1983). However, in the author's experience, some nurses remain in this environment for many years, apparently finding satisfaction in their jobs. In a U. S. readership survey conducted by the journal Critical Care Nurse in 1988, seventy-five percent of the respondents had worked as registered nurses in critical care units an average of eight years (Alspach, 1988). Dear, Wiseman, Alexander, & Chase, (1982), suggest that nurse administrators would do well to consider initiating changes that build upon nurses job satisfaction in order to retain them in the work setting.

The chronic shortage of critical care registered nurses is a multifaceted problem. Nurse administrators must develop and implement strategies to decrease this shortage if the nursing mandate to provide care for critically ill patients is to be fulfilled.

The Research Questions

The author is interested in studying those nurses who appear satisfied with their positions in critical care nursing by virtue of their remaining employed in a critical care setting for an extended period of time. "The oft repeated charge today is to focus on those who are succeeding" (Kramer & Schmalenberg, 1988, p. 13). There may be factors

involved on an individual basis that may be important in the determination of job satisfaction. The questions to be investigated in this study are:

1. What factors do critical care registered nurses find satisfying in their work?
2. What are the relationships between those identified factors?
3. What theory of job satisfaction in critical care nursing can be developed to explain those factors and their relationships?

The potential benefits of identifying those factors that critical care nurses find satisfying in their work are many. These include:

1. Nurse administrators who develop ways and means of potentiating those factors in their critical care units may bring about increased job satisfaction for registered nurses employed in critical care. Increased job satisfaction may decrease attrition from the critical care units, resulting in a reduction of the shortage of critical care nurses.
2. If personal characteristics are identified as a factor in job satisfaction, knowledge of these characteristics may assist the administrator in the hiring of new staff.

3. In the process of socialization of new staff, knowledge of those factors will help to create greater congruence between the anticipated and actual experience of critical care nursing.
4. Nurse administrators, armed with the knowledge of what factors are important in the perception of job satisfaction, may be able to facilitate the changes required within the traditional nursing hierarchy and within the role of the critical care nurse. These changes will hopefully encourage registered nurses to remain actively employed in their specialty area.
5. The development of a theory of job satisfaction in critical care nursing will contribute to the body of knowledge in Nursing Administration and provide a basis for further research.

The ability of the nurse administrator to offer registered nurses the opportunity to obtain feelings of job satisfaction within the role of the critical care nurse should greatly enhance the ability of that nurse administrator to provide adequate staffing for critical care units.

Analysis of Concepts and Definition of Terms

Concept analysis and the definition of terms is "a stage in the development, analysis, or interpretation of a research project" (Meleis, 1985, p. 128). Through analysis of a concept, defining attributes of the concept are identi-

fied. These attributes, once clarified, assist in the recognition of an instance of the concept and in the communication of the concept. This leads to better understanding of the phenomenon under discussion (Walker & Avant, 1983).

A search of the literature has revealed no evidence of previous concept analysis of satisfaction. Satisfaction is invariably linked to some other term such as job, patient, self, work, and employee. Locke (1976) did a brief exploration of the roots of the concept "job satisfaction" in his discussions of the nature and causes of job satisfaction. Locke asserts that other researchers use operational definitions of job satisfaction that do not reflect a solid grounding in concept analysis. A concept is defined as "a mental image; especially a generalized idea formed by combining the elements of a class into the notion of one object (Funk & Wagnall, 1986, p. 279). Thus, concepts are ideas that derive from perceptual experiences, although the mental image or idea of the concept is greater than any individual defining attribute that represents it. The attributes ascribed to satisfaction in previous research have usually been made by deductive reasoning on the part of the researcher, with the exception of Herzberg (1959), who, in his studies of job satisfaction, interviewed engineers and accountants to determine those areas of work that were deemed to be satisfiers and dissatisfiers.

There appears to be an assumption by many researchers that the concept of satisfaction is self evident. The author questions this assumption, and believes that there may be more to satisfaction, especially as it relates to critical care nurses, than has yet been identified.

Through review of the documented uses of the concept of satisfaction, (refer to Chapter 2), a list of "provisional criteria" (Walker & Avant, 1983, p. 30) have been developed. These criteria will become the critical attributes which will help to determine when a case of the concept of job satisfaction is present. The following critical attributes of job satisfaction are identified:

1. The perception of job satisfaction is an individual experience.
2. The time frame being considered is the past or the present.
3. Performance of service, task, or work, is considered in the perception of job satisfaction.
4. There must be a cognitive component requiring that a judgment be made regarding whether or not job satisfaction has been achieved. This is an individual judgment and includes what is valued, desired or needed; what is considered important; goals; and whether there is sufficient quantity; if expectations have been met; and a weighing out of the various factors being considered.

5. There are perceived sensations that are recognized by the individual as being positive.

The research questions are directed toward job satisfaction of critical care nurses, therefore the concept has been developed using "job" as a frame of reference for determining the preceding attributes. For the purposes of the thesis, job is defined as "a situation or position of employment" (Funk & Wagnall, 1982, p. 728).

Critical care nursing is defined as the nursing of people undergoing life-threatening physiological crises by qualified registered nurses within the technological environment of a critical care unit. A critical care unit is a patient care area within a hospital in which critical care nursing takes place. These critical care units are called a variety of names including intensive care units, coronary care units, medical intensive care units, and surgical intensive care units, to name but a few.

Assumptions, Delimitations, and Limitations of the Study

Assumptions

The major assumption underlying this study is that registered nurses who remain in critical care nursing for a period of two years or more will be able to identify some incidents in which they have experienced satisfaction in their jobs.

Delimitations

This study is de-limited to registered nurses who have completed a post-basic program in critical care nursing; who are currently employed in a critical care unit in a university affiliated teaching hospital within the city of Winnipeg, Manitoba; and who have been continuously employed in a critical care unit in a general duty registered nurse position, on either a full or part time basis for a period of two years or more. Those nurses employed part-time will be in at least a 0.5 equivalent to full time position. In addition, this study is delimited by the constraints of time and money imposed upon the researcher by virtue of the study being conducted as a thesis for the Masters in Nursing program.

Limitations

The following describe the major limitations of the study.

1. The findings are generalizable only to the population from which the sample for the study was drawn.
2. The sample size of 10 also limits the generalizability of the findings.
3. There is the possibility that the researcher may bias the findings by virtue of having preconceived ideas regarding the research question.

4. Personal interpretations of interviews may influence the data analysis, and make the potential for study replication impossible.

Methodology

This study used a modified grounded theory approach. Grounded theory is "the discovery of theory from data" (Glaser & Strauss, 1976, p. 1). Through a qualitative method, such as grounded theory, a researcher is "directed to document themes, patterns, and attributes of people within particular natural or recurrent life contexts or environments" (Leininger, 1985, p.5). The goal of qualitative research is to document and interpret as completely as possible the totality of whatever is being studied from the subject's point of view and frame of reference. In terms of the research questions, the goal is to document and interpret the totality of experience of job satisfaction from the point of view of the critical care nurse.

The research plan was to conduct three focused, semi-structured interviews with each of the study subjects to determine their perceptions of job satisfaction of critical care nursing. Each interview was tape recorded. Data was analyzed using the constant comparative analysis technique as described by Glaser & Strauss (1974). As cateogries, patterns, and themes emerged from the data, these were confirmed with the subjects as to their relevance to the study

question. Field notes were kept by the researcher during the interviews which permitted the researcher to note reactions of both the subject and the researcher to the data as the data were revealed. These notes were also analyzed. Study subjects were asked to maintain a two week diary concerning their perceptions of job satisfaction at the end of each work day. Triangulation of data occurred as a result of this plan. Triangulation is the validation of data by comparison of findings from a variety of sources (Lincoln & Guba, 1985). Rigor in the study was enhanced by the use of a masters prepared critical care nurse specialist along with the thesis committee. These advisors examined the data, findings, interpretations, and recommendations of the researcher.

Organization of the Thesis

This thesis is organized into five chapters. The first three chapters present the research question, literature review, and methodology of the study. The fourth chapter will present the data, describe how coding of the data proceeded, and identify the themes with their patterns and related categories. The fifth chapter will present the theory discovered in the data, along with plans for implementation and refinement of the theory and implications and recommendations for nursing.

CHAPTER 2: REVIEW OF THE LITERATURE

A review of the literature was undertaken to develop an understanding of the concept of job satisfaction and to investigate previous research in the area of job satisfaction. A wide range of literature was reviewed, including sources from nursing, management, psychology, and philosophy. This review has led the author to present the related literature in the following manner. First of all, an analysis of the concept of job satisfaction will be presented. This will be followed by a presentation of the relevant literature categorized into research regarding job satisfaction in general, followed by research in nursing job satisfaction, then by research into critical care nursing job satisfaction.

Concept Analysis

The purpose of this section is to present an analysis of the concept of job satisfaction. As previously described, concept analysis is important for theory development. The analysis will follow the eight procedures of concept analysis as outlined by Walker & Avant (1983). These steps are:

1. Select a concept.

2. Determine the aims or purposes of analysis.
3. Identify all uses of the concept that you can discover.
4. Determine the defining attributes.
5. Construct a model case.
6. Construct borderline, related, contrary, invented and illegitimate cases.
7. Identify antecedents and consequences.
8. Define empirical referents. (p. 28).

Select a Concept

As previously described, the concept to be analyzed is satisfaction. A search of the literature has revealed no evidence of previous concept analysis of satisfaction. Satisfaction is invariably linked to some other term such as job, patient, self, work, and employee.

Aims and Purposes of Analysis

The aim of this analysis is to develop a clear and basic understanding of the underlying attributes of satisfaction. Through such understanding, an operational definition of the concept, which will form the basis of the thesis research, can be developed. This operational definition was previously stated in Chapter 1.

Uses of the Concept

Colleagues and professors were asked regarding their understanding of what satisfaction means to them. Dictionaries, thesauruses, encyclopedias, and the literature were searched for various uses of the concept of satisfaction. As previously indicated, much of the literature was focused on a specific area of satisfaction, such as job, self, or patient. Colleagues and professors usually defined satisfaction in terms of those events seen to be of most importance to them at a particular period of time. For example, satisfaction for a colleague was defined as a feeling she gets when she receives a good grade on a paper into which she had put a great deal of effort. A professor related satisfaction to how she feels on a Friday evening, sitting in front of a fire, after a busy and productive week.

Uses of the Concept In Dictionaries.

Webster's (1981) dictionary defines the noun satisfaction as:

> 1) a. reparation for sin made by performing penance by a confessor. (the good works required of penitent sinners in ¬ for their offenses - K. S. Latourette).
> b. Fulfillment of the demands of divine justice on behalf of mankind. (the voluntary death of Christ...accomplished this ¬): Atonement. 2). a. complete fulfillment of a need or want: attainment of a desired end. (if for this night he entreat you to his bed, give him promise of ¬ - Shakespeare).
> b. the quality or state of being satisfied: Contentment. (¬ in able work accomplished and recognized - Johnson O'Connor): Pleasure.

> c. a cause or means of enjoyment (children...found it a novelty and a ¬ to work with the soil - Martha Sharp) 3). a. Compensation for a loss or injury: Atonement (promised to have the fellows punished, and ¬ to be made - Daniel Dafoe) : Restitution. Payment for a service given. (operation of writing for which it directed the scribe to receive a ¬ - William Blackstone). Opportunity to vindicate one's honour (as by fighting a duel).
>
> b. The discharge of a legal obligation or settlement of claim. execution of an accord (¬ of a mortgage). a legal document to show that such an obligation has been met. fulfillment of an essential condition (¬ of the foreign language distribution requirement) 4). a. dissipation of doubt or ignorance: Conviction. (the charge must be proved to the ¬ of the court): Enlightenment.
>
> b. satisfactory proof. (I doubt not but to give you ¬ that I am not guilty of this wrong - Itinerary). (p. 2017).

The disparate uses of the noun satisfaction were confirmed in Funk and Wagnall's Standard Comprehensive International Dictionary (1973). This reference provided synonyms; "comfort, complaisance, content, contentment, enjoyment, gratification", and antonyms; "annoyance, discontent, dislike, displeasure, dissatisfaction, disturbance, pain, sorrow, trouble, vexation" (p. 1119). The definition of the verb to satisfy revealed additional shades of meaning, including "to make happy, to conform to, to provide a solution for, and to respond to by chemical union" (Webster's, 1981, p. 2017). Funk and Wagnall (1973) included "to free from doubt or anxiety; assure, convince; to satisfy as to furnish enough to meet physical, mental or spiritual desire" (p.1119). Investigation into other associated forms of satisfaction, such as satisfied and satisfactory revealed no new insights into the meaning.

The concept of satisfaction appears to have explicit uses in philosophy, religion, the law, psychology, and business. A search of the dictionaries relevant to these disciplines was undertaken. The McGraw-Hill Dictionary of Modern Economics (1983), did not cite satisfaction. The closest similar word is satisfice. This is defined as "the process of resolving a problem as satisfactorily as possible given the various constraints on choices" (p. 310).

The dictionary of Philosophy and Psychology (1902) defines satisfaction as:

> Happiness arising from a conscious condition of well-being usually connected with the gratification of some particular sentiment. So far as satisfaction is contrasted with happiness, it is by limitation to the more settled or dispositional sources of pleasure. We get happiness from the gratification of lesser desires, but satisfaction from the consciousness of well-directed sentiments, such as friendship, intellectual endeavour, the successful issue of a thought out plan. We speak of ethical and esthetic satisfactions where the term happiness would not be appropriate... We take satisfaction from situations that at first gave us happiness...Gratification is closely akin to satisfaction with more emphasis on the thought of self (p. 487).

The religious and legal dictionaries consulted did not add to the previous definitions cited. Bouvier's (1948) gave the Latin origin of satisfaction as "satis: enough facio: to do, to make" (p. 1087). Satisfaction is not cited in medical, nursing, management or scientific dictionaries. Satiety is cited in Dorland's Illustrated Medical Dictionary (1965), and defines it as "sufficiency or satisfaction,

as full gratification of appetite or thirst with abolition of the desire to ingest food or liquids" (p. 852).

Uses of the Concept in Thesauruses.

Roget's International Thesaurus (1977) listed the following under satisfaction: "atonement, compensation, contentment, duel, observance, payment, pleasure, recompense, reparation, restitution, satiety, sufficiency" (p. 1189). The Thesaurus of Sociological Indexing Terms (1986), describes satisfaction as "A context-dependent term for an individual's positive assessment of self or circumstances" (p. 201). There was no listing of satisfaction in the psychological thesaurus consulted.

Implicitly there appears to be three major affects underlying the concept of satisfaction. One is related to actions, or performance of some activity such as to make payment; or as a result of some action, such as to save honour or dispel doubt. A second major affect is related to sensations or emotions associated with certain conditions or situations that lead to enjoyment, contentment, or happiness. The third implicit affect is that satisfaction is deemed to be an individual, rather than a group experience.

Uses of the Concept in the Literature.

The focus is now turned to uses of the concept in the literature. The literature search focused on the references found in the disciplines of nursing, sociology, psychology, and management. Gutek, Allen, Tyler, Lau, & Majchrzak (1983) define satisfaction on an individual level, and describe the classical definition as "the product of some summative process of features outside of the individual" (p.112). These authors believed that this definition is not adequate, and that individual satisfaction is also determined by uniquely personal indices that are described as internal referents. This means that an individual makes a subjective assessment of particular factors affecting them, and by this process, feelings of satisfaction or dissatisfaction are expressed. Examples of these factors include: comparisons between what people have and what they want, comparing one's own experience to that of others, personal outcomes compared to other's, and the degree to which one perceives control over outcomes. Schwarz and Clore (1983) indicate that determining whether one is satisfied at a particular moment in time is greatly influenced by one's mood. These authors determine satisfaction to be a judgment made at a particular time, and that the decision is greatly influenced by whether the individual is happy or sad at the time of judgment.

Kuhlen (1963) relates satisfaction with the fulfillment of needs. He states that "satisfaction or dissatisfaction

with an area of life is a function of the degree to which one finds satisfaction for major needs in that area of living" (p. 56). The theme of need fulfillment is prevalent in the literature. Maslow's hierarchy of needs is frequently cited. When Maslow's highest level of need, self-actualization, is gratified, feelings of satisfaction as a human being are identified (Schulz and Rogers, 1985, p. 26).

The literature that is devoted to the concept of satisfaction is limited. As previously indicated, the vast majority of the literature deals with satisfaction as it relates to jobs, patients, and self. No further nuances of meaning were derived from the literature related to self-satisfaction, so attention is now turned to the literature concerned with patient satisfaction.

The Concept of Patient Satisfaction.

Ware, Snyder, Wright, and Davies (1983) believe that patient satisfaction is personal evaluation of care and relates as much to personal preferences as to expectations. This indicates that the perception of satisfaction by the individual is a result of both cognitive and affective activities, and is as much a measure of the patient who provides the rating as it is a measure of the care itself. Linder-Pelz (1982) conceptualizes patient satisfaction as an expectancy-value attitude. Satisfaction is determined to be an affective response to the care received. Pascoe (1983)

disagrees with this approach, and believes that satisfaction is a multidimensional concept in which an individual combines judgments of attributes into an overall evaluation of satisfaction/dissatisfaction. With this approach, there is an overall enumeration of the factors being considered, with the decision of satisfaction being reached either through simple summation or the weighing of factors as to their importance. Pascoe believes that further consideration of the psychological nature of patient satisfaction is warranted. Ware, Snyder, Wright, and Davies (1983) echo the conceptualization of patient satisfaction as being multidimensional "with dimensions that correspond to the patients and providers of care...to the quality of care...and influenced by expectations and preferences" (p.262).

Uses of the Concept of Job Satisfaction.

Job satisfaction is defined by Gibson, Ivancevich, and Donnelly (1985) as "An attitude that workers have about their jobs. It results from their perception of the jobs" (p. G 10). Variations on this basic definition are found throughout the management literature. Locke (1976) defines it as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (p.1300). Locke obviously sees satisfaction as an emotional response with the emphasis on the individual, and with a present or past time frame, rather than a future orientation. The response is also the result of cognitive process-

es, and Locke goes on to say that satisfaction is also a result of how involved an individual is in the job, and how much value is placed on the job.

Beaufort and Longest (1974) utilize the definition of job satisfaction developed by Smith, Kendall, and Hulin (1969) in their study of job satisfaction of registered nurses. The authors stated:

> We deliberately confined our definition of job satisfaction to persistent feelings toward discriminable aspects of the job situation. These feelings are thought to be associated with perceived differences between what is expected and what is experienced in relation to the alternatives available in a given situation (p. 46).

This definition echoes many similar attributes as previously described in the literature on patient satisfaction, specifically the affective aspects, as well as the degree of difference between the anticipated versus the actual experience.

A similar argument as previously described in the patient satisfaction literature is also found in the job satisfaction literature. The argument concerns the conceptualization of job satisfaction as merely an affective experience. Evans (1969) cites the importance of not only measuring attitudes as an indicator of satisfaction, but also includes attainment of needs or goals, levels of aspiration, and the strength of the need or goal to the individual as important determinants of over all job satisfaction.

Munson and Heda (1974) suggest that three elements make up the concept of satisfaction. They are "The amount of satisfier a person perceives is available; the yardstick by which he judges the adequacy of this amount; and the relative importance he attaches to this component of satisfaction" (p. 160). Hackman, Lawler and Porter (1983), and Duxbury, Armstrong, Drew, and Henly (1984), all provide similar conceptualizations of job satisfaction. These elements echo those previously cited in the patient satisfaction literature.

Another conceptualization of job satisfaction that emerges from the literature is the division of job satisfaction into intrinsic and extrinsic factors. This conceptualization, initially described by Herzberg (1959) and discussed in Locke (1974), places the emphasis on the thought that dissatisfaction is not the opposite of satisfaction, but results implicitly from failure to meet basic needs. Satisfaction is more than the absence of dissatisfaction, and is caused primarily by fulfillment of intrinsic needs related to the psychological rewards found in the work environment. Everly and Falcione (1976), Slavitt, Stamps, Piedmont, and Haase (1978), and Grandjean, Bonjean, and Aiken (1982), all provide variations on this way of conceptualizing job satisfaction.

Through identification of the various uses of the concept satisfaction, patterns in the various uses have emerged.

These patterns can be determined to be the critical attributes of the concept.

Determination of the Defining Attributes

Through reviewing the previously documented uses of the concept of satisfaction, the author developed a list of "provisional criteria" (Walker and Avant, 1983, p.30). These criteria, previously presented in Chapter 1 and repeated below, will become the critical attributes which will help to determine when a case of the concept of satisfaction is present. Attributes of satisfaction that are found in the literature, but not considered to be related to the stated purpose are the legal and theological uses in terms of restitution for wrongs, and the scientific use in terms of response to a chemical union.

The following critical attributes of job satisfaction are used as a definition of job satisfaction for the purposes of this study:

1. The perception of job satisfaction is an individual experience.
2. The time frame being considered is the past or the present.
3. Performance of service, task, or work, is considered in the perception of job satisfaction.
4. There must be a cognitive component requiring that a judgment be made regarding whether or not satisfac-

tion has been achieved. This is an individual judgment and includes what is valued, desired, or needed; what is considered important; goals and aspirations; determination of whether there is sufficient quantity; if expectations have been met; and a weighing out of the various factors being considered.

5. There are perceived sensations that are recognized by the individual as being positive.

These critical attributes were substantively confirmed and further refined as the study of the determination of job satisfaction in critical care nursing progressed.

Development of a Model Case

The following model case is presented in order to illustrate the five critical attributes of satisfaction.

The nurse sat in her favourite chair considering the events of the day. She was aware of a good feeling, a sense that all was right with the world. At that moment she felt relaxed, free of worry, and content. In considering her job, she weighed carefully the events that had brought her to this state of being. Her goal had always been to be a nurse, as she valued helping people and considered it a primary motivating factor in her life. Through her work at the hospital, she could see that she was helping people, and

they appreciated it. Her colleagues thought that she was very good at her work, and she believed it too. Nursing provided her with all of the necessities of life. Although she felt she should be paid more for her work, all of the other positive aspects made up for it.

This model case demonstrates the time frame as being the present with reflection on the past. There is a sensation identified by the individual and it is the only feeling that the individual is presently aware of. The individual is cognizant of the fact that she is comparing her present state with her previous expectations. She is relating her feeling to the fulfillment of physical and psychological needs and is consciously weighing those factors deemed to decrease the feeling and comparing them to those factors that increase the feeling.

Walker and Avant (1983) describe the construction of additional cases in the effort to further promote an understanding of the concept. Borderline, related, invented, and contrary cases that illustrate what the concept is not, have been developed. These may be found in Appendix A.

Identification of Antecedents and Consequences

Antecedents are defined by Walker and Avant (1983) as "those events or incidents which must occur prior to the occurrence of the concept (p. 33). In the concept of satis-

faction, those events that are determined to be antecedents are:

1. The absence of other moods or feelings being present that will change the context and thus the perception of the individual.
2. The individual must be capable of making the requisite cognitive judgments.
3. Values held by the individual, such as desires, goals, and aspirations will determine perception of satisfaction.

Walker and Avant (1983) define consequences as "those events or incidents which occur as a result of the occurrence of the concept" (p.33). The results of the concept of satisfaction are likely related to the degree of importance the individual attaches to the event(s) that have produced satisfaction. In the use of the concept related to jobs, a likely consequence to the sensation of satisfaction would be a decision to remain at the same job. Other consequences that may be related to satisfaction include the individual's self-concept, happiness, motivation and attitudes towards life in general, the family, the job, medical care, or other events or conditions that cause satisfaction.

Definition of Empirical Referents

The final step to concept analysis is the determination of empirical referents. Walker and Avant (1983) define these as "classes or categories of actual phenomena which by their existence or presence demonstrate the occurrence of the concept itself" (p. 34).

Satisfaction can be viewed as a rather abstract concept by virtue of the fact that it is a perception. Most individuals would be able to identify times that they have felt the perception of satisfaction, and would be able to relate those events that led to the perception. Attempts to measure degree of satisfaction in relation to jobs, patients, and self are abundant in the literature. Various strategies have been used to attempt to identify factors that lead to satisfaction, but as Locke (1976) points out " there are almost as many different factor structures as there are studies" (p. 1301).

The measuring of the critical attributes and antecedents of satisfaction can be achieved by questioning those individuals who may be experiencing the sensation. Through questioning, the interviewer can determine if the critical attributes are all present, and thus determine if the sensation being perceived could be labeled as "satisfaction". Other empirical referents of satisfaction could be related to the consequences of satisfaction. For example, job sat-

isfaction may be associated with such behaviours as motivation and amount of absence from work. The abstractness of the concept of satisfaction makes it very difficult to determine behaviours that may measure the concept. The author believes that the critical attributes and the empirical referents of the concept need to be viewed as the same. Both can be determined only through interviewing individuals.

The previous analysis of the concept of satisfaction has proven to be a time consuming and mentally exacting exercise. Through this analysis the planned research into the area of satisfaction was undertaken with a more complete and thorough understanding of the concept. The author believes that personal values and limitations have not caused her to overlook any cogent uses of the concept that would have added to the explication of the concept of satisfaction. The concept analysis assisted greatly in the development, analysis, and interpretation (Meleis, 1985), of the ensuing research.

Research Related to Job Satisfaction

Locke (1976), in his thorough review of the literature on job satisfaction, determined that there were at least 3,350 articles or dissertations on the subject up to that time. The number of articles written on the subject has not significantly abated since then. The earliest studies, report-

ed by Taylor in 1911 (in Locke, 1976), suggested that of prime importance in an employee's performance and satisfaction was his attitude to the job. Provided that the worker had the correct "attitude" concerning work and cooperating with management, a worker would be satisfied and productive if he received the highest possible earnings with the least possible fatigue.

Studies in the 1930's were the first to begin to evaluate workers in terms of their complex needs and feelings. It was believed that work satisfaction was only part of a general satisfaction with life. Job satisfaction was related to an individual's ability to adapt to situations and relate to others. The social status of the individual and the nature of the work in relation to abilities and interests were also important determinants of satisfaction.

In Great Britain during the 1930's, researchers were investigating various factors that were believed to contribute to job dissatisfaction such as fatigue, hours of work, monotony, boredom, and environmental factors such as noise and ventilation. According to Locke (1976) most American and British researchers believed that a combination of the work itself, the physical working conditions, and pay, were the primary determinants of the achievement of employee satisfaction.

The Hawthorne studies begun by Mayo and colleagues in the 1920's stressed the central importance of the supervisor and the work group in determining job satisfaction (Locke, 1976). The role of the informal employee work group and supervisory practices were stressed as important factors in the development of job satisfaction. The importance of economic incentives to job satisfaction and performance were downgraded, but Locke (1976) warns that "it should be noted that there is good reason to doubt the validity of the Hawthorne researchers' conclusions regarding the role of money in employee motivation" (p. 1299).

The work of humanistic psychologists such as Maslow (1970) has had an important influence on job satisfaction studies (Slavitt, Stamps, Piedmont, & Haase, 1978). Maslow's (1970) theory asserts that man has five basic categories of needs (physiological, safety, belongingness, esteem, and self-actualization), and that these needs are arranged in a hierarchy. According to Maslow (1970) the higher order needs will not be desired until the lower order needs have been met. For example, motivation for safety will not occur until the physiological needs have been satisfied. Locke (1976), states that although Maslow's need theory has intuitive appeal, there is little evidence to support his thesis. According to Locke (1976), Maslow himself admits "behaviour tends to be determined by several or all of the basic needs simultaneously rather than by only one of them" (p. 1309).

A number of theorists have explicitly stated that it is the perceived job situation in relation to the individual's values that is the most direct determinant of job satisfaction (Locke, 1976). The concept of value is believed to have two attributes: content, or what is wanted or valued; and intensity, the amount it is wanted. Locke (1976) argues that "every emotional response reflects a dual value judgment: the discrepancy (or relation) between what the individual wants (including how much he wants) and the importance of what is wanted (or that amount of what is wanted) to the individual" (p.1304). Thus job satisfaction reflects both perception-value discrepancy and value importance. Locke (1976) also points out that a person may not always be conscious of their values which produces real problems in measurement. Research findings cited in Locke (1976), indicate that:

> the correlation between satisfaction with more important values and overall satisfaction is higher than the corresponding correlations for less important values (Ewen, 1967; Schaffer, 1963;), and that the correlation between various job attributes and satisfaction is higher for individuals who want them more than for those individuals who want them less (Hackman & Lawler, 1971) p. 1305.

Thus, job satisfaction appears to result from the perception that one's job fulfills or allows the fulfillment of one's important job values.

The publication of Herzberg, Mausner, and Snyderman's (1959) work was the beginning of a new trend itself. This

study asked 200 engineers and accountants to describe a time when they felt especially dissatisfied with their job. These critical incidents were then categorized into common groupings. Those incidents that involved work itself, achievement, promotion, recognition, and responsibility were frequently mentioned as sources of satisfaction. This group of factors were labeled "Motivators". Incidents that involved supervision, interpersonal relations, working conditions, company policy and salary were frequently mentioned as sources of job dissatisfaction. This group of factors was labeled "Hygienes" and was believed to involve mainly the context in which the work was performed.

Herzberg's theory is termed a two-factor theory, in that job satisfaction and dissatisfaction are seen to evolve from different causes. The unique aspect of this theory is that the factors comprising satisfiers and dissatisfiers are not simply opposites of each other, but are distinct entities that must be considered separately in a given situation. A dissatisfier, once altered to meet the employees approval, will not, in itself, cause satisfaction. Rather, the employee will no longer have feelings of dissatisfaction.

One of the main arguments against Herzberg's theory is mounted by Wall (1973) who believes that the categorization of satisfiers and dissatisfiers may be a result of defensiveness on the part of the employees. To avoid any threat

to their self-image, employees take credit for the satisfying events that occur and blame others for dissatisfying events. Schneider and Locke (1971), analyzed critical incidents from four white collar samples, and found that the same classes of events were responsible for both satisfaction and dissatisfaction. Motivators, as defined by Herzberg (1959) were mentioned almost as equally to be satisfiers as dissatisfiers. Their data also showed a trend that the self is more likely to be given credit for satisfying results and less likely to be blamed for dissatisfying results.

Locke (1976) identifies that the greatest contribution of Herzberg was the focus of research on the importance of psychological aspects of work. The importance of psychological growth as a determining factor in job satisfaction is born out by various studies. Herzberg also provides a useful distinction between physical and psychological needs, and stresses that both must be considered when dealing with motivation and satisfaction.

Studies by Schwarz and Clore (1983), suggest that mood, misattribution, and judgments of well-being play a significant part in an individual's determination of satisfaction and happiness. This insight would indicate that test-retest reliability of instruments or interviews may be significantly effected by such factors as the weather, the mood of the individual and the evaluator, and whether questions are

framed in a positive or negative manner. The authors believe the reason for their findings may be related to the "discounting effect" because subjects discount aspects of their own lives as a cause of their bad moods when another external cause was made available. In other words, people may use their mood at the time of judgment as information in evaluating the quality of their lives.

Gutek, Allen, Tyler, Lau, and Majchrzak (1983) indicate that three internal referents, specifically aspiration level, comparison level, and perceived control, were the important determinants in satisfaction. Their findings suggest that an individual is employing some uniquely personal indices to arrive at a determination of satisfaction.

Research Related To Nursing Job Satisfaction

Much has been written in the nursing literature on the topic of job satisfaction and dissatisfaction, with the majority of the literature focusing on nursing turn-over and stress. The theories utilized in the majority of the projects have been one or more of those previously discussed. Hinshaw and Atwood (1983) in their review of the literature, indicate that job satisfaction is believed to be one of the factors that consistently influences turn-over, along with performance rewards and incentives, job stress, role expectations and conflicts, and intent to stay. They state:

> individual motivation interacted with ability and role perception to produce performance in the position which, if rewarded, would result in job satisfaction and retention in the agency (Porter & Lawler, 1968; Seybolt et al., 1978). Job stress (Atwood & Hinshaw, 1981; Consolvo, 1979) and role deprivation (Kramer, 1974; Kramer & Baker, 1971) also influenced job satisfaction and, if high, increased turnover. In addition, the Weisman, Alexander, and Chase (1981) test of the Professional Autonomy Model suggested that autonomy was influenced by both personal and job-related attributes, and directly influenced job satisfaction but not turnover (p. 138-139).

The nursing studies that utilized the Herzberg theory, such as Ullrich (1978) indicated that some of the intrinsic factors, identified by Herzberg as Motivators, were, in fact, dissatisfiers. Ullrich (1978) also demonstrated that turnover was increased by dissatisfiers. Hinshaw and Atwood (1980), using a linear model of satisfaction/dissatisfaction, found that job satisfaction buffered the effects of job stress in turnover.

Munson and Heda (1974) revised an instrument originally developed by Porter and Lawler (1968). The instrument is based on two assumptions: "A person's job is some function of the events or opportunities that cause a sense of well-being, and a person can distinguish between the importance of these events" (p. 160). The instrument clearly reflects Herzberg's theory. Curreri, Gilley, Faulk, and Swansburg (1985), further refined the instrument to measure job satisfaction in home health care registered nurses (R. N.'s). Their study identified that R. N.'s perceived similar job

satisfaction components regardless of where they were employed, and the four factors confirmed in their study: involvement satisfaction, intrinsic satisfaction, extrinsic satisfaction, and interpersonal satisfaction; were consistent with Herzberg's motivation theory.

Many of the projects identified other factors considered relevant to job satisfaction. Among these are the expectations that the nurse brings to her job. (Cairns & Cragg, 1987; Longest, 1974; Duxbury, Armstrong, Drew, & Henly 1984). Cairns and Cragg (1987) state that nurses' expectations are influenced by educational preparation, psychomotor and interpersonal skills and the individual attitudes and experiences that they bring to the job. The extent to which the nurses' expectations match the reality of the job will determine the degree of satisfaction experienced.

Decker (1985) identified that the degree of job satisfaction is the direct outcome of person-role conflicts. Person-role conflicts identified in the study were: utilization of abilities/ skills on the job, job responsibility, recognition received for work, advancement opportunities, pay, and moral/professional judgment of patient care. This study, as well as many others in the nursing literature used the Minnesota Satisfaction Questionnaire (Bonaquist, 1984; Duxbury, Armstrong, Drew & Henly, 1984). Decker (1985) claims that the major determinant of job satisfaction is the working relationship with the head nurse.

Godfrey (1978) found specific items that were indicated to be sources of dissatisfaction were short staffing, inadequate supplies and equipment, and poor physical environment. Other dissatisfiers were obstacles to motivation, such as poor supervision, lack of effective communication, conflicts with administrators and physicians, and lack of personal appreciation.

In these as well as other studies cited in the literature, six important components are repeatedly and consistently mentioned in relation to satisfaction of hospital personnel. These are summarized by Slavitt, Stamps, Piedmont and Haase (1975) as:

> 1.) Pay - the dollar remuneration and fringe benefits received for work done. 2). Autonomy - the amount of job-related independence, initiative, and freedom either permitted or required in daily work activities. 3.) Task requirements - tasks that must be done as part of the job. 4.) Organizational requirements - constraints or limits imposed on job activities by the administrative organization. 5.) Interaction - opportunities and requirements presented for both formal and informal social contact during working hours. and 6.) Job prestige/status - overall importance or significance felt about the job at the personal level and to the organization (p. 115-116).

These factors are reinforced by Stamps and Piedmont (1987) in their more recent work, and are similar to those determined by Herzberg. Contrary to Herzberg (1959), however, all are deemed essential to satisfaction.

Research Related To Critical Care Job Satisfaction

There is a paucity of research in the area of job satisfaction in critical care nursing. Studies of critical care nurses have focused primarily on identifying stressors and relating them to the high rate of attrition. This literature asserts that the critical care areas are high-stress work places for nurses, with specialized demands for independence and self-directedness. Dear, Weisman, Alexander, and Chase (1982) compared a group of critical care and non-critical care nurses in an attempt to understand job satisfaction of critical care nurses and to help to understand the potential for turnover. They utilized the Job Descriptive Index (JDI) as developed by Weisman, Alexander and Chase (1980) which has had validity and reliability estimated in previous nursing studies. The JDI has also been found to be predictive of staff turnover. The JDI includes five subscales purported to measure levels of workers satisfaction. Those subscales are: work content, adequacy of supervision, relations with co-workers, level of pay, and promotion opportunities. This study also found that satisfaction among the critical care nurses group and the non-critical care nurses group was the same, with the highest determinant of job satisfaction as sense of autonomy. Alexander, Wiseman, and Chase (1982) reported that perceived autonomy was not related to areas of work but rather to structural features of the unit and to personal attributes.

Summary

The review of the general literature has revealed four themes related to the study of job satisfaction. These are:

1. Job satisfaction is a result of a combination of the work itself, the physical working conditions, and the pay.
2. Job satisfaction is a result of an adequate fulfillment of an individual's values and needs.
3. Job satisfaction is caused by different factors than job dissatisfaction. Factors leading to dissatisfaction are mainly those related to the context in which the job is performed. Satisfaction is derived from the job itself, achievement, promotion, recognition, and responsibility.
4. Job satisfaction is the result of the meeting of internal referents that are uniquely personal.

As the above illustrates there is little consensus in the literature as to the determinants of job satisfaction.

The same lack of consensus is evident in the nursing literature. All of the previously cited themes are present in the research undertaken by nurses, although most commonly, the use of a combination of two or more of those themes was evident.

The studies related to job satisfaction in critical care nursing used quantitative instruments developed from previously published research in job satisfaction. There have been no studies published of a qualitative nature that explore the perception of job satisfaction from the critical care nurse's perspective. Identification of factors found significant to job satisfaction by critical care nurses may or may not be different from those identified by other groups of nurses. The generalizability of the cited research findings has not yet been demonstrated. Therefore, this thesis used a qualitative methodology with a semi-structured interview technique.

The Design of the Study.

The questions for the interview were structured in such a way as to identify specific facets of the job that were determined to be satisfying to the individual. They are also reflective of the previously described critical attributes and antecedents of job satisfaction. This approach is used in an attempt to discover an individual's personal and psychological variables that may influence what is perceived to be satisfying. The importance of psychological variables were previously described by Locke (1976), Herzberg (1959), and Gutek, Allen, Tyler, Lau, and Majchrzak (1983). Also to be identified were the possible influences colleagues, leaders, and individual perception of control have in the determination of satisfaction.

The sequencing of the questions surrounding each identified satisfier was to determine how the individual came to the decision that certain things are satisfying. Also to be explored were the expectations the individual had prior to commencing work in the critical care area, the goals that were being pursued, and whether or not the expectations had been realized in the job. Those factors that the individual values in the job and the profession were also identified.

Through this study, the author determined those factors that critical care nurses perceive as satisfying in their work. The relationships between those factors were also identified. From the data, a theory of job satisfaction in critical care nursing was developed.

CHAPTER 3: RESEARCH METHODOLOGY

This chapter will address the development of the research methodology designed for this thesis. Included will be the rationale for the chosen methodology; a description of the chosen methodology, Grounded Theory; and a discussion of how this methodology will be modified for this study. Following this will be a description of the study population, the sampling procedure for the subjects selected, and the ethical considerations for the study. Details regarding the implementation of the methodology, including the analysis of the data, will follow.

Rationale for the Methodology

Two main approaches emerge from the literature related to job satisfaction. The first approach utilizes Herzberg's theory of motivators and hygienes. Herzberg developed his theory based on a descriptive study of 200 male engineers and accountants in the 1950's. From this data, Herzberg developed a quantitative tool that he then used to survey a variety of job classifications to develop his theory further. An assortment of survey tools have subsequently been developed based on this work. There is controversy in the literature regarding the accuracy of Herzberg's theory and the validity of these tools.

The second approach is related to the findings that satisfaction has a personal component related to an individual's values and the importance of psychological growth as a determining factor in job satisfaction. There is little documented use of this approach in the area of nurses' job satisfaction. Neither Herzberg's tools, nor other instruments designed to measure the psychological theme of job satisfaction, have had validity determined in female cohorts in general, or nurses in particular. In the belief that there is more to critical care nurses' job satisfaction than has so far been revealed in the literature; the fact that most critical care nurses are women and the concept of job satisfaction may be different for women than for men; and the fact that the validity of the quantitative tools previously used in job satisfaction is in question; the use of a qualitative method to study the problem is proposed.

Through a qualitative method, a researcher is "directed to document themes, patterns, and attributes of people within particular natural or recurrent life contexts or environments" (Leininger, 1985, p. 5). The goal of qualitative research is to document and interpret as completely as possible the totality of whatever is being studied from the subject's point of view and frame of reference. In terms of the described research questions, the goal is to document and interpret the totality of experience of job satisfaction from the point of view of the critical care nurse.

Grounded Theory Methodology

The methodology of choice is Grounded Theory. Stern (1980) states that "the strongest case for the use of grounded theory is in investigations of relatively uncharted waters, or to gain a fresh perspective in a familiar situation (p. 20). Chenitz and Swanson (1986), state that grounded theory is "a method to study fundamental patterns known as basic social-psychological processes which account for a variation in interaction around a phenomenon or problem" (p. 3). It is with a view to gaining a fresh perspective of the social-psychological processes surrounding the subjective or internal reality, and objective or external reality of the factors influencing job satisfaction of critical care nurses that this methodology was chosen.

Grounded theory, originally described by Glaser and Strauss (1974) as a theory producing methodology, uses constant comparative analysis, both an inductive and deductive process, to develop theory. According to Stern (1980), the researcher looks for processes involved in the area of interest, and gathers data through interview, observation and from records and publications. The major differences between grounded theory and other methodologies as described by Stern, include: 1) The conceptual framework is generated from the data, rather than from previous theory; 2) The goal of the researcher is to discover dominant processes in the situation, rather than to describe the situation; 3) Every

piece of data is compared to every other piece of data; 4) The plan for collection of data may be modified during the study depending on the findings; and 5) The researcher begins to code, categorize, and conceptualize every piece of data as soon as it is identified. Stern describes this as a matrix approach, and is a system whereby a series of research steps are occurring at once.

A modified grounded theory approach was used for the research. The reason for modification is based on two factors. First, the sampling procedure proposed is not theoretical sampling. In grounded theory, the sample is not usually selected from the population based on certain variables determined prior to the study. Rather, data collection is guided by a sampling strategy called theoretical sampling. Theoretical sampling is based on the need to collect more data to develop identified categories and to describe the categories' relationships and interrelationships. Chenitz and Swanson (1986) state "theoretical sampling...can lead the researcher into sites which are substantively different from the initial site" (p. 9). For the study, only critical care nurses working in two university affiliated teaching hospitals within the city of Winnipeg, and who have worked continuously in a general duty position in critical care for two years or more, were sampled. Theoretical sampling was utilized, however, during the process of literature review and developing interview questions

designed to saturate categories that become apparent during the analysis of the data.

The second factor requiring modification of the grounded theory methodology is related to the review of the literature. In grounded theory, "you collect data in the field before reviewing the literature" (Wilson, 1985, p.417). The reason for this is that consciously or unconsciously the researcher may accept what has already been written, and may look for those variables, concepts and relationships identified in the literature. Chenitz & Swanson (1986) describe a method to overcome this problem when one is required to review the literature for academic purposes but wants to use grounded theory. In a grounded theory study, the literature review is approached as data, and the purposes of the review will change over the course of the study. "Initially, the literature is reviewed to identify the scope, range, intent, and type of research to be done...finally, the literature is reviewed to assist the discovery process" (Chenitz & Swanson, p. 44) While data collection and analysis was proceeding, the literature review was specific, and directed to verification and elaboration of emerging categories. Information from the literature was treated as data, and was not assumed to be inherently true.

The Study Population

The population for the study from which the sample was drawn has all of the following attributes:

1. Registered Nurses who are either baccalaureate or diploma prepared and have completed a post-basic program in critical care nursing,
2. who are currently employed in an adult critical care unit within a university affiliated teaching hospital within the city of Winnipeg,
3. who have been continuously employed in a general duty position in an adult critical care unit for a period of two years or more. These nurses are employed in 0.5 equivalent to full time up to full time positions.

Sample Size and Sampling Procedure

In determining sample size, investigators must consider the study design. "...in a grounded theory approach...data are generated until the researcher experiences repetition of statements describing the phenomenon under study" (Woods & Catanzaro, 1988, p.113). The requirement of determining the sample size prior to the commencement of the study does prove problematic for the researcher. Stern (1985) suggests that the best a researcher can do is to determine the scope of the study and suggest a number that seems reason-

able. Pelto, & Pelto (1978) suggest that "...highly patterned responses from a small number of persons can be taken as strong evidence that no further sampling is needed" (p. 139).

The precise number of Registered Nurses that would meet the criteria of the study population was unknown at this time. It was estimated that there would likely be approximately 25 individuals in each of the two institutions that meet the criteria of being university affiliated teaching hospitals within the city of Winnipeg. Based on this estimation, a sample of 5 subjects, or 20% of the estimated population, was drawn from each institution, for a total sample size of 10 subjects. This sample size meets the criteria that sample sizes should not be smaller than 10 (Polit & Hugler, 1983; Williamson, 1981). If saturation of key categories had not occurred after the initial sampling, a further 3 subjects would have been drawn from each institution.

Upon receiving ethical approval for the study, the researcher began the process of obtaining the sample. The Vice-president Nursing of each institution was contacted to ask permission to conduct the study within the institution (Appendix B). Permission was also sought from the Vice-President Nursing to permit the researcher to distribute letters to each registered nurse in the two adult critical care units within their institution. Permission was granted from both institutions. The letter distributed to the reg-

istered nurses described the study and asked those individuals willing to participate in the study to return a form in a stamped, self-addressed envelope (Appendix C).

The study sample was drawn from the returned forms through a random sampling technique. Although random sampling is not usually used in a grounded theory approach, this technique insured unbiased sampling in a situation where many members of the study population were known to the researcher. Each subject was contacted by telephone to verify their willingness to participate in the study. Those who volunteered to participate in the study but were not selected were sent a note thanking them for their interest in the study.

Description of the Subjects

The population for the study was 61. Twenty-seven respondents replied, giving a response rate of 44%. Of the respondents, 9 worked fulltime, and the remainder worked .5 Equivalent to Full Time (E. F. T.) or more.

Ten subjects were randomly selected. All were diploma prepared registered nurses. The subjects ranged in age from 27 to 40, with a mean of 33. All subjects were female, and had completed their diploma in nursing from 7 to 16 years ago. One had completed a Bachelor of Arts, and five were enrolled in university courses leading to a Bachelor of Arts

or Bachelor of Nursing degree. Fifty percent of the subjects were married, and two had dependent children. One single subject had dependent children.

The number of years nursing in critical care ranged from 3.5 to 15 years. Two of the subjects were currently working in full time positions, 3 were working .8 E. F. T., 2 were working .7 E. F. T., and 3 were working .5 E. F. T. All of the subjects worked occasional extra shifts as required. Eight subjects worked 12 hour day/night rotations, 1 subject worked an 8 hour day/night rotation, and 1 subject worked an 8 hour day/evening rotation. When the subjects were asked to consider their degree of job satisfaction in comparison to other critical care registered nurses, 4 indicated they had average satisfaction, 4 indicated they had greater than average satisfaction, and 2 indicated they had lower than average satisfaction.

Ethical Considerations

The subjects were fully informed regarding the research objectives. All persons who volunteered to participate in the study were provided with a written explanation of the purpose of the study and their role as study participants (Appendix D). They were informed of the time commitment required of them, as well as the nature of the data to be collected. The subjects were informed of their rights as study participants, and the confidentiality of the subjects

was emphasized. The subjects were assured that neither their identity, nor the identity of the critical care unit in which they work would be revealed. The informed consent form (Appendix D) was reviewed with the subjects prior to requesting their signature on the form.

Interviews were held at a time and place convenient to the subject. The subjects were informed that they could stop the interview at any time, and that they may refuse to answer any questions. The subjects were also informed that they were free to withdraw from the study at any time.

All interview data was held in the strictest confidence. Tape recordings and transcripts were identified by code number only. The list of participants was kept entirely separate from the data. Only the researcher had access to the list of participants. Only the researcher and her advisors had access to the transcripts. Tapes and transcripts were kept in a locked cabinet. Once analysis of the data was complete, all tapes were erased.

Implementation of the Methodology and Data Analysis

As previously stated, grounded theory uses a matrix approach through which data collection, analysis, coding, and identification occur simultaneously. Because of this, the implementation of the methodology will be accompanied by a description of the plan for analysis.

A series of three interviews was planned with each subject during the subject's off-duty time. The interviews occured at a time and place convenient to the subject. A focused, semi-structured interview technique was used for the study. An interview guide was developed from the critical attributes and antecedents of job satisfaction, and contained a set of brief questions that clarified the general areas about which the subject was asked (refer to Appendix E). This interview guide was tested for validity with two colleagues prior to its use. A fact sheet that provided demographic data for each subject was developed to assist in the description of the sample (refer to Appendix E).

During the first interview, the interviewer initially introduced the theme of job satisfaction. After this introduction, the interviewer followed the subject's major concerns or viewpoint concerning the issue, and encouraged the subject to talk freely. The intent of the initial interview was to obtain data regarding attitudes, opinions, perceptions, beliefs, feelings, motivation, and past and present behaviors in relation to the subject's experience of job satisfaction in critical care nursing. Both the interviewer and the subject were free to deviate from the prepared guide, and introduced thoughts or observations that were particularly relevant to the topic as the conversation proceeded (Wilson, 1985, p. 382). The interviewer used the interview guide as a reference only to ensure that all topic areas had been addressed.

The interview was tape recorded, and the interviewer observed and recorded reactions of the subject to various questions. Field notes describing the researcher's own perceptions and feelings during the interviews were also kept. Other data, such as the time and place of the interview and any other circumstances that could affect the interview were also noted.

At the end of the first interview, the subject was asked to maintain a diary for a two week period (refer to Appendix F). The subject was asked to note in the diary, at the end of each working day, perceptions of satisfaction and further incidents or factors that the subject believes were pertinent to the concept of job satisfaction. At the end of the two week period, the diary was collected by the researcher.

The taped interviews and journals were transcribed in total. The data was then analyzed and coded, using in vivo code names, or terms used by the subjects; and constructed code names, or terms developed by the researcher. To gain rigor in the analysis, a Masters in Administrative Psychology student was asked to code one interview. That individual's codes and impressions of the interview were compared to the researcher's and found to be similar. This strategy was initiated to confirm neutrality, or that the researcher would not introduce assumptions or bias into the analysis based on the researcher's experience as a nurse.

Some of the study subjects were previously known to the researcher. To ensure that both known and unknown subjects were interviewed in the same manner, transcripts of two interviews, one of a subject known by the researcher and one of a subject not previously known, were compared by a committee member. No differences were discovered between the two interviews that could be related to the researcher knowing one of the subjects.

The researcher developed the following definitions by which the data were analyzed and organized:

1. Category: composed of coded segments of data that reflect strong similarities of content.
2. Pattern: a grouping of categories which reflect recurrent attributes common to the categories.
3. Theme: a synthesis of related patterns which provides a wholistic meaning to the patterns and categories.

The process of coding and analysis of the data occurred synchronously. Categories were developed from the coded segments, and some coded segments were collapsed together to form categories. Analysis at this stage was aided by the use of a computer program, The Ethnograph, (Seidel, Kloslth, & Seymour, 1988). This program aided in the storage and retrieval of the coded segments and permitted coded segments to be assembled, disassembled, and collapsed together as the researcher developed and identified categories.

Patterns became evident as the data was further analyzed which permitted categories to be grouped together in meaningful ways. Pattern analysis led to identification of themes that served to explain the sources of job satisfaction for critical care registered nurses.

In preparation for the second interviews, the major factors identified by the subject that related to the subject's job satisfaction were itemized. Then, each interview was compared to every other interview using the process of constant comparative analysis as described by Glaser and Strauss (1974). Through this process, general areas that had been discovered in one interview but had not been explored in others, were identified. These areas formed the basis for theoretical sampling by providing areas for further exploration with each subject during the second interview.

The second interviews were also tape recorded. Truth value of the findings were determined in the second interview through the subject's verification of the researcher's analysis of their initial interview and their journal. Theoretical sampling was undertaken through exploration of the areas identified by constant comparative analysis. The interviews were again transcribed and coded.

The third and final interview with the subjects was to present to the subjects the emerging categories, patterns,

and themes, identified by the researcher. By the third interview, the core categories were saturated, which means that the same properties were found over and over again in the categories that appeared to be most central to the concept of job satisfaction. Patterns and themes were also emerging. Soliciting feedback from the subjects as to whether or not they perceived that the categories, patterns, and themes were relevant assured the researcher that the analysis was reflective of the subject's true beliefs and feelings. From these categories, patterns, and themes, a process theory of job satisfaction in critical care nursing was developed.

Determination of Rigor in the Study

In all types of research, it is important to insure that both the data and the interpretations made about the data meet the requisite rigor expected of scientific inquiry. Qualitative studies have been criticized because of their inability to meet the criteria of validity and reliability as established in quantitative research. Rigor in qualitative studies is linked with the basic assumptions of qualitative research, and is operationalized through triangulation of data and saturation of categories.

Lincoln and Guba (1985) describe four criteria that are used to establish rigor in qualitative research; truth value, applicability, consistency, and neutrality. Each of these will be discussed as they apply to this study.

Truth Value.

Truth value is concerned with establishing confidence in the "truth" of the findings of the study as determined by the subjects. Lincoln and Guba (1985) suggest that credibility be the criterion against which the truth value of a qualitative study be evaluated. "A qualitative study is credible when it presents such faithful descriptions or interpretations of a human experience that the people having that experience would immediately recognize it from those descriptions or interpretations as their own" (Sandelowski, 1986, p.30).

In this study, credibility of the findings are enhanced through: 1) prolonged engagement with the subjects when collecting the data; 2) multiple methods of data collection to permit triangulation; and 3) having the subjects verify that the identified factors were, in fact, representative of their experience. Through ensuring that there is sufficient time to collect data to permit saturation of core categories, and by utilizing thesis committee members to assist in debriefing, some of the threat to credibility was also decreased. To offset the chance of the researcher becoming so enmeshed in the behavior and experience of the subjects that the researcher has difficulty in separating her own thoughts from those of the subjects, a detailed account of how the researcher influenced and was influenced by a subject was provided through analysis of the field notes.

Applicability.

Applicability is the determination of the degree to which the findings of a study can be applied to other subjects or contexts. Lincoln and Guba (1985) suggest that fittingness be the criterion against which the applicability of qualitative research be evaluated. "A study meets the criterion of fittingness when its findings "fit" into contexts outside the study situation and when its audience views its findings as meaningful and applicable" (Sandelowski, 1986, p.32). The qualitative researcher is concerned with the question of which other contexts or to which other subjects might the findings be applicable.

Fittingness is established by demonstrating that the findings of the study "fit" the data from which they are derived. This is accomplished through describing how coding of data was decided, how coded segments were reduced or combined into categories, and how the patterns and themes emerged. Readers of the study will then be able to determine if they agree that the data does in fact "fit" with the findings. It is also important to provide sufficient descriptive data to enable readers of the project to be able to determine if the situation studied is sufficiently similar to another situation to make transferability of the findings to other situations possible.

Consistency.

Consistency is the determination of whether the findings of a study would be consistently repeated given a similar context and similar subjects. Qualitative research has often been criticized on the grounds that the studies are not replicable. Establishing consistency helps to decrease this criticism. To demonstrate consistency of the study, the researcher must be concerned with the auditability of the findings.

An audit of a study by an independent judge should verify that the findings of a study make sense. Auditability of the present study was undertaken through the services of a Masters prepared critical care nurse who reviewed the data, the findings, and the interpretations of the data. Feedback was provided to the researcher which indicated the auditor found the findings of the study make sense and the data has been appropriately placed in the developing categories.

Neutrality.

The last criterion of rigor to be addressed is neutrality. Neutrality is the establishment of the fact that the findings of the study are a function of the subjects and the context of the study and not a function of the bias of the researcher.

Lincoln and Guba (1985) suggest that confirmability be the criterion to establish neutrality. Confirmability is achieved when auditability, truth value, and applicability are established.

In this study, confirmability was established through triangulation, confirmation of the analysis of the data by the subjects, and audit. A student in the Masters of Administrative Psychology program at the University of Manitoba was also asked to analyze some of the data. Categories and patterns similar to those identified by the researcher were documented by the Masters in Administrative Psychology student. This gives further evidence of the neutrality of the researcher.

Strengths and Weaknesses of the Methodology

The greatest strength of grounded theory methodology is that the data is grounded in fact and that theory is generated from the data (Stern, 1985). The developed theory, which results from inductive and deductive processes, produces related factors which are suitable for testing. Through addressing the criteria of rigor, the researcher insures that the data are factual and the developed factors are well established. Grounded theory has been found useful in preliminary, exploratory, and descriptive studies (Glaser & Strauss, 1974). Although the findings can never be verified through a test/retest, "such a theory is inherently

relevant to the world from which it emerges, whereas the relevance of verificational research varies widely" (Hutchinson, in Stern, 1985, p. 150). Glaser and Strauss point out that due to the usefulness and density of the theory, there may be little subsequent research done in an area studied through the grounded theory method.

One of the weaknesses associated with this methodology is the time commitment required of the subjects. In-depth and repeated interviews may be unacceptable to some subjects. The time required by the researcher must be clearly identified prior to the subject consenting to participate. Even after consent, some subjects may withdraw from the study due to the time commitment. Another weakness of this methodology is that the researcher should have little exposure to the area under study (Stern, 1980). This will prevent the researcher from having preconceived ideas regarding the subject area. It is difficult for a nurse researcher to enter an area of study in the profession of nursing in which the nurse has little previous exposure. Added to this is the fact that the researcher has herself been employed in critical care nursing for 17 years. Strategies that can be implemented to decrease this weakness have been previously identified in the section dealing with determination of rigor in the study.

CHAPTER 4: DESCRIPTION OF THE DATA

An extensive description of the data will be presented in order to provide the reader with a clear understanding of the data discovered in this study. Categories, patterns, and themes were determined as a result of data analysis. The data will be presented using the themes as a framework. This will provide the reader with an opportunity to audit the findings and determine applicability of the research findings to other areas. Categories that have emerged from the data will be described along with data that reflects those categories. Pattern statements that reflect the attributes of the categories will be developed.

Findings of the Study

Four themes related to job satisfaction emerged from the data. These have been labelled Work Setting, Interpersonal Relationships, Professional Aspects, and Personal Indices. Each theme has identifiable patterns and related categories that are saturated. With further analysis, relationships between the categories, patterns, and themes became evident. At this stage, theoretical sampling was again undertaken through a further search of the literature. This search revealed other theories or studies that support this stud-

y's findings. The emerging hypotheses and theory were presented to the subjects. The subject's positive response to the theory indicated the researcher had captured what the subjects believed regarding their perceptions of job satisfaction. This established credibility, the criterion of truth value.

The core theme identified by critical care nurses in relation to job satisfaction was Professional Aspects. The themes of Work Setting and Interpersonal Relationships were found to either augment or diminish satisfaction, and all were dependent on the Personal Indices theme identified in the data. The following discussion will present the themes along with their patterns. Most patterns also contain a number of related categories. Each theme and its patterns and related categories will be defined, where appropriate, and thoroughly explored using data from the interviews, journals, and the literature to support and clarify the discussion.

Description of the Themes

Each theme was found to be rich with instances of the processes under consideration. To aid in the presentation of the data, quotes will be used to demonstrate the findings. Each quote will be labelled as "subject", but the subject will not be identified in any other way to prevent breach of confidentiality. Only one quote will be used from

each subject in relation to a specific category under discussion. Contextual comments may be added in parentheses. Each pattern in a theme will be identified by the letter P, and will be sequentially numbered for each pattern. Each pattern will also have related categories described. These will be identified by the letter R, and will also be sequentially numbered for each pattern. The sequential numbering is not intended to indicate that one pattern or related category is more important than another. Tables 1 through 4 represent the identified themes, patterns, and related categories.

TABLE 1: PROFESSIONAL ASPECTS

Pattern: Quality of Care

Related Categories:

- Doing Everything Possible
- Family Interactions
- Patient Relationships
- Outcomes and Patient Response to Care

Pattern: Challenge

Related Categories:

- Knowledge
- Problem Solving
- Decision Making
- Responsibility

TABLE 2: INTERPERSONAL RELATIONSHIPS

Pattern: Colleagiality

Related Categories:

Affirmation, Encouragement, Support
Rapport and Communication

Pattern: Relationships With Physicians

Related Categories:

Respect, Recognition, Support
Authority, Dependency

Pattern: Relationships With Supervisors

Related Categories:

Recognition, Support, Communication

TABLE 3: WORK SETTING

Pattern: Environment

Related Categories:

Physical Environment
Type of Patients
Activity
Politics
Teaching

Pattern: Organization Directed

Related Categories:

Hours of Work
Variation in Assignments
Communication

Pattern: Union Directed

Related Categories:

Pay

TABLE 4: PERSONAL INDICES

Pattern: Control

Related Categories:

Knowing Why
Territoriality
Knowing Own Physical and Emotional Limitations
Knowing Own Limits of Role and Responsibility

Pattern: Coping Strategies

Related Categories:

Separation of Home and work
Talking It Out
Reaction To Crisis
Rationalization
Personal Interests

Pattern: Values

Related Categories:

Caring
Importance of Work
Work Expectations

Pattern: Perception of Stress

Related Categories:

Hours of Work
Control
Rewards

Theme 1: Professional Aspects

The primary process identified by critical care registered nurses in relation to their job satisfaction was that of Professional Aspects. When all statements related to job satisfaction were itemized, satisfaction found in professional practice was mentioned four times more frequently than those related to the other themes. If frequency of mentioning events can be taken to be a strong indicator of the importance of the events to the subject, then the conclusion that Professional Aspects is the central process in job satisfaction is valid.

Professional Aspects are determined to be those that relate to the use of the critical care nurse's abstract body of knowledge in the complexities of service to people in critical care units. Related categories that emerged from the data that reflect the complexities of service to people include Doing Everything Possible; Family Interactions; Patient Relationships; and Outcomes and Patient Response to Care. The critical care nurse's use of an abstract body of knowledge are found in the related categories of Problem Solving, Decision Making, and Responsibility.

An integral concept grounded in the data and related to the Professional Aspects is that of Caring. Caring is not unique to nursing, but is viewed as a total way of being, of acting, of relating to another human being (Roach, 1984).

Nursing has evolved out of the need for other persons to be cared for. Benner and Wrubel (1989) have repeatedly found in their studies of expert nursing practice the primacy of caring. Throughout the dialogue concerning Professional Aspects, the degree of caring and commitment of the subjects was evident. Evidence of caring was also identified in discussions related to other themes as well.

Professional Aspects have been found to have two patterns. These are: P1 - Quality of Care, and P2 - Challenge. Each of these patterns with their individual related categories will be defined and described using the data to validate and ground the discussion. Throughout the discussion, the primacy of caring to the subject will become evident.

Pattern 1: Quality of Care

Having the opportunity to provide high quality of patient care was a major source of satisfaction for the subjects. Of interest to note is the realization of what this quality of care is not. A critical care area has a highly technological environment where patients who are near death are attached to a variety of machines and instruments to monitor and measure their life processes. It has frequently been inferred that critical care nursing is the nursing of machines, rather than people. Numerous subjects mentioned that learning how to use the equipment when they first began to practice in critical care was a major source of stress.

Today, at this point in their careers, they found learning about new technology was interesting but was not stressful. None of the subjects equated the use of the technology with provision of patient care. Only one subject mentioned the technological environment in terms of her present experience, and that was in relation to the frustration she experiences when equipment does not work. The suggestion that critical care nursing practice revolves around machinery and technology is fallacious in view of the lack of importance that technology has to these subjects.

Quality of care for these nurses involves providing for the physical, psycho-social, and spiritual needs of the patient.

1. Subject: Giving care to patients is satisfying. Being sure that they're comfortable, and that all their needs are met...spiritual, emotional, and physical.

2. Subject: Things that give me satisfaction are cheering the patient up, getting a smile or a laugh while helping them get better.

The opportunity to provide that type of care is enhanced by the critical nature of the patient's illness. In most instances, the nurse is responsible for one patient, as the demands for care are extremely high and it is imperative that a registered nurse be present to assess and monitor the patient's condition on a continuous basis. The opportunity to provide care to one patient at a time is highly valued, even though the nurse may be extremely busy and responding to constantly changing patient needs.

1. Subject: You have one patient who is in pain or short of breath or whatever, and you have something that you actively have to do for that hour, day or whatever. You have to relieve the pain and diagnose the cause and get involved with the family because it's always an acute situation. And I really feel that you accomplish something most every day. Not the final goal, but for that day you've done something. That's what really attracted me to critical care and kept me there.

2. Subject: I get satisfaction from the intense involvement with one patient at a time. You have more time to provide for all of the needs of the patient.

3. Subject: We almost work in an ideal situation. You can know your patient, you can read the chart, if you don't know something you can look it up. On the wards you are dealing with people and all you know is their name and diagnosis. It's almost like working with blinders on. I just wouldn't be satisfied, I wouldn't be able to give the kind of care I want on the ward.

4. Subject: You kind of do more things for the patient in a shorter period of time rather than different things over a longer period. I really like being able to do a good job.

It becomes apparent that despite the need for constant vigilance for changes in the patient's condition, the opportunity to provide quality nursing care is a primary determinant of job satisfaction.

1. Subject: I want to nurse critically ill people and I want to do what I can for people that are really ill, make them more comfortable, if they're dying or if they're getting better.

2. Subject: You have more time to do what you want to do for the patient. It's easier to cope with, I guess. I can't cope with a zillion stimuli coming in. It's okay if it's just one patient I'm caring for, I can cope with that even if it is very busy.

Quality of care is extremely important to these nurses. Their ability to provide for the quality of care that they

believe is important is directly related to the number of patients that they care for. This will be further analyzed under Work Setting.

Related categories of Quality of Care were identified. They are: R1) Doing Everything Possible; R2) Family Interactions; R3) Patient Relationship; and R4) Outcomes and Patient Response to Care.

Related Category 1: Doing Everything Possible.

In reflecting on the care that has been provided to a patient and family, the subjects frequently referred to the goal of doing everything possible for the patient. If assured that everything possible has been done, satisfaction would result.

1. Subject: If you have somebody that you know is not going to make it; you have done everything in the book and they're not responding for whatever reason, that's acceptable because you know you have done everything possible.

2. Subject: You feel that everything has been done, nothing else that you could have done, and you helped that person to die in peace. So then you change your focus to the family and help them get through this situation. So it's not rewarding in the sense that you got someone well, but accomplished something, ... getting the family through it and the patient died in peace.

It is obvious that doing everything possible includes family interaction and providing a peaceful death. Conversely, if the assessment is that everything possible was not done, distress will result. The assessment of whether everything

had been done includes the analysis of the performance of all health professionals involved in the care of the patient.

1. Subject: You have a doctor that doesn't quite know what he is doing, and you feel things could have run smoother, things could have been done in a particular way and they aren't, and then the outcome is the patient doesn't do well, you feel pretty rotten.

2. Subject: If I come up with yes, something else should have been done, then I carry it around with me for a while. Little things, like maybe I should have called somebody sooner, maybe I missed something. I don't know if it's guilt or more questioning, wondering, you really sort of hash things over.

A part of doing everything possible is related to the time element in which the registered nurse has to complete tasks. Tasks were not merely performing direct care activities, but were also identified as providing psycho-social support to patients and their families. A lack of time to provide the kind of care that the nurse felt was important detracts from the amount of satisfaction realized.

1. Subject: It's easy in intensive care to get caught up in all the technical stuff and in a really acute situation to get caught up in all the things you have to do for the patient, and lose sight of caring for the patient. You just have to be on top of things. I find when I have days like that, I start to think things like...gee I hope that the patient's family doesn't come so that I can get some work done. And I feel guilty about that.

2. Subject: It is not satisfying being just a task doer, but sometimes there is no choice because of how busy you are. Having time to do little things for my patient gives me satisfaction.

Doing everything possible has both supportive and converse properties. There are inter-relationships with other themes as well. These will be explored later.

Related Category 2: Family Interactions.

As evident in the previous descriptions, family interactions are an integral part of the registered nurse's role in critical care. Satisfaction is often realized through these interactions.

1. Subject: I was able to develop rapport with the patient's very anxious wife. I felt I was able to ease her fears somewhat and I found this satisfying.

2. Subject: Sometimes you get satisfaction from dealing with families. Say if it's a patient that you've looked after for quite a bit and you have got to know the family quite well and they think you are great. You wind up being with them when the patient dies and you're the one who helps them ...you've made a difficult time for them a little bit easier. I try to involve the family in the care of the patient. A lot of times they feel really helpless. They walk into the unit and they see the patient lying there with all of the tubes and attachments, and they're really overwhelmed by it. Then the patient starts getting better and you start removing some of the tubes, its nice to involve the family. Then they start thinking: "Hey, maybe he is going to get better and maybe they'll help".

3. Subject: I like to know the family and I like to deal with them, but sometimes you don't have as much time with them as you would like. Because even though I feel the family is important, the major focus still has to be the patient, but I think it's important to get to know the family and for them to get to know you. And when you can't be with the family, to get someone who can.

4. Subject: I find that most of my satisfaction is related to meeting the psycho-social needs of the patient and family.

5. Subject: Critical care is kind of a funny area because sometimes the patients are in and out so quickly you never really develop a relationship with them. By the time they're extubated and talking to you, you're pulling their chest tubes and they're out the door. To me, it's certainly a human being lying there, but rather than being Mr. Smith, it's that lady there's father. You know, sometimes I feel more relationship with the family.

6. Subject: I see my role as someone to support and decipher information to the family. I look around the environment and realize that the family can get a little freaked out with all the alarms and numbers flashing, and I'm sure they have a hard time looking at their loved one, the patient.

The ability to deal with the family is not something that all critical care nurses develop.

1. Subject: When I first started in critical care I couldn't talk to the family, especially if my patient was dying. I'd send someone to do it. But now I tend to be with the family and can deal with them

2. Subject: I marvel at the kids who have worked in I. C. U. for two or three years, and they say they've never had to deal with a family. Well how come you've never had to deal with a family. You can't be that lucky. If some family member had come in and said how is Mum today and if Mum is doing well, they'd love to tell them. But if Mum's not doing well, they tend to walk away.

There are many times that developing relationships with the family does not result in satisfaction.

1. Subject: You keep telling the family the same information over and over again, that the patient is not doing well. But they don't really want to see it. You feel like the grim reaper, but you somehow have to get the family to start dealing with the inevitable death of their loved one.

2. Subject: I don't know whether satisfaction is always the right word for helping families. I do support them, but it's very stressful. If I don't do it though, I don't feel that my work is complete.

3. Subject: If you can communicate with the family and you feel you have some rapport with them, I think there's a lot of satisfaction there. It can also be very stressful, like if you have a family that isn't coping too well, it's sometimes just too stressful to deal with all of the family and the patient too. That's when you call in extra help if you need it.

4. Subject: I suppose I find it really difficult to deal with really angry people. People who are lashing out at you, because I have trouble dealing with

anger. I tend to take it personally and I get angry with the patient or the family myself.

5. Subject: Emotionally sometimes it gets to be hard, especially if it's someone who can't get off the respirator, and they're getting discouraged and depressed. So are their families. I think I can catch the emotional tones of those around me. You see their grief and their uncertainty and you can't really do anything. So you feel very helpless. I guess I find it hard to feel helpless.

Family Interactions are viewed as an integral part of Quality of Care and Professional Aspects by the subjects. Satisfaction can be attained through dealing with the families in a way that the registered nurse perceives is helpful to the family. Family response to the nurse is an integral aspect of this. When situations are difficult to deal with, the critical care nurse can find them taxing and emotionally draining. Apparent here is the commitment and emotional investment the critical care nurse has in the relationship - the amount of caring for and about the families is evident.

Related Category 3: Patient Relationships.

In the previous description of the quality of nursing care deemed to be important to the critical care nurse, it was evident that providing for the psycho-social support of the patient through intense interaction (caring) was an integral aspect of the planned care.

1. Subject: I really try to get to know my patient on a personal level. Sometimes it's hard because they're unconscious, or have a tube in their mouth, so they can't talk. But you can get to know them through their family.

2. Subject: You have more intensive involvement with the patient. You are with them all the time. We are responsible for the overall care of the patient

3. Subject: What you are doing is trying to keep the patient calm and relaxed, and informed about what is going on.

4. Subject: I like to spend time with the patient and talk with them a lot.

5. Subject: What gave me satisfaction was giving her a laugh, a smile, in a long day of working hard to breathe. It also gave me satisfaction to comfort her, hold her hand, and make her less anxious, and see her respond. To see her breathe slower, have her heart rate come down, to rest.

6. Subject: I enjoy building rapport and providing for the patient's emotional and physical needs.

7. Subject: I like the patient contact. It gives me satisfaction. It's important for me. To work with the patient and his progress.

8. Subject: I worked with a woman who was so ill, weak, and tired, and yet she was very nice. She was feeling tired and discouraged, so I sat with her and held her hand and we talked. During a lull in the conversation, she said, "I like you, you are a nice person, a good nurse". I almost cried. This type of positive reinforcement is the very best.

There is evidence that the critical care nurse feels great empathy for the patients being cared for, and often assumes a position of patient advocate.

1. Subject: This woman got her wish (she was allowed to die). A lot of times it doesn't happen that way because there is often so much fighting between the family and the patient and the doctor regarding what should be done in a specific situation. That can be very difficult for the nurse, but when the patient's rights and wishes are respected, that's very satisfying.

Developing a relationship with the patient is deemed to be an important aspect of achieving Quality of Care. This

relationship demonstrates caring as an intimate and personal interaction between the nurse and the patient.

There is great variety in the types of patients who are admitted to a critical care area. The type of patient for whom nurse is caring can impact directly on job satisfaction. The type of patient admitted is viewed as part of the Work Setting, over which the nurse has no control. This will be discussed as one of the related categories to the pattern of Environment in the theme of Work Setting.

Related Category 4: Outcomes and Patient Response to Care.

In a critical care area, registered nurses are constantly nursing individuals who are in a crisis situation, and who may or may not respond to care. Death and dying is a constant in the critical care unit. Many of the subjects related their degree of satisfaction in relation to the patient's response to care.

1. Subject: I always feel that if they're unstable at the beginning of the shift and they become more stable, you get that feeling of satisfaction because you feel that you have done something.

2. Subject: In a crisis I get dependent on the outcome of what happens. I get things done, and get the patient stable with good numbers and get his blood pressure up, and you feel good that it was your hard work that did that. If the patient is in I. C. U. for a month and then goes out to the ward for two or three weeks, and then he comes back in to the unit to visit, you think: "Wow, because of us he's walking today."

3. Subject: I guess when you have one of those patients that has multi-system failure, really sick, and

you're doing everything you can for them and it doesn't even have to be that they totally get better, but just one thing improves, you know that it's a help.

4. Subject: I feel that if he didn't blow his pupils (an indication of marked deterioration in a patient's condition) on my shift, that I've done my part. The patient may still have a long way to go but it's very satisfying when your hard work pays off.

5. Subject: What I found satisfying was my patient was extubated, he improved although his prognosis was poor.

6. Subject: If there are changes (positive response of the patient) then you get a new impetus to keep doing it, because you feel there's meaning to it.

Sometimes the patients are in the critical care unit for a very long time. The length of time that a patient is in the unit, and how rapid the response is to care, can conversely effect considerations of satisfaction.

1. Subject: When caring for a long term patient, I certainly don't get as much satisfaction as when I care for a surgical patient or even an M. V. A. who has gotten stable. When they're finally extubated and moved out of the unit, I guess you're happy to see them go and I don't know if it's because I'm tired of seeing them there or because you're glad they did well. I don't have a lot of patience and I know it. My feeling is probably related to glad to see them go because I'm tired of looking after them.

2. Subject: The nice thing about these types of patients, when they are admitted, they recover quickly, which is very satisfying.

3. Subject: My patience is wearing thin. I've been repeatedly replacing the venturi mask, re-orientating my patient, giving him Haldol and Ativan I. V., and still trying to keep on his oxygen. He struggles with me and won't let my hands go. I need help!

Patient response to care and outcomes are highly related to the types of patients admitted to the critical care unit. This will be discussed further under the related category of Types of Patients under the pattern of Environment under the theme of Work Setting. How the nurse perceives these situations has been determined to be unique to each subject, but with two major properties. These will be discussed under the theme of Personal Indices.

Usually, when the patient doesn't respond to care, the outcome is death. There are a variety of emotions related to this outcome and identified in the related category of Outcomes and Patient Response to Care. There is also an apparent relationship with the theme of Personal Indices.

1. Subject: Well, for the most part, (when the patient dies), I feel relieved for the patient, because I feel that they are going to a better place and are in God's care.

2. Subject: Sometimes you just happen to hit a stretch where you get a string of very unstable patients, and they don't get better, or all of a sudden you're on a stretch where you seem to be discontinuing treatment on all of the patients. I think that just sort of affects you and you just want to get out.

3. Subject: To actually see someone die with some dignity, it makes makes you feel very peaceful, and it's one of those days when you go home from work and think well, maybe I helped in making someone die with some dignity. You know that's important too, because sometimes it's horrible what you do to people and you feel so guilty for being part of it.

4. Subject: I'm seeing that a lack of hope for a patient's recovery really dampens my spirits and decreases the satisfaction of my job. To keep this man alive I feel would be torturing him.

It is evident that the patient response to care is related to the related category of Doing Everything Possible. The following demonstrates the relationship.

1. Subject: If a patient dies I feel real bad. Especially if a patient deteriorated and you didn't expect it. You leave in the morning and you feel Oh Shit!

2. Subject: I remember we did everything that day, I mean everything, and she was sicker when I went home than before, but I remember I felt good because we had done everything possible.

3. Subject: If you feel things could have run smoother, things could have been done in a particular way and they weren't, and then the outcome is that the patient doesn't do well, you feel pretty rotten. But if you have done everything you can do and you've worked well as a team, you still feel bad, but it's not that frustrating, helpless kind of feeling. You feel bad for the family, bad for the person.

4. Subject: I guess sometimes it's easy to feel that if a patient doesn't do well that somehow you didn't do everything that you could have. Like you didn't catch something in time. Sometimes a patient will develop a complication or something will happen, and then you think maybe if I'd noticed that earlier or was it me? Did I notice that? I think people in a subtle way take blame for their patients not doing better. You know, I've heard the expression "I broke my patient". Well, I really don't think that it has anything to do with it. A lot of times it's nothing to do with the nurse, in fact if you weren't there or if they weren't in intensive care, that patient would have deteriorated in a worse way or more dramatic way, because I think we do, for the most part, catch things. There is sort of a guilt there, though. Sometimes you feel guilty that this patient isn't doing better.

There is also evidence that not knowing how a patient does in the long term has an effect on satisfaction.

1. Subject: The thing that you miss is that you never see anyone going home, or very rarely. You don't see the end result of someone who is really ill after

surgery with complications such as infection. You get them over the danger but you know they're going to be in the hospital for two or three weeks and you never know how they do. You miss that.

2. Subject: We never know how these people turn out in the end unless someone comes back to visit.

3. Subject: Sometimes what does bother me is that we've got them to the point that they're well enough to go to a ward and that's the end of it. We don't hear anything more.

Quality of Care is seen to be an important determinant in consideration of job satisfaction of the critical care registered nurse. It is seen to have four related categories which are themselves interrelated in some aspects. Quality of Care is predominated by the critical care nurse's desire to "Do Everything Possible". The related categories of Family Interactions and Patient Relationships also contain evidence of the nurse's desire to do everything possible. Satisfaction is perceived when the critical care nurse determines that Quality of Care issues have been met. Not all incidents in the related categories led to satisfaction, however. The concept of caring is identifiable throughout the data related to quality of care, and is a defining character of whether or not quality care, in the determination of the critical care registered nurse, has been attained.

In summary, the pattern of Quality of Care is related to Doing Everything Possible, participating in Family Interactions, developing Relationships with Patients, and when the Outcomes of Care are positive. Quality of Care is not met

when assessment of a situation reveals that everything possible has not been done due to: the performance of health professionals; time constraints; or when outcomes of patient care are not positive, especially in relation to the duration of patient stay in critical care.

Pattern 2: Challenge

The subjects frequently related Challenge as an important aspect of their satisfaction in critical care nursing. Not every subject viewed Challenge in the same way.

1. Subject: I guess it's the challenge of having to keep on top of everything all at once. I enjoy having to react and having your senses aware of what's going on and how you have to keep on top of someone's status.

2. Subject: I think that 98% of critical care nurses like challenge and like to see the patient get better. But when you have the patient there for a month, there's no challenge.

3. Subject: It's when you don't have challenge that you have bad days. I guess you feel challenged when you have a patient that's quite unstable and you are using your mind, and you are dealing with family and dealing with the patient, and you feel that you're actually doing something or contributing, from what you have learned in your education, or by how you are working with the other staff members.

4. Subject: I've always found it challenging every day. I don't come in to work finding it boring. It doesn't always have to be an active dynamic situation for me to be a challenge. Like sometimes with the weaning patients, other nurses will say it's a very boring day, but I look at those situations, and find challenges or goals for the day. One of the biggest challenges is getting to know the patient on a personal level, especially when they have tubes in their mouths and can't talk or they're unconscious.

With further exploration and analysis, it was determined that challenge consisted of 4 related categories: R1) Knowledge, R2) Problem Solving, R3) Decision Making; and R4) Responsibility. Each of these related categories will be presented.

Related Category 1: Knowledge.

The opportunity to use their acquired knowledge was determined to be part of the challenge of nursing in critical care. Keeping up with their knowledge was also deemed to be important and challenging.

1. Subject: When there is no inservice or teaching or learning going on in the unit, it's kind of like being hungry. You're more enthusiastic when there's a lot of good learning going on.

2. Subject: I guess one of the things that has kept me here is the fact that it is a challenge and that you never know everything and there is always something more you can learn. I've probably increased my knowledge base by at least 100% since I started working in critical care. I need to keep learning and growing to be satisfied in nursing.

3. Subject: What I like about critical care is that everyone has a job to do and they know how to handle it. Critical care has given me the knowledge and skills to handle each crisis. It's satisfying to understand the physiology and why the drugs are working the way they are. Knowing that I'm always going to learn more has kept me in critical care.

4. Subject: Usually there are two nurses working closely together. It's nice if you are working with a very conscientious nurse. You usually learn things, and see how well they do things. So that's enjoyable too.

5. Subject: New knowledge gives me a sense of satisfaction. That's why I've stayed in critical care nursing for so long. I feel that I'm learning something new at least once a week.

The use of Knowledge was also deemed to be an important factor in satisfaction. Knowledge was used in both of the following related categories of Problem Solving and Decision Making.

Related Category 2: Problem Solving.

Problem Solving was related to provision of patient care. It is intimately related to the determination of the quality of care provided.

1. Subject: I like it when someone is a little slower coming around than the usual patient, and just trying to figure out why and trying to wake them up a little quicker.

2. Subject: I guess I enjoy the feeling of my own adrenaline, and being able to problem solve something that was going on, and feeling like yeh, I worked out that problem.

3. Subject: I guess I start to think about what is the priority, giving that antibiotic on time, spending more time with the patient, talking to the family.

4. Subject: You have a problem and the challenge is to solve it satisfactorily from a patient, medical, and nursing perspective.

5. Subject: Challenge is being busy enough that it's a bit of a problem, like fitting everything in, like I'm kind of thinking on two levels, I'm doing my work as I'm planning my next step, rather than just having a slow easy going day where things just run normally. Having unexpected things happen where you have to think very quickly on your feet or something bad or detrimental could come out of it.

Time appears to be an important factor in Problem Solving in that in most of the described instances problems had to be solved quickly. All instances of Problem Solving were seen as being a positive aspect of Challenge.

Related Category 3: Decision Making.

Closely allied with Knowledge and Problem Solving in the perception of Challenge, is Decision Making.

1. Subject: I like having someone there (doctor) to help in some of the decision making, and you know that you don't have to do it all. And you know, some of the decisions are really not in your realm, they are more medical decisions. It seems to be a grey area.

2. Subject: It's rare that you are ever alone and have to make decisions all by yourself.

3. Subject: Challenge to me is when I'm constantly doing something, and assessing the patient and evaluating the numbers that I get and making decisions based on those numbers.

4. Subject: When you have a patient where you've been given the option to do things in two or three different ways, and the doctors have left it up to you, I think you feel pretty challenged, and if what you do works, you feel pretty good about it.

Decision Making reflects a multiplicity of practice models that the nurse uses in critical care. Those practice models are: independent practice, interdependent practice, and dependent practice. The implications of these three models will be discussed in relation to Interpersonal Relationships and the Work Setting. Decision making appears to be a positive aspect of Challenge, provided there is someone else available with whom the critical care nurse can consult as necessary.

Related Category 4: Responsibility.

When reflecting on Responsibility, the subjects considered their previous experiences working on general medical or surgical units and compared them to their critical care experience.

1. Subject: There is this freedom that you get to do more, and we can use our own skills and judgment.

2. Subject: One thing the kids on the ward don't realize is the amount of responsibility that we have for our patients. It's so much greater than on the wards. Like you don't have to wait if your patient is gasping for breath and has to be extubated, and you don't wait for someone to say go ahead and draw a blood gas, you go ahead and draw it. You do your own assessment and you treat your patient on what you assess and not on someone else's assessment.

3. Subject: You have a lot more responsibility (in critical care) you're using your mind a lot more and you are dealing with very sick patients.

In discussions concerning Challenge, many of the subjects reflected on their experiences of being in charge in the critical care area. On analysis, the related categories of Challenge were evident in these experiences.

1. Subject: When I'm in charge, I enjoy making decisions with people, with nurses at the bedside. I enjoy helping new staff members with what it is they're doing with their patients. It's not the extra 45 cents an hour that's the thing, not the power, I guess it's being able to make decisions.

2. Subject: Being in charge is a nice change. You get a little more responsibility and you learn a lot more.

The critical care nurse identifies that Quality of Care and Challenge are more readily attainable in critical care than in other practice settings. Considerations regarding alternatives to a career in critical care were discussed by the subjects.

1. Subject: It's hard once you're in critical care. Nobody wants to go back to a ward setting. There's not too many other areas that are comparable in terms of looking after patients. I can see myself staying for one or two more years and then going somewhere. But it's hard to find areas that would be as satisfying and different and would have the things you want in terms of a job.

2. Subject: I recognize that it's not something that I want to do forever, but while I'm doing it, I do enjoy it mostly. The thought of doing it forever is depressing. I've looked at doing my B. N., and I've looked at doing other things in nursing and I don't really see any other roles that I want in nursing. So probably getting out will mean getting out of nursing.

3. Subject: I know there are days when I think that we're going crazy, but then I think...there's no other place I'd want to work.

4. Subject: I often think, where do I go from here? I guess that jobs that interest you, you have to further your education to obtain them. So I guess sometimes you just stay here because there is no where else to go rather than you really want to stay here.

5. Subject: I've been thinking of changing streams altogether and going into a maternal child care because I really want to work in a happy area and for the most part, I don't find critical care a happy area.

6. Subject: I think that a lot of people use critical care as a stepping stone to go on. The only time I think of doing something different is to do something completely different, like labour and delivery.

Many of the subjects had given some thought as to how they could make their career in critical care more professionally challenging.

1. Subject: I could see myself in being more in a supervisory role.

2. Subject: Something that would induce me to stay would be to have a role that is a step above the nurse with just the I. C. U. program. In the I. C. U. program you learn the basics of nursing care, but what we need is another step where you could assume a little more responsibility, with the study and the knowledge that goes with it. Then maybe you wouldn't work quite so many weekends or as much shift work, either. I think there's scope for another job role. Something to induce those who are interested in critical care to stay.

3. Subject: The feeling of growing is important to me. And that's probably why I'm trying to decide what the next step is. Because I really feel that I have to do something else. When something becomes too routine, you tend to stagnate. I mean there's little things here and there that you learn. But I like the excitement of discovery. I'd like to have that in my job.

None of the subjects mentioned that they had any intention of not working, although the thought of leaving critical care had occurred to them all. The lack of career alternatives and the sense of career stagnation evident in some of the comments gives pause for consideration of job enlargement and enrichment, especially in the face of the acute shortage of critical care nurses.

Challenge is an integral aspect of the critical care nurse's job satisfaction. It is closely linked to the opportunity to provide quality patient care. What is con-

sidered challenging is, to some extent, a Personal Index. The pattern of Challenge is related to the opportunity to gain and use Knowledge, Problem Solve, and Make Decisions. The sense of having Responsibility also increases the perception of Challenge. Challenge is impeded when there is little increase in Knowledge or Responsibility and when Decision Making takes place in circumstances where there are no available resource people. It will be demonstrated later that Interpersonal Relationships and the Work Setting have a great deal of effect on the attainment of Challenge in critical care.

The preceding presentation of the data has demonstrated the major theme of Professional Aspects with it's patterns and their related categories. Some of the data does not fit neatly into only one of the patterns or related categories. Much interrelatedness in the data is seen. Further discussion regarding this interrelatedness will be presented later.

Theme 2: Interpersonal Relationships

Interpersonal Relationships were found to be the second significant theme in critical care nurse's job satisfaction. The processes of Interpersonal Relationships were found to differ depending on who the critical care nurse was relating to. Initially, patient relationships and family relationships were included in this theme. Further analysis

revealed a distinct difference between the character of the relationship the critical care nurse had with families and patients and the Interpersonal Relationships between other professionals working within the critical care unit. For this reason, family and patient relationships were included under Professional Aspects, as they were more reflective of the nature of professional practice, rather than the qualities evident with Interpersonal Relationships.

Three patterns emerged as analysis proceeded. The significant difference between the patterns lies in what was involved in the Interpersonal Relationship. Pattern P1, Collegiality, refers to the relationships between the critical care nurse and other critical care nurses with whom she works. Pattern P2, Relationships with Physicians, was originally thought to be a part of collegiality. However, the dimension of power and authority made these relationships much different from a collegial relationship. The third pattern, P3, Relations with Supervisors, again could not be included in the pattern of Collegiality as many of the relationships between the critical care nurses and their supervisors could not be interpreted as being collegial.

It is evident from the analysis that there are three concepts that form a common thread throughout the theme of Interpersonal Relationships. Those concepts are communication, respect, and recognition. As the data and analysis are presented, the commonality of these three concepts with

all the subcategories presented in this conceptual category will become evident.

Pattern 1: Collegiality

A colleague is defined as "a fellow member of a profession; an associate" (Funk & Wagnall's, 1973, p. 266). There is a sense of equality of status in a collegial relationship, and if there is a difference in legitimate power between two colleagues, the exercise of that power is curtailed. Due to the acuity level of the patients in critical care, often nurses must work closely together in order to meet the rapidly changing needs of the patients. These situations are often tense, requiring rapid intervention and decision making. The following data reflects the variety of perceptions the critical care nurse may have of these situations.

1. Subject: Some people are easier to work with than others, and some people you get along better with than others. Some people you know what they're going to do and they work the same way you do. Whereas some people you don't know as well, you anticipate they're going to do this and they don't. It kind of throws you.

2. Subject: It's a good thing when you have a really unstable patient and you need to work as a team. You know what to expect from one another and you know how to help one another and things go a lot more smoothly if you all know where you are coming from.

3. Subject: It is more pleasant to work with someone that you really admire their level of knowledge and their care giving as being good and expert.

4. Subject: I think that we use each others skills a lot, you know, kind of pool skills and develop quite a sense of camaraderie.

The need for close working relationships between the registered nurses working within the critical care unit is obvious. Factors found to be related to the sense of Collegiality have been grouped into two related categories; R1) Affirmation, Encouragement, and Support, and R2) Rapport.

Related Category 1: Affirmation, Encouragement, Support.

In the Collegial relationships, Affirmation, Encouragement, and Support are experienced in many instances. These all tend to increase the amount of job satisfaction perceived.

1. Subject: I prefer working in areas where people care about each other and not just about their patients or for their patients, but about each other.

2. Subject: In this situation, I felt really badly at the time and I felt really guilty. The girls I was working with, we talked about it at the time and, well, they all said "I wouldn't have done anything different" and I felt they were just saying this because it was just a nice thing to say, and in this case nothing they said made me feel any better. Sometimes I think, though, it does make you feel better, when you discuss the events and find out what someone else would do. I find that usually joint decisions would be made at the time, and you talk about it, and it's kind of a relief.

3. Subject: I think that support is important. I don't think you have to have ten people support you, but you need to have at least one. Just to make you feel good about what you are going to do.

4. Subject: Sometimes I feel a colleague will come in and say I know you're having a really bad day, let's see what we can do. That's really positive.

5. Subject: If you're having a really bad day and you can get support it makes a difference. It depends on which group you're working with. Sometimes if someone else has had your patient before, they can help to validate your feelings. So if you feel that you can talk to somebody, it can help.

Affirmation, Encouragement, and Support is not always evident in the collegial relationships within critical care.

1. Subject: I guess in I. C. U. there's not a lot of people that have been there for more than five years. There's a few, but you don't tend to say anything to them (affirmation). I'm not accusing anyone, because I don't say anything either to those who have been there longer than me. You don't think about it because that's the way you expect them to perform. And also if they didn't feel good about being there they still wouldn't be there.

2. Subject: If you have somebody beside you who is kind of lazy or some idiot who doesn't do anything for you while you are on your break, and you come back and your patient needed to be turned or wanted something, and they hadn't done it. It's kind of frustrating.

3. Subject: I was angry with them (other nurses) for their insensitivity to my patient and their lack of support for me.

4. Subject: A lot of times a good day is just when everyone's been in a good mood and gotten along.

What occurs on breaks in terms of conversation is also a factor in job satisfaction.

1. Subject: I detest going for a break and everyone is talking about what is going on upstairs.

2. Subject: When you work with the same people all of the time, say on your break, if one person is having a particular problem, then it's like that's your problem for the whole shift. It's not like relaxing, joking, or casual chit chat. You almost get to know people too well.

3. Subject: If one person starts to rant and rave, then you have the whole group doing it. It's not relaxing. You walk back and you don't feel that you've had a break at all.

4. Subject: I don't let what happens on breaks effect me. I forget about it as soon as I leave the room.

Collegiality is something that not everyone experiences in the same manner.

1. Subject: For the first two years working in critical care, working with other nurses was my biggest problem. There were personalities that just overwhelmed me. Now I don't find dealing with co-workers a problem. In all the people that I work with I don't have personality problems or anything like that.

2. Subject: If I've got something to say I say it. Some of the kids have a hard time with me when they first start in the unit, then a couple of months later they'll tell me about it, that they were terrified of me when they first started.

3. Subject: I think a lot of times there's friction between staff members and I think that's hard. I try to get along with everyone, and when you know people around you that aren't getting along that gets you upset.

It is evident from the descriptions that not all subjects experience the same amount of Affirmation, Encouragement, and Support in their Collegial relationships. It is also apparent that some relationships between colleagues are strained.

Related Category 2: Rapport.

Rapport was frequently described by the subjects as important to their satisfaction when considering their relationships with others.

1. Subject: I attribute this satisfaction to my co-workers and our excellent rapport and teamwork. There is a natural respect and trust in each other's abilities.

2. Subject: There was good teamwork among us in such activities as turning the patient, changing ETT tapes etc., as well as good personal rapport.

3. Subject: Factors that contributed to job satisfaction was good rapport with the other nurses and sharing of my experience that helped someone else at work.

Rapport was conceptually linked with teamwork. Teamwork is a Value that will be discussed under the related category of Work Expectations, in the pattern of Values under the theme of Personal Indices.

The pattern of Colleagiality can enhance or inhibit the attainment of job satisfaction. Colleagiality is related to the perception of Affirmation, Encouragement, and Support; and a sense of Rapport and teamwork with one's peers. Failure to experience these dimensions of Colleagiality decreases the perception of job satisfaction. The importance of promotion of Colleagial relationships that are found satisfying is evident.

Pattern 2: Relationships with Physicians

Interpersonal Relationships with physicians were also identified as integral to the perception of satisfaction that the critical care nurse experienced. Frequently the critical care nurse referred to the sense of teamwork in the critical care area as being important. This sense of teamwork was found to be based on the perception by the nurse that the physician respected and recognized the nurse, as well as supported the nurse in decisions. These were collectivized into the related category R1 - Respect, Recogni-

tion, and Support. There is also a sense of difference in legitimate power between the nurse and physician. This power difference at times proved troubling in situations where the physician's competence, availability, and decisions in a particular situation proved problematic to the nurse. This is reflected in related property R2) Authority and Dependency. Communication continues to be an important concept in this sub-category.

Related Category 1: Respect, Recognition, Support.

The properties of Respect, Recognition, and Support are evident in the following quotes.

1. Subject: I like the collaborative practice between nurses and doctors on the unit. I enjoy participating in rounds. There is doctor participation, nurse participation, dieticians, respiratory, pastoral care. And it's satisfying to give your assessment and your impressions and that these things lead to change in the patient's plan of care.

2. Subject: An older resident told a newer one, "Well, if you're not sure of what to do, just ask one of the nurses, because they know what they're doing". These are really nice things to hear. Even though the plans may not be what you think, at least you have a voice, and you can say what you think without being made to feel bad, or being looked down on, so you have credibility in that sense.

3. Subject: A lot of the physicians, when they leave the area, they will say things like thanks, you made it easy for me and helped me out. That makes you feel good. Other guys, well, they just leave, they're happy to be out of the place. They think you're just hasseling them, and you don't like to be called a hassler.

Other experiences also reflected a negative aspect to this related category.

1. Subject: You know when you try to get a point across in rounds and everyone looks at you like you're stupid and they disregard what you say. Then two hours later they come in and they kind of notice it for themselves and you think "I told you so". I feel like why am I here? Sometimes I just don't even want to attend rounds because I feel like it's a waste of my time. All I want is to be taken seriously. You're the person that is with the patient all of the time and can see that certain parts of the patient are getting looked after, but some of the important parts no one cares about. You're trying to do what you can do within your limitations as a nurse. But you can't get the other people interested enough to come in and assess the situation. When there is a good team approach you can get your point across because people will take you seriously and will give consideration to what you say.

2. Subject: Some of the doctors don't give you respect, especially some of the young ones. Depending on where they come from they don't listen to what you are trying to tell them. They're not familiar with the routine and you're trying to tell them something and they just don't listen to what you have to say.

3. Subject: The doctor may trust my judgment, but he still doesn't treat me as a person. You seem to be just this "thing" that is there.

4. Subject: Sometimes I feel I don't get respect from the doctors. Like I watch them in rounds when I'm giving my assessment. I watch their body language. Sometimes their body is there but their mind is in the Bahamas.

It can be determined that often the amount of Respect and Recognition that a nurse receives is related to the individual physician. The availability of the physician is integral to this related category. This has been previously discussed in the related category of Decision Making.

1. Subject: I enjoy working only when we have qualified medical staff around, because we don't always have a resident on. I don't really enjoy it when you don't have someone around to back you up. It's hard to run a "99" (cardiac arrest) over the phone.

2. Subject: Sometimes it makes a big difference depending on who the resident is beside me. As you know, some of them are more competent than others. I really want to be able to trust the person who is beside me. The one who you trust, you never question. The one you don't trust, you're questioning all the time. I think I feel very confident of handling nearly any situation, the important factor is who is around to help me out and give the orders.

3. Subject: Some doctor will come over and say thanks, you've done a good job....and you kind of float home because it came from a very unexpected source, first of all, and then it makes you know, hey, he knows what I'm doing, he knows how much work I've put in to that patient today.

4. Subject: With doctors, it's always nice when they are competent. That's a biggy. You can groan when you know that it's going to take four hours for the doctor to complete a procedure. But then again, the doctors are usually only there for about four months and they go. They usually don't make or break my day.

Respect, Recognition, and Support of the critical care nurse by the physician increases the perception of job satisfaction. There is also evidence that Respect, Recognition, and Support of the abilities of the physician by the critical care nurse also has an effect on the perception of satisfaction. Lack of these properties may lead to distress. The recognition that there is a dependence and a power difference between the physician and the nurse is evident in most of this data. This leads to the second related category of Relations with Physicians, Authority and Dependence.

Related Category 2: Authority and Dependence.

Although much of the nurse's professional practice is independent, there are many activities that the critical care nurse undertakes as a result of physician's orders. This dependent aspect of nursing practice and power difference is the key reason that the nurse-physician relationships are determined not to be Collegial in nature. The following reflect incidents that impact on the critical care nurse's perception of satisfaction in relation to this issue.

1. Subject: There is this one physician who is always ranting and raving. I mean some people cannot even think of their own name when he is around. It's an area that needs to be worked on. I know he has chased many people away from critical care. You know some guys figure that you should know what they want when they're still thinking about it.

2. Subject: A lot of the times the doctor will approach you and ask you what you think.

3. Subject: It's easier when we can discuss things. We can tell the doctors things, make suggestions, and he will say sure, let's try it. Other's, well, it's their way or no way.

4. Subject: I'll put forth a suggestion, but I still feel that the major decisions are not really nursing decisions. I don't really see us having that sort of power.

5. Subject: I've had many discussions with the medical head of the unit about this and the bottom line is that they are responsible. They're the ones signing the orders.

6. Subject: I may be from the old school, but I still feel the doctors have power over us. Let's face it, they've gone to school for a lot longer than I have. I have a lot of responsibility but basically the responsibility does lie with them. As far as residents that come into I. C. U., sometimes I feel more qualified than they are because of my past experience, but I still respect them for the amount of learning they have had. Maybe they're just not up to

> date on intensive care medicine, but they have a vast knowledge of other things and they can bring this in to discussions.

Many of the discussions and decisions being reflected upon by the preceding subjects are in relation to discontinuation of treatment for a patient. This will be further explored in relation to Personal Indices of the critical care nurse.

If the Relationships with Physicians have the categories of Respect, Recognition, and Support; and contain a sense of teamwork despite the physician's Authority and the Dependent role of the nurse, satisfaction in Interpersonal Relationships will be perceived. Lack of these categories decreases the perception of job satisfaction. Relations with physicians are predominantly considered in relation to the attainment of Quality of Care.

Pattern 3: Relationships with Supervisors

For the purposes of this study, supervisors are determined to be Head Nurses and Assistant Head Nurses, as these were the only relationships reflected upon in regards to the nursing hierarchy. There was a distinct difference between how various subjects reflected upon their Interpersonal Relationships with these supervisors. These were determined by the role relationships established between the subjects and their supervisors. Much of this was dependent upon the leadership style of the individual in question. This will be further explored under the conceptual category of Work Setting.

Most of the data in relation to the role relationships between the Supervisors and critical care nurse subjects, reflected Recognition, Support, and Communication. This is the only related category identified in this pattern.

Related Category 1: Recognition, Support, Communication.

1. Subject: I think there is a big impact on job satisfaction in terms of the head nurse. If you feel she's rooting for you. Also how much enthusiasm she gives to the place. Also I guess if you have a head nurse that you can go and talk to. Or if there can be discussion between you. If there's a problem there's an openness that you can discuss problem areas or just areas where you're not happy.

2. Subject: I see my head nurse as a colleague. She's enthusiastic and works hard for her staff in lobbying for different things that we want to change.

3. Subject: I tend to just ignore what the head nurse and assistant head nurses do, unless I feel there is a problem and it directly effects me, or that I can see it relating to someone else around me at the time, I just ignore it and don't let it bother me. On the other hand, I'm not afraid to go to them and say look, you placed me in this situation. You did this and I'm not happy with it. But I won't usually say anything unless I'm extremely unhappy with it.

4. Subject: The head nurse doesn't impact much on my day. She's busy at meetings and in and out of the unit all day. I tend not to get involved with her. I would rather make my decisions on my own, and maybe justify it later if I have to.

5. Subject: The assistant head nurse and the doctors chat back and forth and they make many major decisions for the unit without ever consulting the staff nurses. The assistant head nurse acts like a boss rather than as part of a team.

6. Subject: There's not much recognition given to the staff nurse by the head nurse or assistant head nurse. There's not a lot of support for the staff. Personally I have never had a big problem with them, I think because if I have a problem with them I approach them about it and get it fixed right then and don't let it drag on.

7. Subject: The head nurse's attitude can colour the overall picture of the unit. You sort of get the feeling that as a staff nurse you're disposable. She also makes you feel that if you can't handle absolutely everything that comes up that you're not good enough. Your falling short of the mark unless you're perfect.

The pattern of Relationships with Supervisors enhances the perception of job satisfaction when the supervisor is seen to be Supportive, and there is Communication along with Recognition of the critical care registered nurse. Conversely, the lack of these properties decreases the attainment of job satisfaction. The variety of perceptions of the supervisors in critical care will be further explored, as they appear to be related to the subject's Personal Indices as well as the leadership style of the supervisor.

Through analysis of the data, it is evident that many of the subjects believe that Interpersonal Relationships play a significant part in their attainment of satisfaction in their work. Enhancement of satisfaction in terms of Interpersonal Relationships is related to the perception of how adequately people are doing their jobs; attitudes of other critical care registered nurses, nursing supervisors, and physicians; a sense of teamwork; and the communication experienced between all of these players in the critical care area. Deficiencies in any of these areas results in a decreased perception of satisfaction, especially when Quality of Care is not being achieved.

Theme 3: Work Setting

The third theme to be addressed is that of the Work Setting. Work Setting is defined as the total of all variables that are relatively outside of the usual sphere of control of the critical care registered nurse. The patterns identified are those of the Environment, Organizational Directed factors, and Union Directed factors.

Pattern 1: Environment

The environment in the critical care area has a significant impact on the perception of satisfaction by the critical care nurse. The environment is determined to have the Related Properties of: R1) Physical Environment; R2) Type of Patients; R3) Activity; R4) Politics; and R5) Teaching.

Related Category 1: Physical Environment.

Many of the subjects reflected on the fact that they worked in close proximity to other patients and nurses and there was a continual stream of health care workers coming to see the patient. The fact that they were required to stay by the patients bedside due to the critical nature of the patient's illness also precluded the opportunity to "escape" when they needed time out from whatever was going on.

1. Subject: Sometimes you feel very trapped. That it's you and the patient against them. You've got a sick patient and you can't get out and people are coming

and telling you to do this do that, and you can't walk out. They can walk out and take a breather, but you're in there stuck. Sometimes you really do feel trapped. Sometimes you just want to block out the other people.

2. Subject: I enjoy the smaller space you have. On the ward you run from place to place. One thing is though that working in such close proximity with other staff, it seems to be very intense...everybody knows everybody else's business sort of.

3. Subject: It's so small that if you turn around you're in your neighbour's face.

4. Subject: We have a very small unit and it can be claustrophobic sometimes. Sometimes, on some days, it's so noisy and cluttered and so many people in there, you come home and it is what I call circuit overload. Like I don't even watch T. V., and God help anybody if they phone.

The small work area is seen both as an advantage and a detriment. The lack of opportunity for the nurse to control the number of people invading the work space is also seen as a negative factor. This is related to the category of Territoriality under the pattern of Control in the theme of Personal Indices, and will be further explored.

Related Category 2: Type of Patient.

The critical care nurse has no control over the type of patient that is admitted to the critical care unit, and little control over the type of patient that will be assigned to her for that shift. There are two major components to the type of patient admitted to the unit. One is related to the acuity level of the patient, and the other is related to the ethical and social considerations regarding the hopelessness of the case, and the responsibility of the patient

for their own illness. Some of the nuances of the perception of the type of patient that the critical care nurse expected to care for are revealed in the following quotes.

1. Subject: I first thought that we would end up saving lives every day, and it would be exciting. I didn't realize people could have a slow recovery, I thought they would have a rapid recovery. I didn't realize things could become routine.

2. Subject: I choose to work in this unit because of the type of patient that is more frequently admitted here. I enjoy having a really sick patient.

Many of the frustrations expressed by the subjects were related to the care of patients that were determined to be difficult in some manner or other.

1. Subject: Interactions with the patient, like I mean I do the care that needs to be done and that, but I find that I get very impatient or cross with them when they demand for the fifteenth time the same thing on a piece of paper. I feel like I want to take the paper away and hide it. Or it's difficult to care for the type of patient that just can't get comfortable... the patient is constantly moving around. I've felt very lonely at times...especially if you have an obnoxious patient. I think everyone is willing to help out if you have a really sick patient, but less so if he's obnoxious.

2. Subject: After a patient has been in the unit for about three weeks or a month...yuk!. Sometimes these patients are at a plateau and they don't get any better and they don't get any sicker. You can think that you've wasted your day because there is no improvement.

3. Subject: I find that a lot of our patients who have been there for a while tend to become psychotic. You know that they don't know what they are doing, but it sure feels at the moment that they are abusing you. It's hard to forget it at the time and realize that the patient is not aware of what they are doing. It can feel like a personal insult at the time.

4. Subject: Usually chronic patients are sort of messy patients, like they've got diarrhea, and you have to get them in and out of the chair 5 times a day, and you're filling out weaning sheets. A lot of extra little duties that you don't see progress in. You see very little progress each day. Perhaps you are going backwards. That at times is frustrating.

5. Subject: I don't mind taking care of the chronic patients here and there, but I don't want to be doing it all the time. I feel that I get stagnated and bored, even though there is a lot of work to do. But it's so routine.

There is interrelatedness between the category of Type of Patient and the theme of Professional Aspects. The opportunity to achieve a sense of Quality of Care and Challenge appears related to the Type of Patient being cared for. Those patients who are viewed as being difficult to care for in some manner or other, or whom the nurse does not feel Challenged in caring for, decrease the perception of job satisfaction.

Dealing with the dying patient also presents special challenges to the nurse. It is a given that many patients will die in the critical care unit. One of the types of death that the critical care nurse must deal with is that related to a patient who is going to be used as an organ donor. How the nurse responds to the death of a patient has been previously presented under the conceptual category of Professional Aspects and will be further discussed in the conceptual category of Personal Indices.

1. Subject: If you're taking care of a body that they're going to take organs from, you tend to separate yourself from them. And unconscious patients too. It's hard when you get no response from them.

Often the subjects questioned why a particular patient or type of patient was admitted to the critical care area.

1. Subject: When they admit alcoholics with their liver failure, and you know they're going to die, it's frustrating. It's their whole life style, the way they've been brought up. They're usually native. I don't really blame them for it, but I think of the money, our time and effort.

There is ambivalence in the perception of job satisfaction in relation to the Type of Patient cared for. The opportunity to perceive satisfaction is through Professional Aspects, which are not met with some Types of Patients.

Related Category 3: Activity.

Frequently the subjects related their satisfaction in critical care to the activity in the critical care area. There was similarity of descriptions between activity level and type of patient.

1. Subject: When you have a patient that's routine and you don't really have a lot to do and it's kind of boring. You're not using your mind and time is dragging.

2. Subject: We had a very busy shift with many sick patients and there was a great deal of activity but I went home with a positive feeling.

3. Subject: In coronary care you do a lot of running. With three patients you feel really split. I just feel like I'm physically running back and forth, getting this and that, giving meals, going to check on another patient.

4. Subject: I derived a great deal of satisfaction from this shift. It was extremely busy with a really sick patient.

It is apparent that being busy at work can be a source of satisfaction, especially when the critical care nurse is caring for a patient where Professional Aspects of care in terms of Challenge are being met. Even being so busy that breaks are missed is often not a problem.

1. Subject: This was a good night. Although I was very busy and missed at least one break, this patient improved markedly.

When subjects were discussing the requirement to remain overtime due to being busy, they most often related resentment to the task of charting.

1. Subject: It's hard to put on paper what you've done for 12 hours with a really unstable patient. It's sitting down and trying to make some sense on paper that's more tiring than 12 hours at work.
2. Subject: It was a very busy night. I needed overtime to chart.

A slow day is terms of lack of Challenge can result in boredom. Conversely, a busy day increases Challenge and thus perception of job satisfaction.

Related Category 4: Politics.

Politics were mentioned frequently by the subjects.

1. Subject: Over the years I have become more self-confident and assertive. I decided that I just wasn't going to get involved in politics in the units.
2. Subject: I think the politics in the unit are difficult to deal with. You know, like when doctors have written conflicting orders on a patient. Which ones do you follow?
3. Subject: I tend not to get involved in politics at work, unless I'm forced to because I'm in charge.

> You know, two patients for the one remaining bed scenario. I like working nights. There's less brass around, so different political problems don't crop up.

Politics were seen to be a negative factor in the Environment. How involved in politics the subject allowed herself to be is determined to be a Personal Indice which will be discussed in relation to the pattern of Control.

Related Category 5: Teaching.

The critical care areas in which the subjects were employed are teaching areas for both nursing and medicine. Nurses are undertaking a post-basic program in intensive care nursing, and physicians are engaged at various levels of training for a variety of medical specialties.

The fact that the critical care unit is a teaching area for doctors impacts upon the nurse. Many times the nurse had to deal with a new doctor who didn't know the ropes in critical care. The frequent changes of doctors, sometimes on a monthly basis, also affects the nurse. The nuances of both of these perceptions are evident in the data regarding Relationships with Physicians in the theme of Interpersonal Relationships as well as in the following quotes.

1. Subject: An older resident told the new one, "Well, if you're not sure of what to do, just ask one of the nurses, they know what they're doing".

2. Subject: Dealing with residents that don't know critical care is frustrating. Sometimes things happen because the resident doesn't know any better. You try to help them, but some of them won't listen. If something really detrimental to the patient hap-

pens as a result, it comes back to haunt me for a long time afterward.

3. Subject: You know, often you have to guide and support a resident through a difficult situation. You've been involved in a number of similar situations before, like discontinuing therapy, but it's the doctor's first time. You find it emotionally draining....you're supporting the family, supporting the patient, and supporting the doctor too.

The subjects had all had experiences in working with students in the critical care nursing program. Students in the area are understood to be a given by the subjects. Their reactions to working with students are varied.

1. Subject: I don't work well on a one to one situation with a student, especially when we're assigned a really sick patient.

2. Subject: I enjoy working with the students in the I. C. U. course. You end up teaching them. I think having students around helps you to keep up to date on things. When you do bedside nursing you can get left behind with the changes that are always going on. I think the students are right up on the new things and you get feedback.

3. Subject: It was very satisfying to be able to work with the students and talk to them and work closely with them. I also found it very time consuming because you'd have to take time from what you are doing to help them out.

4. Subject: It is more stressful for the day. You're responsible for the student, you are ultimately responsible for the patient care that she gives. It's hard not to do things and let the student do it. I don't find that greatly satisfying. I like to go there, do my work, and not watch someone else do it for you. I find that harder, actually. The day that I have a student is harder work than having a heavy patient by myself.

It is apparent that having to deal with both medical and nursing students in a teaching capacity has both positive and negative impact on the nurse.

The pattern of Environment does not appear to be directly related to the perception of satisfaction. Environment may be indirectly related to satisfaction through achievement of the Professional Aspects of care. There are both positive and negative aspects related to the Environment. The Environment is seen to be positive in relation to some aspects of the Physical Environment, the Activity in the area, and the opportunity for Challenge which is influenced by the Type of Patient cared for and the presence of students. Conversely, these same factors have been found to be negative, and through the inability to achieve the Professional Aspects of care, decrease the perception of job satisfaction. Politics were always viewed as a negative factor in the environment.

Pattern 2: Organization Directed

The organization directed related categories are those that are seen to be the direct responsibility of the critical care administrator. The management style of the head nurse is an important intervening variable in this discussion. Three related categories have been identified in this pattern: Hours of Work, Variation in Assignments, and Communication.

Related Category 1: Hours of Work.

The major finding in relation to the subjects was the importance and availability of part time work to their satisfaction. It was evident that the opportunity to work part time was a major factor in the decision to remain in critical care nursing.

1. Subject: At the end of working full time in I. C. U. I was getting burned out. I hate that word, but I was angry, always tired, and I never had any time to do anything else. Since I've been working part time it's given me a more balanced outlook at work. Now the things that used to really irritate me at work don't bother me.

2. Subject: I don't think anyone should work more than .8 in critical care. It's too stressful, too hard. Personally, I think that if nobody worked more than .8 they would stay longer.

3. Subject: Maybe everyone should be at .8 or less because of the stress. I've found that it has really worked for me. I wouldn't go back to full time. I was sick more. Now that I'm part time I never get sick. I haven't had a sick day for over a year. I enjoy work 100% more since I have gone part time.

4. Subject: I'll probably go part time sometime in the future. It will give me more time away.

Another aspect to the hours of work was the number of hours worked in a shift. There was no consensus regarding which type of shift the subjects preferred.

1. Subject: I prefer to work 12 hours. With the 8 hour shift you feel like you're there all the time.

2. Subject: I would feel rushed if I worked 8 hour shifts. I'd never work anything but 12 hours. It's much more accommodating for my family.

3. Subject: That is why I like the 12 hour shifts. You work and then you are off. Whereas a Monday to Friday 8 hour shift, it seems as if you are always working.

4. Subject: 12 hour shifts may be a detriment in critical care at times, because in the 9th and 10th hours you feel really tired. I think 12 hours is a long time to be with one patient, especially an emotionally challenging patient, because your resistance wears down after 8 hours.

Shift rotations were also important to the subjects.

1. Subject: If the unit is really busy and you've worked eight out of ten days, and there's a lot of really sick patients, you feel as if you are overloaded. It is too intense for too long. I like a shift where you never work more than three in a row and then you have stretches off in between all the time.

2. Subject: When you work for three 12 hour days, it's very stressful in the unit. You're running and going crazy all the time. Having that broken up by one day on and one day off really helps. It would also be nice if they could come up with some sort of rotation where a nurse can have one day a week off the same. That way you could belong to things, or take classes or whatever.

The requirement of working shifts other than days and on weekends was a consideration of the subjects.

1. Subject: I don't find shift work a problem. I sleep good on nights. I don't like straight days.

2. Subject: You know you work 50% shift and it gets harder and and harder as you get older. You know, to me, if I didn't see myself working 50% shift, I could see myself staying here longer.

Flexibility in hours was also determined to be a significant factor for some subjects.

1. Subject: Scheduling is important to me. Especially with my children.

2. Subject: The head nurse that we have tries her utmost to accommodate people with different schedules and to me that's a very positive thing. She's telling me that I'm important and that I will be flexible in hours if it means keeping you.

There were also considerations regarding whether working with the same group of nurses every shift was an advantage. Again, discrepancy in opinion occurred.

1. Subject: I hate the group rotation, I think it's one of the worst things. It might be okay for the two or three people who are the focus of the group but anyone coming into the group, it's really hard on them. Recently we've been juggling rotations, and it's been really quite good. I have worked with more than one group of people and everyone's been quite varied, and mostly people don't talk about nursing.

2. Subject: It's difficult when you are constantly working with different people. Some people are easier to work with than others and some people get along better than others. When you work with the same people you get to know what they are going to do and it makes it easier.

3. Subject: I think working in the same group has its good points and its bad points. Sometimes you all get in a rut together and you need some new faces or some new conversation and you realize that things aren't so bad. It's a good thing, though when when you have a really unstable patient and you need to work together as a team. You know what to expect from one another and things go a lot more smoothly if you all know where each other is coming from.

Hours of work is an important consideration in job satisfaction. It is apparent that the availability of part time work, flexibility in hours and shift rotations are important factors for the head nurse to consider. These factors are interrelated with Professional Aspects and Personal Indices in terms of how the critical care nurse copes with hours of work in relation to having the energy to meet the demands of providing Quality Care.

Related Category 2: Variation in Assignments.

The opportunity to care for a variety of patients was indicated as an important consideration to the subjects. As was previously presented in the related category Type of Patient in the patter of Environment, there is little opportunity for the critical care nurse to have input into the assignments the nurse is given.

1. Subject: I think it's important to be given some variety (in the type of patients assigned).
2. Subject: Float and 99 was a nice change because I wasn't tied down to any one responsibility. I could go here and there and help people out.

Another aspect of variety for these subjects was the opportunity to be placed in charge for some of their shifts. This was viewed as a very positive experience for a number of reasons.

1. Subject: Sometimes I like to take charge just to get away from the bedside for a while. Sometimes it's nice just to get away from the assessments and charting and running around doing patient care. I would never want to do it full time. It would take me away from the patients too much. But it is still a nice change.
2. Subject: It's a nice change to be in charge. It boosts your morale, you think you can handle things. You get to do things you normally wouldn't get to do. You see your co-workers from another side too. You get a little more responsibility and you learn a lot more.
3. Subject: It is nice to be in charge, because it is not as emotionally draining. I was not at a bedside the whole shift. There were other types of pressures, like the one available bed scenario, and you were asked to do a lot of problem solving at the bedside and people wanted direction and guidance, but you weren't at the bedside the whole time.

4. Subject: Being in charge is a form of recognition and a nice change. People who work just a shift here and there don't go in charge. It is very challenging when you have to keep track of every patient and especially when you have students there too. And communicate with the doctors, you know, just organizational skills and coordination. But then it's really nice to go back to the bedside after a couple of shifts and just worry about your own patient.

5. Subject: I enjoy being in charge because I enjoy making decisions with people, with nurses at the bedside. And I enjoy helping new staff members with their patients. It's not the 45 cents an hour differential!.

Having variety in work assignments is a positive factor in the perception of job satisfaction.

Related Category 3: Communication.

Communication of information and inclusion of the critical care nurse in decision making were seen to be important aspects of job satisfaction by some subjects.

1. Subject: All of these policies effect what you're doing for the patient, but people don't think that it's important that you know about these things or to be part of the decision making. If the doors of communication could be open between the staff and the administration, it would make a big difference.

2. Subject: It's not that I don't like change. It's how the change is affecting me and how it is introduced that is important. It's important to tell people, to help them adjust, and to keep them abreast of changes as they occur.

Communication is closely linked with the concept of teamwork previously presented in the theme of Interpersonal Relationships.

The pattern of Organizational Directed aspects of the work setting is greatly influenced by the management philosophy of the critical care area. It is clear that flexibility and creativity are important characteristics for a manager of a critical care area.

Organizational Directed factors provide the critical care nurse the opportunity to have the work schedule and variation in work assignment and administrative communication processes that promote the opportunity for job satisfaction. The lack of availability of part time work, and variety of work assignments, could result in reduced job satisfaction or a decision to leave critical care nursing.

Pattern 3: Union Directed

Published studies of job satisfaction in nursing do not reflect the Work Setting in Canada with its highly unionized work force. All critical care registered nurses in this study belonged to the same nurse's union. The union was rarely mentioned by any of the subjects, and never was related to their consideration of satisfaction. However, one factor of work setting that the subjects discussed was that of pay. Since the union is directly responsible for the negotiation of pay rates for these registered nurses, it is perceived to be a union directed, rather than an organizational directed factor in job satisfaction.

Related Category 1: Pay.

The subject of pay produced a variety of responses.

1. Subject: I don't think we should be paid more than the nurses on the ward. We may have more knowledge, but we're not better than they are. I sure wouldn't want to do their job.

2. Subject: I think we should be paid more to work in critical care. The kids on the wards don't realize how much we do. They don't realize how much responsibility we have for the patient. I think they should pay me more or compensate me with more days off.

3. Subject: I sometimes feel a little frustrated that with amount of knowledge and the work we do we only make $50 more a month. But then I look around and I think I couldn't cope on the wards, and they do their bit too. As far as money, I'm doing okay.

4. Subject: They can't pay me enough. I really think we should be paid a lot more. I'm happy with my wages in the fact that I know I'm doing well compared to other women, but for what we do, the lives we save, and the giving you do for the patient and the caring for the patient....it's so full circle all the stuff that we do. If you want to retain nurses, give them a big wage hike and allow them to attend conferences.

5. Subject: One thing that rips me off is that I don't think that we get the monetary recognition that I think we should. We do work more shift than anyone else in the hospital, and to me that's not recognized.

The Union directed aspects were related to pay. There is no consensus regarding whether critical care nurses should receive more pay than non-critical care nurses. There is not a direct relationship evident between Union Directed aspects and job satisfaction.

The theme of Work Setting is rich with data that is valuable when considering critical care nurse's job satisfaction. It is evident that there is much interrelatedness between all of the themes previously presented and the subject's perception of satisfaction. The next section will present the final theme of Personal Indices.

Theme 4: Personal Indices

Personal Indices can be defined as those that are unique to an individual. The individual's way of perceiving, interpreting, and reacting to events. Although these indices are determined to be personal in nature, there are commonalities evident in responses of the subjects that permits the researcher to collect these responses into patterns with their attendant related categories. The patterns that reflect the process of Personal Indices are Control, Coping Strategies, Values, and Perception of Stress. Each of these will be developed in a manner similar to the previous presentation.

Pattern 1: Control

Control was a word that was frequently used by the subjects. Four related categories to control where identified in the data. These were: R1) Knowing Why, R2) Territoriality, R3) Knowing Own Physical and Emotional Limitations, and R4) Knowing Own Limits of Role and Responsibility.

1. Subject: You're very aware at all times regarding how the patient is doing. It gives you a sense of being in control.

2. Subject: I find if I don't have control of a situation, if things are happening that I don't have control of, I get really irritated.

3. Subject: You can always state your concerns even though it might not make any difference at the time. That makes you think that you have control.

4. Subject: At times you are even asked what kind of patient you would like to care for on a given day, and that makes you feel like you have some input or control.

5. Subject: Although I work part time, I do pick up extra shifts. That makes you feel as if you have more control over when you work.

6. Subject: It may be difficult to understand, but it is crisis that you are dealing with, but at the same time it is controlled.

It is evident that the pattern of control is multifaceted.

Related Category 1: Knowing Why.

As was previously presented under the discussion of the related category of Quality of Care in the theme of Professional Aspects, knowing why an event occurred was of utmost importance to many of the subjects. It is believed that knowing why an event occurred helps the subject to feel in control of the situation. The following demonstrates this analysis.

1. Subject: When a patient dies unexpectedly you feel really at a loss. First of all he was really stable and then he crashed and you can't explain why, and you feel really at a loss. You know that the next day someone is going to ask why it happened, and it's a hard thing to say you don't know. I think that's very difficult.

2. Subject: You have a patient that has been admitted and is really sick, and you don't really understand what is going on or how it is going to turn out. You see this family and somehow you wish you could give them some kind of indication of how things will go, or at least tell them with certainty that this person wouldn't get better. It's just that indecision that you see there. You see their grief and their uncertainty and you can't really do anything. So you feel very helpless, and I find that hard.

3. Subject: If I don't know why they want a particular drug started or why they decided to switch to another drug, I will specifically ask them. And they will tell me, and then I will feel in control because I understand.

Knowing Why an event occurred and understanding the reason for certain therapies provides a sense of control that is directly related to Professional Indices and interrelated with Professional Aspects.

Related Category 2: Territoriality.

Part of the sense of control that was revealed was the need to maintain some control around the patient through having a described territory that others should not lightly trespass.

1. Subject: I like people helping me, especially when I am busy, but let me control what I'm trying to do for my patient. And residents are terrible. They just walk in and start fiddling around with the drugs or whatever, and I feel "Get out of my way here!". If there is something to be done, I'll do it.

2. Subject: I detest people coming to my bedside and doing things without telling me why they're there and what they're doing.

Previous quotations cited in the section dealing with the Physical Environment of the Work Setting also revealed

nuances of the sense of territoriality. There is a sense of a lack of control in situations where others are invading the nurse's territory.

Related Category 3: Knowing Own Physical and Emotional Limitations.

A sense of control was also expressed when subjects described how they were able to maintain control through understanding their own Physical and Emotional limits and attempting to remain within those self-determined boundaries. There are also linkages with the related category of Physical Environment in the pattern of Work Setting.

1. Subject: I like critical care because you can be more focused. I prefer that to being scattered all over the place, running around trying to take care of eight or ten patients.

2. Subject: The previous place that I worked you didn't have control as to the type of stress and the amount of stress that you could handle.

3. Subject: It's all control. You even know when the patient turns. You feel more confident, more in control.

4. Subject: The factors of job satisfaction for me were control over the environment and events and the ability to perform skills.

Related Category 4: Knowing Own Limits of Role and Responsibility.

An understanding of what was within the realm of the critical care nurse's role, and what was out of that control, was identified as being helpful in maintaining a sense of control in a situation.

1. Subject: Control is being able to make decisions within my realm, that I can make about my patient.

2. Subject: I suppose I took the family's side in this situation, and I let them stay a little longer. It's just nice to know that we can exercise some control.

3. Subject: I decide there's nothing more that I can do. It's now up to somebody else to do something. And that's why I still enjoy work.

Analysis of the data described in perception of Politics in the Work Setting also reveals a sense of Knowing Own Limits of Role and Responsibility.

The sense of the need to feel in control in the work situation is very evident throughout the data. Control is experienced through Knowing Why, maintaining a sense of Territory, Knowing one's own Physical and Emotional limits and limits of Responsibility. Lack of control in terms of not Knowing Why and invasion of Territory decreases the perception of satisfaction. It is obvious that the sense of Control extends throughout all of these categories.

Pattern 2: Coping Strategies

A number of strategies were used by the subjects which they identified helped them to continue to work in the critical care area. Four related properties were identified as Coping Strategies: R1) Separation of Home and Work, R2) Talking it out, R3) Reactions to Crisis, R4) Rationalization, and R5) Personal Interests.

Related Category 1: Separation of Home and Work.

Many of the subjects where able to identify a specific time when they made the conscious decision to separate home and work.

1. Subject: I used to take it home with me. Now I don't unless it's really serious. If it's really serious I'll carry it around with me for a while. I try to separate home from work.

2. Subject: I don't think it's healthy to bring your work home. I try to separate home and work.

3. Subject: I think that you have to reach a point, if you're going to survive, you have to say I can't bring it home with me anymore. I can just do what I can do.

4. Subject: The drive home takes about ten minutes, and by the time I'm out of the car, I'm thinking about things to do with the home. I think it helps. I think if I carried a lot of the patient problems home with me, my home life wouldn't be as happy. And I don't take my home problems to work. They are two separate areas.

These subjects found that separating work life and home life were essential for satisfaction and survival.

Related Category 2: Talking It Out.

When dealing with stressful situations, the subjects often reflected on how they would discuss things with their colleagues.

1. Subject: You do rehash these sorts of things and you'll talk about the situation with your co-workers. Sometimes it helps.

2. Subject: My dog hears all of my stories. I sit and talk to him. Also a couple of kids that I work with. We act as sounding boards for each other. That may be good or bad but it helps us.

3. Subject: I talk to other people about it and try to find out how they would cope with it. Sometimes I talk about it at home, but I tend not to take my job home.

There appears to be linkages with the pattern of Collegiality in the theme of Interpersonal Relationships.

Related Category 3: Reaction To Crisis.

When discussing how the subjects react in a crisis, there was a commonality of responses.

1. Subject: I'm very objective at work when dealing with a crisis. At home I would be much more emotional.

2. Subject: I focus on tasks that have to be accomplished...that's how I survive it.

3. Subject: I'm very calm in a crisis. It's the way I've always been. I just focus on the job that has to be done.

There was a sense of a conscious effort to become emotionally detached in order to deal with the crisis.

Related Category 4: Rationalization.

Many of the subjects indicated that they used methods of rationalization to cope with situations at work. Other subjects used rationalization, but whether or not they were aware of it is not clear.

1. Subject: I tend to not get out of shape about these things. You can only do what you can do given the resources that you have.

2. Subject: It depends on the patient. If it was an old grandpa who dies, well, you tend to think, he had a good life. If I've got a 22 year old that's going to die I tend to go home feeling: what a waste.

3. Subject: You feel bad in a way that you've done so much work for the patient and the patient dies. But it's part of life. It doesn't tend to eat at me. I let it go. I don't think that it's my fault. It's very trying but I try to let it go. If I didn't, I think I would burn out in no time.

4. Subject: Maybe rationalization isn't a good term, but that's what I call it to myself. After a bad situation, I'll often think about it and there's always the old adage, you know. The 15 year old who dies of a head injury because of some drunk driver's stupidity, but his family did consent to him being a donor, so five other people where helped out because of this. Even if we weren't able to save him because of his head injury, we were able to save enough of him for donors. Like I take what I can out of a situation.

Rationalization is viewed as a mechanism through which the critical care nurse trys to attach meaning to an event and frame that event in as acceptable a way as possible.

Related Category 5: Personal Interests.

As part of the identified coping strategies, many of the subjects had developed interests outside of work.

1. Subject: I exercise as well as talk with friends outside of work.

2. Subject: When I was working full time that's all I did. Now I have some time for other activities, like going back to school. So I think it's given me a more balanced outlook at nursing in general. It's not my whole being, whereas before it was my whole life.

3. Subject: I think sometimes people are tuned into only their own job and not enough on what they could be doing for themselves. In going back to school, I've realized that there is a whole other world out there.

4. Subject: You need time to do other things that you enjoy. Then you're ready for challenge again.

5. Subject: I have developed interests outside of work. I think that it makes you more satisfied and rewarded all around.

Personal Interests appear to provide a means for the critical care nurse to regenerate energy and maintain a balanced outlook to life in general.

There is much to be learned regarding the coping strategies of these subjects. The coping strategies are viewed as a positive factor in the critical care nurse's ability to continue to practice in critical care and to achieve job satisfaction through personal measures taken for regeneration of energy and emotional stores, rationalization, and maintaining a sense of balance between home and work.

Pattern 3: Values

In determining satisfaction, it is important to have a perception of what is valued by the individual. Through analysis of the data, an understanding of what the subjects valued was developed. These have been identified in the related properties of R1) Caring, R2) Importance of Work, and R3) Work Expectations.

Related Category 1: Caring.

The central concept of caring has been richly described in the presentation of the data in Professional Aspects. There is significant emotional and physical investment by the critical care nurse when caring for the patients and

their families. The richest illustrations of how deeply these subjects care about their patients was in relation to moral dilemmas that the subjects identified.

1. Subject: When someone has had a particularly bad death, I mean someone who could have been eased a lot of pain and provided death with some dignity, I feel so helpless. You see people suffering and you know it's totally unnecessary. I can say that in the 5 years I've worked there, I can say I've only seen death with dignity about three or four times. To actually see someone die with some dignity, it actually makes you feel peaceful, and it's one of those days when you go home and think that maybe I've really helped somebody. You know, sometimes it's horrible what you do to people and you feel so guilty being part of it. You see them suffering and their family suffering. It's horrible.

2. Subject: I feel resentful and sometimes get frustrated when it appears that a person is being used as a guinea pig. I just don't think that it's fair that somebody would have to suffer longer. And I'm forced to contribute to that. I have no choice. Maybe if the doctors had to do the actual carrying through of their orders in these situations they would stop sooner.

3. Subject: I believe that it is not very humane of us to put people through the torture we put them through when there is no hope of recovery. If they have a reasonable chance of recovery, I find it much more satisfying. But for some of them there is nothing left to offer them. I don't feel frustrated if there is a plan for a dignified death. I derive satisfaction from helping the patient and family in those situations.

Some subjects indicated that when faced with a situation in which they felt the patient was unduly suffering, they would discuss it with the physician, and would reach a compromise within themselves, based on what the physician said.

1. Subject: I went to the doctor and I said I really feel bad about what we are doing to this patient. The doctor sat down with me and gave me his side of

the story, why he felt it was in the patient's best interest to continue. So then I changed my attitude. I think when you have a difference of opinion you have to compromise. You think well I voiced my opinion, he knows more than I do and you get more input to reflect upon the situation. I'm not someone who says my way is right and then goes off in a huff and can't work.

2. Subject: If I don't understand why a physician is doing something, I'll ask him why. Usually they will give you an answer, and not say just because I ordered it. So it makes it easier to do. You might not agree with it, but you do it anyway. Sometimes I feel I've compromised a bit. The patient and how he responds is important. You go to the side of being cautious for the patient's sake. I can accept that.

It is not always easy to accept a situation, or feel that a a compromise can be reached.

1. Subject: If you've talked to the doctor and it's a reasonable explanation, then you feel better about things. If it's not a reasonable explanation, then I'd continue the dialogue by saying I don't understand this and it's making me feel really badly for the patient. In most cases they just look at you like you're crazy. I'd feel really bad about the situation, like kind of hopeless. I feel I have a burden in these situations. As long as I'm part of the team that's maybe torturing someone...and you know when you see that patient and you know he's not going to get better, and he knows, and he's suffering, his family is suffering, and no one wants to deal with the personal part of it, it makes you feel really bad. When you go back to the patient, you have to start doing the treatments that are ordered, but you feel bad because you..like you know you have to do it but it's not your decision. I try to rationalize it, like I don't have the education or background; I'm not the doctor and I can't make those types of decisions;....but I still don't feel good about it.

The opportunity to rationalize treatment decisions and to agree with the plan of care proscribed by the physicians is very important to the subjects. The sense of a moral dilem-

ma, where the subject feels like a "torturer" due to the apparent hopelessness of the case appears frequently in the data. Some of the subjects are more able to rationalize their role in the situation than others. The basis for these dilemmas is the deep sense of caring for and about an individual patient, and the right of that patient to have a peaceful and dignified death.

Related Category 2: Importance of Work.

One of the areas explored with the subjects was the importance of work in respect to other areas of their lives. Importance of work can be considered a value held by the individual. There was a surprising consistency in the responses.

1. Subject: I guess I've always felt that my family was 50% of my life, work 25%, and sleep 25%.

2. Subject: I would say work is about 40 to 50% of my life. It's not as much as it used to be. The last couple of years I've put commitment in some other places as well, such as the church and the community. I felt like I had given it a few years where work had really absorbed me and I wanted to be committed to other things as well.

3. Subject: Work is an extremely important part of my life. I miss it when I'm not there for any length of time. I often find that going to work will pick me up, sort of thing because it is a very assuring part of my life. I know I feel very good about what I do and I get a lot of satisfaction from working.

Not all subjects perceived work as being as important.

1. Subject: My job is not important compared to the other aspects of my life. It's important for money. If I didn't need as much money, I'd work less. The rest of my life..my family is important.

Ninety percent of subjects believed that work was very important and that they planned to continue working for some time.

Related Category 3: Work Expectations.

All subjects were asked about whether what they anticipated about working in critical care nursing was what they had actually experienced.

1. Subject: I didn't expect all of the things that we would do to a person. I was totally surprised by the team approach on the units. That wasn't on the ward, but I guess I expected the patients to be as sick as they were. I was totally naive. I never would have dreamed that you keep people on ventilators for three or four months. And never would have dreamed that people stay in intensive care for as long as they do.

2. Subject: I definitely expected it to be challenging. Also, I knew there were lots of things in nursing that I didn't know, and I didn't think that I would learn any more working on a general ward, but if I was going to broaden myself, Intensive Care would be a good place to go. What I didn't know was that it was a place that could become routine. I first thought that I would end up saving lives every day and it would be exciting. I didn't realize that people could have a slow recovery.

3. Subject: I found what I expected in critical care. There were no surprises. I wanted respect. I wasn't getting it from the doctors where I was working before. In critical care, I've found that respect, for the most part.

4. Subject: What I expected and what I got were the same thing. That is controlled crisis.

5. Subject: I thought it was more machine based. the few times I'd actually taken a very sick patient to I. C. U., it always seemed to be in the middle of the night, and all you could see in the dark were these blinking lights and the beepers and alarms going off. I thought they just ran 99's all of the time. The nurses got to wear lab coats, status things like that, and I thought it would be a natural progression

> up. But very quickly you learn that those sorts of things become quite humdrum. The first six months after graduation (from the I. C. U. course) were very stressful because I just didn't feel the competence that I was used to feeling on the ward. It took me a year to develop that feeling of being competent. After that I really, really liked it.

For the most part, anticipated and actual experiences in critical care were very similar.

Along with the anticipated expectations of the critical care area, there are also expectations that the subjects described as being important to the professional aspects of their work.

1. Subject: I need challenge. I need to keep learning and growing to be satisfied in nursing. In intensive care, it has broadened me as a person....you walk out of what is comfortable and see people from different walks of life. You have a chance to make a big difference in people's lives.

2. Subject: I really feel you accomplish something every day, Not the final goal, but for that day you've done something. That's what really attracted me and has kept me there.

3. Subject: It's not the head nurses, or doctors, or other nurses that I find I. C. U. rewarding for. It's the patients. The rest can make it pleasant, but I get my reward from the patients and their families.

4. Subject: For the most part there is no other job that I would rather do. I picked a job that I wanted because of how I view my values in my life, my goals. So I probably have more job satisfaction than most. I've never really felt depressed about work. I wonder why?

5. Subject: I find it very frustrating in that I tend to be bored a lot at work lately, and unless I have a really sick patient or I'm in charge on a really busy day...well, there's not too much to do. I've been asking myself if there is something that I can do to make it more challenging. I wish I knew what it was that could make it more challenging.

It is clear that Challenge and the opportunity to provide Quality of Care are important Values.

Interpersonal Relationships were also valued by the subjects. This sense of importance was previously presented in the theme relating to Interpersonal Relationships. Many of the subjects related the fact that they were "people oriented" people.

1. Subject: Being part of a team makes you feel secure. We have much more input in rounds, we have the medical backup that's necessary in critical care.

2. Subject: As long as I have the chance to have some rapport with somebody during the day, whether it's staff members, physicians, families, or whatever, it will increase my satisfaction. I guess I'm a people person. The pursuit for me has always been people, not machines.

Again, the sense of being part of a team is very important.

In dealing with interpersonal conflict, many of the subjects reflected a bias for action.

1. Subject: Usually if there is a problem I go to the staff member, if that's where the problem is, and approach them. Whether it's something about a relationship or something about their work habits or whatever, you go to that person first. If it was serious enough, you might go to the head nurse.

As revealed in the previous data regarding Colleagiality, getting along in the work group is greatly valued.

When consideration was given regarding the amount of positive feedback and encouragement that the subject received from interactions with others at work, the response was varied.

1. Subject: It's very rare that someone comes up to you and says "you did a good job". But you can usually tell from their reactions and facial expression to you that they are at least satisfied in how you are doing. You can pick these things up without anyone saying them directly to you. For example one day in rounds I brought up a point, and the attending doctor said that's a really good point, and looked at the resident as if to say "why didn't you think of that?". So you get little things like that.

2. Subject: I don't think that a lot of times we recognize one another in terms of each other's good work. I don't think a lot of times we think of doing it. It's not that we are begrudging of each other, it's just not a priority in our relationships.

3. Subject: It doesn't have to be gee you did a great job today, or anything. It's the little comments. Sometimes just a smile and a pat on the back. And then there are some days when you wish there was somebody around to do that.

Many of the subjects consciously patted themselves on the back for a job well done.

1. Subject: The positive feedback doesn't come often enough. so I give it to myself. I think, gee you did a good job there, girl.

2. Subject: I make a conscious effort to pat myself on the back when I know I've done a good job. I try to because if you don't, no one else is going to do it.

When considering the Values involved in the Work Setting, there is a sense that there are very high expectations that the very best be done at all costs. This perception is derived from both the personal values of the subject, as well as expectations that subjects perceive others have of them. In critical care, the need to respond quickly in crisis and provide excellent patient care is very highly valued and is a perceived expectation.

1. Subject: Sometimes the fear of making mistakes, or being jumped on, I find really upsetting. I feel that you're never good enough. In the unit, everyone seems to be focused on the best absolute care. Like it's almost as if you cannot fall short of doing everything that is absolutely possible.

2. Subject: If the patient is doing well and then arrests, I feel guilty for a long time. I wonder whether I missed something or maybe I should have done something sooner.

3. Subject: I think that I have very high expectations and I'm always thinking, oh well, I should look that up because I don't remember that. Because of that I don't tend to pat myself on the back. I always feel that I could do better.

4. Subject: It's different in critical care than on the ward. A lot more is expected of you.

Some subjects have rationalized this value.

5. Subject: This one day, I worked to full potential and I didn't get everything done. I felt guilty leaving what had to be done to the next nurse. But that was up to standard and that is how it is supposed to be and I didn't go home feeling really bad. But that would have been the day that I didn't pat myself on the back.

6. Subject: The other day I shut a stopcock off, and it was matter of twenty minutes or so and the alarm rang. A person said oh this isn't going (in an accusing manner). I thought oh well, that's why we have these kinds of infusion pumps, that's why they are there. And it was only a matter of 20 minutes. That didn't wreck the whole night for me. I felt bad but these things happen. After all we're still humans and therefore we're going to make mistakes.

7. Subject: Sometimes you can't always provide the kind of care you want to. You're too busy. Actually, and this may sound funny, the patient is often to sick for you to be able to do the things, like mouth care and back care and the little things like the hair and stuff. You aren't able to do that when you're trying to maintain a blood pressure or keep things on an even keel. I always feel bad when I can't do that. I can reason it out, that there were a whole lot of reasons why I couldn't do it, but it still doesn't make me feel great. It is very important partial care, because the patient was still alive when I left. But it was the little things that weren't done.

Of interest was one subject's perceptions of lack of long term goals, and how this impacts upon her job satisfaction.

1. Subject: I don't get that much satisfaction from my job because there is nothing ongoing. There's no real goal to achieve. You do your job in terms of patient care, and yes there is satisfaction today, because I had a really good day today, but then it's gone. There is no permanent thing there. I think the lack of on-going projects is a big problem. Not only in critical care but in nursing in general.

Work Expectations is a multifaceted category. It is related to attainment of job satisfaction through the expectation of the opportunity to realize the Professional Aspects of care. Interpersonal Relationships that are considered positive, especially in relation to teamwork and recognition and support are also expectations. High expectations decrease the attainment of job satisfaction especially in relation to the inability to Do Everything Possible for a patient in certain circumstances.

Values are important determinants of what is important to the critical care nurse in the perception of job satisfaction. The Value of overriding importance is the opportunity to achieve Professional Aspects. Interpersonal Relationships are also Valued in and of themselves as well as in how the opportunity to work as a team improves Quality of Care.

Pattern 4: Perception of Stress

Throughout the data previously presented, there were indicators of what these critical care registered nurses perceived as being sources of stress. A review of these is warranted in terms of Personal Indices. Three related categories emerged from the data. These are: R1) Hours of Work; R2) Control; and R3) Rewards. Interrelatedness between these related categories and the related categories and patterns previously presented is evident.

Related Category 1: Hours of Work.

One major area was the necessity of working part time due to the nature of the work in critical care.

1. Subject: I don't think anybody should work full time in critical care. It's just too stressful. People get burned out because they're tired. They're trying to adjust to family life, social life, and work life. I myself need extra time off because of the stress of working in critical care.

Related Category 2: Control.

The ability and opportunity to control a situation seems to decrease the perception of stress.

1. Subject: You have control as to the type of stress and the amount of stress that you can handle. I think that I thrive on stress.

2. Subject: You have got more time to do what you want to do for that patient. It's easier to cope with. I guess I can't cope with a zillion stimuli coming in. It's okay if it's just one patient, I can still cope with that even if it's very busy. But not if you suddenly have to switch tracks and start talking

about another patient two doors down the ward. That's why I can cope with I. C. U. It's a fine line again between being really busy with one patient or having ten not busy. It's somehow easy for me to focus.

Related Category 3: Rewards.

Another subject indicated difficulty in feeling rewarded in her work. This appeared to be related to high expectations by self and others.

1. None of the good work that I did was noticed. Only what I forgot was pointed out.

Many of the subjects related how they perceived stress and stressors in terms of their positive outlook.

1. Subject: I become content quite easily. I also have a positive outlook. That's probably why I have stayed here for so long.

Many related other aspects of stress involving guilty feelings.

1. Subject: We don't have a choice who we're going to look after. The patient comes through the door and we have to look after them. Some patients are harder to look after than others. Somebody who is basically trying to destroy themselves, from your point of view, you think to yourself, why should I work so hard to help him when he doesn't want to help himself. And yet, on the other hand, he's your responsibility and you do the best you can for him. Sometimes it's hard. I really have to talk myself into it.

The major stressor that was revealed over and over again was related to caring for patients that the nurses believed

should be allowed to die. This was well covered under the sub-category of Values.

1. Subject: When I don't understand why a doctor has decided to continue on in a certain situation, I'll ask about it. See what their reasonings are. I can't tell them what to do, I can't tell them when to discontinue, I don't want that responsibility, but I like to make them aware of things.....I feel like a torturer at times, that I'm causing the patient unnecessary suffering and their family. Just prolonging the agony. Sometimes I think the doctors should be intubated and lined and sedated to see what it's like.

Perception of Stress is related to Hours of Work, feeling of Control, feeling Rewarded, and how the critical care nurse perceives herself and her role. Reflections of what was stressful always had a negative connotation.

As has been demonstrated through the previous quotations, Personal Indices, or the individuals view of the world are a significant factor in the perception of job satisfaction by critical care registered nurses.

The Interrelatedness of the Themes, Patterns, and Categories

The core theme of Professional Aspects is believed to be the primary determining factor in the realization of job satisfaction in critical care nursing. The themes of Work Setting and Interpersonal Relationships are seen to support and provide the critical care nurse the opportunity to experience the important Professional Aspects of providing Quality of Care and being Challenged. The major interrela-

tionship is between the themes of Professional Aspects and Personal Indices. Within the Personal Indices are the Values and Expectations that are the antecedents and critical attributes of the cognitive appraisal of job satisfaction.

Personal Indices

Personal Indices are directly interrelated to the perception of job satisfaction. One way of considering the impact of Personal Indices is to consider that the Personal Indices reflect an individual's view of the world, as well as a way of reframing and organizing experiences. For example, some subjects created their own challenges in a day that would be considered boring by another subject. Some subjects consciously patted themselves on the back as a means of creating an increased sense of job satisfaction. Some subjects clearly defined what was their responsibility and did not concern themselves with issues that were not within their responsibility. In a similar scenario, two subjects would take identical steps to get further information, receive the same information, and yet react to it in entirely different ways, based on their Personal Indices. The related categories of Control, Coping Strategies, Values, and Perceptions of Stress are important aspects to the cognitive appraisal of whether job satisfaction is perceived.

Professional Aspects

As previously indicated, the primary theme emerging from the data is Professional Aspects. Professional Aspects are believed to be the primary determining factor in the realization of job satisfaction in critical care nursing. Inherent in the professional aspects is the degree of caring expressed by the subjects. The themes of Work Setting and Interpersonal Relationships are seen to support and provide the critical care nurse the opportunity to experience the important Professional Aspects of providing quality care, being challenged in the job, and feeling a sense of career advancement or alternatives. These patterns interrelate to a varying degree with the other themes and patterns. The major interrelationship, however, is with the theme of Personal Indices, where the Value of Caring is elaborated.

Quality of Care.

The opportunity to provide quality of care is extremely important to the subjects. Providing excellence in patient care includes meeting the bio-psycho-social needs of the patient and family and, when appropriate, providing for a peaceful and dignified death. Caring and quality of care are highly valued by all of the subjects. The opportunity to feel in control in a patient situation is also important to the perception of the provision of high quality of care. This sense of control in Quality of Care issues is also

interrelated to the theme of Interpersonal Relationships. Relationships with Physicians could be seen to have some elements related to the control issue. What was frequently portrayed was how the lack of recognition and respect of the critical care nurses' input into the plan of care markedly decreased the nurses' perception of providing Quality of Care to the patient and family. Relationships with supervisors also impacted on this perception of being part of the decision making process. The supervisors were found to either strongly support the input of the critical care nurse or undermine it through interacting directly with the physicians and leaving the critical care nurse out of the discussions regarding patient care.

The sense of being dependent on the physician for orders and having to follow through on orders the nurse does not agree with also is related to control as well as the Personal Indices theme of what constitutes a moral dilemma for the subjects. This type of incident was the most frequently mentioned scenario when stress and lack of job satisfaction were mentioned by the subjects. Not all of the subjects were equally able to rationalize the physician's decision and accept their own limits of responsibility. This would cause a variety of reactions in the subjects. Some indicated that their primary coping strategy in such a situation was to leave work at work, and not to permit themselves to dwell on these circumstances at home. The decision to

become involved in outside activities that provided another opportunity to express themselves and to learn new and different things was also a common coping strategy.

The desire to provide quality of care cannot be separated from the high expectations of self and others expressed by the critical care nurse subjects. Even though they realized that there were circumstances in which it would be humanly impossible to do everything that they felt should be done, and the fact that it was accepted practice to prioritize activities in such situations, many subjects expressed guilt when they were unable to complete all of the care activities that they felt they should. It appears to be a cultural norm in critical care that excellence is expected of and by everybody. This expectation was often not developed in a supportive atmosphere. Many of the subjects believed that there was too much emphasis on when something went wrong, and not enough on when things went right. Relating how the subject's felt when they were in the student role emphasizes the degree of high expectations in the Work Setting. Collegiality amongst the nursing staff often helped some subjects when things did not go well, but others felt that they would be criticized by some of the staff members if certain things had been left undone, or mistakes made, regardless of circumstances. Development of an atmosphere of collegiality when in a student role was described by only one of the subjects.

Another consideration in the relationship between the two themes of Professional Aspects and Personal Indices is how highly the subjects value the work itself. Most respondents indicated that work is almost as equally important as the other aspects of their lives. Only one subject revealed that the sole purpose for working was for the pay received. Since the work is valued by the subject, how much the job is fulfilling expectations and if it is fulfilling these expectations in sufficient quantity is a major determinant of whether satisfaction is going to be perceived.

Challenge.

Another aspect of Professional Aspects highly valued by the subjects was that of Challenge. The opportunity to acquire and use knowledge in problem solving and decision making was determined to be a key element of challenge to the critical care nurse subjects. The subjects believed that they would not receive the same amount or type of challenge if they were to work in another area of nursing. The desire to continue to learn was expressed frequently. This is interrelated with Work Setting in terms of the opportunity for learning situations at work. Many subjects related that they learned new and interesting things during patient care rounds. Others indicated the desire to be able to attend conferences as a means of increasing learning. Others mentioned the desire to have regular inservices during work hours to permit them to be refreshed on old knowledge

and brought up to date on new information. Some subjects indicated that working with students also provided them with an opportunity to refresh and utilize their knowledge as well as be exposed to new ideas.

Another area of Challenge was in relation to the amount of responsibility that the critical care nurse perceived she had, especially in comparison to nurses working on general wards. This responsibility was also highly valued, but the subjects did not perceive that they were receiving recognition for the amount of responsibility they had. This recognition was expected from supervisors and, in some cases, should be in terms of financial rewards. To the subjects, responsibility was the key to whatever type of reward should be contemplated. One subject indicated a desire to expand her role and take on more responsibility. She believed that this would provide her with more job satisfaction. Others appeared to want no increase in the amount of responsibility that they enjoyed. Consideration should be given to this aspect of the desirability of having increased responsibility as an individual when schemes for job enrichment are contemplated.

One area of responsibility that was frequently mentioned was when the subject was in charge during a shift. This was seen as a tangible recognition of their ability. They also associated this increased responsibility with the opportunity to get away from the bedside. In short, to do something

different for a change. Although only two subjects indicated that they would want to pursue such a position on a full time basis, the opportunity to do it on an occasional basis was valued. For most of the subjects, bedside care was the type of professional practice they wanted to pursue. This was tempered with the personal considerations in terms of whether or not they could physically continue to work in the area as they aged. The amount of heavy physical work, and the amount of shift work required were two aspects of Work Setting that tempered the decision as to how long to remain in critical care nursing. This led to consideration of Career Alternatives.

When consideration was given to what the subjects felt would be important to job satisfaction over the next five years, most related the desire for improved Professional Aspects as well as greater tangible rewards in terms of less shift work and more money. It was essential for these nurses to have the opportunity to work part time if they were going to stay in the area. Universally, part time and flexibility of hours was determined to be very desirable, even by those subjects currently working full time. Most related the desire for part time work to the fact that working in critical care was stressful and energy consuming. They required more time away from work in order to recuperate enough to be able to handle the stress again. Personal coping strategies that included attending classes and partici-

pating in community activities were also important to this opportunity to recuperate.

These critical care nurses care deeply as they perform their professional services to patients and families. They invest large amounts of energy in caring as well as in the physical demands of working in critical care. The Work Setting in which there is constant stimulation by noise and interruption by other personnel also increases the energy requirements of the subjects. A major consideration to the degree of satisfaction experienced is related to the moral dilemmas in which the subjects would frequently find themselves.

Work Setting

When considering the Work Setting of the critical care subjects, it is believed that one of the reasons that getting away from the bedside was seen as a positive factor in job satisfaction is related to the physical environment in which the subjects work. Working in constant close proximity with other people, and the inability to leave the patient's bedside unless relief is provided, underlies the intense and continuous atmosphere of caring. The subjects have no control over who or when other people will come to the bedside, especially in relation to allied health personnel and physicians. This also affects the sense of Control that the subject perceives over the environment.As control

is a highly valued Personal Index, strategies to increase the critical care nurse's sense of having territorial rights around their patient's bedside would increase the chances of cognitive appraisal of a situation resulting in satisfaction.

As previously described, the opportunity to have variation in assignments, such as being in charge occasionally, also increases satisfaction. The type and variety of patient's cared for over a period of time can also impact on how satisfied the nurse feels about her job. Of consideration here is the suggestion that due to the type of area that critical care is, there are not many long term goals realized or achieved. Being able to follow up on a patient's progress once the patient leaves critical care may increase a sense of continuity in the plan of care, and provide feedback to the critical care nurse that her efforts resulted in a specific outcome in terms of the patient and family. There is also a lack of a sense of achievement in terms of long term goals. One patient replaces another in the unit, and the nurse has no tangible means of identifying satisfaction over the long term. Satisfaction was related to specific incidences. The subjects could relate what factors contributed to the perception of satisfaction in the incident, but the feelings of satisfaction associated with each incident were usually long past. Continuous opportunities to perceive satisfaction are important, as well as

consideration of projects or activities that may provide a more sustained sense of satisfaction for the participant.

Associated with Challenge is the limited time factor in which most patient care occurs and many decisions must be made. Being busy is part of the accepted culture and it is anticipated by the subjects that they will respond to crisis quickly and efficiently. This sense of time pressure is a universally accepted anticipated given in a critical care setting. The lack of time pressure in terms of having patients who were in the units for long periods of time, or who needed less than maximal nursing interventions were for most subjects a complete surprise when they began their critical care career. When busy with a sick patient, the subjects would often miss breaks without perceptible distress. Although they enjoyed the challenge of being busy, feeling that they had accomplished everything that needed to be done for the patient prior to the end of the shift was also important. There was a fine line between being busy enough and being so busy that not all patient care activities could be completed. This phenomenon could be related to the high expectations of self to perform in any situation. Not completing everything that should be done often resulted in guilty feelings that could be rationalized to a greater or lesser extent, depending on the subject's Personal Indices.

The identified environment of the critical care unit included politics and the fact that it was a teaching area. Again, Personal Indices came into play when determining whether or not these aspects of environment would impact negatively on the subject's perception of job satisfaction. Reframing and recognizing the limits of one's responsibility were associated with this area of cognitive appraisal.

The Work Setting has impact upon job satisfaction only in relationship to how it permits the critical care nurse to meet the Professional Aspects of work. Personal Indices play a role in the cognitive appraisal of situations that occur in the Work Setting. The cognitive appraisal as to how much the Work Setting is directly effecting job satisfaction is a result of these Personal Indices.

Interpersonal Relationships

The theme of Interpersonal Relationships can again be analyzed in terms of how these directly interrelate with Personal Indices. Colleagiality is valued with its properties of affirmation, encouragement, and support. Not all subjects placed as high a value on colleagiality as others.

The sub-category of Relationships with Physicians was referred to more frequently in relation to barriers to satisfaction. The lack of recognition of the nurse's knowledge and the lack of opportunity for the nurse to provide signif-

icant input into the plan of care for the patient was the greatest barrier to satisfaction mentioned by the subjects. When the subject felt that their contribution was, for the most part, valued and sought by the physicians, they directly attributed it to their perception of job satisfaction. The sense of being part of a team was very important to the subjects.

Relationships with Supervisors did not have a great impact on whether or not the nurse perceived satisfaction. However, the type of management style practiced by supervisors impacted directly on the Professional Aspects of practice. There were specific expectations regarding the role that supervisors should fill, and these are determined by Personal Indices of the subjects.

In summary, the emerging categories, patterns, and themes of job satisfaction in critical care nursing have many interrelationships. The perception of job satisfaction by critical care nurses is not a sum total experience.

Summary

The preceding chapter has addressed the findings in terms of the first two research questions, specifically: What factors do critical care registered nurses find satisfying in their work; and what are the relationships between those factors. The following statements summarize the major findings of each pattern and theme which emerged from the data.

1. Theme: Professional Aspects. Professional Aspects are related to the provision of Quality of Care and a sense of being Challenged.

   a) Quality of Care is related to Doing Everything Possible, participating in family interactions, developing relationships with patients, and positive outcomes of patient care. Quality of care is not met when assessment of a situation reveals that everything possible has not been done related to the performance of health professionals, and time constraints; or when outcomes of patient care are not positive, especially in relation to the duration of patient stay in critical care.

   b) Challenge is related to the opportunity to gain and use Knowledge, Problem Solve, and make Decisions. The sense of having increased Responsibility also increases the perception of Challenge. Challenge is impeded when there is little increase in Knowledge or Responsibility and when Decision Making takes place in circumstances where there are no available resource people.

2. Theme: Interpersonal Relationships. Interpersonal Relationships are related to the sense of Communication, Respect, Recognition, Affirmation, Encouragement, and Support experienced by the critical care nurse in relation to Colleagues, Physicians, and

Supervisors. This is most closely reflected by a sense of being part of a team.

a) Colleagiality is related to the perception of Affirmation, Encouragement, and Support, and a sense of Rapport and teamwork with one's peers. Failure to experience these dimensions of Colleagiality decreases the perception of job satisfaction.

b) Relationships with Physicians assist the nurse to perceive job satisfaction when they contain the categories of Respect, Recognition, and Support, and contain a sense of teamwork despite the physician's Authority and the dependent role of the nurse. Conversely, lack of these categories decrease the perception of job satisfaction.

c) Relationships with Supervisors increase job satisfaction when the supervisor is Supportive and there is Communication, Respect, and Recognition of the critical care registered nurse. Conversely, the lack of these properties decreases the attainment of job satisfaction.

3. Theme: Work Setting. Work Setting is related to job satisfaction in terms of how the Work Setting enables the critical care registered nurse to meet the Professional Aspects of the job.

a) The Environment is positive in relation to activity and opportunity for challenge, both of which are influenced by the Type of Patient, and students. Conversely, these same factors have been found to be negative, and through the inability to achieve Professional Aspects, decrease the perception of job satisfaction.

b) The Organizational Directed factors provide the critical care nurse the opportunity to have the work schedule and variation in work that promotes the opportunity to perceive job satisfaction. The lack of availability of part-time work would result in a decision to leave critical care nursing.

c) Union Directed aspects in terms of Pay are not directly related to job satisfaction. There is no consensus regarding whether critical care nurses should be paid more than other registered nurses.

4. Theme: Personal Indices. Personal Indices are related to job satisfaction in terms of what the critical care nurse perceives as important in order to achieve Professional Aspects of care in a way that permits a balance between work and the rest of life.

a) Control through Knowing why, maintaining a sense of Territory, and Knowing Own Limits of Responsibility and physical stamina are important aspects

of achieving satisfaction. Lack of Control in terms of not Knowing Why and invasion of Territory decreases the perception of satisfaction.

b) Coping Strategies are used by the critical care nurse in order to permit her to continue to practice in critical care. They are related to job satisfaction through permitting the nurse to maintain a balanced life and replenish energy and emotional stores that permit her to meet the Professional Aspects of care.

c) Values are related to job satisfaction as they indicate what is important to the nurse in order to perceive job satisfaction. The greatest Value is the opportunity to achieve Professional Aspects. Interpersonal Relationships and the Work Setting are also valued in and of themselves as well as how they assist in the attainment of Professional Aspects.

d) Perception of Stress has a negative effect on the perception of job satisfaction. Major areas of stress are related to moral dilemmas, lack of Control, lack of reward and the lack of achievement of Quality of Care. Perception of Stress is highly interrelated to Values.

The third research question which is related to the development of a theory of job satisfaction in critical care nursing will be addressed in Chapter 5.

This chapter has been an extensive presentation of the data collected through interviews and diaries of critical care registered nurses. The themes, patterns, and related categories are well saturated with data. Truth value has been established through the subject's reaction to the analysis and their agreement that the analysis coincides with what they perceive to be true concerning their perception of job satisfaction. The reader can determine the consistency of the data through audit of the presented information and determination if the analysis makes sense on an intuitive level. The reader can also determine how applicable the analysis may be in other settings.

The following chapter will address the theory that has evolved from the analysis of the data. This will be accomplished through the use of the concept analysis of job satisfaction to act as a framework for discussion of the evolved theory.

CHAPTER 5: DESCRIPTION OF THE THEORY

The analysis of the data resulted in identification of related categories, patterns, and themes. These were presented in chapter 4. This chapter will present the process theory of job satisfaction in critical care nursing that resulted from the analysis of the themes. Presentation of the theory will include an exploration of the interrelatedness of the theory. The identified themes will be discussed in light of findings from previous research in nursing job satisfaction. The conceptual framework that resulted from this grounded theory research will then be presented. Implications and recommendations for nursing will then be addressed.

The Development of the Process Theory

The development of the process theory of job satisfaction in critical care nursing resulted from analysis of the categories, patterns, and themes grounded in the data. To fully explore the theory, each theme will be discussed in light of the research findings. The discussion will be enhanced through analysis of findings in the literature that relates to the theme being discussed. The presence of the critical attributes and antecedents of the concept analysis of job

satisfaction as described in Chapter 2 will also be determined.

Theme: Professional Aspects

Professional Aspects are related to the provision of Quality of Care and a sense of being challenged.

As previously indicated, Professional Aspects have been determined to be the core theme in the perception of job satisfaction. Quality of Care and Challenge can be identified as Values of the critical care nurse. The importance of Professional Aspects to the subjects is evident. Both the value and importance of Professional Aspects are reflective of the critical attributes and antecedents of job satisfaction.

Review of the literature found only fleeting reference to Quality of Care or Challenge. Stamps and Piedmont (1986) state that they have found that work performance and quality of care have a higher priority in a nurse's perception of job satisfaction than pay. Although the aspect of Quality of Care has been determined to be important by other researchers, there is no evidence of empirical research into what quality of care means in critical care nursing. Further exploration of the literature in relation to the theory will follow presentation of the remaining themes.

Theme: Interpersonal Relationships

Interpersonal Relationships are related to the sense of communication, Respect, Recognition, Affirmation, Encouragement, and Support experienced by the critical care nurse in relation to Colleagues, Physicians, and Supervisors. This is most closely reflected by the sense of being part of a team.

Interpersonal Relationships are important in and of themselves, but the greatest importance is how Interpersonal Relationships enhance or inhibit the achievement of Professional Aspects. Again, the critical attributes of value and what is considered important are evident.

Stamps and Piedmont (1986) have identified an Interaction Component as part of their scale for measurement of job satisfaction. Interaction Component "refers to the opportunities and requirements present for formal and informal social and professional contact during working hours. There is a sub-component indentified as Physician-Nurse Interaction. This is defined as the "physician's understanding and appreciation of the work of the nursing staff" (p. 18). There are commonalities evident between this work and the theme of Interpersonal Relationships.

Theme: Work Setting

The Work Setting is related to job satisfaction in terms of how the Work Setting enables the critical care registered nurse to meet the Professional Aspects of the job.

The Work Setting, with it's attendant patterns, can promote or inhibit the attainment of job satisfaction. The opportunity to satisfy needs, desires, and values are all evident in this theme. All are critical attributes of job satisfaction. Many previous studies cited in the literature identified many of the categories which emerged from the data in the present study.

Stamps and Piedmont (1986) have included components in their scale of work satisfaction that closely resemble the patterns in the present study. Specifically, these are:

1. Pay: Satisfaction with pay does not so much depend on the absolute amount of money received but on the amount of money relative to what others receive.
2. Organizational Requirements: these are the constraints or limits imposed by management of the organization. The authors report that nearly all of their studies showed the greatest amount of work dissatisfaction with this component.

The commonality of these elements with the present study findings lends further support to the analysis. Contrary to

Stamps and Piedmont (1986), however, this analysis revealed that the greatest source of lack of perception of satisfaction was in relation to failure to meet the Professional Aspects of care. This could be related to the fact that the subjects were relatively satisfied with the Work Setting.

Theme: Personal Indices

Personal Indices are related to job satisfaction in terms of what the critical care nurse perceives as important in order to achieve Professional Aspects of care in a way that permits a balance between work and the rest of life.

Personal Indices are the thematic representation of the individual's values, goals, and aspirations and the determination of what is important. All of these are critical attributes of the determination of job satisfaction. There is no evidence from the review of the literature that Personal Indices have been directly determined. Some of the nursing studies have determined that Control is an important aspect of job satisfaction. This will be presented in the following section.

Further Support of the Findings from the Literature

In the literature related to nursing job satisfaction, there is further evidence of support of the findings of this study. The following summarizes some of these findings.

Weisman, Alexander, & Chase (1981) determined in their longitudinal study of hospital nurse's job satisfaction, that staff registered nurses saw autonomy as the most important determinant in their job satisfaction and that it had a subsequent effect on the decision on whether or not to leave the hospital. Autonomy is defined as "perceived independence or control over work activities" (Alexander, Weisman, & Chase, 1982, p. 48). In a further study, Weisman, Alexander & Chase, (1981), determined that a high level of autonomy was perceived by the general duty nurse when the head nurse was perceived to have a positive leadership style and responsiveness to the staff ($r=.34$).

Weisman, Alexander, & Chase (1981) did not further define what work activities were considered autonomous by the study group. In the study presented in the previous discussions, the subjects did not refer to autonomy in their descriptions of factors which lead to job satisfaction. In the data, the sense that the critical care nurse felt that practice was of a collaborative nature is apparent. The sub-category which most closely resembles autonomy would be that of Control. It is apparent in the study that the more the nurse felt in

control in a situation, the greater the amount of satisfaction perceived. Perhaps the term autonomy is misleading, as it seems to represent independence, which is not evident in the descriptions of nursing practice found in the data.

The sense that increased autonomy is positively related to head nurse leadership style supports the findings of the present study. The importance of the Relationships with Supervisors, as well as the responsibilities of the head nurse for the patterns of Work Setting have been well described. The perception of Professional Aspects being a source of satisfaction can also be related to Relationships with Supervisors.

In their conclusions, Weisman, Alexander & Chase (1981) suggest that the way to increase job satisfaction for nurses is to increase their control over their work environment. The importance of having a sense of control in situations is supported in the present study. This previous research strengthens the findings of this study.

In a study of Hospital Based R. N.'s versus Home Health Care R. N.'s, Curreri, Gilley, Faulk, & Swansburg (1985) found that registered nurses perceived similar job satisfaction components regardless of where they were employed. Those components were identified as involvement satisfaction, intrinsic satisfaction, extrinsic satisfaction and interpersonal satisfaction (p. 133). The tool used was

developed from the original work by Munson and Heda (1974) which was based on Herzberg's (1959) theory. Surprisingly, neither group of nurses reportedly experienced job satisfaction. Home health care nurses, however, were more satisfied in regards to intrinsic and involvement satisfaction. It was suggested by the authors that administrators could improve job satisfaction by efforts to increase intrinsic and involvement satisfaction of registered nurses in their units. Involvement satisfaction was described as "closest to a satisfier of ego needs as shown in a desire for power over others" (p. 127) and intrinsic satisfaction was identified as "closest to a satisfier of self-actualizing needs with direct connection between task and satisfaction".

When comparing the findings of Curreri, Gilley, Faulk, & Swansburg's (1985) study and the present study, it is obvious that with the present study there was definite evidence of perception of satisfaction by the study group. There was no evidence of intrinsic satisfaction as defined by Curreri, Gilley, Faulk, & Swansburg in the data. In fact, when discussing incidents where the subjects did have power over others, such as when placed in charge, the subject's perceived source of satisfaction was related to increased challenge through increased opportunities to use their knowledge, problem solve, and make decisions. When interacting with others, they viewed their role as a collaborative one, rather than as a position of power. Other factors identi-

fied in the involvement satisfaction that were more reflective of the findings in the current study was the increased sense of satisfaction perceived with the opportunity to share in the determination of methods and procedures, and the opportunity in the job to share in the setting of goals. These factors were evident in many of the discussions of the subjects regarding their desire to have input and control in the Professional Aspects of job satisfaction. The factor of involvement satisfaction is only partially supported in the analysis of the present study.

The finding that intrinsic factors were a source of satisfaction is supported in the data of the present study. The interrelationships between the themes of Professional Aspects and Personal Indices are reflective of the intrinsic factors. The intrinsic factors identified by Curreri, Gilley, Faulk, and Swansburg (1985) were related to the opportunity to use skills and abilities, the opportunity to do important and worthwhile things, and self-fulfillment. The importance of these factors is evident throughout the present study data.

The findings of Curreri, Gilley, Faulk, & Swansburg (1985) lend some support to the themes developed from the present study. However, their analysis that the nurse administrator can focus efforts on the factors that increase intrinsic satisfaction in an effort to "improve employee turnover, reduce absenteeism, and increased self-motivation

and productivity" (p. 134) does not reflect the sense of the process involved in job satisfaction. Working on one area in isolation without considering all factors related to job satisfaction is a band-aid approach that is unlikely to produce the anticipated results.

The Statement of the Theory

The third research question was to develop a theory of job satisfaction in critical care nursing. To accomplish this goal, the concept analysis previously presented will be explored in order to identify the relationships of the concept analysis to the research findings. The combination of the elements of the concept and the theory evolved from the preceding themes will result in a conceptual framework from which testable hypotheses can be drawn.

The Relationship of the Concept Analysis to the Research Findings

The critical attributes and antecedents of job satisfaction derived from the previous concept analysis can be categorized into three elements: Circumstances, Personal Elements, and Cognitive Appraisal. Table 5 on the following page presents these elements with their related factors. Each of these elements interrelate in the determination of whether or not satisfaction is perceived.

TABLE 5: THE CONCEPT OF JOB SATISFACTION

Category 1: CIRCUMSTANCES

-occurred in past or present
-active involvement

Category 2: PERSONAL ELEMENTS

-what is considered important
-need fulfillment
-what is valued, desired
-self-concept
-goals, aspirations
-expectations

Category 3: COGNITIVE APPRAISAL

-past/present time frame
-individual weighing of important factors
-determination if quantity is sufficient
-determination of whether expectations have been met
-perceived job situation in terms of what is valued

Each of the above categories will be discussed in relation to the research findings.

Circumstances

The circumstances that are apparent in the critical attributes and antecedents as well as in patterns and themes identified from the subject's data are the fact that the situations that are reflected upon occurred in the past, and the individual is considering them in the present. When asked to consider what the subject would find satisfying in

the future, most related the personal circumstances they would find themselves in, and how these could be accommodated while continuing to work in critical care nursing. It was also evident that many of the subjects did consider their level of satisfaction, or at least how they generally perceived their day, at the end of most shifts. Satisfaction appears to be a perception that has short duration and is related to factors that also have a brief time span. Another circumstance that was evident in the data was that the individual had had personal involvement in all situations being discussed. This would indicate that job satisfaction cannot be experienced vicariously but is a personal experience in which personal active investment is required. Hence, this research has added some further dimensions to the critical attributes for job satisfaction that are particularly related to circumstances.

Personal Elements

The personal elements that are critical attributes and antecedents to the perception of job satisfaction are delineated into 6 areas. They are: 1) what is considered important, 2) need fulfillment, 3) what is valued and desired, 4) self-concept, 5) goals and aspirations, and 6) expectations.

What is Considered Important.

It is evident that what is considered important to one person is not necessarily important to all, but anything that is described as providing job satisfaction must be important to that individual. The consistent reiteration of factors that were related to providing job satisfaction by subject after subject indicates how universally valued these factors were by the critical care nurses.

Need Fulfillment.

The fulfillment of a need is important to the individual when determining incidents of job satisfaction. When analyzing the data, incidents under consideration are evident from most of the levels of Maslow's (1970) hierarchy. Self-actualization (Maslow, 1970) is the most frequently represented and is most evident in the discussion of the core category of Professional Aspects. The desire to receive satisfaction as a result of one's job was considered a need by the nurses in the study.

What is Valued and Desired.

It is important to understand that situations under consideration by the subject reveal what is desired and valued by the subject. Analysis of the data reveals a wide range of what is valued and desired by each subject as described in Chapter 4. Factors that are valued and desired are con-

sistent throughout the study group and include Caring, the Importance of Work, and Work Expectations. None of the values or desires revealed can be considered insignificant. An individual may determine that something may be more valued or desired at a particular time, and perhaps more important at one time than at another.

Self-Concept.

Another personal index that impacts directly on job satisfaction is self-concept. How an individual views oneself in the environment and as an individual will impact directly on whether or not a situation will be a source of job satisfaction. This is a context dependent term for an individual's positive assessment of self. For example, if an individual perceives oneself as being incapable of performing or participating in certain activities, then satisfaction would not even be a consideration. In most instances, the subjects in the study reflected a positive self image.

Goals and Aspirations.

An individual's goals and aspirations are also an important determinant of satisfaction. If one believes that it is important for one to accomplish or achieve certain things in their job, then once they are achieved, satisfaction will result. Goals and aspirations are very individualized. In the study, there was no consensus amongst the subjects pertaining to personal goals. Goals that were identified as

being important in patient care were very consistent, however, and were reflected in the discussion of the core category of Professional Aspects in the previous chapter.

Expectations.

Expectations are also an important personal element. If what an individual expects in a situation is not realized, especially if it is considered desireable, satisfaction will not occur. Anticipated expectations of critical care nursing were found to differ amongst the study group. The amount of satisfaction experienced by the individual subject did not correlate with whether there was a difference between the anticipated and actual experience of critical care nursing.

The Personal elements identified through the concept analysis were strongly supported by the research data. The four themes of Professional Aspects, Interpersonal Relationships, Work Setting, and Personal Indices are viewed as integral to and illustrative of the critical attributes and antecedents of the concept analysis.

Cognitive Appraisal

The final element of the concept analysis is that of cognitive appraisal. What this represents is the individual's thought processes involved in the decision of whether or not satisfaction has been realized. Each job situation is per-

ceived in relation to what is valued compared to what is wanted and how much it is wanted. Cognitive appraisal can be viewed as a weighing out of the situation under consideration. Considerations in this include: whether the quantity of what is valued is sufficient; a determination of whether expectations have been met; and whether the perceived factors in the situation are valued.

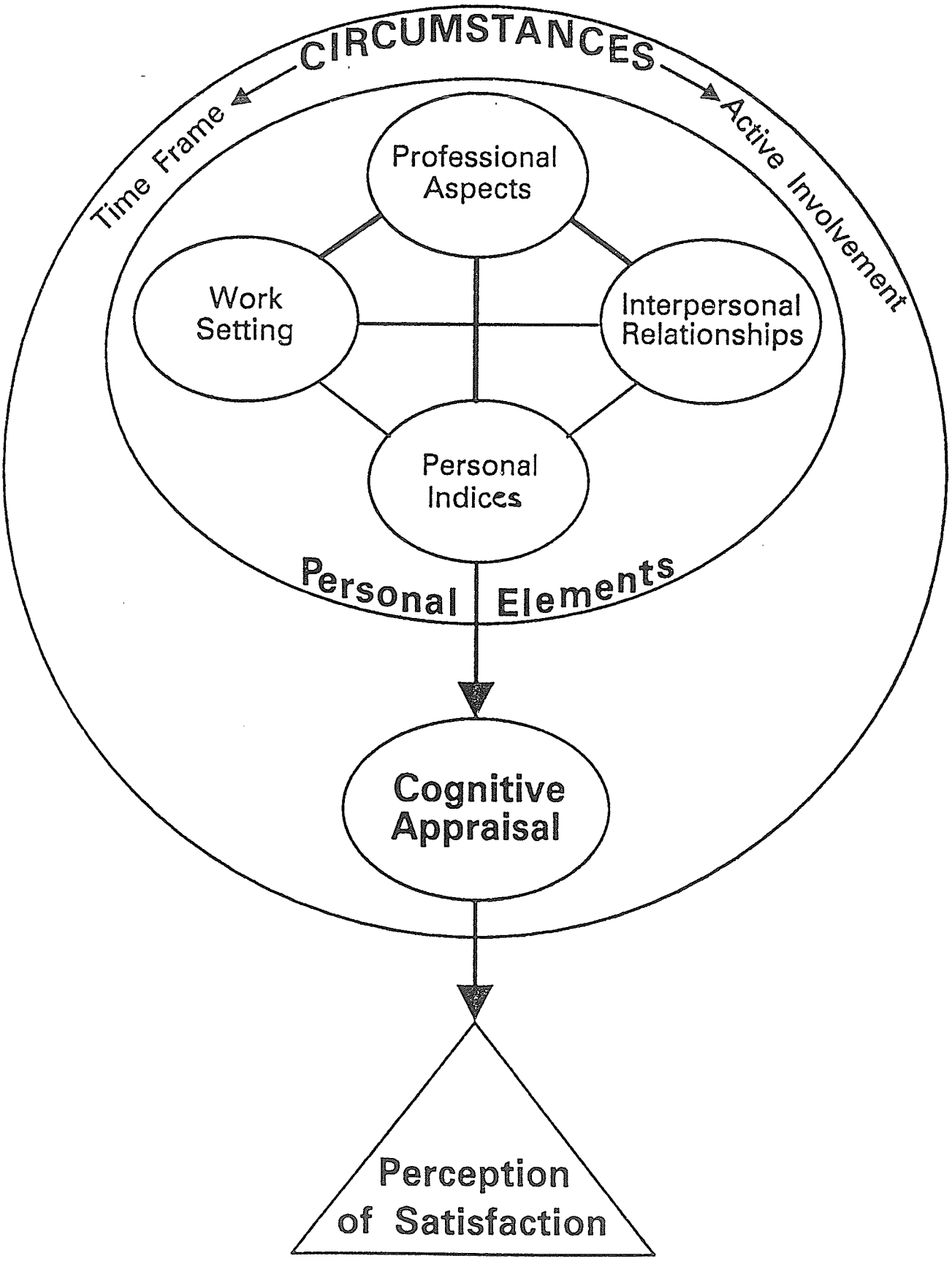
During the data collection and analysis phases, it was evident that the study subjects used cognitive appraisal. Responses were carefully thought through prior to verbalization. At times, the responses themselves reflected these thought processes by revealing a weighing out of the considerations previously presented. Clearly, the research data supports the critical attributes and antecedents of the concept analysis.

The process of the determination of job satisfaction can be explained using the above outlined elements from the concept analysis of job satisfaction. The following section will explain how the themes derived from the analysis of the data interrelate with the concept analysis to provide a conceptual framework for the theory.

The Conceptual Framework of Job Satisfaction

The diagram on the following page represents the conceptual framework of the theory which emerged as a result of

the concept analysis and the study. Personal elements and Cognitive Appraisal occurred within the Circumstances in which the critical care registered nurse finds herself.


CIRCUMSTANCES
Time Frame
Active Involvement
Professional Aspects
Work Setting
Interpersonal Relationships
Personal Indices
Personal Elements
Cognitive Appraisal
Perception of Satisfaction

The Personal Elements consist of the four themes which emerged from the data. All themes interrelate with one another, but the strongest interrelationships in terms of job satisfaction are between Professional Aspects and the remaining three themes. Analysis of the concept analysis and the themes which emerged from the data has resulted in the following theoretical statement: "Job satisfaction results when Cognitive Appraisal of Personal elements occurs within specific Circumstances. Personal Elements are related to Professional Aspects, Interpersonal Relationships, Work Setting, and Personal Indices. Professional Aspects contribute more to job satisfaction than the other personal elements of Work Setting, Interpersonal Relationships, and Personal Indices."

When the Personal Elements are Cognitively Appraised by the individual, a determination of whether or not job satisfaction is perceived is undertaken.

Theory is only useful if it provides explanation for occurrences. The following section will address the explanatory power of the theory.

Explanatory Power of the Theory

The purpose of theory is to provide explanation for events that occur in our world. The preceding theory is able to explain why the members of the study group have remained satisfied in their work in critical care nursing for a period of two years or more. Use of the theory guides the identification of specific survival strategies that this study group has developed. These survival strategies have permitted the study participants to remain in critical care nursing. These strategies include:

1. Work is left at work. A conscious decision has been made to prevent work from interfering in other aspects of their lives.
2. The majority work part time to permit them the time away from work required to replenish their energy stores that are depleted from working in critical care.
3. For the most part, political situations at work are ignored unless the subject is directly involved or responsible for decisions that must be made.
4. The subjects know the limits of their own responsibility. Some have a greater ability to rationalize decisions by others in authority. Those that have difficulty rationalizing experience distress to a greater extent that those who can rationalize.

5. They get involved with interests outside of nursing and work. This is a conscious decision to bring about a greater balance between work and their personal lives.
6. There is a bias to deal with problems as they occur.

The theory explains how these nurses manage to continue to practice in an area where the majority leave within two years.

As an administrator in critical care nursing who is interested in promoting job satisfaction in the critical care staff, the theory will explain the following:

1. Professional Aspects of care are the most important sources of satisfaction for critical care nurses. Developing strategies that will enhance the attainment of these Professional Aspects will result in increased satisfaction.
2. The Professional Aspects may also be enhanced through attention to the Interpersonal Relationships and the Work Setting in the critical care area. There are specific areas that must be attended to in terms of the Work Setting to enable the nurse to perceive satisfaction. Specific activities in relation to Interpersonal Relationships should also be undertaken by the nurse administrator to enhance the perception of satisfaction for the critical care nurse.

3. There are factors that are in the conceptual category of Personal Indices that will impact on whether two individuals in the same Circumstances will have the cognitive appraisal of satisfaction. In this study group, Personal Indices include the survival skills previously outlined.

Assisting other critical care nurses to develop these survival strategies should result in an increase in perceived job satisfaction. This is not to suggest that efforts to increase job satisfaction should be only targeted towards Personal Indices.

Job satisfaction is a process, and the theory states that all of the themes will impact on the final Cognitive Appraisal of whether or not satisfaction is perceived. As previously mentioned, an individual will at one time value something more highly than another, and it may be more highly valued at one time than another. Of significance, however, are the incidents of moral dilemmas related by the critical care nurse subjects. Some subjects were able to rationalize these situations. Evidence exists, however, that even in these critical care nurses with well developed survival strategies, these moral dilemmas created distress and inhibited job satisfaction more than any other factor. The theory suggests that these moral dilemmas are related to Professional Aspects. Resolution of these dilemmas may be assisted through development of Respect, Recognition, and

Support, and enhancement of Communication. The theory does not fully explain these moral dilemmas, however. Although these moral dilemmas are of utmost importance, ignoring any of the variables in the theory that affect the perception of job satisfaction would be unwise.

Plans for Refinement and Testing of the Theory

Areas of the theory where incomplete guidance is given, such as moral dilemmas, are apparent. Of interest is the effort to place meaning on situations that could otherwise be considered tragic. Two instances of this are found in the data. In one instance, when relating the importance of Outcomes/Patient Response to Care, the subject stated that when someone shows improvement, it gives impetus to continue because there is meaning to what is being done. Another instance is related to caring for a patient who is to become an organ donor. The subject related that although it was sad that a young person died, at least other people will have a chance for improved health as a result. Creating meaning in the critical care area may be an important aspect of Personal Indices that should be further explored and developed.

Another area for further exploration is the impact that having high expectations of self and others has on the critical care nurse. Are expectations higher in critical care than in other areas? Are people with a tendency to have

high self-expectations attracted to critical care, or is this part of the socialization process? Do those individuals who leave critical care have the same expectations of self and others as those who remain? Answers to these questions may help to further delineate whether high expectations is a pattern of Work Setting, Professional Aspects or Personal Indices. High expectations may impact directly on the amount of stress perceived by the critical care nurse, and could adversely affect the perception of job satisfaction.

The theory will be tested by the researcher in terms of using the theory to help develop strategies that will enhance job satisfaction in critical care nursing. These strategies will include:

1. Encouraging the general duty registered nurse in the critical care unit to develop their own strategies for improving their work life. Ideas that may be proposed would be self-scheduling of shifts; part-time work; and the opportunity to work on long term projects related to unit development. Numerous strategies must be developed, because they will have variable appeal based on Personal Indices. (Perception of Stress, Values, Circumstances)
2. Develop strategies to promote collaborative practice between all members of the health care team. (Circumstances, Quality of Care, Interpersonal Relationships)

3. Provide a mechanism to permit routine follow-up on all patients transferred to the ward. This could be developed as part of a Quality Assurance mechanism. (Values, Quality of Care)
4. Promote decentralization of decision making to the general duty nurse level. (Professional Aspects, Control, Interpersonal Relationships)
5. Brain storm with the general duty staff means of developing clear boundaries around their work area to prevent continual trespass in their territory. Education of all other health personnel would be necessary to facilitate the achievement of territorial control. (Control, Interpersonal Relationships, Values)
6. Develop a professional practice committee within the unit whose terms of reference will be to identify those situations that decrease attainment of the Professional Aspects of care. In consideration of a collaborative practice model, this should be a multidisciplinary committee whose minutes will be posted for all unit staff to read. (Professional Aspects, Interpersonal Relationships, Personal Indices)
7. Development of strategies to facilitate discussion of ethical dilemmas in the collaborative practice group. All staff members should be encouraged to submit situations in which they discerned an ethical or moral dilemma. These could then be addressed by a medi-

cal ethicist in a regular inservice type of setting. Again a multidisciplinary approach would be utilized. (Professional Aspects, Interpersonal Relationships, Personal Indices)

8. Promote education on a formal level, by making the opportunity to attend classes on a regular basis possible for the critical care nurse. Development of a regular and challenging inservice program would be undertaken. (Professional Aspects, Values, Perception of Stress)
9. When promoting the critical care area as a work place and when hiring new staff, knowledge of misspercep-tions in terms of anticipated and actual experiences of critical care nurses will help the administrator to more accurately portray what the nurse may expect to find in the area. (Cognitive Appraisal, Personal Elements)
10. In the interview process, the nurse administrator may be able to identify survival strategies already developed in the applicant that would permit a greater opportunity for satisfaction in critical care nursing to be perceived. (Personal Indices, Cognitive Appraisal)

These are only a few of the strategies that the researcher could implement that should provide increased perception of job satisfaction in the critical care nurse. The measure-

ment of perceived job satisfaction before and after implementation of these programs could be undertaken. Whether the ultimate goal of increased staff retention would also be associated with increased job satisfaction could also be studied.

Limitations of the Theory

To date, the findings of this study are generalizeable only to the population from which the sample for the study was drawn. Readers can interpret for themselves whether or not this theory may be generalized to other populations. Due to the extent of saturation of all of the categories, there would be no advantage to studying more subjects in the same study population using the same methodology and study questions. Replication of the study will not be possible, as is true of any grounded theory methodology. The study could be repeated, however, with another group of critical care registered nurses. Credibility of the theory is increased when results are compared to the findings of other researchers in the area.

Implications and Recommendations

This study has many implications for nursing research, practice, education, and administration. Most of these have been addressed in the previous section. The greatest implication and recommendation, however, is in relation to how job satisfaction in critical care nursing is viewed.

Most efforts to improve job satisfaction have been related to Work Setting categories, such as pay and hours of work. Although these are important, ignoring the other themes when developing strategies to increase job satisfaction will result in failure. It is recommended that the emphasis on strategies be placed on the attainment of Professional Aspects of care. Attainment of Professional Aspects can be enhanced or inhibited by categories evident in other themes. If the goal is always to enhance Professional Aspects, regardless of what the strategy may be, the strategy is more likely to result in an increase in job satisfaction.

Another recommendation for those who are serious in developing strategies to enhance job satisfaction is to recognize that no two individuals will place the same importance on specific values or what is considered desireable. A variety of strategies are required to meet individual needs.

Conclusion

This research study has answered the research questions. The concept analysis which initiated the research has been confirmed and refined through the process of data collection and theory development. The theory presented is well grounded in the data, and meets the criteria for rigor in qualitative research. Hopefully the findings will prove useful in the quest to increase the perception of job satisfaction in critical care nursing.

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Appendix A

Construction of Additional Cases

Construction of Additional Cases

The construction of borderline, related, invented, and contrary cases helps to further promote the understanding of the concept of job satisfaction.

Borderline Case

The nurse sat in her chair considering the events of the day. She had always wanted to be a nurse, as she felt it would fulfill her desire to help people. The job did provide her with enough money to buy what she needed, and she accepted the fact that she would never be wealthy. Although she performed her job well, as evidenced by her performance appraisal, there was still something missing. She felt that she was just another cog in the wheel, that her presence at work really made little difference to anybody, especially her patients.

In this borderline case, the critical attribute of cognition is creating a feeling much different from satisfaction. In this case, the lack of met expectations in terms of the psychological need for recognition is evident. It is obvious that this lack outweighs the other needs that are being met by the job.

Related Case

Gratification is a concept similar to satisfaction, but its critical attributes are determined to be different. According to the Dictionary of Philosophy and Psychology (1902), gratification is related to filling of the more base desires, such as food, and has a large emphasis on the thought of self, especially in terms of such emotions as pride and vanity. The following case demonstrates those attributes that distinguish gratification from satisfaction.

The nurse sat in her chair. She considered the events of the day carefully. She really had done a great job teaching that patient today. She felt proud of how well she had so carefully explained everything about the forthcoming surgery. The patient had told her how grateful he was for her time and explanations. The head nurse had made a special point of telling her what an asset she was to the unit.

Contrary Case

The contrary case is developed to clearly indicate what the concept is not.

The nurse sat in her chair. As she considered the events of the day, anger welled up within her. No matter how hard she tried, there was no way she could please everybody. There was just not enough time in the day to do everything. She decided to phone in sick tomorrow.

Illegitimate Case

The following illegitimate case demonstrates a use of the concept of satisfaction that does not accurately reflect the defining attributes of the concept as previously outlined.

The nurse sat in her chair, reflecting on the events of the day. She was acutely aware of the feeling inside of her. It was finally over. She had made a terrible error that had caused her patient to suffer. She had been found criminally negligent. Now she would pay her debt and provide satisfaction for her wrongs.

Appendix B

Request To The Institution

(204)
Todays Date

Ms. X
Vice-president, Nursing
Name of Institution

Dear Ms. X:

I am a Masters student enrolled in the School of Nursing at the University of Manitoba. In order to complete the requirements of the degree, I am undertaking a study in the area of job satisfaction in critical care nursing for the purpose of my thesis. The chairperson of my thesis committee is Dr. Alice Jope.

My study will be descriptive in nature, and will use a modified grounded theory approach. Through this method, I hope to document and interpret the totality of experience of job satisfaction from the point of view of the critical care nurse. This information may prove to be helpful to nurse administrators in their efforts to attract and retain registered nurses in their critical care units.

I am interested in studying registered nurses who have been continuously employed as general duty nurses in critical care units for a period of two years or more. These registered nurses will have completed a post-basic program in critical care nursing and must be employed in a 0.5 to 1.0 equivalent to full time position.

I am requesting your approval to distribute information regarding my study to each registered nurse currently employed in the two adult critical care units in your institution. This information will describe the study and request those interested in participating in the study to complete a form and return it to me in a stamped self-addressed envelope enclosed for the purpose. From the returned forms, I will determine those individuals who fit the study criteria, and will randomly sample from those interested respondents for a maximum study number of 8 participants.

I will then approach each of the selected subjects and request their participation in the study. Those persons who volunteer for the study will be provided with written information regarding the purpose of the study and the man-

ner in which it will be conducted. The study participants will be fully informed of their rights, and will sign an informed consent. All information collected, including the name of the institution in which the individual is employed and the individual's identity, will be confidential. All interviews will be conducted during the participant's off-duty time.

For your consideration and information, I have enclosed a copy of the letter indicating that my research proposal has received ethical approval from the Ethical Review Committee of the School of Nursing. I have also included a copy of the informed consent which the study subjects will be asked to sign.

In order to determine the statistics necessary to describe my study population, I am also requesting information regarding the number of registered nurses employed on the two adult critical care units who fit my study criteria.

Thank you for your consideration in this matter. If you require any additional information, please feel free to contact me at the above number or through the School of Nursing at 474-6218.

Yours truly

Catherine Kidd

Appendix C

Letter to Potential Registered Nurse Subjects

(204)
Todays Date

Dear Registered Nurse:

My name is Catherine Kidd, and I am a student in the Masters in Nursing program at the University of Manitoba. I am also a critical care nurse, and I am very interested in exploring ways and means of attracting and retaining critical care nurses in our units. I am currently working on my thesis, the title of which is Job Satisfaction in Critical Care Nursing.

I have received permission from Ms. X., your Vice-president Nursing, to write to you to ask if you are interested in participating in my study. In no way are you under any obligation to participate, nor will anyone know, other than myself, whether or not you replied to this letter.

This study will attempt to identify those factors that critical care registered nurses find satisfying in their jobs. The intent is to focus on those nurses who have remained in critical care nursing for a period of two years or more. Those nurses may be able to indicate, on an individual basis, factors they find satisfying in their jobs. If factors that provide job satisfaction on an individual basis can be identified, then perhaps those factors can be potentiated in an attempt to increase job satisfaction. Through increased job satisfaction, there may be an increase in recruitment and retention of registered nurses in critical care units.

The research plan is to conduct three interviews with each participant to determine their perceptions of job satisfaction in critical care nursing. Each interview will be conducted at a time and place convenient to the participant during the participant's off-duty hours. Some questions will also be asked to determine some personal information, such as age, education, and years of practice in nursing. The participant is free to refuse to answer any question and can withdraw from the study at any time. Each interview will be tape recorded. The participant will be asked to maintain a short diary concerning their perceptions of job satisfaction at the end of each working day for a two week period.

Any information that is obtained in connection with this study will remain confidential, and in no way will the

study participants be identifiable. The written report of this study will document group information, and no single participant or response will be identifiable.

I believe that there is much to be learned from those of you who are currently practicing in a critical care unit. If you would be willing to participate, please complete the information sheet below and return it in the envelope provided. I will then be in contact with you. If you would like any more information, please feel free to call me at the phone number above (home) or at the University of Manitoba at 474-6218.

Thank you

Catherine Kidd

Please complete the information below and return it in the envelope provided only if you are interested in participating in the study.

Name:_____ Phone No.:_____

Address:_____

When did you first start to work in a critical care unit?

_____ _____
Month Year

Have you completed a post-basic intensive care nursing program?

Yes:_____ No:_____

How many hours do you work in critical care?

Full time (1.0 EFT):_____
0.5 to 0.9 EFT:_____ Less than 0.5 EFT:_____

Appendix D

Consent To Participate In The Study

Description of the Study

You are invited to participate in a study of registered nurses currently employed in critical care nursing in the City of Winnipeg. Your name was randomly selected from a list of registered nurses who volunteered to participate in the study. This study is being conducted by Catherine Kidd, a student in the Masters in Nursing program at the University of Manitoba, for the purposes of her thesis.

This study will attempt to identify those factors that critical care registered nurses find satisfying in their jobs. The intent is to focus on those nurses who have remained in critical care nursing for an extended period of time. Those nurses may be able to indicate, on an individual basis, factors they find satisfying in their jobs. If factors that provide job satisfaction on an individual basis can be identified, then perhaps those factors can be potentiated in critical care units in an attempt to increase job satisfaction. Through increased job satisfaction, there may be an increase in recruitment and retention of registered nurses in critical care units.

The participants for the study will meet the following criteria:

1. Registered nurses who have completed a post-basic program in critical care nursing.

2. They are currently employed in an adult critical care unit within a University affiliated teaching hospital within the City of Winnipeg.

3. They have been continuously employed in a general duty position in an adult critical care unit in a 0.5 to 1.0 equivalent to full time position for a period of two years or more.

The research plan is to conduct three interviews with each participant to determine their perceptions of job satisfaction in critical care nursing. Each interview will be conducted at a time and place convenient to the participant during the participant's off-duty hours. Some questions will also be asked to determine personal information, such as age, education, and years of practice in nursing. The participant is free to refuse to answer any question and can withdraw from the study at any time. Each interview will be tape recorded. Notes will be kept by the researcher during the interview. The participant will be asked to maintain a two week diary concerning their perceptions of job satisfaction at the end of each work day.

Any information that is obtained in connection with this study will remain confidential, and in no way will study participants be identifiable. The written report of this study will document group information, and no single participant or response will be identifiable.

If you desire, a summary of the findings will be mailed to you upon completion of the project.

In order to participate in this study, you are asked to read and sign the consent form on the following page.

Consent Form

This certifies that I, _____, having met the criteria for participation in this study, agree to participate in the study. Specifically, I understand and agree to the following:

1. The purpose of this study is to determine those factors that critical care nurses find satisfying in their jobs.

2. The study is being undertaken by Catherine Kidd, a student in the Masters in Nursing program at the University of Manitoba, for the purpose of her thesis. Her thesis advisor is Dr. Alice Jope, who is a professor at the University of Manitoba School of Nursing.

3. I have been provided with a written description of the study.

4. I understand that my participation involves a series of three taped interviews conducted during my off-duty hours. Each interview will be conducted at a time and place convenient to me. The interviews will take approximately 1 to 1-1/2 hours each to complete. I will also briefly detail my perceptions of job satisfaction at the end of each work day in a diary for a period of two weeks.

5. I understand that I may withdraw from the study at any time without penalty to myself. I may decline to answer specific questions during the interview if I so wish. I further understand that participation in this study will provide no direct benefit to me.

6. I understand that any information that I provide during the course of the study will be anonymous and confidential. In no way will the institution in which I work, the unit in which I work, or myself, be identifiable. Only the researcher, her thesis committee members, and a Masters prepared critical care nurse, will have access to the tape and transcript of the interview. The tape and transcript will be identified by code number only. Only the researcher will know the names of those participating in the study. The list of names will be kept separate form the list of code numbers, and both lists will be kept safely locked away. Upon completion of this study, the tapes will be erased.

7. The thesis will be published and available for reference in the University of Manitoba library. Excerpts from the thesis may be published at a later date by the researcher.

8. I will be provided with a copy of this consent form.

9. I may contact Catherine Kidd at any time if I have questions regarding my participation in the study. Her telephone number is

10. I may contact Dr. Alice Jope through the University of Manitoba if I have questions regarding my participation in the study. Dr. Jope can be reached at

My signature below indicates that I have read the preceding information and that I am willing to participate in this study.

Date	Participant	Researcher

My signature below indicates that I would like to receive a summary of the findings upon completion of the study.

Participant

Appendix E

Instruments

Interview Guide

As you know, I am interested in hearing about your perceptions of what you find satisfying in your job in critical care nursing. As you are aware, I have worked in critical care myself for many years, but as we are discussing your perceptions, I would like you to forget that. I would like you to explain things to me as if I don't know anything about critical care nursing, and is if I'm not even a nurse. Through eliminating assumptions that I know exactly what you mean or are referring to, clarification of your perceptions will occur. Please feel free to state whatever comes to your mind during the interview and try not to let me influence your statements or comments in any way.

Please feel free to digress from the question under discussion with any information that you believe will add to the data. As the interview progresses, I will be asking you to expand and elaborate on some of your responses.

Sociodemographic Data

First of all, I would like to ask you some questions regarding your personal history.

1. Age:_____ yrs.

2. Sex: Male____ Female____

3. Education:
   Diploma in Nursing: ____ Year graduated:____
   Diploma in ICU Nursing:____ Year graduated:____
   University degrees:
   1)____ Year graduated:____
   2)____ " ____
   3)____ " ____
   Currently enrolled in:_____

4. Marital status: Single____ Married____
   Separated____ Divorced____

5. Dependents: Ages 1)____ 2)____ 3)____ 4)____

6. Years of Work:
   Critical Care:____(yrs)
   Full time____ (yrs) Part time____ (yrs)
   EFT____
   Other areas: 1)_____ (Name of area)
   ____ (yrs) Full time____(yrs) Part time____(yrs)
   EFT____
   2)_____ (Name of area)
   ____ (yrs) Full time____(yrs) Part time____(yrs)
   EFT____
   3)_____ (Name of area)
   ____ (yrs) Full time____(yrs) Part time____(yrs)
   EFT____
   4)_____ (Name of area)
   ____ (yrs) Full time____(yrs) Part time____(yrs)
   EFT____
   5)_____ (Name of area)
   ____ (yrs) Full time____(yrs) Part time____(yrs)
   EFT____

7. Shift rotation pattern currently worked:
   8 hrs:____ 12 hrs:____ Other:____
   Days:____ Evenings:____ Nights:____

8. Professional activities:
   a) Member of CACCN: Yes____ No____
   b) Member of WACCN: Yes____ No____
   c) MARN participation:_____
   d) MONA participation:_____
   e) Other associations:_____

Interview Guide: Concept of Job Satisfaction

I would now like to discuss with you the time when you first started working in critical care.

1. What initially attracted you to critical care nursing?
2. What did you expect to find when working in critical care nursing? Could you elaborate please?
3. Could you describe those areas that are as you expected?
4. Could you describe those areas that are not as you expected?
5. What are those factors that cause you to continue to work in critical care?

I would now like you to consider those times when you felt satisfied in your job in critical care.

1. Could you describe a situation where you remember thinking that you were satisfied in your job?
2. What factors do you believe contributed most to this perception of satisfaction?
3. What factors do you think are the most important to your job satisfaction?
4. How frequently do you consider whether or not you feel satisfied in your job? Is there anything that seems to stimulate such considerations?
5. On average, how satisfied do you believe you are in your job? Does your degree of satisfaction vary from day to day? What sorts of things cause it to vary?

I would now like to discuss with you your other job experiences.

1. Can you recall in your previous job having the perception of being satisfied?

2. What circumstances or factors do you believe led you to feeling satisfied?

3. Do you think that the same factors that gave you job satisfaction then are present in your job in critical care nursing? Could you please describe them?

4. Do you have a greater or lesser degree of job satisfaction in critical care nursing compared to your previous areas of practice

Appendix F

Diary

Diary of Job Satisfaction

For the next two weeks, I would like you to describe briefly your perceptions of job satisfaction at the end of each work day. Please use the space below and the blank sheets following. I would also be helpful if you could describe the incidents or factors as well as the circumstances that you believe have given you job satisfaction during the day. At the beginning of each entry, please note the date and the shift worked.

Thank you.