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Home Health Nurses: Are They Satisfied With Their Work Environment

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HOME HEALTH NURSES: ARE THEY SATISFIED WITH THEIR WORK ENVIRONMENT?

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ABSTRACT

HOME HEALTH NURSES, ARE THEY SATISFIED WITH THEIR WORK ENVIRONMENT?

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Objectives: This study addressed the questions, (1) To what degree are home health nurses satisfied in their job? (2) What variable ranks as the most important for home health nurses' satisfaction? and, (3) Is there a difference between job satisfaction of full time employment, part time, and per diem home health nurses?

Methods: The data were collected from six home health agencies in the Hampton Roads Area resulting in a sample of (N = 72). The McCloskey and Mueller Satisfaction Scale developed in 1990 (MMSS) was used to measure home health nurses' satisfaction.

Results: The home health nurses' satisfaction indicators were ranked from the highest to the lowest as follows: scheduling, praise and recognition, interaction opportunities, reward, control and responsibility, and professional opportunities. The overall mean global score of the MMSS was (3.54), which reflects marginal job satisfaction among home health nurses in the Hampton Roads Area. The overall mean score of the full time employed nurses was higher than the overall mean score of per diem and part time nurses.

Conclusions: On the basis of the study findings, home health nurses are marginally satisfied with their work environment in the Hampton Roads Area.

Scheduling was the highest satisfaction score of all other variables. The study also found that full time employed home health nurses reported higher job satisfaction scores than per diem and part time nurses. Greater attention to scheduling may be useful in maximizing nurses' job satisfaction.

Co-Directors of Advisory Committee: Dr. Richardean Benjamin-Coleman
Dr. Laurel Garzon

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CHAPTER I

Introduction

Job satisfaction is strongly related to job productivity, motivation, retention, and turnover (Sell & Shipley, 1979). For these reasons, it is imperative that home health nursing administrators understand the multiple factors that facilitate nurses' job satisfaction. Given the recent home health regulation changes it is possible that job satisfaction for home health nurses is undergoing change.

Health care in the United States has experienced rapid change since 1990. The home health care sector has been confronted by several factors influencing delivery of care. The changes aim to decrease costs of care and at the same time maintain or improve the quality of care. Under the new regulations, home health agencies are shifting from a liberal position on home health visits to a conservative approach limiting the number of home visits. This study explores home health nurses' job satisfaction within the framework of Maslows' theory (Table 1).

Table 1

Comparison of Maslow's, McCloskey's, and McCloskey/Mueller Satisfiers.

Maslow	McCloskey(1974)	McCloskey/Mueller(1990)
Self actualization	Psychological	Control/Responsibility Professional opportunities
Self esteem Belonging	Social	Praise/Recognition Coworkers Interaction
Safety Physiologic needs	Safety	Extrinsic rewards Scheduling satisfaction Family/ Work balance

Adopted from "Job Satisfaction Correlates Among Palestinian Nurses in the West Bank" by A. R. Ajamieh, T. Misener, K. S. Haddock, and J. U. Gleaton, 1996, International Journal of Nursing Studies, 33 (4), p. 424.

The recent changes in home health nursing reimbursement, accreditation, and documentation are overwhelming for the home health industry. Since the birth of diagnostic related groups (DRG's) there has been a shift in hospital practice to earlier discharge of the acutely ill which created an explosion in high technology home health (Benson, 1997). As we look at the future, "home care nursing is faced with numerous challenges and opportunities" (Blaha, 1997, p. 873).

In 1997, the Health Care Financing Administration (HCFA) targeted the home health industry for a big reduction in the budget. In January 1998, new policies and regulations of home health reimbursement and capitation were implemented and employers are now reacting to a more competitive, cost driven market. Home health nurses are facing increased change in the work environment such as, decreased number of clients and visits, and additional requirements for documentation.

Several studies of nurses' job satisfaction described the relationship between job satisfaction and productivity (Donna, 1997; & Blegen, 1993). Few studies are available related to job satisfaction in home health nursing. This study will explore the contribution of selected factors to nurses' job satisfaction in home health nursing.

Purpose Statement

The purpose of this study is to examine home health nurses' job satisfaction and to explore differences in job satisfaction between full time, part time, and the per diem home health nurses in Hampton Roads using the McCloskey/Mueller Satisfaction Scale (MMSS) (Mueller & McCloskey, 1990).

Research questions

The study addresses the questions, (1) To what degree are home health nurses satisfied in their job? (2) What variable ranks as the most important for home health nurses' satisfaction? and, (3) Is there a difference between full time employment, part time, and per diem home health nurses' satisfaction?

Conceptual framework

Job satisfaction is a complex phenomenon. Many conceptual frameworks have been proposed to describe and explain job satisfaction and its relation to job productivity, motivation, retention, and turnover. Theorists like Maslow (1954) and Herzberg (1966) identified motivation as a major constituent in work satisfaction. Although neither the work of Maslow nor Herzberg has gained sufficient support from research to adequately explain job satisfaction, both approach motivation through satisfying human needs.

Maslow (1954) was the first to link human needs satisfaction to motivation. Maslow (1970) (as cited in Abu Ajamieh, Misener, Haddock, & Gleaton, 1996) identified human needs as deficiency needs and growth needs. Deficiency needs are composed of physical safety that includes social security, and the need for social contacts. Growth needs are composed of self-esteem, belonging, and self-actualization. Maslow in the hierarchical theory posited that lower order needs require fulfillment before higher needs become important as motivators. Only when a need lower in the hierarchy is fulfilled does the next higher one become psychologically real and move the person to seek satisfaction. For example, the theory proposes that when physiological needs are met the worker can then focus on social contact at work, while if the physiological needs are not met, the worker will psychologically ignore social contact at work.

Mcloskey and Mueller (1990) used advanced statistical tests such as factor analysis to further analyze the contents of each area of Maslow's needs. Their analysis resulted in identifying 8 sub-scales under the physiological/safety, self-esteem/belonging, and self-actualization categories (Table 1).

According to Maslow's theory and due to current home health care changes and decreased number of visits, it is expected that the physiologic composite of the MMSS scale (reward, scheduling) will receive more importance than other satisfaction needs in this study. Also self esteem (praise/recognition, coworkers, and interaction) and self-actualization (control/responsibility and professional opportunities) satisfaction needs may receive lower attention by home health nurses. According to Maslow, nurses need to satisfy physiologic needs first so that they can achieve higher needs in the hierarchy.

Definition of the Variables

Job satisfaction is defined as "a positive attitude toward the job" (Cavanagh, 1990, p. 374). Nurses' satisfaction was measured using McCloskey and Mueller Satisfaction Scale (MMSS). The components of nurses' satisfaction are reward, scheduling, balance of family and work, interaction opportunities, professional opportunities, praise and recognition, autonomy, and supervisors and coworkers support. All operational definitions were developed to fit with the McCloskey and Mueller scale that was modified in1990. For purposes of this study job satisfaction in the home health setting will be defined as mean scores greater than 3.50 on the global scale.

Extrinsic rewards are "the monetary remuneration and benefits for completion of employment responsibilities" (Juhal, Dunkin, Stratton, Geller, & Ludetke, 1993, p. 43).

Operationally, extrinsic reward is defined as the sum of salary, vacation, and benefits each measured on a scale from 1-5 (Mueller and McCloskey, 1990).

Autonomy "is the independence one experiences in the decision making of day-to –day job related responsibilities" (Juhal et al., 1993, p. 44). Operationally, autonomy is the sum of how much control of work settings and conditions home health nurses have, how much responsibility, decision making, and authority home health nurses have, and if they have career advancement opportunities. Each item is measured on a scale from 1-5 (Mueller and McCloskey, 1990).

Interaction "refers to communication with someone through conversation, looks, or action" (The Newbury Dictionary, 1996, p. 733). Operationally, interaction is the sum of the social contact at work and after work, interaction with other disciplines, and formal caring contact each measured on a scale from 1-5 (Mueller and McCloskey, 1990).

Scheduling is measured as the sum of satisfaction of home health nurses with scheduling hours, flexibility of scheduled hours, straight days, weekends off per month, flexible weekends off, and compensation for weekends each measured on a scale from 1-5 (Mueller and McCloskey, 1990).

Coworkers are defined as the sum of nursing peers and physicians. Satisfaction with coworkers is measured on a 5 point likert scale (Mueller and McCloskey, 1990).

Praise is defined as the expression of admiration and respect" (The Newbury Dictionary, 1996, p. 1118). Recognition is defined as credit, praise for doing something well (The Newbury Dictionary, 1996, p. 1186). Operationally, praise/recognition is how satisfied home health nurses are with supervisor, supervisor recognition, peers

recognition, encouragement/feedback each measured on 5 point likert scale (Mueller and McCloskey, 1990).

Type of position is defined as the position the nurse has in the home health agency. Operationally, it is whether the nurse was a home health staff nurse, discharge coordinator, supervisor, or administrator.

Type of contract is the type of employment contract the nurse has with the home health agency. Options are full time employment, part time employment, or per diem contract.

Level of education is whether the nurse was a licensed practical nurse or had an associate degree, diploma, bachelor's degree, master's degree, or doctoral degree.

Literature Review

Nursing has always given attention to the concept of job satisfaction. Past nursing studies have focused on hospital nurses, but few studies have explored job satisfaction in home health care (Juhal et al., 1993). The focus of job satisfaction strategies must be to make assessments about people and jobs so that some improvement or action can be made in the job (Sell & Shipley, 1979). Knowledge of job satisfaction should suggest ways and mechanisms to ensure a better fit between the individual, the job, and the organization. The current challenges and stresses facing home health nurses and agencies and the issues concerning nurses' job satisfaction will be the focus of the following discussion.

The recent changes in home health nursing can be frustrating for many nurses. Factors that contribute to frustration are increased governmental regulations, restrictive reimbursement patterns, and a decrease of professional control over the care provided

(Harris, 1990). Nursing care has became more complicated by the "increased age of the patient, spouse, or care giver; increased patient acuity level.... and geographic distance among family members" (Harris, 1990, p. 257). Increased requirements for nursing documentation for economical reasons and reimbursement is also a source of increased stress in the field.

The Balanced Budget Act (BBA) of 1997 has had a striking impact on home health care. The BBA is expected to reduce the projected government Medicare spending by 116.4 billion during the fiscal years 1998 to 2002. Home health agencies are expected to reduce spending by 16 billion in five years with little guidance from the government. "The challenges of surviving and conquering all the current issues facing home health care nurses and agencies seem overwhelming" (Harris, 1998, p. 437).

The changes by the federal government have a direct effect on home health care agencies and nurses. Beginning in January 1998 new laws require the home health agencies that work with Medicare clients to post a surety bond with the Health Care Financing Administration (HCFA). The bond has to be 15% of the Medicare home health revenues. The minimum bond is not less than $ 50,000. It is obvious that these requirements increase the financial burden on home health agencies.

Medicare is also undergoing major economic and regulation changes that will have a more challenging impact on home health nursing care. Part A coverage under Medicare was reduced to a maximum of 100 visits after a three-day acute hospitalization or after receiving covered nursing care at a skilled facility. All other home health services may be transferred to Medicare part B.

Another dramatic change is that the reimbursement system changed as of October 1, 1997. An interim payment system has been introduced and will be effective until a new prospective system is implemented. In addition, venipuncture has been eliminated as a reimbursable component and is no longer a qualifying service for Medicare home health services.

HCFA is introducing a new regulation regarding the reimbursement system, which will require a greater burden on home health agencies. The new regulations include changes in notifying home health care agencies about denial of payment. Home health agencies may receive a request from HCFA for additional information and the claim payment will be suspended until the review of the patient records is completed. These changes may have negative financial effects on the economic viability of home health care agencies.

HCFA is also revising the conditions of home health agencies in Medicare Conditions of Participation (COPs). The new rules include the use of the Outcome Assessment Information Set (OASIS). OASIS consists of core items in a comprehensive assessment for adult home care clients and forms the basis for measuring patient outcomes for purposes of outcome quality improvement. OASIS has been required for home health agencies as of June 18, 1999.

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) has approved a new accreditation system that integrates outcome and performance measures into the home health accreditation process. ORYX, the new system for home health accreditation is not an acronym but the name of a gazelle like animal (Friedman, 1998). ORYX will require all home health agencies to collect outcome data about patient

care and submit it to the JCAHO on a continuous basis. Home health agencies are expected to examine their care processes and make changes to improve the results of care.

Nursing care resources are being monitored and controlled by some home health agencies as an element of effective management of resources. Given the new changes, staff nurses are now spending more time documenting their care in relation to the time spent in providing nursing care.

Nurses are facing different forces at the work site that challenge their abilities to provide effective care for their patients. In this time of uncertainty and change it is essential to explore nurses' satisfaction.

Several researchers have studied nurses' job satisfaction and discussed its components and effects on nursing care and productivity. In a study of nurse's job satisfaction in a teaching hospital Decker (1997) found that job satisfaction increased with increases in positive role relations with coworkers, the head nurse, physicians, and other units/departments. The relationship with the head nurse was the most significant predictor of satisfaction. This finding was supported by Donna (1997) who stated that "Supervisors' assistance increases job satisfaction".

Donna (1997) further explored the role of managers in nurses' job satisfaction by looking at what managers do to influence job satisfaction. The most frequently mentioned behaviors were: providing recognition and thanks, meeting nurses' personal needs, helping or guiding the nurse, using leadership skills, meeting unit needs, and supporting the team. Gillies, Franklin, & Child reported in their study (1990) that "Satisfied nursing

personnel described their organizational climate as high in responsibility, warmth, support, and identity" (Gillies, Franklin, & Child, 1990, p. 20).

Blegen, Goode, Johnson, Mass, McCloskey, and Moorhead (1992) studied the recognition of nurse's achievement and found that the "most meaningful recognition that head nurses can provide is salary increases commensurate with performance levels, and private verbal feed back relative to the staff nurses' contributions" (Blegen et al., 1992, p. 65). Blegen et al. (1992) concluded that pay commensurate with performance is the most central way to recognize today's nurses' contribution.

McCloskey and Mueller (1990) and other researchers strongly associate autonomy with nurses' satisfaction (Juhl, 1993; Blegen, 1993; Lengacher, Kent, Mabe, Hienemann, VanCott, & Bowling, 1994). The nursing management literature has addressed the concept of autonomy as a subconcept of shared governance or participative management. Nursing leaders have advocated more autonomy for nurses in anticipation of positive outcomes such as increased job satisfaction, job retention, and staff empowerment (Hein & Nicholson, 1994). Przestrzelski (1987) concluded in her study that autonomy was significantly related to job satisfaction.

Lengacher et al. (1994) studied the effects of an empirically designed nursing practice model on the outcome variables of job satisfaction, autonomy, and retention/turnover of nursing staff. The study concluded "autonomy is related to the amount of independence and initiative in daily work activities" (Lengacher et al., 1994, p. 305). Moreover, autonomy was the most important aspect of satisfaction nurses had in their daily work activities.

Interaction as formal, informal, and professional contact has been linked to nurse satisfaction. Work climate characterized by a lack of support, cohesion, autonomy, or clarity are associated with job dissatisfaction (Blegen, 1993). It has been reported that stressors associated with staff relationships and interaction were related to lower job satisfaction.

Demographic and structural factors have been studied in relationship to job satisfaction (Decker, 1997). The result was that the total years of nursing experience was not related to job satisfaction. In fact, job satisfaction decreased as length of employment on a unit increased. However, home health nurses are faced with a different practice situation than that of the nurses sampled in the Decker study. Decker's study was done in a hospital setting where other nurses were available for help or advice, while in home health the nurses are expected to make independent decisions and take responsibility for their actions in a home environment.

Blegen (1993) studied the magnitude of the relationships between nurses' job satisfaction and the variables most frequently associated with it. Blegen reported that "nurses who were older were more satisfied and those with more education were less satisfied with their work" (Blegen, 1993, p. 39). The study concluded that it might be the variation in age, education, and tenure within workgroups which affect job satisfaction rather than the individual's actual age, education, and tenure.

Juhal, Dunkin, Stratton, Geller, & Ludetke (1993) studied differences in job satisfaction between nurses working in public health settings including home health settings, and staff nurses and administrators working in both settings. The researchers used the Stamps and Piedmonte Scale (1986) that consisted of 37 items and 7 dimensions

(factors or sub-scales) of task requirement, organizational climate, professional status, salary, autonomy, interaction, and benefits/rewards. Professional status was defined as "the valence or importance of expertise held by the practitioners within a profession and recognized by individuals outside a profession" (Juhal et al., 1993, p. 43). Home health and public health nurses in the Juhal et al. (1993) study rated salary as the least important satisfier and professional status as the highest. Home health nurses rated each factor to be of higher importance than public health nurses did. The highest score for home health nurses was for professional status ($\bar{x} = 4$, SD 0.69). Public health nurses reported being more satisfied overall than home health nurses. The overall job satisfaction mean was (3.96, SD 0.93 versus 3.78, SD 1.04). Home health nurses rated the variables from highest to lowest as professional status, interaction, autonomy, organizational climate, task requirements, benefits/rewards, and salary.

Nurses' job satisfaction and all the influencing variables have been studied for other settings previously, but there is little information on job satisfaction for home health nurses. Nurse administrators are expected to manipulate the environment to improve nurses' satisfaction which will improve nurses' productivity, the quality of the nursing care provided, which will promote efficient home health nursing care. Studying home health nurses' job satisfaction helps nurse administrators understand the effect of different factors in the work environment. This study adds to the literature and will help home health managers to better understand, communicate, and manage their agencies and suggest target areas to improve job satisfaction for staff.

CHAPTER II

Methodology

A cross sectional survey design with a convenience sample was used to examine the effects of scheduling, interaction, autonomy, and supervisors' and coworkers' support as a constituent of home health nurses' job satisfaction. The difference between full time, part time, and per diem employment and job satisfaction was also examined. This design makes it possible to measure the effects of multiple factors within the home health care setting on staff nurses' job satisfaction and dissatisfaction

Sample:

The target population from which the sample for this study was selected was home health nurses (including registered nurses and licensed practical nurses) who have been working at home health institutions in Hampton Roads for at least three months. Per diem, full time, and part time nurses participated in the study. Both registered nurses and licensed practical nurses were included in the study because they both do home visits, documentation, and work in the same home health work environment. Registered nurses' responsibilities in home health includes conducting the initial assessment, developing the initial care plan, making home visits, intravenous therapy, and supervising LPN's visits every 2 weeks or as arranged by the home health agency. LPN's perform home health visits under the supervision of the RN's but cannot give intravenous therapy. The amount of supervision of LPN's differs from one home health to another.

One hundred questionnaires were delivered to the six home health agencies that participated in the study. Seventy-two were returned resulting in a response rate of 72%.

Description of the sites

Site 1: is a hospital-based non-profit home health agency that provides home visits to children only. It is Medicaid/Medicare certified and has about 45 home health nurses. Private duty nurses take care of chronic terminally ill children.

Site 2: this home health agency is a part of a group of private non-profit home health agencies that are affiliated with a hospital. It also maintains an element of independence as a separate home health agency. There are 22 Nurses, 9 LPN's, and 34 RN's. This home health agency does 7,000 home visits per month.

Site 3: is a hospital based non-profit agency and has 20 nurses.

Site 4: is part of a non-profit local hospital with 20 nurses. Only one nurse is a part time nurse. The home health agency performs 2,000 home visit per month and is Medicaid/Medicare certified. Ten nurses are per diem nurses.

Site 5: is an independent for profit home health agency that has 15 nurses and is Medicaid/Medicare certified. Nine are per diem nurses. The home health agency performs a 1,400 home visits per month.

Site 6: is a small non-profit home health agency that is affiliated with a large hospital and has 7 nurses. Three full time and the rest are part time. All nurses are RN's. The agency was Medicaid/Medicare certified in December 1998. The agency performs 500 home visits per month.

Procedure:

Twenty-one home health agencies listed in the Bell Atlantic Yellow Pages of Hampton Roads were contacted to participate in the study. For those who agreed, an

appointment with the administrative person who was authorized to make the decision about participation was scheduled. During the meeting, the purpose and the methodology were explained to the administrator at the agency. Six home health agencies agreed to participate in the study. The questionnaires were delivered to and collected from the home health institutions by the researcher. A recommendation was made to allow the nurses to complete the questionnaire in a private location in the home health agency. The staff nurses completing the questionnaires were asked to put the questionnaires in a project envelope and seal it completely. The researcher visited periodically to pick up the questionnaires and make sure that the specified procedures were followed. The questionnaires were collected three weeks after distribution. Data collection was started in February 1999 and completed by the end of March 1999.

Initially it was agreed that the researcher would introduce himself to the nurses at the home health agency and explain the study. This procedure was followed at two home health agencies. All remaining agencies requested that the questionnaires be handed by agency staff.

Instrument

The McCloskey and Mueller Satisfaction Scale was used to measure job satisfaction. McCloskey (1974) developed the nursing job satisfaction scale based on Maslow's theory. This three-dimensional nursing job satisfaction scale includes factors of safety, social, and psychological rewards (Table 1). McCloskey and Mueller (1990) tested the McCloskey scale first using an exploratory factor analysis. Then, an oblique rotation routine was used in conjunction with the maximum likelihood common factor analysis by SPSSx. Using the Kaiser eigenvalue criterion of one to determine the number

of factors; nine factors were initially extracted from the 33 items. The item "status compared to other work groups in your institution" did not load with any of the nine factors, so it was eliminated leaving 32 items. Factor analysis was done on the remaining 32 items.

Eight factors were identified as meaningful. McCloskey and Mueller dropped the ninth factor (educational program) which contained only one item leaving 31 items in the scale. Table 1 shows the relationship of concepts proposed by Maslow, McCloskey, and Mueller/McCloskey. The job satisfaction sub-scales items are shown in Table 2.

For the McCloskey and Mueller instrument, the overall satisfaction score is obtained by summing the 31 items in the questionnaire (Appendix B). Each item in the questionnaire is scored from 1 to 5 with 5 indicating the highest level of satisfaction. The maximum score is 155. Higher scores indicate greater satisfaction. Sub-scale scores measuring particular components of satisfaction were also constructed in the questionnaire.

Reliability and Validity of the MMSS

McCloskey and McCain (1987) performed a series of studies to determine the reliability and validity of the MMSS. The initial sample consisted of three hundred fifty nurses employed in a large mid western hospital. Cronbach alphas for each of the eight sub-scales ranged from 0.52 to 0.84. The alpha for the global scale was 0.89. Three sub-scales; extrinsic rewards, family work balance, and co-workers were found to have modest alphas.

Table 2

Sub-scales of the MMSS Scale and the Items of Each Sub-scale.

Factor	Number of items	Items
1- Extrinsic reward	3	- Salary - Vacation - Benefits package
2- Scheduling	6	- Hours that you work - Flexibility in scheduling your hours - Opportunity to work straight days - Weekends off per month - Flexibility in scheduling your week ends off - Compensation for working weekends off
3- Balance of family and work	3	- Opportunity for part-time work - Maternity leave time - Child care facilities
4- Co-workers	2	- Relationship with your nursing peers - Relationship with the physicians you work with
5- Interaction opportunities	4	- The delivery of care method used on your unit. - Opportunities for social contact at work - Opportunities to interact after work - Opportunities to interact with other disciplines.
6- Professional opportunities	4	- Opportunities to interact with faculty of the college of nursing - Opportunities to belong to department and institutional committees - Opportunities to participate in nursing research - Opportunities to write and publish
7- Praise and recognition	4	- Your immediate supervisor - Recognition for your work from supervisors - Recognition of your work from peers - Amount of encouragement and positive feedback
8- Control and responsibility	5	- Control over what goes on in the work setting - Opportunities for career advancement - Your amount of responsibility - Your participation in organizational decision making.

Ranging from 0.48 to 0.67, test-retest correlations between the measures taken at 6 months and at 12 months on the job were at the same level or lower than the original coefficients. McCloskey and Mueller explained that this was expected because the comparison at 6 months conveys actual change as well as consistency. The researchers did not provide a rationale as to why they choose a period of 6 months for test-retest. It is expected that after 6 months there might be actual change in the scores of job satisfaction.

Construct validity of the scale was conducted through a variety of statistical tests. The researchers initially performed confirmatory factor analysis (CFA) to test the structure of the questionnaire and to test the fit of the factor structure. Exploratory factor analysis (EFA) was performed to identify the number and content of underlying dimensions. Both the CFA and the EFA resulted in the development of eight sub-scales. Oblique rotation was used with the maximum likelihood common factor analysis program from the SPSSx program. To determine the number of factors, an eigenvalue criterion of one was used as a cut off point in the selection. The sub-scales were assessed to see if they correlated with other variables of nurses' job satisfaction. The moderate positive correlations found for all expected relationships demonstrate construct validity (Mueller and McCloskey, 1990).

To provide criterion-related validity the researchers correlated the sub-scales with the Bray Field-Rothe Scale General Job Satisfaction (Brayfield, & Rothe, 1951) and with sub-scales from Hackman and Oldham's Job Diagnostic Survey (JDS) (Hackman, & Oldham, 1975). The correlations ranged from .53 to .75 for similar dimensions. The correlation of the scale with the Bray Field-Rothe General Scale (1951) was .41 and with JDS was .56. According to the researchers, these findings indicate that "the McCloskey

and Mueller Satisfaction Scale may be a more valid measure of nursing satisfaction compared to other scales that were not designed for nurses" (Mueller and McCloskey, 1990, p.116).

In 1996 the MMSS was translated to Arabic and used by Abu Ajameih, Misener, Haddock, and Gleaton to study job satisfaction among Palestinian nurses in the West Bank. The Abu Ajameih et al. (1996) study supported the use of the MMSS in a non-U.S. population of nurses practicing in hospitals. However, some items of the tool, benefits package and rewarding, presented problems for the West Bank environment and culture. Abu Ajameih et al. (1996) found no value for the number three response "neither satisfied nor dissatisfied" because it did not help them in the analysis. However, this response helps to increase the range between the choices. Response number three has good utility for the freedom of choice of the subject. The researchers stated that "This study provides evidence that further refinement is needed to develop a tool that can be used to measure job satisfaction in a variety of countries and cultures" (Abu Ajameih et al., 1996, p. 431).

In this study the reliability of the MMSS scale using Cronbach's alpha for the global (total items) was .89. The coefficients ranged between .63 - .87 for each sub-scale of the questionnaire except for two sub-scales, balance of family and work and co-workers (Table 3).

In some cases low reliability might be explained by the small number of items in the scale. In this study the results will be presented without the two sub-scales with lower reliability coefficients (Krueger, Nelson, & Wolanin, 1978, p. 208).

The MMSS was being developed before 1990 and was actually finished in 1990. The health reform started at that time. Also, the tool was developed at a large teaching hospital that offered the nurses a lot of benefits and rewards. It is obvious that reliability is of great importance to any study. According to Krueger, Nelson, & Wolanin (1978) subscales with low reliability coefficients can be eliminated from the overall scale to maintain the reliability of the study. To maintain the reliability of this study the results will be presented without the two sub-scales with lower reliability coefficients.

Table 3

Cronbach Alphas for the MMSS Scale for Home Health Nurses (N=72)

Sub-scale (Number of Items)	Alpha
Reward (3)	.63
Scheduling (6)	.78
Balance of family and work (3)	.14
Co-workers (2)	.25
Interaction opportunities (4)	.80
Professional opportunities (4)	.66
Praise and recognition (4)	.81
Control (5)	.87
Overall (31)	.89

Protection of Human Subjects

Participation in this study was voluntary. The nurses were told that the research would study the effects of multiple factors associated with nurses' job satisfaction in home health and explore differences in full time, part time, and per diem home health nurses. The researcher gave a written explanation about the purpose of the study and its contribution to the body of knowledge regarding home health nurses.

Confidentiality of the participants was maintained. No names were attached to the questionnaire. The College of Health Sciences Human Subjects Committee reviewed the proposal and determined that the study met the criteria for exemption from full review.

Data Analysis

Descriptive statistics were conducted for demographic and all sub-scale data to determine frequencies, percentages, ranges, and means. The overall mean score of the MMSS (3.48) was used to recode for missing data of the entire MMSS (Hair, Anderson, Tatham, & Black, 1998). The missing data were sporadic and it did not have any pattern. Forty-six cases did not have any missing data while 26 cases had one or more missing item.

A cut point of 3.5 was used to determine some measure of job satisfaction. This cut off point was chosen because the developers of the tool did not define what score indicates job satisfaction and 3.50 is the midway point between neutral and moderate satisfaction. The two items of "administrators" and "supervisors" were grouped to form one sub-item for the variables "current nursing title" and "type of position". Type of position was recoded to group discharge coordinators, supervisors, and administrators to "others" versus home health staff nurses (Polit, 1996). "Others" under the category "type of position" consisted of one psychiatric consultant nurse, six private duty nurses, one special teaching program nurse, two case managers, and one quality improvement nurse. Current annual nursing income was grouped in the following categories:

1- $ 10,000- $ 29,999/year.
2- $ 30,000- $ 39,999/year.
3- $ 40,000/year and above.

The sub-scales of the MMSS were ranked based on the highest sum of each sub-scale to determine the perceived satisfiers and dissatisfiers for home health nurses. The sum, mean, and the standard deviation for each of the sub-scales of the MMSS were calculated which enabled the ranking of the satisfiers. The items of the scale were also ranked from the highest to the lowest based on the highest sum.

Analysis and calculation of the overall mean for per diem, part time, and full time was used to determine the overall job satisfaction of home health nurses. Time required for documentation and place of documentation were analyzed using descriptive statistics, the mean and standard deviation. Nursing satisfaction within each participating home health agency was examined.

An analysis of variance (one-way ANOVA), a statistical test used for testing mean differences among three or more groups by comparing the variability between groups to the variability within groups, was conducted to explore differences between the mean global scores on the MMSS and type of employment contract (full time, part time, or per diem employment). A MANOVA, a statistic that examines if there is a difference of vectors of means on multiple dependent variables, was conducted to explore differences of vectors of means of the six sub-scale scores and type of contract (full time, part time, and per diem). Both of these statistical procedures are capable of accommodating unequal sample size (George & Mallery, 1998).

Limitations in Methodology

There are several limitations of this study.

1. The instrument was designed for use in acute care setting; therefore the instrument in general may need to be modified to apply in the home health-nursing

environment. The sub-scales "co-workers" and "work and family balance" were eliminated from this study because of low alpha reliability coefficients. However, the overall reliability coefficient value remained the same (0.89).

2. The researcher made an introduction in a staff meeting about the study in two home health agencies. The distribution of the questionnaires for the remaining 4 sites was performed by the home health agency as arranged. All sites received the same printed explanation provided on the top of the questionnaire. However, it was noticed that when the researcher provided verbal explanation along with the printed information the response rate was higher. The convenience sample and moderate size sample (N = 72) limits the generalizability of the results of the study.

CHAPTER III

RESULTS

The participant ages ranged from 23 - 59 years with the mean age of 42.4 years. The employment contract for participants in the study was 59.4% full time, 10% part time, and 30.5% per diem. Thirty three percent were diploma graduates, twenty two% BSN prepared, while 18 % were LPN's and 21 % had an associate degree. The current annual nursing income for 28 nurses (40%) was between 30,000 - 39,999 per year, while 27 nurses (38.5%) made above $ 40,000 (Table 4). The mean nurses' work experience was 16 years (SD 8.5), while the mean for experience in home health nursing was 6 years (SD 4.7).

During a home visit the nurses spent 65.8% of their time in caring for clients, with the 34% remaining spent in charting and documentation. An average of 1.4 hours (SD 2 hours) was spent in a home visit. An average of 20 minutes (SD 24.5 minutes) of the home visit was spent in charting. Home health nurses spent an average of 30 minutes (SD 46.4 minutes) charting at their own home each day. An average of 24 minutes (SD 25 minutes) were spent at the home health agency in charting.

Question (1): To what degree are home health nurses satisfied in their job?

This question was addressed by examining the overall mean scores of the MMSS using 3.5 as the cut point for satisfaction and found that 55.6 % of the home health nurses were satisfied with their job environment. The overall mean for the global scale was (3.54) indicating marginal satisfaction among home health nurses in this study.

Table 4

Characteristics of Home Health Nurses

Variable	N	%
-Type of contract		
1- Full time	41	59.4
2- Part time	7	10.1
3- Per diem	21	30.4
4- Missing	3	
Total	72	
-Level of education		
1- Associate Degree	15	20.9
2- LPN	13	18.1
3- Diploma	24	33.3
4- BSN	16	22.2
5- MSN	3	4.2
6- Ph.D.	1	1.4
Total	72	
-Current annual nursing income		
1- $ 10,000- $ 29,999/year	15	21.4
2- $ 30,000- $ 40,000/year	28	40.0
3- $ 40,000/year and greater	27	38.6
4- missing	2	
Total	72	
-Type of position		
1- Home health staff nurse	46	67.6
2- Discharge coordinator	2	2.9
3- Supervisor and administrator	8	11.8
4- Others	12	17.6
5- Missing	4	
Total	72	

Question (2): What variable ranks as the most important for home health nurses' job satisfaction?

To answer this question the sub-scales of the MMSS scale were ranked from highest to lowest for 72 cases. The highest satisfier to the lowest follow: (1) scheduling, (2) praise and recognition, (3) interaction opportunities, (4) reward, (5) control and responsibility, and (6) professional opportunities (Table 5).

Items within the sub-scales were also ranked from highest to lowest for the 72 cases. The highest item in the overall scale for job satisfaction was satisfaction with immediate supervisor, while the lowest was satisfaction with opportunities to participate in nursing research (Table 6).

Table 5

Rank Order of Sub-scales of the MMSS for Home Health Nurses (N=72).

Rank	Sub-scale	Mean	SD
1	Scheduling	3.89	0.70
2	Praise and Recognition	3.77	0.88
3	Interaction Opportunities	3.69	0.72
4	Rewards	3.52	0.87
5	Control and responsibility	3.33	0.86
6	Professional opportunities	3.04	0.52

Question (3): Is there a difference between full time employment, part time, and per diem nurses, satisfaction?

Table 7 shows the difference between the overall mean score of nurses' job satisfaction between full time, part time and per diem nurses. The difference between selected variables and type of contract is also shown in table 7. The selected variables are current annual nursing income, average age, level of education, experience in nursing, and experience in home health. Table 8 shows the ranking of the six sub-scales for each type of employment contract (full time, part time, and per diem).

Table 6

Rank Order of the 26 MMSS Items of Home Health Nurses (N = 72).

Rank	Item Description	Mean	SD
1	Your immediate supervisor	4.24	1.11
2	Opportunity to work straight days	4.17	0.94
3	Flexibility in scheduling your hours	4.10	1.05
4	Weekend off per month	4.06	1.05
5	Flexibility in scheduling your week ends off	4.01	1.06
6	The delivery of care method used on your unit	3.98	0.94
7	Hours that you work	3.92	1.06
8	Opportunities to interact with other disciplines	3.81	0.85
9	Salary	3.75	0.91
10	Your amount of responsibility	3.72	1.09
11	Opportunities for social contact at work	3.68	1.00
12	Opportunity for part-time work	3.65	1.04
13	Amount of encouragement and positive feedback	3.53	1.21
14.5	Recognition of your work from peers	3.50	0.95
14.5	Recognition for your work from supervisors	3.50	1.15
16	Vacation	3.44	1.29
17	Benefits package	3.38	1.21
18	Opportunities for social contact after work	3.33	1.00
19	Opportunities to belong to department and institutional committee	3.33	0.79
20	Opportunities for career advancement	3.20	1.03
21.5	Your participation in organizational decision making	3.17	1.07
21.5	Control over what goes on in work setting	3.17	1.00
23	Compensation for working weekends off	3.08	1.04
24	Opportunities to interact with faculty of the nursing college	2.98	0.55
25	Opportunities to write and publish	2.94	0.66
26	Opportunities to participate in nursing research	2.92	0.89

Table 7

Comparison of Full time, Part time, and Per Diem Nurses Characteristics

Characteristics	Full Time Nurses (N= 41)*	Per Diem Nurses (N = 21)*	Part Time Nurses (N= 7)*
Nursing satisfaction mean	3.78 (SD= 0.44)	3. 33 (SD= 0.91)	3.73 (SD= 0.60)
Current annual nursing income	> 40,000	> 40,000	30 - 40,000
Average age/year	43.28	39	46.5
Level of education			
LPN	5 (12.2%)	8 (38.1%)	0 (0%)
Associate Degree	7 (17.0%)	6 (28.6%)	1 (14.3%)
Diploma	16 (39.0%)	6 (28.6%)	1 (14.3%)
Bachelor Degree	11 (26.8%)	0 (0%)	4 (57.1%)
Masters Degree	2 (4.9%)	1 (4.8%)	0 (0%)
Doctorate	0 (0%)	0 (0%)	1 (14.3%)
Mean months working in nursing	203.69	156.45	180
Mean months working in home health	69.36	81.50	73

*The total for type of contract employment was 69 with three missing cases.

Table 8

Comparison of the MMSS Job Satisfaction Sub-Scale Ranking for Full time, Part time, and Per Diem Nurses.

Sub-scale	Full time Rank Order	Part time Rank Order	Per-diem Rank Order
Reward	3	5	5
Scheduling	1	3	1
Interaction opportunities	4	2	3
Professional opportunities	6	6	6
Praise and recognition	2	1	2
Control	5	4	4

MANOVA was used to test the mean difference between the 6 sub-scales of the MMSS and type of employment contract. The overall MANOVA was highly significant (F= 2.57, p = .004). The univariate analysis of variance found significant difference between the reward sub-scale and the type of employment contract (F = 7.24, p = .001).

Analysis of variance (one way ANOVA) was conducted to explore the mean differences between home health agency site and nursing satisfaction (F = 3.26, p = .011) (Table 9). The overall nurse satisfaction was calculated for nurse administrators (N = 8, overall satisfaction score = 3.8) and non-administrators (N = 64, overall satisfaction score = 3.5) A t-test found no significant differences in the mean scores of the MMSS between administrator nurses and non-administrators t (70) = -1.748, p = .08).

Table 9

One Way ANOVA of Overall Job Satisfaction by Site

Sites (number of cases)	**Over all mean scores of the MMSS[d]**	
	Mean Scores	**SD**
Site 1 (N=18)	3.15	.48
Site 2 (N= 8)	3.67	.33
Site 3 (N= 18)	3.62	.52
Site 4 (N= 16)	3.54	.43
Site 5 (N= 7)	3.74	.48
Site 6 (N= 5)	3.91	.69

d) p value .01.

CHAPTER IV

Discussion and Conclusions

On the basis of the study findings, it appears that the home health nurses in this sample are marginally satisfied with their work environment although job satisfaction varied by site. Scheduling had the highest satisfaction score of all other variables. The category "professional opportunities" had the lowest job satisfaction scores, though it was in the neutral range. The study also found that home health nurses with full time contracts reported greater satisfaction scores than per diem and part time nurses.

Only 22.2% of the home health nurses had a baccalaureate degree, while 21% had an associate degree. Home health nursing depends on accurate decision making and appropriate assessment. Continued economic pressure is expected to drive the search for less expensive staff in order to maintain operations within home health agencies. This finding should be followed up by other research in home health to observe the changes in nurse educational levels as health care delivery changes continue.

Full time nurses were more satisfied than part time and per diem nurses. Per diem nurses were younger than full time nurses, and the most common level of education for full time nurses was diploma preparation while the per diem nurses were predominately licensed practical nurses.

During this time of massive changes in home health care, some home health agencies utilize per diem nurses to a greater extent while other agencies attempt to retain their full time staff. The Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) 1999-2000 Comprehensive Accreditation Manual for Home Health Care (CAMHC) stated that pay-per-visit basis presents a financial incentive to the field staff

professional to increase the number of patients visited each day and cautioned home health agencies regarding misuse and abuse.

Salary ranked ninth of the 26 items in the scale. This is different from the findings of the Juhl et al. (1993) study where salary was the lowest satisfier for home health nurses. This might signify that the current changes are affecting the salary and rewards of home health nurses in the Hampton Roads Area more than before or might reflect a change in the attitudes of home health nurses. According to Maslow's theory the physiologic needs (salary) must be met first so that other higher needs can be achieved. The home health care changes may be affecting nurses' perception of the importance and the need to maintain their salary.

A compelling finding was that the autonomy sub-scale "control and responsibility" ranked fifth of the six variables of satisfaction. Home health nursing has been known for the autonomy it gives to the nurses. In Juhal's et al. (1993) study of home health nurses' satisfaction, autonomy ranked as third of the seven variables used to measure satisfaction. For this sample, it is possible that the new changes may be affecting the perceived degree of autonomy nurses had before the new regulations. Some of the influencing factors might be the limited number of home visits available at the home health agency or the increased control over nursing resources.

Interaction opportunities ranked third in this study. A lot of studies associated job satisfaction with positive interaction (Decker, 1997). It is possible that if more attention is given to interaction home health nurses' job satisfaction will increase. Home health nursing tends to focus on home visits with less daily communication between the staff. It

is essential to involve home health nurses in interaction and communication with the entire health care team.

Professional opportunities scored the lowest of all other factors in this study. Home health nurses involvement in nursing research and clinical training of nursing students do not seem to have high priority for this sample. This may be because there is little involvement in nursing research and fewer nursing schools may be using home health agencies as sites of clinical training.

The differences between full time, per diem, and part time home health nurses overall job satisfaction was not very large. Scheduling ranked the highest satisfier for the full time nurses. This might be due to the fixed number of visits that they have to do, so their concern is expected to be about scheduling that certain number of visits. Also per diem nurses ranked scheduling as their first satisfier. This might be due to per diem nurses' need to work and find home visits that are flexibly scheduled and meet their needs. Part time nurses ranked praise and recognition as the highest satisfier, which may convey their need to communicate and obtain feedback about their work from the home health administrators and supervisors.

Nursing years of experience was significantly related to home health nurses' satisfaction. This finding contradicts the finding of Decker's (1997) study that was carried out in a hospital setting. The findings may be explained by the fact that nurses in home health care have elected to work in an environment which is known for autonomy and decision making.

The differences between home health agencies and nurses satisfaction is expected as every agency is using a different management style and different ways to manage the

current changes in the home health regulations. It also might be due to the payment system used by different home health agencies, the benefit package, or the structure of the home health agency.

Documentation requirements have increased enormously since the changes have started in home health nursing. The researcher found that 66% of nurses' time is spent in patient care, while 34% of nursing time is spent in charting and documentation. More than one third of the nurses' time concerning the patient is spent in documentation. Home health administrators expressed concerns regarding the increased documentation requirements. However, the researcher could not find other literature about time of documentation in home health nursing. There is no doubt that health resource efficiency is needed and is of great value, though some caution is needed when looking at the proportion of documentation time to patient care. Use of computers and lap top documentation systems may help increase nurses' time spent in patient care.

The economics of health care and home health are being addressed in the Congress. Uncertainties still dominate the future of home health nursing. Every day of work holds uncertainty and apprehension due to an unpredictable future. Home health administrators are facing many challenges. While, many home health agencies are closing, others are growing and expanding. In the face of an unknown future and times of change it is hard for nurses to be satisfied with their job situation. In such an environment identifying areas of stress, satisfaction and dissatisfaction becomes essential.

Maslows' Theory

The findings of this study support the use and applicability of Maslow's theory as a framework for explaining home health nurses' job satisfaction in the work environment. Looking at the Maslow's theory of motivation and satisfaction it appears that family and work balance were not important components of physiologic and safety needs for this sample. The other sub-scales support McCloskey and Mueller's applications of Maslow's theory. Reward and scheduling (physiologic needs) received a high rank, which is expected according to Maslow's theory. As health care changes continue, physiologic needs may be at risk. Nurses may be more aware of their basic needs than self-actualization (autonomy and professional opportunities) and self-esteem needs (praise/ recognition, coworkers, and interaction).

According to Maslow, self-actualization needs are expected to be the highest in the hierarchy. However, praise and recognition, a self-esteem need, ranked second and reward, which is a physiological need, ranked fourth. Professional opportunities, a component of self-esteem needs, scored as the lowest predictor of home health nurses' satisfaction. There is no doubt that human behavior is very complex and difficult to explain especially regarding job satisfaction.

Limitations of the study

The participants represented a convenience sample with a moderate size of 72 cases. The nature and the size of the sample limit the generalizability of the results. There was no control over privacy when the nurses answered the questionnaire at the home health agencies. As a result, it is possible that the responses were influenced by lack of privacy. Because the tool was developed for use in acute health care setting, it is possible

that the MMSS tool may need modification to be more useful in measurement of job satisfaction in home health care.

Implications for Nursing Practice:

Nurses' work environment will continue to be influenced by changes in health care. Home health administrators of the study sites know now that scheduling plays the most important role in nurses' satisfaction. Greater attention to scheduling may be useful in maximizing nurses' job satisfaction. This may, in turn, increase productivity and decrease turnover.

The study raises a question about the amount of time spent in documentation in order to meet governmental requirements. The challenge is to investigate new strategies for delivery of quality care while meeting the governmental mandate for efficiency.

Recommendation for Future Studies

The study identified factors affecting job satisfaction in this home health care nurses sample. Further studies could investigate these factors or the sub-scales. Intervention studies could examine the different types and methods of scheduling and the relationship to nurses' job satisfaction. Praise and recognition are other areas that might be possibilities for further studies and analysis and their relationship to nurses' job satisfaction. Another area might be the reward system and how it is affected by health care changes and nurses' job satisfaction. Also, it is advisable to use a modified MMSS scale to fit the nature of the home health work environment. Coworkers and family/work balance may be added back with new revised items. Still, it is important to compare the findings of this study and other future studies and analyze the findings according to Maslow's theory. A longitudinal study would be beneficial in a changing environment

because the effects of changes over time will be observed in the work setting. It is also recommended that other studies investigate agency use of health professionals with lower levels of education because the economic situation is driving home health agencies to seek the cheapest way to deliver the care. As the health care system continues to change, home health nursing still needs to adapt to the change in order to survive an unknown future.

Appendix A

Consent Form

Home Health Nurses, Job Satisfaction

Researcher:

Said Abu Salem

Old Dominion University

Nursing College

Tele: (757) 440 6966

The purpose of this study is to examine the effects of multiple factors on home health nurse job satisfaction and explore the differences between the full time and per diem home health nurse job satisfaction. As a participant nurse in this study you will be asked to complete a 31-item questionnaire. Completion will not take you more than 15 minutes.

The questionnaire will not have your name on it. The researcher and his thesis committee will have access to the information. The results of the study will be presented in the researcher's partial fulfillment of the requirements of a master's degree.

There are no anticipated risks to you if you decide to participate in the study. The results of the study will help nurse managers better understand issues important to home health care nurses in the work environment. You are free to refuse to participate in the study. Participation in the study will not cost you any thing nor you will be paid for your participation. If you have any questions, you may phone the researcher whose name is listed above. A summary of the results of the study will be available to you on request and as arranged with the home health care agency.

I understand the information given above and agree to participate in the study. I have been given a copy of this consent form.

---------- ----------

Nurse Date

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature on this consent form.

---------- ----------

Researcher Date

Appendix-B

McCloskey/Mueller Satisfaction Scale (MMSS)

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

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
1. Salary	5	4	3	2	1
2. Vacation	5	4	3	2	1
3. Benefits package (insurance, retirement)	5	4	3	2	1
4. Hours that you work	5	4	3	2	1
5. Flexibility in scheduling your hours	5	4	3	2	1
6. Opportunity to work straight days	5	4	3	2	1
7. Opportunity for part-time work	5	4	3	2	1
8. Weekends off per month	5	4	3	2	1
9. Flexibility in scheduling your week ends off	5	4	3	2	1
10. Compensation for working weekends off	5	4	3	2	1
11. Maternity leave time	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
12. Child care facilities	5	4	3	2	1
13. Your immediate supervisor	5	4	3	2	1
14. Your nursing peers	5	4	3	2	1
15. The physician you work with	5	4	3	2	1
16. The delivery of care method used on your unit (e. g. functional team, primary)	5	4	3	2	1
17. Opportunities for social contact at work	5	4	3	2	1
18. Opportunities for social contact after work	5	4	3	2	1
19. Opportunities to interact with other disciplines	5	4	3	2	1
20. Opportunities to interact with faculty of the college of nursing	5	4	3	2	1
21. Opportunities to belong to department and institutional committees	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
22. Control over what goes on in work setting	5	4	3	2	1
23. Opportunities for career advancement	5	4	3	2	1
24. Recognition for your work from supervisors.	5	4	3	2	1
25. Recognition of your work from peers	5	4	3	2	1
26. Amount of encouragement and positive feedback	5	4	3	2	1
27. Opportunities to participate in nursing research	5	4	3	2	1
28. Opportunities to write and publish	5	4	3	2	1
29. Your amount of responsibility	5	4	3	2	1
30. Your control over work conditions	5	4	3	2	1
31. Your participation in organizational decision making	5	4	3	2	1

Appendix -C-

Demographic Data

Please circle or fill in as appropriate:

1- Type of contract
1) Full time contract.
2) Part time contract.
3) Per diem contract.

2- Current nursing title
1) LPN.
2) RN.
3) Supervisor.
4) Administrator.

3- Level of education
1) LPN.
2) Associate degree
3) Diploma.
4) BSN.
5) Master's degree in Nursing.
6) Doctorate degree in Nursing.

4- Type of position:
1) Home health visits
2) Discharge coordinator
3) Supervisor
4) Administrator
5) Others ----------.

5- Age ------- years.

6- Current annual nursing income.
1) Less than 10,000 per year. 2) > 10,000- 20,000.
3) > 20,000- 30,000 per year. 4) > 30,000- 40,000 per year.
5) > 40,000- 50,000 per year. 6) > 50,000 per year.

7- I have been working in nursing for ---------- years, ---------- months.

8- I have been working in Home health nursing for --------- years, --------- months.

9- In a home visit I spend an average of
--------% time in caring, and working with the patient.
--------% time in charting.
The total should add to 100%

10- --------- minutes are an average time spent in a home visit.

11- --------- minutes are an average time spent in charting at patients' home.

12- --------- minutes are an average time spent in charting at the nurses' home.

13- --------- minutes are an average time spent in charting at the home health.

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