

What Public Health Nurses Like About Their Jobs

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PUBLIC HEALTH NURSES like the broad scope and variety of work that is public health nursing—the opportunity nursing gives for contact with all kinds of people, the challenge represented in the needs discovered, the satisfaction inherent in accomplishment, the stimulus to personal and professional growth.

Public health nurses leave their jobs for personal and family reasons, for more schooling and broader experience. They think of leaving their jobs when they are dissatisfied with supervision, administration, and personnel policies. Many stay, in spite of dissatisfaction, because of pension plans and for personal reasons.

Public health nurses who like their jobs are the most effective recruitment agents. Public health nurses with major dissatisfactions that are misunderstood or ignored dissipate their energies in tensions and function at a low level of efficiency. Their dissatisfaction is apparent to others. It may have an important bearing on the decreasing ratio of public health nurses to population.

These are conclusions from a recent survey of public health nursing in Michigan, described below.

Because more public health nurses are needed in Michigan, the department of public health nursing of the Michigan League for Nursing

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in 1954 conducted a job satisfaction study for public health nursing similar to that for hospital, industrial, and office nursing in the Cunningham Drug Foundation survey of nursing needs and resources in Michigan. The purpose was to find the best means of recruiting nurses and of keeping active those who now are public health nurses.

The questionnaire used in the Cunningham job satisfaction survey was revised to make it applicable to public health nursing. Guidance in preparing the questionnaire was obtained from research specialists of the University of Michigan School of Public Health and from the Michigan Department of Health. Two hundred seventy-five questionnaires were sent to a random sampling of nurses employed in service agencies: one questionnaire was sent to every third nurse on the Michigan Department of Health list. One hundred sixty, more than half of the questionnaires, were returned: 126 by staff nurses, 34 by directors and supervisors.

Respondents included from 15 to 30 percent of all nurses employed in each type of agency and represented all parts of the State. They ranged in age from under 25 to over 55; in public health nursing experience, from less than 6 months to more than 30 years; in education, from no college attendance to graduate degrees; and, in public health nursing theory, from no instruction to more than 1 year.

Respondents were asked how they became aware of public health nursing vacancies, why they entered public health nursing, why they chose their jobs, what they liked and disliked about their jobs, whether they planned to

change and why, and what they planned to do if they changed. The variety of answers were studied, coded, and tabulated. Many respondents gave more than one answer to a question, and when they did not evaluate the relative importance of their answers all of those which could be coded were tabulated.

Here is a brief summary of their most frequently repeated answers, a few quotations, and some generalizations based upon their remarks.

Why public health nurses leave their jobs

Fifteen respondents had plans to leave their jobs, and an additional 20 were thinking of leaving. Nine of the thirty-five gave personal or family interests as reasons for their leaving. Six were planning to go to school. Thus, 9 percent of the total respondents were thinking of leaving their jobs for reasons which were unrelated to job satisfaction.

The remaining 20 who were thinking of leaving, or 13 percent of the total respondents, expressed great dissatisfaction regarding their jobs.

Sixteen were dissatisfied with factors coded under "supervision" or "administration." Twelve of these were staff nurses; 4 were supervisors or administrators. Six of the 16 complained of personal relationships, 5 of work pressure, 5 of supervision. One, a graduate of less than 6 months from a basic degree program, said that she was "stagnated taking care of the chronically ill." One supervisor was not sure of her ability to supervise.

Seven listed factors which coded under "personnel policies" as important to their decision to leave their jobs. Three of the seven mentioned "administration" too and are included in the 16 reported above. One respondent, in complaining of her inadequate salary said: "The satisfaction of saving humanity doesn't always fill the gaps." Salaries and reimbursement for travel were most important; vacations and leave policies were mentioned.

What public health nurses dislike

Public health nurses dislike work pressure that inhibits effectiveness. They are especially unhappy when they believe that such pressure

results from confusion, duplication of effort, a lack of administrative planning, and uncertainty regarding job responsibility. They dislike interpersonal relationships that are not based upon mutual respect for all. They dislike supervision that restricts development or fails to aid in growth. They dislike time-consuming activities which they believe do not require public health nursing skills. They dislike working where salaries and reimbursement for travel are inadequate, and where vacation and leave policies are restrictive.

Fifty-eight respondents (36 percent of the total) either gave no answer or said that there was nothing they disliked. Thirty-seven staff and 17 supervisors (34 percent of the total) listed factors related to supervision and administration as a major source of dissatisfaction.

Work pressure was most frequently mentioned. Eight staff nurses and five supervisors related this entirely to staff shortages. The supervisors indicated that there was "just no way to get the work done" even though they put in a great deal of their own personal time. Four staff nurses and three supervisors related work pressure to lack of administrative planning; to new projects being started before those under way were completed; to too many department heads and too few staff workers; to difficult relationships between individuals and divisions; to confusion and duplication; to uncertainty regarding job responsibility; and to a need for more definite written policies.

Interpersonal relationships were mentioned as a source of dissatisfaction by 19 staff nurses; supervision was a dissatisfaction for 8. Two complained because they had no supervision. Two complained because their supervisors lacked information regarding the community and made no effort to learn. One said that conferences following field supervision were delayed too long. Three complained that they could not exercise initiative or were required to follow routines too closely. Poor utilization of time was a source of dissatisfaction to three. Fatigue resulting from transporting children to clinics, dislike of truancy work, preoccupation with work that could be done by a secretary or clerk were mentioned.

Twenty-three percent of the respondents dis-

like records and reports: Thirty staff nurses and six supervisors listed preparing records and reports as the part of their job they disliked most. Seven of the thirty-six complained of other things in addition to records. Only one mentioned work pressure. Some related dislike to a lack of adequate clerical staff. The highest percentage of dislike of records was among those with the least education. There was a lower percentage of dislike among nurses who had been with the agency for more than 5 years.

Ten percent dislike environmental factors. Travel conditions, unsatisfactory office space and equipment, and inadequate community resources were mentioned. Six percent dislike personnel policies. Salaries and reimbursement for travel were first in importance, vacation and leave policies next.

What nurses like about their jobs

One hundred thirty-one individuals (82 percent of the total) said that they like the type of work they do. That is, they like working with children, with families, with community groups, with young staff and students. They like to see people get well; they like to help people stay well; they like the satisfaction of knowing they have helped. Nineteen percent mentioned factors related to supervision and administration—such things as good personal relationships, freedom to plan, opportunity to use initiative, lack of tension, pleasant working conditions, opportunity for professional growth. Fifteen percent mentioned policies regarding education, advancement, hours of work, and salaries. Only three of these individuals mentioned salaries.

Public health nurses like their jobs when they are able to see that their work is effective; when they have the guidance needed for growth and the freedom to exercise initiative in accordance with ability; when policy is clearly and flexibly applied to allow for individual and circumstantial differences; when interpersonal and interdivisional relationships are good; when lines of communication are clear; and when administration has a realistic understanding of what is involved in getting a large volume of work done.

Why nurses take specific jobs

Nurses take jobs in specific agencies located near family or friends or near educational and cultural institutions. They take jobs in specific agencies when through agency personnel or field work they learn that the agency is a "good place to work," offering opportunities for growth and job satisfaction, and that personnel policies and personal relationships are good.

Forty-seven percent of the respondents chose jobs so they could be near families, friends, or educational and cultural facilities. Thirty-four percent chose jobs because of the broad scope of the job or the type of work. Twenty-four percent were influenced by contact with public health nursing personnel and others who knew about the work. Twenty-three percent gave reasons which coded under "personnel policies." Sick leave policies were mentioned several times.

Why they take public health jobs

Forty-nine percent of the respondents said in a variety of ways that they entered the field of public health because they were interested in people, liked children, liked working with families, liked school work, or liked community work. Their replies were coded under "broad scope of the work." Contact with public health nurses and others who knew about the work influenced the decision of 42 percent of the respondents. Experiences during basic nursing and field work were frequently mentioned. Personnel policies were important to 25 percent; specifically mentioned were hours of work and policies regarding education, advancement, and salaries. Job exploration was mentioned by 18 percent of the respondents.

How nurses learned about vacancies

Nurses enter the field of public health when through contact with public health nurses and others who know about the work, they become aware of the opportunities and challenges it presents.

Two-thirds of the respondents learned about their jobs from staff or board members, relatives, friends, physicians, or field work in the

agency. Very few learned about their jobs from such sources as professional journals and employment agencies.

Plans about changing jobs

Of the 29 nurses who were thinking of leaving their jobs, exclusive of those who were going to school, 1 will probably not leave, 7 will take other public health nursing jobs in Michigan, 9 will take public health nursing jobs in other States, 8 will enter a different field of nursing, and 4 will leave nursing altogether.

The four who said they would leave nursing were staff nurses, and all were married. Two were leaving for personal reasons and two because of work pressure, personal relationships, and the wrong kind of supervision.

The percentage of respondents who were planning to leave their jobs was highest in those under 25 and lowest in those over 55.

Unfinished business

Nurses in all types of agencies expressed major dissatisfaction regarding certain aspects of their jobs. There is no possible way to judge the validity of respondents' complaints. Administrative and supervisory practice may not be as bad as some think, but as long as that thought remains, the agency and each individual in it has a problem. Certain it is, there is room for improvement. The administrator, supervisor, or staff nurse who disclaims responsibility in the situation is apt to be the very one who most needs to take it seriously. Dissatisfaction when properly understood and utilized may serve as stimulus to improvement.

Many studies have been made in Michigan and throughout the country. Too frequently, reports are compiled and filed for future discard. We hope to do better with our job satisfaction study. Though we acquired little new information, we do believe that our findings are significant, and we intend to use them as a stimulus to improvement. We believe they have value too for other States.

A brief mimeographed report of the study, which is essentially the same as the foregoing findings, was printed in April 1955 and distributed to nursing agencies by the public health

nursing section of the Michigan Department of Health. Accompanying the report was a list of questions to consider in analyzing their own situation.

Questions for consideration

The list of questions distributed with the job satisfaction report is reproduced below:

1. Which of the findings reported here are true for your agency?

2. Are staff and board members aware of their potential strength as recruitment agents? How can such awareness be stimulated and utilized?

3. Do field staff and board members have access to application forms, personnel policy outlines, and promotional materials? Do they make use of them?

4. Are board and committee members and others in the community aware of the tremendously satisfying aspects of the public health nursing job? Can these people be made aware of this factor so that they will talk of it among their friends and relatives, some of whom may happen to be nurses?

5. Are staff members utilizing the educational and cultural facilities of the community in their own personal development? If such facilities are inadequate, could more adequate resources be created and developed?

6. Do all staff members understand supervisory and administrative processes? Are communication lines clear? Do the field staff, supervisors, and junior administrators have some freedom to make professional decisions and exercise initiative?

7. When administrators decide to embark upon a new program, do they either add staff or cut the established program to make time for the new? Do they consider clerical as well as other needs?

8. How can specialized division heads keep themselves and each other aware of the pressures created by their demands upon generalized supervisors and staff?

9. What can be done to help nurses with records and reports? Is adequate clerical help provided? If full-time clerical help is either not needed or not available, has an attempt been made to find part-time workers? Do nurses

have adequate space and a quiet time for doing clerical work? Are they given an adequate introduction to recordkeeping? Do they need courses in rhetoric? Is information requested that is not essential? Are field nurses aware of uses made of statistical information collected?

10. Are personnel policies at least up to the minimum standard recommended by the profes-

sional nurses' association in your community? How satisfactory are the policies about salaries, mileage rates for the use of personal cars, working hours, vacation, and leave? Can an employee who has served for many years get a 1- to 3-month leave of absence, other than for schooling, without loss of seniority or civil service status?

Program for Evaluating Heart Disease Drugs

A grant of \$575,000 to evaluate the effectiveness of drugs used in heart disease treatment was awarded Dr. Alan E. Treloar, director of research of the American Hospital Association.

The research grant, the largest of its kind ever made by the National Heart Institute of the Public Health Service, will finance a nationwide program coordinating the work of a number of research teams, as yet to be selected.

The projected large-scale study involves a testing program to determine the most effective drugs, or combinations of drugs, and dosages among the many new forms of treatment developing in the heart field. Initial emphasis will be on hypertension.

Dr. Treloar and the American Hospital Association envision the formation of an advisory board to set up the program's guiding principles and to make broad policy decisions. The board will be composed of eminent medical research workers and clinicians; it is expected to include a representative of an appropriate committee of the American Medical Association and also of the American Heart Association.

A central staff located in Chicago will include a clinician and a biostatistician who will coordinate project activities and supply administrative and biostatistical services for investigators. Each hospital and clinical research laboratory collaborating in the program will provide a representative for a technical committee. This group will serve as a means for constant communication between the research teams and will determine details of procedure.