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RESEARCH REPORT SRR 73-10

SEPTEMBER 1972

SOURCES OF JOB SATISFACTION AND DISSATISFACTION AMONG NAVY NURSES

Joyce Dann

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Dann, Joyce E. Sources of job satisfaction and dissatisfaction among Navy nurses. San Diego, CA: Naval Personnel and Training Research Laboratory, September 1972. (Research Report SRR 73-10, P43.07X.C4)

SUMMARY

A. Problem

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Questionnaires were mailed to all Navy nurses on active duty to determine the most and least attractive aspects of Navy nursing and to solicit suggestions for change. Nine hundred ninety-five nurses replied.

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D. Findings, Conclusions, and Recommendations

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Aspects considered least attractive were hospital policy and administration, Nurse Corps policy and administration, non-nursing duties, and supervision (page 8).

Suggestions for change were most often in the areas of Nurse Corps policy and administration, hospital policy and administration, job duties, supervision, and achievement opportunitites (page 10).

Based on these results, it is recommended that the aspects of Navy nursing considered most attractive be emphasized in recruiting and that changes recommended be evaluated for possible implementation.

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UNCLASSIFIED

Security Classification

DOCUMENT CONTROL DATA - R & D

Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified)

1. ORIGINATING ACTIVITY *(Corporate author)*
Naval Personnel & Training Research Laboratory
San Diego, California 92152

2a. REPORT SECURITY CLASSIFICATION
UNCLASSIFIED

2b. GROUP

3. REPORT TITLE
SOURCES OF JOB SATISFACTION AND DISSATISFACTION AMONG NAVY NURSES

4. DESCRIPTIVE NOTES *(Type of report and inclusive dates)*
Final

5. AUTHOR(S) *(First name, middle initial, last name)*
Joyce E. Dann

6. REPORT DATE
September 1972

7a. TOTAL NO. OF PAGES
46

7b. NO. OF REFS
0

8a. CONTRACT OR GRANT NO

b. PROJECT NO P43.07X.C4

c.

d.

9a. ORIGINATOR'S REPORT NUMBER(S)
SRR 73-10

9b. OTHER REPORT NO(S) *(Any other numbers that may be assigned this report)*

10. DISTRIBUTION STATEMENT
Approved for public release; distribution unlimited

11. SUPPLEMENTARY NOTES

12. SPONSORING MILITARY ACTIVITY
Chief of Naval Personnel (Pers-A3)
Department of the Navy
Washington, D. C. 20370

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DD FORM 1 NOV 65 1473 (PAGE 1)

S/N 0101-807-6801

UNCLASSIFIED

Security Classification

UNCLASSIFIED

Security Classification

14 KEY WORDS	LINK A ROLE	LINK A WT	LINK B ROLE	LINK B WT	LINK C ROLE	LINK C WT
Navy Nurse Corps						
Navy women						
Job satisfaction						
Retention						

DD FORM 1 NOV 65 1473 (BACK)

(PAGE 2)

UNCLASSIFIED

Security Classification

AD

SOURCES OF JOB SATISFACTION AND DISSATISFACTION AMONG NAVY NURSES

Joyce E. Dann

September 1972

P43.07X.C4
Research Report SRR 73-10

Submitted by

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Naval Personnel and Training Research Laboratory
San Diego, California 92152

A LABORATORY OF THE BUREAU OF NAVAL PERSONNEL

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SOURCES OF JOB SATISFACTION AND DISSATISFACTION AMONG NAVY NURSES

A. BACKGROUND AND PURPOSE

Most Navy nurses enter the Nurse Corps through the Navy Nurse Corps Candidate Program (NNCCP) or the Direct Appointment Program. The NNCCP is a scholarship program whereby one or two years of a nursing student's education is financed by the Navy in return for two or three years of obligated military service. The Direct Appointment Program is designed for nurses who have already completed their nursing education but have had no Navy scholarship aid.

Rapid turnover of nurses from both of these programs has been a problem to the Navy. Although retention rates have increased appreciably in the most recent fiscal year, there remains a need for improving the Navy's capability for attracting and retaining high quality nurses.

As part of research directed toward the development of techniques for selecting career-motivated scholarship applicants, the Strong Vocational Interest Blank (SVIB) was administered in 1969 to all active duty nurses. A brief questionnaire tapping sources of job satisfaction and dissatisfaction was also included to provide insight into the factors which might influence retention. Results of the questionnaire were not intended for separate publication. However, as a result of subsequent consumer interest, the present report based on the questionnaire analysis has been prepared for possible use by policymakers.

It should be emphasized that the data as compiled relate to opinions and judgments of Navy nurses polled in 1969. Since then, many constructive changes have been made to alleviate some of the problems cited. However, it is believed the information is still of interest and use to those concerned with policy and management in the Nurse Corps.

Three main questions will be considered:

(1) What aspects of Navy nursing are most and least attractive, and what changes are most often recommended by Navy nurses?

(2) Do various subgroups of the population sampled (e.g., male nurses, anonymous respondents, etc.) mention the same attractive and unattractive aspects and suggestions for change?

(3) Are the responses of nurses related to the nurses' levels of job satisfaction?

B. METHOD

1. Sample and Instrument

To provide information on the three questions under study, a questionnaire was mailed in the spring of 1969 to all Navy nurses on active duty. The questionnaire contained biographical items, a job satisfaction item, and the following open-ended questions:

(1) What aspects of Navy nursing are most attractive to you?

(2) What aspects of Navy nursing are least attractive to you?

(3) What changes could be made in the Navy Nurse Corps to make it a more satisfying career choice?

Respondents were asked to return the biographical and job satisfaction portions of the questionnaire with their names indicated, but could answer the three open-ended questions either signed or anonymously.

Completed questionnaires were received from 995 nurses. To evaluate the representativeness of this sample, the descriptive information shown in Table 1 was determined for the sample (minus the anonymous respondents) and for the overall Nurse Corps.[1] Although there were some minor differences between the two groups, the sample generally approximated the total Nurse Corps in terms of rank, educational level, marital status, age, and experience.

2. Questionnaire Coding

To develop a coding scheme for the three open-ended questions, responses of all nurses were examined, and the connotatively different responses within each question were listed. Coding categories were developed by grouping responses of similar content and were then tried out on several samples of 100 to 200 questionnaires. Based on these trials, superfluous categories were eliminated, and the other categories were refined to achieve adequate inter-coder agreement. The final categories were then used to code the responses of all nurses in the sample.[2]

3. Analyses

The aspects of Navy nursing considered most and least attractive and the changes most often recommended by the sample as a whole were determined using the coded responses. In addition, potentially useful differences among various subgroups of nurses--namely, first tour, career, male, anonymous, satisfied and dissatisfied nurses--were investigated. For instance, do nurses new to the Corps view it differently than

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[1]Overall information on the Nurse Corps was provided by LCDR Janice Emal of the Nurse Corp's Personnel Planning and Accounting Branch.

[2]The final categories, with examples of responses in each category, are shown in Appendices D through F.

TABLE 1

Characteristics of the Sample and the Total Navy Nurse Corps

Variables and Their Response Alternatives	Total Sample (Minus Anonymous Respondents) (N=937)		Navy Nurse Corps (N=2273)	
	N	Percentage	N	Percentage
Rank				
Captain	6	.6	22	1.0
Commander	67	7.2	185	8.1
Lieutenant Commander	237	25.3	555	24.4
Lieutenant	144	15.4	431	19.0
Lieutenant Junior Grade	341	36.4	745	32.8
Ensign	142	15.2	335	14.7
Highest Degree				
Three-year nursing diploma	383	40.9	1052	46.3
Four-year nursing degree	439	46.9	1094	48.1
Master's degree or higher	64	6.8	127	5.6
Indeterminate	51	5.4		
Marital Status				
Married	173	18.5	378	16.6
Single, widowed, separated, or divorced	764	81.5	1895	83.4
Type of Appointment to the Navy Nurse Corps				
Direct Appointment	599	63.9	Not Available	
Navy Nurse Corps Candidate Program	314	33.5		
Navy Enlisted Nursing Education Program	11	1.2		
Other	13	1.4		
Median Age	27.6		26.8	
Median Number of Years in the Navy Nurse Corps	3.3		2.8	
Median Number of Years in Nursing	6.0		Not Available	

career nurses? If so, policy makers attempting to identify areas for change might give different emphasis to the comments of relatively new nurses than to comments of nurses who had already committed themselves to a Navy career. Or, do male and female nurses differ from each other in the preferences they express, thus implying that different recruiting approaches might be useful for male and female Nurse Corps prospects? Do anonymous respondents differ from other nurses in the nature or severity of their criticisms? And, do nurses satisfied with the Corps mention the same attractive and unattractive features as nurses who are dissatisfied? If not, the responses of dissatisfied nurses might provide an especially good indication why many nurses are leaving the Navy.

To investigate these possible differences, the sample was divided into the following subgroups:

a. First tour nurses (N=328). This subgroup included female non-anonymous respondents who were in their initial tour of obligated service and who were thus relatively inexperienced in the Nurse Corps.

b. Career nurses (N=465). This subgroup contained female non-anonymous respondents who had at minimum completed their obligated service requirements of two or three years (and who had thus had considerable experience in the Nurse Corps).

c. Male nurses (N=46). This subgroup included male non-anonymous respondents with varying degrees of Nurse Corps experience. (Because of its small sample size, the group was not subdivided by experience level.)

d. Anonymous respondents (N=58). This subgroup, because of its anonymity, could not be classified or subdivided according to sex or experience level.[3]

e. Satisfied nurses (N=230). This subgroup of male and female nurses stated that Navy nursing was "exactly what I have wanted to do" in response to a job satisfaction question.

f. Dissatisfied nurses (N=87). This subgroup of male and female nurses stated that Navy nursing was "an unsatisfactory type of work" for them.

C. RESULTS AND DISCUSSION

Table 2 presents the mean number of responses made by each subgroup to each of the three open-ended questions.

---

[3]An additional 98 female nurses were deleted from the analyses because they could not be clearly categorized as first tour or career nurses.

TABLE 2

Mean Number of Responses Per Person for the Total Sample and for Each Subgroup

Question	Mean Number of Responses Per Person						
	Total Sample (N=995)	First Tour (N=328)	Career (N=465)	Male (N=46)	Anonymous (N=58)	Satisfied (N=230)	Dissatisfied (N=87)
Most Attractive Aspects	3.4	3.3	3.5	2.7	3.6	3.8	2.3
Least Attractive Aspects	2.1	2.4	1.8	1.5	2.6	1.4	2.9
Suggestions for Change	2.2	2.1	2.2	2.1	2.9	1.8	2.7

For the total sample, the average respondent mentioned approximately 50 per cent more attractive than unattractive aspects of Navy nursing. Among the subgroups, male, first tour, and dissatisfied nurses mentioned the fewest attractive aspects, while career, anonymous, and satisfied nurses mentioned the greatest number. Almost conversely, the first tour, dissatisfied, and anonymous subgroups mentioned the greatest number of unattractive aspects, while the career, male, and satisfied subgroups mentioned the fewest. The most suggestions for change came, on the average, from the anonymous and dissatisfied subgroups, and the fewest came from, not surprisingly, the satisfied subgroup. Anonymous respondents, compared with the first tour, career, and male nurses, appeared more outspoken about both the good and bad aspects of Navy nursing.

To answer the questions of interest in this study, the most frequently mentioned attractive and unattractive aspects and suggestions for change were determined for the total sample and for the various subgroups. In order to focus on the most salient findings, only the five most frequently mentioned responses of each group to each open-ended question will be presented in this section. Appendices A, B, and C show the complete response proportions for the groups, with the general response categories subdivided to provide more specific information.

1. Most Attractive Aspects

Table 3 presents the attractive aspects most often mentioned by the total sample and by nurses in the various subgroups. The percentage of each group's responses falling into each category and the rank of that category in terms of frequency of mention by the subgroup are shown.

a. Total sample. The attractive aspects most often mentioned in the total sample were:

(1) Interpersonal relations (19%). (e.g., "I like the people I meet," "work with fine, dedicated nurses," and "feeling of belonging.")

(2) Travel (17%). (e.g., "the opportunity to travel, becoming familiar with areas of the country I would not have otherwise visited.")

(3) Achievement (14%), especially personal growth opportunities (e.g., "challenging assignments" and "chance to learn, advance my education.")

(4) The work itself (13%), especially teaching, and other areas such as direct patient care, supervision, administration, and ward management duties.

(5) Security and fringe benefits (10%), especially financial security.

b. Anonymous, male, career, and first tour nurses. In general, these subgroups closely resembled each other and the total sample in

TABLE 3

Most Common Responses of Nurses to the Question: "What Aspects of Navy Nursing are Most Attractive to You?"

Coding Category of Response	Rank and Percentage of Responses													
	Total Sample (N=995)		First tour Nurses (N=328)		Career Nurses (N=465)		Male Nurses (N=46)		Anonymous Respondents (N=58)		Satisfied Nurses (N=230)		Dissatisfied Nurses (N=87)	
	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses
Interpersonal Relations (especially likes people she meets)	1	19	1	24	2	16	2	20	2	16	1	17	1	22
Travel	2	17	3	14	1	19	4	11	1	18	2	17	2	16
Achievement (especially personal growth opportunitites)	3	14	4	14	3	13	1	20	3	13	3	16	5	9
Work itself (especially teaching)	4	13	2	16	5	11	3	15	S	10	4	14	3	14
Security and fringe benefits (especially financial security)	5	10	5	6	4	13	5	11			5	10	4	10
Salary									4	11				

the five aspects they considered most attractive. However, first tour nurses reacted more favorably than other subgroups to the interpersonal relations aspects, while male nurses were especially favorable toward the achievement possibilities. Career and anonymous respondents mentioned travel more often than did other subgroups; anonymous respondents tended to mention salary.

c. Satisfied and dissatisfied nurses. Like the other subgroups, satisfied and dissatisfied nurses were, in general, similar to each other and to the total sample in their preferences. The only sizable differences were that satisfied nurses mentioned achievement opportunities more often and interpersonal relations less often than did dissatisfied nurses.

2. Least Attractive Aspects

a. Total sample. Among nurses in the total sample, the five aspects of Navy nursing found least attractive (see Table 4) were:

(1) Hospital policy and administration (22%), especially shift assignment and ward assignment. (Also statements like "little control over the type of nursing duties you do," "you have to spread yourself too thin on night duty," and "no continuity in patient care or chance to follow up corpsmen because you change wards so often.")

(2) Nurse Corps policy and administration (16%) (e.g., "dehumanized policy of non-fraternization between officers and enlisted personnel," and "the two-year obligation is too long for many women to commit themselves.")

(3) Non-nursing duties (13%). For example, "too much routine clerical work" and "housekeeping functions."

(4) Policy and administration (indeterminate) (12%). This category included policy-type aspects which could not be clearly categorized into either the Nurse Corps or hospital policy categories. (e.g., "discrimination against male nurses," "you are not treated as an individual," and "having too many patients who don't need nursing care.")

(5) Supervision (9%). (e.g., "supervisors don't understand your ward management problems," "no feedback on how well a job is done," and "some of the older supervisors don't keep up with new developments in nursing.")

b. Anonymous, male, career, and first tour nurses. First tour, career, and anonymous respondents were similar to the total sample in terms of aspects found least attractive. However, male nurses were less satisfied with the supervision and more satisfied than other groups with the extent of their non-nursing duties.

TABLE 4

Most Common Responses of Nurses to the Question: "What Aspects of Navy Nursing are Least Attractive to You?"

Coding Category of Response	Rank and Percentage of Responses													
	Total Sample (N=995)		First tour Nurses (N=328)		Career Nurses (N=465)		Male Nurses (N=46)		Anonymous Respondents (N=58)		Satisfied Nurses (N=230)		Dissatisfied Nurses (N=87)	
	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses
Hospital policy and administration (especially shift assignment and ward assignment)	1	22	1	24	1	22	1	24	1	17	1	21	1	23
Nurse Corps policy and administration (especially military and organizational aspects)	2	16	2	18	2	15	3.5	14	2	15	2	18	2	17
Non-nursing duties	3	13	3	16	4	13			3.5	13	3	14	3	14
Policy and administration (indeterminate)	4	12	4	9	3	15	3.5	14	3.5	13	4	10	4	11
Supervision	5	9	5	8	5	9	2	17	5	11			5	8
Miscellaneous											5	9		
Salary and fringe benefits							5	7						

c. Satistied and dissatisfied nurses. Both of these subgroups were very similar to each other and to the total sample in the aspects of Navy nursing they considered least attractive.

3. Suggestions for Change

a. Total sample. The most common suggestions for change among nurses in the total sample (see Table 5) were in the areas of:

(1) Nurse Corps policy and administration (42%), with special emphasis on more personalized detailing and opportunity to specialize (e.g., "Assurance of duty near Navy husbands," "more attention should be given to giving the choice of duty station requested," and "use specialties--similar to M. O. S. of Army Nurse Corps.")

(2) Hospital policy and administration (22%), especially less frequent rotation between wards, but also including such areas as more adequate staffing and the way shifts are allocated.

(3) Job duties (7%), including suggestions which would give the nurse more time for direct patient care (e.g., "Turn housekeeping over to commercial contractors," and "get ward secretaries and ward managers.")

(4) Supervision (6%) (e.g., "listen to your young nurses--they may lack experience, but they're not totally stupid," and "offer pleasant, approachable chief nurses who make rounds, are interested in patient care and their nurses.")

(5) Achievement (5%), including opportunities for formal education (e.g., "better choice of colleges open for advanced education," and "more educational opportunities for USNR") and more emphasis on ability (e.g., "assignment by qualification, not on rank or longevity.")

The most frequent specific suggestions (see Appendix C) were for more personalized detailing, more direct patient care, greater opportunity to specialize, less frequent rotation between wards, and better supervision.

b. Anonymous, male, career, and first tour nurses. All four of these subgroups were similar to each other in mentioning Nurse Corps policy and administration and hospital policy and administration as their two most common suggestion areas. However, male nurses mentioned achievement opportunities more often and job duties less often than did other groups. Career nurses and anonymous respondents mentioned Nurse Corps policy and administration more often than did others, and male and first tour nurses tended to mention salary.

c. Satisfied and dissatisfied nurses. Satisfied and dissatisfied nurses were quite similar to each other and to nurses in the total sample in their suggestions for changes in the Nurse Corps. However,

TABLE 5

Most Common Responses of Nurses to the Question: "What Changes Could be Made in the Navy Nurse Corps to Make it a More Satisfying Career Choice?"

Coding Category of Response	Rank and Percentage of Responses													
	Total Sample (N=995)		First tour Nurses (N=328)		Career Nurses (N=465)		Male Nurses (N=46)		Anonymous Respondents (N=58)		Satisfied Nurses (N=230)		Dissatisfied Nurses (N=87)	
	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses	Rank	% of Responses
Nurse Corps policy and administration (especially more personalized detailing and opportunity to specialize)	1	42	1	35	1	48	1	32	1	43	1	48	1	33
Hospital policy and administration (especially rotate wards less often)	2	22	2	25	2	19	2	23	2	22	2	15	2	27
Job duties	3	7	3	9	3	7			4	6	4	6	3	9
Supervision	4	6	4.5	6	5	5			3	9	5.5	5	4	7
Achievement	5	5			4	5	3	12			3	6		
Salary and fringe benefits			4.5	6			4	8					5	6
Advancement							5	7	5	5				
Miscellaneous											5.5	5		

Nurse Corps policy and administration was mentioned more often by satisfied than by dissatisfied nurses, while hospital policy and administration was mentioned more often by dissatisfied nurses.

D. SUMMARY AND RECOMMENDATIONS

To determine sources of job satisfaction and dissatisfaction and to identify areas where changes in the Navy Nurse Corps might be appropriate, responses of 995 nurses were obtained to the following open-ended questions:

(1) What aspects of Navy nursing are most attractive to you?

(2) What aspects of Navy nursing are least attractive to you?

(3) What changes could be made in the Navy Nurse Corps to make it a more satisfying career choice?

Responses of all nurses were coded, and response proportions for the various coding categories were determined for the total sample and for each of six subgroups:

(1) First tour female nurses

(2) Female career nurses

(3) Male nurses

(4) Anonymous respondents

(5) Satisfied nurses

(6) Dissatisfied nurses

The following results were obtained:

(1) Nurses mentioned more attractive than unattractive aspects (i.e., an average of 3.4 versus 2.1, respectively, for the total sample), with an intermediate number of suggestions for change. Among satisfied and dissatisfied nurses, the satisfied nurses listed a greater number of most attractive aspects and a smaller number of least attractive aspects and suggestions for change than did the dissatisfied nurses. Anonymous respondents were somewhat more outspoken than other groups about both the good and bad aspects of Navy nursing.

(2) Aspects considered attractive among nurses in the total sample included interpersonal relations, travel, achievement, the work itself, and security and fringe benefits.

(3) Aspects considered least attractive were hospital policy and administration, Nurse Corps policy and administration, the non-nursing duties, and supervision.

(4) Suggestions for change were most often in the areas of Nurse Corps policy and administration, hospital policy and administration, job duties, supervision, and achievement opportunities. The most frequent specific suggestions were for more personalized detailing, more direct patient care, greater opportunity to specialize, less frequent rotation between wards, and better supervision.

(5) Responses of the male, career, first tour, and anonymous subgroups regarding most and least attractive aspects were fairly similar, although group differences in the relative importance of the aspects were found. For example, male nurses reacted more favorably than other subgroups to the opportunities for achievement in the Nurse Corps. They were also more satisfied than other groups with the extent of their non-nursing duties but less satisfied with supervision. First tour nurses often found the interpersonal relations aspects to be attractive, while career and anonymous respondents often mentioned travel.

(6) In suggestions for change, male nurses mentioned changes in achievement opportunities more often and changes in job duties and Nurse Corps policy and administration less often than did other groups.

(7) Satisfied and dissatisfied nurses were generally similar to each other in their responses to the three open-ended questions. The only substantial differences were that satisfied nurses found the achievement opportunities more attractive, the interpersonal relations less attractive, and suggested changes in Nurse Corps policy and administration more often than did dissatisfied nurses; dissatisfied nurses more often wanted changes in hospital policy and administration.

Based on these results, the following recommendations are made in the areas of recruiting, detailing, and job duties:

(1) In recruiting nurses to the Navy, those aspects of Navy nursing found most attractive by the nurses in this study (e.g., interpersonal relations, travel, etc.) should be emphasized. In recruiting male nurses, achievement opportunities should be stressed, since this aspect was more often mentioned by male nurses than by other nurses. For prospective recruits of both sexes, some discussion of the least attractive as well as the most attractive aspects of Navy nursing should be included to provide a balanced picture of the Corps' advantages and disadvantages.

(2) If possible, the policies and practices concerning assignments to the various duty stations should be more responsive to the nurses' personal desires and aspirations. For instance, many nurses desired more personal communication with the detailer concerning their assignments.

(3) Finally, policies which would allow the nurse more time for direct patient care and greater opportunity to work in a nursing specialty should be considered. Many nurses also expressed the desire for more responsive supervision and less frequent rotation between wards.

TABLE 6

Responses of Nurses to the Open-Ended Question: "What Aspects of Navy Nursing are Most Attractive to You?"

Coding Category of Response	Percentage of Responses						
	Total Sample (N=995)	First Tour Nurses (N=328)	Career Nurses (N=465)	Male Nurses (N=46)	Anonymous Respondents (N=58)	Satisfied Nurses (N=230)	Dissatisfied Nurses (N=87)
Interpersonal Relations	19.1	23.7	16.3	19.5	16.1	16.6	22.3
Likes people she meets (general statement)	6.9	6.8	7.7	4.9	5.2	6.3	6.9
Co-workers	4.4	6.3	2.8	7.3	4.3	4.1	4.0
Patients	4.2	6.3	2.7	4.9	2.8	2.9	7.4
People work with (can't tell whether co-workers or patients)	2.1	2.8	1.6	2.4	.9	1.4	3.5
Feeling of belonging	1.5	1.6	1.5	0	2.8	1.9	.5
Travel	17.0	14.3	19.4	11.4	17.5	16.5	15.8
Achievement	13.7	14.0	13.3	20.3	13.3	15.7	9.4
Personal growth opportunities	7.7	9.5	6.2	12.2	8.5	7.8	5.4
Formal educational opportunities	3.8	2.1	5.0	6.5	3.8	4.9	2.5
Challenging, interesting work	2.2	2.4	2.1	1.6	.9	3.1	1.5
Work Itself	12.5	16.0	10.5	14.6	10.4	13.7	14.4
Teaching	6.3	8.8	4.4	9.8	5.2	6.1	7.9
Direct patient care	3.2	3.7	3.3	1.6	3.8	4.2	2.5
Supervision, administration, ward management duties	2.8	3.4	2.6	3.3	.9	2.9	4.0
Other	.2	0	.2	0	.5	.5	0
Security and Fringe Benefits	9.8	6.4	12.6	10.6	7.6	9.7	10.4
Financial security and fringe benefits	6.8	4.9	8.1	8.1	4.7	6.0	7.4
Security (general statement)	3.1	1.5	4.5	2.4	2.8	3.7	3.0
Salary	6.2	4.5	6.7	5.7	10.9	5.1	7.4
Responsibility	3.4	4.4	2.4	2.4	4.7	3.2	4.0
Patriotism	3.3	2.5	3.4	3.3	5.2	3.2	4.0
Variety	3.1	2.2	3.7	1.6	4.3	3.3	1.5
Personnel Policies and Administration	2.6	3.2	2.3	3.3	0	2.6	1.5
Advancement	2.3	2.0	2.5	3.3	2.8	2.0	.5
Miscellaneous	2.2	1.7	2.5	1.6	1.9	3.2	4.5
Social Life	2.0	1.5	2.5	0	1.9	2.4	3.0
Status	1.7	1.7	1.3	1.6	1.9	1.8	1.0
Working Conditions	1.0	1.8	.6	.8	1.4	1.1	.5

APPENDIX B

TABLE 7

Responses of Nurses to the Open-Ended Question: "What Aspects of Navy Nursing are Least Attractive to You?"

Coding Category of Response	Percentage of Responses						
	Total Sample (N = 995)	First Tour Nurses (N=328)	Career Nurses (N=465)	Male Nurses (N=46)	Anonymous Respondents (N=58)	Satisfied Nurses (N=230)	Dissatisfied Nurses (N=87)
Hospital Policy and Administration	22.4	23.5	21.9	24.3	16.8	20.5	23.3
Shift assignment	7.7	6.7	8.7	7.1	6.0	7.2	7.9
Ward assignment	6.1	6.7	6.2	2.9	5.4	4.8	5.9
Other hospital scheduling problems	5.7	7.3	4.6	4.3	2.7	5.7	6.3
Impersonal treatment in scheduling	2.9	2.8	2.4	10.0	2.7	2.7	3.2
Nurse Corps Policy and Administration	16.3	17.9	14.6	14.3	15.4	18.1	17.0
Military and organizational aspects of the Navy	9.7	13.2	6.7	1.4	6.0	10.2	11.9
Impersonal treatment in detailing	4.8	3.2	5.6	10.0	7.4	6.6	3.6
Other criticisms of detailing methods	1.8	1.4	2.2	2.9	2.0	1.2	1.6
Non-nursing Duties	13.4	15.7	12.7	4.3	12.8	14.2	13.8
Policy and Administration (Indeterminate)	11.6	8.5	14.5	14.3	12.8	9.9	11.1
Discrimination against particular groups of nurses	3.1	1.2	4.6	5.7	3.4	4.8	1.2
Can't practice specialty	3.1	1.7	4.5	7.1	3.4	2.1	3.2
Impersonal treatment	2.8	3.0	3.1	0	1.3	1.8	2.8
Way patient load handled	1.6	1.7	1.3	1.4	2.7	.6	3.2
In-hospital orientation. Educational (other than degree) programs	1.1	1.0	1.1	0	2.0	.6	.8
Supervision	9.1	8.2	8.8	17.1	10.7	7.8	7.9
Miscellaneous	6.5	4.2	8.5	5.7	7.4	9.3	5.9
Achievement	5.5	6.2	5.2	1.4	5.4	2.4	5.9
Too little emphasis on ability	3.2	3.7	2.8	1.4	4.7	1.8	1.6
Lack of challenge	2.3	2.4	2.4	0	.7	.6	4.3
Interpersonal Relations	4.5	3.7	5.1	4.3	5.4	6.6	3.2
Criticism of co-workers	3.9	3.1	4.7	2.9	5.4	5.7	2.8
Lack of motivation, poor morale	.6	.6	.4	1.4	0	.9	.4
Salary and Fringe Benefits	3.1	3.3	2.6	7.1	2.0	3.9	4.3
Personal Life (off-duty freedom restricted)	2.7	4.2	.9	0	4.0	1.5	3.2
Advancement	2.6	2.1	3.1	5.7	5.4	3.6	1.2
Working Conditions	2.3	2.4	2.4	1.4	2.0	2.1	3.2

APPENDIX C

TABLE 8

Responses of Nurses to the Open-Ended Question: "What Changes Could be Made in the Navy Nurse Corps to Make it a More Satisfying Career Choice?"

Coding Category of Response	Percentage of Responses						
	Total Sample (N=995)	First tour Nurses (N=328)	Career Nurses (N=465)	Male Nurses (N=46)	Anonymous Respondents (N=58)	Satisfied Nurses (N=230)	Dissatisfied Nurses (N=87)
Nurse Corps policy and Administration	42.2	35.2	48.4	32.3	43.1	47.7	33.3
More personalized detailing	9.0	9.2	9.3	4.2	9.6	7.9	6.8
Opportunity to specialize	7.0	5.5	8.3	7.3	5.4	6.5	6.0
Orientation and training programs	5.3	4.1	6.4	5.2	3.6	6.7	3.8
Navy administrative policies	4.8	5.4	4.9	2.1	3.6	4.3	6.8
More guidance, counseling, career planning	3.0	.9	4.8	0	4.8	3.8	.4
Qualifications for Navy Nurse Corps	2.7	2.5	2.9	1.0	3.6	5.0	.9
More benefits for senior nurses	2.1	0	3.6	0	4.8	3.4	.4
Location aspects of detailing	1.6	1.0	1.6	8.3	0	2.9	.9
Other suggestions regarding Nurse Corps policy & administration	6.6	6.6	6.7	4.2	7.8	7.2	7.3
Hospital Policy and Administration	22.2	25.0	19.4	22.9	21.6	15.1	26.5
Rotate wards less often	6.9	7.9	6.6	6.3	4.8	6.7	7.3
More adequate staffing	4.5	6.1	3.7	4.2	3.0	2.4	4.7
Way shifts are allocated	4.3	4.4	3.8	5.2	4.8	2.4	3.8
Local administrative and personnel policies	3.8	4.2	2.8	2.1	6.0	1.4	6.8
More personalized scheduling	2.7	2.3	2.6	5.2	3.0	2.2	3.8
Job Duties (more direct patient care)	7.0	9.1	6.7	1.0	6.0	5.5	8.5
Supervision	5.7	5.5	4.6	6.3	9.0	5.3	6.8
Achievement	5.2	4.8	5.2	11.5	4.8	6.2	4.3
Opportunities for formal education	2.7	1.6	3.7	5.2	1.2	4.6	1.3
More emphasis on ability	2.5	3.2	1.6	6.3	3.6	1.7	3.0
Policy and Administration (indeterminate)	4.0	5.4	3.5	5.2	3.0	5.0	4.3
Salary and Fringe Benefits	3.9	5.5	2.5	8.3	3.0	3.6	6.0
Pay	2.8	4.1	1.4	8.3	2.4	1.9	4.3
Other suggestions regarding salary and fringe benefits	1.2	1.5	1.1	0	.6	1.7	1.7
Advancement	3.9	2.8	4.0	7.3	5.4	4.3	4.3
Miscellaneous	2.4	2.5	3.0	3.1	0	5.3	1.3
Freedom	2.0	3.1	1.2	2.1	.6	1.0	3.4
Working Conditions	.9	.7	1.0	0	1.8	.2	.9
Housing	.6	.4	.6	0	1.8	.7	.4

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APPENDIX D

CATEGORIES USED TO CODE RESPONSES OF NURSES TO THE QUESTION: "WHAT ASPECTS OF NAVY NURSING ARE MOST ATTRACTIVE TO YOU?"

INTERPERSONAL RELATIONS

Likes People She Meets (general statement)

Chance to meet nice people from all parts of the country.
I like the people I meet.

Co-Workers

Work with fine, dedicated nurses.

Patients

Very appreciative patients.

People Work With (can't tell whether patients or co-workers)

Working with military people.

Feeling of Belonging

Cohesiveness, feeling of belonging.

TRAVEL

The opportunity to travel, becoming familiar with areas of the country I would not have otherwise visited.

ACHIEVEMENT

Personal Growth Opportunities

It has been my experience to have worked in many clinical settings which gave me the needed experience and self confidence in all areas of nursing.

Formal Educational Opportunities

Chance to learn, advance my education.

Challenging, Interesting Work

Challenging assignments.

WORK ITSELF

Teaching

The teaching opportunities inherent in the job.

Direct Patient Care

Being able to do as much nursing care as I like.

Supervision, Administration, Ward Management Duties

Ward administration.

Other

Doing research.

SECURITY AND FRINGE BENEFITS

Financial Security and Fringe Benefits

Early retirement--time and security for a second career involving little pay.
Dental and medical benefits.
Commissary privileges.

Security (general statement)

The security offered.

SALARY

Financial reimbursement.
Pay in higher ranks.

RESPONSIBILITY

Being in a leadership position.
Have definite authority in dealing with corpsmen and enlisted patients.
Relative independence at work.
Responsibility, freedom to make decisions.

PATRIOTISM

Contributing even indirectly to national defense.
Meeting citizenship responsibilities.

VARIETY

Being able to nurse on all services--ortho, neuro, etc.
Working with changing personnel.
As an anesthetist, I like the alternation of large hospital duty and independent duty.
I feel changing staff and manning frequently keeps one from getting into a rut.

PERSONNEL POLICIES AND ADMINISTRATION

The organization is usually well run.
Consideration given for requested assignments.
Advantage of being a member of an organization that has broken racial and class barriers.
Usually better staffed than civilian hospitals.
Opportunity for specialization in a clinical area.

ADVANCEMENT

The opportunity to advance to the same rank as my male counterpart (i.e., the Chief Nurse and C. O. of a hospital may be of the same rank--this you would never find in a civilian hospital--the nurse just does not have the opportunity to advance that far in pay or status).
Almost sure advancement.

MISCELLANEOUS

Sea duty aboard ship.
Intensive care nursing.
Navy nursing so far much better than civilian nursing in most aspects.
Work that is not exhausting.

SOCIAL LIFE

Availability of men and social life.
Opportunity to meet other girls who are not married and who have similar interests.
"Built-in friendships."
The fact that the Navy offers a way of life rather than just a 40-hour week.

STATUS

Military privileges, prestige.
Privileges of being an officer.
Position of respect.

WORKING CONDITIONS

Good equipment.
Availability of supplies, equipment, and personnel.

APPENDIX E

CATEGORIES USED TO CODE RESPONSES OF NURSES TO THE QUESTION: "WHAT ASPECTS OF NAVY NURSING ARE LEAST ATTRACTIVE TO YOU?"

HOSPITAL POLICY AND ADMINISTRATION

Shift Assignment

Rotating shifts.
Schedules are seldom made out more than a week in advance--this makes planning off-duty activities very difficult.
Long hours (16) when you have watch or OR call.

Ward Assignment

Little control over the type of nursing duties you do.
No continuity in patient care or chance to follow up corpsmen because you change wards so often.

Other Hospital Scheduling Problems

You have to spread yourself too thin on night duty.

Impersonal Treatment in Scheduling

Being placed on committees or being assigned to inservice programs which you do not feel you are qualified to participate in.

NURSE CORPS POLICY AND ADMINISTRATION

Military and Organizational Aspects of the Navy

Military aspects of Navy nursing--too much concern with detail at the patient's expense.
Dehumanized policy of "non-fraternization" between officers and enlisted personnel.

Impersonal Treatment in Detailing

What seems at times indiscriminate moves of personnel. For example, a nurse stationed at San Diego may desire to stay on the coast and

another nurse stationed at Great Lakes may desire to stay in that area. Both are due to be moved at the same time. The nurse at San Diego gets orders to HCS at Great Lakes, and the nurse at the Lakes goes to HCS at San Diego.

Other Criticisms of Detailing Methods

You can't get overseas duty before having two tours stateside.
Anesthetists being placed on independent duty.

NON-NURSING DUTIES

Too much routine clerical work.
Counting linen--housekeeping functions.
Number one, we are secretaries, phone answerers, teachers, and maids. Is it any wonder we don't stay in when we want to be primarily nurses.
Detailing patients to clean the ward--acting as Master at Arms toward this group.

POLICY AND ADMINISTRATION (INDETERMINATE)

Discrimination Against Particular Groups of Nurses

Discrimination against male nurses.

Can't Practice Specialty

I am an OR nurse. My first duty station (10 months) did not even see the OR. I do not feel the Navy utilizes its help the best it is able.
Being unable to continue in specialty when transferred.

Impersonal Treatment

Calling corps waves by their last names--harshness.
You are not treated as an individual.
They don't consider your abilities and desires.

Way Patient Load Handled

Having too many patients who don't need nursing care.

In-Hospital Orientation. Educational (other than degree) Programs

Orientation program for newly commissioned Nurse Corps officers depends on the educational philosophy of the Chief Nurse--may range from excellent to non-existent.

SUPERVISION

Supervisors don't understand your ward management problems.
Some of the older supervisors don't keep up with new developments in nursing.
To talk with the Chief Nurse, you first have to go through lower channels and tell them why.
Not enough recourse as a junior nurse--there are limited channels of communication.
No feedback on how well a job is done.
I can count on one hand the number of what I consider really good supervisors I have had in five years in the Navy. Most are more concerned with ward cleanliness than they are with the quality of patient care.

MISCELLANEOUS

Recruiting duty.
Ambulance runs.
East coast duty stations.
Attaining more senior rank only to find out that the structure of the Nurse Corps has changed and benefits I sought are no longer there.
Inability to leave the job or use this as a bargaining device in disagreements with superiors.
I am not satisfied with nursing at all--Navy or civilian.

ACHIEVEMENT

Too Little Emphasis on Ability

Too much emphasis on a degree, not on how qualified you are to function.

Lack of Challenge

Lack of any real responsibility or challenging nursing.
You are treated like a student nurse rather than like a responsible, professional adult.
Lack of opportunity for creativity.

INTERPERSONAL RELATIONS

Criticism of Co-workers

Disregard and disrespect shown by some senior nurses.
Retention of undesirables (e.g., alcoholics, drug users, etc.).
Tendency of career nurses to be more officer and less woman and nurse.
Inability to get medical officers to think about patient care, rather than their own convenience, especially when there is a shortage of nursing personnel.

Lack of Motivation, Poor Morale

Constant nit-picking and checking on other nurses.

SALARY AND FRINGE BENEFITS

Choice of colleges open for advanced education is poor.
Low quarters allowance.
Lack of temporary quarters and housing listings when reporting into a new duty station.
Overseas base housing not available to female Nurse Corps officers married to civilians or retired personnel.

PERSONAL LIFE (off-duty freedom restricted)

Too frequent mandatory attendance at professional and social functions in the evenings.
Lack of time to oneself: "You belong to the Navy 24 hours a day."
Military personnel inspections on your day off.

ADVANCEMENT

Not knowing specifications for position advancement.
Requirement that a minimum number of years must be spent in each rank prior to being eligible for selection to the next rank regardless of the fact that some individuals may be both willing and qualified by experience (both civilian and military) to accept responsibilities commensurate to same.
Nurses taken from their specialty when promoted and put into administration when they have no experience and dislike it.

WORKING CONDITIONS

Archaic plumbing and architecture in Navy hospitals.
Lack of referrals for psychological and psychiatric patient care--
inadequate facilities for this.
Inefficient linen service.

(REVERSE SIDE BLANK)

APPENDIX F

CATEGORIES USED TO CODE RESPONSES OF NURSES TO THE QUESTION: "WHAT CHANGES COULD BE MADE IN THE NAVY NURSE CORPS TO MAKE IT A MORE SATISFYING CAREER CHOICE?"

NURSE CORPS POLICY AND ADMINISTRATION

More Personalized Detailing

Voluntary assignments to duty stations with some sort of incentive to attract personnel to undesirable duty--like civil service does.
Choice of last duty station prior to retirement.
Frequent unpredictable duty station changes for male nurses place hardship on family, especially with children in school.
Orders with friends when requested.
More attention should be given to giving the choice of duty station requested.
For nurses near end of first tour, guarantee orders or at least let them receive them before decision to resign must be made.
Assurance of duty near Navy husbands.
Allow women to get transfers before, rather than after married.
Notify Nurse Corps Detail Officer of prospective change of duty of Nurse Corps officer's husband.
Open door policy with Nurse Corps detailers to personally discuss openings or job transfers.
More personal attention--e.g., if unable to give individual requested assignment, note or memo with explanation.

Opportunity to Specialize

Use specialties--similar to M.O.S. of Army Nurse Corps.
Allow nurses to pick a specialty after sufficient orientation and remain in that specialty.
Allow nurse to specialize after two years general nursing experience--or after reach ranks above ENS and LTJG.

Orientation and Training Programs

Chance for every officer to attend a workshop at Bethesda at least once every five years.
Encourage nursing conferences with well-known hospitals and personnel--stimulation and updating of nursing knowledge.
OJT programs for nurses in lab, x-ray, O.R., EKG.
Establishment of a course or special program of orientation whereby those nurses selected for advancement in administrative or management

Orientation and Training Programs (continued)

areas could be better and more equally prepared to assume those roles. One of the MOS categories could be Administration. These courses or orientation programs should cover areas of concern to the Chief Nurse or her assistant such as development of supervisory skills, writing of evaluations, financial management, detailing, interviewing techniques, writing job descriptions, and all the intricacies of dealing with the civilian area.

Make indoctrination at Newport a more pleasant experience--reading and discussion of Navy ways rather than learning by rote.

Increase military training for nurses from four weeks to three months, so they can be as efficient in their military knowledge and performance as the enlisted men they're supposed to lead.

Most workshops are not open to Ensigns. As a LTJG, you must have 18-22 months of service left before you are eligible to attend. This can become very discouraging for young nurses, most fresh out of nursing school.

Indoctrination at Newport should be more geared to the duties of a Navy nurse rather than that of a line officer.

Do not send new nurses to Women Officers School. This is depressing to most men. It starts us off on the wrong foot. The name of the school could be changed to better suit present conditions.

The indoctrination period should put more emphasis on the advantages--professional, social, and economic, of being a member of the Navy.

Standardize the orientation program--have a representative group of charge nurses, instructors, etc., develop it. It should not be left to the discretion of the individual facility whether or not to utilize it.

Have schools (3-6 months in length), not just two-week workshops once a year, in ward management, supervision, and administration.

All LCDRs and above sent to supervisory course, all LTs sent to leadership course.

Navy Administrative Policies

Less attention should be paid to the rank structure where human lives are concerned.

The fraternization policy is due for revisal. The senior nurses interpret the policy in an aspect which reverts to the old class system. This results in bitterness among the younger nurses who almost totally no longer believe in such distinctions. The argument used is that we cannot expect discipline and respect if we fraternize. Why not? Any true friendship has respect as its basis. A team joined through mutual respect and friendship is truly a team--with high morale and a reason behind their genuine goals.

Staff Navy hospitals with civilian nurses. Run it in a manner similar to the VA program.

Navy Administrative Policies (continued)

Better communication with the nursing division of BuMed.
Have area field directors assigned to the Bureau who will visit hospitals and dispensaries at various times to keep abreast of problems in the field and appraise the directors and their assistants of current problems in the field.
More newsletters to all nurses from the Director of Nursing to keep nurses abreast of changes, opportunities for education or information needed or desired.
Introduction of young into the Bureau to work with the old.
Include some NNC ideas in the building of new hospitals.
More chances of doing research and using experimental ward situations.
Restructuring of Corps along lines of Public Health nursing service.
Remove anesthetists from Nurse Corps. They should not be counted as nursing billets.
Eliminate hand salute when in duty work uniforms.
Freedom to socialize freely on off-duty time with whomever I please, officer or enlisted, since I like people for who they are and not for what rank they hold.

More Guidance, Counseling, Career Planning

Have people assigned and oriented in the area of guidance and counseling about career patterns. Most young nurses are not even approached about extending or augmenting until almost time for their detachment.
Career planning--like in the Army Nurse Corps.
Pre-plan two duty stations for nurses with three-year obligations.

Qualifications for Navy Nurse Corps

Require one year nursing experience before appointment as a Navy nurse.
Accept RNs from junior college nursing programs.
Allow married female nurses who have children to work as a Navy nurse. I know that I will continue working after I have a family, and I would like to stay in the Navy, but presently I will have to get out when I become pregnant.
Part-time nursing for married personnel.
Return to old method of security clearance to avoid drug addicts, personnel with character disorders, etc.

More Benefits for Senior Nurses

More benefits for women who have been in the service a long time--first choices regarding leave and holiday time.
No P.M. shifts for nurses with 17-20 years in service.
In the Air Force, after you have been in eight years you no longer do night duty on 3-11.
Make provisions that older nurses no longer rotate.

Location Aspects of Detailing

Allow overseas duty as primary duty station.
Send younger nurses to larger hospitals or areas where there is more social life.
Place male Nurse Corps officers in (1) combat zones, (2) field medical schools, (3) aboard cruisers, carriers, and other billets where it has been considered impractical to utilize women.

Other Suggestions Regarding Nurse Corps Policy and Administration

Advertise--in all nursing magazines, the Air Force and Army are brought to the attention of nurses, but the Navy is seldom mentioned.
Recruiters should tell where the real travel opportunities are--i.e., where the majority travel to.
Better recruiting programs gauged to the male high school graduate--with male nurses representing the Navy in this recruiting program--to both hospital corpsmen and civilians.
Better preparation of recruiters before they're sent into the field--intensive orientation to recruiting methods and techniques.
Need more recruiters.
All we heard (from the recruiters) were the good and ideal situations and opportunities. When you start out a career disappointed, it kind of defeats your morale and willingness to put all out afterwards.
Better screening of corpsmen--get men who are really interested.
Have rated corpsmen to be "Senior Corpsmen" to teach new corpsmen when you are covering 3-5 wards.
Make tours of duty shorter in large hospitals--2-3 years rather than 4 years.
Length of tour at hospital corps school two years unless requested by individual, then extended to four years.
Shorten each extension period to one year.
Recently several junior nurses have received orders after having only been in the Navy five to nine months. This has been very upsetting to them and has made them bitter toward the Navy.
Shorter tours of duty at dispensaries--give more nurses opportunity for this kind of experience.
Alternate one year tours of duty with 2-3 year tours of duty.
Extend obligated tour to three years instead of two so a year of overseas duty might be incorporated.
Let people out of the Navy who don't like it--they create discontent among others.
Allow nurses to know available areas, so they can choose from them rather than selecting places where there isn't even a chance they could go.
Redesign Preference Card to make it easier to fill out--especially if interim cards are submitted when the situation changes; enlarge Comment section.
Reduce number of independent duty stations for anesthetists.
Allow swapping of orders if both have same qualifications.

Other Suggestions Regarding Nurse Corps Policy and Administration (continued)

Nurses assigned to teaching billets should have background in education, if possible.
Decentralized decision making management, i.e., have detail officer at Bureau call a chief nurse when needs nurse to transfer. Chief nurse submits list of several nominees.
Senior nurses who are sent to small, isolated duty stations should be hand-picked, possessing qualities required of good and respected leaders, because morale is so poor.
Stop sending students under full-time duty under instruction to temporary duty at hospital during recess.
Central source of information regarding length of tour of duty (especially first), length of extension (minimum), etc., rather than each command setting its own rules.
Have someone junior nurses may go to and find answers to their questions about overseas orders.
It would be to our advantage to have information available on the many duty stations to choose from, including social advantages, cost of living, housing, opportunity to follow specialized nursing fields, etc.
Where there are large numbers of senior officers relative to number of junior officers, junior officers often get a raw deal. Stabilize proportion of junior and senior officers at any given command.

HOSPITAL POLICY AND ADMINISTRATION

Rotate Wards Less Often

If you wish the nurses to be really versatile, it would be better to rotate them through the various services as do interns, instead of insisting that they work on a different ward each day.

More Adequate Staffing

Get more nurses on evening and night shifts.
Staff operating rooms 24 hours a day.
Have seasoned charge nurse on each ward with junior nurse as her assistant.
Keep junior nurses out of ICU for the first year.

Way Shifts are Allocated

Night duty too long--14 days.
Vary shifts according to organized plans so that we can make plans for our leisure time.

Way Shifts are Allocated (continued)

Allow people to work straight shifts and pay differential for PMs and nights.
Guarantee those who wish PM or night shift with weekends off.

Local Administrative and Personnel Policies

When an insufficient number of Nurse Corps officers is assigned to a facility, employ civilian help.
Civilian nurses should work with dependents.
More volunteers--Gray Ladies, etc.
Hire civilian nurses for military wards, especially for evening and night duty.
Weekly ward staff meetings with corpsmen, nurses, and doctors.
More consultation with Chief Nurse by C.O. regarding care of patients.

More Personalized Scheduling

Utilize nurses in the areas where they are happiest and function best.
The capable and more experienced personnel are being funnelled into positions unrelated to direct patient care, sometimes regardless of real preference.

JOB DUTIES (MORE DIRECT PATIENT CARE)

Have more senior enlisted personnel assigned as MAA.
Have Security take care of Rehabilitation wards.
Use able-bodied patients for some janitorial work and runner and delivery room as additive for comprehensive cleaning and delivery system.
Turn housekeeping over to commercial contractors or to Medical Supply Corps.
Cleaning--turn over to Marine liaison.
Get ward managers.
Get ward secretaries.

SUPERVISION

If superiors could be more human with junior nurses there would be much better rapport and fewer junior nurses would be leaving the Corps at the end of their tour of duty.
Offer pleasant, approachable, chief nurses who make rounds and are interested in patient care and their nurses. I feel the staff would do anything for a fair chief!

SUPERVISION (continued)

Establish a specific Board where nurses (in particular--junior ranking nurses) could render complaints about situations that would not be improved by going through the chain of command.
Listen to your young nurses--they may lack experience, but they're not totally stupid. Their ideas are usually sound and frequently adaptable.

ACHIEVEMENT

Opportunities for Formal Education

More educational opportunities, especially at B.S. level, for USNR.
Educational advancement opportunities without obligation, such as enlisted programs have.
More definite information regarding how long you have to wait before you can further your education.
Each rank should have its own opportunity for formal training depending on amount of time left on active duty and potential of nurse. Now you can't take leave of absence for full-time instruction.
Offer wider selection of graduate degree areas to nurses in "Duins" status, i.e., public relations, communications, etc.
Provide opportunities for younger nurses to go for Master's--not just those of 10-12 years.
Better choice of colleges open for advanced education.
More willingness on the part of I and E to assist in obtaining desired correspondence courses.
Do away with the Nurse Corps Candidate Program because you don't get your money's worth. There is a low retention rate.
Advanced education is important but we are losing too many good R.N.s with 15-20 years of experience because they have no degree and are therefore not eligible for promotion. We could increase the number of nurses already in the Navy to be sent to graduate or undergraduate school.
It is ironic that the Navy Nurse Corps Candidate Program has and will continue to recruit so many degree nurses, and yet does not seem to realize the focus of their education. Many nurses are really frustrated, yet do not seem to communicate this to supervisors or others in authority.

More Emphasis on Ability

Treating new nurses according to ability and not rank.
Assignment by qualification, not on rank or longevity.

POLICY AND ADMINISTRATION (INDETERMINATE)

Greater stability and consistency with more regard for personal requests. More concern for people as individuals.
Invite groups of civilian nurses (and students) to meet Navy nurses.
Encourage Navy nurses to keep up with National Nursing organizations.
Increase opportunities for junior nurses to attend professional organization conventions at state and national levels/financial assistance and numbers permitted to increase.
Move convalescent patients off wards sooner or to area not under nursing service.

SALARY AND FRINGE BENEFITS

Pay

Better starting salaries for ENS and LTJG.
Incentive pay--like Medical and Dental officers get.
More adequate pay (compensation for hardships--little choice of duty stations assigned out of specialty, watches, inspection for and attendance at functions).
Uniform allowance.
Adoption of Hubbell pay plan or similar plan.
Salary increase--take into consideration those with experience prior to entering service.
Cost of living pay for more areas.
Pro pay.

Other Suggestions Regarding Salary and Fringe Benefits

Change all-or-none retirement system.
Limit Navy Nurse career to 20 years.
Be able to wear uniform to work rather than having to change in unsuitable places (e.g., 100° temperature in upper story room).
Dress blue uniforms are embarrassing to wear. The tie gives a masculine effect. The hat reminds everyone of Chicago street-crossing guards. Feminize the uniforms.
Simpler working uniform (no belt, side pockets, wash-and-wear).
Nylon uniforms.
More inter-command functions (social and business).
More planned recreation for younger Nurse Corps officers.

ADVANCEMENT

Fairer system of promotions where a nurse with civilian experience would be granted some compensation for her experience above that afforded to nurses directly out of school.

ADVANCEMENT (continued)

Leadership positions should be filled by those of leadership qualifications, not primarily on the basis of seniority and rank. They should be women young nurses want to emulate.
Better promotional system that would permit clinical nurses to attain same pay grade and status as educators and administrators.
Have newly graduated B.S. and diploma nurses be treated the same--why should one with a B.S. be promoted to LTJG in six months rather than one year?
Not make college degree (above RN) main prerequisite for promotion to CDR.
Definite criteria for promotion to each rank.
Have degree nurse commissioned LTJG initially to recognize advanced work.
Time too long for advancement in grade.
A more intense evaluation system. The forms today and the way they are made out go from "slightly great" to "fantastic." They're not too practical.
An opportunity to rate our senior nurses in their performance of leadership. I feel that if the juniors could have some opportunity to rate their seniors, the seniors would think twice before demonstrating such poor leadership as humiliating a junior officer in front of his subordinates, etc.

MISCELLANEOUS

Physical fitness for all nurses regardless of age or rank.
Have nurses do the Friday inspection if housekeeping can't take over.
Make the results of research such as the one I'm now answering the questionnaire to available for those who participated and please utilize the information gained to make improvements where needed.
More time during the working day to go to the library and look up interesting medical facts to tie in with the patients' diagnoses present on ward.

FREEDOM

Allow nurses more freedom in decisions concerning their personal lives.
More freedom of speech and movement.
More opportunity to carry out personal ideas.

WORKING CONDITIONS

Drug deliveries by pharmacy.
Blood and other specimens on bed patients obtained routinely by lab personnel.
Use of disposable items whenever and wherever possible.

WORKING CONDITIONS (continued)

Delivery of linen and supplies routinely to pre-planned level to eliminate routine ordering by ward personnel.
Update hospital library materials in medical libraries of military hospitals.
Area in naval hospitals which nurses can call their own--to get together, meet for lunch, etc.

HOUSING

Close nurses' quarters and allow nurses to qualify for on-base houses or apartments.
Chief nurses should be offered base housing--same as other chiefs of services.
Temporary BOQ quarters.
Have quarters available for younger nurses and nurses who do not drive.
Many Navy hospitals are unfortunately located in rather undesirable neighborhoods, e.g., Philadelphia, St. Albans, etc. It is dangerous for nurses, especially on the P.M. and night duty shift to travel back and forth to work. Housing is sometimes available to doctors, but usually not to nurses. (I do not mean Nurses Quarters but I am speaking of apartments.) I would like to suggest permanent type apartments or duplex-style houses which are available for nurses on base. Usually these apartments are only for doctors and senior officers.

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