

**A STUDY OF THE METHODS USED BY A SELECTED GROUP OF  
DIRECTORS OF NURSING SERVICE IN THE PLANNING OF  
ROTATION AND ASSIGNMENTS FOR STAFF NURSES**

Rosalie M. Guerrero

by

has been approved for the

Rosalie M. Guerrero

B. S., Catholic University of America, 1952

by

Irma Murchison

Kathryn Jane Lissner

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Irene Murchison

Kathryn Jane Trismer

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Guerrera, Rosalie M. (M.S., Nursing)

A Study of the Methods Used by a Selected Group of  
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Rotation and Assignments for Staff Nurses

Thesis directed by Professor Irene Murchison

The problem was to study the methods used by a selected group of directors of nursing service when planning rotation and assignments for their staff nurse group. The data were gathered by means of a questionnaire, so constructed that it was possible to (1) identify present day methods of rotation and assignment; (2) determine problems encountered in the process, and (3) elicit from the participants their recommendations for alleviating these problems. The increasing emphasis on personnel administration as a valuable tool of management prompted the desire to explore this area.

The analysis of the data indicated that the majority of directors of nursing service participating in this study encountered problems when planning staff nurse rotation and assignments. Problems were more pronounced in rotation practices rather than assignment practices. Turnover and job dissatisfaction was ascribed to rotation more frequently than to assignment. Some of the participants seemed to believe problems in this area were inevitable.

Recommendations offered by the directors of nursing

service for alleviating the problems included good human relations, active staff education, sound personnel policies, attractive remuneration for evening and night duty, group planning for policy making and problem solving and an understanding of the individual personal preferences and domestic responsibilities of the nurse.

Because of the present impetus toward meeting the individual's social, psychological and emotional needs, it is apparent that there is a need for further study in this area. Where the nurse works and when she works will have much to do with her gaining satisfaction from her work situation. Soliciting the head nurse's opinion concerning present day assignment and rotation practices is recommended in order to gain further insight into this problem. Also, a survey of the staff nurse's reaction to this aspect of nursing service administration should prove worthwhile.

This abstract of about 250 words is approved as to form and content, I recommend its publication.

Signed



Professor in charge of thesis

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## CHAPTER I

### INTRODUCTION

In the hospital the staff nurse, as the team leader of the production forces of nursing, is the most important member of the organization in terms of actual care rendered to the patients. It is important that she be motivated toward accepting the responsibility which this position entails. Her cooperation in providing the best care for her patients will be influenced by her acceptance of the work situation in which she finds herself. Therefore, the method of rotation and assignment of the staff nurse is an important area of consideration, especially in terms of developing desirable attitudes towards her job. Frequently this function of rotation and assignment has been included among the contributing causes of job dissatisfaction and increased personnel turnover.<sup>1</sup> According to the literature, this too has been a problem area for the nursing service administrator.

Perrodin stated that good nursing service administration provided for the placement of a group of nursing service personnel on each clinical unit to work a specified

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<sup>1</sup>Dorothy E. Reese and Stanley E. Seigel, "Vacancies for Professional Nurses in Non-Federal Hospitals," Hospital Management, 88:106, November, 1959.

tour of duty for a definite period of time, or until a request for a change in assignment or hours of duty is made. When this function is carried out on a planned basis it allows for growth and development of the personnel involved and minimizes the possibility of their developing mechanical tendencies.<sup>2</sup> However, if this process of rotation and assignment is done without adhering to an established plan, it can very easily result in a decline in the morale of the group involved and a disturbance in the continuity of the care the patients receive.

It is to be remembered that nursing service is unique in that it requires its personnel to render service to patients twenty-four hours a day and seven days a week. Too, the nature of the patient-care situation lends itself to constant change. In addition to requiring its personnel to work a variety of hours and usually without a set pattern as to their weekly days off, nursing service demands that its personnel be able to readily adjust to the constantly changing situation which is a characteristic feature of every patient-care situation.

The nursing service administrator is aware of the dilemma in which she finds herself when planning rotation and assignments for her staff. She knows that in order to

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<sup>2</sup>Cecelia M. Perrodin, Supervision of Nursing Service Personnel (New York: The Macmillan Company, 1954), pp. 187-188.

meet the requirements set forth for sound rotation and assignment practices she must work within a dichotomy. This dichotomy at one extreme infers that she place the graduate professional nurse on the service of her choice or specialization and working the hours of her choice, while on the other hand she is faced with the obligation to provide the patients with adequate nursing care at all times. Functioning within this dichotomy is probably one of the most frustrating tasks for the nurse administrator, and one which causes more controversial issues among her staff than any of her other responsibilities.

The present impetus towards the advancement of personnel administration prompted the desire to explore this area. The study was done with the feeling that it would be very valuable to obtain from directors of nursing service their point of view as to the management of this facet of nursing service administration.

## I. THE PROBLEM

The problem was to study the methods used by a selected group of directors of nursing service in the planning of the rotation and assignment for their staff nurse group.

### Statement of the purpose.

The purpose of the study was (1) to gather data



concerning the methods of rotation and assignment for staff nurses; (2) to determine problems encountered in the process of rotating and assigning staff nurses; and (3) to elicit from the directors of nursing service their recommendations for solving the problems associated with staff nurse rotation and assignment.

## II. LIMITATIONS AND SCOPE OF THE STUDY

The study was limited to a selected group of one hundred directors of nursing service employed by non-federal general hospitals which did not offer educational programs to student nurses. The survey population consisted of hospitals located in thirty-eight of the fifty states. Each hospital had a bed capacity of two hundred or more beds.

## III. ASSUMPTIONS

The following assumptions were made regarding staff nurse rotation and assignment:

Nursing service departments have established systems for rotating and assigning staff nurses.

Nurse administrators encounter problems which they attribute to assignment and rotation of staff nurses.

The plan for rotating and assigning staff nurses influences turnover among this group.

Many nurse administrators believe the problems they encounter as a result of staff nurse rotation and assignment are inevitable.

#### IV. DEFINITION OF TERMS USED

For the purpose of this study, the following terms are defined:

##### Nursing service administration.

Administration is the selection, provision and employment of resources for a purpose the fulfillment of which is desirable or compulsory. Care of the patient sets the purpose of nursing service administration, and the hospital situation is the provider of its potentialities.<sup>3</sup>

##### Executive nursing staff.

The administrative nursing service personnel, such as the director of nursing service, the associate director of nursing service, and the assistant director of nursing service, assigned to the central nursing office and directly responsible for the overall organization and management of the nursing service department.

##### Director of nursing service.

A person who is responsible for the overall organization and management of the nursing service department

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<sup>3</sup>Herman Finer, Administration and the Nursing Service (New York: The Macmillan Company, 1952), p. 43.



is referred to as the director of nursing service.<sup>4</sup>

Supervisor.

A person who is responsible for developing and supervising the nursing service of two or more units, each of which is assigned to a head nurse. Also, one who is responsible for the overall supervision of nursing service personnel during the evening and night tours of duty is referred to as a supervisor.<sup>5</sup>

Head nurse.

A person who is responsible for the administration of the nursing service of a single nursing unit of a clinical nursing area is referred to as a head nurse.<sup>6</sup>

Staff nurse.

A person who is employed by the nursing department and who is occupied in the general nursing activities of a clinical unit is referred to as a staff nurse.<sup>7</sup>

Operative worker.

A person who is primarily involved in the production

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<sup>4</sup>National League for Nursing Education, Hospital Nursing Service Manual (New York: National League for Nursing, 1950), p. 12.

<sup>5</sup>Ibid., p. 15.

<sup>6</sup>Ibid., p. 16.

<sup>7</sup>Ibid., p. 17.

activities of an organization.<sup>8</sup>

#### Rotation.

A function of the nurse administrator which is concerned with changes in hours of duty, such as, from day to evening or night duty is referred to as rotation.

#### Assignment.

A function of the nurse administrator which is concerned with placement of personnel in the clinical areas is referred to as assignment.

#### Tour of duty.

The hours of duty an individual is scheduled to work is referred to as a tour of duty.

### V. ORGANIZATION OF THE STUDY

Chapter II, a review of the literature, presents some factual material concerning the area of staff nurse rotation and assignment. Chapter III deals with the method of the research study. Chapter IV presents the data gathered and an analysis of it. The final chapter, Chapter V, is a summary of the findings and includes the conclusions and recommendations.

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<sup>8</sup>Keith Davis, Human Relations in Business (New York: McGraw-Hill Book Company, Inc., 1957), p. 73.

## CHAPTER II

### REVIEW OF THE LITERATURE

Since certain aspects of behavior are involved in staff nurse assignment and rotation, literature in the behavioral sciences was reviewed to gain a working knowledge of current thinking in this area. A survey of pertinent literature in the field of nursing was also considered. In the process of this review there appeared to be four areas of concern when examining present day methods for assigning and rotating the staff nurse. These were:

The historical development of the position of the staff nurse.

The concept of human relations as held by industry.

The studies of job dissatisfaction and personnel turnover indicating assignment and rotation among the contributing factors to these problems.

Suggestions for use when planning assignment and rotation of personnel.

#### I. HISTORICAL DEVELOPMENT OF THE STAFF NURSE POSITION

Nursing literature indicates that the importance of the staff nurse in the hospital situation was recognized as early as 1928. Although this professional worker was always a part of the nursing team in hospitals which did not operate schools of nursing, she was not necessarily a member of the staff in a hospital which had a school of

nursing. As early as 1927, the Grading Committee reported that three-fourths of the hospitals operating schools of nursing did not employ graduate nurses to do bedside nursing.<sup>1</sup> However, one of the early writers on ward administration included the recommendation that a permanent and stable group of staff nurses was essential not only for good nursing service but also for good nursing education. She pointed out that having a graduate nurse staff made it possible to meet the nursing needs of the hospital without having to be restricted by consideration of the student's educational needs. Such an arrangement for meeting the hospital's needs was thought to be an asset to nursing service as well as to the school of nursing.<sup>2</sup>

The staff nurse entered the clinical area of hospitals with schools of nursing for the prime purpose of facilitating the student's education. This was the rationale behind the employment of a general duty graduate nurse staff. This concept, however, did not prevent nursing service administration from recognizing the importance of this new member of the staff as an adjunct in meeting the needs of nursing service. With acknowledgement of the

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<sup>1</sup>Nursing Schools Today and Tomorrow, Final Report of the Committee on the Grading of Nursing Schools, National League for Nursing Education, 1934, p. 91.

<sup>2</sup>Mary Marvin Wayland, The Hospital Head Nurse. (1st Edition, New York: The Macmillian Company, 1938), pp. 34-35.

value of this worker came a gradual consideration of her individual needs.

In 1928 one eminent nurse leader made a plea toward recognition of the dignity of this worker when she said:

It is reasonable to assume that gracing and dignifying this position so that it offers the same consideration for a freer, fuller life as do other offices in the institution, may be in large part of the solution of the staff nurse problems in the hospital.<sup>3</sup>

One year later a similiar plea was made by Elizabeth M. Jamieson. In her endeavor to point out areas in need of study when considering the status of the general duty nurse she said:

It is obviously our duty to do more than we have yet done for the nurse who is herself unaware that she is one of the most important factors in the quality of public service for which our institutions stand today.<sup>4</sup>

Following the depression, institutional nursing ranked first among the three main avenues of employment for graduate nurses. The staff nurse population increased rapidly. In 1935 hospitals with schools of nursing employed 21,000 and by 1938 the number increased to 28,400.<sup>5</sup> By 1941 the American Nurses Association reported

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<sup>3</sup>Blanche Pfefferkorn, "Improvement of the Nurse in Service," American Journal of Nursing, 28:708, July, 1928.

<sup>4</sup>Elizabeth M. Jamieson, "The General Duty Nurse," American Journal of Nursing, 29:837, July, 1929.

<sup>5</sup>Mary Marvin Wayland, The Hospital Head Nurse, (2nd Edition, New York: The MacMillian Company, 1944), p. 55.



the nation's hospitals were employing 109,000 general duty staff nurses.<sup>6</sup> The contrast between 1941 and 1932, when nearly two-thirds of the hospitals with-schools reported no graduate on general duty, was striking.

As the staff nurse population grew in size, it became obvious that efforts should be made to stabilize this group and that consideration should be given to the choice of assignment or hours of duty requested by the individual nurse. These aspects of personnel administration were recognized as factors which contributed toward the development of a stable staff as well as personal job satisfaction for the nurse.<sup>7</sup> Another point for consideration, according to Sister Bernice Beck, was the fact that employing a nurse constituted a contractual agreement.

Therefore, it was thought only fair that the nurse, before being employed by the institution should know the weekly hours of service and the salary, also, whether or not complete or partial maintenance is included. This should be in writing to avoid misunderstanding. The nurse should understand that she is implicitly and explicitly entering upon a contract and that she is just as obligated to give first-class service of the kind contracted for as the institution is to conform to its part of the agreement.<sup>8</sup>

The nurse administrator as well as the staff nurse

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<sup>6</sup>"Is There a Shortage of Nurses?" American Journal of Nurses, 41:747, July, 1941.

<sup>7</sup>Wayland, (2nd Edition) op. cit., p. 56.

<sup>8</sup>Sister M. Bernice Beck, "General Staff Nursing," American Journal of Nursing, 37:61, January, 1937.

has an obligation to meet if this desired outcome is to be achieved. Yet, it seems that the early philosophy of some administrators was so student-centered that their responsibility regarding conditions of employment for the staff nurse were overlooked. The following comment demonstrates some of the thinking of the time:

She (the general duty nurse) can understand in cases where she is supplementing student services, that she is supplementing it and that the student's education, not her own individual preference must receive first consideration. She can stop complaining and start working.<sup>9</sup>

Further evidence which indicates that nurse administrators tended to overlook their responsibility when dealing with staff nurses was brought out in a discussion of staff nursing wherein Ordway Tead was quoted as saying:

If the purpose of curing the patient is paramount full concern must be shown and the interest must be regarded not merely of the patient alone, but of all the groups that are involved in making him well.<sup>10</sup>

There is no doubt that all nurse administrators did not immediately subscribe to the same concept of the personal importance of the staff nurse in the hospital situation. However, many were cognizant of the fact that the efficiency and the tone of the nursing service is

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<sup>9</sup>Ibid., p. 62.

<sup>10</sup>Gabrielle T. Mulvane, "Graduate Staff Nursing," American Journal of Nursing, 37:1084, October, 1937.

largely dependent upon the quality of this group and the numbers who adhere to this fundamental concept have steadily increased.

## II. CONCEPTS OF HUMAN RELATIONS AS HELD BY INDUSTRY

The "operative employee" is regarded by industry as that member of the work force who is primarily concerned with the production activities of the business. He is looked upon and given recognition as the most important member of the team. Without him there would be no production, and without production there would be no business. But even more important the worker at the level of operation is now thought of as a human being with individual dignity and worth rather than as a machine. The development of this concept of working with people proceeded slowly but once industrial leaders recognized its importance, they came to realize both qualitative and quantitative production depended on satisfying the needs not only of the organization, but also of the individuals working for the organization. As a result, in industry today there is a marked impetus toward keeping individuals and groups working together for the purpose of effective production. Every effort is being made to provide workers with sufficient economic, psychological and social satisfaction because of the belief that satisfaction of the intangible



needs is as important if not more important than the satisfaction of the tangible ones. The outcome -- a worker extremely interested in achieving the company's objective.<sup>11</sup>

According to the industrial sociologist and psychologist a sense of belonging exists between a worker and the various groups of people within the organization. This feeling is a necessary part of the make-up of the individual worker who is the basic unit of a social group in any industrial situation.<sup>12</sup> The psychologist contends that it has a definite influence on the worker's attitude and behavior towards his work. "In the social group of workers one finds the personal relations that support originality and give encouragement and even reward to the innovator."<sup>13</sup> This infers that being part of a work group allows for cooperation in achieving the objectives of the group. However, to achieve such an outcome the worker must be made to feel that he is a member of this work group. It is this feeling which stimulates his interest in company progress and the desire to share in its responsibilities. "A work group establishes for the individual

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<sup>11</sup>Keith Davis, Human Relations in Business (New York: McGraw-Hill Book Company, Inc., 1957), Ch. 3.

<sup>12</sup>Robert M. Bellows, Psychology of Personnel in Business and Industry, (New York: Prentice-Hall, Inc., 1949), pp. 203-294.

<sup>13</sup>Robert Dubin, The World of Work, (New York: Prentice-Hall, Inc., 1958), p. 294.

the condition for his relation with other people."<sup>14</sup> But, this condition will not occur unless the worker remains a part of the group long enough to establish this kind of relationship. Frequent changes from one area to another tend to make him feel transient and may often account for indifference towards his work as well as towards his co-workers.

Change, whether it be policy, procedure or the re-assignment of personnel is usually met with some resistance:

To the worker, it is a threat to his security and it requires that he readjust. However, in business, to a certain extent it is a normal activity. Yet, it must be recognized, there are limits to human endurance of it.<sup>15</sup>

To relate the foregoing to nursing, it might be said change in nurse rotation and assignment should be well planned and all aspects of it known and acceptable to those involved. Failure to do this creates a threat to the progress and stability of the department. Unless the nurse is permitted to remain in a situation long enough to really adjust to the environment and feel a part of the situation, the chances are that her performance will barely meet the requirements of her position and her attitude towards her work will soon become one of indifference and

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<sup>14</sup>Ibid., p. 303.

<sup>15</sup>David, op. cit., p. 142-143.

disinterest. Perrodin states that, "nursing personnel do not resent occasional changes that are necessary and reasonable, but they do abhor the changes that occur frequently and that are directly traceable to poor planning."<sup>16</sup>

The sociological implications of rotation and assignment patterns for staff nurses is the fact that this group is aware that it is not always possible to analyze implications of interaction of personnel nor to anticipate possible problem relationships. What they do expect, however, is a sense of inclusion in groups, identification with groups, and ability to participate in the achievement of a common aim or purpose.<sup>17</sup> Frequent change in placement or in hours of duty which usually means a change in the work group is in complete opposition to the expectations of the worker.

## FII. STUDIES OF JOB DISSATISFACTION AND PERSONNEL TURNOVER INDICATING ASSIGNMENT AND ROTATION AMONG THE CONTRIBUTING FACTORS TO THESE PROBLEMS

Many studies directed by members of the nursing profession as well as members of the allied health and social

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<sup>16</sup>Cecelia M. Perrodin, Supervision of Nursing Service Personnel, (New York: The Macmillan Company, 1954) p. 275.

<sup>17</sup>Ibid., p. 64.

science fields have attempted to point out reasons for turnover and job dissatisfaction among the staff nurse population. A group of these were reviewed by Diamond and Fox and the following facts elicited:

Estimates of annual turnover rates of staff nurses from three of the studies conducted during the period 1948 to 1954 ranged from 60 per cent to 112 per cent.

About one-third of resignations in this group might be avoided if aspects of job dissatisfaction could be identified and overcome.

Some of the areas of job dissatisfaction identified by staff nurses as primary reasons for resigning included: salaries, hours of work, general personnel policies work load, and job security.<sup>18</sup>

Hough, director of one of the studies included in the above group, pointed out that:

Some degree of labor turnover is normal and necessary and may well be desirable, but findings seem to indicate that current turnover rate is far in excess of any reasonable tolerance limit for every type of nursing employee.<sup>19</sup>

Later studies seem to give some indication for this turnover.

Insufficient wages, lack of free week-ends and too much evening duty are some of the undesirable features of the staff nurse position according to a year long study conducted at Hartford Hospital.<sup>20</sup>

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<sup>18</sup>Lorraine K. Diamond and David J. Fox, "Turnover Among Hospital Staff Nurses," Nursing Outlook, 6:382-391, July, 1958.

<sup>19</sup>Louis Hough, "What are the Reasons for Nursing Service Turnover?" Hospital Management, 79:43-46, January 1955.

<sup>20</sup>Mary E. Brackett, "What Nurses Like and Dislike About their Jobs," Modern Hospitals, 89:53, December, 1957.

"Unpopularity of certain tours of duty such as evening and night" was listed among the reasons for the vacancies in staff nurse positions in a study concerned with vacancies for professional nurses in non-federal hospitals. This same study reported that for the time covered by the study there were 70,726 staff nurse positions in hospitals without schools of nursing and 8,978 of these were vacant.<sup>21</sup>

A work satisfaction survey among nurses revealed that the single most frequent mentioned criticism from the staff nurses participating in the study was that of "floating," or shifting from ward to ward.<sup>22</sup>

Personnel turnover and job dissatisfaction are not new problems in nursing service administration. As was pointed out earlier in this study, nurse administrators have been faced with these factors almost as long as the staff nurse has been a member of the nursing team. A brief sketch of the causes as viewed by the staff nurses have been presented above and though their complaints are well known, attempts to adjust them becomes a frustrating experience to those who are faced with this matter. However, the literature indicates that one administrator has devised a plan which has proven successful for more than a decade.

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<sup>21</sup>Dorothy E. Reese and Stanley E. Seigel, "Vacancies for Professional Nurses in Non-federal Hospitals," Hospital Management, 88:100-106, November, 1959.

<sup>22</sup>Joann S. Maryo and Julian J. Lasky, "A Work Satisfaction Among Nurses," American Journal of Nursing, 59:500-503, April, 1959.



In October, 1948, University Hospital of Cleveland initiated an experiment in scheduling nursing personnel time based on methods used in industry. Nine years and many time sheets later this method of scheduling personnel is providing a good part of the answer to improved patient care and job satisfaction in this situation.

The plan involved four elements:

Determination of work load for nursing personnel on each nursing division for each hour of the day.

Staffing strictly according to the work load determination.

Allowance of a bonus plus shorter working hours without loss of pay for the less desirable tours of duty.

Adherence to a policy of accepting as full-time personnel only those willing to assume rotating duty, and accepting restricted hour workers only when the hours they could work fitted into the particular needs of a division.<sup>23</sup>

The success of this plan has been attributed to the fact that these four elements have been strongly upheld and accepted by the hospital administration as well as nursing administration. However, there is the indication that to implement such a plan involves communicating its worth to the hospital administration in terms of: (1) reduction in the cost of hiring and orienting new personnel and (2) the development of a conscientious working group. This is necessary to offset the fact that changing to this method

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<sup>23</sup>Ann C. Deeds, "The Worker You Save May be Your Own," Nursing Outlook, 6:18, January, 1959.

of scheduling personnel may mean an increase in the staff nurse complement.<sup>24</sup>

#### IV. RECOMMENDATIONS FOR USE IN PLANNING ROTATION AND ASSIGNMENTS

That leaders in nursing have always advocated a sound philosophy of good human relations was brought out earlier in this chapter. Pfefferkorn's selection, "Improvement of the Nurse in Service,"<sup>25</sup> served to demonstrate this point of view and, also, to show that the profession gradually came to realize the importance of its "operative workers." Because meeting the needs of this group is considered of increasing importance, there is a wealth of information contained in the professional literature which is aimed at helping the director of nursing service satisfactorily assume her responsibility in this area. In the more recent publications some writers have included recommendations for use in planning rotation and assignments for nursing personnel.

In The Head Nurse at Work, there is the indication that poor time scheduling has always been a cause for dissatisfaction among the staff, and in many instances, with

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<sup>24</sup>Ibid., p. 19.

<sup>25</sup>Pfefferkorn, op. cit., pp. 700-710.

justification. In order to avoid such difficulties, the following suggestions are offered:

Post the schedule at least a week ahead (preferably two weeks). This permits the staff members to plan their off duty time to advantage.

Try to grant request for particular time off whenever possible; however, staffing must be arranged so patient care will not suffer.

Have a system known to all, whereby requests for time off are made in writing at least ten days before the time is posted.

Give explanation of time schedule when asked. A reasonable and justifiable explanation quiets most grumbling.

Try to plan hours or days off to allow staff members the longest period of free time possible, i.e., two days off together.

Week end and holiday time should be given with equality and consideration of all personnel.

Ask for preferences concerning holidays.

Never allow favoritism or partiality to influence the time schedule.<sup>26</sup>

In her book, Ward Management and Teaching, Barrett contended that nurses need opportunities for leisure and recreation, for personal and family affairs, and for participation in civic activities. In order that they may have the opportunity to satisfy these needs, the following advice was offered:

Arrange time for at least a week or longer in order that the individuals concerned may plan for off duty time.

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<sup>26</sup>The Head Nurse At Work, (New York: National League for Nursing, 1953), pp. 27-28.



Give every consideration possible to special request for hours of duty and place of assignment.

Attempt to extend period of rest by scheduling the nurse to be free during the last hours of the day preceding her days off.

Space days off from one week to the next to provide for sufficient rest.

When changes in assignment are necessary make the change known to the individual concerned.<sup>27</sup>

Randall stated that nurses complain a great deal because they do not know what their hours of duty are going to be and therefore find it difficult to plan activities for their off-duty time. She pointed out that it is not having to work when other people are off duty that is disturbing to the staff nurse, but it is not knowing when they are going to be on duty that is upsetting to them. It is inevitable that a schedule planned in advance will require some adjusting. However, if the adjustment results from an emergent situation or because someone is ill, those who are affected by it do not usually object to the necessary changes. They do object when their right to know why it is necessary for their work schedule to be changed is disregarded.<sup>28</sup>

In her text, The Supervision of Nursing Service

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<sup>27</sup>Jean Barrett, Ward Management and Teaching, (New York: Appleton-Century-Crofts, Inc., 1954), pp. 278-279.

<sup>28</sup>Margaret Randall, Ward Administration, (Philadelphia: W. B. Saunders Company, 1949), p. 179.

Personnel, Perrodin discussed principles involved in staff nurse rotation and assignment. She stated that planning is required if there is to be effectiveness in this area. The necessity for planning is as follows: (1) to ensure all necessary nursing care and nursing service; (2) to challenge personnel; and (3) to ensure growth and development of the staff. The entire process can be democratic without jeopardizing respect of the administrative nursing group or quality of performance on the part of the personnel. However, there must be mutual understanding as to the responsibilities of each in achieving the objectives of the organization for it to be a democratic process.<sup>29</sup>

The writer quoted above emphasized the need for recognition of individual differences in personnel, especially when planning their assignments. The fact that there are psychological and sociological factors for consideration in this area must be remembered by the nurse administrator. It is understandable that all personnel requests cannot be granted. She believes that those involved should have a part in the solution of problems arising because of inability to grant their request. With regard to hours of duty the nurse must work, it is wrong to encourage nurses

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<sup>29</sup>Cecelia Perrodin, op. cit., pp. 274-275.

to further their education and then to disregard their request to work a special tour of duty.<sup>30</sup> Another point of view she expresses and which is an indication for concern in developing group unity is included in the following:

This practice of sending professional and non-professional personnel to this head nurse unit today and another tomorrow is very disturbing to personnel. They are thus dissociated from the group with which they have become identified, are not accepted by the group to which they are sent, and become generally dissatisfied.<sup>31</sup>

The nurse administrator who fails to take these recommendations in consideration in the management of her personnel, is likely to be faced with perpetual problems of job dissatisfaction and turnover among her staff.

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<sup>30</sup>Ibid., pp. 276-277.

<sup>31</sup>Ibid., p. 65.

## CHAPTER III

### METHODOLOGY

The way in which the research problem was approached is presented in this chapter. It describes the method of study used and the technique for gathering the data. It also explains the selection of the population that was surveyed.

#### I. METHOD OF PROCEDURE

In order to examine the systems used by directors of nursing service when they plan rotations and assignments for their personnel, the normative-survey method of research was selected. This form according to Hillway, "attempts usually to describe a condition or to learn the status of something, and whenever possible to draw valid conclusions from the facts discovered."<sup>1</sup>

#### II. TECHNIQUES FOR GATHERING THE DATA

Once the problem was determined, the various techniques which could be used for gathering the necessary data were evaluated. This evaluation was done in terms of satisfying the needs of this particular study. The data-

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<sup>1</sup>Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Company, 1956), p. 175.

gathering techniques considered were interview, questionnaire, documentary frequency, and survey appraisal. The questionnaire which Young states is designed to collect data from large, diverse and widely scattered populations<sup>2</sup> seemed to be the best technique to use. Another factor which influenced the decision to use a questionnaire was the fact that it allowed for anonymity. This characteristic of the questionnaire makes it more conducive to freedom of expression, especially when the inquiry is about the respondent's own situation.

#### Devising the tool.

Having decided on a technique for collecting the data a tool was devised for this purpose.<sup>3</sup> While constructing it, it was important to keep in mind that this tool was to be a medium of communication. Therefore, while developing the elements much thought was given to how the respondents would react to the questions. Parten contends, "the task of drafting questions which can be relied upon to reveal what the respondent thinks about a given issue, person, commodity or situation is no easy matter."<sup>4</sup> Young points out that the majority of question-

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<sup>2</sup>Pauline Young, Scientific Social Surveys and Research, (New York: Prentice-Hall, Inc., 1949), p. 229.

<sup>3</sup>See Appendix A.

<sup>4</sup>Mildred B. Parten, Surveys, Polls and Samples (New York: Harper and Brothers, 1950), p. 181.



naires are answered at a distance without the assistance or supervision of anyone acquainted with them. Therefore, in the process of construction, it is essential to keep in mind constantly the factors which are most likely to stimulate accurate replies from the respondent.<sup>5</sup> In addition to motivating the respondent to communicate the required information, this tool aims at translating the objectives of the study into the specific questions.<sup>6</sup> The researcher's ability to achieve this greatly influences the overall response from the questionnaire.

#### The pilot study.

In order to make certain that the questionnaire would secure the desired information, a pilot study was conducted. The purpose of such a study is to test the clarity of the questions as well as the correctness of the interpretations put on them. This test also affords the possibility of discovering new aspects of the problem that should be studied but were overlooked in the planning stage.<sup>7</sup> In addition, it offers an opportunity to test the method for handling the data which was devised

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<sup>5</sup>Leon Festinger and Daniel Katz, eds. Research Methods in the Behavioral Sciences (New York: The Dryden Press, 1953), p. 344.

<sup>6</sup>Young, op. cit., p. 233.

<sup>7</sup>Ibid., p. 241.

at the time the tool was prepared. The pilot study was done in two non-participating hospitals. Nursing service administrators in these organizations were asked to cooperate in pretesting the instrument. It was conducted in the form of an interview and the nature and purpose of the study was explained to the participants at the time of the interview. A face-to-face situation is thought to be desirable when pretesting a questionnaire. In this way the researcher has the opportunity to gain from the respondents their impressions regarding the clarity of the elements and instructions for completing them.<sup>8</sup> The result of the study indicated the need to revise some of the elements and to clarify some of the instructions for completing the questions. However, it did prove that the tool was capable of gathering the necessary data. Before administering the questionnaire in its final form the necessary revisions were made.

#### Administering the questionnaire.

A cover letter explaining the nature of the study accompanied the questionnaire when it was mailed. The directions for completing the form were included in the letter. In addition, it also contained an appeal for

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<sup>8</sup>Claire Sellitz, Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, (New York: Henry Holt Company, Inc., 1959), pp. 550-551.

cooperation of the recipients. After the designated date for the return of the completed form, a reminder of the urgency of their cooperation for the success of the study was sent to those directors who had not returned their questionnaires.<sup>9</sup>

### III. THE POPULATION SURVEYED

#### Selecting the population.

The population consisted of 100 directors of nursing service employed by non-federal general hospitals with a bed capacity of 200 or more. The names of the hospitals in which these directors of nursing service were employed were secured from the August, 1959, guide issue of Hospitals, official publication of the American Hospital Association.<sup>10</sup> This particular group was chosen for the study because even though they may delegate the function of planning assignments and rotations for staff nurses to a member of their executive staff, in the final analysis they are the ones who are responsible for seeing that the interests of the organization, the personnel and the patients receive proper consideration by the person carrying out this activity.

Before proceeding with a discussion of the results

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<sup>9</sup>See Appendix B.

<sup>10</sup>"Guide Issue," Hospitals, XXXIII (August, 1959).



of the study, it seems advantageous to summarize briefly the method of gathering the facts. The normative survey form of research was used. A questionnaire was devised to gather the data. The survey population consisting of a particular group of directors of nursing service was selected. Having carried out these vital steps of the research study, the data was gathered.

The remaining chapters of the study deal with an analysis of these data, the conclusions and the recommendations.

## CHAPTER IV

## ANALYSIS OF THE DATA

The data presented and analyzed in this chapter were obtained from seventy-five questionnaires which were received from directors of nursing service.

## I. THE ANALYZING PROCESS

Editing the returned questionnaire.

Before attempting to analyze the returned questionnaires, it was necessary to review the completed forms for consistency and completeness and to determine if there were any that could not be used in the final tabulation and summarization of the returns. Of the 100 questionnaires sent to the directors of nursing service, eighty-one were returned. A decision to discard any which had more than one-third of the questions unanswered was made by the writer. As a result of the editing process, six questionnaires were eliminated: one was returned unanswered because the director felt her situation was too new to offer anything of value to the study, and five because of the above stated criteria.

The editing procedure also required that the returned questionnaires be checked (1) to see if different parts of the responses were consistent; (2) to correct

plain errors, and (3) to revise the summarizing categories as indicated by the responses.<sup>1</sup> The purpose of this procedure is to provide for greater clarity and simplicity when analyzing the data.

#### Analysis of the questionnaire.

In this phase of the study the investigator was provided with an opportunity to satisfy one of the deepest concerns of the entire study which was "the desire to uncover what lies beneath the surface."<sup>2</sup> In order to gather this information, the analysis of the questionnaires had to be essentially twofold. Each section was reviewed question by question, and at the same time each question was considered in light of what had been said in other sections of the questionnaire. In effect, a major portion of the data gathered stemmed from a cross-examination of the answers of all the elements in the data-gathering device.

#### Tabulating the data.

After the returned questionnaires were edited it was necessary to assemble the information in some kind of concise and logical order. This procedure is referred to

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<sup>1</sup>Carter V. Good, Introduction to Educational Research, (New York: Appleton-Century-Crofts, Inc., 1959), p. 203.

<sup>2</sup>Carter V. Good and Douglas E. Scates, Methods of Research, (New York: Appleton-Century-Crofts, Inc., 1954), p. 277.

as tabulation.<sup>3</sup> The first step was to refine the system of categorizing the data. Actually this had been done in the planning stages of the questionnaire and a survey of the information contained in the returned questionnaires indicated that it would be possible to use the categories previously established.

Once the system of classifying the data was settled, the individual elements of the questionnaire were itemized according to the established categories. Having assembled the data in this manner, it was possible to proceed with the analysis.

## II. THE ANALYSIS

The data was analyzed by dividing it into four sections. Section I dealt with general information. Section II was concerned with methods for assigning and rotating the staff nurse group. Section III was concerned with the significance of a part-time nursing staff as related to rotation problems. Section IV contained the recommendations, offered by the directors of nursing service participating in the study, for minimizing problems encountered when planning rotation and assignments.

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<sup>3</sup>Pauline Young, Scientific Social Surveys and Research, (New York: Prentice-Hall, Inc., 1949), pp. 288-289.

## Analysis of section I.

General background information. This section dealt with type of hospital, stated salary differential and adequacy of staff.

Type of hospital. Information concerning the type of hospital was included in the analysis because the original premise on which the study was based was to explore rotation and assignment methods used by a selected group of directors of nursing service employed by non-federal hospitals.

Salary differential. The seventy-five participants replied regarding a differential in salary for the evening and the night staff nurse. Sixty-eight or 90.7 per cent reported that a differential was paid and the remaining seven or 9.3 per cent reported that a differential was not paid.

The amount of differential ranged from \$10.00 per month to above \$40.00 per month. Of the sixty-eight hospitals paying a differential thirty-nine or 57.3 per cent paid the same amount for evening and night duty. In twenty-five or 36.8 per cent of the hospitals a higher differential was paid for evening duty than was paid for night duty. One or 1.5 per cent of the hospitals paid a higher rate for night duty. Three or 4.4 per cent of the respondents indicated a differential was paid but did not



state if the differential varied from one tour of duty to the other.

Forty dollars or above was the amount of salary differential the evening nurse received in six or 8.9 per cent of the hospitals and the amount the night nurse received in three or 4.4 per cent of the hospitals. Between \$30.00 and \$39.00 was the amount of salary differential evening nurses received in eleven or 16.2 per cent of the hospitals and the amount the night nurse received in five or 7.4 per cent of the hospitals. Between \$20.00 and \$29.00 was the amount of salary differential evening nurses received in twenty-four or 35.3 per cent of the hospitals and the amount the night nurse received in twenty-eight or 41.2 per cent of the hospitals. Ten dollars to \$19.00 was the amount of salary differential evening nurses received in twenty-two or 32.3 per cent of the hospitals and the amount the night nurse received in twenty-seven or 39.7 per cent of the hospitals. Two or 2.9 per cent of the respondents indicated a salary differential paid but stated it as a per cent of the base pay without giving the amount of the base salary. Three or 4.4 per cent of the respondents acknowledged a differential in salary but did not state the range.

The following are some of the comments respondents made in related areas of the questionnaire which are

included here because of their relevancy to this section.

We felt that payment of differential pay caused nurses to feel that working evening and night duty was a "punishment" and discontinued it. We try to keep our base salary rate high enough so that our total payroll is approximately the same as it would be if we were paying a differential.

Increased differential pay would probably help encourage more adequate coverage for evening and night duty. However, this would have to be at least \$50.00 per month to even be inviting.

A large amount of differential pay for evening duty, perhaps \$30.00-\$50.00 per month would help the problem of rotation.

The data with regard to range in monthly salary differential for evening and night duty are presented in Table I. The data concerned with patterns of salary differential between evening and night nurses are reported in Table II.



TABLE I

RANGE IN MONTHLY SALARY DIFFERENTIAL FOR EVENING AND NIGHT NURSES AS REPORTED BY SIXTY-EIGHT DIRECTORS OF NURSING SERVICE

Range in Salary Differential	Number of Responses	Evening Duty Per cent of Responses	Number of Responses	Night Duty Per cent of Responses
\$40.00 or above	6	8.9	3	4.4
30.00 to \$39.00	11	16.2	5	7.4
20.00 to 29.00	24	35.3	28	41.2
10.00 to 19.00	22	32.3	27	39.7
Salary differential acknowledged -- amount expressed in per cent	2	2.9	2	2.9
Salary differential acknowledged -- amount not stated	3	4.4	3	4.4
	68	100.0	68	100.0

TABLE II

PATTERNS OF SALARY DIFFERENTIAL BETWEEN EVENING AND NIGHT NURSES AS REPORTED BY SIXTY-EIGHT DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Staff nurses receive the same rate of salary differential for evening duty and for night duty	39	57.3
Staff nurses receive a higher rate of salary differential for evening duty than they do for night duty	25	36.8
Staff nurses receive a higher rate of salary differential for night duty than they do for evening duty	1	1.5
Pattern of salary differential not stated	3	4.4
	68	100.0

Adequacy of staff nurse complement. Of the seventy-five directors of nursing service, forty-four or 58.7 per cent stated that their staff nurse complement was adequate to meet the demands made of it. There were twenty-nine or 38.6 per cent who did not feel that their staff nurse complement was adequate. Two or 2.7 per cent of the respondents did not indicate their opinion in this area.

The twenty-nine respondents who indicated their staff nurse complement was inadequate offered a variety of opinions with reference to increasing the complement as a means of solving problems related to assignment and rotation. From this group fourteen or 48.3 per cent of the responses indicated an increase in staff complement would aid them if it were possible to fill the positions. Ten or 34.4 per cent indicated an increase in staff nurse complement would relieve their situation and it would be possible to fill the positions. Four or 13.8 per cent of the respondents were of the opinion that an increase in complement would not completely solve the problems since they did not all stem from inadequacy of staff. The remaining one or 3.5 per cent stated it was impossible to say if an increase in complement would improve her situation since it had never been possible to completely fill the present complement.

In three of the twenty-nine responses there were definite indications that problems of rotation and assignment were not necessarily related to adequacy of staff.

Comments from these are as follows:

Problems of rotation and assignment result from reluctance and refusal of nurses to change shifts and units as needed and not necessarily from supply of personnel.

Increase in complement would solve problems if it were possible to get the people to fill the evening positions.

Supply does not meet the demand because there are "too many poorly skilled R.N.'s."

The data concerned with the relationship of inadequacy of staff nurse complement to problems encountered when planning rotation and assignments are presented in Table III.

TABLE III

RELATIONSHIP OF INADEQUACY OF STAFF NURSE COMPLEMENT TO PROBLEMS  
ENCOUNTERED WHEN PLANNING ROTATION AND ASSIGNMENTS AS REPORTED  
BY TWENTY-NINE DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
An increase in the staff nurse complement would be of assistance in eliminating the problems of rotation and assignment if it were possible to fill the positions.	14	48.3
An increase in the staff nurse complement would be of assistance in eliminating the problems of rotation and assignment and it would be possible to fill the positions.	10	34.4
An increase in the staff nurse complement would be of assistance in planning rotation and assignments but would not necessarily solve the problems resulting from this activity.	4	13.8
An increase in the staff nurse complement cannot be considered as a possible assistance toward eliminating the problems of rotation and assignment since it has never been possible to completely fill present complement.	1	3.5
	29	100.0

## Analysis of Section II.

Rotation and assignment plans. In this area the many facets of rotation and assignment were reviewed. Included were delegation of authority to plan assignments and rotation, plans for making emergency adjustments in rotation schedules, practices when changing assignments and the consideration given when the staff nurse requests to work in a special clinical area or on a certain tour of duty. Together with the practices as listed above, the problems encountered in the process of carrying out these functions were identified.

Delegation of authority to plan rotation and assignments. In thirty-three or 44.0 per cent of the responses the staff nurse was assigned to the unit by a member of the executive nursing staff where the head nurse, under the direction of the supervisor planned rotation and off-duty time for her. In nineteen or 25.3 per cent of the responses the staff nurse was assigned to the clinical area by a member of the executive nursing staff where the supervisor planned her assignments, rotation and off-duty time. In sixteen or 21.3 per cent of the responses the staff nurse was assigned and rotated by a member of the executive nursing staff and the supervisor on each tour of duty scheduled off-duty time for the



nurses working in their area. In five or 6.7 per cent of the responses the staff nurse was assigned, rotated and scheduled for off-duty time by a member of the executive nursing staff. Two or 2.7 per cent of the responses were a combination and modification of the plans suggested in the questionnaire. One had a permanent night staff and rotation was between the evening and day tours of duty. The executive nursing staff assigned the nurse to the clinical areas and the head nurse was responsible for planning the necessary rotation and scheduling off-duty time for her personnel. In the other hospital the nurse was employed to work a specific tour of duty. She was assigned to the clinical area by a member of the executive nursing staff. The schedule for days off for the day personnel was prepared by the head nurse, for the evening personnel by the director of nurses and for the night personnel by the assistant director of nurses. These data are presented in Table IV.

TABLE IV  
 DELEGATION OF THE AUTHORITY TO PLAN STAFF NURSE ROTATION AND ASSIGNMENTS  
 AS REPORTED BY SEVENTY-FIVE DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
The staff nurse is assigned to the unit by a member of the executive nursing staff where the head nurse, under the direction of the supervisor plans rotation and off-duty time for her.	33	44.0
The staff nurse is assigned to the clinical area by a member of the executive nursing staff where the supervisor plans her assignments, rotation and off-duty time.	19	25.3
The staff nurse is assigned and rotated by a member of the executive nursing staff and the supervisors on each tour of duty scheduled off-duty time for the nurses working in their area.	16	21.3
The staff nurse is assigned, rotated and scheduled for off-duty time by a member of the executive nursing staff.	5	6.7
The staff nurse has the privilege of working permanent night duty or rotating between the day and evening tours of duty. She is assigned to the unit by a member of the executive nursing staff and if she chooses to rotate the head nurse on the unit plans the rotation and schedules her off-duty time.	1	1.35
The staff nurse is employed to work a specified tour of duty and assigned to the unit by a member of the executive nursing office staff. Off-duty time for the day personnel is scheduled by the head nurse, for the evening personnel by the director of nurses and for the night personnel by the assistant director of nurses.	1	1.35
	75	100.0

Consideration given request to work a special tour of duty or in a special clinical area. Of the seventy-five directors of nursing service twelve or 16.0 per cent stated that even though hospital needs came first when assigning personnel it was usually possible to give the nurse the assignment of her choice. As a result of this, there were a total of eighty-seven responses to indicate the consideration given the staff nurse when assigning her to the clinical areas. Twenty-two or 25.3 per cent of the responses stated that hospital needs were considered first. Sixty-five or 74.7 per cent of the responses stated that in most instances it was possible to grant the nurse's request to work in a special clinical area.

In regard to the staff nurse's request to work a special tour of duty, again some of the respondents felt it necessary to indicate that they had two needs to meet, those of the hospital and those of the nurse and that both received equal consideration. Therefore, there were eighty-three responses indicating the consideration given to the staff nurse's request to work a special tour of duty. Fifty-six or 67.4 per cent of the responses stated it was always possible to grant the request for evening or night duty and eight or 9.7 per cent stated it

was possible to grant the request to work a special tour of duty regardless of the hours desired. The remaining nineteen or 22.9 per cent of the responses stated that the tour of duty a nurse worked was dependent on the needs of the hospital. However, eight or 42.0 per cent of the nineteen responses were stated by respondents who had qualified their answers by indicating that hospital needs and nurses' requests received equal consideration.

In both the areas of rotation and assignment, the respondents indicated that when it was not possible to immediately grant a nurse's request it was held in abeyance until such time that it was possible to grant it.

The data concerned with consideration given request to work a special tour of duty or in a special clinical area are presented in Table V.

TABLE V

EXTENT TO WHICH SPECIAL REQUESTS ARE CONSIDERED AS REPORTED  
BY SEVENTY-FIVE DIRECTORS OF NURSING SERVICE

	Request of Work in a Special Clinical Area	Request to Work a Special Tour of Duty
	Number of Responses	Per cent of Responses
1. The needs of the hospital must receive first consideration	22	25.3
2. It is usually possible to grant request for a special assignment	65	74.7
3. It is usually possible to grant special request to work the evening and night tours of duty	56	67.4
4. It is always possible to grant special request regardless of the tour of duty	8	9.7
	87	100.0



TABLE VI

EMPLOYMENT POLICIES RELATED TO THE TOUR OF DUTY THE STAFF NURSE IS SCHEDULED TO WORK AS REPORTED BY FIFTY DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Staff nurses are employed to work when and where they are needed.	6	12.0
Staff nurses are employed to work one specific tour of duty with the understanding that they will rotate as the need arises.	21	42.0
Staff nurses are employed to work on one specific tour of duty which at the time of employment or as soon thereafter as possible is reconciled to the tour of their choice.	23	46.0
	50	100.0



Use of a rotation plan. In twenty-five or 33.3 per cent of the hospitals, the directors of nursing service reported an established plan was used when rotating the staff nurse from one tour of duty to another. There were fifty or 66.7 per cent who said this function was not carried out in accordance with an established plan. However, data gathered from other elements of the questionnaire sufficed to show that fifty-two or 69.3 per cent of the participants required that their staff nurses do some rotation from one tour of duty to another. The remaining twenty-three or 30.7 per cent of the participants gave no indication of using rotation as a means of scheduling hours of duty for their personnel.

A further analysis of the fifty respondents who reported they had no rotation plan indicated that six or 12.0 per cent employed nurses to work where and when they were needed. Twenty-one or 42.0 per cent attempted to maintain a permanent evening and night staff but since this was not always possible nurses were employed with the understanding that they would rotate as necessary. Twenty-three or 46.0 per cent of the respondents employed nurses to work one specific tour of duty and insofar as possible it was the hours of their choice. The data concerned with employment policies related to the tour of duty the staff nurse is scheduled to work are presented in Table VI.

Frequency of rotation. Of the twenty-five respondents who reported their nurses were rotated according to an established plan, five or 20.0 per cent stated that this plan varied because nurses had the privilege of remaining on evening or night duty for an extended period of time if they so desired. Eleven or 44.0 per cent stated frequency of rotation varied because each clinical unit had the privilege of working out its own rotation pattern. Three or 12.0 per cent stated frequency of rotation was every two weeks. Four or 16.0 per cent stated frequency of rotation was every month. One or 4.0 per cent stated rotation was every six weeks, and one or 4.0 per cent stated frequency of rotation was every four months. The data concerning frequency of rotation is presented in Table VII.

Thirty-three or 63.5 per cent of the fifty-two respondents requiring that their nurses rotate seldom asked that they work more than one tour of duty within a week. In seven or 13.5 per cent of the responses nurses were frequently requested to work more than one tour of duty within a week. In twelve or 23.0 per cent of the responses nurses were never asked to work more than one tour of duty within a week.

Twenty-three or 44.2 per cent of the respondents stated their staff nurses were always satisfied with the system of rotation in use. Twenty-three or 44.2 per cent

stated they were usually satisfied. Six or 11.6 per cent stated they were not satisfied. One respondent qualified her answer by saying that the staff nurse's satisfaction with method of rotation was dependent upon the amount of rotation she was required to do, and in this respondent's situation it varied from time to time. These data are presented in Table VII.

TABLE VII

FREQUENCY OF ROTATION FOR STAFF NURSES AS REPORTED  
BY TWENTY-FIVE DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Frequency of rotation varies because nurses have the privilege of remaining on evening or night duty for an extended period of time if they so desire.	5	20.0
Frequency of rotation varies because each clinical unit has the privilege of working out its own rotation pattern.	11	44.0
Frequency of rotation is every two weeks.	3	12.0
Frequency of rotation is every month.	4	16.0
Frequency of rotation is every six weeks.	1	4.0
Frequency of rotation is every four months.	1	4.0
	25	100.0

Regulations for publishing the schedule of weekly-hours of duty. Eleven or 14.7 per cent of the respondents indicated that time schedules were posted less than a week prior to the time they became effective. Thirty-six or 48.0 per cent stated they were posted a week prior to their effective date. Eighteen or 24.0 per cent stated they were posted two weeks prior to their effective date. Eight or 10.7 per cent stated they were posted more than two weeks in advance of the date they became effective. Two or 2.6 per cent of the respondents did not answer this inquiry. Three of the respondents explained their answers by the following statements:

Time schedules showing off-duty time for the ensuing year are given to the staff nurse.

Time schedules are posted two weeks in advance but revisions are usually necessary.

Time schedules are tentatively posted one week in advance - final schedules are posted less than one week in advance.

The data concerning regulations for publishing the schedule of weekly-hours are presented in Table VIII.

TABLE VIII

REGULATIONS FOR PUBLISHING THE SCHEDULE OF WEEKLY-HOURS OF DUTY AS REPORTED BY SEVENTY-FIVE DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
The schedule of weekly hours is posted less than a week in advance of the date it becomes effective.	11	14.7
The schedule of weekly hours is posted one week in advance of the date it becomes effective.	36	48.0
The schedule of weekly hours is posted two weeks in advance of the date it becomes effective.	18	24.0
The schedule of weekly hours is posted more than two weeks in advance of the date it becomes effective.	8	10.7
Not stated.	2	2.6
	75	100.0



Plans for emergency adjustments in rotation schedules. Investigation as to the plan for emergency adjustments in the rotation plan provided for three possible responses: one in terms of employing a member of the part-time staff; another in terms of meeting the emergency by adjusting the assignments of other personnel in the area; and a third was to change the scheduled hours of duty of another nurse in order to meet the emergency. Because thirty or forty per cent of the respondents indicated more than one plan of action in such a situation a total of 107 responses were obtained. Forty-nine or 45.8 per cent of these would employ a part-time nurse to meet the emergency. Thirty-three or 30.9 per cent of the responses were to adjust the assignments of other personnel in the area. Twenty-five or 23.3 per cent of the responses were to change the scheduled hours of duty of another nurse. These data are presented in Table IX.

TABLE IX

PLANS FOR EMERGENCY ADJUSTMENTS IN ROTATION SCHEDULES  
AS REPORTED BY SEVENTY-FIVE DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Employ a member of the part-time staff to meet the emergency.	49	45.8
Adjust assignments of other personnel in area in order to meet the emergency.	33	30.9
Change scheduled hours of duty of another nurse in order to meet the emergency.	25	23.3
	107	100.0

Administrative personnel authorized to adjust rotation schedules. Sixty-two or 82.7 per cent responded to the inquiry to learn who in the administrative nursing group might change the staff nurse's scheduled hours of duty if an emergency demanded such action. A total of ninety-nine alternatives were offered. Thirty-one or 31.2 per cent of the responses stated the executive nursing staff would make the change, thirty-five or 35.5 per cent of the responses stated the supervisor would make the change, and in thirty-two or 32.3 per cent of the responses it would be the head nurse who would make the change. The one remaining respondent indicated changes would be made outside the administrative nursing group. She stated, "I'm afraid it's the nurse of her husband." These data are presented in Table X.

A closer examination of the responses offered by the sixty-two respondents concerning necessary adjustments in scheduled hours of duty revealed that the time of the day the emergency occurred would have much to do with who would make the adjustment. Also, in twenty-nine or 47.0 per cent of these responses when emergency action was necessary it usually involved two or more levels of personnel within the administrative nursing group.

In five instances the respondents enlarged on their answers by explaining that when such emergency action was necessary the person involved was always consulted before any changes were made.

TABLE X

ADMINISTRATIVE NURSING PERSONNEL AUTHORIZED TO CHANGE SCHEDULED  
 HOURS OF DUTY OF THE STAFF NURSES AS REPORTED BY SIXTY-TWO  
 DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Executive nursing staff	31	31.2
Supervisor	35	35.5
Head nurse	32	32.3
Other than administrative nursing group (nurse of her husband)	1	1.0
	99	100.0

Problems encountered when planning rotation.

Twelve or 23.0 per cent of the fifty-two directors of nursing service using a rotation plan did not report major problems encountered. Forty or 77.0 per cent did report major problems encountered. These forty or 77.0 per cent of the respondents gave a total of fifty-two responses concerning problems encountered. Twenty-three or 44.2 per cent were related to the difficulty in getting enough nurses willing to work the evening and night tours of duty. Eighteen or 34.6 per cent were related to the personal problems and home responsibilities of the staff nurse with frequent mention of husband's objection to rotation and difficulty with baby-sitters. Five or 9.5 per cent related to the reluctance of nurses to abide by their rotation agreements. Two or 3.9 per cent related to the difficulty of having to depend on a part-time staff to relieve the evening and night nurses. Two or 3.9 per cent related to the difficulty which arises because many newly graduated nurses desire to work only the day tour of duty. One or 1.95 per cent related to the difficulty encountered because of the poor transportation facilities available to the nurses. One or 1.95 per cent related to the fact



that many nurses are desirous of administrative positions. These data are presented in Table XI.

With regard to problems encountered as a result of rotation, one nurse administrator stated her greatest problem was with those nurses who did not have the potential for promotion and who had been on a rotating schedule for a number of years. Another one found it necessary to have more and more practical nurses cover the late tours of duty because professional nurses refuse to work at this time or do not report for work when scheduled.

TABLE XI

MAJOR PROBLEMS ENCOUNTERED WHEN PLANNING ROTATION FOR STAFF NURSES  
AS REPORTED BY FORTY DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Difficulty in securing enough nurses willing to work the evening and night tours of duty.	23	44.2
Difficulty in reconciling nursing responsibilities with home responsibilities and personal problems of the nurses.	18	34.6
Difficulty in getting nurses to abide by their rotation agreements.	5	9.5
Difficulty of having to depend on a part-time staff to relieve evening and night nurses.	2	3.9
Difficulty because many newly graduate nurses desire to work only the day tour of duty.	2	3.9
Difficulty because of the poor transportation facilities available to the nurses.	1	1.95
Difficulty because many nurses are desirous of administrative positions.	1	1.95
	52	100.00

Staff nurse rotation as a contributing factor to personnel turnover and job dissatisfaction. Of the fifty-two participants that required nurses to rotate from one tour of duty to another, seventeen or 32.7 per cent indicated it was a contributing factor to personnel turnover and job dissatisfaction. Thirty-three or 63.4 per cent did not feel it contributed to this problem and two or 3.9 per cent offered no response to the question.

The directors who gave a negative response to this question gave sufficient evidence that the use of a part-time nursing staff, keeping rotation at a minimum and making certain that the staff nurse was aware of the rotation policies at the time she was employed were the main areas for consideration when attempting to eliminate problems of personnel turnover and job dissatisfaction which were attributable to staff nurse rotation.

With reference to the staff nurse knowing her responsibilities in this area, one administrator stated that at the time of employment the staff nurse was required to sign a statement to the effect that she would accept rotation to the evening tour of duty on an equally distributed basis and that she would assume her share of Saturday and Sunday work. Two of the administrators who believed the staff nurse should be acquainted with her responsibilities at the time of employment did not feel

rotation a contributing factor to personnel turnover but did state it had its effects on recruitment. Nurses interested in working only day duty would not consider hospitals that were known to require rotation of their personnel.

Eight or 49.0 per cent of the seventeen respondents indicating that requiring the staff to rotate was a contributing factor to personnel turnover and job dissatisfaction did not seem to think it was possible to solve this problem. Nine or 51.0 per cent of this group did believe the problem could be solved. They gave the following recommendations for alleviating it.

Increase the differential pay for 3:30-11:00 p.m. duty.

Increase the staff nurse complement in an endeavor to decrease the frequency of rotation.

Improve transportation facilities for the hospital nurse.

Minimize rotation by developing a permanent evening and night staff; utilize part-time help to relieve for days off.

Indoctrinate the student nurses with the idea of staff nurse rotation and the purpose of it.

An administrator who was of the opinion that there was no solution to the problem raised the question, "why have staff nurses lost, to some extent, the insight into the need for twenty-four hour nursing service for out patients?"

Of the fifty-two respondents requiring rotation of their staff nurse group, thirty or 57.7 per cent answered in the negative to the inquiry, "during the course of a termination interview, does the staff nurse frequently give rotation as the reason for leaving?" This response frequently was in the affirmative. Eight or 15.4 per cent stated that this often happened, four or 7.7 per cent said it was occasionally so and nine or 17.3 per cent indicated that seldom did a nurse give rotation as a contributing factor to termination of service. One or 1.9 per cent did not respond to this inquiry.

Three of the respondents indicated that because rotation is not mentioned as the reason for the resignation does not follow that it may not be a contributing factor. Some of the comments they offered to indicate this were:

This may be one of the reasons that is not always spelled out.

Most of the nurses are very evasive about their real reason for leaving.

But this does not indicate always that rotation is not the basis.

Four of the twenty-three directors who did not require rotation of their staff offered comments which indicated a belief that nurses do not like to rotate and



would prefer to work a day tour of duty.

New applicants frequently use rotation as their reason for leaving their previous employer. (2)

In many instances nurses working the permanent evening and night tours of duty will give as their reason for resigning "the opportunity to get a straight day job." (2)

Assignment plans. Fifty or 66.7 per cent of the respondents used an established plan to carry out this function and it was usually possible to adhere to the plan.- Twenty-five or 33.3 per cent did not use an established plan.

It was the opinion of forty-seven or 62.7 per cent of the respondents that their staff nurses were satisfied with the method of assigning them to the clinical areas. Twenty-eight or 37.3 of the respondents believed their staff nurses were usually satisfied with the method of assigning them.

The seventy-five participants replied to indicate the frequency of changing nurses from one clinical area to another. A total of ninety-nine responses were offered. Fifty-six or 56.6 per cent of the responses stated that insofar as possible reassignment was made to comply with the request of the nurse. Forty-three or 43.4 per cent of the responses stated that nurses were re-assigned as the clinical situation demanded, which could be very frequently or very seldom.

Nine or 12.0 per cent of the respondents were in



favor of periodically reassigning their staff nurses even if they had a stable staff. Sixty-six or 88.0 per cent of the respondents did not feel reassignment of staff nurses was necessary.

Some of the comments favorable to periodically reassigning the staff nurses were:

Because the majority of nursing personnel desire a change.

To provide for personnel growth and development.

To avoid the "nobody works but us" attitude.

To keep skill of nurses at a high level.

To provide more adequate supervision for those needing it.

To equalize the staff in busy and less busy areas.

Because of personality conflicts.

Because nurses remaining in one area too long are prone to get in a rut.

Two of the respondents who stated that they were opposed to periodically reassigning the staff nurses offered the following comments which seem to be in favor of it:

Not necessary but desirable in the interest of growth and development.

A good idea if nurses would agree, keeps them from getting in a clinical rut.

Table XII presents a summarization of the assignment practices used by the participants.

TABLE XII

ASSIGNMENT PRACTICES AS REPORTED BY SEVENTY-FIVE DIRECTORS OF NURSING SERVICE

	Number of Responses	Per Cent of Responses	Number of Responses	Per Cent of Responses	Number of Responses	Per Cent of Responses
Function is carried out in accordance with a plan.	50	66.7				
Function is carried out without the use of a plan.	25	33.3				
Opposed to periodic reassignment of staff nurses.			66	88.0		
Favors periodic reassignment of staff nurses.			9	12.0		
Reassigns nurses in order to comply with their request.					56	56.6
Reassigns nurses in order to meet the needs of the situation.					43	43.3
	75	100.0	75	100.0	99	100.0

Problems encountered when planning assignments.

Forty-two or 56.0 per cent of the participants reported major problems encountered when planning staff nurse assignments. Eighteen or 24.0 per cent did not report major problems encountered in this area. Fifteen or 20.0 per cent did not respond to this inquiry.

The forty-two respondents who reported major problems in this field mentioned eight problem areas and gave a total of fifty-three responses. Thirteen or 24.5 per cent of the responses indicated difficulty because nurses limit themselves to a specific type of nursing. Fifteen or 28.3 per cent of the responses stated that granting the staff nurse's request to work in a special area and still meeting the needs of the hospital presented problems. Six or 11.3 per cent of the responses stated that problems were encountered because of the shortage of staff. Five or 9.5 per cent of the responses stated that the staff nurse's reluctance to change assignments created problems when planning assignments. Ten or 18.8 per cent of the responses indicated that nurses have varying capacities to meet the demands of the staff nurse position and this resulted in problems. Two or 3.8 per cent of the responses stated that personality conflicts within the staff was a problem area. One

or 1.9 per cent of the responses reported providing unit orientation for the newly assigned nurses as a problem area. One or 1.9 per cent of the responses stated that satisfying the head nurse and the supervisor created a problem.

The data concerning the problems encountered when planning assignments for staff nurses are presented in Table XIII.

TABLE XIII  
 MAJOR PROBLEMS ENCOUNTERED WHEN PLANNING ASSIGNMENTS FOR STAFF  
 NURSES AS REPORTED BY FORTY-TWO DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
Difficulty because staff nurses limit themselves to a specific type of nursing.	13	24.5
Difficulty of granting the staff nurse's request to work in a special area and still meeting the needs of the hospital.	15	28.3
Difficulty because of the shortage of staff.	6	11.3
Difficulty because staff nurses are reluctant to change assignments.	5	9.5
Difficulty because nurses have varying capacities to meet the demands of the staff nurse position.	10	18.8
Difficulty because of personality conflicts within the staff.	2	3.8
Difficulty in providing unit orientation for the newly assigned nurses.	1	1.9
Difficulty in satisfying the head nurse and the supervisor.	1	1.9
	53	100.0



Staff nurse assignments as a contributing factor to personnel turnover and job dissatisfaction. Sixty-two or 82.7 per cent of the respondents indicated the nurse's assignment was not a contributing factor to turnover. Three or 4.0 per cent stated the nurse's assignment was a minor cause of personnel turnover. One or 1.3 per cent of the respondents reported the nurse's assignment definitely contributed to turnover. One or 1.3 per cent of the respondents stated she did not know whether or not assignment had any effect on turnover. Eight or 10.7 per cent of the participants did not respond to this inquiry.

Five or 6.7 per cent of the respondents stated there were times when assignment of personnel was a contributing factor of job dissatisfaction. Seventy or 93.3 per cent of the respondents gave no indication that assignment of personnel contributed to job dissatisfaction. The five directors indicating a relationship between assignments of personnel and job dissatisfaction among personnel were of the opinion that placing the nurse in the area of her choice was the solution to this problem. Their point of view was that when it is not possible to grant a request to make certain that the individual concerned is aware of the reason why the request was not

granted and also that it will be considered as soon as possible. One administrator who believed this a problem area stated, "there are times when needs dictate placement but in most instances it is possible to consider the individual's wishes."

### Analysis of Section III.

Because of the increasing number of part-time staff nurses employed in the hospital situation eliciting information concerning the extent to which the use of a part-time nursing staff was relevant to rotation activities seemed appropriate for this study. The analysis of this data was presented in this section.

Use of a part-time nursing staff. Sixty-eight or 90.7 per cent of the hospitals employed part-time nurses. Seven or 9.3 per cent did not employ part-time nurses. Three or 42.9 per cent of the seven hospitals without a part-time staff sometimes employed a nurse on a part-time basis to meet emergencies.

An investigation of the policies governing the employment of nurses on a part-time basis revealed that eight of the sixty-eight respondents with a part-time staff reported that their policies were designed to meet the needs of the nurse as well as the needs of the hospital. To indicate this fact it was necessary for them to use two or more of the possible responses offered to

the inquiry concerning their policies for the employment of part-time nurses. This resulted in a total of seventy-six responses from the sixty-eight directors of nursing service having a part-time nursing staff. In twenty-seven or 35.5 per cent of the responses part-time nurses stated the days they would be available to work and the director of nursing service stated the tour of duty they would work. In twenty-three or 30.3 per cent of the responses the director determined the days of the week and the tour of duty the part-time nurses would work. In twenty-six or 34.2 per cent of the responses the nurses determined the days of the week and the tours of duty they would work.

Relationship between use of a part-time nursing staff and problems resulting from rotation. Seventy or 93.3 per cent of the participants varied in their opinions with respect to this subject. A total of seventy-one responses were given to the inquiry concerning the relationship between use of a part-time nursing staff and problems resulting from rotation. Fifty-two or 73.2 per cent of the responses indicated that a part-time nursing staff served to relieve the problems of rotation and assignment. Fifteen or 21.2 per cent of the responses indicated a part-time nursing staff increased the problems of rotation. Four or 5.6 per cent of the re-

sponses indicated that the use of a part-time staff had no influence on the problems resulting from staff nurse rotation. Five or 6.7 per cent of the participants did respond to the inquiry.

Two of the respondents who indicated that a part-time staff relieved their problems of rotation qualified their answers with the following comments:

When the part-time nurse will work the evening  
— tour of duty.

This is so only on the day tour of duty.

The data concerning the use of a part-time nursing staff and its relationship to the problem of staff nurse rotation are presented in Tables XIV and XV.

TABLE XIV  
 POLICIES GOVERNING THE EMPLOYMENT OF PART-TIME NURSES AS REPORTED  
 BY SIXTY-EIGHT DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
The part-time staff nurse states the days she will be available to work and the director of nursing service states the tour of duty she will work.	27	35.5
The part-time staff nurse works the days of the week and the tour of duty that is determined by the director of nursing service.	23	30.3
The part-time nurse determines the days of the week and the tour of duty she will work.	26	34.2
	76	100.0

TABLE XV

RELATIONSHIP BETWEEN THE USE OF PART-TIME NURSES AND THE PROBLEMS OF ROTATION AS REPORTED BY SEVENTY DIRECTORS OF NURSING SERVICE

	Number of Responses	Per cent of Responses
1. A part-time nursing staff relieves the problems of rotation.	52	73.2
2. A part-time nursing staff increased the problems of rotation.	15	21.2
3. A part-time nursing staff has no influence on the problems of rotation.	4	5.6
	71	100.0



#### Analysis of Section IV.

In this section the recommendations offered by the directors of nursing service as possible solutions to the problems of rotation and assignment are presented. The analysis of these data resulted from one unstructured question posed as follows, "if your situation is relatively free of problems, in terms of rotating and assigning staff nurses, what is the secret of your success?"

Summary of the responses. Thirty-eight or 50.7 per cent of the respondents stated their situations were relatively free of problems and they included the methods which they used in their efforts to counteract such problems. Four or 5.3 per cent of the responses indicated that the major problems did not result from rotation and assignment practices, but from the personal problems of their staff and the shortage of help. Five or 6.7 per cent of the respondents stated that problems which were attributable to rotation and assignment were inevitable. Six or 8.0 per cent of the respondents were not free of problems in this area but included in their responses ways to decrease the problems that do arise. Twenty-two or 29.3 per cent of the respondents made no response to this inquiry.

Recommendations offered by the directors of nursing service. The following recommendations were elicited from responses of the participants indicating their methods for alleviating problems resulting from staff nurse rotation and assignment.

Be understanding of the nurse's individual personal preferences, domestic responsibilities and needs.

Use a float or part-time staff to minimize rotation and make it possible to give the nurse assignments which are more in accord with her request.

Use good personnel policies which provide adequate remuneration to the nurse working the evening and night tours of duty along with other fringe benefits.

Have an active in-service education program and incorporate into it the principles of cooperation and team spirit.

Stress hospital philosophy regarding standards of patient care and the necessary requirements to achieve such standards.

Be impartial in all dealings with the staff nurse.

Acquaint the nurse with policies for rotating and assigning the staff prior to her employment.

Include the evening and night personnel in policy-making, problem-solving and staff-education.

Provide an adequate interested supervisory group on all tours of duty.

Have the administrative nursing group plan cooperatively with the staff nurse to seek a solution when it is impossible to grant her special request.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### I. SUMMARY

The purpose of the study was to obtain information about the methods of rotation and assignment for staff nurses employed in general hospitals, to identify problems encountered in this process and to elicit from directors of nursing service their recommendations for alleviating these problems.

The population for the study consisted of a selected group of directors of nursing service employed by non-federal general hospitals.

The method of research used was the normative survey. The data was obtained by means of a confidential questionnaire which contained both structured and unstructured questions.

In order to simplify the analysis of the data it was categorized into four major sections and each major section was sub-categorized as necessary. Section I provided background information. Section II was concerned with methods for assigning and rotating the staff nurse group. Section III was concerned with the significance of a part-time staff as related to rotation

problems. Section IV contained the recommendations, offered by the directors of nursing service participating in the study, for minimizing problems encountered when planning rotation and assignment.

With the dearth of graduate nurses, it was interesting to note that the majority of the directors stated that with their present staff nurse complement it was possible to meet the demands made of it.

The analysis of the responses given by the participants revealed that 69.3 per cent used a rotation plan to some degree in order to provide graduate nurse coverage for patient care. However, 33.3 per cent of the participants stated that this function was not carried out according to an established plan. In 30.7 per cent of the responses nurses were employed to work a specified tour of duty.

The majority of the directors rotating their staff nurses encountered problems which fell into seven major areas.

Difficulty in securing enough nurses willing to work the evening and night tours of duty.

Difficulty in reconciling nursing responsibilities with home responsibilities and personal problems of the nurses.

Difficulty in getting nurses to abide by their rotation agreements.

Difficulty of having to depend on a part-time staff to relieve evening and night nurses.

Difficulty because many newly graduated nurses desire to work only the day tour of duty.

Difficulty because of the poor transportation facilities available to the nurses.

Difficulty because many nurses are desirous of administrative positions.

Rotation was a contributing factor to turnover and job dissatisfaction among the staff nurse group according to 32.7 per cent of the participants.

Responses of the participants revealed that 90.7 per cent employed staff nurses on a part-time basis. This served to relieve the problems of rotation according to 73.2 per cent of the responses.

The analysis of the data also disclosed that 66.7 per cent of the directors assigned their staff nurses in accordance with a plan. Approximately half, 54.0 per cent, of the participants encountered problems which fell into eight major areas in the process of planning assignments for their nurses. These were:

Difficulty because nurses limit themselves to a specific type of nursing.

Difficulty of granting the staff nurse's request to work in a special area and still meeting the needs of the hospital.

Difficulty because of the shortage of staff.

Difficulty because staff nurses are reluctant to change assignments.

Difficulty because nurses have varying capacities to meet the demands of the staff nurse position.



Difficulty because of personality conflicts within the staff.

Difficulty in providing unit orientation for the newly assigned nurses.

Difficulty in satisfying the head nurse and the supervisor.

Responses from the majority of the participants revealed that there was no significant relationship between assignments and job dissatisfaction and turnover. Five per cent believed assignments contributed to turnover and 6.7 per cent were of the opinion that it related to job dissatisfaction.

The following recommendations were elicited from responses of the participants indicating their methods for alleviating problems resulting from staff nurse rotation and assignment.

Be understanding of the nurse's individual personal preferences, domestic responsibilities and needs.

Use a float or part-time staff to minimize rotation and make it possible to give the nurse assignments which are more in accord with her request.

Use good personnel policies which provide adequate remuneration to the nurse working the evening and night tours of duty along with other fringe benefits.

Have an active in-service education program and incorporate into it the principles of cooperation and team spirit.

Stress hospital philosophy regarding standards of patient care and the necessary requirements to achieve such standards.



Be impartial in all dealings with the staff nurse.

Acquaint the nurse with policies for rotating and assigning the staff prior to her employment.

Include the evening and night personnel in policy-making, problem-solving and staff-education.

Provide an adequate interested supervisory group on all tours of duty.

Have the administrative nursing group plan cooperatively with the staff nurse to seek a solution when it is impossible to grant her special request.

## II. CONCLUSIONS

Nursing service directors do encounter problems when planning rotation and assignments for their staff nurses. However, problems related to assignment practices are less common than those related to rotation practices. From these findings, it seems logical to say that the staff nurse is more concerned about when she works than she is about where she works.

The majority of the directors of nursing service required some rotation of their nurses, but this appears to be an expediency measure. In many instances it was pointed out that were it possible to maintain a permanent staff on the late tours of duty rotation would not be required. But, since this is not possible, and rotation is required the trend seems to be towards a "more permissive attitude" in an attempt to maintain a stable staff.

From the remarks of the respondents concerning the problems they encounter in their endeavor to staff the units during the evening and night tours of duty, it appears that there is need for the staff nurse to recognize her responsibility in this area. Her seeming aversion to work these tours seems to indicate that she is unwilling to accept the fact that the hospitalized patient requires perpetual nursing care and that nursing service to a large extent is dependent upon her to render this care.

The directors of nursing service participating in this study showed a keen awareness of their responsibility to meet the needs of their personnel as well as the needs of the organization which employs them. The importance of good human relations in doing this was clearly indicated. However, it appeared that in some areas there is room for study.

One indication of this is the fact that 62.7 per cent of the respondents stated their time schedules were posted one week or less prior to the time they became effective. Yet it is said that the staff nurse should have sufficient time to plan her off-duty time and to adjust her home situation to her work situation.

Another indication for study is the fact that remuneration for evening duty and night duty is so meager. The majority of the respondents reported their staff nurses received a salary differential of less than thirty

dollars a month when scheduled to work the evening and night tours of duty. The fact that the majority of the directors of nursing service indicated difficulty in filling positions on these tours of duty allows for believing that the staff nurse may not feel this is sufficient compensation for the adjustment in way of life which is required of her when she works evening or night duty.

From the qualifying remarks offered by the respondents, it is not uncommon for a ward to solve its own rotation problems and for a staff nurse to share in making a decision when it has not been possible to grant her special request. The respondents seem to be well aware of the importance of problem-solving techniques which include the staff nurse as well as the administrative nursing group.

### III. RECOMMENDATIONS

The nurse administrator charged with the responsibility for planning rotation and assignments for nursing personnel should endeavor to acquire a thorough understanding of human relations. With such knowledge she will have a better understanding of the many human implications involved in the course of assuming her responsibility. It will give her some awareness of why the staff nurse reacts as she does to some of the necessary aspects of

her position; and it will serve to relieve her of many of the frustrations she now encounters in her endeavor to meet the needs of her staff and still provide adequate care for her patients.

Further study in this area seems imperative, especially with the increasing impetus toward meeting the individual's social, psychological and emotional needs. Where she works and when she works will have much to do with the extent to which the nurse finds satisfaction for these needs. Soliciting the head nurse's opinion regarding present day assignment and rotation practices should provide further insight into this problem. Also, a study of the staff nurse's reaction to this aspect of nursing service administration should prove to be worthwhile.

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APPENDIX A  
QUESTIONNAIRE  
AND  
COVER LETTER

University of Colorado  
206 Crosman Hall  
Boulder, Colorado  
May 3, 1960

Director of Nursing Service

Dear Director:

I am a graduate student at the University of Colorado, majoring in Nursing Service Administration. At present I am working on my thesis which is primarily concerned with planning rotations and assignments for staff nurses.

I have chosen this area for study because it is one that is such a controversial issue among nursing service administrators. Also, one which lends itself to a variety of opinions as to how it should be done and what problems are encountered as a result of it. I am eager to explore this subject in an attempt to determine if there is a consensus as to how it should be done and if the problems encountered are avoidable ones. Would you, as an administrator in the field of nursing service, please help me?

A questionnaire is attached. Your cooperation in completing it will be greatly appreciated. Enclosed is a self-addressed envelope so that you may return it to me. If at all possible, I would like it by May 21.

Please be assured that your identity and that of your hospital will in no way be revealed in the report of the study. You no doubt have noticed a code number on the envelope - this is solely for the purpose of follow-up on the questionnaires not returned.

Thank you very much for your assistance.

Yours truly,

Rosalie Guerrera



## QUESTIONNAIRE

The nurse administrator operates within a dichotomy which at one extreme infers she place the graduate professional nurse on the service of her choice or specialization and working the hours of her choice, while on the other extreme, there is the obligation to provide the patients with adequate nursing care at all times.

The purpose of this questionnaire is to gain information about your situation, how you function within this dichotomy and what problems you encounter as a result of it.

Definition of terms used:

Assignment: Placement of personnel in the clinical areas.

Rotation: Change in tour of duty, such as from day to evening duty or night duty.

Tour of Duty: Hours of duty an individual is scheduled to work.

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Section I: General information for background knowledge for the study.

Please check the answers which apply to your situation.

1. Type of hospital.
  - a. Government (state, municipal or federal) \_\_\_\_\_.
  - b. Non-government \_\_\_\_\_.
  
2. Staff nurses receive a differential pay in addition to their base pay when working other than day tour of duty.  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Differential pay for evening duty is \_\_\_\_\_.  
Differential pay for night duty is \_\_\_\_\_.
  
3. With your present complement of staff nurses, when all positions are filled, do you feel your supply meets the demand?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is no, do you think an increase in the number of nurses, assuming you would be able to fill the positions, would solve the problems you encounter when planning assignments and rotation for the staff nurse group?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Or, do you feel an increase in the complement of staff nurses would not help the situation because it would not be possible to fill the positions?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

Section II: Answers to these questions will provide me with information about your method of assigning and rotating staff nurses.

4. Do you have an established plan for rotating staff nurses from one tour of duty to another? Yes \_\_\_\_\_ . No \_\_\_\_\_ .

If answer is no, is it because all nurses are employed to work a specified tour of duty? Yes \_\_\_\_\_ . No \_\_\_\_\_ .

If answer is yes, how frequently are nurses rotated from one tour of duty to another?

- a. Every two weeks \_\_\_\_\_ .
- b. Every month \_\_\_\_\_ .
- c. Each clinical area has its own length of rotation period which is established through the cooperative efforts of the professional nurse staff in the area. \_\_\_\_\_ .

Does your system of rotation ask that the staff nurse work two or more tours of duty within a week?

Seldom \_\_\_\_\_ . Frequently \_\_\_\_\_ . Never \_\_\_\_\_ .

Do you feel your staff nurses are satisfied with the system of rotation in use at this time?

Yes \_\_\_\_\_ . No \_\_\_\_\_ . Usually \_\_\_\_\_ .

5. Do you have an established plan for assigning staff nurses to the clinical areas? Yes \_\_\_\_\_ . No \_\_\_\_\_ .

Is it possible to adhere to the plan?

Usually \_\_\_\_\_ . Seldom \_\_\_\_\_ . Never \_\_\_\_\_ .

6. Nurses are assigned from one clinical area to another:

- a. In accordance with their request \_\_\_\_\_ .
- b. As the situation demands, which could be very frequently or very seldom \_\_\_\_\_ .
- c. In accordance with an established plan such as:
  - 1. Spends less than a month on the same unit \_\_\_\_\_ .
  - 2. Spends a month on the same unit \_\_\_\_\_ .
  - 3. Spends more than a month on the same unit \_\_\_\_\_ .

7. Do you feel your staff nurses are satisfied with your present method of assigning them to the clinical areas?

Yes \_\_\_\_\_ . No \_\_\_\_\_ . Usually \_\_\_\_\_ .

8. If you had a stable staff, would you feel it necessary to change assignments periodically?

Yes \_\_\_\_\_ . No \_\_\_\_\_ .

If answer is yes, why?

Section II (Continued):

9. Please check one in order to indicate delegation of the responsibility for rotating and assigning staff nurses in your situation.
- a. Assignment to the ward is made by the nursing office and rotation to the various tours of duty is delegated to the head nurse in charge of the ward. (With this method it is assumed the head nurse works under the guidance of her supervisor.) \_\_\_\_\_.
  - b. Assignment to the clinical area is made by the nursing office. The day supervisor on the clinical area assigns her personnel to the wards in her area and plans for the rotation of the staff nurses assigned to her area. \_\_\_\_\_.
  - c. The nursing office assigns the staff nurse to the ward and rotates the staff nurses among the three tours of duty. The supervisor on each tour of duty prepares a schedule of weekly days off for the personnel on her tour of duty. \_\_\_\_\_.
  - d. One member of the nursing office staff is delegated the responsibility for rotating and assigning the staff nurse group. \_\_\_\_\_.
  - e. None of the above apply to my situation. \_\_\_\_\_.

If answer is "e", please explain your method.

10. How far in advance are scheduled hours of duty posted before effective?
- a. Less than a week in advance. \_\_\_\_\_.
  - b. One week in advance. \_\_\_\_\_.
  - c. Two weeks in advance. \_\_\_\_\_.
  - d. More than two weeks in advance. \_\_\_\_\_.
11. What is your plan for emergency adjustments in the rotation plan?
- a. Nursing personnel budget allows for employing prn nurses on a daily basis to cover emergencies. \_\_\_\_\_.
  - b. Usually situation is handled without adjusting schedule of hours of duty, but may require that personnel be moved from one clinical area to another for a brief period. \_\_\_\_\_.
  - c. Usually it is necessary to change someone's hours of duty in order to meet the emergency. \_\_\_\_\_.
12. If situation demands that scheduled hours of duty must be changed, who has the privilege of making this adjustment?

Section II (Continued):

13. What consideration is it possible to give the nurse regarding her desire to be assigned to a special area?
- a. According to policy all personnel are employed to work in the area they are needed and this must be the first consideration when assignments are made.
  - b. In most instances it is possible to consider request for special assignments.
  - c. In most instances it is not possible to consider request for special assignments.

\_\_\_\_\_°  
\_\_\_\_\_°  
\_\_\_\_\_°

14. What consideration is it possible to give the nurse regarding her desire to work a special tour of duty?
- a. It is possible to grant request for tours other than day duty.
  - b. It is always possible to grant request regardless of the tour of duty.
  - c. According to policy all personnel are employed to work the hours they are most needed and this is the first consideration when scheduling hours of duty.

\_\_\_\_\_°  
\_\_\_\_\_°  
\_\_\_\_\_°

15. Do you routinely employ part-time nurses?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes,

- a. They are expected to work when and where needed for the number of days they wish to work.
- b. They are employed for a specific tour of duty and to work on specified days in the week - both of which are determined by the nursing office.
- c. They are employed for a specific tour of duty and for specified days in the week - both of which they determine.

\_\_\_\_\_°  
\_\_\_\_\_°  
\_\_\_\_\_°

16. In your opinion, the use of part-time nurses,
- a. Helps to relieve the problem of staff nurse rotation.
  - b. Because of their unwillingness to work the days and hours most needed, increases the problem of staff nurse rotation.
  - c. Has no influence on the problem caused by staff nurse rotation.

\_\_\_\_\_°  
\_\_\_\_\_°  
\_\_\_\_\_°

Section III: It is important to this study that the following information is obtained from you. Your cooperation in answering these questions will be greatly appreciated.

17. What are the major problems you encounter when rotating staff nurses?

What are the major problems you encounter when assigning the staff nurses?

Section III (Continued):

18. Do you feel that rotation of personnel has been a contributing factor to personnel turnover and job dissatisfaction among your staff nurse group? If answer is yes, can you suggest a solution?

Do you feel that assignment of personnel has been a contributing factor to personnel turnover and job dissatisfaction among your staff nurse group? If answer is yes, can you suggest a solution?

19. During the course of a termination interview, does the staff nurse frequently give rotation as the reason for resigning?
20. If your situation is relatively free of problems, in terms of rotating and assigning staff nurses, what is the secret of your success?

APPENDIX B  
FOLLOW-UP POSTAL CARD



FOLLOW-UP POSTAL CARD

May 23, 1960

Dear Director:

~~On~~ May 3, 1960 a questionnaire concerning a study of staff nurse rotation and assignment practices was mailed to you.

It will be greatly appreciated if the completed form is returned as soon as possible.

Rosalie M. Guerrero