

# Job dissatisfaction spurs nursing shortage

By Caroline Park

## NURSING ROLE

There is currently a shortage of nursing personnel in hospitals and nursing homes in Canada. The situation appears to be getting worse and action is needed to reverse the trend. The Alberta Hospital Association's (A.H.A.) lengthy study of nursing manpower needs, conducted in 1980, recognized that the *shortage* was due to the unwillingness of nurses to continue to work in hospitals under the present circumstances. Nurses are retiring early, changing occupations and making many lateral job changes between nursing agencies. (Weisman et al., p. 116).

Are working conditions in hospitals worse today than they were 10 to 20 years ago when a nursing shortage didn't exist? In many ways conditions are better. Hours of work are more reasonable, salaries are higher, benefit packages are better, technological support has improved, and nurses generally have more opportunities to improve their education.

In other ways conditions are worse. The same technological advances which often assist the nurse have also made her work much more complex and demanding. The lure of other professions, now socially acceptable to women, which offer better opportunities for growth and advancement, has drained the supply of intelligent and motivated individuals wishing to become nurses. Inflation and salary increases have stretched hospital budgets to the point that proportionately fewer nurses are being hired. These factors make a nurse's job harder, even in fully staffed institutions.

Finally, some of the circumstances have remained the same. The values and structure of the hospital system have changed very little. The hierarchical structure, nurse-doctor relationships, and the attitudes of managerial staff seem unchanged from those of 10 or 20 years ago.

This paper's hypothesis is that nurses have changed subsequent to the changing forces in society so that they no longer view institutional nursing, as it exists today, as a worthwhile endeavor.

The falling birthrate has been cited (Read, 1981) as a reason for the nursing shortage. But, from a statistical viewpoint, this is not so. Manpower is still available. From 1951 to 1966, 6.6 million babies were born in Canada, 1.5 million more than expected when compared to the previous and following 15 years. (Kettle, 1980). This was Canada's baby boom. Today, the 6.6 million babies are between 16 and 32 years of age. Some are nurses in hospitals; others are student nurses and prospective students.

Between June and September 1980, 64 percent of the nurses who resigned from their jobs in Alberta were less than 30 years old and more than half had less than five years experience. (A.H.A., 1980, p. xxiv). Therefore, the majority were born during the baby boom. The main reason cited for leaving was the need for change, often linked to insufficient challenge. To understand this phenomenon, hospital administrators must understand the society which shaped the baby boom generation.

### Baby boom's early years

The post-depression economic boom changed the lives of most Canadians. Parents entered into a period of affluence that they had never known before. They bought cars, appliances, homes, T.V.'s and every item their children could possibly need. However, their values remained the same. They still went to church, stayed with the company until retirement and bought life insurance. Their children, on the other hand, have known nothing but affluence and have little or no reason to associate rewards with hard work.

At the same time, Dr. Spock's advice in his 1946 bestseller *Common Sense Book of Baby and Child Care*, was stimulating change in the child-rearing practices of parents in the 50s and 60s. Spock suggested that parents relax and trust their instincts. He advocated permissiveness in relation to feeding schedules, toilet training and

discipline. But, to his dismay, Spock became associated with social and moral permissiveness as well, Jones (1980) states that the parents believed that if they devoted themselves entirely to child raising, their children would become the brightest, healthiest, and most assured kids in the world. Millions of parents devoted themselves to raising children in a loving but permissive environment. The children weren't made to conform to rules and regulations and were encouraged to act out their aggressive feelings. When something went wrong, it was generally viewed as the parents' fault.

### Television viewing

The impact of television on these children has been difficult to assess, but certainly they were the first to be exposed to television from infancy. Correlation studies link T.V. viewing to passivity, as well as violence, indicating that this generation is "different" than its predecessors. But it is difficult to imagine that television is responsible for these behaviors.

Attitudes were also changing in education. The views of John Dewey, thought to be progressive at the time, were being incorporated into the school system Dewey's philosophy was to show children how to cooperate and help one another and to "accumulate and assimilate experience" rather than to passively absorb information. (Kettle, 1980, p. 61). As with the generalization of Spock's ideas to social and moral norms, this educational philosophy led to the de-emphasizing of rules, regulations and testing in



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schools. Competition between classmates was discouraged. In "progressive" schools children no longer failed, nor was excellence rewarded.

These concepts were being introduced in Canada at a time when the school system was straining to accommodate the baby boom. Teachers were undertrained and overworked. Classes were large. Experiments with open classrooms and mixed grades flourished. The system became chaotic. "After 1970 it became hard to find anyone who had a good word to say about the schools or the teachers". (Kettle, 1980, p. 75).

Children raised in this atmosphere believed "equality for all" and "I can't fail if I try hard. They had never failed. They were gratified. Their parents worked to provide the best for this "promised" generation, and in most cases, suppressed their own needs in order to give their children everything. These factors assisted in changing the goals of young adults from the basic drives of obtaining food and shelter and propagating to that of personal self-fulfilment.

These are just a few of the factors that influenced the development of the baby boom generation. Advances in medicine, the movement to the cities, general mobility and the decreasing value placed on the nuclear family, the church and the government also contributed significantly.

A large group of young adults are entering the work force looking for challenging jobs that will help them fulfil their personal needs of development. These young adults have always been able to choose what they want to do and have not been forced to work for work's sake or for a reward, only for their personal fulfilment.

According to Partridge, (1978), nursing should reflect society which generally is a sign of vitality in the profession. Vitality or not, the feeling that work does not have to be the centre of one's life is reflected. In the A.H.A. Nursing Manpower Survey, personal feelings of accomplishment ranked as most important to the job satisfaction

of R.N.'s, with job independence and initiative rated second. (A.H.A., 1980, p. xx).

These expectations do not fit the popular nursing image of subservience, routine, and devotion. Young nurses are not going to change their values easily. Employers may find it easier to change the work. The nursing shortage will decrease when the work meets the expectations of the workers, or the workers change their expectations.

### Future beckons

Knowing these factors, institutions can take one of two approaches. One is to suffer through a nursing shortage with dissatisfied staff and hope that the failing economy and today's parents are raising children who, 20 years from now, will happily assume the existing nursing role. The second is to change the nursing role to make it more appealing to the baby boom generation. This can be done by offering incentives to young nurses, more promotional opportunities, and opportunities for nurse autonomy at the unit level.

### Incentives

To attract nurses, a hospital must offer salaries which are competitive with other nursing positions in the area, as nurses are a mobile group. Additional drawing cards or motivators in the incentive category include a variety of shift choices, four, eight, 10 or 12 hours, child-care facilities, shared or split jobs, shift differentials, a reduction of non-nursing responsibilities, an "on-Cali" septet of nurses for emergency periods and a floating staff pool within the institution, which is restricted to working the less desirable shift periods so that permanent full-time nurses get the majority of the Monday to Friday day shifts.

### Promotional opportunities

Nurses are interested in careers. Career ladders in clinical practice are an interesting suggestion (e.g., to move from general duty nurse, to team leader, to clinical specialist).

Financial reward for clinical competence would be a strong motivator for many nurses. Promotion to a Monday to Friday position in a clinic is often feasible. Wolf (1981) also suggests that management pay head nurses in accordance with the size of the unit they manage and promote them to larger units as appropriate.

### Autonomy at the unit level

Ideas to increase autonomy can range from merely listening to nurses and putting their ideas into practice, establishing nursing committees that deal with recruitment, retention and nursing practice, or a "joint practice" where one doctor and one nurse plan the care for a group of patients. The most appropriate move would be to involve nurses on decision making committees and slowly decentralize the nursing units so that nurses manage their own staffing and patient care. Primary nursing and shift rotations might follow a different pattern on each unit. Araujo (1980) suggested several other ideas including:

- Involving staff nurses in follow-up outpatient visits;
- Building tenure into rotation;
- Permitting interested staff nurses to "try-out" other units of specific interest and
- Staff participation in specialized education programs.

The introduction of innovative approaches to incentives, promotion and autonomy can make nursing a challenging and rewarding career for any generation. Nurses have found it difficult to express this need for increased job satisfaction. They have resigned instead. Employers and consumers can understand salary and work hour demands more easily than demands for challenge and autonomy. □

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