The author investigates the relative importance of six specific components of job satisfaction among nurse anesthetists by studying current levels of job satisfaction in a sample group of CRNAs in southwestern Pennsylvania.

Rapid changes in the health care field include the increasing numbers of professionals and paraprofessionals, a growing emphasis on the team approach with resultant effects on interactions, increasing demands for independence and occupational status, threats of unionization, and the reality of cost containment. With these changes have come a re-evaluation of roles and an increasing recognition of the importance of factors affecting the job satisfaction of the health professional.

Lack of job satisfaction has been linked not only to turnover, absenteeism, tardiness, waste, grievances, and accidents, but also to employee receptivity to change, loyalty, commitment to organizational objectives, and degree of participation and contribution.

In considering just one of these factors, personnel turnover, a study at the University of Minnesota Hospitals and Clinic revealed that the average turnover cost per employee was $608.41. At that institution, the annual figure was slightly over $1,000,000 or about 2% of the operating budget.

With the increasing budgetary problems faced by health care institutions, the manager's awareness of those factors which affect the satisfaction of the employees can have significant impact on the organization. However, no manager can reasonably expect to have complete control over job satisfaction since this would require both knowledge of and control over all employee-related and environmental factors. This does not, however, negate the importance of manager awareness of factors which influence job satisfaction. These concerns also apply to the field of anesthesia.

As Parkhouse states in his article concerning the job satisfaction of anesthesiologists in England, "It is misguided to exaggerate the importance of every grumble, and psychologically inept to overlook the not infrequent healthfulness of complaint. But in a large and expanding specialty, where there is an interdependence between quality and quantity which determines the future, indifference to or underestimation of its significance may be highly dangerous."

This article contains an overview of the nurse anesthesia profession with relation to factors affecting job satisfaction. A general discussion of previous research precedes the survey and original research on nurse anesthetists.

**Literature review**

Extensive research has been done in the general area of job satisfaction. Hoppock's review of the literature in 1938 revealed 32 investigations that had yielded data on the extent of dissatisfaction. Beginning in the late fifties, Herzberg ini-
iated many investigations on job satisfaction, attempting to define job factors and their effects upon satisfaction and dissatisfaction. Since that time the number of studies concerning various aspects of job satisfaction have greatly increased. (A medline search was utilized by the author to identify job satisfaction studies involving health professionals and to select those studies suitable to review.)

Studies involving members of a specific profession or occupation or involving all employees of a selected institution have been undertaken. These studies were structured to produce data on various aspects of job satisfaction such as general levels of satisfaction, possible effects of a lack of satisfaction, or a combination of these investigative tracks.

Although some studies have utilized interview techniques, the majority have relied upon questionnaires to obtain their data. Researchers attempting to replicate the work of Herzberg by investigating satisfiers and dissatisfiers have used standardized forms such as the Job Characteristic Inventory, or the Job Descriptive Index. have revised forms developed by other researchers, or have designed their own questionnaires to emphasize job factors which had been determined to be relevant to the field under investigation.

Although the health field is not devoid of job satisfaction research, the majority of the studies reviewed by the author have investigated the nursing profession in general. A few studies have also been published concerning respiratory therapists, medical technologists, physical therapists, physician assistants, and cross sections of hospital employees. For our study on nurse anesthetists, the two most relevant studies are an interdisciplinary study by Stamps and colleagues on the measurement of work satisfaction of health professionals and research into the job satisfaction of physician assistants by Perry.

Stamps and associates investigated six job factors: pay, autonomy, task requirements, organizational requirements, interaction, and job status. The purpose of their study was to determine both the relative importance of these six factors and current levels of satisfaction. The importance of these factors varied with work setting and health profession.

In their suggestions for further investigations, the researchers noted that they had omitted the area of physical working conditions, and the areas of shifts, hours, and amount of work were only indirectly suggested. They also felt that investigation into the doctor-nurse relationship, a special type of interaction that is unique to the health care setting was warranted.

The relevance of the Perry study to the study in this article is based upon the fact that both physician assistants and nurse anesthetists can be considered "mid-level" health professionals. The objectives are similar, as well, for in his study of general levels of the physician assistant's job satisfaction relative to the problems of acceptance for a "mid-level" profession, Perry identifies certain job factors as appearing to be determinants of job satisfaction. These are: professional and personal support provided by one's supervising physician, amount of responsibility for patient care, opportunities for career advancement, and location in a smaller community.

In the field of anesthesia, two reports discussing job satisfaction have been published; both concern anesthesiologists. One study, by Parkhouse, used a questionnaire which was sent to 130 anesthesiologists in the Manchester region of Great Britain. Information was obtained on what anesthesiologists do to occupy themselves professionally and what satisfactions and frustrations result. The data that was collected indicated that 21% were dissatisfied with their jobs. The major sources of dissatisfaction were the poor quality of the junior staff and too much time committed to routine work in the operating room, preventing them from participating more as members of the medical team.

The other published report was not an actual study but was a general discussion of the problems concerning the anesthesiologist in Canada. Rigg and Harries view the major dissatisfactions of the anesthesiologist as low status, little opportunity for involvement as part of the medical team due to commitments in the operating room, and a manpower shortage.

Neither of these articles cite dissatisfactions that are relevant to the situation of the nurse anesthetist. The major source of dissatisfaction for anesthesiologists according to both articles is the low status of the anesthesiologist as compared to other medical specialties, whereas the nurse anesthetist is generally accorded a higher status than general duty nurses.

A study on job satisfaction of nurse anesthetists

After reviewing the literature, the author selected six job factors that were probably the
major determinants of job satisfaction for nurse anesthetists.

Anesthesiologist support was considered equivalent to physician support cited by Perry and to the doctor-nurse relationship suggested as an additional component by Stamps. The nurse anesthetist study would also include most aspects of Stamps' component organizational requirements because of the structure of anesthesia departments, as well as facets of Herzberg's factors of company policy and administration, supervision, and recognition.

Autonomy was selected as an important occupational component by Stamps; as it would be defined in this study, it includes Perry's responsibility factor and Herzberg's opportunity for achievement and responsibility factors.

The importance of interactions was determined by Herzberg and Stamps. By defining this factor to include the quality of the interaction and mutual respect, the component of job status would be incorporated.

Pay was considered to be an important factor in job satisfaction by Stamps and Herzberg and would thus be incorporated. The work itself would be included as a factor since it was specified as an influential job factor by Herzberg and utilized by Stamps as the component task requirements and as an aspect of job status. The environmental influence of working conditions as described by Herzberg would also be included.

In summary, the six job factors selected would include some aspect of almost all components of job satisfaction as described by Herzberg, Stamps and her colleagues, and Perry. Although Perry found advancement to be a determinant of job satisfaction for physician assistants, studies attempting to replicate the work of Herzberg investigating hospital employees did not find this to be a significant factor.

Other job factors may also influence the satisfaction of nurse anesthetists, however, the purpose of the research described in this article is to investigate a specific, limited number of job factors. An investigation of all possible job factors is beyond the scope of this study.

The six job factors are limited by the following definitions:

- Anesthesiologist support—acceptance of the nurse anesthetist as a contributing team member, help in improving clinical skills, and recognition for work well done.
- Autonomy—opportunities for initiative, decision-making responsibility, and personal achievement.
- Interactions—cooperation of health professionals, other than anesthesiologists, functioning as a team; mutual respect for personnel encountered in performance of duties.
- Pay—compensation including fringe benefits and possibility of increases.
- Work itself—tasks involved in the administration of anesthesia.
- Working conditions—including quality of equipment, availability of supplies, case load, and work schedules.

The procedure

Data on the relative importance of the job factors and job satisfaction of nurse anesthetists was collected by using a questionnaire. This method enabled responses to be obtained from more people within a limited time period than if an interview technique had been utilized and, assuming there is objective quantification of the data, there is a greatly reduced possibility of a biased interpretation on the part of the investigator.

The questionnaire was designed using that of Stamps and colleagues as a model, since the objective of their investigation was similar to the objective of the nurse anesthetist research project.

The questionnaire had three sections. The first section contained questions seeking general information about the respondents: the size of the hospitals in which they work, their employers, the number of years in anesthesia, and their responsibilities.

The second section defined the six job factors. They were initially presented in alphabetical order so that no order of importance was suggested. The objective of this section was to determine the relative importance of the six job factors for the respondent. To obtain this rank order, a paired comparison technique was used. Each factor was in turn paired with every other factor and the respondent was asked to select which of the paired factors was relatively more important to them for their personal job satisfaction. This method yielded a score for each factor which had a relatively small error of estimate.

The last section contained attitude statements relating to each job factor and to general job satisfaction. The objective of this section was to obtain data concerning current levels of satisfaction that are related to the respondents' current jobs. There were four attitude statements, two positive and two negative, pertaining to each job factor and to general job satisfaction.

Statements from the Stamps, Hoppock, and Perry questionnaires were incorporated into the
questionnaire, with revisions and additions to make it applicable to the work situations of nurse anesthetists. Respondents were asked to evaluate each statement on a four point “Likert-type” scale of strongly agree, agree, disagree, or strongly disagree.

To score the items, the responses were credited 4, 3, 2, or 1 point respectively from the favorable to the unfavorable. For example, strongly agree with a positive statement received 4 points as did strongly disagree with a negative statement. Scores of 1 or 2 indicated dissatisfaction with the concept referred to in any one statement and scores of 3 or 4 indicated satisfaction.

Since each job factor was represented by four attitude statements; scores of 8 or below indicated dissatisfaction with the factor, scores of 12 or above indicated satisfaction, and scores of 9 through 11 were considered to be an intermediate range. Using this technique, each individual received a score on his/her satisfaction with each factor and the general work situation. It must be emphasized that the Likert scale measures attitudes only in the sense that individuals can be given a rank order according to attitude intensity.

Likert’s method assigns equal weight to all items although it is unlikely that all items will be phrased equally as positive or as negative. It has been found that if the items are properly worded, scales obtained by the Likert method are satisfactory for most of the purposes for which the scales are likely to be used. Stamps found a correlation of .86 between using a weighted and an unweighted score with a 7-point Likert scale. It is therefore assumed that the unweighted scores in the present research are satisfactory to determine general levels of job satisfaction.

The questionnaire was pretested on a group of ten student nurse anesthetists. As a result of the pretest the directions for the second section were made more concise and a number of the attitude statements were revised to clarify the object of the statement. The front page of the questionnaire was also revised to allow space for the respondents to make comments.

Data from the questionnaires was analyzed:
1. To determine the relative importance of the six job factors for nurse anesthetists.
2. To compare possible different rankings of the job factors depending upon the nurse anesthetist’s responsibilities.
3. To determine general levels of job satisfaction.
4. To compare levels of job satisfaction of nurse anesthetists by hospital size, employer, length of time in anesthesia, and responsibilities.
5. To determine if specific factors correlate with low levels of satisfaction.

After the revisions based on the pretest were made, a total of 491 questionnaires were sent to all AANA members in Pennsylvania Educational District 5 (in southwestern Pennsylvania). The return envelopes were coded to allow for a second mailing to non-respondents.

Research methodology

Assumptions. In considering this research project, several assumptions were made in the methodology. The first is that although job satisfaction may not be independent of other life satisfactions such as family relationships, health, and social status, it is still possible to investigate certain job factors as areas affecting that satisfaction which comes from work. Another assumption is that it is possible to be satisfied with one aspect of work and be dissatisfied with other aspects. The composite attitude toward the work situation will be a result of the relative importance of the factors with which one is satisfied or dissatisfied and the intensity of the feelings.

It is also assumed for this study that job satisfaction and dissatisfaction lie at opposite ends of a continuum. It is realized that there are persons and situations in which the degree of satisfaction will vary from day to day but it is assumed that in most cases, the range of the degree of satisfaction will be narrow and that the proportion of persons who view themselves as dissatisfied on one day will not vary greatly from the proportion that would rate themselves dissatisfied on another day. The validity of the questionnaire is also assumed.

Limitations. One obvious limitation of the research is that there are only six job factors investigated. Although these factors have been considered to be the most relevant to other health professionals, other factors may also be important to the job satisfaction of nurse anesthetists. This research includes only AANA members in Pennsylvania, Educational District 5. Therefore, the results may not be generalized to the total population of nurse anesthetists, both AANA members and non-members.

Other studies have revealed that, for some professionals, location affects job satisfaction. In areas of the country where there are large numbers of freelance anesthetists or nurse anesthetists working in group practice and providing staffing at a number of hospitals, the relative importance of the job factors and the factors themselves would prob-
ably vary. Even for southwestern Pennsylvania, the results of the study would only indicate a general trend and would not be applicable to all anesthesia departments.

It was also decided to keep the questionnaire as brief as possible on the assumption that more nurse anesthetists might take the time to complete it. Finally, with a limited number of statements used, the data obtained might not be quite as accurate or specific as if many more detailed statements were used for each job factor.

**Results**

**Subjects.** From the first mailing of 491 questionnaires, 246 were returned. The second mailing, limited to non-respondents, resulted in a return of 47 additional questionnaires, giving a total return of 293 or 60%. Nine questionnaires could not be utilized since all sections were not completed.

Of the 284 anesthetists who completed questionnaires, 252 were employed by hospitals, 30 were employed by anesthesia groups, and two were freelance anesthetists. Eighty-four of the anesthetists had teaching responsibilities and forty-three were involved with administrative tasks. (An analysis by hospital size and number of years in anesthesia is given in Table 1.)

| Table 1 |
| Analysis of respondents by hospital size and number of years in anesthesia |
| Hospital size and number of years in anesthesia | Under 200 | 201-499 | 500 | Totals |
| Years in Anesthesia |  |  |  |  |  |
| 0-5 | 9 | 55 | 29 | 93 |
| 6-10 | 6 | 46 | 18 | 70 |
| 11-15 | 3 | 31 | 11 | 45 |
| Over 15 | 15 | 49 | 12 | 76 |
| Totals | 33 | 181 | 70 | 284 |

**Apparatus.** As indicated by the scores for the attitude statements relating to general satisfaction with present jobs, the major proportion of the anesthetists who responded were satisfied. A group of 158 anesthetists had scores indicating that they were generally satisfied; only 32 indicated that they were dissatisfied and the remainder were in an intermediate range. In comparing the proportion of anesthetists who were satisfied with their jobs on the basis of employer, hospital size, and responsibilities, the differences were not statistically significant.

The group of anesthetists who had been in anesthesia for more than 15 years had a larger proportion of anesthetists who indicated that they were satisfied with their jobs than did other groups. The level of significance was .01 when compared with the group who had been in anesthesia for five years or less and .05 when compared with the groups who had been in anesthesia for 6-10 years and 11-15 years. The difference in proportions when comparing the three groups to each other were not statistically significant.

To analyze the other aspect of job satisfaction—dissatisfaction, the proportion of anesthetists who indicated by their scores that they were dissatisfied with their jobs were compared by group. The differences in proportion of anesthetists who were dissatisfied with their jobs are not statistically significant when analyzed on the basis of hospital size, number of years in anesthesia, or responsibilities.

Using the employer as the discriminating factor, the differences between groups were statistically significant at the .05 level, with a greater proportion of anesthetists employed by anesthesia groups indicating job dissatisfaction.

The rank order of the six job factors from most important to least relative importance for the entire group of surveyed anesthetists was (1) pay, (2) working conditions, (3) autonomy, (4) anesthesiologist support, (5) work itself, and (6) interactions. Very little variation was found when comparing the different groups with the overall rankings. Although the relative order of the job factors was not altered, anesthetists with teaching responsibilities ranked pay and working conditions and anesthesiologist support and work itself to be of equal importance.

Anesthetists who are responsible for administrative tasks ordered the job factors the same as the general group, except for reversing the fifth and sixth factors of work itself and interactions. The two groups that were significantly more satisfied or dissatisfied with their jobs—anesthetists who had been in anesthesia longer than 15 years and anesthetists employed by anesthesia groups—ranked the factors differently than the general population. (A comparison of the rankings and scores for each factor is presented in Table 2.)

Satisfaction with each of the six job factors was assessed through a summation of the attitude statement scores relative to each job factor. (The order of the job factors from least satisfaction to most satisfaction and the percentage of anesthetists satisfied with each factor is presented in Table 3.)

No significant differences were found when
comparing the rank order of dissatisfaction with the six job factors of the various groups. Assessment of satisfaction with each factor was made on the basis of the sum of the scores for the four attitude statements relating to the factor. Satisfaction scores for specific concepts represented in the attitude statements showed significant variation within any one factor. For example, although 62.3% of the anesthetists surveyed were dissatisfied with the pay factor, 88.5% indicated dissatisfaction with the aspect of pay scales while only 52.3% were dissatisfied with the fringe benefits.

Other aspects of the six job factors which had relatively higher percentages of anesthetists dissatisfied were: recognition of anesthetists' work by anesthesiologists (52.7%), willingness of anesthesiologists to help anesthetists improve skills (30.5%), opportunity to re-structure tasks (38.7%), cooperation between personnel (39.4%), concern with specific tasks rather than teamwork (55.2%), present salary (67.0%), rate of pay increases (79.2%), and the work schedule (30.1%).

Using the Pearson coefficient of correlation, correlations were calculated between scores indicating job dissatisfaction and scores for (1) the factor that had been ranked as the most important to the anesthetist, (2) the pay factor, since anesthetists had indicated the lowest levels of satisfaction with the pay factor while it was also considered most important, and (3) the anesthesiologist support factor, since anesthetists employed by anesthesia groups were significantly more dissatisfied with their jobs. Only scores from those anesthetists who indicated dissatisfaction with their jobs were used in this analysis since the objective was to determine if specific factors correlate with low levels of satisfaction.

The correlation coefficient resulting from comparing scores on job satisfaction and the factor ranked most important to the anesthetist was .26. The correlation coefficient of −.05 resulted from comparing scores for the pay factor and job satisfaction. Comparing the scores for anesthesiologist support and job satisfaction resulted in a correlation coefficient of .27.

Nineteen of the questionnaires had comments

### Table 2
Relative ranking of job factors from most important to least important with scores for each factor

<table>
<thead>
<tr>
<th>Rank</th>
<th>Total group</th>
<th>Employed by Anesthesia group</th>
<th>In Anesthesia over 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pay (69)</td>
<td>Pay (8)</td>
<td>Working conditions (17)</td>
</tr>
<tr>
<td>2.</td>
<td>Working conditions (56)</td>
<td>Autonomy (7)</td>
<td>Work itself (11)</td>
</tr>
<tr>
<td>3.</td>
<td>Autonomy (45)</td>
<td>Anesthesiologist support (4)</td>
<td>Pay (10)</td>
</tr>
<tr>
<td>4.</td>
<td>Anesthesiologist support (36)</td>
<td>Interactions (3)</td>
<td>Anesthesiologist support (9)</td>
</tr>
<tr>
<td>5.</td>
<td>Work itself (28)</td>
<td>Working conditions (2)</td>
<td>Interactions (8)</td>
</tr>
<tr>
<td>6.</td>
<td>Interactions (22)</td>
<td>Work Itself (1)</td>
<td>Autonomy (6)</td>
</tr>
</tbody>
</table>

*Note: Not all questionnaires could be included in this section since not all items were completed.*

### Table 3
Percent of anesthetists satisfied with each job factor

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pay</td>
<td>37.7</td>
</tr>
<tr>
<td>2.</td>
<td>Anesthesiologist support</td>
<td>79.2</td>
</tr>
<tr>
<td>3.</td>
<td>Autonomy</td>
<td>86.0</td>
</tr>
<tr>
<td>4.</td>
<td>Interactions</td>
<td>90.0</td>
</tr>
<tr>
<td>5.</td>
<td>Working conditions</td>
<td>97.2</td>
</tr>
<tr>
<td>6.</td>
<td>Work itself</td>
<td>100.0</td>
</tr>
</tbody>
</table>
which referred to specific problems that were not assessed in the questionnaire. Comments reflecting additional problems with the anesthesiologist support factor included: "lack of direction from the chief with no delegation of responsibility;" "lack of interest in the pay and benefits of the anesthetists;" "inappropriate supervision, with too much at times and inadequate at other times;" "tendency to blame anesthetists for problems but keep praise for themselves;" and "lack of development of their own clinical skills."

Specific problems with pay and benefits included the following comments: "no overtime pay for too-long days," "inadequate raises," and "no provisions for continuing education." Personnel policies that were not standardized but left to the erratic administration of the chief of the department also affected job satisfaction. It was also suggested that another factor that might need to be considered in assessing job satisfaction was whether or not anesthetists are the sole support of themselves or their families.

Discussion

Of the 284 anesthetists who completed the questionnaire, 56.6% indicated that they were satisfied with their present jobs, 11.5% were dissatisfied, and the remainder scored in an intermediate range. Occupational satisfaction, as assessed by the work itself, has a 0% level of dissatisfaction. Although 21.1% indicated that they would not be anesthetists if they could make a career decision again, this does not seem to be a significant figure since 36.8% of physician assistants gave similar responses when asked the same question while their level of occupational satisfaction was considered to be comparable to other professionals.20

A larger proportion of anesthetists employed by anesthesia groups were statistically dissatisfied with their jobs. Specific sources of dissatisfaction may be the personnel policies of departments with this structure, the added aspect of employer-employee relationship between the anesthetists and the anesthesiologists, or merely a result of the small sample size of this group (30 persons). Perhaps a greater proportion of the effect may be the result of the relationship between the anesthetists and the anesthesiologists since the interpersonal job factors are relatively more important to this group.

The group of anesthetists who had been in anesthesia for longer than 15 years contained a larger proportion of anesthetists who were satisfied with their jobs. Other studies have found similar results.20 This fact could be the result of a change in the job-related value system as indicated by the change in the relative order of importance of the job factors. The change in ranking results in the working conditions and the work itself factors being ranked as most important; these two factors also have the highest levels of satisfaction. This could also be an effect of the general increase in life satisfaction that usually occurs with maturity.

For the total group surveyed, the ranking of job factors from the most important to the least important was: (1) pay, (2) working conditions, (3) autonomy, (4) anesthesiologist support, (5) work itself, and (6) interactions. The ranking of job factors from those with the lowest scores for satisfaction to those with the highest was: (1) pay, (2) anesthesiologist support, (3) autonomy, (4) interactions, (5) working conditions, and (6) work itself. With the current rate of inflation, it is not surprising to the author that such a large percentage of the anesthetists are dissatisfied with pay and, with this level of dissatisfaction, that it has become relatively so important as compared with other studies.1

No significant effects could be related to hospital size or the responsibilities for teaching or administrative tasks upon the proportion of satisfied or dissatisfied anesthetists, the relative importance of the job factors, or the satisfaction with any of the job factors.

No correlation was found between the scores for job satisfaction and the scores for the pay factor. Very low correlations were established between the scores for job dissatisfaction and the scores for the specific most important factor to the anesthetist and the anesthesiologist support factor, .26 and .27 respectively. Inability to establish a higher correlation is probably indicative of the complexity of the concept of job satisfaction as being the product of a number of factors of varying importance.

Since job satisfaction is a complex employee specific attitude and the product of various job factors, it is important that the department managers have an awareness of the approximate relative importance of these factors and possible areas of departmental dissatisfaction. Although managers are experiencing increasing difficulty in obtaining raises for their employees, an evaluation of the specific dissatisfactions with the pay scales and rates of increase should be considered. For example, the source of dissatisfaction with pay scales could be the anesthetist's salary limitations or the relative salary level as compared with other employees.

With the impact of many factors on job satisfaction, other areas of possible dissatisfaction

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should also be reviewed and appropriate changes encouraged. Specific to the anesthetist-anesthesiologist relationship are dissatisfactions with the amount of recognition the anesthetist receives for work well done, the quality of the teamwork, and the freedom that anesthetists have to re-structure their tasks within medically accepted guidelines.

The teamwork and cooperation of other hospital employees and the work schedule should also be reviewed for possible improvements. The department manager may not have control of all the areas of possible dissatisfaction; however, with an awareness of the relative importance of possible areas of dissatisfaction, efforts can be channeled for the greatest results.

Suggestions for further study would include adding the discriminating factor of whether or not the income is primary or secondary and adding a job factor for department administration (referred to in the Comments section of the questionnaire). Some of the attitude statements could also be revised to reflect comments; for example, the statement referring to supervision could be changed to read appropriate supervision.

Since very few responses were received from freelance anesthetists due to the limited number in the location surveyed, no attempt was made to assess their job satisfaction. Additional studies should attempt to obtain a sample of this group large enough to assess their specific satisfactions and dissatisfactions. A larger sample of anesthetists employed by anesthesia groups would also be desirable to compare results with the small sample size in this study.

Studies completed in other areas of the country might obtain different results since it has been found that location can also impact on job satisfaction. Other factors that might specifically influence the results of studies in other locales would be the general economic situation and department personnel practices which are not as prevalent in one area as opposed to another. Examples of this would be having to work at different hospitals as needed or the availability of profit-sharing plans.

Conclusions

Anesthetists are generally satisfied with their jobs. From the results of this study, there appears to be no affect on job satisfaction related to hospital size or responsibilities. Satisfaction tends to increase with the number of years in the profession. In this particular study group, anesthetists employed by anesthesia groups were less satisfied than those otherwise employed.

Job satisfaction is a complex measurement. Dissatisfaction with any one factor did not have a high correlation with dissatisfaction with the job. For example, although pay was ranked as the most important factor and had a high level of dissatisfaction (62.9%), the correlation with job dissatisfaction was — .05. One-third of the anesthetists dissatisfied with their jobs were not dissatisfied with pay. Also, job satisfaction was not a result of satisfaction with all factors. Of the 158 anesthetists satisfied with their jobs, 83 were dissatisfied with one factor, 15 with two factors, and seven with three factors.

Therefore, department managers are encouraged to assess departmental dissatisfaction and attempt changes where they have the greatest chance for success. All departments cannot provide satisfaction on all factors but job satisfaction can exist even with a limited amount of dissatisfaction.

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