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ABSTRACT

The employment status of nurses was examined in the context of a role-conflict/job-satisfaction model. Data were analyzed from questionnaires from 4,191 nurses currently employed in hospitals or not employed at all. The sample was from a major metropolitan area in the Midwest. The most satisfying aspects of nursing work were shown to be working with other nurses and with patients. Nurses were least satisfied with personal child care availability and chances for advancement. Older nurses tended to be more satisfied with many aspects of work. Nurses with children under the age of 13 at home related more dissatisfaction with working conditions. Life-cycle variables were strongly related to nurse-employment status. One characteristic of work, hours and schedules, was related negatively to employment status, perhaps pushing nurses out of hospital employment, while the nursing work itself tended to be the strongest positive correlate of hospital employment. The extent to which nurses had other competing role obligations (spouses and/or young children) affected work satisfaction and employment status. Data supported the notion that role conflict contributed more heavily than other factors to nurse attrition. (YLB)

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CASE WESTERN RESERVE UNIVERSITY
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Work Attitudes, Non-Work Situation, and
Employment Status of Nurses

Karen N. Gaertner, Ph.D.

ABSTRACT

Employment status of nurses is examined in the context of a role conflict - job satisfaction model. It is proposed that nurses experience a pull toward nursing due to the satisfaction they derive from providing important care to patients, but also a push away from the profession if there are competing demands for their time from children or spouse. The latter is exacerbated by the hours and schedules required of nurses, while the former is compromised by a lack of autonomy with respect to determining the way in which nursing care will be delivered in the hospital setting.

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THEORY

Labor force participation patterns of women have become the subject of a good deal of research for several reasons: their participation rate is increasing, birth rates are decreasing, and opportunities for women in traditionally male segments of the labor market are increasing. Relationships between employment status and non-work or life cycle status of women have been explored in the literature (Waite, 1980; Smith-Lovin and Tickamyer, 1978; and Waite and Stolzenberg, 1976 are examples). Generally this literature suggests that the presence of very young children in the home is a significant correlate of labor force participation among women. That is, women with young children at home are less likely to work outside the home than other women.

Waite (1980), for example, analyzed labor force participation of women as it relates to life cycle variables such as marital status and childbearing intentions and history. She found that these life cycle variables were more important than other background variables such as age and education in understanding

women's labor force participation. This type of research generally does not focus on characteristics of the work situation or attitudes toward work as correlates of labor force participation. Rather, the contribution from this literature is an understanding of macro-level patterns of labor force participation largely as they relate to demographic characteristics of the population.

Organizational behavior researchers have taken a different approach in studying labor force participation. Generally this group looks for correlates of turnover in characteristics of the work being performed and the characteristics of people performing the work (c.f. Price, 1977 for a comprehensive review of this literature). For example, we have known for some time that satisfaction with work is causally related to turnover and absenteeism (Locke, 1976). Hollingsworth and Mobley (1978) demonstrated this recently within a hospital setting. But this literature generally has not explored the way in which life cycle variables relate to satisfaction and turnover. Near, et al. (1980) in their review of some of this literature note that little research has been done which looks at relationships between non-work variables such as family structure and work related attitudes such as job satisfaction. They note that the

literature suggests a positive relationship between job satisfaction and both marital status and whether there are children at home, for men. Price and Mueller (1981) found that these lifecycle characteristics were positively related to intent to stay among a sample of nurses, but essentially unrelated to turnover or job satisfaction.

Others have noted that the impact of work situation variables such as occupation may affect levels of involvement in different life spheres (Bailyn and Schein, 1976; Van Maanen and Schein, 1977). One might posit that involvement in one life sphere (e.g., work) would lead to outcomes such as success and lengthy tenure in that sphere and less success in other spheres (family or leisure).

Evans and Bartolomé (1980) suggest a paradigm relating feeling about work, stress level at work, involvement in work and resulting relationship between work and non-work. They identify four such relationships: spillover in which work considerations are carried over to family relationships; independence, in which work and family are unrelated; conflict in which the two spheres compete for time and attention; and compensatory in which one sphere makes up for what may be absent in the other. This model, developed from data on European male managers, may provide a key to

understanding labor force participation, especially for women who probably perceive the non-work option as more viable than men. More specifically, we would expect the spillover and conflict states to be more likely to result in turnover than the other two states, and this may be a stronger relationship for women than for men. Evan and Bartolomé do not address this possibility, though their discussion would suggest that it is a feasible result.

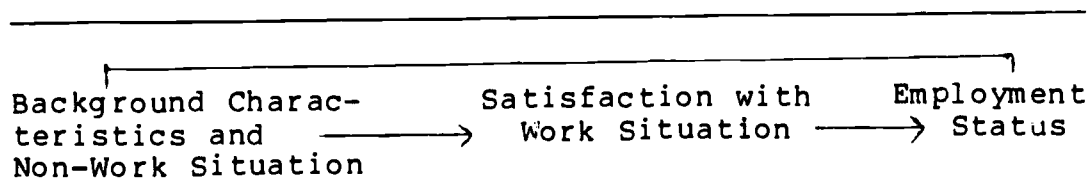
Rapoport and Rapoport (1980) suggest a "triple helix" model of career, family and leisure, noting that the interactions between the three change over time during the course of life such that different spheres are differentially emphasized at different ages. They argue, particularly in light of the social changes evident in the last decade, that commitment to and preoccupation with each sphere may change throughout adulthood, but that this variability is similar to a dynamic equilibrium which keeps the three spheres in some sort of balance throughout life. When one sphere is very demanding, activity in others must be reduced for the system to stay in balance. We would suggest from this model that when career and family represent high demands, the person with a very satisfying career (for whatever reason) would be less likely to rebalance by decreasing career involvement than a person with low

career satisfaction. The implications for childbearing women are fairly straightforward from this article and certainly supported in other literature.

Nurses represent an interesting group within which to study the demands of career and family. They are overwhelmingly female and are thus at least potentially faced with the traditional problem of balancing career and family (as primary care givers for children). At the same time their commitment to career is relatively high due in part to the education required and in part to the professional status of nursing. But there is also considerable non-participation in the labor force among trained nurses. About 70 percent of all registered nurses are employed in nursing (Aiken and Blendon, 1981), but this number excludes those nurses who have let their registration lapse. Others have estimated that only about 40 percent of all nursing school graduates practice nursing for more than a year or two (c.f. White, 1980).

In this paper we will explore correlates of nurse attrition. As suggested by the discussion above, we posit several factors which might account for the labor force participation of nurses. These are summarized in simplified form in Figure 1.

Figure 1: Summary of Expected Correlates of
Employment Status for Nurses



Non-Work Situation

Our primary interest here is life cycle variables: age, marital status and children. We expect married nurses, nurses with young children at home, and older nurses to be less likely to be employed in a hospital than others. We also expect nurses with more years of nursing education to be more likely to be employed in hospitals.

We also expect older nurses to be generally more satisfied with their work situation and nurses with young children at home to be less satisfied with nursing work than others. Marital status and education are not expected to vary systematically with satisfaction.

Satisfaction with Characteristics of Work

We have a variety of sources of satisfaction that we expect to be related to labor force participation:

1. Satisfaction with the work itself--caring for patients.

2. Satisfaction with colleagues and other people in the work situation.
3. Satisfaction with opportunities to exercise professional prerogatives such as decision making, recognition, and training opportunities.
4. Satisfaction with pay.
5. Satisfaction with hours and schedules for working.
6. Satisfaction with the availability of child care.

METHOD

Questionnaires were mailed to approximately 16,500 licensed nurses in a major metropolitan area of the midwest. The questionnaire dealt with sources of satisfaction in nursing, and for those who were no longer in hospital nursing with reasons for leaving nursing. Background characteristics such as age, marital status, number and ages of children, income, type of nursing education, and current employment status were also ascertained. Usable returned questionnaires number 5,372 for a return rate of about 33 percent. Because we are focusing on hospital nursing, only those nurses who are currently employed in hospital nursing

and those who are not employed at all are included in this analysis (N = 4,191). Almost 77 percent of these were employed in hospitals, the others not employed.

A variety of questions were asked regarding sources of satisfaction in hospital nursing (summarized in preceding section) in an effort to identify particular sources of dissatisfaction that were associated with attrition. The respondents were asked to rate the work characteristics on a five-point scale from "very dissatisfying" to "very satisfying."

In this sample over 60 percent of the respondents are over 30 years old and nearly three-fourths are married. About 40 percent have one or more children under the age of 13 at home, and over three-fourths have either an associate degree (two year) or a diploma (three year) for their nursing education. These sample characteristics are quite similar to the characteristics of Wandelt, et al.'s (1980) sample and to national nurse profiles. While this does not demonstrate that our sample is representative of a particular population of nurses, it does suggest that it is similar in composition to the national population.

RESULTS

Table 1 shows the proportion of nurses who are (or

were) satisfied with various aspects of hospital nursing. All of the respondents were asked to respond to these items regardless of current employment status.

The most satisfying aspects of nursing work are working with other nurses and working with patients. These nurses are generally satisfied with their professional responsibilities.

These nurses are least satisfied with child care availability and chances for advancement. The former reflects difficulties for people at a particular stage in their life, while the latter reflects a more general problem with hospital nursing.

Because we know that dissatisfaction tends to be related to turnover, we might be tempted at this point to suggest that the way to retain nurses in hospital settings is to improve child care availability and chances for advancement. Certainly our data suggest that there is a great deal of room for improvement in these areas, but would improvement lead to less turnover? To answer this question we must look at the relationship between satisfaction and employment status.

Two pairs of variables were highly correlated ($\gamma > .7$), and have therefore been combined. The first pair is satisfaction with work schedule and flexibility of hours. We will refer to this as satisfaction with hours and schedules. The other pair

included satisfaction with recognition for abilities and opportunities for advancement. We will refer to this as satisfaction with recognition and advancement.

In Table 2 we present the zero-order correlations among background/non-work situation variables, satisfaction with work characteristics, and employment status. Among the background and life cycle variables all but education are significantly correlated with work status. Married nurses, nurses with young children at home, and those who are older are less likely to be employed in hospitals than others. This is quite consistent with other studies of labor force participation among women.

We also note that background characteristics are related in different ways to work satisfaction. Age is related to satisfaction with many aspects of work. Older nurses tend to be more satisfied with hours and schedules, opportunity for recognition and advancement, training update opportunities, supervision, and child care availability than younger nurses. They also tend to be less satisfied with opportunities for direct patient care. It is likely that older nurses are in supervisory and/or administrative positions. These nurses may have more traditional hours or have seniority that allows them to choose hours that are to their liking. They are more likely to be supervisors, may be

providers of training, and have either come to terms with child care difficulties or have older children whose child care needs are less problematic. It is also their very success within nursing that takes them away from direct patient care which is a source of dissatisfaction.

Education and marital status are not related to satisfaction with work very systematically. With respect to children, however, the clear result is that having a child under the age of 13 at home is related to dissatisfaction with numerous work characteristics. Nurses with young children at home are less satisfied with hours and schedules, salary, working relationships with physicians, and training opportunities than others. But surprisingly, they show more satisfaction with the availability of child care. In looking more closely at this relationship, its strength has more to do with the skew in satisfaction with child care than with a real difference. (Gamma, the measure of association we are using, gets unruly when variables are highly skewed.) There is only a 2 percent difference in satisfaction with child care between working and non-working nurses.

Turning to the relationships between work satisfaction and employment status, we see the results are far from consistent. Satisfaction with hours and schedules is by far the strongest correlate of

employment status ($\gamma = .448$). In other words, those who were not currently employed were more likely to have been dissatisfied with hours and schedules in nursing than those who are currently employed in a hospital. In contrast, satisfaction with availability of child care is not significantly correlated with employment status, and the trend is in the opposite direction than we would predict.

The second strongest correlate of employment status is opportunity for direct patient care ($\gamma = .292$). That is, nurses, who report that they find opportunity for direct patient care satisfying are more likely to be employed in a hospital than those who do not or did not find this satisfying. This result could be due to two different phenomena. First, it could be that nurses drop out because they realize that they do not like nursing work. These are the people who may have chosen the wrong career. Our data do not lend much support to this interpretation. In general, nurses who have left the field do not give "unmet expectations" as an important reason for leaving.

The other way of explaining this result is that hospital settings that provide an opportunity for a great deal of direct patient care are more likely to retain nurses than hospitals in which nurses do a good deal of non-patient care work or in which nurses are not

assigned specific patients. This explanation would suggest that nurses leave the field not because they do not like the career they have chosen, but because they cannot find a setting in which to do the kind of work they were trained to do. Wandelt, et al. (1980) argue that this is an important determinant of nurse employment. Hospitals that allow nurses to nurse face fewer shortage problems than hospitals that load the nurse's job with non-nursing activities or that make nursing a discontinuous process. Nurses who are assigned specific patients tend to be more satisfied with their work than those who share responsibility for many patients with many other nurses.

The third strongest correlation between work satisfaction and employment status is surprising, not because of content but because of direction. Satisfaction with recognition and advancement is related to employment status ($\gamma = -.175$) but in the opposite direction we predicted. Nurses who are satisfied with these opportunities in nursing are actually less likely to be employed than those who are dissatisfied. The correlation may derive from nurses who did not have very high expectations for their opportunities for advancement and recognition in nursing, had a low investment in their career, and were more likely to drop out when other alternatives were presented.

The other two satisfaction items which are correlated significantly with employment status are salary and supervision, though the correlations are so low as to make these results not very compelling. In both cases satisfied nurses are more likely to be employed than others, lending some support to the argument that nurses leave the field because of low pay or poor supervision.

Thus far we have seen that life cycle variables are strongly related to nurse employment status. We have also seen that one characteristic of work, hours and schedule is related negatively to employment status, perhaps pushing nurses out of hospital employment, while the nursing work itself tends to be the strongest positive correlate of hospital employment. The data are beginning to suggest that nurses face a situation in which they are trying to balance a number of roles (spouse, parent, and nurse to name three) and the hospital work situation seems to contribute to the difficulty of managing these roles.

If role conflict or overload is indeed driving nurses out of hospitals, then we would expect to see differences in the relationship between satisfaction with hours and schedules and employment status depending upon the extent to which nurses have other compelling role obligations (i.e., spouses and/or young

children). When we look at this relationship, separating married and unmarried nurses, and separating nurses with and without young children at home, we see very clearly that the strength of the relationship between satisfaction and employment status varies, depending upon the nurse's other roles (see Table 3). For nurses with no young children at home the correlation is .200. For nurses with one or more young children at home the relationship is much stronger; .628. Similarly, for those who are not married, the correlation drops to an insignificant .107. For those who are married, the correlation between satisfaction with hours and schedules is .495. In other words, nurses who have role obligations involving a spouse or a young child are much more likely to show a strong relationship between satisfaction with hours and schedules and employment status than those without such obligations.

Finally, we asked nurses who had left the field the reasons for this decision. The notion that role conflict contributes more heavily than other factors to nurse attrition is clearly supported by these data. The three items rated most important for not working as a nurse are, "I am rearing children," "I don't like the hours," and "I don't like the work schedule." Each of these was rated as important by about 60 percent of the

non-working nurses. The next most important factors had to do with age, health, or money and were rated as important by about one-third of these nurses.

DISCUSSION

The labor force participation pattern of nurses has several important aspects that merit discussion. First, it is not generally the case that nurses leave hospital nursing because of a lack of interest in the career or because nursing was not what they expected it to be. In our sample only ten percent of the non-working nurses said that they were not working because they were not interested in the work anymore. And only five percent said they never intended to work after marriage in the first place. Nor do we have strong evidence that opportunities for career growth, development and decision making are a determining factor in nurse employment. We saw that satisfaction with these aspects of work was either not correlated or negatively correlated with hospital employment. And among those who have left nursing, opportunity for growth and development is rated as an important factor for not working by only about 20 percent of the respondents. So while behavioral scientists might analyze the situation faced by nurses and conclude that they are leaving the

field because they are not provided the opportunity to have a significant voice in determining hospital policy, the data from these nurses do not support this conclusion. There is no reason to believe that people who are attracted to nursing because of the content of nursing work are going to be interested, on the average, in management and hospital policy making.

This is not to say that nurses should be denied control over their work. Historically, nurses have been the handmaidens of physicians, working in an environment controlled by physicians. It is becoming apparent that there is a significant amount of nursing work over which nurses can and should have control (c.f. Wandelt, et al., 1980). This work has to do more with the management of patient care rather than broader hospital management. Our data support the expansion of nurse autonomy and decision making with respect to the management of their work situation (especially regarding hours and schedules) as a way of increasing labor force participation of nurses. In our survey area only a very small number of hospitals allow nurses significant input in scheduling. This would seem to be an area appropriate for increased nurse involvement.

Our data also suggest that nurses, caught between the demands of job and family, are opting for family; for many this seems to mean leaving hospital nursing.

Problems associated with flexibility and scheduling are not the biggest source of dissatisfaction by any means (they rank in about the middle of the 12 factors), but they are by far the highest correlates of employment status and the reasons given the most importance (together with child rearing) for staying out of nursing. The obvious conclusion is somehow related to managing schedules in such a way that they do not drive nurses out of hospitals.

There are a couple of changes in hospital management that one might propose that could change the labor force participation patterns of nurses. The first, suggested by numerous nurse and health care professions, is to audit nursing activities to be sure that the nurse talent in the hospital is being utilized to the greatest extent possible in nursing activities.

Another solution, directly related to the problem, is to allow nurses to do their own scheduling. Wandelt (1980) and her associates tell a tale of two hospitals; one hospital with severe staffing problems and the other with little or no staffing difficulty in the same geographic area. The hospital with fewer problems allows nurses who are assigned to a unit to do their own scheduling of hours, provides sufficient financial incentives to attract nurses to work the off-shifts and

allows these relatively self-contained units to do a good deal of their own work planning.

The other finding in this study is that nurses like to nurse. They are most satisfied with their opportunities to nurse and to interact with colleagues. And these sources of satisfaction are related to employment status. This should not come as a big surprise to anyone, yet the content of a nurse's job includes considerable non-nursing activity. By redesigning the job of nurses it may be possible to both increase the nurse-hours available in hospitals and at the same time make the jobs more attractive to nurses.

Table 1: Percent Responding "Satisfying"
or "Very Satisfying" on Work Characteristics

| Satisfaction with . . . | Percent |
|--|---------|
| 1. Opportunities for direct patient care | 74.6 |
| 2. Relations with others: | |
| Working with colleagues | 79.5 |
| Adequacy of supervision | 51.3 |
| Working with physicians | 51.1 |
| 3. Professional climate: | |
| Decision making opportunities | 66.7 |
| Recognition for abilities | 44.3 |
| Chances for advancement | 32.6 |
| Training update opportunities | 47.6 |
| 4. Salary | 45.2 |
| 5. Hours and Schedules: | |
| Work schedule | 50.3 |
| Flexibility of hours | 44.4 |
| 6. Child care availability | 6.7 |

Table 2. Correlations Among Background/Non-Work Situation,
Satisfaction with Work Situation, and Employment Status¹

| Satisfaction With... | Background/Non-Work Situation | | | | Employment Status |
|--|-------------------------------|-----------|----------|---------|-------------------|
| | Age | Education | Children | Marital | |
| 1. Opportunities for direct patient care | -.128*** | .017 | .077* | .007 | .292*** |
| 2. Relations with Others | | | | | |
| Working with colleagues | .088* | -.064 | .013 | .133** | .024 |
| Adequacy of supervision | .103** | -.008 | -.008 | .040 | .080* |
| Working with physicians | .038 | -.014 | -.104*** | -.045 | -.031 |
| 3. Professional Climate | | | | | |
| Decision-making opportunities | -.047 | .073 | .003 | .034 | .056 |
| Recognition and advancement | .271*** | .102* | -.067 | .061 | -.175*** |
| Training update opportunities | .168*** | .017 | -.071* | .075* | .060 |
| 4. Salary | .036 | .004 | -.086** | -.071 | .104* |
| 5. Hours and Schedules | .373*** | -.162*** | -.144*** | -.063 | .448*** |
| 6. Child Care Availability | .216** | -.161 | .161* | .211* | -.134 |

Background/Non-Work Situation

| | |
|---------------------|----------|
| 1. Age | -.462*** |
| 2. Education | -.073 |
| 3. Children at Home | -.278*** |
| 4. Marital Status | -.505*** |

¹Correlations are Gamma's. All variables were dichotomized for this analysis, "satisfied" and "very satisfied" versus "neutral," "dissatisfied," and "very dissatisfied."

*p ≤ .05

**p ≤ .01

***p ≤ .001

Table 3: Relationship Between Satisfaction with Hours
and Schedules and Employment Status Within
Categories of Marital Status and Child Status

Zero-Order Correlation = .448

| Marital Status: | Conditional Correlation |
|----------------------|-------------------------|
| Married | .495*** |
| Not Married | .107 |
| Children at Home: | |
| One or more under 12 | .628*** |
| None under 12 | .200*** |

***p \leq .001

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