

2nd International Conference on Nursing & Healthcare

November 17-19, 2014 DoubleTree by Hilton Hotel Chicago-North Shore Conference Center, USA

The nursing faculty shortage: Predictors job satisfaction and intent to stay in academe

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The retention of nursing faculty in the United States is a growing concern as the faculty vacancy rate has increased both at state and national levels where unfilled positions directly affect the supply and demand of the nursing workforce. One of the challenges faced by deans and directors of schools of nursing is to identify strategies that will encourage faculty to remain in academe. Several studies have examined recruitment and retention of nurses in the clinical setting however, current empirical data on the factors that contribute to the job satisfaction and job dissatisfaction of nursing faculty in higher education is limited. The purpose of this descriptive study was to utilize Herzberg's Motivation-Hygiene Theory of Job Satisfaction to explore the factors that predict nursing faculty's intent to stay in academe. Participants included a convenience sample of nursing faculty teaching in baccalaureate and graduate nursing programs in Florida. Research findings indicated that highly educated, experienced nursing faculty reported having more intent to stay in academe. Conversely, age, health-related conditions, and family responsibilities were not significantly related to intent to stay. A significant relationship was found between the motivation-hygiene factor score and the intent to stay. The significant relationship between the motivational factors (Job satisfiers) and the hygiene factors (job dis-satisfiers) and intent to stay indicated that the nursing faculty overall were satisfied with their jobs. The results provide support that Herzberg's Motivation-Hygiene Theory is a strong predictor of nursing faculty's intent to stay in academe in Florida.

Post-tonsillectomy pain control in adults undergoing outpatient

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Even though notable advances in anesthetic and surgical techniques have appeared in recent years, morbidity associated with tonsillectomy and specially pain, is still an important clinical problem. Assess the influence of a specific protocol for the control of postoperative pain and compare the frequency of complications in patients with and without it. Descriptive, observational and prospective study was conducted. Adult tonsillectomized patients in outpatient surgery. 2 groups: group 1, 65 patients to whom a variable analgesic treatment was given; group 2, 50 patients with analgesic protocol and preoperative nursing interview. For the evaluation of pain in a numerical scale from 0 to 10. Surgical techniques: cold dissection or electric dissection. On the 4th day, group 1 (without protocol) presented a media of 4.8 points in a numerical scale from 0 to 10, group 2 (with protocol) presented mean of 3, $p=0.0002$. Group 1, 22 patients (36%) had to go to the emergency service, in group 2, 8 (16%) did so, $p=0.019$. On the 4th day patients operated with cold dissection presented 3.7 points in a numerical scale from 0 to 10 as opposed to those operated with electric dissection who presented 4.4 points. A specific protocol applied on adult tonsillectomized patients in outpatient surgery is useful to obtain less pain and less complications.