THE RELATIONSHIP OF NURSE JOB SATISFACTION TO

PERCEPTIONS OF AUTONOMY IN DIFFERENT

WORK SETTINGS

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CHAPTER I

INTRODUCTION

Context of the Problem

Job dissatisfaction among nurses, especially those working in hospital settings, appears to be a widespread problem as evidenced by the many nursing research articles done in recent years on stress and "burnout." Most of this research has been on hospital nursing with few focusing on job satisfaction of nurses working in non-hospital settings. However, an indication that a disparity of levels of perceived job satisfaction between hospital and non-hospital nurses may exist was demonstrated by a nationwide survey of 17,000 Nursing '78 subscribers (Godfrey, 1978). This study found that hospital nurses reported higher levels of dissatisfaction with their work than nurses working in non-hospital (community, school, industrial) work settings. Although no advanced statistical analysis was applied to the data, the large sample size in that study suggests that significant differences of job satisfaction among these work settings may exist.

The following factors have been shown in the literature to be inversely related to nurse job satisfaction in the hospital setting:

1. Lack of autonomy (Slavitt et al., 1978; Buccheri, 1984; Word, 1984; Slocum et al., 1972; Weisman et al., 1980; Alexander et al., 1982)

2. Voluntary turnover (Diamond & Fox, 1958; McCloskey, 1974)

3. Stress (Pines & Kanner, 1982; Pines & Maslach, 1978; Smith, 1981)

4. Poor interpersonal relationship (Everly, 1976; Cronin-Stubbs, 1977; Longest, 1974)

5. Lack of recognition (Cronin-Stubbs, 1977)

6. Lack of supervisor support (Buccheri, 1984; Watson, 1979)

7. Lack of self-actualization and esteem needs being met (Slocum et al., 1972)

8. Lack of opportunities for advancement/promotion (Watson, 1979; Alexander et al., 1982)

In addition job satisfaction has also been shown to be indirectly related to job performance through nurse turnover rates. Lowery et al. (1984), Seybolt et al. (1978), and Slocum et al. (1972) found that hospital nurses who left their jobs received relatively poor performance ratings by their supervisors.

A study of nursing job satisfaction in different work settings is especially important in today's health care system which is in a stage of rapid change. The primary cause of this change is the advent of the prospective payment system which renders a fixed payment to the hospital, in advance, on the basis of a patient's diagnosis. As a result, hospital patients are discharged earlier, leaving fewer patients in the hospital. At the same time, there has been a shift to nursing care from hospital settings to community health and home health care agencies at a lower cost of care.

The net effect is that more registered nurses are now needed to give a higher level of quality nursing care both in hospitals and in other health care agencies. A shortage of registered nurses is widespread across the country, posing a serious threat to the quality of health care

services. According to Margetta Styles, President of The American Nurses' Association, "An earlier emphasis on treatment and costly institutional care has been replaced by the current emphasis on prevention and affordable care, causing a shift in the demand for registered nurses" (American Nurses' Association, 1987, p. 1).

Today, quality nursing care requires the increased utilization of complex, new technologies in hospitals. In specialized units such as intensive care, nurses are caring for acutely ill patients within shorter time frames dictated by cost-cutting measures. As a result, the demand for highly specialized nurses during the next decade will continue to be greater than the supply, according to the 1983 Institute of Medicine Study (1983). The training of these specialized nurses is expensive, and turnover from job dissatisfaction is costly to hospitals both in terms of dollars and in loss of quality nursing care.

Because hospitals are labor-intensive organizations that are becoming more competitive for patients, high quality nursing care by staff nurses is being given increasing emphasis by hospital administrators. Nursing administration will become more accountable to maintain quality patient care, to reduce costs, and to provide a working environment that leads to job satisfaction and reduced nurse turnover.

It has been established in both the organizational research literature (Porter, 1961; Lawler, 1973) and in the nursing research literature that higher levels of job autonomy can lead to higher levels of job satisfaction. Weisman et al. (1981) stated that, in determining the relationship between job satisfaction and turnover, the nursing literature suggests the inclusion of autonomy, or perceived control over work, is a step in the causal chain.

Conversely, a review of nursing literature on job satisfaction and its relationship with autonomy indicates that when nurses perceive they have little control within the work setting, frustration and dissatisfaction result. It is also true that autonomy most strongly affects satisfaction when the employees have a strong need for independence (Trow, 1957).

Nurses' dissatisfaction with their lack of authority appears to be associated with the upgrading of nursing educational requirements resulting in a greater need for independence. Until the early 1970s, most nurses graduated from diploma programs. Since then, there has been a rapid shift from nursing preparation in hospital-based diploma programs to nursing preparation in higher education programs (National League for Nursing, 1983). Efforts by nursing leadership to require a baccalaureate degree to practice nursing, the use of sophisticated technology, the demand for diversity of nurses' capabilities, and complex professional decision-making have brought more pressure for a lengthened nursing education preparation.

Several studies (Kramer, 1968, 1969, 1970; Corwin, 1961; Decker, 1985) support the assumption that nurses graduating from baccalaureate programs have a higher professional orientation than nurses without an academic degree. Likewise, it has been demonstrated that autonomy and the control of practice are considered essential components of professionalism (Hall, 1975; Freidson, 1970; Forsyth & Danisiewicz, 1985).

In light of these assumptions, academically-prepared nurses should have higher expectations of fulfilling their role as professionals and therefore experience greater dissatisfaction in work environments in which they are not given sufficient respect and responsibility to meet their

expectations of professionalism. The increasing number of academically prepared nurses now in practice who are dissatisfied may be linked to their perception that, although they are professionals who meet high standards, they are not accorded the recognition for their responsibilities that other professionals in our society are accorded.

In conclusion, given recent comprehensive changes in the health care system, the trends in nursing education toward baccalaureate preparation, and the relationship between job satisfaction and autonomy, the purpose of this research was to examine job satisfaction and autonomy of nurses between hospital and non-hospital work settings.

Statement of the Purpose

The purpose of this study was to determine if there are any significant relationships between perceived levels of autonomy and perceived levels of job satisfaction of nurses working in hospital and non-hospital (community health, school health, and home health) work settings.

Statement of the Problem

While the provision of patient/client care is the common goal, staff nurses working in hospital and non-hospital settings assume different roles and perform different tasks that may affect their relative satisfaction and dissatisfaction. The problem investigated was to determine if relationships exist for hospital and non-hospital nurses, among autonomy, job satisfaction, years of experience, age, and level of nursing education.

Research Hypotheses

The research hypotheses and general questions derived from the problem statement may be stated as follows:

Hypothesis 1. When the levels of hospital and non-hospital nurses' perceptions of job autonomy are compared, there will be no statistically significant difference.

Question: Do nurses who work in large hospital settings have perceptions of job autonomy that are at a significantly different level than nurses who work in non-hospital settings?

Hypothesis 2. When the levels of hospital and non-hospital nurses' perceptions of job satisfaction are compared, there will be no statistically significant difference.

Question: Do nurses who work in large hospital settings have perceptions of job satisfaction that are at a significantly different level than nurses who work in non-hospital settings?

Hypothesis 3. (a) There is no significant relationship between a set of independent variables and job satisfaction; and (b) The overall proportion of job satisfaction variability is not accounted for by selected predictable variables.

Questions: (a) What is the relationship between a set of independent variables and job satisfaction?; and (b) What variables predict the overall proportion of job satisfaction?

Hypothesis 4. When nurse subjects are grouped according to age, educational background, and duration of practice as a nurse, they are not related to job autonomy.

Question: How are age, educational background, and duration of experience as a practicing nurse related to perceived levels of job autonomy?

Hypothesis 5. When nurse subjects are grouped according to age, educational background, and duration of practice as a nurse, they are not related to job satisfaction.

Question: How are age, educational background, and duration of experience as a practicing nurse related to perceived levels of job satisfaction?

Limitations of the Study

The limitations in this study include:

1. Voluntary Participation: It is possible that nurses who did not choose to participate may differ from those who did participate. Consequently, any such differences could affect the outcome and limit the generalizability of the research.

2. Non-randomized Sampling of Health Agencies: Sampling was limited to health agencies in a midwestern state and may not be representative of all nurses working in health agencies.

3. Respondent Perceptions: Responses of participants were reflections of their attitude at the time of the test and may not reflect previous or future perceptions. Likewise perceptions should be distinguished from expectations. Nurses' perceptions of job attributes are not the same as job attributes they believe they should have or expect.

4. Appropriateness of Instruments: The quality of the research is affected by the appropriateness of the researcher's choice of the Staff

Satisfaction Scale, the Index of Job Satisfaction and the statistical procedures used for the interpretation of the data.

Definition of Terms

Professionalism is the expectation that the practitioner ought to be allowed to make his own decisions without external pressure from clients, from others who are not members of his profession, or from his employing organization (Hall, 1975, p. 90).

Autonomy is perceived independence or control over work activities. It is the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out (Hackman et al., 1983).

Nurse Autonomy is limited to legal constraints and regulations of nursing practice as delineated by the American Nurses' Association Code of Ethics and the State of Kansas Nurse Practice Act.

Job Satisfaction is referred from the individual's general attitude toward his work. It is the positive evaluation by the employee of selected aspects of work (Hall et al., 1981). Overall job satisfaction is determined by the difference between all things a person feels he should receive from his job and all the things he actually does receive (Hackman et al., 1983, p. 81).

Staff Nurse includes nurses employed in non-supervisory positions including nurses working in a non-unit position, for example, I. V. or dressing team nurses.

Summary

Chapter I has provided an overview of the background of the study, the purpose of the study, a statement of the problem, limitations of the study, and definitions of terms used in the study. The next chapter will provide a discussion of the conceptual framework that guided the study, a review of the literature on job satisfaction, autonomy, and a description of the work settings used in this study. Chapter III will present the research design that was used in the study including the population sample, work settings, procedures for data collection, instruments, and statistical treatment of data.

CHAPTER II

LITERATURE REVIEW

In this chapter, a review of literature germane to this study is presented, including separate discussions of job satisfaction, autonomy as a component of professionalism, and three nurse work settings. Conceptual frameworks offered by relevant theorists and research studies that have been done on the concepts, in nursing and in other disciplines, are presented.

Job Satisfaction

Much of what we know about job satisfaction has come from the research of industrial psychologists. From early simple criteria of measuring job satisfaction by the amount of money earned or worker productivity, sophisticated, complex instruments have evolved to determine levels of satisfaction in the workplace. In spite of extensive research, much is still to be learned. In discussing job satisfaction, Lawler (1973) observed that, "A great deal is known about what factors are related to satisfaction but very little about the causal basis for the relationship" (p. 61). Compared to motivation theory which has proved helpful to understanding job satisfaction, theories that explain under what conditions jobs are perceived to be more satisfying are still relatively undeveloped.

Theories

An important influence on satisfaction studies has been the recognition of the worker as a complex human being with intrinsic needs that are separate from those needs concerned with survival. This concept has been developed primarily through the work of Maslow (1954). The fundamental postulate of Maslow's theory is that as lower-level needs (hunger, sleep, safety) become satisfied, higher-level needs (esteem, self-actualization) become activated. Moreover, as gratification releases the person from domination of one need, it allows for the emergence of achievement of life goals. In modifying and testing Maslow's theory, Porter (1961) added autonomy needs that lie between Maslow's higher order needs of esteem and self-actualization, claiming that autonomy, the need for independent thought and action is a separate need.

Lawler (1973), however, assigned Maslow's need theory a lesser place in job satisfaction theory by claiming that:

Maslow uses the term "satisfaction" quite differently; rather, he means a psychological feeling of contentedness--of having received enough of a desired object. Both Hull and Maslow assume that need satisfaction is important because it influences need-strength. However, neither Hull nor Maslow explain what produces satisfaction; their theories lack a clearly defined concept of satisfaction. (p. 61)

According to Lawler (1973), theoretical work on job satisfaction can be separated into four approaches (a) fulfillment theory, (b) discrepancy theory, (c) equity theory, and (d) two-factor theory. Each of these theories is addressed in the following discussion.

The first, <u>fulfillment theory</u>, is based on the assumption that individual satisfaction varies directly with those needs of an individual which can be satisfied which actually <u>are</u> satisfied. They can be measured by simply asking how much of a given outcome or subset of outcomes he or she is receiving in his job (Schaffer, 1953). Fulfillment theory has been criticized for (a) failing to account for individual differences in how much of each job facet a person feels that he or she <u>should</u> receive and (b) failing to take into account the discrepancy between what people feel that they should receive and what they <u>actually will</u> receive (Katzell, 1964).

<u>Discrepancy theory</u> proponents (Katzell, 1964; Locke, 1969; Porter, 1961) maintained that job satisfaction is determined by the differences between the actual outcome a person receives and another measure of outcome: either the outcome level the person thinks they <u>should</u> receive or the outcome level the person thinks they <u>will</u> receive. Despite its improvements over fulfillment theory, discrepancy theory does not explain the real situation or what people actually receive, nor does it deal with the possibility that dissatisfaction can result from someone receiving more or less rewards than they feel they should receive.

<u>Equity theory</u> has only indirectly explained satisfaction, but as a motivation theory it has relevance to the causes of satisfaction or dissatisfaction. The theory, developed by Adams (1963) states that the perceived equity in a job is determined by the amount of the perceived reward an individual receives from the job and what others receive relative to what he puts into the job.

As such, Adams defined job satisfaction as being related to a person's perception of the input-output balance. A perceived balance

between input and output makes the person feel that there is equity and that they are being treated fairly. On the other hand, people who feel that they are getting less than they believe they deserve tend to feel that they are being treated unfairly. Those who feel that they are getting more than they deserve tend to feel guilty. Although equity theory deals with under-rewards and over-rewards, it has been criticized for failing to yield precise predictions and for failing to provide a clear indication of strategies to reduce inequity.

Herzberg's (1959) motivation-hygiene theory, has had an important influence on job satisfaction studies that have followed since its development in the late 1950s. It has been the theoretical framework for nursing studies (Cronin-Stubbs, 1977; Slavitt et al., 1978; Longest, 1974; McCloskey, 1974) on job satisfaction discussed later in this section.

Herzberg postulated that satisfaction and dissatisfaction are two separate unipolar traits running along a continuum rather than opposite traits. Achievement, recognition, work itself, growth, and advancement are called motivators and describe a person's relation to what he does (job content) and his ability to grow. These factors correspond with Maslow's higher-level needs and can increase job satisfaction. Salary, company policy, working conditions, and supervision are called hygienes and describe the worker's relationship to the environment in which he does his job.

Unlike motivators, hygienes can directly contribute to job dissatisfaction. While the absence of motivators do not necessarily result in job dissatisfaction, if present, they affect job attitudes in a positive direction by enhancing job satisfaction. Whereas hygiene factors avoid unpleasantness, motivators serve the basic human need to grow

psychologically. Thus, the theory contends that an individual can be satisfied and dissatisfied with his job at the same time.

The motivation-hygiene theory has been the basis for job enrichment programs that have been advocated by Herzberg since the inception of his theory. The focus of job enrichment has been on restructuring jobs to place greater reliance on motivators, not hygienes. Some factors associated with job enrichment (Miner, 1980) are:

1. Direct feedback of performance result to the employee in a non-evaluative manner and usually not through a superior.

2. The existence of a customer or client either within or outside the organization for whom work is performed.

3. The opportunity for individuals to feel that they are growing psychologically through new learning that is meaningful.

4. Being able to schedule one's own work, with requirements set by realistic deadlines.

5. Doing the job in one's own unique manner and utilizing time accordingly.

6. Providing employees with mini-budgets that make them directly responsible for costs.

7. Communication with the individuals needed to get the job done regardless of any possible hierarchic constraints.

8. Maintaining individual accountability for results. (p. 94)

Although Herzberg's model has been appealing, there has been considerable amount criticism of the theory. Silver (1983) states that, "A major criticism that has been leveled at the motivation-hygiene theory is that it is method-bound . . . the theory is supported by one method of

research alone and the research method yields findings that would not emerge from other methods" (p. 303).

Research

A tremendous amount of research on job satisfaction has been done since Taylor's studies of steel plant workers in the early 1900s (Taylor, 1911). Taylor felt that it was management's job to scientifically manage work to combat production inefficiency. He sought "one best method" for each task to set standards of production through scientific management. To develop a task into a science, each task operation was studied intently, measuring such factors as the motion of the workman and the length of time the workers could sustain their labor. Taylor's research and principles of scientific management led to industrial division of labor, assembly lines, and piece-rate incentive plans with rigid rules that still prevail in some industries today.

In the 1930s, research began to incorporate a more humanistic view in their approach to workers, viewing workers more as human beings with needs and less as machines. The development of the human relations approach began with the famous Western Electric Studies at the Chicago Hawthorne plant (Roethlisberger et al., 1939) conducted by Mayo and Roethlisberger. The research sought to study the effect of the physical environment on job satisfaction. Instead, the researchers found that the experiments themselves unexpectedly changed the interpersonal and social nature of the workplace. As relationships became more informal, turnover decreased and production increased. Thus, the researchers demonstrated a relationship between the affective reactions of employees and positive work outcomes although this was not the original intent of the study.

Job Satisfaction and Behavior

There has been considerable research that has attempted to demonstrate the relationship between job satisfaction, performance, turnover, and productivity. Early studies in the 1950s showed a slight relationship between satisfaction and performance. A later review of these studies by Vroom (1964) revealed a low but consistent correlation.

However, Lawler and Porter (1967) have suggested that the relationship between job satisfaction and performance is probably due to a better performance causing satisfaction rather than the reverse. Good performance leads to rewards, either intrinsic or extrinsic, that in turn lead to job satisfaction. Whereas extrinsic rewards (e.g., pay, promotion) are likely to be imperfectly related to performance, Lawler and Porter claim that intrinsic rewards are likely to be directly related to performance since they are given the individual by himself and are less likely to be subject to disturbing influences.

This concept also has received support in the nursing research literature. Three nursing studies (Lowery & Jacobsen, 1984; Slocum et al., 1972; Seybolt et al., 1978) correlated job turnover with job performance. In all of these studies, nurses who were rated as lower on job performance by their supervisors were more likely to leave their jobs. Lowery and Jacobsen (1984) suggested, however, there is a positive outcome of turnover by "weeding out" less effective performers.

The following is a diagram of Lawler and Porter's Model demonstrating the relationship of performance to satisfaction (see Figure 1). According to this model, if poor performers receive equal rewards or more rewards than those who perform best, those who perform best will be less satisfied (Lawler & Porter, 1967).
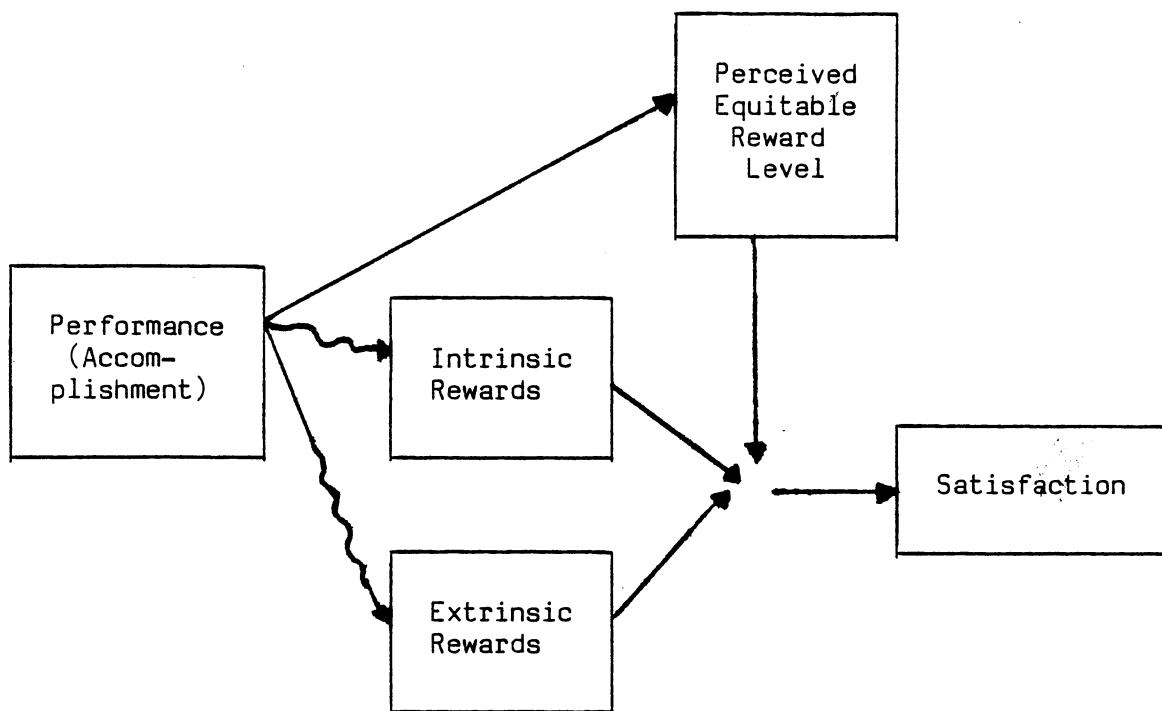
Figure 1. Model of the relationship of performance to satisfaction.
(From Lawler, E. E., and Porter, L. W. The effect of performance on job
satisfaction. Industrial Relations, 1967, 7, 20-28. Reprinted by
permission of the publisher, Industrial Relations.)

An inverse relationship between satisfaction and absenteeism and turnover has been established by a number of researchers (Ross & Zander, 1957; Vroom, 1964; Lawler, 1973). A strong negative relationship exists between satisfaction and absenteeism especially if the absence from work is voluntary. The link between turnover and satisfaction, however, is not as well established. Lawler (1973) stated that:

> Although relationships between satisfaction score and turnover
> have not always been very strong, the studies in this area have
> consistently shown that dissatisfied workers are more likely
> than satisfied workers to terminate employment; thus,
> satisfaction scores can predict turnover. (p. 85)

Lawler further explained that the availability of other jobs is the major reason that turnover and satisfaction are not more strongly negatively correlated. Unless there are attractive jobs available, the individual is not likely to leave his job. Therefore, in times of economic prosperity, turnover should be high and a strong inverse relationship should exist between satisfaction and turnover. Conversely, in times of economic hardship, turnover should be low and there should be little relationship between satisfaction and turnover.

Overall, turnover has been treated in the literature as undesirable and expensive to the organization. Lawler (1973) pointed out that:

> Absenteeism and turnover have a very direct influence on
> organizational effectiveness. Absenteeism is very costly
> because it interrupts scheduling, creates a need for
> over-staffing, increases fringe-benefit costs, and so on.
> Turnover is expensive because of the many costs incurred in
> recruiting and training replacement employees. (p. 87)

Since 97% of all registered nurses are women, in discussing turnover rates it is important to distinguish between involuntary turnover (family obligations) and voluntary turnover (employment factors). It has been often assumed the high nurse turnover was involuntary and due to family obligations. Yet, Diamond and Fox (1958), found that 30-40% of nurse turnover among hospital nurses was largely due to the nurses' dissatisfaction with job related factors. Likewise, Saleh et al. (1965) found that 32% of nurse turnover was related to dissatisfaction with job-related factors. In the study by Watson (1979) presented later in this section, involuntary reasons for resignations were third in importance.

Turnover among nurses has been very high. McCloskey (1974) reported an average annual turnover rate of 53% in her sample of 13 hospitals. Rates of nurse turnover in the early 1960s were reported to be as high as 60% in some areas. During 1986, turnover appeared to be declining as nursing vacancies decreased (American Nurses' Association, 1986); however, with the severe nursing shortage in 1987, turnover rates are again rising.

The cost of nurse turnover to hospitals and to other health agencies is considerable. In addition to lowering morale, the average cost of hospital-sponsored orientation for newly hired registered nurses in a 500 bed hospital is estimated at $130,878 in annual costs of training staff and orientees combined (Kase & Swenson, 1976). The following presentation of nursing research studies on job satisfaction provide some answers to the question of why nurses leave their jobs.

Weisman et al. (1980) studied the entire population of registered nurses (N = 980) at two large metropolitan hospitals over a period of five months. Four categories of independent variables were measured

(a) structural attributes (type of unit, etc.), (b) individual characteristics, (c) attributes of the job, and (d) perceptions of unit characteristics.

The dependent variables were job satisfaction, perceived autonomy, intent to leave, and turnover. Job satisfaction was seen in the researchers' framework as an intervening variable between the determinants of turnover and actual resignation. Data were collected from structured interviews with the staff (including administration of questionnaires), from head nurse reports, and from hospital documents.

Results at both hospitals showed that length of employment and intent to leave had significant direct effects on turnover, with shorter tenure and a greater number of job hunts predicting resignation, as expected. Neither job satisfaction nor autonomy had a significant direct effect on turnover. Job satisfaction exerted a strong effect (negative relationship) on intent to leave. Autonomy was the strongest predictor of job satisfaction, and head nurse leadership was the strongest predictor of autonomy. In their discussion, the researchers suggested that:

> The most effective incentives may be those consisting of such
> intrinsic work rewards as increasing levels of responsibility
> and control within clinical nursing. Considering the importance
> of nurses' perceived autonomy as a determinant of job
> satisfaction in the study, hospitals might investigate ways of
> structuring conditions in which nurses may exercise greater
> degrees of control over both the content and scheduling of their
> work. (p. 441)

They also concluded that the importance of autonomy and control of their work to nurses may reflect the much debated professionalism of nursing and the status of nursing as a semi-profession.

Slocum et al. (1972) surveyed 39 nurses and 41 paraprofessionals in a Pennsylvania hospital. The study was based conceptually on Maslow's theory of motivation and compared performance with levels of job satisfaction. Confidential performance appraisals were completed by the director of nursing on each subject in the survey. Likewise, each subject completed the Porter questionnaire in which five needs were measured (a) security, (b) social, (c) esteem, (d) autonomy, and (e) self-actualization. The first part of the questionnaire determined need fulfillment ("how it is now") in the job, and the second part measured the subject's expected equitable ("how it should be") level of rewards. The greater the difference between these two scores, the greater the need deficiency or dissatisfaction.

The findings from this study showed registered nurses reporting self-actualization deficiency needs to be highest and autonomy as second highest. Nurses reported higher satisfaction with job security, prestige within the organization, and job autonomy than did the non-professional employees. Job performance was significantly correlated with the fulfillment of self-actualization needs for the registered nurses.

McCloskey (1974) analyzed the influence of rewards and incentives on staff nurse turnover rate on 100 nurse subjects using a mailed survey questionnaire. In addition to demographic questions, the questionnaire asked the respondent to answer 36 items based on the work of Maslow (1970). A third section asked three open-ended questions to allow the nurse to elaborate on factors that would have changed her mind about

leaving her job. The final section used 2 ten-item Semantic Differential Indexes developed by Osgood et al. (1957) to test any correlation between self-esteem and turnover rates.

McCloskey found that psychological rewards in the job were rated by the nurses as the most important, next were safety rewards, and third were social rewards. These findings were consistent across all age levels, educational background, and length of tenure. It was also demonstrated that younger nurses and new graduates had the highest turnover and that salaries did not affect turnover. Most nurses wanted opportunities to attend educational programs, continue course work for credit, advance in their career, and receive recognition of work from peers and supervisors. In her discussion McCloskey aptly pointed out that "poor salary has been traditionally blamed for the high nursing turnover and nursing shortage." This study demonstrated this not to be true thus supporting other nursing studies discussed in this section that found intrinsic job rewards to be more important to nurses than extrinsic rewards.

Everly (1976) examined job satisfaction of 144 registered staff nurses in four East Coast metropolitan hospitals. An 18-item Lickert-type scale was used to collect data on the following (a) adequacy of tools and equipment, (b) good working conditions, (c) recognition of good work, (d) relations with fellow workers, (e) hospital policy, (f) job security, (g) relations with immediate supervisor, (h) hospital's reputation, (i) respect for suggestions, (j) work enjoyment, (k) opportunity for advancement, (l) pay, (m) help from immediate supervisor, (n) employee benefits, (o) opportunity to develop new skills and abilities,

(p) recognition of past service (q) relations with supervisory personnel, (r) enjoyment in the opportunity to use skills and abilities.

Factor analysis revealed four meaningful and statistically independent factors. They are as follows:

1. Relationship orientation.

2. Internal work rewards.

3. External work rewards.

4. Administrative policies.

Everly found that the relationship orientation factor accounted for the largest percentage of variance indicating that nurses' interpersonal relationships with the staff and patients are of particular importance to them. This finding is contrary to Herzberg's motivation-hygiene theory in which he states that interpersonal relationships can contribute to job dissatisfaction but not job satisfaction. Internal work rewards accounted for the next largest percentage of variance supporting the findings of Slocum et al. (1972) as discussed earlier in this section. The author suggested that the role of interpersonal relationships, heretofore overlooked in the literature, should be reevaluated as primary contributors to job satisfaction of staff nurses.

Another study by Cronin-Stubbs (1977) utilized Herzberg's motivation-hygiene theory and the semi-structured interview guide developed by Herzberg et al. (1959). Thirty new graduate staff nurses employed in two Chicago general hospitals were interviewed. Each nurse was asked to describe job events which lead to feelings of exceptional satisfaction and dissatisfaction. Data from the interviews were then analyzed to obtain frequencies of job factors. A chi-square statistic was

used to discern which factors occurred significantly more often in accounts of job satisfaction and job dissatisfaction.

The new graduate staff nurses consistently described recognition as a factor leading to job satisfaction. Praise from patients or notice form doctors of peers were mentioned most frequently. The most significant dissatisfier was responsibility ($p < .005$). Nurses stated they had been given too much responsibility too soon and therefore felt overwhelmed. Other important dissatisfiers were interpersonal relations with subordinates and working conditions. The prevalence of external factors as dissatisfiers indicates that the work environment is important to new nurse graduates.

Another study which used the framework developed by Herzberg et al. (1959) was conducted by Longest (1974) who surveyed 195 nurses employed in 10 hospitals and 24 who were nursing educators. Respondents ranked, from most to least important, 10 factors affecting job satisfaction of registered nurses in hospital settings. The two groups of data (hospital nurses and nurse educators) were analyzed separately and compared with the results of the data from six studies done by Herzberg (1966). A high ranking of the interpersonal factor by both nursing groups was a major difference between the result of the Herzberg studies and the Longest study. Nurses reported that interpersonal relations was the second most important factor in determining job satisfaction, while the non-nurse subjects in Herzberg's studies ranked interpersonal relations ninth in importance in determining job satisfaction.

Hall et al. (1981) measured job satisfaction of 285 nursing staff members in a general hospital. The study was conducted by the hospital department of nursing service which sought job satisfaction data to help

define departmental goals. A tool, The Staff Satisfaction Scale was developed by the investigators. Items were generated from the literature, from instruments by Slavitt et al. (1970), and the SRA Survey of Job Satisfaction (1962). Six categories of job satisfaction were used (a) task requirements, (b) pay, (c) organizational requirements, (d) interaction, (e) autonomy, and (f) job prestige. The sample included 47 administrators, 135 staff nurses, and 55 licensed practical nurses.

Their findings indicated that length of time employed by the hospital was an important variable in determining job satisfaction. Administrators were found to be the most satisfied, following by staff nurses, with Licensed Practical Nurses being the least satisfied.

The last nursing study on job satisfaction to be reported was done by Watson (1979) who identified reasons why nurses leave their positions. A questionnaire was devised that asked two main questions, "Please explain why you left your last nursing position?", and "What factors would be most important to you in considering to remain in a nursing position for a considerable period of time?" The population was 76 registered nurses from various agencies and various areas of nursing practice in Michigan who attended workshops or classes.

The lack of formal educational opportunities was found as the major reason for nurses leaving their positions. Other factors in order of descending importance were (a) lack of administrative support, (b) lack of opportunity for advancements, (c) moved from the area, (d) lack of staff development opportunities, and (e) lack of autonomy. The major factor in considering to remain in a nursing position for a considerable period of time was administrative support. Other factors in order of descending importance for this question were (a) salary, (b) opportunity for

advancement, (c) autonomy, (d) staff development opportunities, and (e) formal education opportunities.

Summary

Presented in this section were the major theories and an overview of the research that has been done in nursing and other disciplines on job satisfaction. It is clear from this overview of job satisfaction research that nurses represent a professional group that values intrinsic rewards more highly than those that are extrinsic. Also, from the findings presented, we can conclude that job satisfaction is only one of several factors that contribute to turnover and absenteeism. Yet, as is often the case with research, these studies tend to raise more questions than they answer. What, for instance, was the effect of the tight nursing job market during 1985-86 on nurses' job satisfaction? Clearly, job autonomy and control over work are important for maximizing satisfaction, but was autonomy still important to nurses when they were reluctant to leave their jobs for fear of not finding another equal position? The next section of this chapter will address autonomy.

Autonomy

The purpose of this section is to provide an overview of the literature on the concept of autonomy, specifically as it relates to job satisfaction levels of nurses. Since the two words, "nursing" and "profession" are commonly linked and nurses think of themselves as professionals, this section begins with the development of autonomy in theories on professionalism. Autonomy as a separate characteristic of nursing has not yet been fully addressed to explain the relationship of

perceived autonomy to nurses' job satisfaction. Next, research on autonomy in nursing and other disciplines are reviewed. Finally, a summary is presented.

Theories

In a discussion on the conflict between professions and bureaucracy, Larson (1977) stated, "The consensus seems to be that professional workers require a kind of autonomy that is antithetical to Weber's model of rational-legal bureaucracy. . . . The proper way for such men to work is as members of a self-regulating 'company of equals'" (p. 190). Likewise, Hall (1968) found in his studies on professionals, a strong inverse relationship between bureaucracy and autonomy. He concluded that "the drive for autonomy by the professional may come into direct conflict with the organizationally based job requirements" (p. 102).

Autonomy as a criterion for professionalism suggests a parsimonious and eminently practical approach; however, this concept has only emerged within the last two decades. The following discussion presents historical perspectives that have led to the importance of autonomy as a crucial attribute for professionals.

Review of the extensive literature on professionalism offers as many definitions and criteria for professionalism as there are investigators. Perhaps the first social scientists to analyze the process of professionalism systematically, Carr-Saunders and Wilson (1928) initiated the traits and characteristics approach to defining professionalism that dominated early work on professionalism. The key attribute of a profession, according to Carr-Saunders, is the possession of specialized techniques founded upon specialized training for the purpose of giving

skilled service or advice to others for a fee or salary. These techniques are acquired through a substantial program of intellectual study.

Carr-Saunders and Wilson further contended that members of a profession recognize a common interest and tend to band together in some type of organization to enforce standards and control access to the occupation, usually in cooperation with the state through use of licensure laws. His work typifies the research on professions done prior to World War II that was mainly concerned with broad historical questions and saw professionals as honored servants of public need and differentiated one profession from another according to the use of their unique, complex skills, and esoteric knowledge.

After World War II, research on the professions shifted to descriptive work with limited interpretations that took the institutional context of American society for granted. Greenwood (1966) exemplified this approach. He proposed occupations to be distributed along a continuum, not structured in clearcut classes. At one end of the of the continuum are undisputed professions such as physician, attorney, professor, and at the opposite end least skilled occupations (watchman, bus boy, etc.). Greenwood also proposed specific characteristics of professionalism and contended that occupations at the professional pole of the continuum posses the maximum degree of these characteristics (a) systematic theory, (b) authority, (c) sanction of the community, (d) ethical codes, and (e) professional culture. Thus, Greenwood viewed the difference between professionals and non-professionals as quantitative rather than qualitative.

Goode (1957) likewise concentrated on traits and characteristics to describe professions. Goode listed the "community of profession" as

having eight characteristics (a) a sense of identify, (b) a lifelong work, (c) common values, (d) agreed upon role definitions, (e) a common language, (f) community power over members, (g) clear social limits, and (h) social control over the next generation. Freidson (1970) argued that Goode's characteristics were too abstract, having a range so broad that many occupations not recognized as professions would fall within those criteria (p. 78). However, Goode's description of a profession as a community within a community aptly illustrated the solidarity among members of many professions, especially those considered established "full" professions. Likewise, it is a community that excludes those who are not a part of it.

Wilensky (1964), examining occupation from a structural point of view, proposed that occupations go through stages to become professions. Occurring sequentially, they include (a) acquiring a body of knowledge in an institution of higher learning, (b) creation of a full-time occupation, (c) the formation of a professional organization, and (d) development of a code of ethics.

In the past two decades a more skeptical view of professions has developed among a small group of sociologists. Freidson (1970), who has studied the sociology of medicine extensively, is probably the intellectual leader of this group. Noting that defining professionalism has plagued the field for over half a century, Freidson has offered autonomy as a single definition for a profession. Dismissing service as an institutional attribute of an occupation, not of a profession Freidson contended that, "The only truly important and uniform criterion for distinguishing professions from other occupation is the fact of autonomy--a position of legitimate control over work" (p. 82). Likewise

Hall (1957) from an extensive study of the professional model, suggested autonomy as one attribute of professionalism along with four other attributes (a) the use of a professional organization as a major reference, (b) a belief in service to the public, (c) belief in self-regulation, and (d) a sense of calling to the field.

Others (Engel, 1969; Forsyth & Danisiewicz, 1985), have joined Hall and Freidson in identifying autonomy as the critical attribute of a profession. Forsyth and Danisiewicz (1985) have proposed a power model of professionalism based on two dimensions (a) autonomy from clients, and (b) autonomy from employing organizations:

> If power is central to the concept of profession, and if power
> in professional occupations appears to manifest itself in the
> autonomy from clients and autonomy from employing organizations
> expressed by occupational members, then the levels of
> attitudinal autonomy among occupational members might well
> provide a means to index the professionalization of
> occupations. (p. 62)

Forsyth separates professional organization and profession as two distinct concepts and is concerned with the power exercised by practitioners "in their social exchanges with society and individual clients." The hypotheses of this model predicts that individuals in "true" professions will have attitudinal autonomy from both client and employing organization, whereas those in semi-professions will have autonomy from either clients or from employing organizations, but not both. If attitudinal autonomy is not expressed either from the client nor the employing organization, Forsyth suggests no profession exists. It is instead a "mimic profession."

The predominance of women in nursing (98%) is claimed by Simpson and Simpson (1969) and Katz (1969) as the reason for its inability to attain the autonomy enjoyed by male-dominated professions. Nurses especially have been seen as nurturing, motherly, and powerless and not competitive or authoritative. This thread runs throughout the literature on nursing as a profession. A shortcoming of job satisfaction studies is the lack of data on differences of types of satisfaction between the two sexes. It appears questionable that women in predominantly female professions seek the same factors for work satisfaction as men in predominantly male professions.

Theories on work motivation and work redesign have specified autonomy as an important characteristic of job satisfaction. Autonomy has been incorporated by Hackman et al. (1983) into their Job Characteristics Model, designed to diagnose existing jobs before planned work redesign and to evaluate the effect of work redesign. Hackman et al. (1983) included autonomy as a core characteristic of jobs that foster increased feelings of personal responsibility for work outcomes.

> When the job provides substantial autonomy to the persons
> performing it, work outcome will be viewed by those individuals
> depending substantially on their own efforts, initiatives, and
> decisions, rather than, say, the adequacy of instruction from
> the boss or on a manual of procedures. As autonomy increases,
> individuals tend to feel more personal responsibility for
> successes that occur on the job and are more willing to accept
> perceived accountability for the outcomes of their work.
> (p. 79)

According to Hackman et al. (1983), the more autonomy and the other core job characteristics in their model (skill variety, task identity, task significance, and feedback from job) are present in a job, the more people will feel good about themselves when they perform well.

Research

Turner and Lawrence (1965) studied 470 workers in 47 different industrial jobs. To test dependent variables of job satisfaction, attendance, and a category called "Psychosomatic response" (freedom from nervousness), Turner and Lawrence developed the Task Attribute Index which measured autonomy, variety, responsibility, and interaction with others. In addition, Turner used "supplementary variables" that could importantly influence the relationship between the independent and dependent variables. These supplementary factors included (a) company satisfaction factors (e.g., pay and foreman satisfaction), (b) characteristics of the individual worker, and (c) perceived attributes about the task the worker performed.

Turner and Lawrence also found a strong association between autonomy and responsibility. However, both high and low responsibility jobs were more likely to be associated with high job satisfaction. That low responsibility can be satisfying can be explained in three ways. First, if the worker feels that the results of his effort are important, he will experience satisfaction even though he does not have a high level of responsibility. Second, if the job provides the employee the opportunity to accomplish something by using skills and abilities that he personally values, job satisfaction can also result (Lawler, 1973). Third, according to Equity theory (Adams, 1963), if the worker feels there is a balance

between what he puts into the job and the rewards he receives from the job, he will feel he is receiving fair treatment, which leads to satisfaction.

Trow (1957) examined autonomy and job satisfaction in 64 college students using an experimental laboratory task model that simulated task situations that could be found in all organizations. A pre-experimental needs questionnaire was administered to the subjects that included five social needs (a) achievement, (b) autonomy, (c) affiliation, (d) recognition, and (e) cognition. Following the experiment, the students completed a questionnaire that asked how much they liked doing their task.

Trow concluded that the job satisfaction of a person in a task-oriented group is determined to a large extent by what has been termed the autonomy of the position he occupies in the information flow, greater autonomy producing higher satisfaction. He also found that subjects with a strong need for independence expressed lower satisfaction than others with a role in which they were made highly dependent on others.

There are three nursing research studies in the literature which attempt to explain the relationship of perceived autonomy to job satisfaction. The first study was conducted by Buccheri (1984) to determine what relationships exist among reported levels of job satisfaction, autonomy, and supervisor support for registered nurses working in psychiatric settings. A descriptive survey design was used on a sample of 203 registered nurses working in nine psychiatric settings. Data were collected utilizing the Job Satisfaction Scale, the Work

Environment Scale, the Perceived Autonomy Scale, and the Supervisor Support Scale.

Buccheri found strong positive relationships for both overall job satisfaction and supervisor support with perceived autonomy. Nurses with high levels of autonomy and supervisor support were the most satisfied with their jobs. Nurses with baccalaureate degrees reported the lowest levels of autonomy, as compared to nurses who did not have baccalaureate degrees. There were no significant correlations of perceived autonomy with age or with years of experience.

The next study was conducted by Slavitt et al. (1978) who developed an attitude scale, the Index of Work Satisfaction, based on the work of Maslow (1954) and Herzberg et al. (1959) to measure the occupational satisfaction of nurses. The scale was composed of six categories (a) pay, (b) autonomy, (c) task requirement, (d) organizational requirements, (e) interaction, and (f) job prestige/status. The first section of the questionnaire asked which component of satisfaction was more important to them as a contribution to their own level of job satisfaction. The second section measured respondents' current levels of satisfaction through a Likert-type scale. The questionnaire was administered to 336 nurses employed in a hospital setting, 450 nurses employed in another hospital setting two years later, and 42 subjects employed in a private, ambulatory group practice (8 physicians, 12 nurses, and 22 support personnel).

In the findings, all groups of health professionals rated autonomy as the most important factor in contributing to overall level of satisfaction in jobs. Job status was ranked second in importance by nurses in the two hospital settings. Task requirements were ranked second by nurses in the ambulatory setting. However, when the nurses were asked to rate current

satisfaction in their present jobs, job status was ranked first,
interaction ranked second, and autonomy dropped to third in both hospital
and ambulatory settings. Although nurses valued autonomy highly, they
were only moderately satisfied with this in their current job.

A study by Alexander et al. (1982) also found that nurses'
perceptions of autonomy were influenced by both personal attributes
(e.g., baccalaureate education, internal control) and by structural
features of the unit (e.g., primary nursing relationship with head
nurse). Significant differences of autonomy were found among different
clinical areas. Primary nursing was influential in predicting levels of
autonomy for nurses in medical and special care units but not in surgical
or parent-child units. Their research data support the concept of
autonomy as being a function of personal characteristics and
characteristics of the working environment.

Summary

This section has provided a framework of autonomy as a component of
professionalism and work motivation concepts. Next, a brief overview of
the research that has been done on the concept of perceived autonomy of
nurses in relation to their level of job satisfaction was presented and
summarized. It appears that perceived autonomy by staff nurses is one of
the most important variables in predicting the level of job satisfaction
among nurses.

Work Settings

The focus of this section is on work settings that were examined in
this research. First, a review of nursing research studies that have been

done on nurse job satisfaction and work setting will be presented. Next, general characteristics of hospitals, community, and school health settings are described along with nursing roles in these settings. Finally, differences among the work setting characteristics and nurse roles are discussed.

Research

Almost all of the major research on nursing has focused on the nurse in the hospital to the exclusion other settings. Given that approximately 65% of nurses work in hospitals somewhat justifies this oversight. However, it raises the question of differences of job satisfaction and autonomy that might exist in nurses in non-hospital work settings. Some evidence points in this direction.

Hall (1968) studied the attitudinal aspects of professionalization and organizational settings of professional occupations across several professions. To measure the degree of professionalism, Hall developed a scale of five dimensions of attitudinal attributes (a) professional organization as a reference, (b) belief in service to the public, (c) belief in self-regulation, (d) sense of calling to the field, and (e) autonomy.

Hall's sample included nurses in two work settings: eight who worked in a university student health clinic and 26 who worked in a general hospital. Although the sample was small and no level of significance of responses between the two groups was reported in the study, Hall found that student health clinic nurses' perceptions of autonomy were twice those of nurses working in a hospital.

In examining role conflict of 59 college graduate nurses, Kramer (1968) found that almost half of the graduate nurses planned to enter public health nursing within a year. Kramer explained, "The most frequently cited reasons for choosing public health over hospital nursing were greater autonomy, recognition of college degree, and wider opportunity to utilize available skills" (p. 465).

A nationwide survey of nursing job satisfaction was conducted in 1978 by Nursing 1978 (Godfrey, 1978). More than 17,000 nurses responded to a questionnaire on job satisfaction published in one of the journal issues. Job satisfaction was divided into two categories: very or moderate satisfaction and very or moderate dissatisfaction.

Eighty-eight percent of the community health nurses and 92% of the industrial and school nurses reported they were very or moderately satisfied with their jobs, whereas 78% of hospital nurses reported they were very or moderately satisfied. Although no advanced statistical analysis was reported, the data suggest that significant differences of job satisfaction among these work settings may exist.

Work Settings Characteristics and Nursing Roles

It will be assumed in this study that the nurse working in a large-scale bureaucratic organization, such as a medical center, operates within an organizational climate that differs from the organizational climate of a community health clinic, school, or home health agency. The quality of working life for nurses in these community-based settings still remains to be empirically investigated. In some aspects community health, school, and home health nursing appear to be similar to that of hospital nursing. For example, nurses in all of these settings provide direct

client care and work with other health professionals. At the same time there are several differences. A brief description of these four types of nursing follows.

Community and School Health Nursing

Archer and Fleshman (1985) defines the heart of community health nursing goals as, "Primary prevention and health promotion." To accomplish this goal, community health nurses work with groups, families, and individuals as well as in multidisciplinary teams. This interpretation concurs with the definition by the American Nurses' Association:

> Community health nursing is a synthesis of nursing practice and public health practice applied to promoting and preserving the health of populations. The practice is general and comprehensive. It is not limited to a particular age group or diagnosis, and is continuing, not episodic. Health promotion, health maintenance, health education and management, coordination, and continuity of care are utilized in a holistic approach to the management of the health care of individuals, families, and groups in a community. (American Nurses' Association, 1980)

Community health nurses work in a variety of settings that range from health clinics serving specific groups (e.g., refugees, the aged, families with young children) to schools, industries, home health agencies, and correctional institutions.

School nursing is considered a part of community health nursing but limited to the school setting. It is clear that school nurses work with

children in the primary schools and with adolescents in middle and high school; however, the specific role of school health nurse is less clear. The American School Health Association has suggested that the primary focus of school nursing is, "enhancing the child's or youth's individual ability to utilize his intellectual potential and to make worthwhile decisions affecting present and future physical, social, and emotional health" (American School Health Association, 1974).

There is a consensus in the literature that although the role of the school nurse is not well understood, school nursing is creative and full of variety. Much of the school nursing role depends on the unique needs of the children in a particular school setting and the creativity and motivation of the individual nurse.

Home Health Nursing

Home health care is the provision of health care and health-related services to persons in their place of residence. Home health nurses may work for a local private agency or one that is part of a nationwide chain of home health agencies. With the recent demand for home health services many hospitals and community health departments have added home health care to their services. Home health nurses have some control over their schedule and have a great deal of control over the type of care given to their clients. Many of their clients are chronically ill or are disabled, the preponderance of clients are elderly. Although home health agencies provide services other than that of nursing, physical therapy for example, nurses working in this setting must possess a broad range of nursing skills that of necessity overlap into other disciplines.

Hospital Nursing

The definition and focus of hospital staff nursing can be generally described as specialized, episodic, and illness-oriented. Hospital nursing is divided into specialties according to area of the hospital in which the staff nurse works. These are usually separated into the following areas: intensive care, emergency room, pediatrics, obstetrics, gynecology, general medical, general surgical, psychiatric, and geriatric. Because of the various specialty areas, staff nurses have the choice to move from one area to another, creating opportunity for work variety. However, the hospital nurse must work daily within the restrictions of a multitude of hospital policies and perform work according to relatively specific procedures that are typical of a large bureaucracy.

Differences in Nursing Roles and Tasks

There are many important differences in nursing roles between the two nursing groups. Community health, school, and home health nurses work with clients on their own turf, within the community and in the client's home. Thus, the community, school, and home health nurse work on tasks as a complex whole, treating the client's health problem within the context of his family and his community. Community, school health, and home health nurses are responsible for coordinating a broad range of community and specialized health resources to help clients.

In the hospital, the nurse works with her client within the confines of the hospital walls and is less aware of family relationships and the home environment. Unlike her community counterparts, the hospital nurse

can depend upon other health professionals in the work setting for immediate help to solve problems. The community-based nurse must make a separate referral to other professionals and wait for a period of time for interdisciplinary assistance.

Relationships with the medical community also differ. In community, home, and school health settings, the nurse is usually removed from direct physician supervision. A physician medical director of a community health agency establishes only general policies and guidelines to guide nursing care actions, the specific care activities are decided by the nurse herself. Similarly, school and home health nurses work with physicians indirectly, primarily for medical referrals. In most instances, the school and home health services are supervised by a nurse administrator and do not have direct physician supervision. Nursing care in hospitals, on the other hand, is primarily under medical supervision with the nurse carrying out written orders given by various staff and private practice physicians.

The flexibility of nursing tasks also varies among these work settings. Hospital schedules, surgery, medication administration, dressing changes usually take place at certain times with little flexibility except in the case of emergency services. The hospital nurse is expected to promptly report on/and off work. On the other hand, community, home health, school nurses, although expected to be at work at certain times, have more flexibility and choice about when tasks can be done.

Moreover, the nature of the tasks themselves differ among these work settings. Hospital nurses generally perform more highly technical tasks (e.g., parenteral infusion, medications, tracheal suctioning, heart

monitoring) whereas, community and school health nurses tend to perform more general tasks (e.g., physical assessments, health teaching, home visits, referrals).

Work clothing is an area where differences among nurses in these work settings are quite visible. Nurses working in hospital, of course, wear uniforms, either white clothing or "scrubs" depending on what unit they work. Community health or school nurses often wear conventional street clothing with or without a lab coat. There has been a great deal of attention in recent years about the type of dress as a reflection of one's position and of the importance of dress in affecting responses from others. The use of the word "uniform" to describe hospitals nurses' attire may also reflect the "uniformity" of the job.

The following compares the differences in work setting characteristics, nursing roles, and tasks among community, school, home health, and hospital nurses.

Community/School/Home Health	Hospital
1. Performs less technical tasks.	1. Performs highly technical tasks.
2. Operates with limited physician control.	2. Operates directly under physician control.
3. Uses generalized skills	3. Uses specialized skills.
4. Has more flexible schedule.	4. Has less flexible schedule.
5. Depends on self for problem solving.	5. Can depend on others for problem solving.
6. Priority is health education.	6. Priority is delivery of health care.
7. Dresses individually.	7. Dresses uniformly.
8. Give periodic care to clients.	8. Gives episodic care to clients.
9. Focus is wellness/health.	9. Focus is illness.

Given these differences among work settings, nurses working in a community or school health agency may perceive themselves as more autonomous than nurses working in a hospital. In turn, higher perceptions of autonomy may influence their perceived levels of job satisfaction.

Personal Characteristics

This section will present correlates of personal characteristics, educational background, age, and length of nursing practice to perceived levels of job satisfaction and perceived levels of autonomy of staff nurses.

Educational Background

A number of studies (Kramer, 1968, 1969; Corwin, 1961; Corwin & Taves 1962) have generally contended that collegiate nurses are more likely to have a professional conception of the nurses role and experience role deprivation, and thus job dissatisfaction, in the hospital work setting. These studies utilized role deprivation to measure levels of job satisfaction as a disparity between desired role enactment and perceived opportunity to enact the conceptualized role. When there is high disparity, the nurse is considered to be highly role deprived, and the inference is that when this condition exists, she will be unhappy or dissatisfied in her job (Kramer, 1969). Other studies also support a relationship between educational background, job satisfaction, and autonomy.

Brief et al. (1979) studied the impact of type of nursing education on role stress and job satisfaction experienced by 117 registered nurses in Iowa hospitals. The Index of Job Satisfaction Scale (Brayfield &

Rothe, 1951) was used in this study to measure job satisfaction. Findings from this study demonstrated that nurses from more professional educational tracks experienced more role stress on the job than did nurses from less professional tracks and that role stress was negatively correlated with job satisfaction.

Decker (1985) used path analysis to explore the relative effects of education, length of experience, person/role conflict, and interpersonal work environment across types of person-role conflicts, on nurses' overall job satisfaction and on the propensity to leave. Decker hypothesized that baccalaureate and graduate nurses would experience more deprivation of intrinsic satisfactions, dissatisfaction with advancement and pay, and more moral/professional conflict than diploma and associate nurses.

From a questionnaire distributed to 604 staff nurses at a major university teaching hospital, 483 were returned. Standardized regression equations were established for each of the dependent variables. Findings from this study indicated that job satisfaction, perceived advancement opportunities, length of experience, and education were related to a propensity to leave with job satisfaction having the greatest relationship. As well, baccalaureate/graduate trained nurses overall had a greater propensity to leave.

Last, the study on autonomy by Buccheri (1984) discussed earlier in this section showed that nurses with baccalaureate degree reported the lowest levels of autonomy, as compared to nurses with other degrees.

Age and Length of Experience

A review of the literature suggests a curvilinear relationship between age and seniority and job satisfaction: young and old workers are

more satisfied whereas middle-aged workers are less satisfied. Some of the reasons for this may be selective turnover and the development of realistic expectations about what the job has to offer (Lawler, 1973, p. 82).

Length of time employed at an institution has been shown to correlate with nurse job satisfaction in the nursing literature. In a study previously discussed in this section, Weisman et al. (1981) found that a shorter tenure is a predictor of turnover. Likewise, Hall et al. (1981) in studying job satisfaction in 285 employees of a psychiatric hospital found that length of time employed at the hospital was an important variable in determining job satisfaction. Employees who reported the highest levels of satisfaction had either worked at the hospital for less than one year or for more than five years. Nurses employed over five years were more likely to be satisfied with prestige, pay, and the style of the organization. However, the researchers also found that the longer the length of employment, the less nurses were satisfied with task requirements and autonomy.

Lowery and Jacobsen (1984) studied nurse performance and turnover rates of 92 nurses who left their employment and 184 who stayed. In addition to findings that job performance of those who left employment was rated significantly lower by supervisors, Lowery and Jacobsen also demonstrated that younger nurses were more likely to leave. The majority (56%) of the "leavers" had less than two years of nursing experience.

Summary

Chapter II has presented a review of related literature and conceptual frameworks for the four main concepts in this study: job

satisfaction, autonomy, work setting, and correlates of personal
characteristics. A diagram of the relationships among the concepts to be
examined in this study is presented in Figure 2. The next chapter
provides a discussion of the research design, the research sample and
setting, and methods of data collection and analysis.

```
+---------------------+        +-------------+        +-------------+
|  Work Setting       |        |             |        |    Job      |
|    Hospital         |        |  Autonomy   |        |             |
|  Non-hospital       |--------|             |--------| Satisfaction|
|                     |        |             |        |             |
|                     |        +-------------+        +-------------+
|  Personal-Social    |
|  Characteristics    |
+---------------------+
```
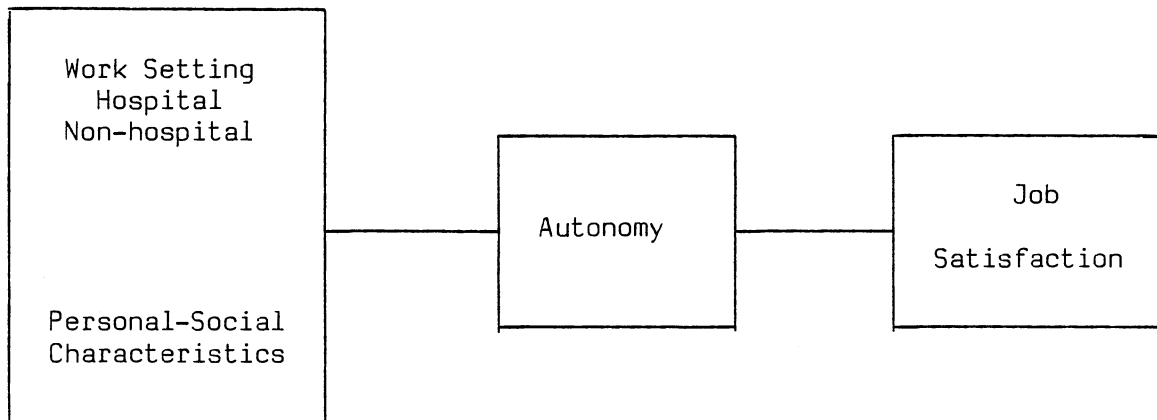
Figure 2. A Conceptual Presentation of Job Satisfaction in Work Settings.

CHAPTER III

RESEARCH METHODOLOGY

This section begins with a description of the research design that
was used in this dissertation. Next a description of the research sample
and settings that were utilized during collection of data are presented.
Then, the method of data collection used is discussed, followed by a
description of the data analysis and a summary of the research design.

Research Design

A non-experimental descriptive survey design was used for this study
of variables related to the job satisfaction of nurses employed in
hospital and non-hospital settings. Questionnaires that measure perceived
levels of overall job satisfaction, perceived levels of job satisfaction
components (task requirements, pay, organizational requirements,
interaction, autonomy, and job prestige), and personal characteristics
(i.e., age, education, and length of nursing experience) were used to
collect data from the subjects. In addition, a scale of nurse job
autonomy was developed and tested for inter-reliability. This scale was
not used for testing the hypotheses of this study but to collect data as
the first step in the development of a new instrument.

The dependent variables were perceived overall job satisfaction and
job satisfaction subscales which included task requirements, pay,

organizational requirements, interaction, autonomy, job prestige/status as measured by a self-administered instrument.

The independent variables were (a) hospital setting versus non-hospital setting, (e.g., community health, school health, and home health agencies), and (b) personal characteristics (age, education, length of work experience).

Research Sample and Settings

Prior to the collection the research data, permission to proceed was obtained from the Human Subjects Committee of the Department of Research and Sponsored Programs at Wichita State University where the investigator is a faculty member.

Approval to conduct this study in the Wichita Public School System U.S.D. 259 was granted by the Director of Research of that agency after presentation of the research proposal by this researcher to the Research Council. The permission letter from the Wichita Public School System is provided in Appendix A. The Director of Nursing Services, Wichita-Sedgwick County Department of Community Health, and the Directors of two home health agencies were contacted by mail and by telephone to seek permission to include these agencies in this research. An abstract of the research proposal and samples of the survey instruments were presented to the appropriate committees or individuals in each agency for examination and approval. After this additional information was provided, a current listing of registered nurse employees was obtained from each health agency.

The sample studied was drawn from staff nurses employed in four different types of health care organizations in Kansas: large hospitals,

city/county community health agencies, school district health programs, and home health agencies. The sample was limited to three population centers in Kansas: Wichita, Topeka, and Kansas City.

From a computer list of registered nurses provided by the Kansas State Board of Nursing, 146 hospital nurses from Wichita, Topeka, and Kansas City were selected for inclusion in the study. Permission to use this list is included in Appendix A. An almost equal number (152) of subjects for the non-hospital population were chosen both by random selection from the computer list and from lists of nurse employees of several local health agencies. The School Health Services, Wichita Board of Education, which employ approximately 25 registered nurses, the Wichita-Sedgwick County Department of Community Health, which employs approximately 35 registered nurses and two privately owned Wichita home health care agencies which employs 25 registered nurses were used for a portion of the non-hospital nurse sample. All the employed registered nurses who work in these Wichita settings and who consented to participate were used for this study. The sample was limited to registered nurses working full- or part-time at a staff level.

Methods for Data Collection

Procedures

After approval was obtained from the selected health agencies and the Kansas State Board of Nursing, data were collected from each participant by means of a mailed questionnaire consisting of the instruments shown in the Appendix C. Each participant was asked to respond according to her particular attitude toward autonomy and job satisfaction. All were asked

to supply demographic information regarding age, sex, level and type of nursing education, and years of nursing experience.

The questionnaires, which were mailed during the first week in September, 1986, were designed to facilitate quick responses. A cover letter explaining the purpose of the study and guaranteeing anonymity of responses accompanied the questionnaire and is included in Appendix B. A follow-up postcard was sent to each subject in the sample one week later. A follow-up mailing was sent two weeks later to encourage participation from those who did not respond to the initial mailing (see Appendix B). The envelopes were marked so as to discriminate the type of work setting and the location.

Table 1 provides a profile of the sample of registered nurses showing the distribution, return rate, and usability of the questionnaires. Twelve questionnaires from nurses who did not meet the criteria of the research, either by work setting or by position, were not included in the sample. One was in private practice, one worked in a prison, two were in management positions, two were nursing instructors, two worked in physician's offices, one worked in industry, two worked in nursing homes, and one was certified nurse anesthetist.

Table 1

Distribution, Return Rate, and Usability of Questionnaires

	Distributed	Returned		Usable	
		N	%	N	%
Hospital	146	105	71	100	68
Non-Hospital	152	216	72	104	68
Community Health	43	32	74	27	62
School Health	62	55	88	53	85
Home Health	47	24	51	24	51
Totals	298	211	70	204	68

Instruments

Four independent survey instruments were used to collect data on the individual units of analysis: The Index of Job Satisfaction, the Staff Satisfaction Scale, a Nurse Autonomy Scale, and a Personal Characteristics Questionnaire (see Appendix C). One job satisfaction scale, (Staff Satisfaction Scale), included a subscale of autonomy and the other job satisfaction scale (Index of Job Satisfaction) did not include an autonomy subscale.

Index of Job Satisfaction Scale

This scale was designed by Brayfield and Rothe (1951) to provide a useful index of overall, rather than specific, aspects of job satisfaction. It is applicable to a wide variety of jobs and can be used for both management and for employees. The scale was developed as a class project in Personnel Psychology for members of an Army Specialized Training Program in personnel psychology at the University of Minnesota in 1943.

The index contains 18 items with Thurston scale values ranging from 1.2 to 10.0 with approximately .5 intervals. The items are not arranged in the order of magnitude of scale values. A Likert scoring system consisting five categories of agreement-disagreement is applied to each item. The Thurston scale value gives the direction of scoring method so that a low total score would represent the dissatisfied end of the scale and a high total score the satisfied end. The range of possible total scores is 18 to 90 with the undecided or neutral point at .54. A reliability coefficient has been established at .87 (Brayfield & Rothe, 1951).

The investigators conducted a test of content validity of this scale against the external criterion of two "known" groups, that is, persons known to have high satisfaction with their job (personnel group) and persons known to have low satisfaction with their job (non-personnel group). The difference was significant at the .01 percent level. Scores on this index correlated at .92 with scores on the Hoppock job satisfaction scale.

Staff Satisfaction Scale

Hall et al. (1981) developed the Staff Satisfaction Scale specifically to help nursing service measure the job satisfaction of employees of a general hospital. The instrument was derived from Maslow's framework (1954) and from Herzberg's motivation-hygiene theory (1959). Six categories developed by Slavitt et al. (1978) for the Index of Work Satisfaction Scale were used for the Staff Satisfaction Scale. Items in each of these categories were generated from the literature and from two published tools (SRA Survey, 1962; Slavitt et al., 1978). Of the 41 items on the final scale, 24 were taken or adapted from the Index of Work

Satisfaction, six were from the SRA Survey of Job Satisfaction, and 11 were developed by Hall et al. (1981). The six categories and their definitions in the Staff Satisfaction Scale are:

1. Task requirements--job-related, regular tasks.

2. Pay--salary and benefits.

3. Organizational requirements--constraints imposed on the job by the organization.

4. Interaction--formal and informal social contact during work time.

5. Autonomy--expected job-related independence, initiative, and freedom.

6. Job prestige/status--perception of overall importance on one's position.

Hall et al. (1981) reported the following reliability coefficients using Cronbach's Alpha for each category in the scale:

Task requirements	0.64
Autonomy	0.78
Pay	0.79
Organizational requirements	0.85
Job prestige	0.72
Interaction	0.70
Total scale	0.91

Reliability for the total scale, as measured by Cronbach's Alpha was 0.91. Reliabilities for the six subscales are slightly lower because Alpha size is somewhat dependent upon having a large number of items. The wording in this scale was slightly altered for the purpose of this study to reflect characteristics of non-hospital settings as well as hospital settings.

Personal Characteristics Questionnaire

In addition to the two instruments discussed above, a questionnaire was developed by the investigator that included the following data: age, sex, length of nursing practice experience, length of tenure at present employment, and educational background.

Nurse Autonomy Scale

The author developed a scale of ten items to measure nurse job autonomy. The items were taken from the following sources, (a) nursing research that showed certain factors to be significant predictors of autonomy (Weisman et al, 1981; Alexander et al., 1982), (b) existing autonomy scales (Forsyth & Danisiewicz, 1985; Quinn & Shepard, 1974), and (c) autonomy items from a scale for assessing nurses' work-situation characteristics (Greenhailgh, 1983). The respondent was asked to indicate two levels of perceptions of autonomy for each item in this scale, (a) the degree of importance the item holds for her generally, and (b) to what degree the item is present in her current job situation. In addition, the respondent was asked to list any other factors that promote feelings of autonomy in her job.

The Nurse Autonomy Scale was not used for testing the study hypotheses. It was included to give additional qualitative information on nurse autonomy and to gather data for further development of the scale by using statistical analysis to establish item interreliability. These data are reported on page 73.

Methods of Data Analysis

Data were analyzed utilizing the IBM VM-CMS (Release 2.1) computer system at Wichita State University and programs in the Statistical Package for Social Sciences (SPSSX).

The random sampling techniques employed in sample selection allowed the researcher to assume a normal distribution of scores for each variable. Statistical significance was set at the .05 level. The mode of each variable was taken as the value for missing data. Multiple regression, selected to test hypothesis 3 of this study, can predict outcomes and explain interrelationships among variables. It is a powerful analytic tool that yields measures of the magnitude of the whole relationship of a factor to the dependent variable as well as of its partial relationship and is a major tool in causal analysis (Cohen & Cohen, 1983). The following describes the instruments and statistical procedures used for each of the five hypotheses in the study.

Hypothesis Question	Instrument	Procedure
I. Do nurses who work in hospital settings have perceptions of job autonomy that are at a significantly different level than nurses who work in non-hospital settings?	Autonomy Subscale	ANOVA
II. Do nurses who work in hospital settings have perceptions of job satisfaction that are at a significantly different level than nurses who work in non-hospital settings?	Staff Satisfaction Scale (SSS)	ANOVA

III. (a) What is the relationship between a set of independent variables and job satisfaction? (b) What variables predict the overall proportion of job satisfaction?	SSS Subscales Index of Job Satisfaction Personal Charac- teristics Question- naire	Multiple Regression
IV. How are age, educational back- ground, and duration of experience as a practicing nurse related to perceived levels of job autonomy?	Personal Charac- teristics Question- naire Autonomy Subscale	Descriptive Correlation Coefficient
V. How are age, educational back- ground, and duration of experience as a practicing nurse related to perceived levels of job satisfaction?	Personal Charac- teristics Question- naire Index of Job Satisfaction Scale	Descriptive Correlation Coefficient

Summary

This chapter has provided a description of the research methodology that guided this study. This description included the research design, a discussion of the research sample, work settings, and methods used in data collection and concluded with a chart depicting the hypotheses questions, instruments, and statistical procedures that were utilized for this research. Chapter IV will present an appropriate analysis of data collection.

CHAPTER IV

FINDINGS

In this chapter demographic information about the sample will be
reported followed by an analysis of the data as they relate to each of the
hypotheses examined. Finally additional findings obtained in this study
are presented.

The descriptive study reported here used a cross-sectional survey
design to determine if there was a relationship among job satisfaction,
autonomy, and demographic variables in nurses working in hospital and
non-hospital settings. To test the model in this study (see Figure 2) for
predictors of job satisfaction, a simultaneous regression was used on the
full sample. The sample consisted of 204 registered nurses working in
large hospitals, community health, school health, and home health
agencies.

Instrument Validity

Two job satisfaction instruments were used. To examine construct
validity of these instruments, a correlation coefficient was calculated
between the mean scores of each instrument. The result indicated only a
moderate intercorrelation (r = .57) between the two instruments.

Demographic Findings

Nurse participants were asked to list personal and job-related
characteristics in Part II of the Questionnaire. A summary of the
information is shown in Table 2.

Table 2

Description of the Sample by Age, Years of Experience, and Years at

Present Job

Type of Agency	Age		Years Experience		Years Present Job	
	Median	Range	Median	Range	Median	Range
Hospital n = 100	39.0	24–65	16.0	4–41	7.0	<1–41
Non-hospital n = 104	44.0	25–65	18.0	3–44	7.0	<1–31
Both groups	42.0	24–65	16.0	3–44	7.0	<1–44

Age

The median age of 42 years with a standard deviation of 10.3 years was reported by 204 subjects. Age ranged from 24 years to 65 years.

Sex

Ninety-four percent of the sample was female. Of the 12 males in the study, 10 worked in the hospital setting.

Years of Experience

Of the 204 nurses who responded to this question, the median number of years practiced as a nurse was 16 with a standard deviation of 10.0 years. The range of years of experience was from 3 to 44 years. School health nurses had the longest mean duration (23 years) of nursing experience of the four groups.

Years at Present Job

Two-hundred and four subjects responded to this question. Their
responses ranged from less than one year (3 subjects) to 44 years
(1 subject). The median number of years employed at the present job was
7 years with a standard deviation of 7.3 years. Non-hospital nurses were
older, worked longer at their present jobs and had more years of nursing
experience than hospital nurses.

Level of Nursing Education

The largest number of subjects, 89 or 43.6%, reported a diploma as
their level of nursing preparation. Seventy-eight or 38.2% of the
subjects listed a baccalaureate degree as their level of nursing
preparation. Masters degrees were reported by 20 or 9.8% of the
subjects. A summary of this information, separated into hospital and
non-hospital groups, is reported in Table 3.

Table 3

Description of the Sample by Level of Education

Level of Education	Hospital (n = 100)		Non-Hospital (n = 104)	
	N	%	N	%
Associate Degree	7	7.0	7	6.7
Diploma	56	56.0	33	31.7
Baccalaureate	33	33.0	45	43.3
Masters Degree	3	3.0	17	16.3

These demographic findings included personal and job-related characteristics of the 204 nurse participants. The next section will present data results of testing of the hypotheses.

Testing of the Hypotheses

Hypothesis 1. When the levels of hospital and non-hospital nurses' perceptions of job autonomy are compared, there will be no statistically significant difference.

For this hypothesis, a one-way analysis of variance of scores on the Autonomy subscale of the Staff Satisfaction Scale was performed to test the null hypothesis of equality of mean scores for nurses working in hospitals and nurses working in non-hospital settings. The computed analysis of variance was significant (p = .0579). Although non-hospital nurses reported greater autonomy than hospital nurses a significant level was not achieved; therefore hypothesis 1 was accepted. Data relevant to this hypothesis are summarized in Table 4 and Table 5.

Table 4

Analysis of Variance of the Autonomy Subscale Scores by Hospital and Non-hospital Work Settings

Source of Variation	df	SS	F	p
Between Groups	1	53.24	3.63	.057
Within Groups	202	2955.51		
Total	203	3008.75		

Table 5

Mean and Standard Deviations of Autonomy Subscale Scores Between Hospital

and Non-hospital Nurses

Agency	Mean	SD
Hospital	21.68 (n = 100)	4.19
Non-Hospital	22.70 (n = 104)	3.43

Hypothesis 2. When the levels of hospital and non-hospital nurses' perceptions of job satisfaction are compared, there will be no statistically significant difference.

The null hypothesis of equality of mean job satisfaction scores was tested using a one-way analysis of variance. The mean satisfaction scores were found to be significant at the .01 level (p = .0138). Non-hospital nurses reported greater job satisfaction than hospital nurses; therefore, hypothesis 2 was rejected. Data relevant to this hypothesis are summarized in Table 6 and Table 7.

Table 6

Analysis of Variance of the Staff Satisfaction Scale Scores by Hospital

and Non-hospital Work Settings

Source of Variation	df	SS	F	p
Between Groups	1	1615.03	6.16	.013*
Within Groups	202	52909.78		
Total	203	54524.82		

*$p < .05$.

Table 7

Mean and Standard Deviations of Staff Satisfaction Scores Between Hospital

and Non-Hospital Nurses

Agency	Mean	SD
Hospital	136.66 (n = 100)	17.56
Non-Hospital	142.28 (n = 104)	14.73

Hypothesis 3. (a) There is no significant relationship between a set of independent variables and job satisfaction. (b) The overall proportion of job satisfaction variability is not accounted for by predictable variables.

Simultaneous regression analysis was performed to determine the contribution of all independent variables on the Index of Job Satisfaction as the dependent variable. All independent variables were entered into the regression analysis simultaneously. The multiple R_2 of .525 indicated that 52.5% of the variance in the dependent variable can be explained by using all the combined independent variables and is significant at the .0001 level [F (10.189) = 20.99, p = <.001]. Job prestige alone explained approximately 24% of the unique variance. Additionally, 1.7% of the total variance was contributed by autonomy. Thus, approximately one half of the explanation or predictive power of the regression equation is error. The source of this error may be due to the large variance in the demographic predictors, none of which were statistically significant. Another possible explanation is that we do not have an adequate model for predicting job satisfaction. Data relevant to this computation are shown in Table 8, Table 9, and Table 10.

Table 8

Summary of the Full Model Simultaneous Regression of Job Satisfaction

Variables	M	SD	2	3	4	5	6	7	8	9	10	11
1.Index of Job Satisfaction	65.44	8.66	.20	.43	.03	.47	.67	.38	.02	.05	.02	.07
2.Tasks	14.29	3.39		.25	.02	.41	.18	.39	-.20	-.11	.07	-.10
3.Social Interaction	24.87	3.52			.13	.49	.37	.60	-.01	.02	.00	.02
4.Pay	8.98	1.42				.05	.01	.17	.01	.04	.02	.01
5.Autonomy	22.20	3.85					.39	.50	.00	.01	.07	-.05
6.Job Prestige	28.08	3.63						.32	.07	.04	.01	.08
7.Organization Requirements	34.59	6.24							.04	.12	.08	.13
8.Years on Job	8.81	7.39								.59	.09	.15
9.Years Experience	17.80	10.08									-.04	.07
10.Educational Level	2.54	.79										.01
11.Age	43.02	10.35										

Table 9

Full Model Simultaneous Regression Analysis of Job Satisfaction

Source	$\underline{SS}$	$\underline{df}$	$\underline{MS}$	$\underline{F}$	$\underline{p}$
Regression	7946.70	10	794.67	20.958	.0001***
Residual	7166.66	189	37.91		
Total	15112.86	199			

$R_2 = .52.$

***$\underline{p} < .001.$

Table 10

Summary of Unique Contribution of Predictors of Job Satisfaction

Variable	% Unique Contribution	$\underline{F}$	$\underline{p}$
1. Job Prestige	23.980	95.45	.001**
2. Autonomy	1.692	6.74	.010*
3. Social Interaction	0.008	3.74	.066
4. Years on Job	0.001	0.55	.456
5. Organization Requirements	0.000	0.38	.533
6. Tasks	0.000	0.24	.620
7. Education	0.000	0.24	.624
8. Age	0.000	0.11	.732
9. Years Worked	0.000	0.07	.790
10. Pay	0.000	0.00	.988

* $\underline{p} < .05.$

**$\underline{p} < .01.$

Hypothesis 4. When nurse subjects are grouped according to age, educational background, and duration of practice as a nurse, they are not related to job autonomy.

To test this hypothesis, two-tailed correlation coefficients for age, educational background, and years of experience were tested with the autonomy subscale score to determine if they were significantly different from zero. None of these variables was significantly associated with autonomy, therefore, this hypothesis was not rejected. The computed correlation of -.04 for age with autonomy was not significant with a probability of .51. The computed correlation of .07 for educational background with the autonomy score was not significant with a probability of .31. For years of nursing experience, the computed correlation of .01 with the autonomy score was not significant with a probability .07. These measures of association are presented in Table 11.

Table 11

Correlations Between Perceived Autonomy and Personal Characteristics of Nurses

Characteristic	Perceived Autonomy Score	
	(r)	(p)
Age	-.04	.51
Educational Background	.07	.31
Years of Experience	.01	.81

Hypothesis 5. When nurse subjects are grouped according to age, educational background, and duration of practice as a nurse, they are not related to job satisfaction.

Age, years of experience, and educational background were correlated with Index of Job Satisfaction scores to test the null hypothesis. None of these relationships was statistically significant, therefore, this hypothesis was not rejected. The computed correlation coefficient for age of .06 was not significant with a probability of .32. The computed correlation coefficient for educational background of .03 was not significant with a probability of .63. The computed correlation coefficient for years of experience of .05 was not significant with a probability of .43. These measures of association are presented in Table 12.

Table 12

Correlations Between Perceived Job Satisfaction and Personal Characteristics of Nurses

Characteristic	Perceived Job Satisfaction Score	
	(r)	(p)
Age	.06	.32
Educational Background	.03	.63
Years of Experience	.05	.43

Additional Analysis

The following non-hypothesized findings should be of interest to both the nursing profession and to health agency administrators.

Relationships of Subscale Dimensions

The relationship of dimensions of job satisfaction between hospital nurses and those working in non-hospital settings is summarized in Table 13. Two aspects of this comparison seem worthy of highlight.

1. Compared to nurses working in community settings hospital nurses are less satisfied with their work in three areas (a) the tasks they perform, (b) control over their work, and (c) the requirements placed upon them by their employing organization.

2. Hospital nurses tend to be more satisfied with what they are paid although not significantly so.

Analysis of task requirement question items between the two groups showed the following non-significant trends: Hospital nurses reported less sufficient time for patient care and time with patients than non-hospital nurses. Non-hospital nurses reported less satisfaction with the amount of paperwork than their hospital counterparts.

Analysis of organizational requirement question items between the two groups showed the following non-significant trends: Hospital nurses reported lesser satisfaction with caring by the organization for the worker, support for quality patient care, support of nursing administration, and the organization of work than non-hospital nurses. Non-hospital nurses reported lesser satisfaction with participation in policy and with the opportunity to advance than nurses working in the hospital.

Table 13

Comparison of Mean Scores of Staff Satisfaction Scale Subscores Between

Hospital and Non-hospital Nurses

Scores	Hospital (n = 100)		Non-Hospital (n = 104)		
	Mean	SD	Mean	SD	p
Task Requirements	13.8	3.31	14.7	3.41	.049*
Social Interaction	24.4	3.7	25.2	3.23	.123
Pay	9.1	1.46	8.8	1.38	.220
Autonomy	21.6	4.19	22.7	3.43	.057
Job Prestige	27.8	3.83	28.3	3.43	.285
Organizational Requirements	33.3	6.59	35.7	5.68	.006**

* $p < .05$

**$p < .01$

The relationships of dimensions of perceived Staff Satisfaction

Subscale scores among nurses working in community, school, and home health

settings is summarized in Table 14. Noteworthy aspects of this comparison

include:

1. Index of Job Satisfaction scores are significantly different

among the three work settings with school nurses reporting the highest

levels of satisfaction with work. Also, Staff Satisfaction Scale scores

were not significantly different among the three work settings, home

health nurses reporting the highest levels of satisfaction. This

discrepancy reflects that the intercorrelation between the two job satisfaction instruments used in the study was only moderately positive ($\underline{r}$ = .57).

    2. Analysis of variance comparison among subscale dimensions showed no significant differences except for that of task requirements. Home health nurses were significantly more satisfied with the task requirements of their work. A trend toward more autonomy in the work setting was reported by home health nurses.

Table 14

Non-hospital Group Means of Overall Job Satisfaction, Staff Satisfaction, and Subscales

| Scale | Health Agency | | | | | | |
| | Community ($\underline{n}$ = 27) | | School ($\underline{n}$ = 53) | | Home Health ($\underline{n}$ = 24) | | |
	Mean	SD	Mean	SD	Mean	SD	$\underline{p}$
Index of Job Satisfaction	62.3	10.19	68.0	6.65	66.2	7.58	.019*
Staff Satisfaction Scale	141.51	5.99	140.7	14.05	145.7	15.34	.379
Task Requirements	14.7	2.71	13.5	3.44	17.5	2.30	.000***
Social Interaction	25.2	4.13	25.1	2.88	25.3	3.26	.931
Pay	8.6	3.91	8.9	1.36	9.0	1.48	.386
Autonomy	22.8	3.91	22.1	3.27	23.6	3.34	.209
Job Prestige	27.5	3.42	28.8	3.43	28.2	3.56	.285
Organizational Requirements	35.7	4.66	35.5	5.40	35.3	7.62	.659

* $\underline{p}$<.05.

***$\underline{p}$<.001.

Autonomy

A further analysis of perceived autonomy by nurses in the sample is summarized in Tables 15, 16, and 17. Important findings include:

1. Autonomy is moderately correlated with job satisfaction for both hospital and non-hospital groups; however, the correlation of autonomy to job satisfaction is higher (.55) in hospital nurses. From this finding, it could be assumed that since hospital nurses have less autonomy than non-hospital nurses, it is more important to their job satisfaction (see Table 15).

Table 15

Pearson Correlation Between Index of Job Satisfaction and Perceived Autonomy

| | Job Satisfaction Scores | |
	Hospital	Non-hospital
Perceived Autonomy Subscale Scores	.55* (n = 100)	.33* (n = 104)

*p<.001.

2. Autonomy was significantly correlated with all other job satisfaction subscales except pay. With the exception of pay, all correlations indicate that as all other variables increase so does autonomy (see Table 16). This finding may simply be a function of differences in the demographic and/or group variables which are not controlled in this analysis; or it may be driven by some other factor not included in the model.

Table 16

Correlations Between Job Satisfaction Subscales and Perceived Autonomy

Job Satisfaction Subscale	Autonomy Scale Scores (n = 204)
Task Requirements	.41*
Pay	.05
Job Prestige	.39*
Social Interaction	.49*
Organizational Requirements	.50*

*p<.01.

3. A breakdown of specific items of the autonomy subscale indicated a trend on all items toward greater satisfaction by non-hospital nurses except for the item: too many people directing. This finding may indicate that hospital nurses work under a clear hierarchical supervisory structure whereas supervisory lines are less clear for community-based nurses (see Table 17).

Table 17

Means and Standard Deviations of Autonomy Subscale Items Between Hospital
and Non-hospital Nurses*

Autonomy Questions	Hospital Mean	Non-hospital Mean
Independence in daily work	3.83	4.28
Freedom to decide	3.53	3.66
Supervised too closely	3.68	3.87
Too many people directing	3.66	3.60
Control over work	3.59	3.74
Free to discuss complaints	3.39	3.52

*Range of possible scores 1.00 (low) to 5.00 (high).

4. A ten-item autonomy scale was developed by the researcher for
item analysis testing and used in the questionnaire for item-analysis
testing. As an untested scale, it was not included in the analysis of the
study data. Results showed a Cronbach's Alpha reliability coefficient
of .83 indicating a high level of internal consistency. The autonomy tool
demonstrated a moderately positive relationship with the autonomy subscale
of the Staff Satisfaction Scale (r = .63).

Summary

An important consideration of this research was the differences in
levels of perceived job satisfaction and perceived autonomy in different
nurse job settings and how autonomy relates to overall nurse satisfaction

with work. The study was also designed to identify significant predictors of overall job satisfaction for nurses. This study demonstrated that a significant difference exists in perceived levels of job satisfaction between hospital and non-hospital work settings and that a difference of perceived autonomy approaches a level of significance between these two groups. Nurses who work outside the hospital setting were more satisfied with their job and reported higher levels of control over their work.

Testing the job satisfaction model with regression analysis of all variables on job satisfaction showed that job prestige accounted for the largest contribution to job satisfaction, distantly followed by autonomy. Finally, it was found that age, educational level and years of experience were not correlated with job satisfaction or autonomy.

The major hypotheses of the present study were tested and the results were summarized in this chapter. Finally, other data regarding the relationships within the job satisfaction model were presented. The next chapter will discuss conclusions of the study, implications for nursing practice and recommendations for further research.

CHAPTER V

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This study was designed to identify differences in staff nurses'
perceived levels of job satisfaction and levels of perceived autonomy in
different work environments. Using the entire nurse sample, the study
also identified variables that predict job satisfaction. The selected
work settings were hospitals and three non-hospital settings (community
health, school, and home health). The literature review revealed
considerable information from previous studies on job satisfaction both in
nursing and other disciplines. Heretofore, job satisfaction studies in
nursing have focused primarily on the hospital. Very little has been done
on nursing job satisfaction and autonomy in other work environments.

This research was a descriptive study with a cross sectional survey
research design that utilized questionnaires for the data collection. The
measurement instruments were two job satisfaction scales, the Staff
Satisfaction Scale that contained six subscales, (a) task requirements,
(b) autonomy, (c) organizational requirements, (d) job prestige,
(e) social interaction, and (f) pay, and the Index of Job Satisfaction, an
overall job satisfaction measurement. A personal-social characteristic
questionnaire was also used. These self-report measures were obtained
from 204 staff nurses in three midwestern cities. The sample represented
68% of the distributed questionnaires. Data were analyzed for statistical
significance.

Conclusions

Several conclusions emerged from this study of job satisfaction and autonomy of staff registered nurses working in hospital and non-hospital work settings. Interpretation of the findings are summarized as follows.

Job Satisfaction and Work Settings

Staff nurses working in community health, schools, and in home health agencies are more satisfied with their work than hospital nurses. The nurses working in these non-hospital jobs were significantly more satisfied in two areas (a) organizational tasks (p = .049), and (b) organizational requirements (p = .006). These findings support an earlier descriptive survey by Godfrey (1978) that found a trend toward greater nurse job satisfaction in work areas outside of the hospital.

Differences in job satisfaction were also found among the three non-hospital groups. School and home health nurses were more satisfied with their work than community health nurses. The Index of Job Satisfaction showed these differences to be significant. Computation, using the Staff Satisfaction Scale, demonstrated a trend toward greater job satisfaction of home health nurses.

Of the three non-hospital groups, comparison of subscales showed home health nurses significantly more satisfied with their work tasks (p = .000). Specific items on the questionnaire relating to task requirements were sufficient time for patient care, skills and expertize needed, too much work, and paper work.

Autonomy and Work Settings

Nurses working in non-hospital settings reported a strong trend toward higher levels of autonomy (p = .057) than those working in hospitals. These findings support an earlier research study (Hall, 1968) that demonstrated a trend toward greater autonomy of nurses working in a student health clinic. Specific items in the questionnaire of the study relating to autonomy were independence in daily work, freedom to decide, control over work, amount of supervision, and freedom to discuss complaints.

Job Satisfaction and Autonomy

Although hospital nurses perceived a trend toward less autonomy in their work than non-hospital nurses, there was a greater positive relationship between autonomy and job satisfaction in hospital nurses (r = .55) than in non-hospital nurses (r = .33). This finding was consistent with the lower autonomy levels reported by hospital nurses. Having less autonomy resulted in it having greater importance for job satisfaction for hospital nurses.

Job Satisfaction and All Independent Variables

Job prestige alone explained the largest percentage (24%) of variance when job satisfaction was regressed on all the independent variables. The second most important category of independent variables was autonomy which explained about 2% of the variance. Together, all independent variables accounted for 52.5% of the variance in job satisfaction. That only

slightly more than half of the variance was explained suggests that important variables that predict job satisfaction still need to be explored.

These findings are consistent with nursing studies by Cronin-Stubbs (1977) and Stamps (1978) which found job prestige, job status, and esteem to be significantly related to job satisfaction. Additionally, these findings are supported by previous research (Buccheri, 1984; Slavitt et al., 1978; Alexander et al., 1982; and Weisman et al., 1980) which demonstrated nursing autonomy was related to job satisfaction. This study differs from previous research by Slocum et al. (1972) who found self-actualization and autonomy needs to be more important than esteem needs and from Everly (1976) who found social interaction accounted for the greatest percentage of variance in nurse job satisfaction.

Job satisfaction and autonomy were not significantly related to any of the three variables, level of education, age, or years of work experience. In the entire sample of nurses, one of the job satisfaction subscales, organizational requirements, showed a weak positive relationship (r = .13) with age indicating that the older nurse reported more satisfaction with this component.

The findings here do not support previous studies that found nurses with higher levels of education were more likely to be dissatisfied with their jobs (Kramer, 1968; Brief et al., 1979; Decker, 1985; Buccheri, 1984). This lack of relationship may be due to the greater proportion of diploma nurses (56%) in the sample and an unrepresentation of baccalaureate nurses.

Implications for Nursing

Hospital Settings

Satisfaction with work is a present day expectation of workers in this society. If they are not satisfied, women now have the option of entering more autonomous and prestigious fields, such as law, business, and medicine. The finding that hospital nurses are less satisfied with their jobs, particularly with tasks and organizational requirements, than nurses working outside the hospital setting suggests areas for improvement.

Nursing administration may want to consider implementing a job enrichment program to increase job satisfaction for staff nurses. One such program, the participative decision-making (PDM) has been used successfully in a number of work settings including hospitals (Bragg & Andrews, 1984). PDM is a mode of organizational operation in which decisions are arrived at by the very persons who are to execute the decisions. It involved frequent, short meetings of workers working in a common area to develop suggestions for job improvement under worker leadership. Such a program, if instituted in each hospital unit in a small group format, would give staff nurses a constructive group for candidly suggesting new ideas that would probably positively affect nurse autonomy in the hospital.

Job satisfaction could also be enhanced by options to spend a portion of nursing work hours in the home health care agency that many hospitals now have instituted under their corporate structure. Home care follow-up would provide a more holistic view of patients they have cared for in the hospital and provide an element of having more control over their work

tasks which the non-hospital workers enjoy. The caveat must also be made that any of these suggestions to improve job satisfaction must avoid horizontal loading (i.e., increased workload).

Non-hospital Settings

Home health nurses reported significantly higher satisfaction with task requirements over community health and school health nurses as well as a trend toward more job autonomy. Given that home health nurses have relative freedom to choose what type of care they give to patients, satisfaction in these areas of work is not surprising. It should be noted that home health nurses are the only group in the study that work with patients, almost entirely, in the patient's home.

Another finding was a trend that non-hospital groups were less satisfied with the opportunity to advance and the amount of paperwork required in their jobs. Although non-hospital workers, as a whole, appear to be relatively satisfied with their jobs, administrators in these settings should find ways to incorporate more opportunities for their staff nurses to advance. The use of care coordinators to oversee groups of client cases, if financially feasible, would provide an additional administrative level and more opportunity for promotion.

Since paperwork is a problem in non-hospital settings, other methods of reports, charting, and so forth, should be explored. Computerized record keeping, becoming more common in hospitals, could also be incorporated in community health departments, schools, as well as, home health agencies. A review of paperwork required for staff nurses should be made periodically to prioritize the importance of each, possibly

eliminating those which are of lesser value or continue to be done out of tradition rather than necessity.

All Nurses

Declining enrollments in schools of nursing point to disenchantment with nursing and an ever-increasing nursing shortage in the years ahead. Since job prestige accounted for the greatest factor leading to job satisfaction in this study, improving nursing prestige and esteem should enhance the image of nursing as a profession and thus aid in attracting more students to nursing. There are several ways this could be accomplished. First, the media image of nurses could be improved. Television programs about nurses have traditionally portrayed a hospital nurse who is subservient to physicians and controlled by administration. Media coverage of nurses working in communities and those in private practice who have high levels of autonomy and decision-making in their jobs should also be shown.

Second, specific esteem-building efforts should be made by employing organizations and by nurse professional organizations. Publicized "Nurse of the Month" awards, and articles on individual nurses in hospital newsletters are two easily administered methods to help fulfill nurses' esteem needs. A newspaper advertisement for a hospital that lists the names of all their nurses or an "Ask the Nurse" phone-in service where a registered nurse gives health information are other ways to build esteem.

Finally, job prestige could be enhanced by promotion of staff nurses, within the organization, to higher positions. Administrative positions in health organizations are too frequently filled by non-nursing personnel who have little knowledge of nursing, yet are placed as supervisors over

nurses. Encouragement and financial support of continuing education in administration for their staff nurses so they would qualify for administrative positions with the organization would be an effective way of increasing job satisfaction of hospital nurses.

Recommendations for Further Research

Based on the findings in this study, several recommendations for further research are presented:

1. Instruments that measure nurse job satisfaction should continue to be developed. The tools available at this time may not adequately measure all the important dimensions of job satisfaction.

2. More research needs to be conducted on elements of the work environment in nurse work settings outside of the hospital. More nurses are working in alternative settings, particularly in home health, that give other kinds of health services once provided by hospitals. Research related to nursing job satisfaction has been conducted almost exclusively in the hospital settings. Thus, measurement tools developed for nursing job satisfaction have been worded primarily for hospital settings and do not take into consideration the role and task differences between hospital and non-hospital work.

3. A new tool for nurse autonomy should be developed. In existing measurement tools, autonomy has been a component of the overall job satisfaction scale for nurses. Given this relationship to the total job satisfaction measurement, nurse autonomy cannot be measured separately. Autonomy scales that have been developed as separate instruments are not directed toward nursing.

Summary

In summary, this study has shown significant differences of job satisfaction of staff nurses according to their work settings. The importance of job prestige and autonomy to overall nursing job satisfaction was established. The results of this study, by contributing to knowledge of factors leading to job satisfaction, may be able to assist nursing administration to modify aspects of staff nursing in order to improve nursing satisfaction with work. Greater nursing job satisfaction will, in turn, lead to less job turnover and nurse burnout, an important consideration, in light of the current nursing job shortage.

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APPENDIXES

APPENDIX A

PERMISSION LETTERS

OSU

Oklahoma State University

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
AND HIGHER EDUCATION

STILLWATER, OKLAHOMA 74078
309 GUNDERSEN HALL
(405) 624-7244

August 19, 1986

Dr. A. W. Dirks
Research Council Chairperson
Wichita Public Schools
640 N. Emporia
Wichita, Kansas 67214

Dear Dr. Dirks:

Ms. Jan Riordan, who is a doctoral candidate in higher education at Oklahoma State University, is currently engaged in collecting data for her doctoral dissertation, which is entitled "The Relationship of Nurse Job Satisfaction to Perceptions of Autonomy in Different Work Settings." As a part of that study, she is interested in using nurses in the Wichita school system as subjects.

I would appreciate it if the Council would endorse her research endeavor, which will entail having selected nurses complete three pencil and paper surveys. If the request is approved, the nurses will complete the instruments in the privacy of their own workspace and will return it to Ms. Riordan. The responses will be kept anonymous when the research is written up.

Should you have any questions regarding this project, I would be pleased to respond. We appreciate your assistance and cooperation.

Sincerely yours,

Thomas A. Karman
Professor and Head

blr

CENTENNIAL DECADE
1980 · 1990

WICHITA PUBLIC SCHOOLS
Educational Services Building
640 North Emporia
WICHITA, KANSAS 67214
August 28, 1986

Division of Research, Planning,
and Developmental Services
(316) 268-7882

Mrs. Janice M. Riordan
3600 Elmwood Drive
Wichita, KS 67218

Dear Jan,

. I am pleased to confirm the Research Council's approval of your proposed study on "The Relationship of Nurse Job Satisfaction to Perceptions of Autonomy in Different Work Settings." Your population sample in conducting the research will be all staff nurses in the Wichita Public Schools.

Your contact person will be Donna Travis, Coordinator of Health Services, 640 North Emporia, Wichita, KS 67214 - 268-7839. She will assist you in making whatever arrangements are necessary for distributing the survey questionnaire. When you have completed your dissertation, please forward a copy to me at 640 North Emporia. It does not have to be a bound copy. Your dissertation will be kept on file and will be available to interested school and community people on a check out basis.

I am happy the Research Council could be of assistance to you. If we can be of help to you in future research endeavors, please let me hear from you.

Sincerely,

A.W. "Bill" Dirks

A. W. Dirks, Division Director
Curriculum, Research, Evaluation,
and Testing Services

enc. (1)
pc: Dr. Donald Younglund, Division Director, Pupil Services
    Ms. Donna Travis, Coordinator, Health Services

REQUEST FOR RESEARCH

Investigator(s):   Janice M. Riordan   Date: July 1, 1986

Mailing Address: 3600 Elmwood Drive   Telephone: 682-0744
                 Wichita, KS 67218

Name and Address of Company, University/College, School/Department:

   Doctoral Student at Oklahoma State University, Department of Higher Education
       and Educational Administration, Stillwater, OK
University/College Advisor (applicable to students only)

       Thomas Karman Ph.D, Department Chair
===
Complete this form using brief, concise statements and send one copy to the
Division Director of Research, Planning, and Development Services, Wichita
Public Schools, USD 259, 640 North Emporia, Wichita, Kansas 67214, for approval
of the Research Council. This form must be dated and signed by a majority of
USD 259 Research Council members before the commencement of any new research
project. The investigator(s) agrees to deposit a copy of thesis (applicable to
students only) or final report of research findings in the Office of the
Division Director, Research, Planning, and Development Services, USD 259.

1. Title or brief description of the proposed study:

        See Attached

2. Statement of the educational problem:

        Identify factors leading to school nurse job satisfaction

3. Specific Purpose and expected outcomes:

        See attached

4. Hypothesis(es) to be tested (if applicable):

        See attached

5. What specific USD 259 "Points of Emphasis" have you identified as being
    directly related to this proposal? State the relationship (see attached
    listing of USD 259 "Points of Emphasis"):

        Point #4 Substitue "school nurse" for "teacher."

                                                                    (over)

6. Description of sample needed: grade levels, students, teachers, and/or management employees, and desired location(s) if there is a preference:

     AllStaff school nurses

7. Procedures and methods to be employed. (What will be done by the investigator and the participants in the study, data to be gathered, data gathering instruments to be used.) If possible, attach copy of instruments to be used in obtaining data.

     See attached

8. Data treatment and analysis:

     See attached

9. Expected starting date, duration of study, and expected completion date of thesis or final report

     August, 1986 to March 1987

RESEARCH OFFICE USE
Date Research Completed
Date Report or Thesis Filed

10. Protection of human subjects:
    (a) Rights of privacy guaranteed   Yes _X_   No ____
    (b) Permission for participation on record   Yes ____   No ____
    (c) Clearance by company, university/college/school   Yes _X_   No ____

	DATE		
	APPROVED	APPROVED W/MODIF.	DIS-APPROVED
Research Council Chairperson _A.W. Dirks_	____	____	____
Superintendent of Schools _Dean Bostwick_	✓	____	____
Deputy Superintendent _____	✓	____	____
Director, Elementary Education _Leonard L. Neely_ X	____	____	____
Director, Secondary Education _B.C. Anderson_	✓	____	____
Director, Curriculum Services _____	____	____	____
Director, Personnel Services _R. Keith Eck_ ✓	____	____	____
Director, Pupil Services _____ X	____	____	____

THE WICHITA STATE UNIVERSITY

WICHITA. KANSAS 67208
PHONE (316) 689-3610

COLLEGE OF HEALTH PROFESSIONS
DEPARTMENT OF NURSING

3600 Elmwood Dr.
Wichita, Ks 67218
July 2, 1986

Lois Scibetta RN, Ph.D
Executive Administrator
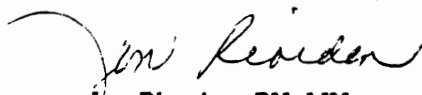Kansas State Board of Nursing
Topeka, KS 66601

Dear Dr. Scibetta,

I am writing to request permission to use names from the Kansas nurses' computer list at the University of Kansas, Dept. of Health Care Outreach in Wichita for participants in a survey. The survey will be part of my doctoral dissertation at Oklahoma State University, Department of Higher Education and Educational Administration.

My sample will be approximately 250 Kansas nurses in staff positions and will be drawn by random selection. For your review, I have enclosed an abstract of my dissertation proposal.

Please advise me if you require any additional information. I look forward to hearing from you.

Sincerely,

Jan Riordan, RN, MN
Department of Nursing
Wichita State University

KANSAS STATE BOARD OF NURSING

AGREEMENT

List of Names and Addresses of Licensees: Board of Nursing Prohibition Against Commercial Use. (Attorney General Opinion 84-106, October 1984.)

Names and addresses of licensees may not be used for commercial purposes for the sale of goods or services, nor may the list be sold to anyone other than the agency/organization requesting said list.

In order to receive the list from the University of Kansas School of Medicine-Wichita, you must agree to, and sign the attached release. Your statement and signature must be notarized.

I,_____, representing the (organization/agency)_____ hereby agree that I do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Violation of these requirements may result in legal penalties.

_8/7/86_
Date

Janee M. Reardon
Signature

JANICE M. RIORDAN
Name (Print or Type)

Oklahoma State University
Organization

Delores A Serpa
Notary Public

My Commission expires February 3, 1990

KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330

TOPEKA, KANSAS 66601

Telephone 913/296-4929

August 5, 1986

Jan Riordan, RN, MN
Department of Nursing
Wichita State University
Wichita, Kansas 67218

Dear Mrs. Riordan:

Your request to purchase the list of Kansas nurses has been approved.
Please forward the enclosed agreement form, signed and notarized, to
Roxann Dicker, R.N., Division of Health Care Outreach, University of
Kansas-Wichita, 1010 North Kansas, Wichita, Kansas 67214. Mrs. Dicker
will be able to provide the information on obtaining the list.

Your study sounds most interesting. We would be interested in learning
about the findings.

We wish you well.

Sincerely,

Lois Rich Scibetta, Ph.D., R.N.
Executive Administrator

LRS/amm

Enclosure

CC: Roxann Dicker, R.N.

June 30, 1986

Name   Janice Riordan
Dept. Nursing

Dear Investigator:

The University Committee for Research Involving Human Subjects (IRB)
has reviewed your statement concerning the research proposal entitled:

"The Relationship of Nurse Job Satisfaction to Perceptions of
Autonomy in Different Work Settings"
The Committee has found that, as described, it complies with all the
requirements established by the University and with the policies established
by the Department of Health and Human Services for the protection of human
subjects.

The human subjects will not be at risk.   /x̲/

The human subjects will be at risk but the importance of the
objective outweighs the inherent risk to the subject.   /‾/

A waiver of written informed consent has been approved.   /x̲/

The following two procedures are required for continued supervision
of this research project:

1.   Any significant change in the experimental procedure as described
     should be reviewed by this Committee prior to altering the project.

2.   At the completion of your research you are expected to submit a
     statement indicating that the study was conducted as described in
     the approved protocol.

Thank you for your help and cooperation. If you have any questions,
please feel free to contact me.

Sincerely,

Lloyd B. Benningfield
Chairperson
Committee for Research Involving
     Human Subjects (IRB)

cc: Principal Investigator
     Faculty Member Responsible for Project
     Departmental Chairperson
     Committee files

IRB 4/81

OSU

Oklahoma State University

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
AND HIGHER EDUCATION

STILLWATER, OKLAHOMA 74078
309 GUNDERSEN HALL
(405) 624-7244

June 24, 1986
3600 Elmwood Dr.
Wichita, KS 672 18

Institute of Industrial Relations
University of California, Berkeley
Berkeley, CA 94720

Dear Sir/Madam:

I am writing to request permission to reprint the following Figure from the journal Industrial Relations in my doctoral dissertation. Credit to the original source will be given.

Figure: Model of the relationship of performance to satisfaction. From Lawler, E. E. and Porter, I.W. The effect of performance on job satisfaction. Industrial Relations 7 (1967), 20-28.

Yours, truly,

Jan Riordan RN, MN

PERMISSION APPROVAL
Permission to reprint the figure described above is granted.

Date 7/3/86 Name

CENTENNIAL
DECADE
1980 · 1990

OSU

Oklahoma State University

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
AND HIGHER EDUCATION

STILLWATER, OKLAHOMA 74078
309 GUNDERSEN HALL
(405) 624-7244

July 9, 1986
3600 Elmwood Dr.
Wichita, KS 67218

American Psychological Assoc.
1200 17th St. NW
Washington D.C. 20036

Dear Sirs/Madam:

I am writing to request permission to use the instrument, An Index of Job Satisfaction by Arthur H. Brayfied and Harold F. Rothe for use in my doctoral dissertation at Oklahoma State University. The instrument appeared in the Jr. of Applied Psychology 35(5), October, 1951, p. 307-311.

If permission is also required from the authors please advise me. Credit to the journal and the authors for the use of this instrument will be given in the dissertation and in any subsequent publication thereof.
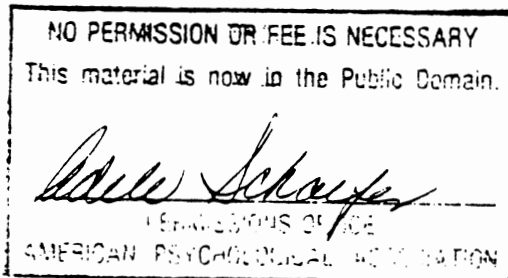
Yours truly,

Jan Riordan

Jan Riordan RN, MN

PERMISSION APPROVAL
Permission to use An Index of Job Satisfaction by Brayfield and Rothe is granted on the terms stated above.

Date_____Names _____

_____

NO PERMISSION OR FEE IS NECESSARY
This material is now in the Public Domain.

Adele Schaffer

PERMISSIONS OFFICE
AMERICAN PSYCHOLOGICAL ASSOCIATION

CENTENNIAL
DECADE
1980 · 1990

PROVIDENCE MEDICAL CENTER
500 · 17th AVENUE
P.O. BOX C-34008
SEATTLE, WASHINGTON 98124
PHONE. (206) 326-5555

**SISTERS OF
PROVIDENCE**

SERVING IN THE WEST SINCE 1856

April 30, 1986

Jan Riordan, RN, MN
3600 Elmwood Drive
Wichita, Ks. 57218

Dear Ms. Riordan:

I am in receipt of your request for the Staff Satisfaction Scale. Enclosed is a copy of the questionnaire used in the surveys conducted in 1981 and 1984.

The results of the 1981 survey were published in Nursing Leadership, December 1981. The findings of the 1984 survey are being prepared for publication.

Included also is a list of questions by category with reverse scoring indicated. The abstract was prepared for a nursing research presentation.

If we can be of any further assistance please contact us. We extend best wishes to you in your research endeavors.

Sincerely,

Lorelei L. Von Endt R.N., M.N., C.S.

Christina M. Mumma, R.N., Ph.D., C.S

LVE:CMM/ww

ISU

Oklahoma State University

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
AND HIGHER EDUCATION

STILLWATER, OKLAHOMA 74078
309 GUNDERSEN HALL
(405) 624-7244

June 24, 1986
3600 Elmwood Dr.
Wichita, KS 67218

Providence Medical Center
500-17th Ave.
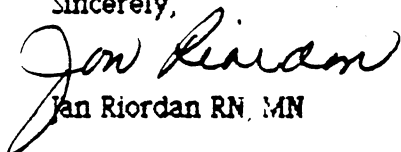P.O. Box C-034008
Seattle, WA 98124

Dear Ms Von Endt and Dr. Mumma,

Thank you for sending a copy of your <u>Staff Satisfaction Scale</u>. I would like to use the Scale for my doctoral dissertation in which I will measure nursing job satisfaction in different work settings. I have enclosed an abstract of my dissertation proposal for your review.

Since my study will include nurses working in community health settings, I would like your permission to make small changes in the wording of some of the items. For example, the word "hospital" would be changed to "health agency."

If permission is required from Dr. Hall, I would appreciate if you could send me her address. Credit for the use of this instrument will be given in the dissertation, of course.

Sincerely,

Jan Riordan RN, MN

PERMISSION APPROVAL

Permission to use the Staff Satisfaction Scale is granted on the terms stated above.

Date _____ 7/1-86 _____ Names _____ RN, H.N.C.S.,

_____ PhD, RN, C.S.

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APPENDIX B

COVER LETTERS

Oklahoma State University

STILLWATER, OKLAHOMA 74078
309 GUNDERSEN HALL
(405) 624-7244

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
AND HIGHER EDUCATION

September 8, 1986

Agency for Home Health Care of Kansas, Inc.
3521 W. 21st North
Wichita, KS 67203

Dear Nurse Colleague:

Most nurses agree that the issue of nursing job satisfaction is a sub-
ject of continuing concern; however, it is especially important today
with the vast changes that are occuring in our health care system.
Unfortunately, we have only limited information on job satisfaction of
nurses working in different settings or on how professional autonomy
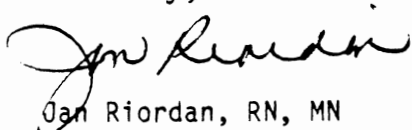contributes to job satisfaction.

This survey is an effort to remedy this situation. As a doctoral
student at Oklahoma State University, I am collecting data to compare
job satisfaction and autonomy among nurses working in several types of
jobs. You are one of a small number of nurses who is being asked to
be part of this survey. Your participation in this study is voluntary
but is vital to its success.

Answering the four parts of this questionnaire will take only about 25
minutes of your time to complete. You may be assured of complete con-
fidentiality. Your return envelope will be opened and then destroyed
before the questionnaires are analyzed.

The results of this study, by contributing to knowledge of factors
leading to nurse job satisfaction will be of benefit to us as today's
nurses, as well as to those who follow in our footsteps. When you
have completed the questionnaire, please return it to me in the
envelope provided. If you have any questions, please call me collect
at 316/682-0744.

Thank you in advance for your participation. It is deeply
appreciated.

Sincerely,

Jan Riordan, RN, MN

JR:ds

Enc.

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ØSU

Oklahoma State University

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
AND HIGHER EDUCATION

October 1, 1986

Thomas A. Bettis, RN
10204 W. 54th
Merriam, KS 66203

Dear Nurse Colleague:

About three weeks ago I wrote to you seeking your opinion on nursing job satisfaction in your particular work setting. As of today, I have not yet received your completed questionnaire.

I have undertaken this vital topic as my doctoral dissertation as I believe that more information about what aspects of work are especially satisfying or dissatisfying to nurses can assist administration to modify aspects of staff nursing to improve the quality of work for nurses.

I am writing to you again because of the significance each questionnaire has to the usefulness of this study. Because your name was selected as a representative of nurses working in your particular work setting, it is essential that each person in the sample return their questionnaire in order for this study to accomplish its purpose.

In the event that you have not returned your questionnaire because you are not presently working as a staff nurse of if there is some other reason you think you may not qualify as a participant in this study, please jot down a note to me and return it in the stamped envelope provided in the packet sent to you. If your questionnaire has been misplaced, I will be happy to send a replacement if you write or call me at 316/682-0744.

Sincerely,

Jan Riordan, RN, MN

JR:ds

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APPENDIX C

NURSING JOB SATISFACTION INSTRUMENT

NURSING JOB SATISFACTION SURVEY

<u>Instructions</u>: Please complete the responses as appropriate. If you wish to make additional comments, feel free to do so in the margins. Your responses will be kept <u>confidential</u>.

PART ONE:

This section (Questions 1 through 41) deals with your work situation. Please circle the response to each statement that most closely describes your own opinion. If an item is not applicable to your work, put "No opinion." The word "health agency" is used here to mean any health-related organization (hospital, community health, home health etc.) For school nurses answering this questionnaire, "patient/client" would be the school child.

1. The people I work with are friendly.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
2. My work provides an atmosphere of independence in daily work activities.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
3. There is no doubt that this health agency cares a great deal about the welfare of its nursing personnel.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
4. I could deliver much better care if I had more time with each client/patient.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
5. My supervisor gives me praise, credit and recognition by letting me know about work I do well.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
6. I perceive my occupational status as high in this health agency.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
7. I am not satisfied with the way nursing work is organized and gets done.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
8. I have the freedom in my work to make important decisions.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
9. I am really doing something worthwhile in my job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
10. I feel I am supervised more closely than I need to be.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
11. The nursing administration does its best to provide good benefits and working conditions.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree

12. My particular job doesn't require much skill or know-how.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
13. There is ample opportunity for nursing staff to participate in policy and procedure planning.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
14. I feel I have too many people who give me directions.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
15. A lot of what I do each day could just as well be done by someone with less skill and training.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
16. The present rate of pay for staff nurses at this health agency is satisfactory.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
17. What I do in my job doesn't add up to anything significant.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
18. There are not many opportunities for advancement of nursing staff at this health agency.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
19. My job doesn't provide satisfying opportunites to develop formal and informal social contact.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
20. The amount of time I spend on required clerical and paperwork is reasonable.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
21. My supervisor does not plan activities to get maximum utilization out of our facilities, equipment and people.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
22. I have little opportunity to use my abilities on my job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
23. Nurses here do not help one another when things get rushed.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
24. My present salary is satisfactory.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
25. I spend as much time as I'd like taking care of patients/clients directly.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
26. There is a good deal of teamwork and cooperation between various levels of nursing personnel here.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree

27. I have little control over my own work- other people decide things for me in my job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
28. They expect too much work from us around here.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
29. The nurses here are not as outgoing and friendly as I would like.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
30. It makes me proud to talk to other people about what I do on my job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
31. From what I hear from and about nurses at other health agencies like mine, nurses here are not being paid satisfactorily.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
32. Nursing management effectively communicates goals and priorities.	Strongly Agree	Agree	No Opinion	Disagree	Strongly
33. It is my general impression that most of the nurses like the way work is organized and done around here.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
34. I can't help but feel that others don't appreciate my job and what I have to do.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
35. This nursing department/team is not organized with the needs of the patient client given top priority.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
36. My supervisor gets employees to work together as a team.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
37. I feel free to discuss complaints and issues with those I report to.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
38. I can't think of many other jobs I'm capable of doing that are more important to people than being a nurse.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
39. This type of type of questionnaire will help nursing management to evaluate job satisfaction.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
40. Quality patient/client care and treatment are important to the nursing services here.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
41. This health agency supports a philosophy of quality patient/client care.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree

PART TWO:
Questions 42 through 48 ask about your background.

42. _____ Age at last birthday

43. What is your sex?

    1. Female

    2. Male

44. What is your level of nursing education?

    1. Associate Degree   4. Masters Degree
    2. Diploma graduate   5. Other (please specify)
    3. Baccalaureate Degree   _____

45. _____ How many years have you worked as a nurse?

46. _____ How many years have you worked at your present job?

47. What is your present nursing position? (Please write in)

48. In what type of health agency are you now employed?

    1. Hospital (number of beds? _____)

    2. Community health

    3. School health program

    4. Home health agency

    5. Other _____

PART THREE
This section contains questions about your overall feelings about your present job. Please circle the phrase on the right that best describes your response to the statement on the left.

49. My job is like a hobby to me.   Strongly Agree No Disagree Strongly
    Agree   Opinion   Disagree

50. My job is usually interesting enough to keep me from getting bored.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
51. It seems that my friends are more interested in their jobs.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
52. I consider my job rather unpleasant.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
53. I enjoy my work more than my leisure time.	Strongly Agree	Agree	No Opnion	Disagree	Strongly Disagree
54. I am often bored with my job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
55. I feel fairly well satisfied with my job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
56. Most of the time I have to force myself to go to work	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
57. I am satisfied with my job for the time being.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
58. I feel that my job is no more interesting than others I could get.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
59. I definitely dislike my work.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
60. I feel that I am happer in my work that most other people.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
61. Most days I am enthusiastic about my work.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
62. Each day of work seems like it will never end.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
63. I like my job better than the average worker does.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
64. My job is pretty uninteresting.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
65. I find real enjoyment in my work.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
66. I am disappointed that I ever took this job.	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree

PART FOUR

Listed below are aspects of autonomy related to nursing jobs. Please indicate in the first column the degree of importance each item holds for you generally. In the second column please indicate to what degree this item is present in your current job situation.

	Importance to you (desired) Low High	Present in job(actual) Low High
67. Freedom as to how I do my work.	1 2 3 4 5	1 2 3 4 5
68. Taking part in decisions that affect me.	1 2 3 4 5	1 2 3 4 5
69. Freedom to ignore an organizational rule if it is in the best interest of my patient/client.	1 2 3 4 5	1 2 3 4 5
70. Making technically sound rather than popular decisions in caring for patients/clients.	1 2 3 4 5	1 2 3 4 5
71. Control over schedule of my work times.	1 2 3 4 5	1 2 3 4 5
72. Openness of physicians to my input on decisions about patient/client care.	1 2 3 4 5	1 2 3 4 5
73. Practicing according to accepted standards of nursing care even if the rules and procedures of the health agency discourage it.	1 2 3 4 5	1 2 3 4 5
74. Responsiveness of my head nurse or supervisor to my suggestions/ideas.	1 2 3 4 5	1 2 3 4 5
75. Freedom from having to carry out inappropriate tasks delegated by physcians.	1 2 3 4 5	1 2 3 4 5
76. Facilitation of my work by administration rather than directing it.	1 2 3 4 5	1 2 3 4 5

List below any other factors that promote feelings of autonomy in your job.

This concludes the series of questions. Thank you!

VITA *2*

Janice Mary Riordan

Candidate for the Degree of

Doctor of Education

Thesis: THE RELATIONSHIP OF NURSE JOB SATISFACTION TO PERCEPTIONS OF AUTONOMY IN DIFFERENT WORK SETTINGS

Major Field: Higher Education

Biographical:
    Personal Data: Born in Sheboygan, Wisconsin, December 6, 1934, the daughter of Mr. and Mrs. Harold Brick.

    Education: Attended elementary school in Sheboygan, Wisconsin; graduated from Central High School, Sheboygan, Wisconsin; received a diploma of nursing from Evangelical Deaconess Hospital, Milwaukee, Wisconsin in 1955; received a Bachelor of Science Degree from Newman College, Wichita, Kansas in 1976; received a Master of Nursing Degree from The Wichita State University, Wichita, Kansas in 1979; completed requirements for the Doctor of Education in July, 1987.

    Professional Experience: Staff nurse at University Hospital, Madison, Wisconsin, 1955-56; Charge Nurse, St. Mary's Hospital, Milwaukee, Wisconsin, 1956-57; School Nurse, Wichita Board of Education U.S.D. 259, Wichita, Kansas, 1974-77; Coordinator, Nursing Continuing Education Program, The University of Kansas, Division of Health-Care Outreach, Wichita Kansas, 1978-81; Instructor, The Wichita State University, Department of Nursing, 1981-1983; Assistant Professor, The Wichita State University, Department of Nursing, Wichita, Kansas, 1983 to present.

    Professional Organizations: American Nurses Association, Council of Nurse Researchers, Sigma Theta Tau, Midwest Nursing Research Society, International Lactation Consultants Association.