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Control Over Nursing Practice and Job Satisfaction Among Registered Nurses:

A Comparative Analysis

Thesis submitted to
The Graduate College of
Marshall University

In partial fulfillment of the
Requirements for the Degree of
Master's of Science in Nursing

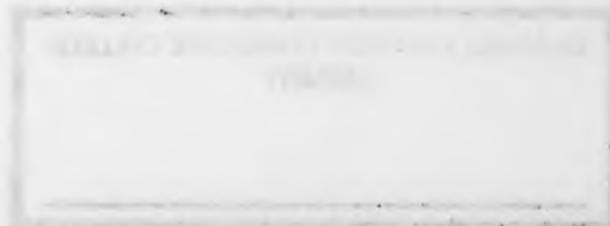
By

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2001



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Abstract

The purpose of this study was to examine the perception of overall job satisfaction and control over nursing practice among telemetry and medical-surgical registered staff nurses. Also, to determine if there were significant differences between government and non-profit, community organizations in relation to job satisfaction and control over nursing practice.

The design for the study was a non-experimental, descriptive, cross-sectional approach. All participants received the Control Over Nursing Practice Questionnaire and the Overall Job Satisfaction Survey. The sample consisted of a total of 50 registered nurses. Twenty-five from a VAMC and 25 from a local non-profit hospital.

A significant association existed between control over nursing practice and overall job satisfaction ($r = .54, p \leq .005$) in the VA registered nurse group. The instruments in the study were both reliable ($\alpha \geq .89$) and valid for the VA group. The instruments were only reliable in the non-profit hospital group with alpha correlation coefficients ($\alpha \geq .90$).

Control over nursing practice was moderately associated with overall job satisfaction among VA registered staff nurses, but not among the non-profit registered nurses. No significant relationship existed between the two institutions with regard to overall job satisfaction or control over nursing practice.

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Chapter One

Introduction

America survived the nursing shortage of the early 1980's. However, many hospitals struggled to maintain qualified and competent staff nurses without a high rate of turnover. Hospitals scrambled to find creative ways to attract and retain qualified nurses. The hospitals that retained and attracted nurses became known as "Magnet Hospitals," for obvious reasons. The research conducted on the Magnet Hospitals found several characteristics that made them successful. Characteristics such as responsive leadership, primary nursing, and the presence of collaborative nurse-physician relationships, made the work environment peak for satisfied nurses. However, one variable found in the Magnet Hospitals of particular significance was autonomy and perceived control over one's environment (Scott, Sochalski, & Aiken, 1999).

Shared governance, a term developed and expounded on by Dr. Porter-O'Grady, had particular significance and relationship to autonomy and control over nursing practice. This type of organizational structure placed decision making with the health care professional and the manager. Robert Hess (1998) stated that nursing models of shared governance allowed nurses control over their work environment in such areas as budgeting, scheduling, and evaluation of personnel. Although, literature conflicted on relationships between increased work satisfaction and shared governance model implementation, the main theme with shared governance was to put the decision-making ability concerning aspects of work in the hands of professional nurses. Now over 1000 hospitals have implemented some type of shared governance program with registered nurses (Hess, 1998). The programs were implemented to improve nurses' control over both the context and content of their practice such as work redesign, professional practice

models, and shared governance structures.

As with the nursing shortage of the early 1980s, another shortage is upon the profession and will become even greater by the year 2010 (Alspach, 2000; Johnson, 2000; Nevidjon, & Erickson, 2001). Some states are already experiencing a shortage of registered nurses. For example, Maryland's nurse vacancy rate was 14.7% during the first quarter of 2000, up 3.3% from 1997 (Schiff, 2000). Turnover rates have soared in this state from 10.5% to 15.7% (Schiff, 2000). For nurse administrators, the focus on job satisfaction was an important topic to reduce turnover and retain nurses in the practice setting.

Background

Several research articles have described the relationship of control over nursing practice and job satisfaction (Lancero and Gerber, 1995; Laschinger and Havens, 1996; and Lynn and Kelly, 1997). Control over nursing practice as a construct was related to professional autonomy. Lancero and Gerber (1995) defined control over nursing practice as the amount of perceived freedom in the nursing role and the extent of accountability for the outcomes of role performance.

Control Over Nursing Practice versus Autonomy

Control over nursing practice was conceptualized by Gerber (2001) as the degree of perceived freedom to modify and evaluate nursing practice, make independent and collaborative decisions concerning patient care, and exercise authority and take accountability for the outcomes of those decisions as well as to influence the unit environment in the organization (R. M. Gerber, personal communication, February 25, 2001). According to Gerber (2001), autonomy was a somewhat separate but related term that signified self-governance or independent

functioning. The two terms were often combined to form another concept identified as professional autonomy. Control over nursing practice and autonomy differed conceptually as to the emphasis placed on authoritative management or on role independence (R. M. Gerber, personal communication, February 25, 2001). Control over nursing practice was viewed as an outcome of empowered nurses. This outcome, empowerment, was suggested to influence accountability and productivity with nursing care rather than autonomy (R. M. Gerber, personal communication, February 25, 2001).

Measure of Centralization and Associated Variables

Control over nursing practice and autonomy were also considered measures of the centralization of an organization or nursing unit. For instance, Curry, Wakefield, Price, Mueller, and McCloskey (1985) stated that centralization, the extent employees were eliminated from decision making, was associated with autonomy and control over practice in nursing departments. Control over nursing practice and autonomy were further complicated by the equal need for social integration of nurses in order to produce positive perceptions of job satisfaction. McCloskey (1990) found that low autonomy and low social integration had a negative effect on job satisfaction.

Belgen (1993) found autonomy only moderately associated with job satisfaction in a meta-analysis study of 15,048 subjects. Interestingly, autonomy was the variable included in the analysis with personal control, discretion, participation, and centralization (negatively) as similar variables. Conversely, Alexander, Weisman, and Chase (1982) identified autonomy and control over nursing practice as the most important variables, while others have ranked the variables as major factors for job satisfaction (Slavitt, Stamps, Piedmont, and Haase, 1978). Therefore the

literature was unclear on the magnitude that control over nursing practice and autonomy have on job satisfaction.

Importance of Job Satisfaction

Job satisfaction had significant influence on job turnover, performance, quality of care, and creativity (Cullen, 1999; Davidson, Folcarelli, Crawford, Duprat, & Clifford, 1997; Leveck & Jones, 1996; Scott et al., 1999). Several articles have demonstrated the power of increased job satisfaction and autonomy in relation to retention of staff nurses in various healthcare settings (Davidson et al., 1997; Drews & Fisher, 1996; Scott et al., 1999; Song, Daly, Rudy, Douglas, & Dyer 1997).

Purpose of the Study

The purposes of this study were to (a) determine the relationship between control over nursing practice and overall job satisfaction, and (b) to determine the extent of variation with control over nursing practice and job satisfaction between two settings, a Veteran's Affairs Medical Center (VA) and a non-profit community hospital. Several studies found variations in autonomy with practice within different cultural groups (Carmel, Yakubovich, Zwanger, and Zaltzman, 1988; Fung-kam, 1998; Pearson and Chong, 1997). The VA as with other federal government organizations is inherently centralized with many layers of supervision in the organization. This study was undertaken not only to determine the relationship of control over nursing practice with overall job satisfaction, but also to determine the level of control over practice of VA nurses compared to a non-profit setting.

The constructs work autonomy and control over nursing practice encompassed aspects of control over the work environment including patient care decisions. Control over nursing

practice had a large effect on the working conditions and job perceptions of nurses.

Specific Aims

The specific aims for this study were:

1. Examine perceptions of overall job satisfaction and control over nursing practice among telemetry and medical-surgical registered staff nurses.
2. Determine if differences exist between government hospital setting and community, private funded organizations in relation to job satisfaction and control over nursing practice.

Problem Statement

The significance of job satisfaction and autonomy was well documented in the literature. For example, Hess (1998) recognized over 160 articles, since the 1970's, that documented models to improved nurses decision making power in the hospital setting. Lancero and Gerber (1995) found increased perception of control over nursing practice and job satisfaction among nurse case managers. In addition, Lynn and Kelly (1997) found a slight although none significant increase in mean scores among staff nurses after a case management implementation. However, missing from the literature was information about staff nurses that work on a medical/ surgical or telemetry units and how they perceived control over nursing practice and its influence on job satisfaction.

Research Question

The research question guiding the study was: Does the perception of control over nursing practice positively correlate with job satisfaction among staff nurses in the non- profit hospital environment as compared to the government environment?

Hypothesis

Two hypothesis will be tested:

1. There will be a positive relationship between control over nursing practice and job satisfaction among registered staff nurses who work in the hospital setting. This hypothesis will be examined using Gerber's (1996) Control Over Nursing Practice Questionnaire and Brayfield and Roth's (1951) Overall Job Satisfaction Survey. Pearson's Product Moment correlation will be used to examine the relationship of the data from the two instruments.

2. There will be differences between total mean scores for the non-profit and government acute care units regarding job satisfaction and control over nursing practice. This hypothesis will be examined using an independent t-test to determine the differences between the two groups.

Operational Definitions

Control Over Nursing Practice

Refers to the degree of perceived freedom to modify and evaluate nursing practice, make independent and interdependent decisions concerning patient care, and exercise authority and take accountability for the outcomes of those decisions as well as to influence the unit environment in the organization (R. M. Gerber, personal communication, February 25, 2001). This variable will be measured using Gerber's (1990) Control Over Nursing Practice Questionnaire.

Overall Job Satisfaction

An affective approach to one's work and was an index to overall satisfaction rather than satisfaction with a particular aspect of work such as pay. The variable was measured using Brayfield and Rothe's (1951) Overall Job Satisfaction Survey.

Significance of the Study

This study had particular relevance for nursing administration by adding further knowledge about overall job satisfaction and control over nursing practice in two different settings. First, knowledge about job satisfaction and autonomy in the VA setting was absent from the literature. Secondly, the ultimate reason to improve job satisfaction for nurse administrators was to maintain the retention rate of nurses regardless of the setting. The most important outcome was to create an environment where patients and nurses were satisfied. The importance of autonomy and job satisfaction with staff nurses cannot be overstated. On the individual level, autonomy and control over nursing practice meant higher job satisfaction for nurses evidenced by the results of numerous studies (Daivdizar, Dowd, & Brownson, 1998). Job satisfaction has been linked to nurse retention and intent to stay at the organization (Curry, Wakefield, Price, Mueller, & McCloskey, 1985; Hinshaw, Smeltzer, and Atwood's, 1987). Retention of nurses within the organization saved money due to orientation of new employees, position advertising, sign on bonuses, and relocation costs associated with some facilities. For example, the average cost of replacing a registered nurse could amount to as much as \$ 25,000 (Cullen, 1999). Several studies have documented the relationship between high job satisfaction and increased productivity and efficiency (Drews & Fisher, 1996; Leveck & Jones 1996; Song et al., 1997).

The results of this study has implications for the practice environment as evidenced by promoting a more conducive environment for registered nurses to practice. A study by Lancero and Gerber (1995), concluded that the greater the work autonomy the more positive the work environment. The more control registered nurses have over their practice environment, the

greater responsibility and accountability they took for their nursing actions. A theoretical perspective was espoused by Hackman and Oldham (1976) using the job characteristics model. The model proposed that five "core" job dimensions led to three critical psychological states that in turn effect personal and work outcomes. The theory emphasized that in order for satisfaction with employment, the job or work environment must have certain characteristics expressed such as (a) autonomy, (b) task identity, (c) skill variety, (d) task significance, and (e) feedback. In essence, the individual experienced greater satisfaction as evidenced by, less absenteeism, increased efficiency, and greater motivation, when there was meaningfulness in a tasks, and when the individual was given responsibility for the job to be done. Work autonomy prompted the worker to increase personal responsibility for work outcomes, which in turn lead to greater satisfaction with the environment (Hackman & Oldham, 1976). The higher the autonomy in a job, the greater the nurse's accountability for patient outcomes. The model was self-perpetuating, in that the individual was motivated to work for self-generated rewards. In essence, the success or failure rested with the individual and not the employer. Additionally, control over nursing practice varies from setting to setting. For example, an intensive care nurse may not have the practice setting to experience the same control as a nursing case manager or telemetry staff nurse. However, both control over nursing practice and job satisfaction are extremely important to the practice setting.

Nurses with increased control over their practice have more accountability. Moreover, the perception of control may increase immune functioning and was found as a trait of happy people (Parrott, 2000). Conversely, the perception of no control can have adverse effects on the body as evidenced by college students that perceived less control over their circumstances were

more likely to become depressed and anxious compared to their counterparts who perceived increased control (Parrott, 2000). The constant awareness of no control may lead to “learned helplessness”. Over the years, repeated barriers for lack of control can lead to a pattern of learned helplessness among nurses.

The significance of job satisfaction and control over nursing practice has particular ramifications for nursing education. For example, as practice environment satisfaction and appeal erodes, the decreased in appeal of nursing as a career to potential nursing students. Fagin (2001) reported that nurses were discouraging potential nursing students due to the erosion of care and current negative situations in the practice environment. News reports and perceptions of the current practice environment make the situation bleak for potential nurses to seek other professions with higher professional status, such as pay, job satisfaction, and control over practice. This decrease in appeal for the nursing profession was seen from 1995 to 1999 when the American Association of Colleges of Nursing (AACN) reported five years of uninterrupted decline in nurses and a decreased baccalaureate enrollment in the fall of 1998 and a further drop in 1999 (Fagin, 2001). In a recent survey from the American Nurses Association (ANA) on staffing the question was posed: Would registered nurses recommend the profession to a relative or friend. A large number of nurses 54,8% ($n = 3985$) reported they would not recommend the profession to a relative or friend and 23% ($n = 1656$) reported strongly discouraging a friend or relative from pursuing a career as a registered nurse (ANA, 2001).

In summary, there is evidence to support the purposes for this study. This study uncovers aspects of satisfaction of the current work environment, and adds to the body of knowledge concerning control over nursing practice.

Chapter Two

Introduction

Chapter two examines the current literature on control over nursing practice, job satisfaction, autonomy, and cultural variations with autonomy. The literature review was classified into three main categories; (a) control over nursing practice and job satisfaction, (b) job satisfaction and autonomy, and (c) cultural variances with autonomy for easier understanding. Chapter two concludes with the conceptual framework of Hinshaw and colleagues (1987) model on nurse retention as well as Slavitt and colleagues (1975), and Curry and colleagues (1985).

Literature Review

Control Over Nursing Practice and Job Satisfaction

Laschinger and Havens (1996) examined the extent of perceived control over nursing practice and work empowerment of staff nurses using a descriptive, correlation study. The study was conducted in two urban Southeastern teaching hospitals. The researchers used Kanter's theory of structural power as a conceptual framework. Kanter's theory proposed that there were two types of systemic powers at work in an organization, both formal and informal. The formal and informal power systems influenced access to job related empowerment which in turn leads to a personal impact on the employee such as increased autonomy, less burnout, and greater satisfaction and resulted in improved work effectiveness, patient satisfaction, organizational commitment, and success.

A random sample of 200 nurses from two separate hospitals was used for the study, making the total sample 400 subjects. Questionnaires and a letter of explanation were sent to all

subjects through the hospital mail system and returned to the researcher by postal mail. A follow-up letter was sent to all subject units along with a flyer 3 weeks later after the initial letter to increase the response rate. The response rate was low with 127 usable surveys ($N = 127$; 33%) (Laschinger & Havens, 1996).

There were six instruments used in the study, they were the (a) Conditions of Work Effectiveness, (b) Job Activities Scale, (c) Organizational Relationships Scale, and (d) Control Over Nursing Practice Questionnaire, (e) Job Satisfaction Scale, and (f) Work Effectiveness Scale. The independent variable, work autonomy, was measured by the Control Over Nursing Practice Questionnaire. The Job Satisfaction Scale and Work Effectiveness Scale were used to measure the dependent variables for overall job satisfaction. The Cronbach's alpha coefficients for the scales ranged from $\alpha = .76$ to $.95$ (Laschinger & Havens, 1996).

There was a significantly high and positive association between perceived work empowerment and perceptions of control over nursing practice ($r = .63$, $p < .001$). A positive and strong correlation existed between access to empowerment and overall work satisfaction ($r = .66$, $p < .001$). A positive and high correlation existed between control over practice and informal power ($r = .65$, $p < .001$). Regression analysis revealed that perceived empowerment and control over practice were predictors for work satisfaction ($R^2 = .52$, $p < .001$) and perceived work effectiveness ($R^2 = .58$, $p < .001$) (Laschinger & Havens, 1996).

The researcher used a convenience sample, that was considered a limitation to the study. Both hospitals in the study were undergoing a restructuring process and this event was not addressed in the study. The researchers stated that a follow-up study would add further depth to this study (Laschinger & Havens, 1996). Further follow-up needed to focus on the factors that

influence work empowerment and the association with work effectiveness.

In conclusion, the study supported Kanter's theory that work environment structures have an influence on worker's effectiveness and job satisfaction. The strong correlation between work empowerment and perceived control over nursing practice suggests that work autonomy was extremely important to staff nurses' work ($r = .63$, $p = .001$) (Laschinger & Havens, 1996). This study supported that hypothesis of this study that control over nursing practice and work satisfaction had significant association. Laschinger and Havens (1996) found that perceived empowerment and control over nursing practice were significant predictors of work satisfaction and work effectiveness.

Lancero and Gerber (1995) used a descriptive, cross-sectional design to study control over nursing practice, stress, and work satisfaction among nurse case managers (NCMs). The NCM were recruited from two case management models (one community and one community based) in the Tucson, Arizona area. The Acute Care Delivery (ACD) model was based out of the Tucson Medical Center, and the Carondelet Community-Based (CCB) model was operated within a two-hospital health care system. The purpose of the study was to describe the relationships among control over nursing practice, job stress, and work satisfaction among NCM. The study compared the two practice sites for nursing case management.

The authors used multiple theories from nursing satisfaction such as Herzberg's two-factor theory, Hinshaw et al., and Slavitt, et al. models as a framework for the study. A total sample of 30 NCM was obtained for the study, consisting of 17 community based NCMs and 13 NCMs from the acute care hospital, the response rate high ($N = 30$, 100%) for the study. The inclusion criteria for the study were (a) subjects worked at least three months as a NCM, (b)

carried a full case load, and (c) employed at least full or part time for at least three months. The researchers surveyed the subjects with questionnaires, no further information on the procedure or timing of the study was given (Lancer and Gerber, 1995).

The dependent variable was work satisfaction as measured by the Work Satisfaction Index (WSI/NCM). The tool was adapted from Stamps and Piedmonte's Index of Work Satisfaction. The tool contained six sub-scales that were (a) Task Requirements, (b) Pay or Rewards, (c) Interaction with other Nurses, (d) Interaction with Physicians, (e) Administration and Organizational Policies, and (f) Autonomy. The researchers altered the language of the tool and deleted some of the survey to reflect the NCM role and eliminate the acute care setting language. Only two sub-scales, Autonomy and Interaction with Physicians had alpha coefficients greater than $\alpha = .70$. The independent variable job stress was measured by the NCM Job Stress Index (NCMJSI). NCMJSI consisted of 31-item Likert scale developed specifically for the study. Content validity for the NCMJSI was documented by a panel of three experts. The independent variable of control over nursing practice was measured by the Control Over Nursing Practice Scale (CONPS). This survey, was developed by the authors, and is a 21-item Likert scale with a Cronbach's alpha reliability coefficient $\alpha = .94$ for each NCM group and the total sample.

There was no difference between control over nursing practice variable and between the two groups of NCM. Work satisfaction was greater for the community based NCMs compared with the acute care NCMs. Using multiple regression analysis, overall job satisfaction was positively related to control over nursing practice, while job stress was negatively correlated with overall job satisfaction (Lancero and Gerber, 1995). Lancero and Gerber's (1995) study

supported the hypothesis under investigation in this study by overall job satisfaction having a significant association with control over nursing practice. However, Lancero and Gerber's study focused on the NCM and had little connection with the acute care floor nurse.

No statistics were given in the article, this was a limitation due to the inability to determine strengths of relationships. Another limitation was the small number of subjects in the study and the use of a convenience sample.

In conclusion, Lancero and Gerber (1995) compared the work satisfaction in two case management models. The authors concluded that NCMs experienced a positive work life with increased control over nursing practice with moderate job satisfaction.

Lynn and Kelly (1997) conducted a study on the implementation effects of a case management model on perceptions of perceived quality of care, work satisfaction, and control over nursing practice. The researchers utilized a prospective, quasi-experimental design for the study (Lynn and Kelly, 1997). The case management model implementation was part of a larger project to evaluate the extended value of case management implementation with Diagnosis Related Group (DRG) 107 cared for by a single group of surgeons.

The case management project was implemented to determine if positive clinical outcomes as well as provider satisfaction would result. The case management model was patterned after the New England Medical Center model. Case managers were to (a) provide direct patient care while the patient they were following was on their unit, (b) monitor the critical pathway and track variances, (c) facilitate patient education, making referrals as needed, and (d) follow the patient 48 hours and 2 weeks after discharge. Initially, five nurses were chosen as case managers for the program, one was a operation room nurse and was to coordinate

communication between the other four case managers and communication with physicians.

Since no new Full Time Equivalents (FTEs) were allocated for the positions, the responsibilities were approximately 75% direct caregiver and 25% case manager (Lynn and Kelly, 1997).

Four cardiac units were chosen as the setting for the implementation of the case management model. The four units were housed in a 394 bed community hospital, no affiliation with a university or corporation were noted. The four units were (a) a 32 bed intermediate care unit, (b) a 10 bed cardiac intensive care unit, (c) an eight bed cardiothoracic recovery room, and (d) cardiac surgery operating room. The sample was 79 nurses ($n = 79$, 90%) before implementation of the model, 51 nurse ($n = 51$, 58%) 1 year after implementation of the study. The total number of nurses that completed the questionnaires before and after the implementation of the case manager program was 35 for a 40% return rate ($N = 35$; 40%) (Lynn and Kelly, 1997).

The dependent variable of perceived quality of care was measured by Nurse's Perception of Quality Scale. This 54 item Likert scale was developed by the principle investigator from interviews with nurses focused on the essential components of quality nursing care. The author reported Cronbach's alpha coefficients ranged from .71 to .94 ($\alpha = .71-.94$). Work satisfaction was surveyed by two scales, the Work Satisfaction Scale (WSS) and Nurse's Opinion About Nursing (NOAN). The WSS was developed by Slavitt et al. (1978) and consisted of 32 items that measured five factors. The five factors were (a) pay, (b) autonomy, (c) task requirements, (d) administration influences, and (e) professional status. The authors reported WSS Cronbach's alpha coefficients between $\alpha = .68$ to .88. The NOAN was also developed by the principle investigator and consisted of 43 items. The NOAN was created from content analysis of 282

nurses' responses to an open-ended question concerning nursing attitudes. Reported Cronbach's alpha coefficients for the NOAN were $\alpha = .69$ to $.86$. Control Over Nursing Practice Scale (CONP) was used to measure the variable of control over practice. The CONP scale was a 21 item scale focused on the freedom to practice professionally. Cronbach's alpha coefficients of $\alpha = .89$ to $.93$ were reported, as well as, construct validity using confirmatory factor analysis and predictive validity using multiple regression techniques (Lynn and Kelly, 1997).

After approval through the University of North Carolina School of Nursing's Institutional Review Board, study packets were distributed 1 month prior and 1 year after implementation of the case management. The study packets contained the above mentioned instruments along with a demographic survey, letter explaining the purpose of the survey and rights of the subjects, and a return envelope.

The results of the study revealed significantly higher scores on the Nurses' Perception of Quality Scale post case-management implementation. The specific sub-scales with significant differences were (a) developing a relationship (with patients) [$t = 2.78, p = .01$], (b) therapeutics [$t = 2.58, p = .01$], and (c) environment/ resources [$t = 2.75, p = .01$].

Case manager scores were compared to non-case managers one year after implementation of the case management program. Case managers perceived more control over practice [$t = 2.94, p = .005$], more positive perception of administration [$t = 2.52, p = .015$], and were more committed to nursing [$t = 2.13, p = .039$]. The total sample ($N = 35$) had higher mean scores on the CONP Scale post implementation (post $M = 65.67$) versus pre-implementations, however, it was not significant (Lynn and Kelly, 1997).

In conclusion, Lynn and Kelly (1997) found some significant, positive effects of a case

management project with staff and case managers of cardiac patients. The study under investigation was somewhat different and examined the perceived control over nursing practice of acute care nurses and not case managers. However, the case managers in Lynn and Kelly's (1997) study did perceive more control over nursing practice [$t = 2.94$, $p = .005$] post case management implementation, and had significantly higher scores on the Work Satisfaction subscales of pay/ rewards [$t = 2.76$, $p = .009$] and administration [$t = 2.52$, $p = .015$].

Job Satisfaction and Autonomy

Pierce, Hazel and Lorraine (1996) studied the effect of a professional practice model on autonomy, job satisfaction and turnover of rehabilitation registered nurses. A quasi-experimental evaluative design was used for this study. The setting was a 742-bed teaching hospital center for rehabilitation in Northeastern Ohio.

A convenience sample of all the registered nurses ($N = 73$) working at the center was obtained. The nurses were surveyed in three phases. Phase one was before program implementation, phase two at 6 months, and phase three 1 year post-intervention (Pierce et al., 1996).

Three instruments were used in the study. They were the Personal Information Tool, provided demographic data, and the Quality Employment Survey (QES) was used to gather employee perceptions of decision making power and as a measure of autonomy. The QES used a four-point Likert type design, scores ranged from 4 (low autonomy) to 16 (high autonomy). A Cronbach's alpha coefficient of $\alpha = .75$ was reported for this study sample. The Work Satisfaction Scale (WSS) was used to measure overall job satisfaction. The WSS was a 32 question Likert scale with established construct validity (Pierce et al., 1996).

The results of the study revealed perceived autonomy associated with job satisfaction with phase one ($r_s = .39, p \leq .01$) and phase three ($r_s = .46, p \leq .01$). Spearman correlation coefficients for overall job satisfaction and autonomy were $r_s = .39, p \leq .001$ for phase one, phase two $r_s = .35, p \leq .01$ and for phase three $r_s = .46, p \leq .001$. Multiple linear regression analysis was used to reveal the strongest predictor for the dependant variable job satisfaction. Autonomy and hours worked weekly were the independent variables highly correlated with job satisfaction $F(4, 51) = 8.83, p = .0001$ and $F(4, 53) = 6.55, p = .0002$ respectively. However, autonomy was the only independent variable statistically significant before, 6 months after, and 1 year after implementation of the professional practice model ($p = .002$) (Pierce, et al., 1996).

The limitations of the study included a small sample size ($n = 73$) for phase one ($n = 72$) phase two, ($n = 69$) and phase three. Anonymity of the subjects, was another limitation, since the researchers were unable to track nurses over time to determine if perception had changed over the 1-year period. The researchers only sampled one specialty area. Also, the sample was taken only from rehabilitation nurses, that caused the study to become difficult to relate to acute care nurses. Pierce et al. (1996) study supported the study under investigation since as overall job satisfaction and autonomy both increased at each of the phases.

Kinneman, Hitchings, Bryan, Fox, and Young (1997) conducted a study to evaluate a hospital restructuring process on nurse, patient, and physician satisfaction. The restructuring effort was based on the Patient-Centered Care (PCC) concept developed by Pickner/Commonwealth Program for Patient Centered Care (1993). This concept shifted the structure of care operations to an empowered, decentralized, and continuity of care organizational design. A quasi-experimental longitudinal; repeated measures design was

employed.

The setting was a 720-bed acute care facility in Southeastern Pennsylvania. A total sample of ($N = 74$) registered nurses was obtained. Thirty-seven pre-implementation ($n = 37$) and ($n = 37$) post-implementation subjects were sampled from three separate units within the hospital.

The researchers attempted to obtain the an identical group of nurses before and after restructuring to measure practice environment variables. The researchers attempted to pair the questionnaires Pre and Post survey by matching up the demographic information such as age, years of experience, and level of preparation instead of coding the surveys with identifiers. However, this failed since the sample of nurses that corresponded on both the Pre and Post surveys were so few the surveys were excluded from the final sample ($N = 74$).

Questionnaires were hand delivered to the nursing staff by the departmental head before and 6 months after implementation of the PCC model for a total of two survey periods. Instructions were given to the subject verbally and the subjects were requested to return the survey, via interoffice mail, to the Nursing Research Office within a 2 week period in the enclosed envelope given with the questionnaires. Sampling of subjects occurred at two periods, before, and 6 months after implementation of the PCC model (Kinneman et al., 1997).

The instruments used in the study were the Nurse Job Satisfaction Scale and the Job Characteristics Inventory (JCI) autonomy sub-scale. The Nurse Job Satisfaction Scale measured the dependant variable of job satisfaction and was a five-point Likert scale ranging from 26-130 with low scores indicating higher satisfaction. A Chronbach's alpha reliability coefficient score of $\alpha = .83$ was reported for the scale. The autonomy sub-scale obtained from the JCI was a five-

point Likert scale measuring the dependent variable of autonomy. The JCI had a reported Cronbach's alpha coefficient of $\alpha = .85$ (Kinneman et al., 1997).

Registered nurse job satisfaction was significantly increased ($M = 50.5$, $SD = 11.9$, $p < .0001$) from Pre-PCC implementation ($M = 64.9$, $SD = 12.8$). Autonomy increased from Pre-PCC implementation ($M = 21.4$, $SD = 3.3$) compared to Post-PCC ($M = 22.5$, $SD = 4.0$) although this was not significant ($p \leq .1$) (Kinneman et al., 1997).

A limitation for the study was that the registered nurses that were surveyed during the Pre-PCC model were not the same subjects surveyed Post-PCC model implementation because of attrition and change in staff positions. Another limitation was the small sample size ($N = 74$) registered nurses. A larger sample of a hospital implementing the PCC model may add further support to the current knowledge to current research findings. This study supported the study under investigation by the relationship of autonomy and job satisfaction. Although autonomy did not increase significantly after PCC model implementation ($p \leq .1$), the mean did increase Pre ($M = 21.4$, $SD = 3.3$) and Post-PCC ($M = 22.5$, $SD = 4.0$) as well as the job satisfaction mean scores Pre PCC implementation ($M = 64.9$, $SD = 12.8$) and Post ($M = 50.5$, $SD = 11.9$, $p < .0001$).

Cultural Variances with Autonomy.

Lee Fung-kam (1998) used a non-experimental approach to study job satisfaction and autonomy for Hong Kong registered nurses. The setting was two hospitals located in Hong Kong, one acute and one long-term care facility.

There were a total of 300 registered nurses obtained by random sampling from the total possible population of 800 nurses in an acute care facility. A convenience sample of ($n = 67$)

was obtained for this study because there were few nurses employed at the long term care facility. The nurses were surveyed by self administered questionnaires (Fung-kam, 1998).

The independent variable, autonomy, was measured by use of the Edwards Personal Preference Schedule (EPPS) autonomy sub-scale. Split-half reliability coefficient for the EPPS autonomy sub-scale was $r_s = .76$ and the test-retest reliability coefficient was $r_t = .83$. Job satisfaction was measured using the Index of Work Satisfaction (IWS) instrument. Cronbach's coefficient alpha $\alpha = .82$ was reported for the total scale and included inter-item ranges from $\alpha = .52$ to $.81$ (Fung-kam, 1988).

Pearson's correlation coefficients were used to examine the relationship between autonomy and job satisfaction. There were no significant correlations between the independent variable, need for autonomy, and the dependant variable of job satisfaction ($r = .11, p > .1$) (Fung-kam, 1998).

The researcher concluded that a limitation for this study was a greater emphasis of the study focused on the long term hospital because of the increased response rate, 83% ($n = 54$) for the long term and only 17% ($n = 136$) for the acute care setting. This study did not support the hypothesis under investigation in this paper. The author concluded that Hong Kong nurses were not inclined to strive for autonomy as the Western civilization. Therefore, autonomy was not valued in Hong Kong nurses as high as social integration or pay.

In conclusion, autonomy and pay ranked high with other job components, except with current job satisfaction. The researcher suggested that this was due to the older subjects who were earning a larger salary and had more experience (Fung-kam, 1998).

Pearson and Chong (1997) studied job satisfaction and organizational commitment in

Malaysian nurses. The theoretical framework proposed by Hackman and Oldham (1976) was developed based on the job design theory. The researchers proposed that the job design theory was not multi-cultural and that Chinese cultural values such as integration, Confucian work dynamism, human heartedness, and moral discipline did not coincide with the Western view (Pearson and Chong, 1997). This study was done to assess the current job design theory implemented in the public health organization and to incorporate and explore cultural variances in relation to the job design theory. The setting was a public health organization in Malaysian. The sample included $N = 290$ full time staff nurses with various backgrounds such as: obstetrics, intensive care, and general medical/ surgical experience (Pearson & Chong, 1997).

The study used a non-experimental design. Questionnaires were distributed to subjects, and the return rate was high with 98.62% ($N = 286$) usable surveys. The subjects were surveyed using an envelope package that contained the questionnaire, two letters, and a self addressed and stamped return envelope. The cover letter explained the hospital's administrative support for the study. The other letter contained the purpose for the survey, explained that the survey, and explained that the survey was voluntary, and that confidentiality would be maintained by respondents anonymity (Pearson & Chong, 1997).

Three instruments were used in the study. They were the Job Diagnostic Survey (JDS), used to obtain core task attributes, interpersonal task attributes, and job satisfaction. An adaptation of the Porter, Steers, Mowday, and Boulian (1974) scale was used to measure organizational commitment. This Porter et al. (1974) scale had validity confirmed using factor analysis; the Cronbach's alpha coefficient was $\alpha = .96$. The Chinese Value Survey (CVS) was a 7 point Likert scale that had four dimensions that assessed integration, Confucian work

dynamism, human heartedness, and moral discipline (Pearson & Chong, 1997).

A path model was used to determine the relationship between the variables. Autonomy, the independent variable, was not significantly related ($t = .07, p > .05$) to job satisfaction the dependant variable. However, organizational commitment a dependant variable was significantly related to autonomy ($t = .24, p < .05$). Autonomy was significantly related to other independent variables such as identity, job feedback, and other feedback (Pearson & Chong, 1997).

In conclusion, the study supported that cultural views affect the job environment. Also, this study supported that Malaysian nurses place more importance on collectivism and relationships than Western nurses do. This meant that Malaysian nurses placed more emphasis on the good of the group instead of the individual, therefore, autonomy was not viewed as a requirement for job satisfaction. The study under investigation was examining the variance of control over nursing practice and job satisfaction across a small culture setting such as the non-profit community hospital versus the government setting. Although, Pearson and Chong (1997) compared cultural extremes with Western and Eastern views, the study under investigation was only examining a minor variation to determine if any variance existed.

Carmel, Yakubovich, Zwanger, and Zaltzman (1988) used a non-experimental, descriptive, ex-post facto study to investigate perceived autonomy and job satisfaction among Israeli primary care nurses after a three month physician strike. The purpose of the study was to compare perceptions of autonomy and job satisfaction during and after the three month physician strike in Israel where nurses provided primary care during the three months. The study conducted 2-4 weeks after the three month physician strike presented a unique environment for

nurse autonomy because the primary care nurses were able to conduct the clinics and services without physician intervention.

The study provided a brief literature review and discussed the three-fold problem of registered nurses and autonomy. First, autonomy at work was related to job satisfaction according to the authors. Secondly, nurses were constrained by regulations and guidelines that defined the scope of practice, and the close observation and control established by physicians in the nurses role performance. Lastly, nurses complained of the constraints placed on practice and extent of physician control (Carmel et al., 1988).

A sample of $N = 1876$ primary care nurses were surveyed. A response rate was 61%, this accounted for $n = 1144$ usable surveys. The majority of the primary care nurses surveyed were female ($n = 1064$, 93%) with about half ($n = 526$, 46%) as registered nurses and the other 54% ($n = 618$) composed of practical nurses. The settings were the primary care clinics located in every neighborhood throughout Israel. Self-administered questionnaires were sent to all clinic sites and the surveys were returned within 2 weeks to the researchers (Carmel et al., 1988).

The questionnaire that was used for the study was developed by the researchers. The questionnaire was composed of three sub-scales that measured (a) change in role performance, (b) autonomy, and (c) job satisfaction during the strike compared with current working conditions. The autonomy sub-scale used a 5-point Likert scale (1 = strongly agree to 5 = strongly disagree) with three questions, the scale was adapted from a study by Leatt and Schneck (1982). The change in role performance subscale was a series of items regarding work activities during the strike compared to regular working conditions. Nurses responded to the degree of change in work role performance, increase in workload, and special programs initiated. The job

satisfaction subscale was composed of two items developed by the researchers. No reliability or validity estimates were given for the instruments. However, the questionnaire was pre-tested on 45 nurses and several corrections were made prior to the final use of the questionnaire (Carmel et al., 1988).

An hypothesis was not stated for the study. Although, nurses reported increased role performance activities, nurses also reported the greatest increase in triage and referrals with 87% ($n = 995$) of respondents reporting increase, and 85% ($n = 972$) of respondents reporting increased patient education activities. Thirty-one percent of nurses ($n = 400$) reported an increase in job satisfaction during the physician strike. The mean score for autonomy during normal work conditions was 3.4, contrasted with 4.0 during the strike. This finding was statistically significant with $p \leq .01$ using paired t - test. A statistically significant difference was found between the increase in activity, special programs and extended activity; during the strike and the scores of autonomy and job satisfaction $\chi^2(1, 349) = 39.55, p < .001$ and $\chi^2(1, 385) = 26.80, p < .001$ respectively. Strike and non-strike means of job satisfaction and autonomy were positively related ($r = .22, p \leq .01$). Job satisfaction and autonomy were positively correlated during non-strike conditions, however; the association was weak ($r = .15, p \leq .01$) (Carmel et al., 1988).

The limitations for the study were that the study used instruments that had no established reliability or validity. In addition, the researchers would have been added more validity to the study to have used a longitudinal design and surveyed before and after the strike. This study supported the study under investigation by associating job satisfaction and autonomy means at a significant level ($r = .22, p \leq .01$). The primary objective of the study under investigation was to

establish association between overall job satisfaction and control over nursing practice.

In summary, the research examined in the review supported of a positive relationship between job satisfaction and autonomy/ control over nursing practice. However, Fung-kam (1998), Parson and Chong (1997), and Kinneman et al. (1997) did not find a significant relationship between job satisfaction and autonomy. Two of the research articles (Fung-kam, 1998; Parson and Chong, 1997) may have been influenced by cultural variables since they were conducted internationally. The literature that examined the implementation of programs to enhance nurses' control and decision-making ability did support a relationship between job satisfaction and greater control over practice.

Review of the literature supports an examination of overall job satisfaction. For example, most research examined job satisfaction with particular emphasis on components such as, satisfaction with pay, autonomy, administration, and satisfaction with tasks. The study under investigation examined control over nursing practice strictly with telemetry and medical/ surgical nurses. The literature review focused only on case managers and speciality nurses and less on acute care nurses and the findings established no significant results of control over nursing practice and job satisfaction among hospital staff nurses.

Theoretical Framework

The theoretical framework for this study was based upon the conceptual theories of Hinshaw and colleagues (1987), Curry and colleagues (1985), and Slavitt and colleagues (1975). The model had three main concepts, namely nurse characteristics, environment characteristics, and practice outcomes. The nurse characteristics contained the variables of age, education, tenure, and experience and the environment characteristics were non-profit hospital and

government hospital systems. The practice outcome variables were overall job satisfaction and control over nursing practice. An assumption was made that the government hospital setting would have more structure and mid-level management positions and therefore provide less control over nursing practice for the registered nurses working the acute setting. It was also theorized that control over nursing practice and overall job satisfaction would have a positive relationship (see Figure 1).

Chapter Three

Methodology

This chapter comprised the design of the study, described the setting and sample, and procedure for data collection. An analysis of the four units used for the study was included for acclimation to the two types of settings chosen and to exhibit the similarities and variances of the telemetry and medical/ surgical floors where subjects were obtained. The chapter also included instruments used for data collection and concludes with the limitations of the study.

Design

The design for the study used a non-experimental, descriptive, cross-sectional approach. All participants received the Control Over Nursing Practice Questionnaire and the Overall Job Satisfaction Survey.

Setting

The researcher used two local hospitals located in a Southwestern town in the Northcentral region of the United States. One was an acute care, non-profit, community hospital with 300 beds. The researcher sampled registered staff nurses on two acute care units in the community hospital. A telemetry unit servicing cardiac patients with 31 beds employed a full time case manager who managed the critical pathways. The usual nurse to patient ratios were 8:1 on night shift and 4 to 6:1 on day and evening shifts. The hospital used no patient classification system. The medical/ surgical specialities units cared for neurological, pulmonary, and renal patients who were admitted for various medical illnesses and surgical procedures. The bed capacity on the medical/ surgical unit was 24, sister unit classified as an oncology unit was also used in the study. The overall hospital nurse turnover rate was approximately 7%. When

per diem employees were factored into the rate, the overall hospital nurse turnover rate was 5.9%.

The second site for the study was a Veteran's Affairs Medical Center (VAMC). The VAMC had 80 acute care beds. Two units, a telemetry and a medical/ surgical, were chosen for data collection. The telemetry unit was a 30 bed ward and cared for general medical/ surgical patients, but was also classified as a telemetry unit. The other unit was 40 beds that cared for several types of patients. The floor was also classified as a medical/ surgical unit and cared for oncology, as well as, intermediate patients. Intermediate patients were classified as patients that were being transferred to a nursing home, awaiting another type of placement, or admitted for comfort measures. The VA hospital had a patient classification system in place that was updated on every nursing shift. The VA hospital had a high turnover rate of patients averaging 11 admissions and 12 discharges per day.

Sample

A convenience sample of 50 registered nurses ($N = 50$) were recruited for the study. Half of the subjects ($n = 25$) were recruited from the community hospital, and the other half ($n = 25$) were recruited from the VAMC.

Eligibility criteria to participate in the study included (a) 18 years of age or older, (b) registered nurse, (c) working on an acute care unit, and; (d) working at least part time or full time. Exclusion criteria consisted of (a) registered nurses working in speciality areas, such as intensive care, burn unit, obstetrics units , (b) per diem status, and; (c) less than 18 years of age.

Instruments

Three instruments were used to gather data. The Demographic Form (Appendix A)

obtained information about gender, age, years as a registered nurse, tenure, intent to leave, and two questions pertaining to the job satisfaction in the practice environment. The variable of intent to leave was collected using a single question that gathered information about the participants expressed intent to leave the organization in the near future. Two questions on the survey were narrative in nature and were placed on the form to obtain qualitative information factors affecting overall job satisfaction in the practice environment (Appendix A).

The second instrument was Brayfield & Rothe's Overall Job Satisfaction (OJS) Questionnaire (1951) that measured the dependent variable job satisfaction. The OJS was an 18-item, 5-point Likert summated rating scale ranging from 5= Strongly agree to 1= Strongly disagree. The OJS was based in management science and was the highest rated tool for psychometric soundness and ease of use by a panel of nursing instrumentation experts (Huber, Mass, McCloskey, Scherb, Goode, and Watson, 2000). The score ranged from 18 to 90 with higher scores indicating overall job satisfaction.

The third instrument, measured the independent variable, of control over nursing practice, and was the Control Over Nursing Practice scale (CONP) (Gerber, 1990). The CONP was a 21-item 7-point Likert summated rating scale with each item ranking from 1= disagree to 7= agree. The CONP Questionnaire measured the degree of perceived freedom to modify and evaluate nursing practice, make independent and interdependent decisions concerning patient care, and exercise authority and take accountability for the outcomes of those decisions as well as to influence the unit environment in the organization. Cronbach's coefficient alphas ranged from $\alpha = .89$ to $.93$ (R. M. Gerber, personal communication, February 25, 2001). Predictive validity using multiple regression testing construct validity was analyzed by Confirmatory Factor

Analysis (Lynn and Kelley, 1997).

Procedure

After approval by the Marshall University Institutional Review Board (IRB), the researcher delivered 25 information packets to the non-profit, community hospital and the VA hospital acute care units. Informed consent was implied when nurses completed the three questionnaires in the study packet and returned them to the return envelope in the nurses break room. At the VAMC, the nurses completed and returned the packets to the researcher. Confidentiality was maintained by asking subjects not to place names, or any identifying marks on the questionnaires, or on the packet. The researcher used only a numerical codes to identify participant's units and demographic information. Once all surveys were collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 8.0, 22 December, 1997.

Analysis of Data

Data were analyzed using descriptive and inferential statistics. Means, frequencies, distributions, and standard deviations were used to describe the sociodemographic variables. The VA registered nurse group consisted of $n = 25$, and were compared to the non-profit group consisting of $n = 25$. Inferential statistics included independent samples t - test to examine the difference in control over nursing practice and overall job satisfaction total means between the two hospital settings. Pearson's product-moment correlation was used to examine the relationship among the control over nursing practice and overall job satisfaction scores across the two hospital settings.

Psychometric analysis examined the internal consistency reliability and construct validity of the

CONP Questionnaire and Overall Job Satisfaction Survey.

Hypothesis One

There will be a positive relationship between control over nursing practice and job satisfaction among registered staff nurses who work in the hospital setting. This hypothesis was examined using by Pearson correlation coefficient comparing the means of OJS and CONP Questionnaire scores.

Hypothesis Two

There will be differences between total mean scores for the non-profit and government acute care units regarding job satisfaction and control over nursing practice. This hypothesis was examined using an independent t-test to determine mean differences between OJS scores at the VA and non-profit hospital as well as CONP total mean scores from the VA and the non-profit facility.

Chapter Four

Chapter four contained the results of the study, discussion of results, and implications for practice. Demographics reported for the study included age, level of education, tenure, experience in nursing, and gender. Reliability of the instruments and construct validity were examined in this chapter using the data from the questionnaires.

Results

VA Registered Nurses

The sample ($n = 25$) consisted of two men (8%) and 22 women (92%) with the majority having an associate degree in nursing ($n = 14$, 56%). The majority of VA registered nurses were over the age of 40 years ($n = 19$, 76%), and had over 11 years of experience as a registered nurse ($n = 16$, 64%). Sociodemographic characteristics are displayed in Table 1.

Analysis of the sociodemographic variables revealed that age was positively associated with experience as a registered nurse ($r_s = .58$, $p = .001$). Tenure was positively associated to experience as a registered nurse ($r_s = .53$, $p = .004$).

Non-profit Hospital Registered Nurses

The non-profit sample ($n = 25$) consisted of two men (8%) and 22 women (92%) with the majority having an associate degree in nursing as the highest education level ($n = 10$, 40%). The sample was predominately under the age of 40 years ($n = 16$, 64%). The majority of nonprofit registered nurses had 1 to 4 years of experience as a registered nurse ($n = 15$, 60%).

Age, experience as a registered nurse, and education were the only significant correlates for the non-profit registered nurse group. Age was positively related to experience as a registered nurse ($r_s = .64$, $p = .001$). Education was positively associated with experience as a

registered nurse ($r_s = .45$, $p = .023$).

Group Differences

The non-profit hospital nurses were younger than the VA nurse sample, with 64% under the age of 40 for the non-profit group and 76% over the age of 41 for the VA group. The two groups also differed with significance regarding the nurse characteristic relationships. The VA group had moderate correlations between tenure and experience as a registered nurse ($r_s = .53$, $p = .004$). Conversely, a correlation existed between education and experience ($r_s = .45$, $p = .023$) for the non-profit group.

Reliability of the Study Instruments

Control Over Nursing Practice Questionnaire. The Cronbach's coefficient alpha for the total sample was $\alpha = .94$. The Chronbach's coefficient alpha for the VA group was $\alpha = .95$ and $\alpha = .93$ for the non-profit group. Internal consistency, as indicated by Cronbach's coefficient alpha ($\alpha \geq .80$), met acceptable criteria for the two groups on the CONP Questionnaire.

Overall Job Satisfaction Survey. The Cronbach's coefficient alpha for the total sample was $\alpha = .90$. Chronbach's coefficient alpha for the VA group was $\alpha = .89$ and for the non-profit group was $\alpha = .92$. Internal consistency, as indicated by Cronbach's coefficient alpha ($\alpha \geq .80$), met acceptable criteria for the two groups on Overall Job Satisfaction Survey.

Construct Validity

Construct validity referred to the degree to which the instruments measured the constructs under investigation (Polit and Hungler, 1999). Construct validity was completed by examining the two hypothesis.

Hypothesis One

There will be a positive relationship between control over nursing practice and job satisfaction among registered staff nurses who work in the hospital setting. Pearson product-moment correlation was used to examine the first hypothesis. Results revealed a significant and positive correlation between control over nursing practice and overall job satisfaction for the VA group ($r = .54, p \leq .005$). Conversely, the correlation between control over nursing practice and overall job satisfaction for the non-profit hospital group was not significant ($r = .16, p \leq .45$).

Hypothesis Two

There will be differences between total mean scores for the non-profit and government acute care units regarding job satisfaction and control over nursing practice. To test hypothesis two, independent t -tests were performed. Control over nursing practice [$t = -.13, df = 48, p \leq .89$] did not differ significantly or overall job satisfaction [$t = .12, df = 48, p \leq .91$] for either group.

Comparisons of mean scores revealed VAMC nurses were more satisfied ($M = 58.2; SD = 12.6$) with their overall job than the non-profit, community hospital ($M = 57.8; SD = 11.7$). However, community hospital nurses perceived more control over nursing practice ($M = 99.6; SD = 22.8$) compared to the sample from the VAMC ($M = 98.7; SD = 25.8$).

Intent to Leave

The number of participants reporting intent to leave the organization from the total sample ($N = 50$) in the near future was $n = 11$. Further analysis revealed the mean scores of the participants that answered yes to the intent to leave question had lower a CONP score ($M = 86.3$,

$SD = 24.1$) and a lower OJS score ($M = 44.2$, $SD = 10.5$). The participants that reported intent to stay at the facility ($n = 39$) had higher mean scores on the OJS Survey and CONP Questionnaire, $M = 61.9$, $SD = 9.3$ and $M = 104.5$, $SD = 22.3$, respectively.

Qualitative Analysis

Non-Profit Units. When nurses were asked if they were actively looking for another job, 28% ($n = 7$) responded yes and 72% ($n = 18$) responded no. The reasons given for seeking employment elsewhere were better staffing ($n = 14$, 56%), better scheduling ($n = 3$, 12%), and increased pay ($n = 2$, 8%). When asked what factors influenced their current practice environment, respondents cited group cohesion ($n = 12$, 48%), staffing ($n = 5$, 20%), and benefits ($n = 5$, 20%).

VA Units. The responses to questions seven, eight, and nine on the demographic form were similar compared to the non-profit nurses. When nurses were asked if they were actively looking for another job, 16% ($n = 4$) responded yes and 84% ($n = 21$) responded no. The reasons nurses gave for seeking employment elsewhere were better staffing ($n = 15$, 60%), and increased pay ($n = 4$, 16%), better scheduling ($n = 1$, 4%). When asked what factors influenced their current practice environment, VA respondents cited group cohesion ($n = 11$, 44%), staffing ($n = 7$, 28%), and pay ($n = 4$, 16%).

Discussion

Comparison to Previous Findings

The findings from this study were similar to the findings by Belgen (1993). Belgen found autonomy and control over practice had a moderate correlation with job satisfaction in a meta-analysis study ($r = .42$). The study results, as compared with Belgen's results, revealed a

moderate correlation between control over nursing practice and overall job satisfaction with VA nurses ($r = .54, p \leq .005$).

The findings from the qualitative data on the demographic form were similar to recent findings from an ANA (2001) staffing survey. The ANA (2001) survey found 75% of nurses reporting a decline in quality over the past two years. The majority ($n = 5,067$) reported the decline was due to inadequate staffing, decreased nurse satisfaction ($n = 4,445$), and delays in providing basic care ($n = 4,262$) (ANA, 2001). In the same study, nurses described leaving work exhausted and discouraged ($n = 3617$) (ANA, 2001).

The increase in workload for registered nurses was not a regional finding, Fagin (2001) reported that across the United States some nurses reported nurse to patient ratios of 1 : 10 on days and 1 : 15 to 1 : 20 on other shifts.

The responses to question nine on the demographic form were similar to McClosky's (1990) results that explored the relationship between autonomy and social integration. McClosky (1990) explained that the female dominated profession needed a sense of belonging to the group along with a sense of autonomy. Therefore, autonomy and social integration were synergistic with the affect on job satisfaction in the registered nurse population. This study revealed a moderate correlation between overall job satisfaction in the VA group ($r = .54, p \leq .005$), further, group cohesion was the number one factor of job satisfaction influence in the VA group ($n = 11$).

Study Limitations

Limitations of this study included, a small sample size, subjects were volunteers, and individuals sampled could have external and extraneous variables that affected perception of job

satisfaction, such as family stress. The small sample size and the factor of volunteer subjects in this study could lead to sampling error and therefore generalization of the findings should be used with caution (Polit and Hungler, 1999). Several variables were not examined in this study and could have substantial affect on overall job satisfaction. The variables were; pay, administrative leadership style, scheduling, job stress, and promotional opportunity, these variables should be included in future studies. The researcher collected the questionnaires in-person and this method could have influenced the subjects to respond with a socially desirable (less desirable) response leading to increase response bias. The CONP Questionnaire and the Overall Job Satisfaction Surveys have not been examined for content validity in the VA system. Evaluating the content validity of the CONP Questionnaire in the VA system would add expert judgement about the content of credibility to the tools.

Clinical Implications for Practice

The instruments used in the study were reliable and valid in this sample. The results suggest that control over nursing practice had a positive relationship with overall job satisfaction for VA registered nurses. Based upon these findings, nurse administrators at VA facilities need to facilitate control over nursing practice with VA registered nurses. Veteran's Affairs nurse administrators needed to foster participation on committees, allow greater control over scheduling, and greater independence in nursing practice. Such control over nursing practice will facilitate job satisfaction.

Given the results of this study, nurse administrators must become actively involved in the practice environment and make a conscious effort to improve working conditions for registered

nurses. Nurse administrators should provide adequate staffing for their individual units, promote team building at the unit level, and provide staff input into scheduling.

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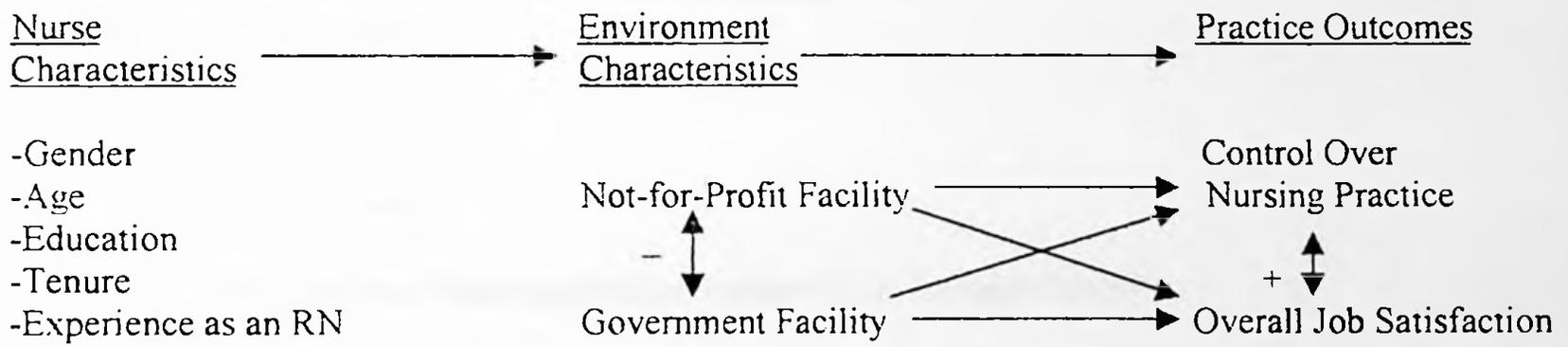
Table 1

Sociodemographics Characteristics for Non-Profit Registered Nurses and VA Registered Nurses (N = 50)

Characteristic	Group			
	Non-profit Group (n = 25)		VA Group (n = 25)	
	<u>n</u>	%	<u>n</u>	%
Gender				
Female	23	46%	23	46%
Male	2	4%	2	4%
Age				
<23 Years	10	40%	1	4%
23-30 Years	6	24%	1	4%
31-40 Years	8	32%	4	16%
41-50 Years	1	4%	8	32%
51-60 Years	0	0	11	44%
Tenure				
<1 Year	4	16%	4	16%
1-4 Years	15	60%	8	32%
5-10 Years	5	20%	9	36%
11-15 Years	1	4%	2	8%
>15 Years	0	0	2	8%
Education				
Diploma	4	16%	6	24%
Associate	15	60%	14	56%
Baccalaureate	5	20%	5	20%
Masters	1	4%	0	0
Experience as Registered Nurse				
<1 Year	6	24%	2	8%
1-4 Years	9	36%	3	12%
5-10 Years	7	28%	4	16%
11-15 Years	3	12%	5	20%
>15 Years	0	0	11	44%

Figure 1 Theoretical Framework Examining Nurse Characteristics, Environment Characteristics and Practice Outcomes.

Theoretical Framework



Appendix A: Demographic Questionnaire

1. Gender:

- Male
- Female

2. Age Range:

- Less than 23 years
- 23-30 years
- 31-40 years
- 41-50 years
- 51-60 years
- More than 60 years

3. How many years have you been an RN:

- Less than one year
- 1-4 years
- 5-10 years
- 10-15 years
- More than 15 years

5. Education level attainment:

- Doctorate
- Master's degree
- Bachelor's degree
- Associate degree
- Diploma

6. How many years have you worked on the current unit:

- Less than one year
- 1-4 years
- 5-10 years
- 11-15 years
- More than 15 years

7. Do you intend to leave the organization voluntarily in the near future?

- Yes
- No

8. If you were actively looking for another job, what could the institution your working for now do that would cause you to stay?

9. What factors influence your job satisfaction in the current practice environment?

Appendix B: Letter of Explanation

Dear Registered Nurse,

I am a graduate student at Marshall University preparing for a Master's degree in nursing administration and have prepared a survey to examine the relationship of control over nursing practice and job satisfaction.

The purpose of this research is to define the relationship between perceived control over nursing practice and job satisfaction among registered staff nurses. Please fill out the questionnaires to the best of your knowledge. To ensure anonymity and confidentiality please do not place any signatures or identifying marks on the surveys. This study is strictly voluntary and by completing the survey you have agreed to participate in the study. Thank you in advance for participating in this study. If you have questions about the study, I will be available at (304) 743-8391.

Sincerely,



William A. Barnette

Appendix C

Job Satisfaction Survey

Please indicate which rating reflects your job perception by circling the number.

Items	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1. My job is like a hobby to me	1	2	3	4	5
2. My job is usually interesting enough to keep me from getting bored	1	2	3	4	5
3. It seems that my friends are more interested in their jobs	5	4	3	2	1
4. I consider my job rather unpleasant	5	4	3	2	1
5. I enjoy my work more than my leisure time	1	2	3	4	5
6. I am often bored with my job	5	4	3	2	1
7. I feel fairly well satisfied with my present job	1	2	3	4	5
8. Most of the time I have to force myself to go to work	5	4	3	2	1
9. I am satisfied with my job for the time being	1	2	3	4	5
10. I feel that my job is no more interesting than others I could get	5	4	3	2	1
11. I definitely dislike my work	5	4	3	2	1
12. I feel that I am happier in my work than most other people	1	2	3	4	5
13. Most days I am enthusiastic about my work	1	2	3	4	5
14. Each day of work seems like it will never end	5	4	3	2	1
15. I like my job better than the average worker does	1	2	3	4	5
16. My job is pretty interesting	5	4	3	2	1
17. I find real enjoyment in my work	1	2	3	4	5
18. I am disappointed that I ever took this job	5	4	3	2	1

Brayfield and Rothe (1951)

Appendix D

Control Over Nursing Practice (Gerber, 1993)

Directions: The following statements represent opinions about nursing practice. Please draw a circle around the one number that most closely and most honestly indicates how you feel about each statement. The lower numbers indicate degrees of disagreement; the higher numbers indicate degrees of agreement. The more strongly you feel about the statement, the further from the center you should draw your circle.

As a nurse, I am free to:	Disagree						Agree
1. evaluate current nursing policies and procedures.	1	2	3	4	5	6	7
2. evaluate the outcomes of nursing care.	1	2	3	4	5	6	7
3. consult with others when solving complex care problems.	1	2	3	4	5	6	7
4. influence standards of nursing practice.	1	2	3	4	5	6	7
5. modify or adapt patient care procedures and protocols.	1	2	3	4	5	6	7
6. implement nursing care in an efficient manner.	1	2	3	4	5	6	7
7. provide holistic, patient-centered care.	1	2	3	4	5	6	7
8. plan strategies to meet my own developmental needs.	1	2	3	4	5	6	7
9. practice clinical skills to the best of my ability.	1	2	3	4	5	6	7
10. analyse problems critically.	1	2	3	4	5	6	7
11. plan care with other members of the health care team such as physicians, dietitians, and therapists.	1	2	3	4	5	6	7
12. act on my own decisions related to care-giving.	1	2	3	4	5	6	7
13. be creative in the delivery of care.	1	2	3	4	5	6	7
14. introduce new nursing practices and procedures.	1	2	3	4	5	6	7
15. identify problems in the delivery of nursing care.	1	2	3	4	5	6	7
16. coordinate care activities among various health services.	1	2	3	4	5	6	7

Appendix D

17. adjust plans of care to meet patients' changing needs.	1	2	3	4	5	6	7
18. negotiate my time off duty.	1	2	3	4	5	6	7
19. exert the authority needed to fulfill patient care responsibilities.	1	2	3	4	5	6	7
20. obtain assistance from other staff members when needed.	1	2	3	4	5	6	7
21. utilize research findings to improve my nursing practice	1	2	3	4	5	6	7

Appendix E: Institutional Approval

TO: Terry Roberts, RN, MSN, C-FNP
Chief of Nursing Services
Cabell Huntington Hospital

FROM: William A. Barnette, RN, BSN
Marshall University Graduate Student

DATE: February 01, 2001

SUBJECT: Request for permission to conduct study at Cabell Huntington Hospital: *Control Over Nursing Practice and Job Satisfaction Among Registered Staff Nurses: A Comparison of Two Settings*

I am requesting your permission to conduct the above study with registered staff nurses on 5N and 4S at Cabell Huntington Hospital. The study will be conducted over the next several weeks, pending IRB approval.

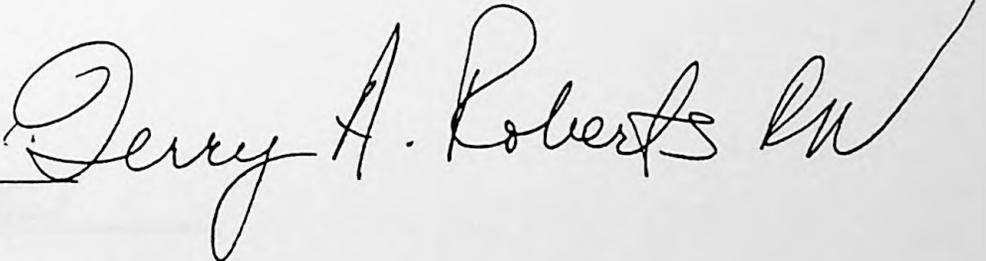
Participation in the study is strictly voluntary and subjects will be informed of the purpose of the study. Confidentiality and anonymity will be maintained and the researcher will be available to answer questions.

If you approve of this study being conducted at your facility please sign at the bottom of this form.

Sincerely

William Barnette, RN, BSN

Signature: _____

Appendix E: Institutional Approval

TO: Jean Yates, RN, BSN
Chief of Nursing Services
VA Medical Center

FROM: William Barnette, RN, BSN
Marshall University Graduate Student

DATE: February 01, 2001

SUBJECT: Request permission to conduct study at VA Medical Center: *Control Over Nursing Practice and Job Satisfaction Among Registered Staff Nurses: A Comparison of Two Settings.*

I am requesting your permission to conduct the above study with registered staff nurses on 5S and 4S at the VA Medical Center. The study will be conducted over the next several weeks, pending IRB approval.

Participation in the study is strictly voluntary and subjects will be informed of the purpose of the study. Confidentiality and anonymity will be maintained and the researcher will be available to answer questions and relieve anxiety.

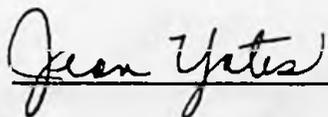
If you approve of this study being conducted at your facility please sign at the bottom.

Sincerely,



William Barnette, RN, BSN

Signature: _____



Appendix E: Institutional Approval

TO: Zita Eley, RN, BSN
Vice President AFGE
Huntington VA Medical Center

FROM: William Barnette, RN, BSN
Marshall University Graduate Student

DATE: February 01, 2001

SUBJECT: Request permission to conduct study at VA Medical Center: *Control Over Nursing Practice and Job Satisfaction Among Registered Staff Nurses: A Comparison of Two Settings.*

I am requesting your permission to conduct the above study with registered staff nurses on 5S and 4S at the VA Medical Center. The study will be conducted over the next several weeks, pending IRB approval.

Participation in the study is strictly voluntary and subjects will be informed of the purpose of the study. Confidentiality and anonymity will be maintained and the researcher will be available to answer questions and relieve anxiety.

If you approve of this study being conducted at your facility please sign at the bottom.

Sincerely



William Barnette, RN, BSN

Signature:

Zita Eley - VP AFGE Local 2344

Marshall University
Institutional Review Board

Cabell Huntington Hospital
Institutional Review Board

**Department of
Veterans Affairs**
Human Studies Subcommittee

St. Mary's Hospital
Institutional Review Board

Job Satisfaction 1542 Spring Valley Drive
Huntington, West Virginia
25704
(304) 696-7320
Fax: (304) 696-7391
stanley@marshall.edu

Appendix F: IRB Approval

Memorandum

To: William Barnette, RN, BSN
Marshall University Graduate Student- Nursing

From: Henry K. Driscoll, M.D. 
IRB Chairperson

Date: April 25, 2001

Re: Proposed Nursing Project – Control Over Nursing Practice & Job
Satisfaction Among Registered Staff Nurses: A Comparison of Two Settings.
EX01-0004

Thank you for the submission of the above proposed study. The purpose of the study is to define the relationship between perceived control over nursing practice and job satisfaction among registered staff nurses. The study consists of an anonymous survey.

The study as submitted would be exempt from IRB review and approval.

HKD/tjs

Barnettexemptapr01

Request Form

Appendix G: Approval for CONP Questionnaire

I request permission to use the Control Over Nursing Practice Scale as developed by Rose M. Gerber, PhD, RN. I understand that I may copy the instrument or retype and reformat it slightly to meet my particular research needs. However, I will not reword items or alter the response options significantly without permission.

I understand that I may NOT give permission for others to use this instrument or publish the instrument and that I may NOT include it in its entirety in any research report. I may include a sample of items in my research report.

Researcher's Name: William A. Barnette Credentials: RN, BSN

Title: Graduate student Organization: VA Medical Center, Huntington, WV

Mailing Address: P.O. Box 928 Milton, WV 25541

Phone: (304) 743-8391 E-mail address: williambarnette@hotmail.com

Title of Study: Control over Nursing Practice and overall Job Satisfaction Among Registered Staff Nurses: A comparison of two settings

Proposed sample: RNs yes; no. If no, please describe the sample: _____

Form(s) requested [unit of analysis]: Individual Nurse Form
 Nursing Unit Aggregated Work Group Form

Signature: [Signature] Date: 03/03/01

Return to: Rose M. Gerber, PhD, RN Associate Professor Emerita
1620 N. Saddleback Lane The University of Arizona College of Nursing
Tucson, AZ 85745-1857 Tucson, AZ

Phone: 520-882-9839
E-mail: rgerber@dakotacom.net

Permission is hereby granted to use the Control Over Nursing Practice Scale by the researcher in the study identified above and under the stated conditions.

Signature: Rose M. Gerber Date: 1-25-01
Rose M. Gerber, PhD, RN