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PERCEPTIONS OF CONTROL OVER WORK CONDITIONS AND CLINICAL SPECIALIZATION AS PREDICTORS OF JOB SATISFACTION IN GROUPS OF PEDIATRIC NURSES

A Thesis

Presented for the

Master of Science in Nursing

Degree

The University of Tennessee, Knoxville

Rhonda K. Powell

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DEDICATION

This thesis is dedicated to the pediatric nurses at East Tennessee Children's Hospital and The University of Tennessee Regional Medical Center and the nurse managers who were willing to advance the science of nursing through their participation in this research project. In the words of the Children's Hospital motto, "Because children are special . . ." their nurses are indeed very special too.

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ABSTRACT

This study attempted to compare the relationship between perceived control over work conditions, clinical specialization, and job satisfaction in groups of pediatric nurses in the hospital setting. Registered nurses in two pediatric hospital settings completed questionnaires to determine overall job satisfaction scores, control scores and levels of clinical specialization. The data were then analyzed to compare differences using various statistical methods.

It was concluded that although overall job satisfaction and control scores were low in the study settings, differences between groups were not statistically significant. Implications of these findings are important for future research as well as for nurse managers in the study setting.

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CHAPTER I

INTRODUCTION

As the health care industry enters the 1990s, it is faced with many challenges. In order to meet these challenges, many hospitals have refocused energies and resources. Hospital and nurse administrators are seeking new ways to increase productivity and streamline care. They are also developing new technologies to meet ever-increasing healthcare demands and consumer needs. Nurse managers must face these challenges in order to assure the professionalization of nursing and to ensure the highest quality of care to patients who are in need of nursing expertise. Some of the major issues that face nurse managers in hospital settings in the 1990s include: cost-containment; staff nurse shortages; retention of qualified registered nurses (RNs); and development and implementation of safe, effective, and appropriate patient care delivery systems (PCDS).

Nurse managers realize that in order to control costs and keep abreast of the changing modalities in PCDS, they must find some way to combat shortages and enhance retention of RNs. These tasks can be achieved when nurse managers recognize and acknowledge the significant impact of job satisfaction on the retention of RNs in the hospital

setting. In addition to the role of job satisfaction, nurse managers must also be aware of certain factors or variables that enhance or inhibit job satisfaction among professional nurses working in hospitals. Duxberry, Armstrong, Drew, and Henly (1984) define job satisfaction as "the individual employee's evaluation of the work environment" (p. 98). Taunton, Krampitz, and Woods (1989) as well as Price and Mueller (1981) define job satisfaction as "the degree to which individuals like their work" (p. 12).

In a 1988 study, Bush explored reasons why nurses find less satisfaction working in a hospital. This researcher examined locus of control and perceptions of powerlessness as a means of determining job satisfaction in 145 RNs from six hospital settings. A negative relationship between job satisfaction and powerlessness scores was found. These findings supported the hypothesis "that job satisfaction scores can be predicted by powerlessness scores" (p. 730). Bush also examined locus of control, powerlessness, and job satisfaction scores in relation to demographic variables. Demographic variables that significantly correlated with level of job satisfaction included: basic nursing preparation, highest degree earned, age at last birthday, years of employment at the hospital, and specialty area. Registered nurses with higher levels of educational

preparation (baccalaureate versus diploma/associate degree) perceived themselves as more powerful, as did operating room nurses; RNs older than 55 years and those with more than 6 years of seniority perceived themselves as less powerful. Three of these variables, educational preparation, specialty area, and tenure are utilized as criteria to define variables in the present study. The study focuses on the issues of perceived control over work conditions and clinical specialization and their relationship to overall job satisfaction in the pediatric hospital setting.

Purpose of the Study

The present study attempted to identify variables related to overall job satisfaction. The study investigated the relationship between job satisfaction and perceptions of control over work conditions. Specifically, control included scheduling, assignment-making, and "floating" practices. Scheduling practices refer to those activities in which monthly rosters of RNs' days to work and days off are developed. Assignment-making practices refer to how numbers and types of patients are assigned to RNs. Floating, also termed pulling, refers to how often a staff nurse is reassigned for a shift to a unit in the hospital other than the permanently-assigned unit.

Spitzer-Lehman (1990) likens floating to "coming to work each day and not knowing where the office will be" (p. 67). Nurses who perceive little control over these events could experience the phenomenon of powerlessness studied by Bush (1988). Traditionally, RNs have worked in a hospital environment which recognizes the 40-hour week, 8-hour day. This same environment has promoted the centralized environment in which scheduling, assignment-making, and staffing decisions were made by nurse managers with minimal input from staff nurses (Braddy, 1987/1988). The researcher's assumption is that this lack of participation in the decision-making process negatively affects overall job satisfaction among RNs working in a hospital.

Clinical specialization is investigated in terms of specialty area as well as advanced preparation within the given specialty. Bush (1988) found significant relationships between job satisfaction and specialty area (operating room) as well as educational preparation (BSN). Other studies have also investigated these relationships. The studies that focus on specialty areas have primarily compared medical-surgical units and intensive care units (Alexander, Weisman, & Chase, 1982; Hinshaw, Smeltzer, & Atwood, 1987; Mann & Jefferson, 1988). The studies that discuss educational preparation compare diploma and BSN

preparation (Alexander et al., 1982; Hinshaw et al., 1987; Munro, 1983; Stewart-Dedmon, 1988).

The present study focuses on pediatrics and the specialties within this area of nursing: general medical-surgical pediatrics (med-surg), neonatal intensive care (NICU), and pediatric intensive care (PICU). The researcher's assumption is that RNs in NICU will experience greater satisfaction with their jobs because the environment in which they work appears to promote higher levels of autonomy than either med-surg pediatrics or PICU.

In trying to understand the RN's need for greater autonomy, this study also investigates the relationship between job satisfaction and advanced specialization. Advanced specialization is defined by the researcher as job experience of more than 5 years in a clinical specialty and/or a master's degree in pediatric nursing and/or certification by The American Nurses' Association or other specialty organizations. Certification is a process by which nurses who meet specific criteria determined by the professional or specialty organization are tested for advanced knowledge within a specialized area of nursing. Nurses who have this advanced knowledge and experience have the ability to practice more autonomously, thus enhancing job satisfaction. The relationship between specialty area and job satisfaction is explored, as well as the

relationship between job satisfaction and advanced specialization.

Research Questions

The following research questions were explored:

1. What is the relationship between perceptions of control over work conditions and overall job satisfaction in groups of pediatric staff nurses in a hospital setting?
2. a. Do groups of hospital nurses differ in perceived control over scheduling methods?
   b. Do groups of hospital nurses differ in perceived control over assignment-making methods?
   c. Do groups of hospital nurses differ in perceived control over floating practices?
3. Do pediatric specialty groups differ in job satisfaction in a hospital setting?
4. Do groups of hospital nurses who have advanced specialization within pediatric specialties differ in overall job satisfaction?

Conceptual Framework

Imogene King's conceptual framework includes systems of personal, interpersonal, and social interaction. King

(1981) defines interaction as "a process of perception and communication between person and environment and between person and person, represented by verbal and nonverbal behaviors that are goal directed" (p. 145). The concepts of the framework are pertinent to a study of perceptions of nurses within the complex social system of the hospital. King conceptualizes human beings as reactive, perceiving, controlling, purposeful, and action-oriented individuals who interact with the environment based on their particular needs, wants, expectations, and goals. This "observable behavior of human beings interacting with the environment" (p. 1) often results in "purposeful interactions" which King calls transactions (p. 147). This conceptualization can be used to describe the nurse's interaction with the hospital work environment and his/her response to various work conditions (King, 1988).

King made seven specific assumptions about nurse-client interactions that are applicable to the nurse manager-staff nurse interactions which influence working conditions. These assumptions were derived from King's Theory of Goal Attainment which describes how interpersonal interactions can lead to mutual goal-setting and mutual goal attainment. The assumptions, with adaptation to reflect the nurse manager-staff nurse situation, are:

1. Perceptions of nurse managers and of staff nurses influence the interaction process. This assumption is significant because it is essential for nurse managers and staff nurses to have an awareness and mutual understanding of each others' perceptions in order for communication to be effective.

2. Goals, needs, and values of management and staff influence the interaction process. Each member of the interaction process brings separate goals and expectations into the process. If these are clearly understood by both, the interaction can be more productive in achieving mutual goals.

3. Staff nurses have a right to knowledge about themselves, particularly their role in the setting and how they must fulfill the role.

4. Staff nurses have a right to participate in decisions that influence their life, their work environment, and their satisfaction with their job. This participative approach promotes mutual goal attainment and sets the stage for both nurse managers and staff nurses to gain satisfaction from the interaction.

5. Managers have a responsibility to share information that helps staff nurses make informed decisions about their work environment. At times certain organizational constraints, staffing situations, and/or patient

census/acuity requirements may restrict a staff nurse's choices. It is important for nurse managers to share this and/or other information to assist RNs in making the most informed decisions possible.

6. Staff nurses have a right to accept or reject management decisions. With this right also comes the responsibility to accept the consequences of the decision.

7. Goals of management and goals of staff nurses may be incongruent. Again, it is important to establish and communicate the goals of both in order to work toward congruency and mutual satisfaction.

Significance of the Study

Addressing the issues of nursing shortages, retention, and cost-containment requires that nurse managers develop a better understanding of staff nurse needs and perceptions. The present study will contribute to the literature by offering additional information about overall job satisfaction and control issues. Information about specific specialty areas and advanced specialization will provide a basis for future research and generate ideas about the direction future studies should take. Findings may suggest actions that will assist nurse managers to develop innovative strategies to enhance job satisfaction

and perceived control, thereby containing costs and retaining nurses in the hospital setting.

CHAPTER II

LITERATURE REVIEW

A review of the literature focuses on the following issues: the nursing shortage, retention/turnover, control over work conditions, job satisfaction, clinical specialties, and advanced specialization. The nursing shortage review covers current statistical information, historical perspectives, causes, implications, and suggested solutions. Literature on retention/turnover includes investigations of cause/effect, economic impact, and combative strategies. The section on control over work conditions includes studies of autonomy versus powerlessness in relation to nurses' job satisfaction. The impact of organizational scheduling, assignment-making, and floating practices is examined. Job satisfaction literature is reviewed in terms of related variables that enhance or diminish overall satisfaction. Clinical specialties identify pediatric areas of specialty practice while advanced specialization explores experience, educational preparation, and credentialing within a given pediatric specialty.

Nursing Shortage

In a comprehensive overview, Fenner and Fenner (1989) cite several statistics about the nursing shortage and emphasize that not only is it a cyclic or recurring problem, but indeed a major crisis of overwhelming proportions. Citing 1987 estimates by the National League for Nurses (NLN) and American Hospital Association (AHA), the authors emphasized the prediction that by the year 2000 the shortage of RNs will number 1 million. The demand for baccalaureate RNs will outnumber the supply by a ratio of 2:1. Current statistics indicate that 1.1 million of the 2.1 million RNs are employed in hospitals and one third of all nurses work part-time. On average, nurses represent 22% of the average hospital work force. In 1988, the RN turnover rate was 19.7% with a 2-3 month recruitment lapse time. With 77% of hospitals reporting nursing shortages with an average RN vacancy rate of 13.6%, it is not surprising that some hospitals are not only closing beds but closing their doors as well (Curran, Minnick, & Moss, 1987; Smith & Falter, 1988). Fenner and Fenner (1989) conclude with the prediction that the problem will not improve, but indeed worsen.

Jackson, MacFalda, and McManus (1989) expounded on the increased demand for nurses compared to the available

supply. They traced the history of the hospital nursing shortage cycles for the past 50 years and described the various methods used by hospitals to combat the lack of RNs. These authors also emphasized the term crisis, used to describe the shortage and the current situation being experienced by hospitals, nurse administrators/managers, and staff nurses. The main reason for the current shortage of hospital nurses cited by Jackson et al. (1989) is the increased demand for professional nurses. This increased demand is described in the following terms: expansion of the nurse role into non-hospital markets, forced specialization created by advanced technology, and the increased demand for better-educated nurses who can provide autonomous nursing care. Other causes for the increase in demand for nurses include the attraction other careers now hold for women, the shrinking size of the 18-year old cohort, and the negative image of nursing that is perceived by the public. Salary comparisons for entry level nurses and maximum salary peaks are incongruent with other professions and are certainly incongruent with the level of responsibility and educational preparation of the registered nurse. The increased demand for RNs in non-hospital settings have also dramatically impacted the traditional role of the nurse. This demand takes nurses from the hospital setting, resulting in perceived shortages

in this setting. In actuality, hospitals employ more than two thirds of all RNs, but the increasing demand for hospital nurses continue to exacerbate the problem (Minnick, Roberts, Curran, & Ginzberg, 1989). Another interesting reason cited by Jackson et al. (1989) for the increased demand for nurses is the increase in physician numbers, which leads to a greater need for nursing care. As these greater numbers of physicians admit patients of greater acuity, the demand for highly-skilled nursing expertise increases. One last significant reason for the highlighted demand is the exceptional stress hospital nurses now experience in these challenging, fast-paced, highly technical, and intensive roles. This stress often leads to professional burnout, employment in non-hospital settings, and in some cases, abandonment of the profession.

Jackson et al. (1989) addressed the many implications of the current hospital nursing shortage and its impact on the future of health care as well as on the nursing profession. The authors speculate about the course hospitals and nurse administrators/ managers will take. Will they again come up with a quick fix for the current crisis? Or will they make this shortage a decisive turning point and grasp the "opportunity to redefine" the profession and ultimately "meet the need to provide for

cost-effective service delivery and adequate rewards for its practitioners" (p. 10)?

Minnick et al. (1989) also cited several reasons for the growing shortage of RNs based on findings from an interdisciplinary study commissioned by the Commonwealth Fund. The goal of the study was to provide relevant advice to hospitals and administrators. Four hundred and twenty-one hospitals and more than 15,000 RNs completed a questionnaire designed to gain information about the nursing shortage. Findings indicated again that the shortage is fueled by an increased demand. Trends that contribute to this increased demand include (a) more aggressive and successful medical treatment of critically ill patients, (b) significant increases in intensive care beds, and (c) increased usage of hospital nursing services by an aging population. These authors also reiterate that the decreasing supply is due in part to the declining numbers of young people in the work force and the increased career opportunities for women.

Vogt, Cox, Velthouse, and Thames (1983) elaborated on other reasons why people no longer choose to enter the nursing profession, further reducing the available supply of nurses from which hospitals can draw. In what is termed "the declining Florence Nightingale effect," the authors explain that no longer are people willing to "take a vow of

poverty" in order to practice nursing. Part of this reluctance is due to changes in values. Young people today are no longer willing to enter the lower-paying altruistic professions, but focus instead on professions that provide financial security, power, and authority. Leisure time is also a primary concern for this generation of professionals. These individuals place less value on the traditional 8-hour day and 40-hour week so favored by hospitals and more value on recreational time away from the job. A final reason for the declining Nightingale effect according to Vogt et al. is practicality and necessity. Many nurses are the sole supporters of their household and simply cannot afford to work in a profession that cannot meet their ongoing financial needs.

Vogt et al. (1983) also address the issue of responsibility, but in a different context from the financial reasons cited by Jackson et al. (1989). Nurses have an increased level of responsibility in hospital settings but often have little real authority or decision-making power. This discrepancy creates a great deal of conflict for the staff nurse. Added to this state of affairs are overwhelming issues of accountability to the patient, the profession and the institution. Likewise, pressures of remaining in the hospital setting or leaving this traditional setting are cited.

Another issue documented by Vogt et al. (1983) is the emotionally-charged atmosphere of the hospital. Since one's health and that of loved ones are highly valued, families of patients are indignant and intolerant of delays in receiving helping services in the inpatient setting. These delays most often result from a shortage of staff RNs. This situation produces stress and conflict for the nurse working under the pressures of staffing shortages and other adverse conditions. The hospital setting often loses its appeal and nurses seek gratification and job satisfaction in non-hospital settings.

In an earlier review of recent shortages, Kaye and Krol (1981) go beyond the cause of the hospital nursing shortage and explore reasons why the actions taken by hospitals and nurse administrators have been unsuccessful. Because of the major emphasis on cost containment, hospitals have focused most cures for the shortage ailment on the symptom of the shortage-- understaffing. Existing staff can and do pick up the slack created by the shortage but soon tire of this dilemma when it becomes an ongoing expectation. Use of agency nurses and temporary staff on short-staffed nursing units has worked for short periods of time. However, the lack of loyalty, higher levels of pay, and lack of scheduling restrictions for these nurses has

soon taken its toll on the regular staff, creating discontent and resentment.

Probably the most frustrating "cure" for the shortage problem that has shown very poor success rates is the hospital focus on recruitment. Many dollars and hours of time have been spent in many hospitals recruiting nurses only to have them leave again within a year. Why do they leave? What can nurse administrators and hospitals do about it? Kaye and Krol (1981) suggest that more emphasis should be placed on retention as well as professional development. Throughout the literature, one idea looms clearly. The hospital nursing shortage is real. Without a resolution, not only will it continue, but it will seriously impact the future of the nursing profession and, more importantly, the future healthcare of the nation.

Retention/Turnover in Hospitals

Why <u>do</u> nurses leave, not only specific jobs but hospitals as well? The reasons cited as causes for nursing shortages shed some light on the question, but are there other reasons? Many studies in the last 10 years have focused on reasons for nursing shortages and have taken many directions (Cavanagh, 1990; Curran et al., 1987; Hinshaw et al., 1987; Jones, 1990a; Kosmoski & Calkin, 1986; Mann & Jefferson, 1988; Nichols, Springford, &

Searle, 1981; Wandelt, Pierce, & Widdowson, 1981). One direction describes moving away from quick cures for shortages and focusing instead on the retention/turnover issue.

What exactly is nursing turnover? According to Jones (1990a), it is "the process whereby nursing staff leave or transfer within the hospital environment" (p. 20). Retention is "the process of retaining RN employees" (p. 20). Vogt et al. (1983) looked at these concepts in terms of effecting change within the system and within the individual. In their investigation of effective ways to implement changes, they discovered a wealth of information related to retention and turnover. Although it is true that a certain amount of turnover is necessary and productive for an institution, excessive nursing turnover has an undesirable ripple effect on the entire hospital. The major impacts of this ripple effect were separated into several categories. A few of the categories described by Vogt et al. are reviewed in more detail.

With the current estimates of turnover costs for one hospital nurse beginning at $2,500 and reaching potentially as high as $15,000, it is easy to see how the replacement of just a few nurses could quickly add up to thousands of dollars (American Nurses' Association, 1980; Jones, 1990b). With a turnover rate of 19.7%, the financial burden for

hospitals could soon be astronomical, especially considering that estimates usually cover only the basics of recruiting, hiring, and retaining. Jones (1990b) explored cost estimates for these practices in four hospitals. She found mean cost per RN turnover as follows:

Advertising/recruiting--$1,887

Unfilled positions--$4,101

Hiring--$655

Termination--$163

Orientation and training--$2,117

Decreased new RN productivity--$1,276 (p. 29)

If turnover rates and the accompanying costs could be kept to a minimum, these extra funds could go a long way in providing the needed incentives for nurses to stay in hospital settings.

It has long been noted that retention and productivity are directly related. The experienced worker is more productive than the inexperienced worker; experience has a tremendous impact on productivity. Advantages to retaining the experienced hospital nurse include increased time spent in patient care activities, decreased time spent in orientation activities, and better utilization of time in general; the goal of which is improved quality of care. The major advantage for retention of the experienced hospital nurse according to Vogt et al. (1983) is related

to the impact of turnover on continuity of patient care. Continuity is difficult to achieve with high turnover rates. New nurses are more focused on learning the hospital routines, procedures, layout, etc. Patient care potentially suffers. If newly hired nurses do not gain experience in clinical care settings, their level of expertise in the care of patients never goes beyond that of the beginner. Given these kinds of practice issues, staff morale soon begins to erode. As nurses become frustrated with lack of continuity of care, the perceived lowered quality of care and the constant nonproductive orientation of new nurses, a vicious cycle of turnover/low morale begins to emerge. Low morale leads to turnover. Turnover leads to low morale, and on and on. When nurses reach this point, they frequently feel powerless to control the cycle. According to Vogt et al., this powerlessness quickly turns into disillusionment within a setting and a profession in which nurses have failed to reach self-actualization. This kind of disillusionment most often results in turnover. Although the issues may differ somewhat, Modley and Weiss (1989) further maintain that novice nurses will experience this same disillusionment if not given time to develop the self-confidence that comes with positive experiences. In order to develop self-confidence, the novice nurse must work with experienced nurses who can serve as mentors.

In a study of professional nurse turnover involving 7 hospitals and 1,084 RNs, Price and Mueller (1981) found additional impacts regarding turnover among hospital nurses. They found that turnover was significant in institutions in which the traditional centralized structure lacked few opportunities for career advancement. The relationship between centralization and increased turnover has since become a recurrent theme. Findings in a single institution replication of Price and Mueller's study (Taunton, Krampitz, & Woods, 1989) were similar to the findings in the original study. Researchers reemphasized the fact that retention is a complex and multivariate issue.

A study conducted by Mobley (1982) on employee turnover in general reinforces all of these findings. Mobley identified consequences of turnover within organizations that are similar to those found in nursing studies as well as some consequences not previously identified. Consequences are grouped by organizational perspective: economical, psychological, managerial, and industrial. Mobley maintains that while cost is the most frequently studied consequence of turnover, it is not enough for managers to just know that turnover is economically expensive. The organization must delve further into the issue to see how and why it is so

expensive and then take appropriate action. Mobley's issue with the disruption of performance focuses on the loss of the unique abilities that are incurred with turnover, as well as the disruption to group cohesiveness and communication patterns. One element of the turnover cycle that he identifies is the focus placed on job availability. As nurses leave hospitals for jobs in other health-related settings, those who remain are given the idea that jobs are readily available elsewhere. He also reiterates the futility of inappropriate actions taken by management in response to turnover and describes how these actions often end in counterproductive results. Another consequence of turnover identified by Mobley is the cost to further organizational strategies and projects. If money is being fed into counterproductive efforts, the organization cannot afford to invest in future profitable ventures. Hospitals must take these consequences into consideration when reviewing retention issues.

Mobley (1982) advocates a managerial strategy very similar to the problem-solving focus of the nursing process. He proposes that organizations should (a) recruit for retention by identifying potential employee expectations and defining organizational expectations during the employee interview and (b) orient for retention by performing early assessment of the employee's skills,

adaptation, and socialization into the environment. Mobley predicts that flexible work scheduling and decentralization will lead to decreased turnover because employees will be more satisfied with their current roles and have more realistic expectations of their future roles. All of these suggestions could be implemented in hospital settings.

Hamilton, Murray, Lindholm, and Myers (1989) conducted a quantitative study of 16 new graduate nurses working in hospitals in which strategies utilizing some of Mobley's (1982) recommendations were used. Job satisfaction and retention were found to be positively influenced along with other behaviors. The emphasis of the study was on the importance of consistent feedback and mentorship in reducing turnover rates among new graduates. However, the small sample size indicates a need for further investigation. Wolf (1981) also looked at this issue in an earlier review of nursing turnover. She investigated causes of RN turnover and suggested solutions to the turnover problem. Causes of turnover that she cited included employee problems, work division and responsibility, supervision and coordination, and the hospital administrative system. Like Mobley (1982), she cited major retention problems caused by unrealistic employee expectations, lack of participation in the decision-making process, centralized services, and

administrative policies and practices. Wolf's (1981) solutions were similar to Hamilton et al.'s (1989). She recommended utilizing the employment interview to clarify expectations. Nurses in hospitals should be given the opportunity to participate in decision-making policies concerned with work conditions and administrative practices. Hospital and nurse administrators are encouraged to listen to the nurses and then work together with them to promote retention.

Many other studies have focused on retention/turnover issues in hospital settings (Cavanagh, 1990; Hinshaw et al., 1987; Schwartz, 1990; Spitzer-Lehmann, 1990; Wandelt et al., 1981). These studies have several commonalities: (a) nurses in hospitals are studied in terms of groups, (b) the authors focus on one or two variables that are analyzed individually, and (c) the studies have similar findings and recommendations. Another commonality that is consistently supported by research evidence is the negative relationship between turnover and job satisfaction (Gillies, Franklin, & Child, 1990; Larson, Lee, Brown, & Shorr, 1984). This relationship is an extremely important one in terms of retention of professional nurses.

Control Over Work Conditions

Do perceptions of control over work conditions in the hospital setting have an influence on job satisfaction? In the literature the issue of perceived control is viewed from different perspectives and conceptualized using different terminology. At one end of the continuum, control over work conditions is conceptualized as autonomy. The newest concept in the health care field that relates to the issue of autonomy is shared governance. These terms are complementary and are important aspects of the participative management concept. At the other end of the continuum is powerlessness, or perceived lack of control over work conditions.

Bush (1988) defines powerlessness as "the extent to which nurses believe they are not permitted job-related independence and the freedom they perceive they need in order to exercise judgement in their professional practice" (p. 718). Porter-O'Grady (1986) explores how feelings of powerlessness affect nurses' work attitudes. He emphasizes the importance of overcoming this sense of powerlessness in order for nurses to develop their membership on the healthcare team and to establish their practice base. These actions are important not only to the enhancement of nurses' self-esteem and satisfaction but also in the

effective delivery of quality patient care. Porter-O'Grady's solution to assist the nursing profession to overcome this sense of powerlessness is to establish an environment of participative management.

One strategy that has been utilized by hospitals to assist in the establishment of a participative management environment is decentralization. Decentralization distributes decision-making processes to groups rather than individuals. Przestrzelski (1987) explored the impact of decentralization in hospitals on nurses' perceptions of job satisfaction. His theory held that decentralization would enhance nurses' satisfaction by expanding their locus of control. He found that not only did decentralization positively relate to nurses' intrinsic needs for autonomy and self-actualization, but also significantly impacted on the extrinsic needs for security and social integration as well. Decentralized environments led to enhanced satisfaction. One of the reasons for increased satisfaction in the decentralized setting is the elimination of "floating." Spitzer-Lehmann (1990) emphasized the impact that floating has on staff nurses' job satisfaction and motivation. According to Spitzer-Lehmann, the greatest disadvantage of floating staff to other units is that it minimizes the fact that nursing is specialized and requires specialized expertise. Nursing

has advanced beyond the task-oriented focus of the profession to the skill required to practice nursing. Floating reinforces the idea that "a nurse is a nurse is a nurse."

Floating is also a significant demotivator because it disrupts group cohesion. In Hinshaw et al.'s (1987) study of 1,094 nurses, group cohesion was found to have a significant influence on anticipated turnover. Clearly, decentralization and other strategies need to be implemented to enhance group cohesion and reinforce the importance of clinical expertise if job satisfaction is to be achieved.

The latest concept that carries the decentralization strategy even further is that of shared governance. In this management approach, staff nurses not only participate in management decisions but "have an equal vote in the major decisions about nursing practice" (Sullivan & Decker, 1988, p. 38). Hospital committees or councils are established in which decisions are made regarding standards of practice, standards of care and work conditions (Porter-O'Grady & Finnigan, 1984). Ultimately this system should positively affect patient care as well as turnover and job satisfaction because it puts the control over practice and work conditions with the nurse who is delivering the care (Sullivan & Decker, 1988).

Nurses who work in hospitals which employ these management strategies experience much more autonomy in their practice. Modley and Weiss (1989) explored the effects of autonomy versus lack of autonomy on the staff nurses' satisfaction and self-esteem. They found that lack of autonomy contributes significantly to dissatisfaction with the hospital work environment. Autonomous practice gave nurses a sense of confidence not only in their profession but in their professional practice as well. In order to develop this confidence, however, nurses need reassurance from nurse managers to allow them to develop judgement. They need to be allowed to express themselves, make choices and to be creative in the provision of nursing care. Modley and Weiss suggest that in order to master self-doubt and insecurity and thus grow as professionals, nurses must have control over the environment.

A hospital study that specifically addresses perceived autonomy was conducted in 1982 by Alexander, Weisman, and Chase. These authors interviewed 789 nonsupervisory RNs in a university-affiliated hospital as part of a study to determine relationships between turnover and job satisfaction. One of the variables measured was perceived autonomy. Findings showed that control over their work promoted nurses' job satisfaction as well as the professionalization of nursing.

Several studies that address control over the environment specifically investigate the effect of self-scheduling on job satisfaction among nurses. Choi, Jameson, Brekke, Anderson, and Podratz (1989) conducted a study which tested a predictive model of nurses' intention to resign. Their model rested on the assumption "that a nurse's work schedule is fundamental to much of the discrepancy between what a nurse expects and experiences of various aspects of professional and personal life" (p. 92). In addition, they proposed that this discrepancy influenced overall job satisfaction, which in turn could lead to change-seeking behavior. Nurses (N = 806) in a large tertiary care hospital completed questionnaires about nurse schedules and schedule-related factors. Choi et al. (1989) found that overall job satisfaction levels were affected by scheduling factors. Nurses whose schedules allowed for at least some element of control over their personal and professional lives experienced more overall satisfaction and were less inclined to leave.

Studies by Ginsberg, Patray, Ostow, and Brann (1982) and Bayley (1981) also cite a strong relationship between scheduling expectations and overall job satisfaction. Elliot (1989) reports significant increases in levels of job satisfaction in a study that analyzed the costs of alternative scheduling. She also defines alternative

scheduling as flextime. Work hours are not reduced but instead are rescheduled. Nurses in Elliot's study were allowed to work 10-hour shifts instead of the traditional 8-hour shifts. Results of the study showed increased job satisfaction among nurses, decreased absenteeism, and improved continuity and quality of care. Although direct costs were not significantly decreased, Elliot proposes that decreases in overtime and absenteeism may enhance cost-containment strategies and result in savings for the hospital.

Ringl and Dalton (1989) conducted a literature review in which they summarized "what professional nurses want." In view of their findings, they advocate a program of self-scheduling as "the process by which nurses and other staff on a unit collectively develop and implement the monthly work schedule" (p. 42). Goals of this program are to increase job satisfaction, autonomy, scheduling flexibility/creativity, and to decrease turnover and absenteeism. It has the added advantage of assisting nurses in developing their negotiation skills and collegial relationships because nurses must work together to ensure adequate coverage on all shifts. The nurse manager is only involved if a nurse is consistently uncooperative. The advantage to management is a more satisfied, more

professional staff as well as a more productive means of scheduling.

It is clear that perceived control over hospital work conditions, regardless of how it is conceptualized, has a significant relationship to overall job satisfaction. Although it may not be quite as clear that allowing staff nurses more control results in direct costs savings, it is obvious that this practice can prove beneficial in indirect savings to the hospital.

Job Satisfaction

Hoppock (1935) defines job satisfaction as "any combination of psychological, physiological, and environmental circumstances that causes a person to truthfully say, 'I am satisfied with my job'" (p. 47). He suggests that it is important to develop a better understanding of satisfaction and to seek optimum satisfaction for employees to prevent them from experiencing the desire to do something else. In an extensive study encompassing a variety of work situations, Hoppock identified six major components related to job satisfaction. They were (a) individual response to unpleasant situations, (b) relations with others, (c) individual status, (d) nature of the work, (e) individual values, and (f) individual loyalties. By assessing the

employee in relation to each of these components, job satisfaction can be assessed.

Herzberg has conducted several studies (Herzberg,1960; Herzberg, Mausner, Peterson, & Capwell, 1957; Herzberg, Mausner, & Snyderman,1959) through the years that look more closely at the six components identified by Hoppock (1935). Herzberg developed the Motivation-Hygiene Theory which was formulated after significant testing of the concept that humans have two sets of needs. Hygiene needs are those basic needs that are associated in the workplace with salary, administrative policies, supervision, interpersonal relationships, and working conditions. These factors are also called extrinsic factors and dissatisfiers. Motivators are those factors that lead to self-actualization for the individual employee. They include achievement, recognition, work itself, responsibility, and advancement. These have been called intrinsic factors and satisfiers. According to Herzberg, the absence of hygiene factors leads to dissatisfaction. On the other hand, the presence of motivators leads to enhanced satisfaction while their absence results only in lack of satisfaction. He emphasizes that hygiene factors relate only to dissatisfaction and motivators only to satisfaction. Herzberg stresses that satisfaction and dissatisfaction are

not two points along the same continuum but rather two different phenomena addressing two different sets of needs.

Many studies that explore job satisfaction in nursing utilize the Motivation-Hygiene Theory to some degree in attempting to predict relationships to some other variable. Kramer, Schmalenberg, and Hafner (1989) reported that in a study of magnet hospitals, several variables proved to be significantly related to job satisfaction and retention. These factors, which included both hygiene and motivators, were participating in decision-making processes, specialization, scheduling flexibility, decentralization, and salary issues. In a 1988 study, Roedel and Nystrom analyzed the relationship between five job characteristics and job satisfaction. The job characteristics again were similar to the hygiene/motivator aspects identified in Herzberg's theory. Relationships found significant were consistently identified between job satisfaction and task identity, autonomy, and feedback from the job.

Butler and Parsons (1985) conducted a survey on job satisfaction in which nurses and decision-makers were asked to rank seven environmental factors by influence on retention. From the responses, they developed several recommendations to promote job satisfaction and retention. These recommendations addressed the issues of self-scheduling, flexibility, control of work conditions, and

specialization. Williams (1990) compared job satisfaction between 17 critical care nurses and 20 medical-surgical nurses. Although she found no significant differences between the groups, she did find that nurses ranked autonomy as one of the greatest components contributing to perceived satisfaction. Replication in a larger study setting could provide validation to these findings.

Munroe (1983) looked at 18,630 new graduate nurses and their job satisfaction scores. She found that as a group, the motivators brought the graduates greatest satisfaction and hygiene factors afforded them the least satisfaction. Other studies that show similar relationships between job satisfaction and work conditions were conducted by Hamilton et al. (1989), and Wandelt et al. (1981). Duxbury et al. (1984) investigated the relationship between management style and job satisfaction. Their findings were interesting because they found that effective head nurses could generate high levels of job satisfaction while still promoting unit and administrative policies through the use of appropriate management techniques.

Almost all of these studies have included the relationship between job satisfaction and various demographic variables. Many have found that tenure, seniority, and advanced age resulted in higher levels of job satisfaction. Other studies focus directly on the

relationship between job satisfaction and turnover (Weisman, Alexander, & Chase, 1981; Ringl & Dalton, 1989; Timmreck & Randall, 1981). Absenteeism and job satisfaction provide still another focus for study (Weisman et al., 1981; Cotton & Tuttle, 1986; Harvey, 1983; Ringl & Dalton, 1989). All of these studies suggest a relationship between some variable and job satisfaction. The weakness of these studies lies in the fact that there are many inconsistencies between the methods, variables, and strengths of the predictive findings. The strengths lie in the useful information that is provided for future studies and the ability to be replicated by future researchers. Much of this information can be summarized by findings cited by Kramer and Hafner in a 1989 study of staff nurses in magnet hospitals. In the study, Kramer and Hafner found that staff nurses reported the following important determinants of job satisfaction: "type of assignment, not having to float, flexible or modified work schedules, self-governance in making out work schedules and working on a highly specialized unit" (p. 176).

Clinical Specialties

Another issue that is of interest to nurse managers is the relationship between clinical specialization and job satisfaction. Health care in the 1990s has become very

technologically advanced and highly specialized. The trend more and more seems to be towards concentration in one very specific area of nursing.

In years past, clinical specialization has been broken down by broad categories in nursing. The trend is now to become even more specialized. Critical care nurses no longer focus on a generic group of critically ill patients. Now they specialize in trauma, surgical, cardiac, or transplant patients who require critical care nursing. Pediatric nurses now specialize in the care of pediatric intensive care, neonatal, medical, and surgical patients. To practice easily and comfortably between the specialities within pediatrics is no longer practical or feasible. In fact, the skills and expert knowledge base required in these specialities make it very difficult if not impossible, as well as potentially unsafe for nurses without that expertise to attempt to function in such a role even for a short period of time. Pediatric specialists should instead focus their expertise in the specific area in which they function best in order to ensure the highest quality of care and afford the greatest measure of professional satisfaction.

Advanced Specialization

Working in one specialty area provides an RN with a very focused concentration of knowledge and skills, but does this concentration make the RN a specialist or expert practitioner? Lewandowski and Kramer (1980) define specialization as "breaking the whole up into parts and becoming as expert in the care of that part of or a specified time wherein certain specialized activities are needed" (p. 176). The American Nurses' Association (1980) has further defined a specialist as "a nurse who, through study and supervised practice at the graduate level [master's or doctoral], has become expert in a defined area of knowledge and practice in a selected clinical area of nursing" (p. 23).

Benner (1984) defines expert as one who "no longer relies on an analytic principle to connect her or his understanding of the situation to an appropriate action" (p. 31), and who "operates from a deep understanding of the total situation" (p. 32). She continues by saying that added years of experience does not necessarily make one an expert nurse. Expertise is more the marriage of theoretical knowledge and experience that is refined in such a manner that a nurse can grasp the situation quickly

and know instinctively the correct intervention that will positively affect the whole and not just specific parts.

Clearly, then, specialization involves more than just working in a particular area, added years in the specialty area, or advanced levels of education preparation. Indeed at this point in time it can also include credentialing through a specialty agency (Styles, 1989). Granted that while there is no specific definition by which to classify an expert, one who meets one or more of the criteria could fall within the category of advanced specialization.

How does specialization relate to job satisfaction? According to Abrahamson (1984), one's sense of identity is closely related to professional role. If that role is one in which the nurse feels self-actualized, then satisfaction will result. Modley and Weiss (1989) predict that the nurse will have the energy to grow professionally if provided with a sense of purpose and eagerness.

In a comparative study in which degree of self-actualization was measured among specialty groups, Lewandowski and Kramer (1980) explored the issues of specialization and self-actualization. Their findings suggest that there is a positive relationship between degree of specialization and rate of increase of a nurse's self-actualization. This is an important finding in view

of the fact that the self-actualized nurse tends to experience greater job satisfaction.

Summary

The literature review has addressed the nursing shortage, along with its causes, implications, and cures. The literature has also defined retention and outlined why nurse managers should focus on retention issues for cost and productivity reasons. Retention and its relationship to job satisfaction has been explored and retention strategies were suggested. Control over work conditions has been explored in the literature through several facets: powerlessness, autonomy, decentralization, participative management, and shared governance. Job satisfaction has been reviewed in terms of predictor variables and/or related variables. Clinical specialties and advanced specialization have been briefly reviewed in the literature although the focus has been primarily broadly focused.

The present study will add to the literature by providing a specific comparison of job satisfaction between pediatric specialties, as well as a comparison between defined levels of education, experience, and certification. The study will also provide valuable information about how specific management practices relate to perceived control in pediatric staff nurses. The study will give additional

information regarding overall job satisfaction and the relationship between job satisfaction and perceived control in the hospital setting.

CHAPTER III

DESIGN AND METHODOLOGY

Chapter III addresses research design and methodology. Operational definitions are listed and hypotheses presented. Procedures, data collection methods, subjects, and instrumentation are discussed in detail. Methods of statistical analysis are described.

Research Design and Setting of the Study

This descriptive study was conducted at two metropolitan hospitals in a Southeastern city. One hospital was a full-service pediatric facility; the other hospital contained each of the following: general pediatrics (medical-surgical) unit, NICU, and PICU. Communication with nursing administrators in each hospital was by letter (see Appendix A) and telephone. Information about the study was presented to the two nursing executive groups at the request of individual administrators.

Operational Definitions

Operational definitions of terms used in this study are as follows:

Job satisfaction. Individual score on the Brayfield Job Satisfaction Index.

Control. Individual answers to the researcher-designed questionnaire regarding schedules, assignments, and floating.

Schedules. Monthly rosters of RNs' days to work and days off.

Assignments. Number and type of patients assigned.

Floating. Temporary reassignment, usually for a shift at a time to a unit other than one's own (i.e., "pulling").

Pediatric nurses. RNs at the staff level in a hospital setting who are permanently assigned to designated pediatrics units (i.e., NICU, PICU, or med-surg).

Clinical specialty. Designated clinical area within the pediatric setting concentrating on one major aspect of pediatric nursing (i.e., NICU, PICU, or med-surg).

Advanced preparation. Advanced tenure (greater than 5 years) in the designated specialty area, master's degree in pediatric nursing, and/or certification by ANA/specialty organization.

Hypotheses

I. Is there a relationship between perceived control over work conditions and job satisfaction in groups of pediatric staff nurses?

II. Do groups of hospital nurses differ in perceived control over scheduling, assignment-making and floating practices?

III. Do NICU nurses experience greater overall job satisfaction than PICU and med-surg nurses in hospital settings?

IV. Do groups of nurses with advanced specialization experience greater overall job satisfaction in hospital settings?

Procedures

After receiving permission to proceed with the study from the highest ranking nursing administrator and/or research review committee in each hospital (see Appendix B), the researcher met personally with the staff at Hospital #1 during staff meetings to briefly explain the study, distribute packets for the designated number of nurses in each hospital, and explain directions for returning the questionnaires. The researcher distributed packets to the head nurses of the designated units in Hospital #2, who in turn, explained the study to the staff and gave directions for returning the questionnaires.

Each identical packet consisted of a cover sheet briefly explaining the study and thanking the nurse for participating in the study (see Appendix C). Also

addressed was the assurance of anonymity and the voluntary nature of participation in the study. The letter gave directions on when, where, and how to return completed questionnaires, both while the researcher was present at the facility and after her departure. The cover sheet included an area to be signed by the RN for consent to participate in this study along with instructions for turning in consent forms and questionnaires separately.

Data Collection

Data collection took two forms. A large envelope was centrally located in each unit to allow participants to deposit sealed envelopes containing completed questionnaires and consent forms. The sealed envelopes were stamped and self-addressed to the researcher to allow the participant to return the questionnaire at a later date if so desired. Each central envelope was checked by the researcher weekly for completed consent forms and sealed questionnaires. At the end of 2 weeks, a reminder was posted to encourage participation in the study. Data collection at each hospital took place over a 4 week period.

Subjects

The potential subject pool consisted of approximately 190 pediatric RNs employed in the two participating hospitals as staff nurses in NICUs, PICUs, or general pediatrics units. All the RNs working at the staff level on a full- or part-time basis in these units were invited to participate in the study. All management personnel (assistant head nurse to vice president) were excluded, as well as temporary staff nurses. All shifts were invited to participate. The overall group was subsequently categorized according to scheduling methods, assignment-making methods and floating frequencies to compare mean control scores. The group was also categorized according to specialization criteria. These criteria included (a) area of specialty (NICU, PICU, med-surg) and (b) years in specialty, highest degree earned (MSN), and/or certification within the specialty by a professional/ specialty organization.

Instruments

In addition to a form requesting demographic information about each nurse (see Appendix D), the Brayfield Job Satisfaction Index (B.J.S.I.) was used to determine global perception of job satisfaction (see

Appendix E). The index was developed in 1951 and has been widely used. Review of the literature shows the most recent use of this instrument in 1987 (Khaleque & Rahman, 1987). The B.J.S.I. consists of 18 statements rated on a five-point Likert-like scale from strongly agree to strongly disagree. Scoring for each item ranges from 1-5. The arrangement of the items is such that for some items "strongly agree" indicates satisfaction while for others "strongly disagree" indicates satisfaction. Scores may range from 18-90. The neutral point, 54, would indicate the "undecided" point. Ranges above the neutral point indicate job satisfaction (Khaleque & Rahman, 1987). The odd-even product moment reliability coefficient of the overall job satisfaction score has been estimated as high as .87 and internal consistency was listed as .87. Concurrent validity was determined by correlating the B.J.S.I. with the Hoppock Blank: the correlation was .92. The content validity was established by obtaining consistent agreement among 77 adult judges that each item expressed "a feel of satisfaction or dissatisfaction with a job." Construct validity was established by testing contrasted groups. Significantly different variances were noted for groups of adult evening school students who were working in either preferred or nonpreferred job fields. Advantages to this instrument include its brevity, easy

readability (estimated at high school level or less), and ease of scoring, which takes approximately 5-10 minutes. It requires approximately 15 minutes to complete. The standardization sample for this instrument consisted of 231 office employees who were primarily young unmarried females with an average of 12 years of schooling and over a year's job experience (Brayfield & Rothe, 1951).

The perceived control instrument was a researcher-designed questionnaire consisting of open-ended questions to determine staff nurse perception of control of scheduling, assignments, and floating issues (see Appendix F). This questionnaire also included questions about work conditions, with a total of eight questions about scheduling and assignment-making practices used in the setting and those practices preferred by RNs. The questionnaire included questions about floating frequencies and perceived control over these three practices. These items were selected by the researcher because scheduling, assignment-making, and floating are issues frequently discussed as contributing to low perceived control at the staff nurse level. Personal experience as well as research findings support the idea that control over work conditions is an important issue to staff nurses in hospitals.

Pilot Study

Prior to implementation of the project, a pilot study was conducted to test content validity of the control-perceptions questionnaire developed by the researcher and to ascertain time required for testing. The subjects consisted of 28 registered nurses enrolled in the graduate nursing program at the College of Nursing, The University of Tennessee. Participation was voluntary, and all forms except the B.J.S.I. were completed to establish length of time necessary to complete forms as well as validity of the open-ended questionnaire form. All subjects completed the questionnaires according to the instructions. Suggestions were considered and incorporated into the actual research instrument to streamline the format of the questionnaire.

Statistical Analysis

Responses to demographic questions were categorized by frequency distributions. Analysis of the relationship between job satisfaction and perceived control was calculated by using the Pearson Product Moment Correlation Coefficient. T-tests were used to compare group means between specialization and job satisfaction. Differences in job satisfaction between specialty groups were determined by one-way analysis of variance (ANOVA) and a

post-hoc contrast test (Scheffe method). An alpha level of .05 was selected as the criterion of statistical significance.

Summary

Chapter III has delineated the specific research design of the study. Documents used during implementation of the study are listed as appendixes. Chapter IV will discuss research findings and results.

CHAPTER IV

RESULTS

This chapter provides demographic information on the subjects under study. Specific statistical procedures and findings regarding the research questions are discussed. Relationships between job satisfaction, control variables, and specialization are explored.

Findings

Of the 190 RNs invited to participate in the study, 103 (54%) of the questionnaires were returned. Two questionnaires were incomplete and therefore were eliminated. A third questionnaire, completed by a member of management, was also eliminated. Total participants included in the study numbered 100 female RNs.

Demographic characteristics include age, educational degree, marital status, specialty area and additional certification. Eighty-one percent of the sample was between 20 and 40 years of age (see Table 1). The majority (65%) were married. Basic nursing preparation was evenly distributed between associate degree (ADN), diploma, and baccalaureate degrees (BSN). Only 2% of the group held a Master's degree in nursing (MSN). Over half

Table 1

Demographic Characteristics of the Sample (N = 100)

Variables	Percentages	Variables	Percentages
Age		Educational Degree	
20-29	41.0	ADN	33.0
30-39	40.0	Diploma	31.0
40-49	17.0	BSN	34.0
50-59	2.0	MSN	2.0
60+	0.0		
Marital Status		Specialty Area	
Single	25.0	Med-surg	22.0
Married	65.0	PICU	20.0
Divorced	8.0	NICU	54.0
Widowed	2.0	Float/Pool	1.0
		Other	3.0
Additional Certification			
None	57.0		
Basic	33.0		
Advanced	10.0		

of the nurses worked in the NICU and 10% of the entire group held advanced certification in their specialty area. Mean, median, mode, and ranges for clinical experience, tenure, and specialty experience were calculated (see Table 2). Years of clinical experience ranged from 1-30 years with a mean of 8.31 years of experience. The mode was 3 years. Years at present institution ranged from 1-18 years with the average number of years at the hospital being 4.9. The mode was 1 year. Years in the current specialty ranged from less than 1 to 20 years with a mean of 5.83 years. The mode was 2 years.

Job satisfaction scores and control scores were evaluated in a similar manner (see Table 3). Job satisfaction scores on the B.J.S.I. could range from 18-90 with 54 being the neutral or "undecided" point. (Norms for the original instrument included a mean of 63.8 with a S.D. of 9.4. The norm range was 35-87 [n = 231].) The most frequently occurring score in this study was 63. Although the mean satisfaction score of 66.34 is above the neutral point for job satisfaction, it is important to note that it falls in the lower range of "satisfied" (standard deviation [S.D.] was 5.47).

Overall control scores had a potential range of 0-15 with 0 being no perceived control over work conditions.

Table 2

Years of Experience (N = 100)

Variables	Mean	S.D.	Med.	Mode	Range
Yrs. Clin. Exp.	8.31	6.06	7	3	1-30
Yrs. at Pres. Hosp.	4.9	4.20	3	1	1-18
Yrs. in Spec. Area	5.83	4.24	5	2	0-20

Table 3

Overall Job Satisfaction Scores/Control Scores (N = 100)

Variables	Mean	S.D.	Med.	Mode	Range
Job Satisfaction	66.34	5.47	66	63	49-81*
Control	6.4	1.75	6	6	2-10**

*JS scores could range from 18-90.

**Control scores could range from 0-15.

The sample range was 2-10 with a mean of 6.4 which indicates overall low perceived control. The most frequent score on the control scale was 6.

The control variables were categorized in groups based on scheduling methods used (SCHED-U) and scheduling methods liked (SCHED-L); assignment-making methods used (ASSIGN-U) and assignment-making methods liked (ASSIGN-L); and floating frequency (FLOAT) (see Table 4). It is interesting to note that while 88% of the scheduling in this population group was performed by the head nurse, staff responding preferred other methods, i.e. flextime followed by cycle scheduling. In flextime scheduling, RNs work variations of the traditional 8-hour day, 40-hour week. For example, an RN may work 4-hour, 10-hour, or 12-hour shifts. Or two RNs may share one position and work only during the weekdays or just on weekends. In cycle scheduling, RNs routinely work an alternating rotation of days on and days off, i.e. 4 days on/4 days off, 7 days on/7 days off, etc. Head nurses made out the assignments for 52% of the respondents while staff preferred assignments that were selected by staff (45%) and/or based on patient classification (37%). Floating was common; 56% of respondents "floated" to areas other than their assigned area at least 1-2 times per month. Seventeen percent floated 3 or more times per month.

Table 4

Control Variables (N = 100)

Variables	Percentages	Variables	Percentages
Sched-U		Assign-U	
HN	88.0	HN	52.0
Staff	5.0	Staff	18.0
Other	7.0	Other	30.0
Sched-L		Assign-L	
HN	16.0	HN	7.0
Staff	10.0	Staff	45.0
Flex	45.0	Acuity	37.0
Cycle	26.0	Other	11.0
Other	3.0		
		Float	
		0	25.0
		1-2	56.0
		3-4	14.0
		5-6	2.0
		7+	1.0

The Pearson Product Moment Correlation Coefficient was calculated to determine the relationship between job satisfaction and perceptions of control for the entire group. There was no significant relationship between the two variables ($r = 0.089$, $p = 0.378$). Findings failed to support Hypothesis I. Groups could not be compared for perceived control over work conditions due to the unequal sizes of the groups.

To test Hypothesis III, the sample was divided into three groups; NICU, PICU, and med-surg (see Table 5). A one-way ANOVA was conducted to compare group means (see Table 6). Statistical analysis indicated a significant difference between groups ($F = 4.35$, $p = 0.016$). The Scheffe method was applied to contrast group means. A significant difference between means was determined between the NICU and PICU groups (3.989) while no significance was noted between the NICU and med-surg groups (0.662) or the med-surg and PICU groups (3.327).

Mean job satisfaction scores between groups with advanced specialization showed no significant difference by t-test comparison ($t = 0.0475$, $p = 0.9622$). Groups were categorized as those respondents with more than 5 years of specialty experience, an MSN and/or professional/specialty certification ($n = 45$) and respondents with less than 5

Table 5

Summary of Specialty Groups' Job Satisfaction Means and Standard Deviations

Sp. Group	N	$\bar{X}$	S.D.
NICU	54	67.389	4.704
PICU	20	63.40	6.730
Med-surg	22	66.727	4.783

Table 6

Summary of ANOVA Comparing Specialty Groups on Job Satisfaction

Source of Variation	SS	df	MS	F	P
Between groups	235.15	2	117.57	4.35	0.0156
Within groups	2513.99	93	27.03		
Total	2749.15	95			

years specialty experience, ADN/diploma/BSN, and no certification (n = 55). Hypothesis IV was not supported by analysis.

Discussion

The analysis failed to completely support the four hypotheses. However, some valuable information was discovered that lends itself to further investigation and speculation.

Of important note in this study are the overall low scores for job satisfaction and perceived control. Although the mean job satisfaction scores were in the "satisfied" realm, with a S.D. of 5.5 the average RN hovered uncomfortably close (within 12 points) to the "undecided" point. Mean control scores were below the midpoint indicating low perceived control over work conditions. Given the centralized environment in which this study was conducted, these findings are not surprising.

The study failed to support a correlation between job satisfaction and perceived control. In view of the findings of the studies by Modley and Weiss (1989), Ginsberg et al. (1982), Bayley (1981), Elliot (1989) and others in which control over work conditions was predictive of job satisfaction, this finding was unexpected. Also

unexpected was the lack of difference in job satisfaction scores between nurses with and without advanced specialization.

Perceived control over work conditions could not be tested because of unequal groups. The only difference in job satisfaction scores between specialty areas were between the NICU and PICU nurses.

Summary

Four hypotheses were tested using various methods of statistical analyses. Two of the hypotheses (I and IV) were rejected. Hypothesis II could not be tested. Analysis failed to support Hypothesis III in its entirety. Reasons for these findings will be examined in more detail in Chapter V. Conclusions, limitations, and implications for future research and information to assist nurse managers will also be explored.

CHAPTER V

CONCLUSIONS

This chapter will discuss conclusions about the study drawn from the findings. Limitations of the study will be enumerated as well as implications for future research and for nurse managers.

Although the findings of the study failed to support the hypotheses, the unique nature of the study makes a contribution. Previous studies have not focused specifically on pediatric staff nurses. The nurses in both institutions were, overall, satisfied with their jobs although the scores were in the low range of satisfied. Despite their overall satisfaction, control scores were low indicating low perceived control over work conditions. Reasons for these low perceived control scores can be attributed to the hospitals' centralized nursing structure which traditionally allows little input into decisions from staff nurses. The overall job satisfaction score may be a result of a few very high scores which slightly skewed the mean. This would explain the unexpectedness of the finding in view of the low control scores. Another reason for the overall satisfaction despite low control may be that staff has adapted to the structured nature of the environment and find gratification and satisfaction from other resources.

The lack of difference in job satisfaction between groups with and without advanced specialization may be due to the lack of concrete criteria to define advanced specialization. The number of years in the clinical area required to classify RNs in the advanced category was selected by the researcher. Lack of concrete criteria in the literature creates a significant void when defining this type of variable. Another reason for the lack of differences could again be the structure of the units in which these RNs work. Very few, if any of the RNs who met the advanced specialization criteria are allowed or expected to practice in an advanced role in the settings in this study. They function as do the RNs without advanced specialization. This lack of recognition may account for the lack of difference between the two groups.

Groups could not be compared for differences in perceived control over scheduling methods. It is interesting to note, however, that while the vast majority of the RNs (n = 88) indicated that the head nurse completed the schedule, in actuality the majority of this sample works 12 hour days on a specific scheduling cycle (3 days on, 3 days off, etc.).

Groups were unequal in size for assignment-making methods also. Again, staff nurses indicated by questionnaire that the majority of the time the head nurse

made assignments. This response implied that patient acuity was not a consideration in assignment since patient acuity was also a response that could have been chosen on the questionnaire. In actuality, many times the assignments are based on patient acuity. The head nurse, by virtue of the job title, is only the designator of such assignment.

Float groups were also unequal in size. In most cases, RNs "take turns being pulled" so that the unfavored practice is rotated among all of the staff. Efforts are also made in most areas of the study setting to give "pulled" nurses patients similar to those for whom they normally care. This frequently makes the situation less stressful and threatening. Given the nature of the specialties in the study, this is an option that would be less likely in a different hospital setting.

Specific specialty areas differed in job satisfaction only between the NICU and PICU groups. Given unusual intervening variables in both hospitals, this finding is less unexpected than would be anticipated normally. The PICU groups in both hospitals was experiencing significant management issues at the time of the study. This could account for their lower mean job satisfaction scores in comparison to the NICUs which both had a very stable and secure management during the survey period. The medical-

surgical group in both hospitals also had management stability, but both were beginning to experience some management issues that may account for the lack of significant difference.

Overall, the results were informative about the sample under study. The study failed to provide information that could be used to generalize to a larger population. Further research is indicated in order to validate these findings.

Limitations of the Study

The results, conclusions, and interpretations of the study should be viewed cautiously. Several factors have been identified which weaken the overall impact of the study.

The B.J.S.I. is a very good instrument with which to measure overall job satisfaction of employees. It is not, however, specific to nurses. This lack of specificity may be significant in differentiating job satisfaction issues among groups of professional nurses versus other nonprofessional groups. An instrument that focuses on job satisfaction issues specific to nurses would strengthen the study.

In addition, a more specific instrument to test perceived control based on standardized factors would yield

more valid information. Weaknesses of the researcher-designed control questionnaire were noted. Questions about the scheduling methods and assignment-making methods offered limited responses which resulted in responses that were contrary to actual practices in the study setting.

Another limitation of the study was the low return ratio of the questionnaires. Only 100 of the 190 staff RNs returned a completed questionnaire (54%). One reason for this low response may have been the difference in presentation method for participants in the two hospitals. In future studies, a personal presentation of the study proposal to actual participants is encouraged.

Valuable information has been garnered through doing this research. Replication of this study would be a feasible project and could yield further information to assist nurse managers in all settings to achieve management goals. Improved instrumentation and collection methods would increase the validity of the study results.

Implications of the Study

Although the study failed to completely support the hypotheses presented for analysis, it has provided many nursing implications. These include major implications for future research and for nurse managers. These implications will be further explored.

Implications for Future Research

There are several implications for future research. Control over work conditions is a valuable retention strategy that has many facets. Each of these facets is open to repeated analysis and validation.

More research is indicated to investigate and/or develop more creative scheduling methods in the hospital setting. As nurses move out of hospitals and into other areas of nursing practice, nurse managers must experiment with new strategies to attract nurses and enhance satisfaction.

As patient acuity rises and technology becomes more complex, the need for more accurate and efficient patient classification systems becomes more pronounced. Hospitals and nurse managers must ensure that these systems work effectively to prevent work overload and potential compromises to patient care. These situations lead to increased stress, burnout, and turnover among staff nurses.

Floating practices adversely affect morale and motivation. Group cohesion builds stronger clinical teams, increases professional accountability and promotes improved clinical practice. Nurse managers must investigate additional staffing methods to determine their impact on group cohesion, team rapport, professionalism, and job performance.

Specialty areas require further study to determine specific motivators, differences between groups, and specialized needs. They should be compared in terms of self-actualization, clinical expertise, job satisfaction, and autonomy. As nursing becomes increasingly specialized, valuable information can be gained by determining retention and job satisfaction issues among specialty groups.

In the literature, very few studies were found that investigated issues of advanced specialization in the hospital setting. It would be advantageous to compare BSN/MSN nurses, nurses with certification versus those without, as well as number of years in the specialty. Comparisons in such areas as perceived control, autonomy, level of performance, professionalism, and job satisfaction would yield valuable information to nurse managers as they hire, evaluate, promote, and role model for hospital staff nurses.

Future research is also indicated in the analysis of the role of job satisfaction in the retention of hospital nurses, and the relationship of job satisfaction and retention to specific management practices such as scheduling, assignment-making, and floating. Other causes that diminish or impede satisfaction should be explored. When staff nurses are involved in innovative strategies to enhance satisfaction, research should focus on the

strategies. Turnover costs for individual nursing units and hospitals should be calculated per RN and effective retention strategies explored. Different management styles that enhance perceived control, satisfaction, and retention should be reviewed and/or developed and their effectiveness tested.

Most importantly, further research should be conducted in the pediatric arena. With predictions of continued shortages of nurses, the population from which pediatric nurses can be recruited becomes ever smaller. It is imperative that nurse managers in hospital pediatric settings understand the special needs and expectations of the pediatric specialty nurse in order to not only recruit effectively but assure retention of experienced pediatric nurses.

Last, future nursing research must be dedicated to finding ways to attract more people to the nursing profession and to retain the current supply of nurses. Professional issues, compensation, work environment, and overall satisfaction must meet the needs of today's professional in order to retain hospital nurses.

Job satisfaction and retention of professional nurses are two major issues for nurse managers in the hospital setting. Research offers valuable information to nurse managers as they face these challenges. Avenues for

exploration include control over work conditions, specialty areas, and advanced specialization as well as nursing shortages, job satisfaction, and retention. Nurse managers must use their research resources to meet these challenges.

Implications for Nurse Managers

The study provided at least three major implications for all nurse managers and specific implications for the nurse managers in the study setting. The implications focus on perceived control, overall job satisfaction, and management issues. These implications will be explored in terms of the particular setting and overall implications. King's assumptions will be integrated into the discussion.

Overall perceived control scores among the RNs under study were low. Nurse managers in the study setting must be aware of these perceptions and should explore possible reasons for the low scores. This exploration should include staff nurses in the interaction process and ultimately result in a mutual understanding of control issues. As nurse managers investigate strategies to increase the RNs perceptions of participation in decision-making processes, needs, goals, and values of both groups should be ascertained. Once these are clearly understood mutual goals can be developed. All nurse managers should attempt to implement management strategies that allow RNs

to participate in scheduling and assignment-making practices. RNs have the right to know why and how decisions are made and what their role is in the overall plan. Participation in the decisions that affect staff nurses promotes mutual goal attainment and enhances satisfaction. Other alternatives to floating should be explored and utilized when possible. Staff nurses should be as fully informed as possible about choices and alternatives. If no alternatives exist, attempts should be made to assist nurses adapt to situations that are less than optimal. If and/or when nurses fail or refuse to adapt, it is important that they are aware of the consequences of those decisions. Use of PRN staff, development of float pools, and decentralization are some of the strategies that have been successfully utilized to enhance satisfaction and increase retention of staff nurses in many hospitals. When goals of management and staff are clear, then strategies can focus on mutual goal attainment and satisfaction.

Average job satisfaction scores in the study group indicated overall job satisfaction. The mean was low in the satisfied range, 12 points above the neutral point. Nurse managers in the study setting should explore reasons why staff nurses do not appear more satisfied and through mutual transactions implement strategies to enhance job

satisfaction. All nurse managers must recognize the important role of job satisfaction in the retention of hospital staff nurses as well as its impact on clinical performance and the quality of care delivered.

Management issues have a major impact on staff nurses' satisfaction with their job. Lack of consistent management, lack of effective management, changes in management, and conflicts within management have a negative impact on staff. These issues create upheaval and confusion among staff and may lead to discontent and frustration among staff nurses. Nurse managers in the study setting should be sensitive to such issues. Strategies to control issues of this nature should be explored. All nurse managers must recognize the impact that management issues have on staff nurse satisfaction. Development of the nurse manager and implementation of innovative management strategies are crucial to retention of experienced nurses in the hospital setting.

Summary

Chapter V has discussed conclusions of the study based on research findings. It has imposed certain limitations of the study. Finally, the chapter has outlined implications of the study for future nursing research and for nurse managers in hospital settings.

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APPENDIXES

APPENDIX A

PERMISSION LETTERS

Mrs. Rebecca C. Thomas
East Tennessee Children's Hospital
P.O. Box 15010
Knoxville, TN 37901

Dear Mrs. Thomas:

I am a graduate nursing student at The University of Tennessee and am currently preparing a research proposal for a Master's thesis.

The study is designed to identify predictor variables of job satisfaction among pediatric nurses currently employed in general pediatrics, pediatric intensive care units, and neonatal intensive care units.

A demographic data form and two questionnaires that focus on job satisfaction and working conditions will be included in packets distributed to each nurse, either by myself or your designated contact person. I will be available to visit your institution to meet with the contact person and/or the staff nurses at staff meetings or shift change.

The questionnaire will take approximately 30 minutes to complete and will be completely anonymous. They may be collected by the contact person for mailing or mailed directly to me, per participant's choice.

No adverse effects are expected as a result of participation in the study. Benefits to nursing management include increased knowledge of predictor variables of job satisfaction. This information could have a profound effect on absenteeism, turnover rates, and recruitment/retention of nurses.

I will gladly share results of this study with your management staff if you so desire. I will be available to answer further questions for you, the contact person, and the staff as necessary.

Thank you for your time and consideration in this matter. I look forward to hearing from you at your earliest convenience.

Sincerely,

Rhonda Powell
3213 Avondale Avenue
Knoxville, TN 37917
(615) 525-6728

Mrs. Molly Meighan
The University of TN Medical Center
1924 Alcoa Hwy.
Knoxville, TN 37920

Dear Ms. Meighan:

I am a graduate nursing student at The University of Tennessee and am currently preparing a research proposal for a Master's thesis.

The study is designed to identify predictor variables of job satisfaction among pediatric nurses currently employed in general pediatrics, pediatric intensive care units, and neonatal intensive care units.

A demographic data form and two questionnaires that focus on job satisfaction and working conditions will be included in packets distributed to each nurse, either by myself or your designated contact person. I will be available to visit your institution to meet with the contact person and/or the staff nurses at staff meetings or shift change.

The questionnaire will take approximately 30 minutes to complete and will be completely anonymous. They may be collected by the contact person for mailing or mailed directly to me, per participant's choice.

No adverse effects are expected as a result of participation in the study. Benefits to nursing management include increased knowledge of predictor variables of job satisfaction. This information could have a profound effect on absenteeism, turnover rates, and recruitment/retention of nurses.

I will gladly share results of this study with your management staff if you so desire. I will be available to answer further questions for you, the contact person, and the staff as necessary.

Thank you for your time and consideration in this matter. I look forward to hearing from you at your earliest convenience.

Sincerely,

Rhonda Powell
3213 Avondale Avenue
Knoxville, TN 37917
(615) 525-6728

APPENDIX B

PERMISSION GRANTED LETTERS

THE UNIVERSITY OF TENNESSEE
MEDICAL CENTER AT KNOXVILLE

1924 Alcoa Highway
Knoxville 37920-6999
(615) 544-9000

May 7, 1990

Rhonda Powell, R.N.

Molly Meighan, Maternal Child Clinical Director, and the Pediatric head nurses are pleased to approve University of Tennessee Medical Center staff nurses' involvement in your study, "Predictor Variables of Job Satisfaction in Groups of Pediatric Staff Nurses."

Sincerely,

Mary Gunther RNC

Mary Gunther, RNC
Pediatric Clinical Educator

CHILDREN'S HOSPITAL LETTER



CHILDREN'S HOSPITAL

April 9, 1990

Rhonda Powell, RN
Nursing Coordinator

Dear Rhonda,

As a follow up of our conversation regarding your research proposal which will measure the job satisfaction of the pediatric nurse, I am excited about your working with the nurses at Children's. The results of your study will be very helpful when looking at management methods such as scheduling, "pulling", and the control nurses have in their work environment.

After your presentation to the Nursing Executive Committee on April 18, 1990, staff meetings can be scheduled.

Again I am looking forward to you working with our staff. If I can be of further assistance, please do not hesitate to call me.

Sincerely,

Rebecca C. Thomas, R.N.
Vice President for Patient Services

RCT/jc

"Because Children Are Special..."

THE UNIVERSITY OF TENNESSEE
MEDICAL CENTER AT KNOXVILLE

Office of Institutional Review Board
1924 Alcoa Highway
Knoxville 37920-6999
(615) 544-9463

May 31, 1990

Rhonda Powell, R.N.
3213 Avondale Avenue
Knoxville, TN 37917

RE: IRB Protocol (#0103) "Perceptions of Control Over Work Conditions and Clinical Specialization as Predictors of Job Satisfaction in Groups of Pediatric Nurses"

Dear Ms. Powell:

The above referenced protocol has been administratively reviewed and determined to fall under the guidelines of expedited review; therefore, your application was approved in this regard as complying with proper consideration of the rights and welfare of human subjects, the risk involved and the potential benefits of the study.

Any alterations in the protocol must be promptly reported to The Institutional Review Board. In addition, annual reapproved is required. It is the responsibility of the principal investigator to initiate the request for reapproval regardless of the time the activity has been approved by a sponsoring agency.

You have individual responsibility for reporting to the board in the event of adverse reactions.

Sincerely,

Joseph E. Fuhr, Ph.D.
Chairman, Institutional Review Board

JEF:jd

APPENDIX C

INVITATION TO PARTICIPATE

Dear Registered Nurse:

You are invited to participate in a nursing research study, designed to assess job satisfaction among pediatric nurses. Participation in the study will involve completion of a demographic data form and two questionnaires which will require approximately 30 minutes. The questionnaires will request information about job satisfaction, working environment, and subspecialization.

The study is designed to provide data to assess job satisfaction. No adverse effects or benefits are expected as a result of individual participation in this study. There will be no penalty for refusal to participate.

Participation in the study is strictly voluntary with no penalty for refusal to participate or withdrawal from the study. There are no identifying codes on the questionnaires, ensuring complete anonymity. Only the researcher and thesis committee members will see completed questionnaires.

Completed questionnaires should be placed in the stamped self-addressed envelopes provided and sealed. This consent form may then be placed separately in the large collecting envelope at the nurse's station and the envelope mailed directly to the researcher.

Thank you for your participation in this study. Further questions should be directed to the researcher at the address and/or telephone number listed below.

Sincerely,

Rhonda Powell
3213 Avondale Avenue
Knoxville, TN 37917
(615) 525-6728

I consent to participate in the above mentioned study.

Signature _____

Date _____

APPENDIX D

DEMOGRAPHIC DATA

Instructions: For each category on the left, place an X in the appropriate space to the right that corresponds to the entry you have chosen.

1. Age in years
   - 20-29 _____
   - 30-39 _____
   - 40-49 _____
   - 50-59 _____
   - 60 or over _____

2. Highest nursing degree obtained
   - AD _____
   - Diploma _____
   - BSN _____
   - MSN _____
   - Ph.D. _____

3. Marital status
   - Married _____
   - Single _____
   - Divorced _____
   - Widowed _____

4. Years of clinical experience _____

5. Years at present institution _____

6. Specialty area
   - Medical-surgical Pediatrics _____
   - Pediatric Intensive Care Unit _____
   - Neonatal Intensive Care Unit _____
   - Float/Pool _____
   - Other (specify) _____ _____

7. Years in specialty area _____

8. Sex
   - Male _____
   - Female _____

9. Additional degrees, certifications, courses (please list).

APPENDIX E

BRAYFIELD JOB SATISFACTION INDEX

Job Questionnaire

Some jobs are more interesting and satisfying than others. We want to know how people feel about different jobs. This blank contains eighteen statements about jobs. You are to cross out the phrase below each statement which best describes how you feel about your present job. There are no right or wrong answers. We should like your opinion on each one of the statements. Work out the sample item numbered (0).

0. There are some conditions concerning my job that could be improved.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

1. My job is like a hobby to me.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

2. My job is usually interesting enough to keep me from getting bored.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

3. It seems that my friends are more interested in their jobs.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

4. I consider my job rather unpleasant.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

5. I enjoy my work more than my leisure time.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

6. I am often bored with my job.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

7. I feel fairly well satisfied with my present job.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

8. Most of the time I have to force myself to go to work.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

9. I am satisfied with my job for the time being.
   Strongly Agree Agree Undecided Disagree Strongly Disagree

10. I feel that my job is no more interesting than others I could get.
    Strongly Agree Agree Undecided Disagree Strongly Disagree

11. I definitely dislike my work.
Strongly Agree Agree Undecided Disagree Strongly Disagree

12. I feel that I am happier in my work than most other people.
Strongly Agree Agree Undecided Disagree Strongly Disagree

13. Most days I am enthusiastic about my work.
Strongly Agree Agree Undecided Disagree Strongly Disagree

14. Each day of work seems like it will never end.
Strongly Agree Agree Undecided Disagree Strongly Disagree

15. I like my job better than the average worker does.
Strongly Agree Agree Undecided Disagree Strongly Disagree

16. My job is pretty uninteresting.
Strongly Agree Agree Undecided Disagree Strongly Disagree

17. I find real enjoyment in my work.
Strongly Agree Agree Undecided Disagree Strongly Disagree

18. I am disappointed that I ever took this job.
Strongly Agree Agree Undecided Disagree Strongly Disagree

APPENDIX F

CONTROL QUESTIONNAIRE

Instructions: Please read each question and enter your first response. There are no right or wrong answers.

1. Select the scheduling method most comparable to the one used on your unit. (circle one)
   a. Completed by Head Nurse/Manager
   b. Completed by staff
   c. Other (describe)

2. Describe the scheduling method(s) you would find the most satisfying.
   a. Completed by the Head Nurse/Manager
   b. Completed by staff on a rotating basis
   c. Flextime/Baylor Plan
   d. Cycle (12 hour shifts, 4 on-4 off, 7 on-7 off)

3. Describe the amount of control you have over scheduling. (circle one)
   None A little Enough A lot Too much

4. Describe the patient assignment method used on your unit.
   a. Assigned arbitrarily by Head Nurse/Manager/Charge Nurse.
   b. Assigned based on individual staff choices.
   c. Other (describe)

5. Describe the patient assignment method(s) you would find most satisfying. (circle one)
   a. Assigned arbitrarily by the Head Nurse/Manager/Charge Nurse
   b. Democratic with staff input
   c. Based on patient classification/acuity
   d. Other (describe)

6. Describe the amount of control you have over patient assignments.
   None A little Enough A lot Too much

7. How often are you "floated" to an area other than your assigned unit in a typical month? (circle one)
   Never Seldom (1-2) Occasionally (3-4) Frequently (5-6) Often (7 or more)

8. How much control do you perceive you have when you are floated?
   None A little Enough A lot Too much

VITA

Rhonda K. Powell was born in Lake City, Tennessee and later moved to Knoxville, Tennessee. She attended public school and graduated from Fulton High School as class Salutatorian in 1976. She graduated from St. Mary's Medical Center School of Nursing in 1979 and received the Bachelor of Science Degree in Nursing as Top Nursing Graduate from The University of Tennessee, Knoxville in 1988.

She has held positions as Staff Nurse, Head Nurse, and Nursing Coordinator at East Tennessee Children's Hospital from 1979-1991. In addition, Rhonda obtained the ANA certification in Nursing Administration in 1988. She is Chairman of the Nursing Quality Assurance Committee and Nursing Standards Committee at ETCH as well as an active participant in numerous other hospital committees.

She is a certified BLS, PALS, and PBLS instructor and participates in the annual Critical Care Course, Employee Education Day, and yearly inservice programs. She is a member of the Gamma Chi Chapter of Sigma Theta Tau International Honor Society.