

1992

The Relationship Between Locus of Control, Powerlessness, and Job Satisfaction Among Registered Nurses

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THE RELATIONSHIP BETWEEN LOCUS OF CONTROL, POWERLESSNESS,
AND JOB SATISFACTION AMONG REGISTERED NURSES

By

Evelyn C. Wirsing, R.N.

A THESIS

Submitted to
Grand Valley State University
in partial fulfillment of the requirements for the
degree of

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1992

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ABSTRACT

THE RELATIONSHIP BETWEEN LOCUS OF CONTROL, POWERLESSNESS, AND JOB SATISFACTION AMONG REGISTERED NURSES

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A cross-sectional descriptive correlational design was used to investigate the following research questions: (a) How much variation in nurses' satisfaction can be predicted from locus of control and powerlessness? and (b) are there statistically significant ($p < .05$) differences in job satisfaction among nurses based upon their primary area of practice, highest earned degree, length of employment in current position, and employment status? A random sample of 300 staff nurses from a large acute care teaching hospital was surveyed utilizing a four-part questionnaire. The response rate was 51% ($N = 152$). Powerlessness accounted for 29% of the variance in job satisfaction scores and locus of control accounted for none of the variation in job satisfaction. Secondly, a weakly significant difference ($F(5, 146) = 2.29, p < .05$) in job satisfaction scores existed among clinical specialty groups, however no significant differences in job satisfaction were found for the remaining professional characteristics.

Acknowledgements

I would like to express my sincere appreciation to those who contributed significantly to the successful completion of this research project.

Special thanks to my chairperson, Katherine Kim, Ph.D., R.N., for her expertise, time, and continual encouragement throughout this study.

My thanks to Louette Lutjens, Ph.D., R.N. and William Bell, Ph.D. for their time and counsel.

My thanks to Cynthia Coviak, M.S.N., R.N., who assisted me with the statistical analysis and computer-related aspects of the research process.

Finally, love and thanks to my mother for her typing assistance and her abiding support in all my endeavors.

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CHAPTER ONE

INTRODUCTION

It is a personal as well as a management goal in every profession to maximize job satisfaction. Most obviously, job satisfaction can be viewed as an end in itself; by nature, pleasure and satisfaction are desirable. Secondly, under certain circumstances job satisfaction and particularly job dissatisfaction may lead to both overt and covert behaviors which affect the quality and cost of services provided by organizations. Furthermore, research has provided evidence that dissatisfied workers have a higher turnover rate than satisfied workers (Price & Mueller, 1981; Weisman, Alexander, & Chase, 1981b).

The job satisfaction of hospital staff nurses was found to be somewhat lower than the levels found in other professional occupational groups in one study (Mottaz, 1988). The rate of registered nurse turnover in most of the acute care hospitals is very high with average estimates being 25%-30% (Helmer & McKnight, 1988). This turnover causes instability in hospital employment and increases the costs of training and orientation of new employees. A more important consequence is that staff nurse turnover may adversely affect the quality of care

given to patients. If there is a shortage of nurses, or if the available nurses are inexperienced, the quality of care may seriously decrease. Furthermore, high staff turnover may have a demoralizing effect and influence the job satisfaction of the remaining nurses, which can, in turn, further affect turnover, productivity, group cohesion and quality of services (Curran & Minnick, 1989).

Factors related to job satisfaction have been classified as either personal or job-related (Alexander, 1982). Locus of control, which Rotter (1966) defined as a person's perception of his control over events and outcomes in his/her environment, has been cited as a significant personal factor in influencing one's job satisfaction (Neal & Seeman, 1964; Organ & Greene, 1974). Researchers investigating the locus of control of nurses in relation to job satisfaction found that registered nurses expressing a tendency toward internal control (a general belief that events and outcomes are contingent upon their own behavior) had greater job satisfaction (Pryer & Distefano, 1971) than those with an external control (a general belief that events and outcomes are contingent upon fate, luck, chance or more powerful others).

In regard to job-related factors, numerous studies have indicated that the perception of powerlessness, or lack of autonomy in exercising control over their clinical practice, is one of the principal determinants of nurses' dissatisfaction (Mottaz, 1988; Roedel & Nystrom, 1988;

Sands & Ismeurt, 1986; Slavitt, Stamps, Piedmont, & Haase, 1978; Weisman, Alexander, & Chase, 1981a).

Furthermore, the literature suggests that certain personal and professional characteristics are related to locus of control, powerlessness and job satisfaction among nurses. For instance, Kramer (1974) asserted that baccalaureate nurses are socialized to expect autonomy and are therefore more dissatisfied than other nurses when they perceive a lack of autonomy in their work environment. Bush (1983) indeed found that baccalaureate nurses scored significantly lower on powerlessness tests than did diploma nurses, indicating that baccalaureate nurses perceived themselves as possessing more power than did diploma nurses. Additionally, the baccalaureate group scored significantly lower in locus of control tests than the diploma group, thus revealing a belief in internal control for baccalaureate nurses. Bush also found that perceptions of powerlessness were related to the year licensed as a registered nurse. Registered nurses licensed during 1930 to 1959 scored significantly higher on powerlessness tests (thus, less powerful) than registered nurses licensed from 1960 onward.

The general finding reported by Herzberg, Mausner, Peterson and Capwell (1957) on the relationship between job satisfaction and age shows that job satisfaction starts high, declines and then starts to improve again with increasing age. Other studies have shown job satisfaction to be improved by having at least seven years

of nursing experience (Slavitt, Stamps, Piedmont, & Haase, 1979; Weisman et al., 1981b). Previous research findings linking gender and marital status to job satisfaction are inconclusive (Gruneberg, 1979). In regard to full or part-time employment status, it is hypothesized by this researcher that part-time nurses may demonstrate decreased job satisfaction since they are not present on a day-to-day basis to affect unit and organizational outcomes.

During this period of nursing shortages in certain locales it is therefore important to determine the effect of powerlessness and locus of control on nurses' job satisfaction for the purpose of retaining nurses within the hospital setting. The outcome of this study may have implications for hospital management since the hospital is the principal environment for nursing practice and will likely continue to be in the coming years.

Being a task-oriented, bureaucratic organization, the hospital's organizational principles are often in opposition to the ideals of professional nursing practice. Nurses have limited control over how they practice their profession; hospital management and physicians, to a large degree, still retain control. It may be necessary for nurses and hospital managers alike to re-evaluate the existing hospital structure in terms of who defines and controls nursing practice. It may also be necessary to determine what organizational changes can be made to allow professional staff nurses more power in their positions

and for nurses to become participants in organizational policy decision-making in hospitals. Thus, the hospital environment could be made a more attractive practice setting to current nursing employees, as well as to possible recruits.

Purpose

The purpose of this research is to examine the relationship of locus of control, powerlessness and job satisfaction as perceived by registered nurses in their own professional practice. This study replicates a research study conducted by Bush (1983) of nurses employed at six hospitals in Western Washington.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Literature Review

No studies similar to Bush's 1983 research were found that specifically examined the direction and strength of the relationship of locus of control, powerlessness and job satisfaction as perceived by registered nurses practicing in the hospital setting. Research has been done, however, on each of the individual concepts as well as on the relationship of locus of control to job satisfaction and powerlessness to job satisfaction. Therefore, the review of the literature included studies that explored the three areas of research related to the problem of this study: (a) locus of control, (b) concepts of power and powerlessness, and (c) job satisfaction.

Locus of Control

Locus of control (Rotter, 1966) refers to a person's assumptions about the sources of reinforcements and events in his/her life. People who attribute the source of events to themselves have an internal locus of control, and people who attribute sources to outside agents or fate have an external orientation. This attribution affects behavior in many situations and is relevant to behavior in organizations (Spector, 1982).

Hart (1988) sampled 138 RNs employed full-time in 11 different hospitals' operating rooms (OR) to investigate the possible relationship between selected personality characteristics (anxiety and locus of control) of operating room nurses and their job satisfaction. The results of the study indicated that those OR nurses who expressed the greater degree of internal locus of control expressed higher job satisfaction and that the OR nurses with the lowest level of expressed anxiety indicated the highest levels of job satisfaction. Contrary to the results of other job satisfaction studies of nurses, Hart's study did not show a relationship between job satisfaction and length of years in nursing or level of the nurse's education.

Pryer and Distefano (1971) studied the relationship between locus of control and job satisfaction using the Internal-External Scale and the Job Descriptive Index for three samples of nurses. The results of the study suggested that those with an external locus of control were less satisfied with their jobs than those with an internal locus of control. A later study done by Organ and Green (1974) of a sample of scientists and engineers also found that the greater the degree of externality, the lower the level of job satisfaction ($r = -.37, p < .01$). Investigations done by Neal and Seeman in 1964 and later in 1967 by Seeman alone further suggested that individuals who are external in their orientation tend to be more alienated from their work setting.

Mitchell, Smyser and Weed (1975) attempted to replicate these previous studies linking locus of control to variables in the work setting. They surveyed 900 employees of a public utility company using the Working Conditions Survey to measure job satisfaction and the Rotter Internal-External Scale to measure locus of control. Their findings were generally consistent with those of earlier studies. Internally oriented subjects had significantly higher overall job satisfaction than did externally oriented subjects ($t(398) = 4.80, p < .001$). Subjects with an internal orientation were also found to be more satisfied with intrinsic outcomes such as job interest ($t(398) = 6.76, p < .001$), with their job environment ($t(398) = 3.25, p < .001$) and with such extrinsic outcomes as job security ($t(398) = 1.79, p < .10$) than were subjects with an external orientation. Kasperperson (1982) replicated Mitchell, Smyser and Weed's study (1975) using a sample of 274 hospital employees. Like Mitchell, Smyser and Weed (1975), Kasperperson's (1982) results showed that perceived job satisfaction was lower for employees with an external locus of control than for employees with an internal locus of control, but only insignificantly. The mean job satisfaction score for the external employees ($n = 37$) was 3.34 ($SD = .71$) whereas the mean score for internal employees ($n = 25$) was 3.5 ($SD = .66$).

Spector and Michaels (1986) studied 174 employees working at all levels within two mental health facilities

concerning the role of locus of control in the employee turnover process. The results of the study revealed that an external locus of control was associated with an employee's intentions to quit, but not with actual turnover. The frequent findings of earlier researchers that internally oriented employees are more satisfied with their work than externally oriented employees was again supported in this study.

Although the data from these studies are consistent in their support of the hypothesis that individuals with an internal locus of control will have a greater perceived job satisfaction than those with an external locus of control, Mitchell, Smyser and Weed concluded that the amount of variance explained by the internal-external dimension is small. That is, considering all the factors that have a bearing on one's job satisfaction, one's locus of control may only have a modest effect. Phares (1973) in his review of the locus of control literature, noted that "some have complained that the concept really only accounts for a small portion of the variance in any given study, even though it may do so consistently over many different studies" (p. 21). He suggested that this consistency is in fact the strength of the locus of control concept and that most researchers in the area are not concerned by the small variance accounted for by internal-external scores. Locus of control should be viewed as only one component in the interaction of personality, behavior and the situation.

Several other studies have attempted to examine what moderating effect the locus of control variable has on other important organizational variables. Generally, individuals more internally oriented perceive less role conflict and ambiguity (Organ & Green, 1974; Sims & Keller, 1976) and are more productive under conditions of participative decision making (Ruble, 1976) than individuals with a more external orientation. The research also suggests that individuals with an internal locus of control experience greater job involvement (Kimmons & Greenhaus, 1976), job motivation (Evans, 1974) and psychological growth satisfaction from their work (Kimmons & Greenhaus, 1976).

The importance of locus of control and personality type and their effects on job satisfaction have also been investigated. In a study of 95 registered nurses, Frost and Wilson (1983) found that subjects with an internal locus of control perceived their jobs to be more enriched than those with an external locus of control in terms of feedback from the job, general satisfaction and internal work motivation. There was a lack of relationship, however, between personality type and job satisfaction and between personality type and locus of control.

The review of the literature clearly suggests that organizational forces and structural design of a job alone do not guarantee an employee's job satisfaction. Rather, an employee brings certain values and beliefs to the work setting that can influence perceptions of the job.

Although past research supports the proposition that an internally oriented individual perceives his/her job differently than an externally oriented individual, it does not adequately explain the reason(s) for this phenomenon. Attempts have been made to better understand this relationship by examining other job-related factors such as autonomy, feedback and management style in connection to locus of control. Little attention, however, has been given to studying the conditions which lead to the development of an internal or external orientation. While considerable progress has been made and continues to be made in identifying behavioral correlates of locus of control, a more thorough knowledge of the antecedent factors associated with locus of control development is needed so that the effects of these differences can be made on other behavior and attitudes.

Power and Powerlessness

Much has been written about the need for nurses, individually and collectively, to know how to obtain and exercise power. Ashley (1973) contended that nurses have permitted themselves to be used as simply a labor force; a means of production to keep the system and its subparts operational. According to her, nurses have dwelled upon such topics as "cooperative" teamwork, "collaborative" action and the interdependence of nursing and medicine. Furthermore, she states "young nurses quickly learn that they are to use their power cooperatively and collaboratively to keep the system operative. They learn

less about the ways and means of using their power to change a system that needs changing" (p. 638). Power, when seen as a combination of authority and influence, is an essential component of the practice of any profession. This type of power is often referred to as professional autonomy. It is critically important for professionals to have power over the practice of their discipline. For professionals practicing in organizational settings, additional sources of power are also important and necessary. Specifically, job autonomy, or power over working conditions that structure work and power in determining overall organizational policies are relevant to the practice of organizationally-based professionals.

Lack of adequate control over the practice of nursing (professional autonomy) or the structuring of work (job autonomy), combined with little authority or influence over the governance of hospitals is cited in some discussions as a major impediment to professional nursing practice (Ashley, 1973; Carter, 1988; Fagin, 1988; Kalisch, 1978). Other impediments to the acquisition of personal and professional power cited in the nursing literature are economic constraints and nurses' lack of commitment to their professional beliefs (Parrish & Cleland, 1981); devaluation of the work of nurses and poor working conditions (Jacox, 1982); ritualistic practices in the administration of hospitals, societal roles and values associated with women and the dominance of physicians (Christman, 1978; Kalisch & Kalisch, 1977; Rottkamp, 1980).

Several large scale studies of nurses found that conflicts in power are one of the major causes of dissatisfaction with their jobs. Weisman and associates (1981a) conducted several studies employing a longitudinal design to study turnover of hospital nurses over a one year period. The major conclusion from their research was that nurses' dissatisfaction centered on the issues of control and career opportunities. Consequently, they recommended that efforts be focused on changing the characteristics of the job and the organizational setting to retain nurses. The strength of Weisman et al.'s research lies in the use of a longitudinal design which allowed comparison of remaining and resigning nurses, rather than simply drawing inferences about the causes of turnover either from job satisfaction studies of employed nurses, or solely from exit interviews of resigning nurses. Secondly, the study's design permitted application and testing of multivariate models of turnover and retention. This enhanced the researchers' ability to identify and assess the effects of organizational and job-related factors associated with turnover.

In a study of the nurse shortage, Wandelt, Pierce and Widdowson (1981) conducted extensive research on job satisfaction among nurses using questionnaires and small group interviews. Three thousand five hundred nurses responded. Through their responses it was found that inadequate salaries, lack of support by nursing and hospital administrators and administrative constraints

imposed on job activities were among the concerns of nurses. Within the context of prior research on nurses' job satisfaction, the large sample size of this study, as well as the input from both employed and unemployed staff nurses contributed to obtaining a broad overview of nurses' perceptions towards their work and the work setting. The information gathered in interviews lent further depth and understanding to the statistical findings of the questionnaire responses.

In these studies nurses identified specific factors related to job satisfaction which may lead to possible abandonment of professional practice altogether. Clearly, of primary importance were factors related to professionalism and the need for increased levels of control within clinical practice. In reference to nurses' perceived lack of control over their practice and matters that directly affect them, the term powerlessness is often used. The perceptions of powerlessness of 190 nurses at several hospitals were measured by Sands and Ismeurt (1986) using Guilbert's Health Care Work Powerlessness Scale. The findings showed that staff nurses perceived themselves as having higher degrees of powerlessness than did nurses in supervisory positions. These findings may indicate the effect a bureaucratic structure has on nurses. By virtue of nurses' position in a rigidly defined authoritarian organization, nurses have externally imposed constraints on their autonomy (Katz, 1969). Supervisors and educators, on the other hand, have

substantially higher rank within the power structure and are in a position to exert greater role autonomy and self-determination within their roles. Sands and Ismeurt also examined the possibility of whether hospital nurses' perceptions of powerlessness varied according to age, education, gender, work experience, length of employment, or membership in professional organizations. No significant degree of association between these variables was found using a one-way analysis of variance test. Furthermore, no significant differences between powerlessness and hospital size or ownership were found.

In a study of 171 hospital staff nurses, Bush (1983), however, found that there were some significant differences in perceptions of powerlessness in relation to education, age, years of experience and length of employment. That is, those with lower levels of nursing education, older age, seniority at the hospital and their registered nurse licensure being earned between 1930 and 1959, perceived themselves as less powerful than their counterparts. He also found that perceptions of increased powerlessness were strongly related to lower levels of job satisfaction at five of six different types of hospitals. For the nonteaching hospital, the relationship between powerlessness and job satisfaction was minimal. The variance in the findings of these studies indicated a need for further testing and research.

As can be seen, the concept of power has been the subject of much study and discussion in relation to the

advancement of the nursing profession and to the job satisfaction of nurses. Although attempts are being made to address nurses' position of powerlessness, it is believed by this researcher that the power of nurses, individually and collectively, remains largely undeveloped. As ongoing efforts are made to gain and effectively use power, research is needed to monitor whether perceptions of powerlessness continue to be a significant factor related to nurses' job dissatisfaction.

Job Satisfaction

Many studies have been conducted to understand the phenomenon of job satisfaction. It is a multivariant human attitude that has been given a variety of definitions. The fact that each researcher works on a very limited aspect of the field and defines the variable in terms of narrowly defined concepts makes it difficult to precisely define and understand job satisfaction. Furthermore, confusion is added to the subject by the fact that some researchers treat job satisfaction as a single variable or dimension, whereas others treat it as a set of dimensions. For example, a worker may report satisfaction with such aspects of the job as supervision and co-workers, yet dissatisfaction with the wages. Hackman and Lawler (1971) attempted to understand which dimensions of the job were most strongly related to job satisfaction by examining the reactions of 208 employees of a telephone company to job characteristics. The job dimensions they measured were: variety, autonomy, task identity,

feedback, dealing with others and friendship opportunities. They further measured employees' reactions to their jobs focusing on the variables of employee motivation, job involvement and general job satisfaction. The results of Hackman and Lawler's studies showed that when jobs contained a high degree of variety, autonomy, task identity and feedback, the employees tended to have greater job satisfaction. They also identified four job needs that were most predictive of job satisfaction:

1. The opportunity for independent thought and action.
2. The feeling of worthwhile accomplishment.
3. The opportunity for personal growth and development.
4. The feeling of self-esteem and self-respect one gets from being in the job.

Hackman and Lawler concluded that higher order needs were more strongly related to job satisfaction than lower order needs. Their classification of higher and lower order needs was based on Maslow's hierarchy of needs.

The work of Smith, Kendall, and Hulin (1969) provided another perspective on which dimensions are necessary to consider when determining the level of an individual's job satisfaction. They maintained that three dimensions of measuring job satisfaction should be considered: (a) the extent to which measures are evaluative rather than descriptive, (b) the time perspective to which the measure refers, and (c) the need to separate aspects of the job.

These three dimensions are encompassed in their job satisfaction tool called the Job Descriptive Index. The tool is composed of five separate scales that measure attitudes towards distinct aspects of the job situation (the work itself, opportunities for promotion, co-workers, supervision and pay). The questions posed refer to general long-term considerations of the job, as well as specific questions concerning the day-to-day operations of the worker on the job. Smith, Kendall, and Hulin contended that the frame of reference of the individual (i.e., what he feels is fair and expects) and what is experienced in relation to the alternatives available to him in a given situation would determine the individual's response regarding his job satisfaction.

Numerous research studies have been conducted to determine factors specific to the job satisfaction of nurses. Slavitt et al. (1979) conducted an exploratory study to identify the various components of job satisfaction among nurses at two separate hospitals. Of six factors that were repeatedly found in studies related to job satisfaction both inside and outside the health field, autonomy was ranked as the most important determinant by the nurses in Slavitt et al.'s study. Autonomy was defined as "the amount of job-related independence, initiative, and freedom either permitted or required in daily activities" (p. 64). They cautioned, however, that The Index of Work Satisfaction which was developed for use in the study, required further

statistical testing to improve its reliability and validity and to standardize it for general use as a management tool.

Dear, Weisman, Alexander, and Chase (1986) utilized data from the Weisman (1982) longitudinal study to compare job satisfaction and turnover between 234 intensive care unit nurses and 868 non-intensive care unit nurses at two hospitals over a one-year period. They found that the strongest determinant of job satisfaction was a sense of autonomy followed by a sense of internal control. The strongest determinants of turnover were younger age, lower perceived autonomy and lower educational level. Overall, similar levels of satisfaction were expressed by both groups of nurses.

Mottaz (1988) collected data from 312 nurses and 1,303 other workers from a variety of other occupations. He found that the level of work satisfaction among nurses tends to be lower than that of other professional occupational groups and that the intrinsic rewards of task autonomy, nature of supervision and salary are the major determinants of work satisfaction.

In a review of the literature, Hinshaw and Atwood (1984) identified 19 key determinants of the job satisfaction of nurses working in a variety of settings. Their conclusion from the review was that most studies only tested one or two influencing factors of job satisfaction at a time. Thus, the impact of all the key influencing factors acting simultaneously remains

undetermined.

Blegen and Mueller (1987) tested a causal model of nurses' job satisfaction using a longitudinal analysis of 13 causal determinants found to have consistently important effects on nurses' turnovers. Data were collected from 370 registered nurses at five hospitals using questionnaires mailed eight months apart. Unlike the findings of many other studies, autonomy was found to have little effect on job satisfaction. Rather, routinization of the work was found to have the greatest effect on nurses' dissatisfaction. This may be because other studies have not often included this variable. Lack of promotional opportunity was found to have the next largest effect on job dissatisfaction.

As can be seen, the literature contains many valuable insights into the nature and sources of work satisfaction. The findings, however, are inconsistent and therefore it is not yet possible to draw any definite conclusions. One of the reasons for this inconsistency appears to be that a key variable in one study may not even be considered in another study. Another reason for this is the difficulty in devising a conceptual model and method of measuring such a complex multidimensional concept as job satisfaction.

In summary, problems concerning job satisfaction among nurses have drawn a great deal of attention from researchers, health care administrators, educators and the general public. The literature indicated findings that

individuals with an internal locus of control report greater job satisfaction than those with an external locus of control. Studies of nurses also report that various conflicts in power are important factors in determining work satisfaction. Therefore, this study will examine the linkage between one's personal locus of control and the situational perceptions of powerlessness to a nurse's job satisfaction to determine the direction and degree of these correlations.

Theoretical Framework

Process theory, as conceptualized by Locke and Rotter's social learning theory will serve as the theoretical frameworks to examine the relationship of locus of control and perceptions of powerlessness to job satisfaction. Process theorists see job satisfaction as being determined not only by the nature of the job and its context, but by the expectations, needs and values that individuals have in relation to the job (Gruneberg, 1979). While all process theorists agree that job satisfaction depends on the relationship between the individual and his work environment, there are considerable differences of view as to which process relates to job satisfaction. At least three views have been proposed: that job satisfaction is determined by the extent of the discrepancy between what the job offers and what the individual expects (Ilgen, 1971); what the individual needs (Wofford, 1971); and what the individual values (Smith, Kendall, & Hulin, 1969). Locke contended that

expectations are only one aspect of job satisfaction. He considers needs and value fulfillment as being important as well. He claims that it is the interaction among the individual's expectations, needs and values and what the job offers in relation to these variables which give rise to job satisfaction or dissatisfaction.

For the purposes of this study, expectations are defined as the act of looking forward to outcomes with reason and confidence. Rotter's (1971) social learning theory helps provide a further understanding of the nature and development of expectations. According to his theory, individuals develop both a specific and a general expectancy about the determinants of reinforcement they receive. Through a learning process they come to expect that certain outcomes are a result either of their actions or of forces outside themselves. The theory suggests that before making a decision on a particular action, individuals will consider both the value of the outcome to them (reinforcement value) and their estimation of the likelihood or probability of its occurring (expectancy). In any specific event individuals judge their chances for success by assessing immediate situations (situational expectancy), but they also use what they have learned from past situations that seem similar to present experiences (generalized expectancy). Such generalized expectancies influence perceptions and meaning given to present satisfactions.

After his review of the job satisfaction literature

Locke (1983) found that the concept of need was not adequately defined, nor was it clearly differentiated from related concepts, such as value. His concept of need will be used here as it refers to "those conditions which are required to sustain the life and well-being of a living organism" (Locke, 1983, p. 1303). With respect to human beings, these needs include physical needs (i.e., the requirements of a healthy, properly functioning body, such as air, water, food, rest) and psychological needs (i.e., the requirements of a healthy, properly functioning consciousness such as sensory stimulation, self-esteem and pleasure). Locke stressed that needs are objective requirements of an organism's survival and well being. They exist whether the organism has awareness of them or not.

A value, on the other hand, "is that which one acts to gain and/or keep" (Rand, 1964, p. 15). Locke (1983) distinguishes values from needs in that values are acquired (learned), while needs are innate. Furthermore, certain basic needs are universal, whereas people differ in what they value.

Although expectations, needs and values interact to influence an individual's affective response towards the job, expectations may be of primary importance by defining which values and needs the individual is going to seek to satisfy in the job situation. For example, one may select a new low-paying job in the short-term because one expects that it will provide him the kinds of job-related

experiences that will aid career advancement in the long-term. In spite of the fact that one may desire more pay, dissatisfaction may be diminished with the discrepancy between his desire for a higher paying job and what one actually receives by placing a greater value on gaining experiences necessary for career advancement. If the job does indeed fulfill an individual's expectations for gaining certain experiences, job satisfaction is likely to result provided that the individual's values and needs are congruent.

In applying the locus of control and powerlessness concepts to Locke's conceptualization of process theory, it can be seen that the concepts refer respectively to the expectancies individuals possess regarding generalized outcomes and control over events in the work situation based upon their values. These expectations provide a frame of reference by which the individual makes judgments about the environment. These expectations color an individual's affective response to the job. When a discrepancy exists, for example, between what the individual expects in regard to decision making on the job and what actual role is allowed in decision-making, dissatisfaction is a likely consequence in the event the individual values the opportunity to make decisions and sees it as necessary to psychological growth and well-being.

Research Questions

Utilizing process theory, the following research questions will be examined:

1. How much variation in nurse's job satisfaction can be predicted from locus of control and powerlessness?
2. Are there statistically significant ($p < .05$) differences in job satisfaction scores among nurses with differing professional characteristics, such as primary area of practice, highest earned degree, length of employment in current position, and employment status (i.e., part-time or full-time)?

Definition of Terms

Job satisfaction: the affective response of a worker towards his/her job that is a result of the worker's experience on the job in relation to what he/she expects, needs and values from it, as measured by the Job Descriptive Index (Smith, Kendall, & Hulin, 1985).

Locus of control: the degree to which a person believes that personal action can influence outcomes in life, as measured by Rotter's Internal-External Scale (1966).

Internal locus of control: the personal belief that most of what happens to oneself is under one's personal control. External locus of control: the personal belief that most of what happens to oneself is due to the role of luck, chance or other more powerful influences outside oneself.

Powerlessness: the perception held by a worker that he/she has little or no control over events relevant to

his/her work situation as measured by Guilbert's Health
Care Work Powerlessness Scale (1979).

CHAPTER THREE

METHODOLOGY

Study Design

A cross-sectional descriptive correlational research design was used in this study to explore the relationship between locus of control and perceptions of powerlessness and their joint effect on job satisfaction of registered staff nurses at a midwestern acute care teaching hospital. The independent variables are locus of control and powerlessness and the dependent variable is job satisfaction. This study design replicated that of Bush's study (1983) of nurses at six different hospitals in western Washington. This study, however, limited its focus to nurses employed at one hospital. Data to study the research questions were obtained over a four week period in the Spring of 1991 through the use of a three-part questionnaire and nine general demographic questions. Subjects for the study were selected using a simple random sampling method.

Sample and Setting

The sample consisted of 152 registered nurses employed at a midwestern hospital. The source of subjects were registered nurses functioning in a staff nurse role,

either on a full-time or part-time basis. Licensed practical nurses or nurses functioning in an administrative or educational capacity were not included in the study.

A list of registered nurses was obtained through the hospital's Payroll Department. Nurses who held administrative or educational positions were deleted from the list. A simple random sampling of 300 nurses was done using the table of random numbers. Of this group 152 (51%) nurses returned fully completed questionnaires. This comprised approximately 14% of the 1,075 nurses employed at the hospital.

The study hospital is a 529-bed acute care teaching hospital. It is the designated trauma and perinatal center within the metropolitan area and also serves as a referral center for the surrounding area. Specialty areas include neurology, orthopedics, oncology, cardiology, urology, women's medical/surgical, operating room, out-patient surgery, emergency room, lithotripsy, cardiac catheterization laboratory, neonatal intensive care unit, labor and delivery, obstetrics, premature infant nursery, postpartum, gynecology, pediatrics and pediatric intensive care unit, medical and surgical intensive care units, medical and surgical intermediate units, ambulatory care clinic and the Aero-Med helicopter program.

Instruments

To measure the research variables of locus of control, powerlessness and job satisfaction, a three-part

questionnaire was used, consisting of the (a) Rotter Internal-External Scale (further referred to as the I-E scale), (b) Health Care Work Powerlessness Scale (Revised), and (c) Job Descriptive Index (further referred to as the JDI). Permission to use each of the three instruments was obtained.

Locus of Control

To ascertain whether a subject's generalized expectancies in respect to outcomes are internally controlled or externally controlled, the I-E scale (see Appendix A) was used. Developed by Julian Rotter (1966), the I-E scale is a twenty-nine item forced-choice scale with six filler items. Each item of the scale consists of two statements from which the subject is to select the one believed to be the most true. The items of the instrument do not directly address the preference for internal or external control, but rather with the subject's belief about the nature of the world.

Total possible scores for the I-E scale range from 0 to 23. The score is the sum of the number of external responses. A high score would indicate an externally controlled individual, while a low score would be reflective of an internally-controlled individual. Norms for males ($M = 8.15$, $SD = 3.88$) and females ($M = 8.42$, $SD = 4.06$) have been reported by Rotter (1966, p.15). In more recent studies Rotter (1971) reported the mean for both males and females as 12.50, with responses being toward the external end of the scale.

evident by the fact that locus of control has been shown to have little relationship with such variables as intelligence, social desirability and political liberalness. The construct validity of the I-E scale has been investigated in some depth through a series of studies which provided strong support for predicting certain behavioral outcomes based upon one's internal-external orientation (Rotter, 1966).

The internal consistency estimates of the scale using Spearman-Brown and Kuder-Richardson formulas were shown to be stable ($r = .73$) in a sample of Ohio State Elementary Psychology students. The test-retest reliability scores after a one-month period were fairly equivalent when tested in two dissimilar experimental groups. A test-retest reliability of .72 was obtained from the Ohio State University Elementary Psychology students. The other group tested, prisoners of a Colorado reformatory, showed a test-retest reliability of .78. A .55 test-retest reliability coefficient resulted when Rotter (1966) tested the Ohio State University students after a two-month interval. He attributed this lower finding to the fact that the first test was administered to a group and the second test was individually administered. The reliability coefficient of .77 obtained from the nurses participating in this study ($N = 152$) is consistent with the reliabilities reported by Rotter.

Powerlessness

To measure the extent to which the subject perceives control over events and decisions in his/her work situation, Guilbert's (1979) Health Care Work Powerlessness Scale (see Appendix B) was used. It consists of 14 paired, forced-choice, dichotomous statements. For each pair, one statement represents control and the other represents lack of control or powerlessness. A score of 1 is assigned to each statement checked that represents powerlessness and a 0 is assigned to those that represent control. Total possible scores for the scale can range from 0 to 14 with higher scores denoting a greater perception of powerlessness.

Content validity for the Health Care Work Powerlessness Scale was tentatively established by judgment of a panel of expert judges. Split-half reliability coefficients were determined for two small groups. In one group ($n = 6$), the split-half reliability coefficient was .72; in the other group ($n = 15$), the reliability coefficient was .81 (Guilbert, 1979, p. 37). The construct validity has not yet been established and its predictive or concurrent validity are unknown.

A reliability coefficient of .88 for the total scale was found in the study conducted by this researcher. The split half reliability using both the equal length and unequal length Spearman-Brown formulas was .85.

Job Satisfaction

The subject's affective response towards his/her job was measured by the Job Descriptive Index (JDI). The JDI (see Appendix C) was developed by Smith, Kendall, and Hulin (1969). Workers' perceptions towards the following five aspects of their work are measured: satisfaction with the work itself, pay, promotional opportunities, supervision and co-workers. For each aspect there is a list of brief phrases or adjectives accompanied by a blank space. The instructions ask respondents to indicate how well each phrase or word fits the aspect of their job in question. If the word describes their present job they are instructed to write "Y" for "Yes" beside the word or phrase; if the word does not describe their job, they are asked to write "N" for "No" or "?" in the blank for "cannot decide".

The JDI yields five scores, one for each scale. The range of scores for each area is from 0 to 54. Each question is scored 0, 1, 3, according to the given answer. A 3 is assigned to a positive/satisfied response, a 1 to a cannot decide, and a 0 to a negative dissatisfied level. The higher the score, the greater the satisfaction level. The lower the score, the more dissatisfied is the employee.

The JDI scales have been administered to several thousand employees in more than twenty different organizations in numerous geographic locations, including nursing and medical personnel (Smith, 1974). The internal

consistency reliabilities of the five JDI scales range from .80 to .88 as determined by corrected split-half correlations using the Spearman-Brown formula (Smith, 1974).

Studies done to establish the validity of the instrument have provided evidence that the scales relate to other measures of satisfaction (average $r = .70$). The average correlation between the different scales is approximately .37 (Smith, 1974). The fact that there are scores for each of the scales helps to identify relationships between different aspects of the job situation, the individual and the characteristics of the organization.

A reliability coefficient of .88 for the total scale was obtained in the present study. The internal consistency reliabilities for each of the subscales found by this researcher were not as high as those obtained by Smith. The reliability coefficients for each of the subscales were as follows: .66 (work on the present job), .85 (opportunities for promotion), .83 (people on present job), .84 (supervisor on present job), and .33 (present pay).

Professional Characteristics

The three-part questionnaire was followed by nine questions regarding personal characteristics of the subjects (see Appendix D). Four of the questions pertained to the following professional characteristics under investigation: primary area of practice, highest

earned degree, length of time in current position, and employment status.

Procedure

Data were collected over a four week period from March 6 to April 3, 1991. Prior to data collection, permission to conduct the study was obtained from Grand Valley State University's Human Subject Review Committee and the hospital's Senior Vice President of Nursing. Approximately 10 days prior to distribution of the questionnaires, nurse managers from each unit were informed via a presentation and a memorandum of the intent to survey a random sampling of staff nurses, the purpose of the study, anticipated time frame for collection of the data and the method of data collection. The importance and appreciation for their participation in responding to the questionnaires was emphasized, as well as the researcher's willingness to share the findings of the studies. During the presentation questions were answered regarding procedural aspects of the study and protection of confidentiality.

The questionnaires were distributed on-site in each nurse's mailbox. Each questionnaire was enclosed in a white sealed envelope with the nurse's name typed on the envelope, along with a cover letter (see Appendix E) and a plain brown envelope in which the nurse will be instructed to return the completed questionnaire. A consent form was not used for this study since consent of the participants

was implied by their answering and returning the questionnaire. This explanation regarding consent was addressed in the cover letter.

One follow-up memorandum (see Appendix F) was sent to all participating nurses approximately two weeks after distribution of the questionnaires to remind them to complete and return the questionnaires by the deadline date if they had not already done so and to thank them for their participation if they had completed the questionnaire. During the course of data collection, returned questionnaires were picked up daily.

No risks were identified to the participants. Their anonymity was maintained since the respondents did not have to sign their name to the questionnaire and since their name was not on the envelope in which they returned the questionnaire.

CHAPTER FOUR

RESULTS

One hundred fifty-seven nurses (52%) responded to the questionnaires sent to 300 randomly selected registered nurses. Five of the 157 returned questionnaires were excluded from the sample due to having a large number of unanswered questions. The remaining 152 nurses comprised the sample group used for this analysis. In preparation for computer analysis, scores were assigned to each response and then entered onto a coding sheet in the order of each question on the questionnaire. Analysis of the data was computed using the Statistical Package for the Social Sciences (SPSS-X) software.

Characteristics of the Sample

A large majority of the sample (95%) were female and 74% were married. Sixty-seven subjects (44%) were within the 30 to 39-year age range, followed by 55 subjects (36%) in the 20 to 29-year age range.

Of the respondents, ninety-three (61%) were employed on a full-time basis, with nearly the same number (65%) of subjects occupying their current position for five years or less. Forty-six subjects (30%) had been in their current position for 6 to 10 years. Only seven nurses had held their current position for 16 years or more.

Forty-five subjects practiced in the medical-surgical division (30%), followed by 35 subjects (23%) in adult critical care. Other specialty areas represented were neonatal intensive care unit and pediatrics (20%), obstetrics and gynecology (14%), surgery and recovery (7%), and emergency room and ambulatory clinics (6%).

The basic nursing preparation of the sample consisted predominantly of those educated in a diploma program (44%), with 30% holding a baccalaureate degree and 26% holding an associate degree. Thirty-six percent of the nurses reported that the nursing diploma was their highest earned degree, which suggests that less than a quarter of those nurses who possessed a diploma as their basic nursing education pursued their nursing education further. Thirty-four percent of the subjects reported holding a baccalaureate degree in nursing as their highest earned degree and 23% reported an associate degree as their highest earned degree.

One hundred and four subjects (69%) received registered nurse licensure during the period from 1980 to 1991, while 30 nurses (20%) became licensed during the years spanning 1970 to 1979. Only 16 nurses (11%) earned licensure during the years from 1940 to 1969.

Research Question One

The first research question of the study asked "How much variation in nurses' job satisfaction can be predicted from locus of control and powerlessness?" To answer this question, a stepwise multiple regression

analysis was performed, regressing job satisfaction scores onto the powerlessness and locus of control scores (see Table 1). A significant amount of variability in job satisfaction was explained by the powerlessness variable. Powerlessness accounted for 29% of the variance in job satisfaction scores. Locus of control accounted for none of the variation in job satisfaction scores.

Table 1

Results of Stepwise Multiple Regression: Job Satisfaction Regressed on Powerlessness and Locus of Control

Variable	Beta	Multiple R	² R	F
Powerlessness	-.54	.54	.29	59.93*

*p < .001

Research Question Two

The second research question of the study was "Are there statistically significant ($p < .05$) differences in job satisfaction scores among nurses based upon their primary area of practice, highest earned degree, length of employment in current position, and employment status?" To answer this question, the mean and standard deviation of job satisfaction scores were calculated for nurses based on each professional characteristic. One-way analysis of variance was used for the analysis of the following characteristics: primary area of practice, highest earned degree, and length of employment in current position. When the result of the one-way analysis of variance was significant at $p < .05$, a post hoc test using

the Scheffe method was performed for multiple comparisons to determine which group was different from other groups. A t-test comparison was performed between part-time and full-time registered nurses and job satisfaction.

A summary of the results of the results for each professional characteristic is provided below. A further analysis and discussion of the research results can be found in Chapter 5.

Primary Area of Practice

Means and standard deviations of job satisfaction scores of six primary areas of practice are presented in Table 2. The results from the one-way analysis of variance (ANOVA) revealed that differences in job satisfaction scores existed among the specialty groups (see Table 3), however the differences were weakly significant. The post hoc Scheffe test revealed that the groups were not significantly different at the .05 level.

Table 2

Means and Standard Deviations of Job Satisfaction Scores
Based on Primary Area of Practice

Group	n	M	SD
Medical-Surgical	45	180.9	33.2
Surgery-Recovery	11	160.8	39.8
Obstetrics-Gynecology	22	172.4	33.9
Critical Care	35	161.6	31.0
Emergency Room & Ambulatory Clinics	9	167.2	30.8
Pediatric & Neonatal	<u>30</u>	<u>182.1</u>	<u>27.2</u>
Total	152	170.8	32.6

Table 3

Results of the Analysis of Variance of Job Satisfaction
Scores Based on Primary Area of Practice

Source	df	Sum of Squares	MS	F
Between	5	11785.86	2357.17	2.29*
Within	146	149984.82	1027.29	

*p < .05.

Highest Earned Degree

Means and standard deviations of job satisfaction scores of four categories of educational preparation are provided in Table 4. As shown in Table 5, no significant differences in job satisfaction scores were found among

nurses in relation to their educational preparation.

Table 4

Means and Standard Deviations of Job Satisfaction Scores Based on Highest Earned Degree

Group	n	M	SD
Associate Degree	35	173.7	30.8
Diploma	55	167.6	33.7
Baccalaureate	52	181.0	31.7
Other	<u>10</u>	<u>161.8</u>	<u>34.5</u>
Total	152	171.0	32.7

Table 5

Results of the Analysis of Variance of Job Satisfaction Scores Based on Highest Earned Degree

Source	df	Sum of Squares	MS	F
Between	3	6262.38	2087.46	1.99*
Within	148	155508.30	1050.73	

*p > .05.

Length of Employment in Current Position

Means and standard deviations of job satisfaction scores for three categories of nurses based upon length of employment in their current position can be found in Table 6. Results from the one-way analysis of variance revealed no significant differences in job satisfaction based upon nurses' length of employment (see Table 7). Since group

sizes were highly unequal a test for homogeneity of variance was performed. Results of the Bartlett's procedure showed that the variances of the groups were not significantly different.

Table 6

Means and Standard Deviations of Job Satisfaction Scores Based on Length of Employment in Current Position

Group	n	M	SD
0-5 Years	98	176.6	30.8
6-15 Years	46	165.0	32.9
16+ Years	<u>7</u>	<u>182.3</u>	<u>51.4</u>
Total	151	174.6	38.3

Table 7

Results of the Analysis of Variance of Job Satisfaction Scores Based on Length of Employment in Current Position

Source	df	Sum of Squares	MS	F
Between	2	4782.32	2391.16	2.26*
Within	148	156446.38	1057.07	

*p > .05.

Employment Status

Means and standard deviations of job satisfaction scores for part-time and full-time nurses are presented in Table 8 along with the results of the t-test. No significant differences in job satisfaction scores were

found based upon a nurse working part-time or full-time.

Table 8

Results of the t-Test Comparison of Job Satisfaction and Employment Status

Group	n	M	SD	t
Part-Time	58	179.4	29.0	1.80*
Full-Time	<u>93</u>	<u>169.6</u>	<u>34.6</u>	
Total	151	174.5	31.8	

*p > .05.

CHAPTER 5

DISCUSSION/LIMITATIONS/IMPLICATIONS

Discussion

The purpose of this study was to survey staff registered nurses employed in an acute care hospital to determine the relationship of locus of control, powerlessness, and job satisfaction in their professional practice. A further discussion of the results of the two research questions posed in this study follows.

Research Question One

Powerlessness accounted for a significant amount (29%) of variability in job satisfaction scores, whereas the locus of control variable accounted for none of the variability in job satisfaction scores. Therefore, it can be stated that job satisfaction scores can be predicted by powerlessness, but not by locus of control scores.

In his study of nurses at six different types of hospitals, Bush (1983) similarly found that powerlessness accounted for a significant amount (22%) of the variability in job satisfaction scores. These findings do support the literature citing powerlessness, or the lack of autonomy, as one of the principal factors contributing to a nurse's job dissatisfaction.

Although the results of the stepwise multiple

regression indicated that locus of control accounted for none of the variation in job satisfaction scores, the Pearson correlation coefficient ($r = -.30$, $p < .001$) revealed a negative relationship between job satisfaction and locus of control (meaning that the more internally oriented the subject, the greater was his/her job satisfaction). The lack of significance of the locus of control variable in the stepwise multiple regression may be due to the variance it holds in common with the powerlessness variable in the regression equation. Indeed, a significant correlation ($r = .44$, $p < .001$) was found between the powerlessness and locus of control variables. This correlation is logical given that the meaning of the locus of control and powerlessness concepts are similarly related. Both concepts pertain to an individual's control over events.

The theoretical framework used to study the relationship between the research variables was congruent with the actual findings of this study insofar as a significant relationship was found between powerlessness and job satisfaction, as well as between locus of control and job satisfaction (based upon results of the Pearson correlation coefficient in the latter relationship). The interaction of an individual's expectations, needs, and values in determining job satisfaction as conceptualized by Locke is not clearly discernable in the results of this study, however. A likely explanation for this is that the instruments used to measure a subject's degree of

powerlessness and job satisfaction did not address the respondent's values or needs.

Research Question Two

The results from the one-way ANOVA showed a weakly significant difference in job satisfaction scores among nurses based on primary area of practice, however the post hoc Scheffe test revealed that groups were not significantly different ($p > .05$). In spite of the weak significance primary area of practice had on job satisfaction scores, it is interesting to note the correlation between these results and Bush's (1983) results. Primary area of practice was the only demographic characteristic Bush found to have a significant bearing on job satisfaction. In the current study the mean job satisfaction score was lowest for nurses working in the surgery-recovery areas ($M = 160.8$, $SD = 39.8$), followed by nurses from the critical care units ($M = 161.6$, $SD = 31.0$). Bush similarly found that nurses working in the operating areas had significantly lower mean job satisfaction scores ($M = 110.17$) than those in medical, psychiatric, and other areas. The overall mean job satisfaction score for nurses in the present study was higher ($M = 170.8$, $SD = 32.6$) than that in Bush's study ($M = 141.17$, $SD = 28.50$).

In light of the desirable daytime working hours that surgery and recovery room nurses enjoy, it is somewhat surprising that this group of nurses would possess the lowest job satisfaction scores. One explanation for their

dissatisfaction might be their relative isolation from other departments within the hospital. In a survey of 1,500 operating room nurses at 314 hospitals around the country, Howery (1990) identified several other job dissatisfiers specific to this group. Lack of educational opportunities, limited advancement opportunities, nonnursing tasks, politics, and lack of challenge were found to be the most dissatisfying aspects of operating room nursing. Closer examination of the surgery-recovery room nurses' responses on the subscales of the Job Descriptive Index revealed dissatisfaction to be in the areas of promotion opportunities and co-workers.

It is possible that the high job satisfaction scores for nurses working in the pediatric and neonatal units may be due to the especially high degree of specialization required of the nurses working in these areas. Their responses were overwhelmingly positive (satisfied) to questions related to the work itself on the Job Descriptive Index.

The pay for performance system at the study hospital may be an important reason that neither level of education nor length of time in current position bore a significant influence on job satisfaction scores. Under this compensation system, increased pay serves as a reward for outstanding performance, regardless of one's educational level and tenure. Although pay alone does not necessarily lead to work satisfaction, this method of compensation may serve to minimize the distinctions in worth based on

education and seniority that exist under other types of recognition and compensation systems.

The supposition that nurses employed full-time would experience greater job satisfaction than part-time nurses was not upheld in this study. Perhaps the reduced stress of working part-time contributed to their job satisfaction. This is purely conjecture, however.

The results of prior studies on how individual differences affect job satisfaction are inconsistent. These inconsistencies may be due to a variety of factors. Of primary importance, however, is the difficulty in controlling other personal variables that may also affect job satisfaction. For example, when examining the relationship between clinical specialty and job satisfaction, it is not possible to discern the interaction of other factors that may also have a bearing on job satisfaction, such as age of the subject and length of service in an organization. Furthermore, it may be impractical to attempt to develop a simple statement of relationship between job satisfaction and the professional characteristics in this study without stricter controls within the sample groups. It is therefore important to not make generalizations on the basis of the present research findings.

These research findings, at best, reaffirm the inconsistencies of earlier findings on the relationship of job satisfaction and various professional characteristics. Clearly, the research results do not permit any firm

conclusions to be drawn.

Limitations

Several threats to the internal and external validity existed in this study. Lack of control over the administration of the questionnaire posed a threat to the internal validity. In regard to the external validity, small sample size limits the generalizability of the findings to the entire hospital, as well as to nurses at other large teaching hospitals.

Because the investigator did not administer the questionnaire to the subjects in a controlled setting, it is not possible for the investigator to know the conditions under which the subjects completed the questionnaire. Some subjects may have had competing demands on their attention as they completed the questionnaire and some subjects may have misunderstood the directions and/or questions as well. It is possible that these extraneous conditions may have influenced the subject's responses, thereby posing a threat to the internal validity of this study.

Although randomly selected, the 152 subjects completing the questionnaire comprised approximately only 14% of the entire population of registered nurses working in a staff nurse capacity at the study site. The results of this research, then, can only be tentatively applied to the study hospital and only safely applied to those nurses who participated in the study. Both the unequal and sometimes small group sizes that resulted when studying

research question number two made group comparisons difficult. As a consequence, no true conclusions could be drawn.

An additional limitation of this study pertains to the low reliability coefficients obtained by this researcher on two of the JDI subscales (work on the present job and present pay). Again, interpretation of the study's results must be made cautiously given the deviation in reliability coefficients from those identified by Smith, Kendall, and Hulin (1969).

Lastly, methodological problems may also explain why no relationships were found between job satisfaction and the selected professional characteristics. The simultaneous interaction of several key determinants of job satisfaction may need to be studied, requiring more sophisticated statistical tests than used in this study.

The reader needs to keep in mind these limitations when examining the results of this study. Nonetheless, the study holds implications for nursing educators and administrators, as well as hospital administrators. These implications, along with recommendations for future research will be discussed in the following sections.

Implications

The findings of this study support the notion that powerlessness among nurses remains a major factor negatively influencing job satisfaction. In light of this, efforts by nursing and hospital administrators should be made to increase nurses' autonomy by providing

greater opportunities for staff nurse participation in policy decision making, particularly in matters directly affecting them. Management of their own staffing, scheduling, and educational opportunities are just a few examples of means to increase a staff nurse's control over the work environment. Staff nurse involvement on hospital-wide committees dealing with organizational issues such as quality assurance, cost containment, compensation, recruitment, and retention is another means of enhancing autonomy. Perhaps most importantly would be joint participation between nurses and physicians in planning patient care. In these respects staff nurses could exert their influence over issues regarding their clinical practice and their work environment.

The results of this study also hold implications for nurse educators. Educators must initiate curriculum changes that prepare the nurse to function in a bureaucratic system of health care delivery. And, secondly, nurse educators need to foster development of the skills, strategies, and attitudes necessary for attaining and using power within health care organizations. Nurse managers and nurse educators must work together to strengthen this aspect of the nursing education process.

Recommendations for Future Research

To improve the generalizability of this study, several recommendations are offered when replicating the study. First, a larger sample size is suggested to better

represent all specialties and sub-groups under study. Secondly, the study should be conducted at other types of hospitals, such as non-teaching, profit, non-profit, small, and one with an established shared governance system for nurses. The independent effects of these factors could then be studied and compared in reference to nurses' job satisfaction.

Much of the research to date on job satisfaction relies heavily on the use of descriptive design as did this study. Hinshaw and Atwood (1983) recommend the use of predictive or causal models for understanding the preventative factors for nurses' job dissatisfaction. Thus, the results of descriptive research could be taken a step further by studying the impact of innovative interventions aimed at improving staff nurses' autonomy.

Summary

The purpose of this study was to examine the relationship between job satisfaction, powerlessness, and locus of control as perceived by registered nurses in their professional practice, as well as to determine the effect of selected personal demographic characteristics on job satisfaction. It was found that powerlessness, not locus of control, contributed significantly to the variation in nurses' job satisfaction. Secondly, no significant differences in job satisfaction scores were found among groups of nurses based on their highest earned degree, length of time in current position, and employment status. Only a weakly significant difference in job

satisfaction scores existed among clinical specialty groups, however no differences existed after the post hoc Scheffe was performed.

The major findings of this study support the results of earlier research that identified clinical and organizational control as an important determinant of nurses' job satisfaction. Much remains to be understood in regard to the interaction of job-related and personal characteristics and their effect on job satisfaction, however. Therefore, additional research is needed to clarify conclusions of this and prior research, to identify the necessary revisions in nursing school curricula, and to identify the means to empower staff nurses within the organizational setting of the hospital.

Appendices

PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

**Appendix A, Rotter Internal-External Scale,
54-57**

**Appendix B, Health Care Work Powerlessness
Scale, 58-60**

Appendix C, The Job Descriptive Index, 61-65

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APPENDIX D

GENERAL DEMOGRAPHIC INFORMATION

Please check the appropriate number left of each item.
Please be sure to make ONLY ONE choice in response to each question.

I. Education Background:

a. What is your basic nursing preparation?

- ☐ 1. Associate Degree Program
- ☐ 2. Diploma Program
- ☐ 3. Baccalaureate Program

b. What is your highest earned degree?

- ☐ 1. Associate Degree in Nursing
- ☐ 2. Diploma of Nursing
- ☐ 3. Baccalaureate in Nursing
- ☐ 4. Other (please specify) _____

II. Work Experience:

a. Your primary area of nursing practice:

- ☐ 1. Medical/Surgical
- ☐ 2. Surgery/Recovery
- ☐ 3. OB/Gyn
- ☐ 4. Critical Care
- ☐ 5. Emergency Room
- ☐ 6. Pediatrics
- ☐ 7. Other (please specify) _____

b. Year in which you received license as a registered nurse:

___1. 1940-1969

___2. 1970-1979

___3. 1980-1990

c. Length of time in your current position at this hospital.

___1. 0-5 years

___2. 6-15 years

___3. 16+ years

d. Employment Status:

___1. Full-time

___2. Part-time

III. Personal Data:

a. Which age group reflects your age on your last birthday?

___1. 20-29 years

___2. 30-39 years

___3. 40-49 years

___4. 50+ years

b. Your gender:

___1. Female

___2. Male

c. Marital Status:

___1. Never married

___2. Married

___3. Divorced or widowed

Thank you for taking the time to complete this questionnaire.

APPENDIX E

March 6, 1991

Dear Nurse Colleague:

I am a nurse at Butterworth Hospital and a master's student in nursing at Grand Valley State University. I am conducting a study regarding certain influences on registered nurses' job satisfaction for my master's thesis.

My study employs three questionnaires that should take approximately twenty minutes of your time to complete. I would appreciate your completing and returning the questionnaire in the enclosed envelope by April 3rd. Please return your completed questionnaire by placing it in the outgoing mail box on your unit. Your consent to participate in this study will be implied by answering and returning the questionnaire. The anonymity and the confidentiality of your responses will be protected during the investigation and in reporting the results.

A summary of the results will be available to you upon request. If you have any questions or concerns regarding the study, please contact me at 942-6023.

Thank you for your cooperation and participation in this research project.

Sincerely,

Evelyn Wirsing, R.N.
Grand Valley State Univ.
M.S.N. Student

APPENDIX F

March 25, 1991

Dear Nurse Colleague:

Approximately two weeks ago a questionnaire asking for your perceptions on job satisfaction was given to you.

If you have already completed and returned the questionnaire, thank you. If not, I would appreciate your doing so and returning it by April 3rd (please return it by placing it in the outgoing mailbox on your unit). It is very important that your responses be included in my study.

Thank you again for your cooperation and participation in this research project.

Sincerely,

Evelyn Wirsing, R.N.
Grand Valley State Univ.
M.S.N. Student

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