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## The Relationship Between Organizational Climate in the Hospital and RN Satisfaction

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**THE RELATIONSHIP BETWEEN  
ORGANIZATIONAL CLIMATE IN THE HOSPITAL  
AND RN SATISFACTION**

**By**

**Dawn R. Shoemaker**

**A THESIS**

**Submitted to**

**Grand Valley State University**

**in partial fulfillment of the requirements**

**for the degree of**

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## **ABSTRACT**

### **THE RELATIONSHIP BETWEEN ORGANIZATIONAL CLIMATE IN THE HOSPITAL AND RN SATISFACTION**

**By  
Dawn R. Shoemaker**

**The purpose of this study was to explore the relationship of organizational climate in the hospital and RN satisfaction. This study examines the hospital work climate and how it affects the level of quality of care, cost-efficiency, and job satisfaction. A meta-analysis (Irvine & Evans, 1995) with Maslowian underpinnings as the basis of the conceptual framework of job satisfaction and organizational climate was used in this study. A secondary analysis was preformed on previously obtained data from a large scale database (n=330 registered nurses). This descriptive correlational study utilized two main instruments, both of which were modified for this study: the Nurse Organizational Climate Descriptive Survey (NOCDQ-B) which measured Unit Organizational Climate and the Work Quality Index (WQI) which measured RN satisfaction. Personal characteristics of the registered nurses were collected using a Demographic Questionnaire. Both total scores and selected dimensions of subscales were analyzed in order to investigate relationships. The findings of this study showed moderately to strongly positive relationships between some of the subscales of organizational climate in the hospital and RN satisfaction. No statistically significant results were found between the demographic variables and either the various subscales of organizational climate or RN satisfaction. Knowledge of certain variables of unit organizational climate will help nurses and nurse managers identify satisfiers that will correspond with high retention and quality care in the hospital. Implications for nursing practice and future research will be further discussed.**

## **DEDICATION**

**In memorial of:**

**My mother, Joyce Evers,  
who taught me discipline.**

**My father, Thomas Evers,  
who always had such a kind heart.**

**Dedicated to:**

**My husband, Chuck Shoemaker,  
who has always supported my endeavors.**

**My son, Joshua Charles Shoemaker,  
who truly is a "GIFT" from God,  
and who taught us that all goods things  
are worth waiting for.**

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## **CHAPTER ONE INTRODUCTION**

**Turmoil and uncertainty in the reform of the health care system creates stress for hospital and nursing administrators, as well as nursing staff. Nationwide trends in the 1990's show that hospitals are economically driven by the mandate of cost-containment (Ketter, 1994). Several other reasons for the related restructuring include: changes in length of patient stay with subsequent lowered census, increased use of prospective payment in managed care programs, and a shift from inpatient care to ambulatory and outpatient care. Downsizing and "merger mania" are sweeping America in an attempt to constrain costs.**

**Amidst this health care reform and restructuring, the work environment in the hospital is going through dramatic changes. Restructuring and nurse role redesign in hospitals include changes in skill mix (i.e., working with more non-licensed workers or health care assistants), cross-training, and in some hospitals, layoffs. All these changes fuel the flame of uncertainty about the future of care delivery and job security, generate feelings of frustration and being devalued, and add to an already stressful environment (Klavovich, 1994). Nurses desire to give cost-effective and professional care, but they perceive that they are not always able to do so in an environment of turbulent change. Nurses' professional tradition of excellence, a tradition of quality care and efficiency, is being threatened. Since a climate of excellence in the delivery of patient care goes hand-in-hand with job morale, nurses' job satisfaction is likewise in turmoil.**

**In the search for excellence in the hospital work environment, many variables are considered. Excellence is evaluated in three major realms: for patients, satisfaction and quality of care; for staff, empowerment and job satisfaction; and for**

management, productivity and efficiency (Peters & Eigsti, 1991). The search for a climate of excellence in the work environment and how this climate relates to job satisfaction (Kramer & Schmalenberg, 1991) has been extensively studied. Job satisfaction may be considered as an end in itself, a right of its own, or it may be regarded as a contributor to other attitudes and outcomes which, in turn, may permeate into many other areas of life (Locke, 1983). Both the consequences and the antecedents of job satisfaction are important to study, in order to more fully understand the complex inter-relationships.

Job satisfaction is a multi-faceted construct, which when exhibited as low satisfaction, often has had many negative consequences and outcomes. Especially low degrees of job satisfaction have been reported in the human services organizations, such as nursing, when compared to other types of organizations (Glisson & Durick, 1988). Further, the effects of a worker's attitude toward one's job can infiltrate into other attitudes in life toward one's family, others, and self. Locke (1983) quotes Burke (1969/1970) who found significant correlations between job dissatisfaction and physical health symptoms and Palmore (1969) who connected variables of job dissatisfaction with longevity. Locke further cites Kornhauser (1965) in studies dealing with relationships between job satisfaction and the total mental health index of workers. Finally, although most references in the literature do show a relationship between job satisfaction and both performance and productivity (Chambers, 1990), the studies that Locke cited did not show such a relationship.

Other consequences of problems with low job satisfaction are documented in the literature. Perhaps, the most frequently given outcome is the causal relationship to turnover ( Alexander, Weisman, & Chase, 1982; Blegen, 1993; Blegen & Mueller, 1987; Goodell & Coeling, 1994; Price & Mueller, 1981, 1986; Tumulty, Kohut & Jernigan, 1994). Nurses' turnover rates, according to Blegen & Mueller (1987), have

at times been estimated in the 1980's to be from 30% to 50%. High turnover rate can then lead to further hospital employment instability, increase the costs of orientation and recruitment, and inversely affect the conveyance of high-quality patient care. Although, turnover rates have stabilized in the 1990's, due to economic shifts, RN retention and quality care are still important issues. Another problem also related to job satisfaction is absenteeism which feeds into increase costs for the hospital. The research of Tumulty et al. (1992) showed a significant link between job satisfaction and other factors, such as, retention, patient satisfaction, and quality of care. Compounding all these factors, job stress and burn-out (Mansfield, Yu, Vicary, & Packard, 1989) have been found to be inversely related to job satisfaction.

The antecedents of job satisfaction have been categorized in many possible ways. But two major categories, either (1) work-related, (eg. organizational characteristics or job characteristics), or (2) worker or person-related factors are usually presented. The first factor of organizational climate or work environment is becoming a more dominant topic of research in the changing environments of the 1990's. The situational variables which are usually studied include working conditions: physical features (such as ambient room temperature and color design), the age of the organization, managerial style of leadership, self-governance, professionalism, primary care versus increased use of HCAs (Health Care Assistants), and social interaction with co-workers (Blegen, 1993; Curran & Minnick, 1989; Duxbury, Henly, & Armstrong, 1982; Glisson & Durick, 1988; Ketter, 1994; Weisman, Alexander & Chase, 1981).

The second factor in the work-related category, i.e., job characteristics, has been the most frequently studied. Many job characteristics have been studied, but the most salient characteristics include: work in general, pay, promotions, routinization, feedback, task variety, motivating potential, and autonomy (Blegen, 1993; Blegen, Good, Johnson, Maas, McCloskey & Moorhead, 1992; Blegen & Mueller, 1987;

Glisson & Durick, 1988; Roedel & Nystrom, 1988). Jobs that offer high degrees of the characteristics that are enriching to or valued by the person tend to result in higher job satisfaction.

The studies of the person-related characteristics and their effect on worker attitudes in the work environment have had considerable disagreement in their results. Certain mediating variables, such as, alienation or growth-need strength may moderate the orientation of a job characteristic on the attitude of the worker. Another view is that a worker's subjective values have a more important effect than do needs on attitude. Further, the general dispositional model of the worker espouses that there may be a tendency that exists independent of needs or values which are or are not satisfied (Glisson & Durick, 1988). Many personal characteristics of nurses have been studied including: locus of control (Bush, 1988; Hart, 1988), recognition (Blegen et al., 1992), powerlessness (Bush, 1988), personal control (Blegen, 1993), self-efficacy (Gibson, 19991), and self-esteem (Blegen et al., 1992). Likewise, RN demographics (age, tenure, years of experience, unit specialty, role, and education) have been evaluated. Education and its association to job satisfaction have often shown mixed results, but there is some indication that bacclaureate nurses may have increased sense of powerlessness and decreased job satisfaction (Bush, 1988). Increased age and tenure (Parasuraman, 1989) of the nurse is sometimes associated with a greater sense of job satisfaction.

Often these studies of personal characteristics, with conflicting results and their subjective perceptions, indicate that attention needs to be refocused away from the individual and toward the broader organizational or situational context. Perhaps, the attitude of the worker is more related to the structural context of the work environment than to the individual predispostions. Studies have shown that the perceived work environment or unit climate of the hospital staff nurse does has a direct effect on job satisfaction and retention of nurses (Chambers, 1990; Gillies,

Franklin, & Child, 1990; Nakata & Saylor, 1994; Tumulty& Kohut, 1994). While there are few and scattered studies on nursing organizational climate in comparison to the considerable research on nursing job satisfaction, much more research needs to be done to more fully explore the relationships of both organizational climate and job satisfaction and how as these variables covary. Demonstration of a relationship in organizational climate to job satisfaction may assist nurse managers to target strategies for changing the environment. Interventions taken by nurse managers to improve the unit climate will empower staff, and the empowered nurse may have increased feelings of job satisfaction. In a climate of excellence with an improved sense of job satisfaction, both nurses and nurse managers will be able to adapt to the massive changes in the health care system and to provide continued quality patient care.

### **Purpose**

The purpose of this study is to examine the relationship of unit organizational climate in the hospital to RN job satisfaction. Knowledge of certain variables of unit organizational climate will help nurses and nurse managers identify specific satisfiers that will correspond with high retention and quality care in the hospital.

## CHAPTER 2

### CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

#### Conceptual Framework

The general umbrella term of content theory, as a major category of models to explain job satisfaction and as compared to process theory, is the foundation of how job satisfaction is conceptualized in this work (Locke, 1983). Content theorists attempt to specify the precise needs or values that must be satisfied in order for a person to be satisfied with their job. This is compared to process theorists who attempt to identify the classes of need/value variables and how these variables interact in order to delimit general job satisfaction. Process theorists view job satisfaction as being determined by the expectancies, needs and values that each person has, along with the cognitive and affective processes that occur on the job. Content theorists focus more on the specific job characteristics and the contextual situation, the person within the work environment.

#### Job Satisfaction

The two major content theories are Maslow's Need-Hierarchy theory and Herzberg's Motivator-Hygiene theory. Maslow's theory (1954, 1970) posits that a person has an ascending order of five basic needs: physiological (food, water, air, etc.), safety (free from economic and physical threats or harm), belongingness and love, self-esteem (both mastery/achievement and recognition/approval), and self-actualization. His theory espouses that the lower order needs, or the more prepotent needs, must be fulfilled before the higher order or the less prepotent needs are sought or desired (Locke, 1983). For example, most physiological needs should be fulfilled before the need for safety will motivate. This does not mean that all the more

prepotent needs must be fully satisfied, but that the lower needs should be more relatively fulfilled than the higher needs, even before a person is motivated by self-actualization.

Although Maslow did not develop his theory originally as a theory of work motivation, his Need-Hierarchy theory can be applied as a way to understand incentives to job satisfaction. When Maslow's theory is applied to a work situation, it implies that workers may require adequate pay and job security before they can strive toward personal achievement or job satisfaction (Goodell & Coeling, 1994). Some criticisms of Maslow include certain inconsistencies: are these needs necessarily universal or is the hierarchy sequential; and there is confusion in the distinction between needs and values, and between actions/behaviors and felt desires (Munson & Heda, 1974). Yet, in general the theory is supported and indicates that the optimal job environment for a given person would be one that fits most closely to his positions on the need hierarchy.

Herzberg's (1959) Hygiene-Motivator theory proposes a two-factor need theory, which may be conceptualized as compressing the five-level theory of Maslow. Herzberg's Hygiene factors (similar to Maslow's lower-order needs), such as salary, physical working conditions, and security, if not fulfilled, would lead to job dissatisfaction. The Motivator factors (similar to Maslow's higher-order needs) are those that fulfill the need for growth achievement and motivate workers toward high productivity. The fulfillment of higher-order needs is required for job satisfaction. The study of Herzberg has been criticized for both its retrospective methodology and its sample of chiefly male accountants and engineers, and for the mixed support of his theory in other studies (Munson & Heda, 1974). However, the basic premise underlying his theory is popular—the differences in conditions and attitudes that determine productivity and satisfaction.



Building upon the work of Maslow (1954, 1970) and Herzberg (1959), are other theorists, such as Munson and Heda (1974), who developed a tool and modified theory for job satisfaction. Their focus was on organizational satisfiers rather than on individual needs, although both parts are involved in the interaction. They have a four level scale of needs or satisfiers. Extrinsic satisfaction (fairness, job security, financial rewards) are on the bottom level. Next comes interpersonal satisfaction (opportunity, understanding of others), which is similar to Maslow's (1954,1970) belongingness. Then, involvement satisfaction (authority, determination, goals) appears to be the closest to a satisfier of ego needs. And at the top, intrinsic task satisfaction, is similar to Maslow's self-actualizing needs. Their tool included levels of relative importance and the degree or amount of satisfier a person perceives as available, but does not include elements of Maslow's prepotency.

The conceptual framework used for this study is based on a meta-analysis derived by Irvine and Evans (1995). This theoretical model has strong Maslowian overtones and, thus, may be considered under the rubric of content theory. This meta-analytic study attempts to explain the causal relationship between the determinants of job satisfaction, behavioral intentions, and nurse turnover behavior. The work of Mueller and Price (1990) and their summarization of the three disciplines that affect nurse turnover behavior is primarily used in this meta-analysis as a basis of conceptualization. The three disciplinary perspectives include: economists, who stress market forces and financial pay; sociologists, who emphasize the structural characteristics of the work environment and work content; and psychologists, who underline individual traits psychological processess. Irvine and Evans (1995) propose to show how the attitudinal component (job satisfaction) relates to the decisional component (behavioral intentions) and the behavioral component of turnover. Although turnover is often mentioned in this model and in the literature, the focus of

this research is on the determinants of job satisfaction, chiefly unit climate, and the attitudinal component of job satisfaction.

Irvine and Evans (1995) found that job satisfaction has a strong positive relationship with behavioral intentions; while, likewise, behavioral intentions have a strong positive relationship with turnover. Job satisfaction was found to have a small negative relationship to turnover. Certain modifiers, such as the operationalization of behavioral intentions (intent to leave, intent to stay, intent to search) and the time lag, may explain some of the mediating effect of job satisfaction upon turnover. The economic, structural, and psychological correlates of job satisfaction were found to be related to turnover primarily through the relationship with job satisfaction. Of these three variables the structural correlates of work content and work environment had a stronger relationship with job satisfaction than either economic or individual difference variables.

The economic factors, such as pay, alternative employment opportunities and shifting economic markets, have been found, for the most part, to have smaller correlations with job satisfaction and behavioral intentions than the structural factors. The psychological variables, also, showed less effects on job satisfaction than did the structural variables. The sociological/structural variables identified in this model include both job content and work environment factors. Characteristics of the job (routinization, autonomy, and feedback) or characteristics of how the work role is defined (role conflict, role ambiguity, work overload) have strong effects on job satisfaction. Characteristics of the work environment (management relations, leadership style, stress, advancement opportunities, and participation) also have strong effects on job satisfaction.

### **Organizational Climate**

In this thesis the facets of job satisfaction are limited to the structural variables, chiefly that of work environment, which is used synonymously with the term

organizational climate. It can be argued that the work environment as a structural factor is a chief and determining need for job satisfaction. The climate of work environment has been defined by Foreman and Gilmer (1964), in their classic business and industrial studies, as a set of characteristics of an organization which are relatively stable, differentiate the uniqueness of the organization, and influence the behaviors or outcomes of the members. They discussed systems of stimuli, limits of freedom, and the concepts of rewards and punishments. One criticism of this definition is that it may be so broad and encompassing, that it is too general conceptually. It may be too global and objective in that it makes little contribution to organizational theory (James & Jones, 1974).

In 1970, Campbell et al. further evolved the concept of organizational climate in their studies of business management (as cited by James & Jones, 1974). The authors included the element of need arousal and how individual perceptions of the organization influence their behavior. Campbell et al. found four common factors in organizational climate. These dimensions include: (1) individual autonomy, (2) degree of structure imposed upon the position (managerial structure), (3) reward orientation (rewards, general satisfaction, and achievement orientation), and (4) consideration, warmth and support (managerial support and nurturance of subordinate). These authors felt that this list of factors was too small and much more investigation should be done to be complete.

Continuing in the same vein of perceptual importance and aggregate consensus, Pritchard and Karasick (1973) gave their conceptual synthesis from definitions in other studies. They gave a comprehensive definition of the organizational climate as "a relatively enduring quality of an organization's internal environment distinguishing it from other organizations; (a) which results from the behavior and policies of members of organization, especially top management; (b) which is perceived by

members of the organization; (c) which serves as a basis for interpreting the situation: and (d) acts as a source of pressure for directing activity" (p.126).

A wide range of definitions may somewhat contradict and include diverse variables, depending on the perspective taken, which all adds to the confusion. The perspective taken by Halpin and Croft (1962) in their studies of the educational climate of elementary schools, was to emphasize the interpersonal relationships. Halpin and Croft conceptualized a definition of climate similar to the definition of Pritchard and Karasick (1973), but also, focused on organizational attributes reflecting a convergence of members' perceptions rather than just focusing on individual attributes. They originated the Organizational Climate Description Questionnaire (OCDQ). In their emphasis on interpersonal relationships two groups of behaviors are defined: the leader's behavior and the subordinate's behavior.

The leader's behavior includes the aspects of: aloofness, production emphasis, thrust, and consideration (Duxbury et al., 1982). Aloofness is behavior of the leader that "goes by the book", is formal and impersonal. Production emphasis is behavior by the leader which is highly directive and is characterized by close supervision. Humanistic thrust is behavior by the leader which motivates the subordinates, especially by the example one sets. Consideration is behavior by the leader which includes warmth and the inclination to try to do a little something extra for subordinates.

The subordinate's behavior includes the aspects of: disengagement, hindrance, esprit, and intimacy (Duxbury et al., 1982). Disengagement is a subordinate's tendency of "going through the motions" or to be "not in gear" with respect to the given task. Esprit or morale is the subordinate's sense of their social needs being satisfied and a sense of work accomplishment. Hindrance is a subordinate's feelings that the leader encumbers them with routine duties, committees or other "busywork". Intimacy is a subordinate's enjoyment of a satisfying social-needs relationships.

Halpin and Croft (1962) regard organizational climate as comparable to the personality of an individual. This is similar to how Moos et al. (1986), the developers of the Work Environment Scale (WES), view the social climate of work environments. They, also, conceptually view organizational climate as the perceived interrelations between the leader and the subordinates. Moos et al. identified three common dimensions in the work environment: (1) relationship (involvement, peer cohesion, and supervisor support); (2) personal growth (autonomy, task-orientation, and work pressure); and (3) system maintenance and change (clarity, control, innovation, and physical comfort). There is much overlapping, but a little shifting, between the variables of both the OCDQ and the WES. Halpin and Croft focus a little more on the personality of the leader, while Moos et al. incorporate more of systems theory.

Organizational climate should be differentiated from other similar concepts, which also have known influence on job turnover. The organizational characteristics include the size, location (rural or urban), ownership (corporate or noncorporate), opportunity and pay—the macro picture. Another organizational attribute, group characteristics, include age, tenure, education, shift, and supervisory/patient responsibility (Chambers, 1990). These two are different than organizational climate, as defined by Pritchard (1973) or Halpin and Croft (1962), which may simply be called the personality of the organization or unit.

Organizational climate should, also, be conceptually differentiated from organizational culture. Flarey (1993) described climate as more of the perceptions or feelings that an individual has regarding the organization or work environment. While culture, more subtly and broadly, is the shared beliefs, values, and assumptions, that members develop in order to get a task done. Similarly, Deal and Kennedy (1982) describe culture as "the way we do things around here". Climate is more the individual perceptions and feelings, while culture is more the way to predict

the common, expected behavior. Climate may result from culture, but they are not the same. Over time, the climate may affect the culture. A manager may have more control over changes in climate or environment than over culture (McDaniel & Stumpf, 1993).

#### **Linkage between Organizational Climate and Job Satisfaction**

The climate-satisfaction relationship has theoretically been shown to covary (Payne, Fiheman, & Wall, 1976). Although the two are definitely interactive, evidence has shown that manipulation of climate does lead to increased satisfaction. Whitley and Putzier (1994) developed a way of looking at nurses' satisfaction and an instrument of six subscales, the Work Quality Index (WQI), that measures nurses' satisfaction with their work environment as well as with other job properties. In Scale one, professional work environment, nurses want an environment where they have a say and where there are opportunities of advancement/professional growth. The second scale, autonomy of practice, encourages nurses to make autonomous patient care decisions and provides intellectual stimulation. The third scale, work worth to self and others, shows that nurses want to make contributions to the hospital, profession, and a personal sense of achievement. The items in scale four, professional relationships, show that nurses want supportive relationships especially with their peers and physicians. Scale five, professional role enactment, supports that nurses want work with a variety of challenges and completion of tasks. The last scale, benefits, include such items as childcare, money for education, parking, and other diverse gains. Threaded throughout the WQI is the premise that nurses want a work environment where they are valued, challenged and recognized.

Another study conducted using a tool with similar items to the WQI (Whitley & Putzier, 1994) was done by Mueller and McCloskey (1990). Job satisfaction has been defined by Mueller & McCloskey (p.113) as "the degree of positive affective orientation toward employment". Mueller and McCloskey devised the

**McCloskey/Mueller Satisfaction Scale (MMSS). They developed a model which meaningfully categorizes eight major factors found frequently in the job satisfaction literature into three Maslowian dimensions. The dimension of Safety included the factors of: extrinsic rewards (salary), family balance, and scheduling. The dimension of Belonging subsumed two factors: co-workers (peers and physicians) and interaction (social contact and care method). The third dimension of Autonomy, which could be called Maslow's self-esteem level, encompassed the factors of professional opportunity, recognition (supervisor, peers), and control/responsibility.**

**Although McCloskey and Mueller's model has many similar concepts to the meta-analysis of Irvine and Evans (1995) and to the instrument of Whitley and Putzier (1994), there is some shifting in the arrangement of layers. Some of the factors that Mueller and McCloskey classified as psychological level were classified by Irvine and Evans as their structural/social level. Irvine and Evans has a greater emphasis on the characteristics of the job and the work environment. The first two scales of Whitney and Putzier could be considered Autonomy. The next three scales could be categorized under McCloskey and Mueller's dimension of Belonging. The final scale could be seen as a Safety need.**

**Job satisfaction should be distinguished from another conceptually similar term, i.e., organizational commitment. Locke (1983, p. 1300) defines job satisfaction as the "positive emotional state resulting from the appraisal of one's job or job experiences." On the other hand, Mowday, Porter, and Steers (1982) define organizational commitment as having three dimensions: a strong belief in the organization's goals and values; a willingness to exert considerable effort on behalf of the organization; and a strong desire to remain a member of the organization. Job satisfaction signifies a positive affective inlevel resulting from the perceptions or evaluation of the job. Organizational commitment indicates an evaluation of the organization as a whole (Parasuraman, 1989). Both satisfaction and commitment**

have been found to be correlated to turnover, although there may be different strengths of relationships or other possible indirect pathways (Parasuraman, 1989; Savage, Simms, Williams & Erbin-Roesemann, 1993). Glisson (1988) has suggested that employee or group morale may be a combination of both satisfaction and commitment.

Looking again at the model by Irvine and Evans (1995), one can see how job satisfaction fits in the grand schema of it all. Structural factors, such as work environment and work context, do affect job satisfaction; this is the thrust of this research. The strength and direction of the relationship of work environment and job satisfaction often vary and have yet to be more fully studied. Other factors, both economic and psychological, also affect job satisfaction; but according to Irvine and Evans (1995) these factors may not affect job satisfaction as much as structural factors. After looking at the determinants of job satisfaction, one can then understand how job satisfaction influences other attitudes and behaviors, such as stress, burnout, and turnover, although these are not the emphasis of this research.

### **Review of the Literature**

Extensive research has been documented in the nursing literature on the topic of registered nurse (RN) satisfaction and the impact of job satisfaction on nurse turnover. A representative review of the nurse satisfaction literature with both the commonalities and the differences is given here. Conversely, a review of the climate literature is much more sparse in the nursing journals. The early studies on organizational climate took place in the arena of management, business, and education. In the current literature, a little more emphasis is being focused on the influences of the organizational climate or the work environment, specifically as being applied to the field of nursing.



## **Job Satisfaction**

**Blegen and Mueller (1987) examined a causal model of nurses' job satisfaction using longitudinal analysis of thirteen determinants and five correlates which had been found to affect job satisfaction. Questionnaires, at two different time intervals eight months apart (January and August, 1986), were sent to all the hospital employees of five short-term, acute care Rocky Mountain area hospitals. The final sample (n=370) included all registered nurses who returned both questionnaires. Variables, in descending order of importance, included: routinization, promotional opportunity, distributive justice, age, day shift, workload, kinship responsibility, and opportunity for jobs outside the employing hospital. Routinization had the largest effect on satisfaction. Blegen and Mueller argue that the variable of routinization has not been addressed enough in the literature and should be more thoroughly studied. The variable having the most stable effect on satisfaction with factor analysis (controlled for similar variable such as workload and autonomy) was the day shift. Interestingly, the variable of autonomy, which is one of the most commonly researched concept in the nursing literature, was found to have little effect on job satisfaction. One limitation of this study was that Blegen and Mueller approached the concept of job satisfaction as a unidimensional concept, which severely limits the depth of understanding.**

**Hinshaw, Smeltzer and Atwood (1987) tested a five-stage theoretical model using a non-experimental, causal modeling design, in order to target innovative strategies for nursing retention. Data were obtained from 1597 nursing staff members; 63% of the sample were registered nurses (n=1002), 8% were licensed practical nurses, and 19% were nursing assistants. Their studies showed that job satisfaction buffered job stress while job stress had no direct effect on anticipated turnover but only influenced job satisfaction. When looking at the educational preparation of the nurses, group cohesion was found to be more important to**

baccalaureate than diploma prepared nurses in predicting turnover. When comparing the area of clinical service (critical care versus medical/surgical units), organizational job satisfaction was found to be important to both areas of service. These results suggest that the leadership in nursing need to focus more on administrative style, professional growth, and higher group cohesion among colleagues.

Mueller and Price (1990) argued for an integrated model of determinants of voluntary turnover which include the economic, psychological, and especially the sociological elements. They collected data from all registered nurses (n=135) who were newly employed and working for a large midwestern hospital between the months of June 1983 and October 1984. The questionnaire used multiple instruments to measure the variables. The authors' main objective to demonstrate that explanatory variables from the economic, psychological, and sociological traditions are all important in explaining turnover was supported. One of the most unusual findings was that job satisfaction was reduced when there was a perception of favorable external labor market and when pay was high. A possible explanation for the negative effect of pay was that of the Moral Dimension, that people are motivated by community, family, and work bonds in such a way that is non-rational and does not fit the means-ends schema. Job satisfaction, as expected, was positively affected by work group cohesion, task identity, and work motivation. Job satisfaction, commitment, and intent to stay were found to be critical as mediating variables for turnover. There were few variables in this study which had significant effects on turnover; this may be due to a small sample size. Another limitation could be that of restricted variance, that is, restricting the analysis to one occupational group in one hospital. Sometimes the vague distinction between job satisfaction and commitment was confusing.

In a similar study, Parasuraman (1989) attempted to synthesize several variables into an integrated model of turnover. This study included a sample of 307 nurses

employed full time in a large metropolitan hospital. The majority (69%) of the respondents were non-supervisory nurses (registered nurses and licensed practical nurses), while the other 31% represented nurses in various supervisory positions. The Job Diagnostic Survey (JDS) with the five core task dimensions by Hackman and Oldham (1975) was used. The results of the multiple regression analyses showed that personal/demographic and organizational/job experience variables explained 36% of the variance in felt stress. Felt stress together with the preceding variables accounted for 35% and 34% of the variation in job satisfaction and organizational commitment, respectively. As expected, these variables were found to be related to turnover only indirectly through their mediating effects of the attitudes of felt stress, job satisfaction, and organizational commitment. Some of the low degree of explanatory variance in turnover behavior (6%) could be due to the low base rate of turnover in this sample (11%). The low explanatory power could also be due to the inclusion of both supervisory and non-supervisory nurses in the study. This comprehensive article shows the complexity of the multi-variate factors involved in determining the linkages of personal, organizational, and attitudinal variables to turnover.

Roedel and Nystrom (1988) conducted a survey in one Midwest 200-bed hospital (n=135 nurses). They used two popular tools and cross-tabulated the variables: the Job Diagnostic Survey (JDS) with the five core job characteristics and the Job Descriptive Index (JDI) which contain five facets of job satisfaction (work, pay, promotional opportunities, supervision, and co-workers). The five job-satisfaction facets were found to be statistically significant to three of the five job characteristics: task identity, autonomy, and feedback from the job. These findings suggest that nurses find an enriched job more satisfying, and that satisfied nurses see their jobs as being more enriching. The highest correlations were found in the area of the professional nature of nurses; a lower perception of autonomy correlated with a

lower satisfaction with supervision ( $r = .38$ ,  $p < .01$ ). One limitation with this study was that a team-nursing mode of practice (vs. primary care) was used in this hospital.

Blegen (1993) reported the magnitude of the relationships between nurses' job satisfaction and the thirteen most frequently associated variables. A meta-analysis of data from 48 studies ( $n = 15,048$  subjects) was done. The variables with the strongest relationships with job satisfaction were stress ( $-.609$ ) and organizational commitment ( $.526$ ). Seven variables had correlations between  $.20$  and  $.50$ : communication with supervisor, autonomy, recognition, routinization, communication with peers, fairness, and locus of control. Four other common variables had low correlations ( $< .20$ ): age, years of experience, education, and professionalism.

Mueller and McCloskey (1990) applied their own Satisfaction Scale (MMSS) in a questionnaire at 6 months and one year intervals to nurses ( $n = 190$ ) in one Midwest hospital. Confirmatory and exploratory analysis of the 33 items were done and eight dimensions were extracted. The eight dimensions were meaningfully subsumed as subscales under McCloskey's three types of rewards (Autonomy, Belonging, and Safety). This scale can be used as a general or global scale—a way to get started but not specific. One major limitation of this instrument is that it does not include the component of relative importance to the nurse.

### Organizational Climate

Chambers (1990) surveyed administrators and nurses in several Midwest nursing homes. Questionnaires, which included the major tool of the Duxbury and Armstrong (1982) revised NOCDQ, were returned by 40 directors of nursing, 94 registered nurses, and 422 licensed practical nurses. Hierarchical multiple regression analysis determined the amount of the turnover variable predicted by the three organizational attributes. The first attribute of organizational characteristic showed various results. The nursing homes ranged in size from 28 to 328 beds. Urban homes represented 57%, and rural homes represented 41%. The greatest number of homes

were owned by corporations. The second attribute of group characteristics also showed various results but to a lesser degree. Twelve percent of the 94 registered nurses and 23% of the 40 directors were prepared at the baccalaureate level, whereas 40% of the directors and 43% of the registered nurses were prepared at the associate degree level. The third attribute of organizational climate (as measured by a modified NOCDQ) was perceived by the nurses as closed in 49% of the nursing homes and open in 45%. An open climate can be labeled by low scores in disengagement, hindrance, and aloofness combined with a high score in esprit, intimacy, and humanistic thrust. Closed climate increased the amount of predictability of turnover to 67%. Results suggest that a strategic move in the interrelationships of the supervisor and the nurses toward a more considerate and helpful climate, away from an autocratic and aloof one, would raise morale, increase satisfaction, and decrease costly turnover. One limitation of this study could be that the environment was in a nursing home and not in a hospital, which could reflect more the inherent characteristics of extended care rather than acute care.

Thomas (1992) described a study in which the work environment scale (WES) of Moos (1986) was used to evaluate the work environments on three hospital wards where primary, team, or functional nursing were the mode of practice. Four nurses and four ancillary personnel on each of the three wards (n=24) were surveyed. This study was conducted in one United Kingdom hospital (results were measured against Moos' original normative data group). Nurses practicing in primary care had significantly greater perceptions of autonomy, supervisor support, and physical comfort than did nurses practicing team and functional nursing. When comparing nurses in primary care and functional nursing, primary care nurses perceived greater levels of involvement and innovation, as well as less control by management over their work. No significant differences in scores existed between nurses practicing team nursing and those practicing functional nursing. It is not surprising to look at the

more positive results of primary practicing nurses, when compared to the outcomes found in the bulk of the literature. In addition to a small sample size, a major limitation could be the lack of conversion of British norms for the work environment scale. There may be distinct differences in culture between organizations in the United States and the United Kingdom, which may skew the results.

Turnsipeed (1990) researched the nursing work environment (n=41 registered and licensed practical nurses) in one small rural hospital also using the Work Environment Scale (Moos, 1986). The researcher used a two-tailed t-test to assess statistical significance of differences between study participants and the normative data group identified by Moos (1986). Analysis showed that all subscales, with the exception of peer cohesion, were statistically different from the normative scales ( $p < .05$ ). The most prominent outcome was the evaluative differences between the three shifts. The third shift had more negative perceptions of the work environment than did staff on the afternoon, which had more negative observations than the day shift. The afternoon shift has the lowest score on supervisory support and the highest score on work pressure. Results indicate that the three work shifts had different work climates. Not only did the Work Environment Scale assess specific variables, but it also looked at overall attitudes and perceptions. In general, nurses did not perceive themselves as being affiliated with the organization.

The issue of turnover and related problems were addressed by Mansfield et al. (1989) in a statewide hospital survey (self-report questionnaire) of one large Eastern state. The response rate of 20% was low (n=985), although the sampling distribution was found to be representative of other similar surveys. In the process of evaluating the work settings in 10 different clinical areas of hospital nurses, the Nurse Job Context Index was developed by the authors. They subjected the items of the Job Context Scale to factor analysis and found three major dimensions. The first dimension was general pressure/uncertainty which represents characteristics which

lead to stressful or unpredictable events and feelings of stress among hospital nurses. The survey reflected the nurses in emergency room, intensive care unit, and cardiology/coronary care unit reported the highest levels of pressure and uncertainty on their job, while those in pediatrics/newborn nursery, psychiatry, and the outpatient unit reported the lowest levels. The nurses in the areas of medical/surgical nursing, and obstetrics/gynecology reported more moderate levels of pressure/uncertainty. The second set of items represented the dimension of task routinization, the aspects of work which downplays the 'caring' elements and requires more technical 'curing' tasks. A Scheffe post-hoc comparison revealed that the ICU and cardiology/coronary care units were significantly stronger on the dimension of the routine and depersonalized aspects of work, while administration/education and the outpatient unit were significantly weaker than other clinical areas. In the third area of co-worker interdependence or teamwork, there was variation of results. The areas that ranked highest in this dimension were OR, ER, and OB-GYN, while those that ranked lowest were pediatrics, the outpatient unit, and the medical/surgical unit. One strength of this study is that it studies dimensions that have not been measured by traditional scales. Another strength appears that this is a more truly objective measure of the nature of hospital nurses' work and not a reflection of the nurses' characteristics. Limitations of this study are that stressors are likely to be setting-specific and that it is possible that the stress ratings are influenced subjectively by the nurses who select themselves to work in those units. Hospital administrators and educators can find this tool useful in matching nurses of certain temperaments and work styles to a proper 'fit' in an appropriate work setting.

Fisher et al. (1994) researched eight Midwestern metropolitan hospitals (n=524 nurses) in their two-stage longitudinal study of turnover and intent to stay (ITS). Four independent variables of professional autonomy, willingness to risk, managerial environment (ME), and exit/voice (behaviors to leave the institution or to voice or

discuss options of change) were researched as to how they affect the dependent variable, ITS. Participative management, which promotes retention, includes good communication, group problem solving and shared governance. Since these factors can be controlled or manipulated by managers they were included in this study. A significant relationship was found between managerial environment, exit/voice and ITS (27% of the variance). Although the variance accounted for by these variables is not as high as some other variables reported in other predictive studies, these variables are amenable to managerial interventions. Perhaps if the eight hospitals were followed over a longer time, more data could be collected to clarify the similarities and differences.

#### **The Relationship of Organizational Climate to Nurses' Job Satisfaction**

In their study of 16 magnet hospitals, Kramer and Schmalenberg (1988, 1991) focused on the eight attributes of excellence described by Peters and Waterman in their book, In Search of Excellence, (1982). Data were collected from 16 magnet hospitals in order to compare the characteristics of the work environment to the attributes of some of the nation's best run corporations. The results show that the nurses perceived real differences in the culture and the work environment of the magnet and nonmagnet hospitals as perceived by nurses.

Duxbury et al. (1982) looked at relationships between dimensions of organizational climate and nurses' job satisfaction. They gathered data from the NICU nurses in 18 Midwest hospitals (n=682). The OCDQ scale (Halpin and Croft, 1962) was modified by Duxbury et al. into the revised NOCDQ-B form (the Nursing Organizational Climate Descriptive Questionnaire) which include 6 of the 8 original dimensions. (Production Emphasis was dropped, and Consideration and Thrust were merged into a single scale.) Analysis of variance showed that each of the six NOCDQ-B dimensions served to differentiate the NICU's in the study. Significant relationships were found at the unit mean level between three of the six



**NOCDQ-B scales and nurse satisfaction, as measured by the Minnesota Satisfaction Questionnaire. The considerable ( $r=.71$ ) relationship between Esprit and Satisfaction was not unexpected, since both are measures of group morale, although from different perspectives. The relationship between Humanistic Thrust of a leader and nurse satisfaction is also an expected trend in the literature. The generalizability of the original OCDQ items of Halpin and Croft (1962) across various organizations may make this an instrument which, according to Duxbury et al. (1982), should be applied in future studies.**

**Significant differences between high-satisfaction and low-satisfaction nurses on the six dimensions of job satisfaction at two Southeastern metropolitan hospitals (n=159) were identified by Tumulty, Jernigan and Kohut (1994). In this study, nurse job satisfaction was measured by the Index of Work Satisfaction (IWS) developed by Stamps and Piedmont (1986), and an abridged version of the WES (Moos, 1986) measured aggregate assessments of the work environment. The relationship factors of the work environment contributed significantly to the job satisfaction of the nurses. No significant differences were found between the personal growth dimension of the work environment and job satisfaction. In general, staff nurses who perceived the work environment to be relatively positive also were more satisfied with their jobs than those who perceived the work environment less positively. Baylor plan nurses were the least satisfied in all cases. Nurses working in the maternal/child specialty area were significantly more satisfied than the medical/surgical or critical care nurses, and they perceived the environment more positively on the relationship dimension. A cohesive peer group may mediate other problems in the work environment, while a supportive manager may enhance the strengths of a unit. This study gave more specific evidence to the connection between work environment and job satisfaction for nurses.**

Nakata and Saylor (1994) replicated studies done by Lucas (1988,1991) which investigated nurses' perceptions of current and desired management styles in hospital units as well as the relationship of management style to staff nurse job satisfaction. In this nonexperimental, cross-sectional survey (n=102) of one Catholic hospital in northern California, the perceived and desired management styles and job satisfaction were measured. The study was based on the theory of Likert's management styles, which consists of four types: exploitive-authoritative, benevolent-authoritative, consultative, and participative groups. Results were similar to those found by Lucas. Staff nurses perceived an overall benevolent-authoritative style of management on their units. Conversely, the staff nurses desired more of a participative management style, denoting a desire to be more involved in decision-making processes. The overall job satisfaction mean score was 4.7 on a scale of 1 to 7. The Pearson product-moment correlation statistic between the overall perceived management style and the overall job satisfaction of hospital staff nurses ( $r=.48$ ,  $p=.0001$ ) reinforced the need to investigate the implementation of management style that is closer to a participative group style of management.

Findings of a pilot study by Gillies et al. (1990) suggested that deliberate modification of organizational climate may increase nurses' job satisfaction and job tenure. A convenience sample of 34 registered nurses from four patient units in an urban teaching hospital was studied in this descriptive survey design. The Work Satisfaction Questionnaire (Stamps,1978) with its seven subscores (pay, professional status, physician-nurse relationship, administration, autonomy, task requirements, and interaction) was used to calculate nurses' satisfaction. Litwin and Stringer's (1968) Organizational Climate Description Questionnaire, which contains nine subscores (structure, responsibility, reward, risk, warmth, support, standards, conflict, and identity), was used to evaluate the work environment. Four of the nine subscores which had the highest reported interitem correlation (identity .49, reward .42, support

.37, and warmth .33) were selected to be specifically studied in this report. The majority of satisfied nurses described their organizational climate as being high in responsibility, warmth, support, and identity. The study demonstrated that nurses' job satisfaction was: mildly correlated with a climate of responsibility; moderately correlated with a climate of warmth; strongly correlated with a climate of support; and strongly correlated with a climate of identity. These findings were similar to other studies (Huey & Hartley, 1988) that showed that support from administration is an important factor influencing nurses' job retention. This study could be replicated using a larger sample size and in various other types of hospitals.

### **Conclusion**

As seen in the review of the literature, the determinants and outcomes of job satisfaction have been broadly researched, which suggests many possible interpretations. A major problem of the satisfaction literature is that various researchers use different categorizations of variables, that is, a variable used in one research study may not have been used in the next. This may reflect a difference in conceptualization. Some researchers view job satisfaction as a multivariate phenomenon, while others see it as a unidimensional concept. Some authors consider job satisfaction as being more evaluative rather than just affective (Payne, Fineman, & Wall, 1976). There are also some strong inconsistencies and contradictions in many of the various findings, which make conclusions confusing. For example, autonomy with job satisfaction may have a strong correlation in one study, while the next study has only a weak correlation. Often, the time lag in many of the studies of turnover may have a delayed inadvertent effect.

Relatively few studies on organizational climate have been conducted in the nursing environment, although there is a progressive growth in the number of studies and the understanding of the literature. One major problem may be operational. Because there is little operationalized about the actual nursing work environment in

the hospital and there is such variation in settings, the measurement of organizational climate is difficult. Few climate research instruments have demonstrated adequate consistent reliability and intercorrelations (Moos, 1983). Another issue may be a divergence of definition: some researchers measure the consensus of perception while others look at the individual opinion. Finally, there is always the problem with causality. In the analysis of variables, there is often an overlapping of factors and it is difficult to know which really does come first.

In general, there are certain recurring themes in the literature. Nurses do want feedback and support from their managers. They want an open and warm, not aloof, managerial style, which motivates and allows for growth and educational opportunities. Autonomy is always a big issue. Nurses want an environment which includes intellectual accountability, kinship responsibility, and shared-governance. Professional relationships, otherwise known as praise/recognition from peers or physicians, social interactions, cohesive peer groups, teamwork or Esprit are very important to nurses. Professionalism (not disengagement or "not in gear" or "going through the motions") is another theme. Professional role enactment includes task significance, task identity, workload, and having enough time to do required/desired tasks; professional work worth includes task variety and a sense of making contributions professionally and personally.

There is much valuable information gathered from the literature for managers, educators and nurses. The literature largely supports a participative management style with good communication. A manager can be aware of the satisfiers for nurses, such as group cohesion or social interaction. Certain actions a manager can do include improving skill variety, skill identity, autonomy, and feedback. More studies can be done on what are the most salient factors for each specific setting. The challenge is in finding the variables in the climate of the work environment which can be changed in order to thrive in the midst of all the chaos of health care reform and restructuring.

### **Research Questions**

- 1. What is the relationship between selected dimensions of organizational climate in the hospital and RN satisfaction; what is the relationship between selected dimensions of organizational climate in the hospital and selected dimensions of RN satisfaction?**
- 2. What is the relationship between selected demographic variables and selected dimensions of organizational climate?**
- 3. What is the relationship between selected demographic variables and RN satisfaction; what is the relationship between selected demographics and selected dimensions of RN satisfaction?**

### **Definition of terms**

**Job satisfaction:** "The positive emotional state resulting from the appraisal of one's job or job experience " (Locke, 1983, p.1300) as measured by the following subscales of the WQI (Whitley & Putzier, 1994): (1) Professional work environment, (2) Autonomy of practice, (3) Work worth to self and others, (4) Professional relationships, and (5) Professional role enactment.

**Organizational Climate:** "A relatively enduring quality of an organization's internal environment distinguishing it from other organizations: (a) which results from the behavior and policies of members of organization, especially top management; (b) which is perceived by members of the organization; (c) which serves as a basis for interpreting the situation; and (d) acts as a source of pressure for directing activity" (Pritchard and Karasick, 1973, p.126).

Specifically, organizational climate is measured by the following subscales of the NOCDQ-B (Duxbury, Henly, & Armstrong, 1982): (1) Humanistic thrust of the leader, (2) Aloofness of the leader, (3) Esprit (morale or teamwork) of the subordinates, and (4) Disengagement of the subordinates.

## CHAPTER THREE

### METHODOLOGY

#### Research Design

A descriptive correlational design was used to explore the relationship between organizational climate and job satisfaction of registered staff nurses at a midwestern acute care teaching hospital. This study also described certain individual attributes or personal characteristics of the registered nurses. One threat to internal validity is that three or four similar studies on job satisfaction had been done at the same hospital within a previous five year period and may have led to some sensitization in the sample of staff nurses. A threat to external validity may be that since environment is the variable being measured and since the unit climate can have such a powerful influence on perceptions and behaviors, it is often difficult to factor out these subjective effects. Another threat to external validity may be that these results may not be generalizable to very large urban hospitals or to rural areas hospitals.

In this study, a secondary analysis was done on portions of a data set from a larger study which was conducted in the fall of 1994 (Urden, 1996). Previously unanalyzed variables were examined in order to test the relationship between unit climate and RN satisfaction, a comparison on which there have been few studies reported in the literature. Two major advantages of a secondary analysis are efficiency of time and economy of resources ( Polit & Hungler,1991). Another advantage may be the possible use of a larger sample size than one would have been able to use otherwise, and thus the use of more variety and sophistication of statistics (McArt & McDougal, 1985). Other advantages may include bypassing the need to design an instrument, to select a sample, to gather the data, or to obtain human subjects' approval (Killeen, 1992). Disadvantages may include using data that may be

inaccurate or contain error or having the inability to obtain the exact data one originally intended to examine (Polit & Hungler, 1991). Other frustrations may be that the information of interest has been collected in units of analysis that cannot be altered or that the definition of the variables used in the original research study does not fit the new relationship being studied (McArt & McDougal, 1985).

### **Sample and Setting**

Data used in this study are from the RN (n=330) portion of the major survey. The sample, from a hospital of over a thousand full-time and part-time nurses, was a convenience sampling. Of the 1200 surveys distributed, 330 surveys were completed, giving a response rate of 28%. Licensed practical nurses were not included in this portion of the study. The survey was administered over the month of October 1994 in a 529 bed, Midwestern, acute care teaching hospital. No special criteria were given for inclusion in the study; all RNs at the target hospital were sent survey packets.

### **Instruments**

The instruments used in this study included the modified versions of both the Nurse Organizational Climate Descriptive Survey (NOCDQ) by Duxbury et al. (1982) which measured unit organizational climate and the Work Quality Index (WQI) by Whitley and Putzier (1994) which measured RN satisfaction. Personal characteristics of the registered nurses were collected using a Demographic Questionnaire.

The Nurse Organizational Climate Descriptive Survey (Duxbury et al., 1982), modified for this study, measured the organizational climate of the unit where the RN worked (see Appendix A). Four of the revised subscales (NOCDQ-B) were used in this study: Thrust, Aloofness, Disengagement, and Esprit. Because other items in the larger questionnaire covered the same domain, but with shorter questions and greater reliabilities, the subscales of hindrance and intimacy were eliminated in this survey (Urden, 1996). Of these four subscales, three were used in total: Thrust, Aloofness,

and Disengagement. The subscale of Esprit was modified, using only three of the four items. Thus, fifteen of the thirty-two items of the NOCDQ-B were used. The items of the NOCDQ are styled into a Likert-type scale ranging from 1, "rarely occurs", to 4, "very frequently occurs". The terms "nurses" instead of "teachers" and "head nurse" instead of "principal" were used in the NOCDQ, which follows the modifications made by Duxbury et al. (1982) from the original education-based OCDQ. The score for the subscales of Thrust, Aloofness, and Disengagement may range from four to sixteen. The score for the subscale of Esprit may range from three to twelve.

The scale reliabilities were not encouraging in the first draft (NOCDQ-Form A) done by Duxbury et al. (1982). In a second revision submitted to factor analysis, six scales were constructed to represent the factors of the NOCDQ-B. Items from the Production Emphasis scale were scattered across factors, so that scale was eliminated. Items from the Consideration scale loaded largely on the same factor as items from the Thrust scale, so these two scales were merged into a similar scale. Reliabilities of the "development: sample" (n=545 respondents) ranged from .51 to .83, with a median of .61. Reliabilities were also computed from a later "cross-validation" (n=116) sample which showed Cronbach's alpha coefficients which ranged from .45 to .78. (Humanistic Thrust .78, Esprit .71, Aloofness .67, and Disengagement .65). The internal consistency reliabilities of these four revised, cross-validated subscales were satisfactory. For this study, reliabilities were similar to Duxbury et al. (1982), with Aloofness being lower than the previously reported values in the literature (Humanistic Thrust .83, Esprit .75, Aloofness .21, and Disengagement .54).

Support for the construct validity of the NOCDQ-B comes from the correlations of the six scales of the climate tool with the Minnesota Satisfaction Questionnaire (MSQ) in the Duxbury (1982) study. Correlationships were found between the MSQ



and the climate subscales of the NOCDQ-B. Only three of the four correlations were found to be statistically significant: Humanistic Thrust .52, Esprit .71, and Disengagement .47. Such relationships suggest that climate is related to satisfaction, but also measures something different than satisfaction. The generalizability of the original educational OCDQ in various school and educational organizations in the literature, suggests that the NOCDQ-B may be generalizable to other hospital or nursing units besides the NICUs of the Duxbury study. Much more research study needs to be done to determine the utility and validity of the instrument.

The Work Quality Index (WQI), a 38-item scale has been developed to measure the satisfaction of nurses with their work environment (see Appendix B). The instrument was developed in response to new standards set by the 1993 Joint Commission on Accreditation of Healthcare Organization which require the assessment of the needs and expectations of staff members as well as patients and others (Whitley & Putzier, 1994). The WQI contains six subscales: professional work environment, autonomy, work worth, professional relationships, role enactment, and benefits. For this portion of the study, only five of six subscales were used, benefits being omitted. The items are on a 1-7 Likert-type scale ranging from "not satisfied" to "satisfied". The score for the subscale of Professional work environment (six items) may range from six to forty-two. The score for the subscale of Autonomy of practice and Professional role enactment (five items each) may both range from five to thirty-five. The subscale of Work worth to self and others (four items) may range from four to twenty-eight. The subscale of Professional relationships (eight items) may range from eight to fifty-six. Thus, the total maximum score for the five subscales and the twenty-eight items may range from twenty-eight to 196.

Cronbach's alpha test for homogeneity was applied to the subscales of the WQI to confirm reliability (Whitley & Putzier, 1994). The Cronbach's alpha ranged from

.72 to .87 for the subscales, with .94 for the total instrument. For this study, the reliabilities ranged from .32 to .82 for the subscales, with .90 for the total instrument. (Work environment .80, Autonomy .82, Work worth .78, Professional relationships .81, and Professional role .32). Construct validity was determined through factor analysis and was greatly increased during various factor rotations and reliability testing. Whitley and Putzier (1994) argue that their instrument is psychometrically robust. Theoretically and operationally, this instrument appears to be very generalizable to many different settings in the hospital, although there is little or no other studies using this instrument in the literature.

The Demographic Questionnaire included six personal characteristics of the RNs: unit, years worked on unit, years practiced at the hospital, age, current role, and highest level of education (see Appendix C).

#### **Procedure**

Approval for the original Nurse Data Base study was obtained from the hospital Research and Human Rights Committee (see Appendix D). Permission to use the data for this secondary analysis was obtained from the researcher (see Appendix E). Approval was further attained from the Grand Valley State University Human Research Review Committee (see Appendix F).

No risks were identified to the participants and confidentiality was maintained as mentioned in the cover letter (see Appendix G).

#### **Data Analysis**

The previously collected data were analyzed from its computer disc. Job satisfaction and organizational climate are at the interval level, while the demographics are at various levels of measurement. Selected dimensions of organizational climate and both total scores and selected dimensions of job satisfaction were reported in a type of correlational matrix. The statistics used in this study include: alpha coefficients (Cronbach's alpha) and Pearson

product-moment correlations (level of significance set at  $p < .05$ ). Analysis of the data was done using the Statistical Package for the Social Sciences (SPSS-X) software.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### Characteristics of Sample

Six personal characteristics of the RNs were measured using the Demographic Questionnaire: age, educational level, current role in nursing, unit, tenure on the unit, and tenure at the target hospital. Of the 330 respondents the average age was 36.3 years (SD 8.2), with a range of 21 to 58 years. Four respondents did not record their age. Gender was not one of the demographic questions.

The nursing education level of the majority of the sample was the baccalaureate degree (47.9%). The two next highest percentages of education were the diploma (22.1%) and the associate degree (16.4%). The remaining respondents held other degrees: Bachelor of Arts (4.5%), Masters degree in nursing (4.8%), other Masters degree (2.1%), and other degrees (2.1%). No Licensed Practical Nurse or doctoral degrees in nursing were included in this study.

The majority of respondents (77.6%) were staff nurses. The remaining 22.3% of nurses included other roles: staff/patient educator (4.2%), clinical nurse specialist (2.4%), unit director (2.7%), clinical coordinator (9.7%), and other (3.3%).

The various areas of work included several Medical/Surgical units, the Critical Care units, the Maternal-Child units, the emergency department, outpatient departments, endoscopy, OR/PACU, and a few specialty roles. The distribution of subjects by unit is presented in Table 1. The frequency of RN distribution ranged from 58 in specialty roles to two in Outpatient Surgery. Tenure on the unit averaged 7.02 years (SD 5.6) with a range of less than a year to 25 years. Tenure at the hospital averaged 8.9 years (SD 6.9) with a range of less than a year to 37 years.

**Table 1**  
**Distribution of RN Subjects by Unit**

<b>Unit</b>	<b>n</b>	<b>% of total</b>
7 North: GI/GU	13	3.9
6 North: Neurology	11	3.3
5 South: Oncology	12	3.6
4 South: Cardiovascular	11	3.3
2 South: Orthopedics	14	4.2
Medical Intermediate	24	7.3
4 North: Surgical Intensive Care	38	11.5
3 West: Neonatal Intensive Care	46	13.9
8 Center: Pediatric Intensive Care	16	4.8
7/9 Center: Pediatrics	10	3.0
Birthing room	5	1.5
Labor	10	3.0
High Risk Delivery	7	2.1
6 Center: Woman's Health	3	0.9
Emergency Department	13	3.9
Ambulatory Clinic	5	1.5
Outpatient Surgery	2	0.6
Same Day Stay/ B-West	12	2.1
Endoscopy	3	1.5
OR/PACU	17	0.9
Specialty Roles: Staff Educator, CNS, Director-ex	58	17.6
<b>Total</b>	<b>330</b>	<b>100</b>

## **Results**

The mean scores for all the scales of both the NOCDQ-B (Duxbury et al., 1982) and WQI (Whitley & Putzier, 1994) instruments were calculated and are presented in Table 2 and Table 3 respectively. The NOCDQ lists only subscale means, while the WQI lists subscale, total score, and item means.

**Table 2**  
**Means and Standard Deviations for the**  
**NOCDQ-B Subscales**

<b>Subscale</b>	<b>n</b>	<b>Subscale M</b>	<b>SD</b>
<b>Thrust</b>	<b>303</b>	<b>11.87</b>	<b>2.82</b>
<b>Aloofness</b>	<b>298</b>	<b>9.60</b>	<b>1.99</b>
<b>Disengagement</b>	<b>307</b>	<b>8.10</b>	<b>2.13</b>
<b>Esprit</b>	<b>314</b>	<b>7.41</b>	<b>1.91</b>

**Table 3**  
**Means and Standard Deviations for the**  
**WQI Scales and Subscales**

<b>Scale/Subscale</b>	<b>n</b>	<b>Subscale M</b>	<b>SD</b>	<b>Item M</b>	<b>SD</b>
<b>Total scale</b>	<b>299</b>	<b>131.28</b>	<b>20.13</b>	<b>4.69</b>	<b>0.88</b>
<b>Work environment</b>	<b>318</b>	<b>22.38</b>	<b>6.53</b>	<b>3.73</b>	<b>0.52</b>
<b>Autonomy</b>	<b>323</b>	<b>26.21</b>	<b>4.62</b>	<b>5.24</b>	<b>0.11</b>
<b>Work worth</b>	<b>327</b>	<b>21.57</b>	<b>3.98</b>	<b>5.39</b>	<b>0.18</b>
<b>Relationships</b>	<b>316</b>	<b>38.18</b>	<b>7.36</b>	<b>4.77</b>	<b>0.77</b>
<b>Role enactment</b>	<b>318</b>	<b>23.04</b>	<b>4.46</b>	<b>4.61</b>	<b>1.21</b>

The Pearson correlation coefficients of the subscale intercorrelations of both instruments are presented in Tables 4 and 5. The NOCDQ-B showed a moderate positive relationship between Thrust and Esprit. The WQI showed strong positive relationships between the total scores and the subscales, while the intercorrelations between the subscales were both moderate and strong positive relationships.

**Table 4**  
**Intercorrelations among the NOCDQ-B Subscales**

	Thrust	Aloofness	Disengagement	Esprit
Thrust	1.00			
Aloofness	-0.06	1.00		
Disengagement	-0.11	0.20*	1.00	
Esprit	0.35*	-0.01	-0.21*	1.00

**Note.** \* $p < .05$

**Table 5**  
**Intercorrelations among the WQI Subscales**

	Total	Work	Autonomy	Work	Relationships	Role
		environment		worth		enactment
Total scale	1.00					
Work environment	0.79*	1.00				
Autonomy	0.76*	0.52*	1.00			
Work worth	0.72*	0.43*	0.56*	1.00		
Relationships	0.74*	0.42*	0.38*	0.38*	1.00	
Role enactment	0.76*	0.54*	0.52*	0.53*	0.38*	1.00

**Note.** \* $p < .05$

The intercorrelations of selected demographic variables are shown in Table 6. There were strong positive relationships between tenure at the hospital and both tenure on the unit and age. There was a moderately strong relationship between tenure on the unit and age. There was a weak positive relationship between tenure at the hospital and education and a weak negative relationship between tenure on the unit and education.

**Table 6**  
**Intercorrelations between Selected Demographic Variables**

	Age	Education	Tenure-- Unit	Tenure-- Hospital
Age	1.0000			
Education	-0.0799	1.0000		
Tenure--	0.4596*	-0.2476*	1.0000	
Tenure-- Hospital	0.6207	0.2756*	0.7104*	1.0000

**Note.** \* $p < .05$



### **Research Question Number One**

The first research question examined the relationship between selected dimensions of organizational climate (NOCDO-B) in the hospital and both total RN satisfaction (WQI) and selected dimensions of RN satisfaction (see Table 7) using Pearson product-moment correlations.

**Table 7**  
**Correlations between the NOCDQ-B and the WQI Subscales**

<b>WQI</b>	<b>Total</b>	<b>Work</b>	<b>Autonomy</b>	<b>Work</b>	<b>Relationships</b>	<b>Role</b>
	<b>environment</b>	<b>environment</b>		<b>worth</b>		<b>enactment</b>
<b>NOCDQ-B</b>						
<b>Thrust</b>	<b>0.39*</b>	<b>0.44*</b>	<b>0.31*</b>	<b>0.15*</b>	<b>0.28*</b>	<b>0.25*</b>
<b>Aloofness</b>	<b>-0.03</b>	<b>-0.05</b>	<b>-0.08</b>	<b>-0.04</b>	<b>0.01</b>	<b>-0.01</b>
<b>Disengagement</b>	<b>-0.08</b>	<b>-0.05</b>	<b>-0.13</b>	<b>-0.02</b>	<b>-0.13</b>	<b>0.01</b>
<b>Esprit</b>	<b>0.56*</b>	<b>0.45*</b>	<b>0.37*</b>	<b>0.39*</b>	<b>0.42*</b>	<b>0.42*</b>

**Note.** \*  $p < .05$

A strong positive relationship was found between the subscale of Esprit and the total satisfaction score of the WQI subscales. Moderate strong positive relationships were found between Esprit and the WQI subscales. Moderate strong positive relationships were also found between Thrust and the total satisfaction score of the WQI and the subscales of Work environment and Autonomy. Weak positive relationships were found between Thrust and Work worth, Relationships, and Role enactment.

### **Research Question Number Two**

The second research question (see Table 8) investigated the relationship between selected demographic variables and selected dimensions of organizational climate in the hospital. Weak positive relationships were found between education and the subscales of Thrust and Aloofness.

**Table 8**  
**Correlations between selected Demographic Variables and NOCDQ-B Subscales**

NOCDQ-B	Thrust	Aloofness	Disengagement	Esprit
<b>Demographics</b>				
Age	-0.0156	0.0530	-0.0277	0.0923
Education	0.1507*	0.2777*	0.0388	-0.0137
Tenure— Unit	-0.0739	0.0491	-0.0034	-0.0540
Tenure— Hospital	-0.0972	0.0442	-0.0374	0.0511

**Note.** \* $p < .05$

### Research Question Number Three

The third research question investigated the relationship between selected demographic variables and both total and selected dimensions of RN satisfaction (see Table 9). No systematic relationships were found.

Table 9  
Correlations of Selected Demographics and the WQI Subscales

WQI	Total	Work environment	Autonomy	Work worth	Relationships	Role enactment
<b>Demographics</b>						
Age	0.0324	-0.0630	-0.0501	0.0742	0.1044	0.0621
Education	-0.041	0.1478	-0.0815	-0.0821	-0.1181	-0.0248
Tenure-- Unit	-0.0508	0.2058	-0.0325	0.0312	0.0856	-0.0552
Tenure-- Hospital	-0.0335	-0.1349	-0.0355	0.0831	0.0833	0.0312

## CHAPTER FIVE

### DISCUSSION AND IMPLICATIONS

#### Discussion

This research study examined the relationship between the organizational climate in the hospital and RN satisfaction among nurses employed at a Midwestern acute care teaching hospital. The findings of this study show weak to moderate strong positive relationships between some subscales of organizational climate in the hospital and RN satisfaction. The strong relationship between Esprit (NOCDQ-B) and the total satisfaction score (WQI) was logical and not unforeseen. Both Esprit and total score satisfaction are measures of group morale. Although the respondents may look at the variables and the questions from different perceptual sets (descriptive vs. evaluative), the two concepts or scales are conceptually similar (Duxbury et al., 1982). The moderately strong relationships between Thrust, a leadership dimension, and satisfaction with the work environment, and between a subordinate's perceptions of Esprit and satisfaction with the work environment have been found in other studies (Chambers, 1990; Duxbury et al., 1982). No statistically significant results were found between demographic variables and the various subscales of organizational climate in the hospital or RN satisfaction.

Irvine and Evan's (1995) meta-analysis of the determinants and attitudinal component of job satisfaction was used as the conceptual framework for this study. This theoretical model has definite overtones of Maslow's Need-Hierarchy Theory (1954, 1970). In general, many of the results of this study are closely linked with two of the basic needs of Maslow's theory, the needs of Belongingness and Self-esteem. Specifically, Relationships (social interaction and group cohesion) and Role

enactment, both of which fall under the Maslovian level of Belongingness, were found to be worthy of notice to job satisfaction. Both of the job satisfaction dimensions of Work worth and Autonomy, which fall under the Maslovian level of Self-esteem, were found to be important to job satisfaction. As noted, one's observations of the work environment does relate to one's perceptions of Esprit. Likewise, a leader's Humanistic Thrust relates to one's perceptions of the work environment. These findings support the theory of Irvine and Evans (1995) and their view of the structural factor of work environment and its relationship to work satisfaction. These various dimensions, which include aspects of group cohesion, professionalism, and both personal and professional growth in work, are paramount for nurse managers to utilize as incentives or intrinsic rewards. The different associations of the structural factors of Work environment and job satisfaction, therefore, have been found to be congruent to the meta-analysis of Irvine and Evans (1995).

This study may be unique in that no other reported research studies to date have been found which have used both the NOCDQ-B (Duxbury et al., 1982) and the WQI (Whitley & Putzier, 1994). For the most part, the literature is sparse on the use of climate instruments in nursing and, also, there is a paucity of the literature in the use of the NOCDQ-B. The WQI Satisfaction Index is a more recently developed tool and no research studies using this instrument have been found in the literature. However, several of the results of this study support the literature in similar findings to other climate-satisfaction studies (Gillies et al, 1990; Kramer & Schmalenberg, 1988, 1991).

The studies on job satisfaction have shown mixed and contradictory results, related to either categorization of variables or a difference in conceptualization. Likewise, the climate studies have had great diversification of settings, which may make operationalization difficult. These findings support certain aspects of the job

satisfaction literature; for example, Autonomy, Relationships (group cohesion), and the professionalism of Role enactment are recurring themes in the literature (Mueller & McCloskey, 1990; Mueller & Price, 1990; Roedel & Nystrom, 1988). The dimension of a leader's Humanistic Thrust and how this relates to satisfaction and Work environment has been partially supported, but may need further clarification.

### **Limitations**

A major limitation of this study may be related to problems which are inherent to a secondary analysis. Neither tool, the NOCDQ-B nor the WQI, was used as a whole or pure instrument as originally intended. Understandably, some items or subscales were dropped from these two instruments because of greater reliabilities and shorter questions in other areas of the major survey (Urden, 1996), but this takes away from both the conceptual integrity and the psychometrics of the statistical analyses. Although for the most part these tools were intact, this was not how they were initially designed and may take away from the inferential power of the findings.

Another major limitation of this study may have been the reliabilities of two of the subscales of the NOCDQ-B: Aloofness and Disengagement. In earlier studies, the NOCDQ-A had shown a low reliability for Aloofness (.36), while the NOCDQ-B had demonstrated a reliability for Aloofness of .54 and .67 for a development and cross-validation sample respectively. In this study, Aloofness exhibited a low reliability ( $r=.21$ ), which allows little or no room for interpretation or correlation of results. Disengagement has also had marginal but acceptable reliabilities (.58, .65). This suggests that there may be some methodological problem with these areas of the instrument, perhaps with the validity of the instrument. However, the weak correlations of Thrust and lack of significance of Aloofness and Disengagement do not necessarily lessen their relevance. They may be related to other extraneous variables; perhaps something is missing or they are measuring something else (e.g., a personality variable or a difference in the unit). Since the NOCDQ-B scales measure

both characteristics of individuals as well as general attributes of the organization, some of these non-convergent individual perceptions may have affected the scores and changed the value of interpretation.

Unlike the NOCDQ-B, the WQI has shown acceptable reliabilities in both the Whitley and Putzier (1994) study ( $r=.72$  to  $.87$ , with  $.94$  for the total instrument) and in this study ( $r=.32$  to  $.82$ , with  $.90$  for the total instrument). The WQI uses a 7-point Likert scale to rate items from strongly disagree (1) to strongly agree (7). In general, the item means were middle range responses with low standard deviations, which may point to some response set bias of the respondents and may dilute or neutralize the interpretation of the results. Other mediating variables which were not included or measured in this survey, e.g., felt stress, recognition/feedback or routinization, could have interfered with and moderated the results.

Even though the demographics showed no significant differences in relationship to the subscales of both instruments, this does not reduce their value. Again, other confounding variables could have been at work. Often, the literature has shown some correlations with age or education, usually relating an increase in age to an increased sense of job satisfaction or higher education to a decreased sense of job satisfaction (Blegen, 1993; Glisson & Durick, 1990; Parasuraman, 1989). Neither of these variables showed a relationship in this study; this could have been more a function of other variables such as the various roles or various units having different climates.

Although the sample size was fairly large ( $n=330$ ), the response rate was 28%. In general, this is a good yet somewhat marginal return (Polit & Hungler, 1991). This does voice doubt on the representativeness or generalizability of this study to other hospitals. This study may not be generalizable to other larger or rural hospitals. Likewise, the sample is a convenience sampling and the subjects may not be representative of the population of nurses in the hospital. An element of selection bias could also enter in here; certain characteristics of the subjects which were not

accounted for in the research could be a threat to the internal validity of the study. Another problem, which may have skewed the results, could have been the inclusion of Unit Directors or supervisors in the sample. Although the percentage of supervisors was relatively low, their inclusion could have influenced the more than small difference in the correlations.

### **Implications**

Despite the limitations, the implications of this study are many. The significant relationship between Thrust and Work environment in the hospital suggests that nurses do want an open climate in which to work, with a supportive supervisor. A manager may utilize a participative management and foster a relationship-oriented leadership style of warmth versus either an authoritarian or benevolent style of leadership. Nurses do want an environment in which Relationships or social interactions, professional Role enactment, and Autonomy are emphasized. The results of this study lend support both to the literature and to Irvine and Evans' (1995) model of structural factors which provide satisfiers or incentives.

The significant correlation between Esprit and Work environment in the hospital suggests that the two variables do covary. The two variables are interactive, although it is difficult to know which comes first. As the climate in the hospital is seen as more warm and supportive, the nurses's job satisfaction or Esprit increases; as the nurses' sense of job satisfaction increases, this may affect how positively the nurse perceives the work environment. Two of the subscales with the strongest relationships were those of Esprit between Relationships and Role enactment. A nurse manager could initiate work redesign efforts around the development of cohesive teamwork groups. Support groups or career counseling for staff nurses could be implemented. Attention could even be centered on special activities outside the workplace conducive to social interactions. Nurse managers need to provide a sense



of achievement or intellectual stimulation by placing educational opportunities, conferences, tuition reimbursement, and professional recognition as priorities. The next highest relationships were Esprit with Autonomy and Work worth (task identity). A nurse manager can emphasize primary nursing assignments and continuity of care in order to provide nurses more of a sense of ownership and meaningfulness. As mentioned previously, participative management, or shared-governance, is a source of autonomy and authority. In shared-governance members have control and a voice in the decisions of the unit and, also, are able to see how their decisions are able to influence the institution. These last four relationships show that a manager needs to be aware of specific satisfiers that promote personal and professional growth.

Although there were no systematic relationships between demographic variables and any of the subscales of either tool, significant correlations were found between various demographic variables. The strong positive relationship between tenure at the hospital and tenure on the unit may be a natural extension of time; the longer one has been on a unit, the longer one may have then been at the hospital. The moderately strong relationships between age and both tenure at the hospital and tenure on the unit may suggest that as a nurse's age and time on the unit at the hospital increases one's sense of job satisfaction is maintained. The weak positive relationship between education and tenure at the hospital and the weakly negative relationship between education and tenure on the unit seem to contradict each other and, therefore, no implications can be made.

### **Recommendations**

A follow-up study or replication should be made of this research study. The NOCDQ-B (Duxbury et al., 1982) may need to be more refined as a tool; the definition of climate may need to be clarified, specifically for the subscales of Aloofness and Disengagement. Or perhaps these two subscales should be dropped entirely from the tool. Since few or no other studies in the literature using the WQI

instrument have been found in the literature, a replication would add to the validity and the reliability of the instrument. It would be interesting to add the demographic of 'shift worked' to the demographic profile next time. Each shift can have a unique climate of its own, as seen in some studies (Turnispeed, 1990). Perhaps, more sophisticated statistical analysis could be used on various group comparisons of the RNs in the hospital and/or the inclusion of Unit Directors or supervisors in the sample. It would also be interesting to do this study in perhaps three or four local or regional hospitals for comparison at the same time. In a replication study, it could be more clarifying to use only the two instruments of the NOCDQ-B and the WQI with either all the complete subscales as they were intended to be or with the further modified subscales in the study. It would be valuable to duplicate this study in the same setting, but in another time and economic climate. In a few years, for instance two or three, the environment may have changed and be perceived differently, especially after the recent addition the now very imminent merger of the target hospital and another major hospital in the city.

### **Conclusion**

In conclusion, these findings do add to the knowledge base of the climate-satisfaction literature. Although there is much mixed results in the literature, hopefully these findings help clarify some contradictions. Amidst all these massive changes and upheavals in the health care system, nurse managers need to be cognizant of and nurses themselves need to be aware of what enhances job satisfaction, retention, and quality care. Nurses need to know what job satisfiers empower them and improve the work environment as they continue on in their search for excellence in practice.

## APPENDIX A

NOCDQ	Rarely occurs	Very frequently occurs			
1. Nurses seek special favors from the Unit Director.	1	2	3	4	
2. The Unit Director sets an example by working hard.	1	2	3	4	
3. Staff meetings are mainly head nurse report meetings.	1	2	3	4	
4. The morale of nurses is high.	1	2	3	4	
5. The mannerisms of nurses at this unit are annoying.	1	2	3	4	
6. The Unit Director is well prepared when speaking at meetings.	1	2	3	4	
7. The Unit Director runs staff meetings like a business meeting.	1	2	3	4	
8. Nurses at this hospital show much spirit.	1	2	3	4	
9. Staff meetings are organized according to a tight agenda.	1	2	3	4	
10. Nurses leave the unit during their assignments.	1	2	3	4	
11. There is a minority group on nurses who always oppose the majority.	1	2	3	4	
12. Nurses exert group pressure on nonconforming nurses.	1	2	3	4	
13. The Unit Director goes out of the way to help nurses.	1	2	3	4	
14. The Unit Director uses constructive criticism.	1	2	3	4	
16.. The nurses accomplish their work with vim, vigor, and pleasure.	1	2	3	4	

## APPENDIX B

	Not Satisfied				Satisfied		
<b>WQI</b>							
1. The work associated with your position allows you to make a contribution to the hospital.	1	2	3	4	5	6	7
2. The work associated with your position allows you to make a contribution to the profession.	1	2	3	4	5	6	7
3. The work associated with your profession allows you to make a contribution to your own sense of achievement..	1	2	3	4	5	6	7
4. You receive adequate praise for work well done from your peers.	1	2	3	4	5	6	7
5. You receive adequate praise for work well done from Hospital physicians.	1	2	3	4	5	6	7
6. You receive adequate praise for work well done from Nursing administration.	1	2	3	4	5	6	7
7. The work associated with your position provides you with opportunity to use a full range of nursing skills.	1	2	3	4	5	6	7
8. The work associated with your position provides you with a variety of clinical challenges.	1	2	3	4	5	6	7
9. The work associated with your position provides you with the opportunity to be of service to others.	1	2	3	4	5	6	7
10. The nursing practice environment allows you to make autonomous nursing care decisions.	1	2	3	4	5	6	7
11. The nusing practice environment allows you to be fully accountable for those decisions.	1	2	3	4	5	6	7

12. The nursing practice environment encourages      1    2    3    4    5    6    7  
you to make adjustments in you nursing practice  
to suit patient needs.
13. The nursing practice environment provides a      1    2    3    4    5    6    7  
stimulating intellectual environment.
14. The nursing practice environment provides time    1    2    3    4    5    6    7  
to engage in research if you want.
15. The nursing practice environment promotes a      1    2    3    4    5    6    7  
high level of clinical competence on you unit.
16. The nursing practice environment allows            1    2    3    4    5    6    7  
opportunity to receive adequate respect  
from nurses on other units.
17. The hospital organizational structure allows you   1    2    3    4    5    6    7  
to have a voice in policy making for nursing service.
18. The hospital organizational structure allows you   1    2    3    4    5    6    7  
to have a voice in overall hospital policy making.
19. The hospital organizational structure facilitates    1    2    3    4    5    6    7  
patient care.
20. You receive enough time to complete patient      1    2    3    4    5    6    7  
physical care tasks.
21. You receive enough time to complete the            1    2    3    4    5    6    7  
indirect patient care tasks.
22. You receive support for your work from nurses    1    2    3    4    5    6    7  
on other shifts.
23. You receive support from your peers for your      1    2    3    4    5    6    7  
nursing decisions.
24. You receive support from physicians for your      1    2    3    4    5    6    7

nursing decisions.

25. Good working relationships exist between you    1   2   3   4   5   6   7  
and your supervisor.

26. Good working relationships exist between you    1   2   3   4   5   6   7  
and your peers.

27. Good working relationships exist between you    1   2   3   4   5   6   7  
physicians.

28. Nursing service provides adequate opportunities   1   2   3   4   5   6   7  
for advancement.

## APPENDIX C

### DEMOGRAPHIC QUESTIONNAIRE

1. In which unit or department do you work? \_\_\_\_\_
2. How long have you worked on this unit? \_\_\_\_\_ years
3. How long have you practice as an RN at Butterworth Hospital? \_\_\_\_\_ years
4. What is your age? \_\_\_\_\_ years
5. What is your current role in nursing? (Check one)  
☐ Staff Nurse  
☐ Staff/Patient Educator  
☐ Clinical Nurse Specialist  
☐ Clinical Coordinator  
☐ Other \_\_\_\_\_
6. What is the highest level of educational degree you have attained? (Check one)  
☐ Diploma  
☐ AD  
☐ BA (what field?) \_\_\_\_\_  
☐ Masters Degree in Nursing  
☐ Other Masters Degree (what field?) \_\_\_\_\_  
☐ Other \_\_\_\_\_



APPENDIX D

August 24, 1994

Linda Urden, DNSc, R.N., CNA  
Butterworth Hospital  
100 Michigan, NE  
Grand Rapids, MI 49503

Dear Dr. Urden:

By means of the expedited review process your project, "Nursing Division Assessment of Organizational, Management, Productivity and Quality Indicators" was given approval by the Butterworth Hospital Research and Human Rights Committee. The number assigned to your study is 94-71.

Please be advised this does not include any budgetary items. Should you require funds from the Research and Human Rights Committee at any time, you will need to present the entire project to them.

The Research and Human Rights Committee and the F.D.A. requires you submit in writing, a progress report to the committee by July 1, 1995, and you will need reapproval should your study be ongoing at that time.

If you have any questions please phone me or Linda Pool at 774-1291.

Sincerely,

Jeffrey Jones, M.D.  
Co-Chairman, Butterworth Hospital Research and Human Rights Committee

JJ/jfn



APPENDIX E

January 17, 1996

Dawn Shoemaker, RN, BSN

Dear Dawn,

I grant permission to you to utilize data from my research study *Nursing Division Assessment of Organizational, Management, Productivity and Quality Indicators* in your master's thesis. Please cite my work in your thesis. I will encourage you to publish the findings and will share the manuscript preparation and subsequent publication with you. I will also ask for acknowledgment in any oral presentations (outside of your final thesis presentation at GVSU-KSON).

Sincerely,



Linda D. Urden, DNSc, RN, CNA  
Administrative Director, Nursing Services  
Quality, Education and Research



## APPENDIX F

1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

May 21, 1996

Dawn Shoemaker  
62 Manila SE  
Grand Rapids, MI 49548

Dear Dawn:

Your proposed project entitled "*The Relationship of Organizational Climate in the Hospital and RN Satisfaction*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A black rectangular box redacting the signature of Paul Huizenga.

Paul Huizenga, Chair  
Human Research Review Committee

## APPENDIX G

### Cover Letter

**RESEARCH STUDY:  
Nursing Division Assessment of Organizational, Management,  
Productivity and Quality Indicators**

Research Study Information Sheet

Dear Nursing Colleague,

You are invited to participate in a research study that is very important to the Division of Nursing at Butterworth Hospital. The information received from this study will form baseline data from which to evaluate our Division in subsequent years as we implement any new programs or changes. Specifically, this study addresses the following questions:

1. What is nursing care at Butterworth Hospital relative to time, quality, efficiency, and documentation?
2. What is the professional practice environment for nursing at Butterworth Hospital in the areas of unit and organizational climate, accountability, satisfaction, caring, MD collaboration, and professional relationships.
3. What are patient perceptions of nurse caring and satisfaction with nursing care?
4. What are physician perceptions of nursing unit/departmental effectiveness and collaboration with registered nurses?

Question number one will be addressed by a Work Sampling Study that is being conducted in the Division at this time. Questions three and four will be assessed by surveys that are being sent to physicians and patients also during the time period. Question number two is addressed by surveys that are included in this packet and that you are asked to complete at this time.

You are under no obligation to participate in this study. All responses will be held confidential and participation in the study poses no risk to your employment status. The only inconvenience will be the 10-15 minutes that you expend in completing the survey. Completion of this survey implies your consent to participate in the study. You are expected to complete the survey independent of your work time.

If you choose to participate, retain this information sheet for your own record of participation. Return the completed survey to me in the enclosed labeled envelope by **October 28, 1994.**

Thank you in advance for your participation and time in answering the survey questions. Remember, the accuracy of your responses will be invaluable in our Division assessment. If you have any questions about the project, please feel free to call me at 774-1625.

Linda D. Urden, DNSc, RN, CNA  
Administrative Director  
Quality, Education & Research

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