

University of New Hampshire

University of New Hampshire Scholars' Repository

Master's Theses and Capstones

Student Scholarship

Spring 2008

The relationship between autonomy and job satisfaction among registered nurses

Morgan A. Taylor

University of New Hampshire, Durham

Follow this and additional works at: <https://scholars.unh.edu/thesis>

Recommended Citation

Taylor, Morgan A., "The relationship between autonomy and job satisfaction among registered nurses" (2008). *Master's Theses and Capstones*. 370.

<https://scholars.unh.edu/thesis/370>

This Thesis is brought to you for free and open access by the Student Scholarship at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Master's Theses and Capstones by an authorized administrator of University of New Hampshire Scholars' Repository. For more information, please contact Scholarly.Communication@unh.edu.

THE RELATIONSHIP BETWEEN AUTONOMY AND JOB SATISFACTION
AMONG REGISTERED NURSES

BY

MORGAN A. TAYLOR

B.S., University of New Hampshire, 2004

THESIS

Submitted to the University of New Hampshire

in partial Fulfillment of

the Requirements for the Degree of

Master of Science

in

Nursing

May, 2008

UMI Number: 1455018

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

UMI[®]

UMI Microform 1455018

Copyright 2008 by ProQuest LLC.

All rights reserved. This microform edition is protected against unauthorized copying under Title 17, United States Code.

ProQuest LLC
789 E. Eisenhower Parkway
PO Box 1346
Ann Arbor, MI 48106-1346

This thesis has been examined and approved.

Susan J. Fetzer

Thesis Director, Susan J. Fetzer
Associate Professor of Nursing

Gerard A. Tobin

Gerard A. Tobin
Assistant Professor of Nursing

Susan M. Ruka

Susan M. Ruka
Administrator, Merriman House
North Conway, New Hampshire

May 6th 2008

Date

DEDICATION

I wish to dedicate this thesis in honor of my mother,
Carol Ann Taylor, whose courage and strength
in all endeavors she undertook continues to
inspire me to pursue my dreams.

ACKNOWLEDGEMENTS

I wish to express my gratitude and thanks to the members of my thesis committee: Dr. Susan Fetzner, Dr. Gerard Tobin, and Dr. Susan Ruka. Without their countless hours of support and encouragement, this thesis would not be possible. I also wish to express my appreciation to the Eta Iota Chapter of Sigma Theta Tau International at the University of New Hampshire, with their support I was able to continue my research.

I would also like to thank my family for their patience and kindness throughout this process, they have truly helped me get to where I am today. Finally I would like to take a moment to thank my mother who lost her battle with cancer in May 2007. She was my greatest support and encouraged me to be all that I could possibly be. Without her love and support this thesis would not be what it is today.

TABLE OF CONTENTS

DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
ABSTRACT.....	ix

CHAPTER	PAGE
I. PROBLEM AND SIGNIFICANCE.....	1
Purpose.....	5
II. REVIEW OF THE LITERATURE.....	6
Introduction.....	6
Autonomy in Nursing.....	6
Job Satisfaction in Nursing.....	11
III. METHODOLOGY.....	16
Design.....	16
Setting and Sample.....	16
Instrumentation.....	16
Risks and Benefits to Human Subjects.....	18
Procedure.....	19

Data Analysis.....	20
IV. FINDINGS.....	21
Sample.....	21
Autonomy Scores.....	23
Job Satisfaction.....	23
Autonomy and Job Satisfaction.....	26
Relationship between Autonomy and Patient Population.....	26
V. DISCUSSION.....	27
Study Findings.....	27
Limitations of the Study.....	29
Implications for Future Nursing Practice.....	29
Future Research.....	30
Conclusion.....	30
LIST OF REFERENCES.....	32
APPENDICES.....	36
APPENDIX A: DEMOGRAPHICS SHEET.....	37
APPENDIX B: DEMPSTER PRACTICE BEHAVIORS SCALE (DPBS).....	38
APPENDIX C: PERMISSION TO USE DEMPSTER PRACTICE BEHAVIORS SCALE.....	39
APPENDIX D: DESCRIPTION OF DEMPSTER PRACTICE BEHAVIORS SCALE.....	40
APPENDIX E: UNH IRB APPROVAL.....	43
APPENDIX F: WELCOME LETTER.....	44

LIST OF TABLES

TABLES	PAGE
1. DEMOGRAPHICS OF REGISTERED NURSES WITHIN SAMPLE.....	22

LIST OF FIGURES

FIGURES	PAGE
1. TOTAL AUTONOMY SCORE WITHIN SAMPLE.....	24
2. CURRENT LEVEL OF JOB SATISFACTION WITHIN SAMPLE.....	25

ABSTRACT

THE RELATIONSHIP BETWEEN AUTONOMY AND JOB SATISFACTION AMONG REGISTERED NURSES

by

Morgan A. Taylor

University of New Hampshire, May, 2008

With the state of health care today, it is essential to determine the level of job satisfaction among registered nurses as they are important members of the health care team. With the ongoing nursing shortage, identifying strategies to improve retention among nurses will help retain well qualified nurses and recruit the new generation of nurses. Autonomy is a factor that often plays a role in the quality of an individuals work environment, thus the current study was conducted to determine if a relationship exists between nursing job satisfaction and autonomy.

A quantitative, correlational study was conducted with 100 registered nurses attending nursing conferences in New England. The Dempster Practice Behaviors Scale, along with a demographics sheet, was distributed to participants. As a result of completing this study, findings showed a positive correlation between perceived autonomy and job satisfaction. Thus nurses who perceive higher levels of autonomy within their practice are more satisfied within their jobs.

CHAPTER I

PROBLEM AND SIGNIFICANCE

Nurses assume many roles within the health care system and are essential players in the provision of health care services. Hood and Leddy (2006) states that nurses adapt their role to meet the needs of the patient as direct caregivers, teachers, change agents, care coordinators, and counselors. Nurses are also advocates to ensure patients acquire the services and medical care they need. Thus nurses are vital to patient care, and it is imperative that managers implement strategies to increase retention and recruitment of qualified nurses in today's health care system.

Recent reports from the *Journal of the American Medical Association* suggest that the shortage of nurses could exceed 1 million nurses by 2020 (Kuehn, 2007). The existing nursing shortage is an issue that will continue to plague the nursing workforce. Among the numerous issues facing the nursing workforce, the increasing number of elderly with chronic illnesses and complex morbidities will continue to strain nurses. According to Best and Thurston (2006) there are new and evolving health threats, emergencies and increasing rates of chronic diseases that continue to place a burden on the health care system. This burden is often shouldered primarily by direct nurse caregivers at the bedside.

The provision of care is also complicated by nurse-patient ratios and cost cutting. As hospital budgets tighten, patient care can suffer. Higher patient acuity and increased complexity of care calls for adequate staff to care for individuals, and could be overlooked in the drive to increase revenue in the hospital setting. Decker, Wheeler, Johnson, and Parsons (2001) conclude that changes in the healthcare industry have created an environment that has resulted in diminished quality of care, which is a result of this revenue driven system. When these changes are made without the consultation of individual staff member input, this lack of participation could increase feelings of unrest and dissatisfaction in the workplace (Aiken et al., 2001). As discussed by Aiken, et al., (2001) factors that enhance job satisfaction include management responsiveness, and participation in decision making. Findings from this study also show that the shortage of nurses diminished the time nurses have to spend with patients on basic nursing care such as mouth and skin care, and providing education to patients (Aiken, et al., 2001).

In addition to the increasing needs of the patient, and the existing nursing shortage, the nursing workforce is also aging at a rapid rate. Findings from Buerhaus (2000) highlight that 40% of nurses are predicted to be 50 years of age or older by 2010. This rapidly aging workforce not only affects direct caregivers, but also nursing educators training the future generation of nurses. Hospital administrators that do not have a strong knowledge of factors that enhance nursing job satisfaction, job retention, and recruitment, could result in nursing turnover that may result in a potentially dangerous situation for patient safety.

Research from Aiken, Smith and Lake (1994) showed that positive work environments supported nurses and allowed nurses to exercise authority, within the parameters of their scope of practice, equal to their level of responsibility in patient care. These work environments ultimately resulted in lower mortality rates than other hospitals, and also lower predicted hospital mortality. Thus factors that contribute to work environment impact upon not only nursing outcomes, but patient outcomes as well.

The combination of increased needs of the patient population in healthcare, an existing nursing shortage, and an aging nursing workforce creates a need to focus on strategies that will enhance nursing job satisfaction and retention of current employees. From existing data it is not shocking that nurses are dissatisfied with their current job setting. The Canadian Nursing Advisory Committee (2002) suggests that the cycle of increased job demand and workload, limited scope of practice and high number of non-nursing tasks has contributed strongly to job dissatisfaction among registered nurses. The cycle of dissatisfaction and limited scope of practice will continue to hinder nurses, and will continue to plague the nursing workforce.

A significant factor that impacts nursing satisfaction within their practice is the ability to provide nursing care within their scope of practice. The ability to practice independently is often referred to as autonomy. Autonomy is universally described as a state of self determination within ones own practice (Aiken et al., 2001; Aiken et al., 1994; Attree, 2005; Cash, 2001; Finn, 2001; Keenan, 1999). When this condition is lacking within the practice of an individual, it is related to

numerous factors including frustration, dissatisfaction, low morale, and demotivation (Attree, 2005). These feelings have a significant impact on both nursing outcomes and patient outcomes alike, and can contribute to decreased rates of staff retention (Attree, 2005).

Autonomy is also a key concept within the traditional definition of a profession. Attree (2005) explained that this concept involves an individual authority to determine ones own practice with minimal constraint. Autonomy also allows for an increase in an individuals' power in practice and permits the responsibility of delegation. Delegation also allows for greater ability to practice nursing roles that could impact job satisfaction and rates of retention (Parsons, 1998). Although this study is somewhat dated, current research regarding nursing roles suggests nurses are more satisfied when given the opportunity to perform them (Aiken et al., 2001).

Within the changing health care world, nurses seek to provide care to the best of their ability. Thus it is essential to identify factors that enhance independence among nurses. Wade (1999) characterized the attributes of professional nurse autonomy as a caring relationship, discretionary decision making, collegial interdependence within the health care team, and advocacy for patients. These characteristics result in nurses who are accountable, empowered, satisfied with their jobs, and committed to the nursing profession (Attree, 2005).

There is great importance to autonomous practice in nursing as evidenced by the increase in accountability, empowerment and commitment to the

profession (Attree, 2005). Nurses who are empowered and committed to the profession will ultimately increase rates of retention and recruitment. This will lead to a more satisfied nursing staff that should empower nurses to provide the best care possible to patients. Thus it is essential to explore a broad range of nurses to determine if autonomy is consistent across nursing specialties, or if it is limited to specific specialties within nursing. This exploration will determine if there is a link between the factors of autonomy and job satisfaction, and if differences exist among specialties.

Purpose

The purpose of this study is to examine the relationship between professional nurse autonomy and job satisfaction. The variables of interest within this study were the perceived level of job satisfaction and level of autonomy among registered nurses. The study is designed to test the following hypothesis:

1. There is a positive correlation between perceived level of job satisfaction and level of autonomy among registered nurses.
2. Distinct specialties will perceive higher levels of autonomy than others.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

At the very core of nursing there is a specific set of knowledge unique to nursing (Headley, 2006). Headley (2006) suggests that nurses have a unique scope of practice with knowledge specific to patient education, wound care, and pain management. Within these specific domains of nursing, nurses make clinical decisions that effect patient care outcomes. The independence within decision making is often referred to as autonomy. Autonomy, as a traditional hallmark of practice (Attree, 2005), allows nurses to act independently and make judgments in practice. Ryan and Deci (2006) defined autonomy as the regulation of self. Autonomy has been defined in terms that lead to a vision of self determination, independence and clinical decision making (Papathanassoglou et al., 2005; Sandstrom, 2007).

Autonomy in Nursing

In nursing, however, there exists a particular difficulty in characterizing autonomy as it is often linked to professionalism. In their classic work, Bixler and Bixler (1945) argue that a profession functions autonomously in the formulation of professional policy. Even though this article was written in 1945, the observation that nursing had no well conceived program to prepare a supply of

nursing leaders is not far from the existing dilemma in nursing. Today with the fragmentation of nursing education, and multiple entryways into the profession, the struggle for autonomy within clinical practice continues.

Wade (1999) suggests that exposure to professional nurse autonomy begins during baccalaureate nursing education programs. Schutzenhofer and Musser (1994) in examining a random sample of 2,000 RNs utilizing the Nursing Activity Scale identified a positive relationship between level of nursing education and autonomy. It is interesting to note that as nurses obtained higher levels of education, their autonomy scores increased. This is further supported by Gerrish, McManus, and Ashworth (2003) who suggest that individual capability and autonomous practice increases with a Master's level of education in nursing. This finding could be linked to the increased level of expertise among nurses with higher levels of educational preparation, work experience, or desire to improve upon existing practice structures.

Wynd (1999) also suggested that there is an existing link between the factors of age and experience with higher levels of autonomy, higher educational degrees and certification. Given what is known about the educational fragmentation of the profession, autonomy could be difficult to achieve. Wynd's (1999) finding that higher education is correlated with higher levels of autonomy can open the door to the existing research base toward determining the interrelatedness of autonomy with other factors that could significantly improve

practice outcomes. A factor such as higher levels of education could potentially bring the professionalism of nursing to a higher level.

The Professional Nurse Autonomy Scale, developed by Schutzenhofer (1987), measures the level of autonomy nurses believe they need within certain situations. Schutzenhofer (1987) suggests this scale may be useful for further research in educational and staff development programs. By measuring the perceived level of autonomy needed within specific nursing situations, it may be useful to identify the developmental needs of the nurse and improve levels of autonomy among nurses.

It is important to identify gaps in nursing autonomy from an educational perspective, and design learning activities to help bolster perceptions of autonomy. Results of a study of public hospital nurses in Western Australia, by Williams and McGowan (1995) showed that attitudes toward autonomy were higher among a group of nurses (n=9) that had participated in a development program regarding autonomy, as compared to the control group (n=13) that did not participate in the program. Although this sample is small the findings from this study are still important, and show that education and research on autonomy can help bolster autonomy among nurses.

The ability to influence practice standards and structures that support or refute nursing autonomy greatly impacts the perception of autonomy within the clinical practice setting. Grounded theory methodology and phenomenological research has been the basis of many studies exploring autonomy from the

perspective of individual nurses. Attree (2005) using a grounded theory approach explored 142 registered nurse perceptions of standards of nursing practice within the United Kingdom. Results showed a high consensus among participants regarding the perceived lack of control of standards of nursing practice. This perception of micromanagement can create an environment where nurses experience frustration, dissatisfaction, and low morale among staff members (Attree, 2005).

Cash (2001) investigated perceptions of autonomy through 23 semi structured interviews conducted among community psychiatric nurses in England, and found varying degrees of clinical autonomy. By allowing nurses to respond within the context of a conversation, they were able to respond from within their own feelings and perceptions of individual work. Clinical autonomy had been defined as the choice over practice modality, the right to choose their patients, and a collaborative relationship with medicine. Although a variety of studies have been conducted outside the United States, themes and perceptions associated with autonomy have been consistent within the literature regardless of location.

Within the rapidly changing environment of health care and the need for nurses to adapt and react, Mrayyan (2006) suggested that decentralized decision making and empowerment of nurses could influence nurse autonomy. Mrayyan (2006) argues that a means to achieve decentralized decision making is the implementation of autonomous decision making among staff nurses by nurse

managers at the unit level. Nurses who felt empowered and independent had access to resources, support, and the opportunity to grow and flourish in their work setting (Armstrong & Laschinger, 2006).

George, et al. (2002) suggests that shared leadership, or decentralized decision making, is a means to empower employees to act at point of care service. During this study a shared leadership concepts program was implemented within a hospital setting. Outcomes showed that along with increased autonomy among nurses, patient outcomes were improved through the ability of the nurse to meet patients' needs, enhance trust and rapport, and improved satisfaction with care.

Role differences have been shown to influence feelings of autonomy among nurses. A classic study conducted by Pankratz and Pankratz (1974) regarding nursing attitudes of autonomy and patient rights showed that community hospital nurses were the lowest on the autonomy scale, whereas nursing leaders resulted in the highest levels of nursing autonomy. Pankratz and Pankratz (1974) posit that higher educational degrees were associated with nursing leaders, with most holding a master's degree or doctoral degree, whereas a majority of community hospital nurses were diploma graduates. This study was conducted over 30 years ago and current findings may be different today. This indicated that as education increased, the perception and attitudes surrounding nursing autonomy also changed.

A survey of 120 randomly sampled critical care nurses utilizing the internally developed Hellenic Intensive Care Nursing Autonomy Scale Papathanassoglou, et al., (2005) found that nurses in critical care held high technical autonomy but low decisional autonomy. This could suggest that nurses perform tasks associated with their specialty, but are prevented from participating in the decision making process that surrounds their practice. This limitation in autonomy and decision making could result in disempowerment among nurses, and could potentially be dangerous for patient outcomes.

In addition to educational variants, nursing specialty can influence the actual work environment and can have a strong impact upon perceptions of autonomy. Based on this impact, Kanter's Theory of Structural Power in Organizations emerged as the theoretical framework to support the current study. In her seminal work, Kanter (1977) suggested that behaviors in the workplace are developed through the individuals' experience and position. Kanter suggested that power is the ability to mobilize resources toward achieving goals. Kanter's theory purports that attitudes and behaviors can often be shaped by the challenges and various situations that exist within the job environment (McDermott, Laschinger, & Shamian, 1996).

Job Satisfaction in Nursing

Kovner, Brewer, Wu, Cheng, and Suzuki (2006) explored factors associated with nursing job satisfaction and found that group cohesion, promotional opportunities, supervisor support, variety of work, low work-to-family

conflict, low organizational constraint and high levels of autonomy were important to job satisfaction. Curtis (2007) argues that professional status, interaction and autonomy are among the factors that contribute positively to nursing job satisfaction.

Fochsen, Sjogren, Josephson, and Lagerstrom (2005) examined a sample of 1,507 nurses in Sweden, and of those 158 decided to leave nursing voluntarily. Results showed that the decision to leave nursing was prompted by lack of professional opportunities, unsatisfactory salary and restricted professional autonomy. Factors influencing job turnover are important to consider, as an awareness of factors could lead to the development of potential solutions to retain employees.

A large portion of the literature regarding job satisfaction and autonomy explored organizational structures and work characteristics of registered nurses. These characteristics led to the discovery of key findings of work environments with higher rates of retention and recruitment of nurses. Upenieks (2003) suggests that supportive factors of clinical practice autonomy and increased rates of job satisfaction among registered nurses exist within Magnet status hospitals. Increased job satisfaction has significant implications for health care organizations with the nursing shortage and heavy financial burden of replacing nursing staff.

Autonomy has been conceptualized as a predictor of job satisfaction, an antecedent to retention, and an outcome of organizational characteristics

(Keenan, 1999; Spear & Kulbok, 2004; Wade, 1999). As such, autonomy consistently ranks among the top factors positively affecting job satisfaction among nurses (Campbell, Fowels, & Weber, 2004; Curtis, 2007; DeLoach, 2003). Although the impact of autonomy on job satisfaction is present throughout the existing literature, many studies are brief on their discussion of the topic. Few studies presently explore the key factors underlying decreased job satisfaction and increased turnover within nursing. If autonomy is grouped within other categories affecting job satisfaction, then the larger meaning to nursing as a whole could ultimately be lost.

Finn (2001) utilized the Index of Work Satisfaction (IWS) to determine nursing job satisfaction among 178 nurses in a large Brisbane teaching hospital in Australia. Results of this study showed that autonomy ranked highest among factors affecting job satisfaction, however many of the nurses felt that their tasks were programmed for them, allowing for too much responsibility and not enough authority. A limitation of the study is that it was conducted at a single institution, and the results could have been influenced by the culture of the institution. However, the results do provide valuable data regarding job satisfaction and autonomy in nursing.

Inherently the nursing shortage may cause the development of a negative feedback loop whereby fewer nursing staff leads to reduced autonomy and clinical decision making (Tummers, Landerweerd, & Van Merode, 2002). Improving job satisfaction among nurses may be more complicated than just

autonomy and its impact on job satisfaction. Many factors influence the decision to stay at the workplace. Davidson, Folcarelli, Crawford, Duprat, and Clifford (1997) discussed key factors that influenced intent to leave which included: poor communication, increased workload, and limited time to complete tasks on the job. Factors that lead to job satisfaction can also often be more basic in nature and include increased compensation, time off, and less physically demanding work (Kovner et al., 2006). A working knowledge of factors that influence job satisfaction could reveal crucial strategies to enhance the work environment for nurses.

Regardless of the setting in which nursing care is delivered, Miller (2006) suggests that nurses must cope with rapid changes in the health care system that has a high regard for financial success. In addition to the existing culture of healthcare, nurses also must work with diminished resources, time constraints, and decreased length of stay with increased morbidity of patients. Thus in order for nurses to practice at their best, there must be a supportive atmosphere for nursing practice. As such, there is a growing need to determine the essential factors that contribute to autonomy in practice, and thus improve the professionalism and job satisfaction of nurses.

The existing research on the subject of nursing autonomy and job satisfaction examines these concepts from a general perspective. Variables associated with job satisfaction are grouped together, and the direct impact of autonomy on job satisfaction could be lost within the analysis. Few studies have

utilized tools that measure autonomy to determine if a correlation exists with job satisfaction. Limitations in study sample also weaken the data on job satisfaction and autonomy, as many studies have limited their sample to a single institution (Finn, 2001; Hayhurst, Saylor, & Stuenkel, 2005; Williams & McGowan, 1995). The current study will address the weaknesses of the current research by utilizing a tool designed by Dr. Judith Dempster (1990) to measure autonomous behaviors in practice.

CHAPTER III

METHODOLOGY

Design

A quantitative correlational study was performed utilizing a survey method. A convenience sample of registered nurses attending nursing conferences were invited to participate in the study. The purpose of the study was to determine if:

1. There is a positive correlation between perceived level of job satisfaction and level of autonomy among registered nurses.
2. Distinct specialties will perceive higher levels of autonomy than others.

Setting and Sample

The research sample consisted of 100 Registered Nurses attending three separate nursing conferences. Nursing conferences included a technology symposium, pain management conference, and elder care conference. Surveys were distributed to all nursing conference participants who identified themselves as Registered Nurses. Completed surveys were deposited in a collection bin which was placed at the conference registration desk.

Instrumentation

The variables of autonomy and job satisfaction were the research variables under study. A demographics sheet was developed utilizing the

variables of gender, age, years in practice, degree, patient population, satisfaction with ability to provide care, and perceived job satisfaction (Appendix A).

Autonomy is a concept that has both a conceptual definition and operational definition. As described, autonomy can be defined as a state of independence or self determination within the scope of an individuals' profession, and the belief in the centrality of the client (Spear & Kulbok, 2004; Wade, 1999). The operational definition of autonomy was the Dempster Practice Behaviors Scale (DPBS) (Appendix B), which was utilized to measure levels of autonomy. The Dempster Practice Behaviors Scale (Appendix B), developed by Dempster (1990) measures the extent of autonomy in practice. Permission for use of this survey tool was granted by the author (Appendix C).

The DPBS is a 30-item instrument, which utilizes a Likert-type format with a five point scale for scoring. The higher the scores, the greater the level of autonomy, with scores ranging from 30-150. Five items on the survey are reversed scored. The tool was designed to explore the overt and covert behaviors, and actions associated with autonomy within the nursing profession and beyond (Dempster, 1990).

To protect against response bias, the term autonomy was not included in the title of the measure (Dempster, 1990). The tool has been tested for content validity, factorial validity, construct validity, reliability analysis, and multidimensionality (Appendix D). The results of the instrument show that the

higher the score, the greater degree of autonomy is experienced by the individual in practice. Certain items on the Dempster Practice Behaviors Scale correspond to underlying theoretical dimensions as described by Dr. Judith Dempster, and the scale could be examined as multidimensional. However, for this study, the tool was examined from a unidimensional perspective, and the explanation of the results followed this analysis.

A main concern for this study was the construct validity, as the goal of the study was to examine the fit between the conceptual definitions and operational definitions of variables, and how these variables were measured (Burns & Grove, 2005). Previous construct validity (Appendix D) was shown to be acceptable.

Alternative tools that measure autonomy were considered for this study. The Professional Nurse Autonomy Scale (Schutzenhofer, 1987), explored perceived level of autonomy needed within specific situations and has been utilized more from a staff development perspective. This tool was not appropriate for this type of study because of the nature of the limited focus. The Hellenic Intensive Care Nurse Autonomy Scale (Papathanassoglou et al., 2005), measures the level of autonomy among critical care nurses and was far too limiting for the sample utilized in this study.

Risks and Benefits to Human Subjects

Approval to conduct this study was granted through the University of New Hampshire Institutional Review Board for Human Subjects (Appendix E). There were no identified risks to the participants within this study, except time needed

to complete the survey and demographics sheet. Participants were informed through the cover letter (Appendix F) that their decision to participate in the study was voluntary. No identifying data was requested on any of the survey materials. Participants were able to decline or withdraw from the study at any point until their survey was placed in the collection bin. Completed surveys were then stored in a secure location and access was granted only to the research and faculty advisor to maintain confidentiality of the data.

Benefits to this study include the knowledge that information collected through the study could potentially assist nursing leadership and healthcare organizations to determine systems that support nursing autonomy, and thus increase job satisfaction among nurses.

Procedure

A packet including a welcome letter (Appendix F), demographics sheet (Appendix A) and survey tool (Appendix B) were distributed to among 100 Registered Nurses at three nursing conferences. The surveys were then collected in a bin at the conference registration desk. At the first conference 50 surveys were distributed, and 40 surveys were returned for a response rate of 80%. The second conference also resulted in a response rate of 80% with 50 surveys distributed and 40 returned. For the third conference, 25 surveys were distributed 20 were returned for a response rate of 80%. The high response rate could be attributed to the ease of returning the survey at the conference registration desk.

Data collection took place over a three month period. Each survey and demographic sheet was assigned a number and place in chronological order from 1 to 100. All surveys included in this study were complete.

Data Analysis

Prior to data analysis, the data was entered into the Statistical Packages for the Social Sciences (SPSS) version 15.0 database and printed after entry to allow for a cross check with the original data file to increase accuracy of the data. Data variables were coded. Scoring for the Dempster Practice Behaviors Scale followed the recommended technique described by Dr. Judith Dempster (1990).

Mean job satisfaction scores were obtained, as well as the mean total autonomy score. The relationship between perceived job satisfaction and total autonomy score was determined by calculating a Pearson Correlation Coefficient. The relationship between total autonomy score and practice setting was determined by calculating a Pearson Correlation Coefficient, as was the relationship between total autonomy score and age. A significant amount of the sample fell into the medical surgical population or the critical care population, thus a one sample t-test was conducted between total autonomy score and this group, and job satisfaction and this group.

CHAPTER IV

FINDINGS

Sample

Of the 125 surveys distributed among RN's attending nursing conferences, 100 RN's completed the survey. Of this population, ninety six (96%) were female. The age of the subjects ranged from 24 to 75 years, with the mean age of 47.5 years (SD = 11.1). The average years of nursing practice was 21.5 years (SD = 13.2), with a range of 1 year to 52 years.

A majority of the sample practiced within a Medical/Surgical population (21%, n=21), or Critical Care/ICU (23%, n=23). Preop/OR/PACU/Ambulatory consisted of 14% (n=14) of the sample, Maternity/Pediatrics was 9% (n=9), Public Health/Infection Control 8% (n=8), Geriatrics 7% (n=7), Rehab 6% (n=6), Informatics/Regulatory 6% (n=6), Education 4% (n=4), Hem/Onc 1% (n=1), and Radiology 1% (n=1).

The highest nursing degree currently held by participants varied, 39% (n=39) of the sample graduated with a Baccalaureate Degree in Nursing, followed by an Associate's Degree in Nursing 28% (n=28), Diploma in Nursing 13% (n=13), Master's Degree in Nursing 13% (n=13), Doctoral Degree in Nursing

3% (n=3), other 4% (n=4). A summary of the demographic findings is presented below in Table 1.

Table 1

DEMOGRAPHICS OF REGISTERED NURSES WITHIN SAMPLE (n=100)

Variable	n	Percentage
Gender		
Female	96	96
Male	4	4
Highest Nursing Degree Attained		
Diploma in Nursing	13	13
Associate's Degree in Nursing	28	28
Baccalaureate Degree in Nursing	39	39
Master's Degree in Nursing	13	13
Doctoral Degree in Nursing	3	3
Other	4	4
Patient Population		
Medical/Surgical	21	21
Critical Care/ICU	23	23
Maternity/Pediatrics	9	9
Public Health/Infection Control	8	8
Rehab	6	6
Geriatrics	7	7
Preop/OR/PACU/Ambulatory	14	14
Education	4	4
Hem/Onc	1	1
Informatics/Regulatory	6	6
Radiology	1	1

Autonomy Scores

Total autonomy scores ranged from 78-141, with a mean of 116.99 (SD = 12.94). Based on the Dempster Practice Behaviors Scale the higher the score, the higher level of autonomy with possible scores ranging from 30-150 (Dempster, 1990). The scale does not classify a range for scoring, therefore these findings show that on average registered nurses within this sample perceived high levels of autonomy. A histogram provides a visual representation of this data in Figure 1.

Job Satisfaction

Total job satisfaction scores ranged from 1-5, with a mean of 3.65 (SD = 1.39), with the higher the job satisfaction score, the greater the level of job satisfaction. Thus registered nurses within this sample perceived fairly high levels of job satisfaction. A histogram also provides a visual representation of this data in Figure 2.

Figure 1

TOTAL AUTONOMY SCORE WITHIN SAMPLE (n=100)

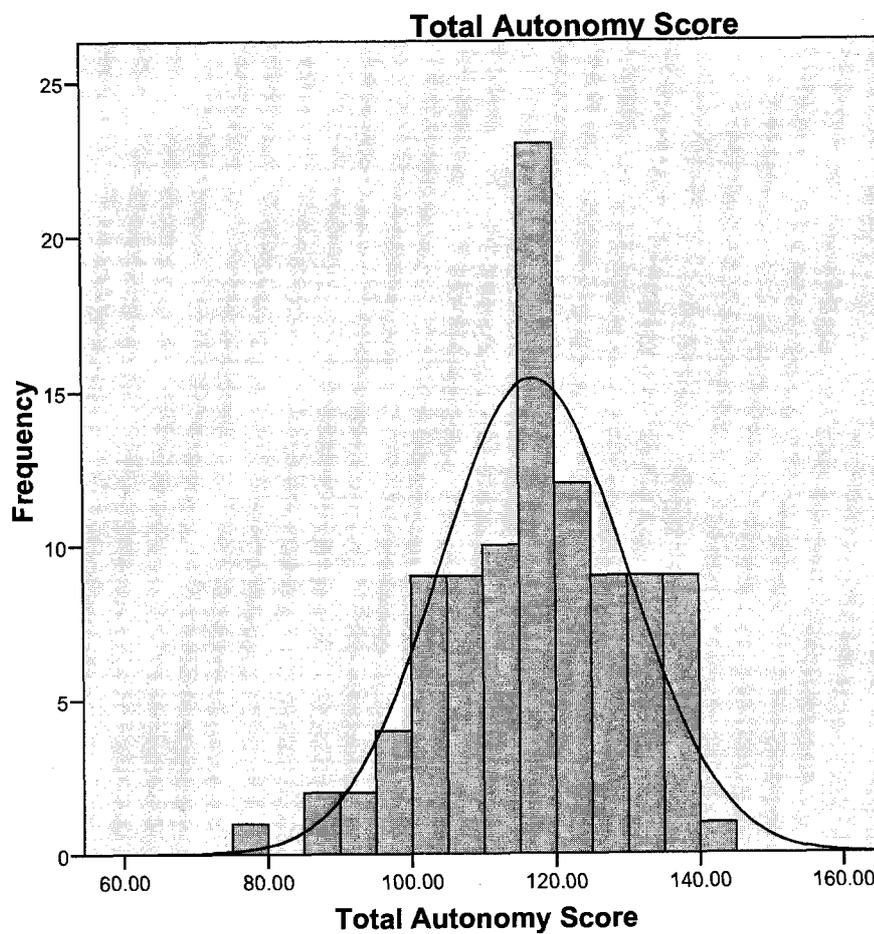


Figure 2

CURRENT LEVEL OF JOB SATISFACTION WITHIN SAMPLE (n=100)



Autonomy and Job Satisfaction

A Pearson Correlation was utilized to determine the relationship between autonomy and job satisfaction. According to LoBiondo-Wood & Haber (2006) a Pearson Correlation is utilized to determine relationships between interval level measurements. Within this study there was a positive relationship between perceived level of autonomy and perceived level of job satisfaction ($r= 0.324$, $p= 0.001$).

Relationship between Autonomy and Patient Population

There was a large distribution among nursing specialties, with 21% of registered nurses within the sample under the Medical/Surgical population, and 23% of the sample under the Critical Care/ICU population. The mean autonomy score for nurses in Medical/Surgical population was 115 (SD=11.8), whereas the mean autonomy score for nurses in the Critical Care/ICU population was 113.8 (SD=15.5). A t-test of this sample did not show significance ($r= -0.47$, $p= 0.764$). Thus this finding did not support the initial hypothesis that distinct specialties perceive higher levels of autonomy.

CHAPTER V

DISCUSSION

Study Findings

The study findings supported the hypothesis that a positive correlation ($r= 0.324, p= 0.001$) exists between perceived level of autonomy and perceived level of job satisfaction among registered nurses within this study. This finding is consistent with previous research studies (Campbell, Fowels, & Weber, 2004; Curtis, 2007; DeLoach, 2003; Finn, 2001; Kovner et al., 2006). This finding also supports the notion that nurses who perceive higher levels of autonomy within their practice are more satisfied within their jobs.

The study findings did not support the hypothesis that distinct specialties would perceive higher levels of autonomy. However, descriptive statistics showed that Medical/Surgical populations perceived slightly higher levels of autonomy than Critical Care/ICU populations. This differs from the findings in recent research regarding level of autonomy in Critical Care/ICU populations (Papathanassoglou et al., 2005). Within the current study, the sample size may have limited the ability to generalize levels of autonomy. Also, registered nurses attending nursing conferences could be more proactive and thus perceive higher levels of autonomy.

Related findings from this research study show that the mean age of nurses within this sample was 47.5 years. This is consistent with the current literature on the age of the nursing workforce (Buerhaus, 2000). In addition the data show that the mean years of nursing practice was 21.5 years. This finding indicates that nurses are beginning to enter the nursing workforce later in life, as the years of nursing practice reflects a shorter duration within the profession. According to Auerbach, Buerhaus, and Staiger (2007) many nurses are entering the profession in their late twenties and early thirties. According to their study this trend is projected to continue with the average age of registered nurses to be 44.7 years in the year 2020 (Auerbach, et al., 2007). Nurses who enter the workforce as second career students could have higher levels of emotional maturity and greater variety of life experiences.

The results of the current study did not show a relationship between perceived level of autonomy and highest nursing degree attained. This also differs from existing research on the subject of autonomy and nursing education. The literature shows that as the level of nursing education increases, the perceived level of autonomy also increases (Gerrish et al., 2003; Pankratz & Pankratz, 1974; Schutzenhofer & Musser, 1994; Wynd, 1999). Perhaps this is due to the sample size, or the fact that most subjects had an Associate's Degree in Nursing (28%) or a Baccalaureate Degree in Nursing (39%). Registered nurses within the current sample may not attribute their autonomy to their

educational status, but perhaps organizational factors were stronger determinants of perceived autonomy.

Limitations of the Study

The major limitation of the study is related to the sample. The convenience sampling method and sample size limits the ability to generalize the results outside of this particular sample. In particular, the use of registered nurses attending conferences may increase the bias of the sample because those registered nurses attending conferences may inherently have higher levels of autonomy, or be more satisfied with their jobs. A larger sample size may increase the power of the study.

Implications for Future Nursing Practice

Findings within this study have the potential to increase knowledge of the impact of nursing autonomy and job satisfaction, and the underlying characteristics of the nursing population such as education, age, years in nursing practice and specialty. This information is of great importance to the nursing community as a whole with the existing nursing shortage, and potential retention and recruitment strategies of nursing administrators. These results are a starting point for future research into nursing autonomy and ways to improve job satisfaction. It is possible that this information could spark interest within the nursing community to educate nurses about autonomy, and how to incorporate it within their individual work setting. It is extremely important to consider the impact of the nursing shortage on the health care environment, and determine potential solutions toward improving the health care environment for nurses.

Future Research

Further research utilizing the Dempster Practice Behaviors Scale and demographics sheet should consider larger, more diverse samples to examine the relationship between perceived level of autonomy and job satisfaction, but to also draw connections between educational and practice variables of registered nurses. A larger sample utilizing the same sampling method may increase the likelihood of greater diversity of specialties, and could result in different outcomes than previously determined from the current study.

The correlation between perceived level of autonomy and perceived level of job satisfaction could further reinforce the need for nurse administrators and management to examine perceptions among their nursing staff, and thus work to increase rates of retention among existing staff. This information could also be useful when recruiting the new generation of nurses to their facility.

Conclusion

Determining strategies to improve the state of retention and recruitment within nursing through research has been an ongoing struggle. If nurses continue to be dissatisfied within their jobs, and perceive lower levels of autonomy the healthcare industry will suffer as a whole.

Healthcare institutions will benefit from implementing strategies to retain highly qualified nurses, but also recruit the future generation of nurses to the profession. The future of nursing and patient care as a whole could potentially suffer with nurses who are less autonomous within their practice setting, and also dissatisfied with their jobs. By recognizing the importance of autonomy to

nursing, and its implications for job satisfaction, the nursing community and patient care as a whole will continue to improve.

LIST OF REFERENCES

- Advisory Committee on Health Human Resources. (2002). *Our health, our future: Creating quality workplaces for Canadian nurses*. o. Document Number)
- Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H., et al. (2001). Nurses' Reports on Hospital Care in Five Countries. *Health Affairs*, 20, 4-53.
- Aiken, L., Smith, H., & Lake, E. (1994). Lower Medicare Mortality among a Set of Hospitals Known for Good Nursing Care. *Medical Care*, 32(8), 771-787.
- Armstrong, K., & Laschinger, H. (2006). Structural Empowerment, Magnet Hospital Characteristics, and Patient Safety Culture. *Journal of Nursing Care Quality*, 21(2), 124-132.
- Attree, M. (2005). Nursing agency and governance: Registered nurses' perceptions [Electronic version]. *Journal of Nursing Management*, 13, 387-396.
- Best, M., & Thurston, N. (2006). Canadian Public Health Nurses' Job Satisfaction. *Public Health Nursing*, 23(3), 250-255.
- Bixler, G., & Bixler, R. (1945). The professional status of nursing. *The American Journal of Nursing*, 45(9).
- Buerhaus, P. (2000). Implications of an aging registered nurse workforce. *Journal of the American Medical Association*, 283(22), 2948-2954.
- Campbell, S., Fowels, E., & Weber, J. (2004). Organizational structure and job satisfaction in public health nursing [Electronic version]. *Public Health Nursing*, 21(6), 564-571.
- Cash, K. (2001). Clinical autonomy and contractual space [Electronic version]. *Nursing Philosophy*, 2, 36-41.
- Curtis, E. (2007). Job satisfaction: A survey of nurses in the Republic of Ireland [Electronic version]. *International Nursing Review*, 54, 92-99.
- Davidson, H., Folcarelli, P., Crawford, S., Duprat, L., & Clifford, J. (1997). The effects of health care reforms on job satisfaction and voluntary turnover among hospital-based nurses. *Medical Care*, 35(6), 634-645.

- DeLoach, R. (2003). Job satisfaction among hospice interdisciplinary team members [Electronic version]. *American Journal of Hospice & Palliative Care*, 20(6), 434-440.
- Dempster, J. (1990). *The Dempster Practice Behaviors Scale (DPBS)*. Gilbert, Arizona: Judith S. Dempster.
- Dempster, J. (n.d.). Measurement of Behaviors Related to Autonomy in Practice, the Dempster Practice Behaviors Scale (DPBS). Unpublished manuscript.
- Finn, C. (2001). Autonomy: an important component for nurses' job satisfaction. *International Journal of Nursing Studies*, 38, 349-357.
- Fochsen, G., Sjogren, K., Josephson, M., & Lagerstrom, M. (2005). Factors contributing to the decision to leave nursing care: A study among Swedish nursing personnel. *Journal of Nursing Management*, 13, 338-344.
- George, V., Burke, L., Rodgers, B., Duthie, N., Hoffmann, M., Koceja, V., et al. (2002). Developing staff nurse shared leadership behavior in professional nursing practice. *Nursing Administration Quarterly*, 26(3), 44-59.
- Gerrish, K., McManus, M., & Ashworth, P. (2003). Creating what sort of professional? Master's level nurse education as a professionalizing strategy [Electronic version]. *Nursing Inquiry*, 10(2), 103-112.
- Hayhurst, A., Saylor, C., & Stuenkel, D. (2005). Work environmental factors and retention of nurses [Electronic version]. *Journal of Nursing Care Quality*, 20(3), 283-288.
- Headley, C. (2006). Setting the stage for professional development. *Nephrology Nursing Journal*, 33(5).
- Hood, L., & Leddy, S. (2006). *Conceptual Bases of Professional Nursing* (6th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Kanter, R. (1977). *Men and women of the corporation*. New York: Basic Books.
- Keenan, J. (1999). A concept analysis of autonomy. *Journal of Advanced Nursing*, 29(3), 556-562.
- Kovner, C., Brewer, C., Wu, Y., Cheng, Y., & Suzuki, M. (2006). Factors associated with work satisfaction of registered nurses [Electronic version]. *Journal of Nursing Scholarship*, 38(1), 71-79.
- Kuehn, B. (2007). No End in Sight to Nursing Shortage. *Journal of the American Medical Association*, 298(14), 1623-1625.

- LoBiondo-Wood, G., & Haber, J. (2006). *Nursing Research- Methods and Critical Appraisal for Evidence-Based Practice* (6th ed.). St. Louis, MI: Mosby Elsevier.
- McDermott, K., Laschinger, H., & Shamian, J. (1996). Work Empowerment and Organizational Commitment. *Nursing Management*, 27(5), 44-47.
- Miller, J. (2006). Opportunities and obstacles for good work in nursing [Electronic version]. *Nursing Ethics*, 13(5), 471-487.
- Mrayyan, M. (2006). A unit-based protocol to enhance Jordanian nurses' autonomous decision making. *Journal of Nursing Management*, 14, 391-396.
- Pankratz, L., & Pankratz, D. (1974). Nursing autonomy and patients' rights: Development of a nursing attitude scale [Electronic version]. *Journal of Health and Social Behavior*, 15(3), 211-216.
- Papathanassoglou, E., Tseroni, M., Karydaki, A., Vazaiou, G., Kassikou, J., & Lavdaniti, M. (2005). Practice and clinical decision-making autonomy among Hellenic critical care nurses [Electronic version]. *Journal of Nursing Management*, 13, 154-164.
- Parsons, L. (1998). Delegation skills and nurse job satisfaction. *Nursing Economics*, 16(1), 18-26.
- Ryan, R., & Deci, E. (2006). Self-regulation and the problem of human autonomy: Does psychology need choice, self-determination, and will? [Electronic version]. *Journal of Personality*, 74(6), 1557-1585.
- Sandstrom, R. (2007). The meanings of autonomy for physical therapy [Electronic version]. *Physical Therapy*, 87(1), 98-110.
- Schutzenhofer, K. (1987). The Measurement of Professional Autonomy. *Journal of Professional Nursing*, 3.
- Schutzenhofer, K., & Musser, D. (1994). Nurse characteristics and professional autonomy. *Journal of Nursing Scholarship*, 26(3).
- Spear, H., & Kulbok, P. (2004). Autonomy and Adolescence: A Concept Analysis. *Public Health Nursing*, 21(2), 144-152.
- Tummers, G., Landerweerd, J., & Merode, G. V. (2002). Organization, work and work reactions: A study of the relationship between organizational aspects of nursing and nurses' work characteristics and work reactions [Electronic version]. *Scandinavian Journal of Caring Sciences*, 16, 52-58.

- Upenieks, V. (2003). The interrelationship of organizational characteristics of magnet hospitals, nursing leadership, and nursing job satisfaction [Electronic version]. *Health Care Manager, 22*(2), 83-98.
- Wade, G. (1999). Professional nurse autonomy: Concept analysis and application to nursing education [Electronic version]. *Journal of Advanced Nursing, 30*(2), 310-318.
- Williams, S., & McGowan, S. (1995). Professional autonomy: A pilot study to determine the effects of a professional development program on nursing attitudes. *Journal of Nursing Staff Development, 11*(3).
- Wynd, C. (1999). Current factors contributing to professionalism in nursing [Electronic version]. *Journal of Professional Nursing, 19*(5), 251-261.

APPENDICES

APPENDIX A
DEMOGRAPHICS SHEET

Demographics

Please circle or fill in the appropriate response.

1. What is your gender?

Male

Female

2. What is your age? _____ years

3. How many years have you practiced as a registered nurse? _____

4. What is the highest nursing degree that you currently hold?

- Diploma in Nursing
- Associate's Degree in Nursing
- Baccalaureate Degree in Nursing
- Master's Degree in Nursing
- Doctoral Degree in Nursing

5. What patient population do you care for in your practice? (for example: critical care, maternity): _____

6. How satisfied are you with your ability to provide nursing care within your practice setting? (Check one)

- Very Unsatisfied
- Unsatisfied
- Neither Satisfied nor Unsatisfied
- Satisfied
- Very Satisfied

**PLEASE PLACE THE COMPLETED SURVEY IN THE BOX MARKED
"NURSE SURVEY" LOCATED AT THE REGISTRATION DESK.**

APPENDIX B

DEMPSTER PRACTICE BEHAVIORS SCALE (DPBS)

DPBS

Please CAREFULLY read and think about EACH statement below.

For each statement, mark the response that BEST indicates how TRUE that statement is for you.

IN MY PRACTICE I . . .	NOT AT ALL TRUE	SLIGHTLY TRUE	MODERATELY TRUE	VERY TRUE	EXTREMELY TRUE
	1	2	3	4	5
1 . . . take responsibility and am accountable for my actions.					
2 . . . have developed the image of myself as an independent professional.					
3 . . . base my actions on the full scope of my knowledge and ability.					
4 . . . self-determine my role and activities.					
5 . . . derive satisfaction from what I do.					
6 . . . take control over my environment and situations I confront.					
7 . . . am valued for my independent actions.					
8 . . . am constrained by bureaucratic limitations.					
9 . . . provide quality services through my actions.					
10 . . . am confident in my abilities to perform my role independently.					
11 . . . have been professionally socialized to take independent action.					
12 . . . function with the authority to do what I know should be done.					
13 . . . have too many routine tasks to exercise independent action.					
14 . . . have a sense of professionalism.					
15 . . . have the rights and privileges I deserve.					
16 . . . have the professional experience needed for independent action.					
17 . . . am restrained in what I can do because I am powerless.					
18 . . . collaborate with others outside my field when I feel there is a need.					
19 . . . derive feelings of self-respect and esteem from what I do.					
20 . . . make my own decisions related to what I do.					
21 . . . possess ownership of my practice; that is, my role belongs to me.					
22 . . . have the power to influence decisions and actions of others.					
23 . . . have a sense of self-achievement.					
24 . . . am provided with a legal basis for independent functioning.					
25 . . . demonstrate mastery of skills essential for freedom of action.					
26 . . . have my activities and actions programmed by others.					
27 . . . have the respect of those in other disciplines.					
28 . . . cannot optimally function because I do not have legal status.					
29 . . . establish the parameters and limits of my practice activities.					
30 . . . accept the consequences for the choices I make.					

APPENDIX C

PERMISSION TO USE DEMPSTER PRACTICE BEHAVIORS SCALE

----- Original Message -----

From: Morgan Taylor
To: dempster@aanp.org
Sent: Tuesday, March 27, 2007 10:21 AM
Subject: Dempster Practice Behaviors Scale-Question

Dear Judith Dempster,

I am a current Graduate student at the University of New Hampshire in the Direct Entry Master's in Nursing program. I am currently in my Advanced Nursing Research course and have been conducting a literature search regarding autonomy in nursing. I am in the process of developing a research proposal for my course, and would like more information about the Dempster Practice Behaviors Scale. I encountered this scale during my literature search through the CINAHL database. I would also be extremely thankful if I could have permission to utilize this scale for this proposal. I look forward to hearing from you.

Thank you,
Morgan A. Taylor

From: Dr. Judith Dempster [dempster@aanp.org]
To: morgant@cisunix.unh.edu
Sent: Monday, April 2, 2007 5:12 PM
Subject: Dempster Practice Behaviors Scale-Question

Morgan, I have been away from the computer so wanted to get back with you. Thank you for your interest in the DPBS. You have my permission to use it. I have attached a copy of the tool and a description of the tool and its psychometrics. It has been used many times and has been translated into other languages. Unfortunately, while requested, I get little response from the researchers. I do know that the cronbachs alpha has remained high when used in studies. I would appreciate a summary of your findings from the use of the DPBS when you have finished your work. Best wishes in your endeavors. Judith Dempster

APPENDIX D

DESCRIPTION OF DEMPSTER PRACTICE BEHAVIORS SCALE

MEASUREMENT OF BEHAVIORS RELATED TO AUTONOMY IN PRACTICE

THE DEMPSTER PRACTICE BEHAVIORS SCALE (DPBS)

DR. JUDITH S. DEMPSTER

DESCRIPTION

The Dempster Practice Behaviors Scale (DPBS) was constructed to measure the extent of autonomous behaviors in practice. The DPBS is a 30-item instrument developed with a Likert-type format and a five point scaling and summated scoring basis. It focuses on overt and covert behaviors, action, and conduct related to the extent of an individual's autonomy in a practice setting. This tool is generalizable within nursing and outside of nursing. To avoid possible response bias, the word autonomy was not included in the title of the measure. Rationale for construction of the DPBS arose from the fact that there is a dearth of valid and reliable instruments for measurement of autonomy and no tools specifically designed to assess behaviors and action related to autonomy in practice.

INSTRUMENT DEVELOPMENT AND TESTING

An innovative process of retroduction and triangulation was employed for instrument development. Theoretical literature and empirical studies of autonomy were critically reviewed for conceptual analysis and identification of dimensions. This deductive pursuit was supplemented by an inductive study, utilizing a grounded theory approach, with in-depth interviews of 28 subjects to elicit qualitative data associated with autonomous practice behaviors.

A conceptual schema developed from the retroductive triangulation of deductive and inductive findings identified four theoretical unmeasured dimensions of readiness, empowerment, actualization, and valuation related to autonomy in practice. Guided by the conceptual schema, item formulation emerged through content analysis of the qualitative study data and the theoretical/empirical literature.

The initial 40 item DPBS, along with three existing instruments to test for convergent and discriminant validity, was distributed to 1,000 practicing registered nurses. There was a 57% (N=569) return rate from 48 states and the District of Columbia. Nurses in advanced practice (e.g., nurse practitioners) comprised 60% of the returns with other categories of registered nurses making up the remaining 40%. Practice sites and specialty areas were diverse.

PSYCHOMETRIC PROPERTIES

Content Validity: The Content Validity Index (CVI) of the initial 40 item DPBS, calculated from ratings of seven content experts, was the maximum of 1.00.

Factorial Validity: Based on the 569 usable responses, exploratory and confirmatory factor analysis including principal components factoring with orthogonal varimax rotation and alpha factoring (all factoring using minimum salient loadings of .45) reduced the DPBS to 30 items.

Reliability Analysis: Reliability analysis evidenced a Cronbach's alpha (standardized item alpha) for the 30-item instrument of .95 with an overall inter-item correlation mean of .39. The corrected item total correlation range was .45 to .73.

Construct Validity: Construct validity was established through construction of a multitrait-multimethod (MTMM) matrix. Through the MTMM matrix, convergent validity of the DPBS was demonstrated with another autonomy tool of a different measurement method and discriminant validity was demonstrated with tools of different traits and measurement methods.

Multidimensionality: While empirical multidimensionality of the DPBS was originally proposed, it was not supported due to moderate to high correlations of the four theoretically based subscales of readiness, empowerment, actualization, and valuation.

Therefore, the empirically unidimensional, yet theoretically multidimensional, DPBS is proven to have strong initial psychometric properties. It is felt that the DPBS has potential to expand measurement parameters related to autonomy in practice for the benefit of nursing and other professions.

SCORING

For general scoring, the higher the score, the greater the extent of autonomy. The scoring range is 30 – 150.

Several items of the DPBS need to be reverse scored. The items are 8, 13, 17, 26, 28. Reverse scored means those specific items need to be reversed... i.e., if a response is 1 it needs to be reversed to a 5; if it is 2 it becomes a 4; a 3 remains a 3; a 4 is reversed to a 2; and a 5 is reversed to a 1.

THEORETICAL SUBSCALES

Following are the items that correspond to the theoretical dimensions – or the 4 subscales if the DPBS is to be examined as multidimensional instead of unidimensional.

Readiness:	2, 4, 6, 7, 11, 12, 20, 21, 22, 27, 29
Empowerment:	8, 13, 15, 17, 24, 26, 28
Actualization:	1, 3, 9, 10, 14, 16, 18, 25, 30
Valuation:	5, 19, 23

AVAILABILITY

Interested researchers are encouraged to use the DPBS. Please request permission for use. The author of the DPBS also requests 1) a summary of validity and reliability of the DPBS resulting from its use in a study; 2) outcomes of any study completed that included the DPBS; and 3) information on any publications or papers that result from such studies.

To use the DPBS please contact:

Judith S. Dempster, DNSc, FNP, FAANP
1820 E. Cascade Drive
Gilbert, Arizona 85234 USA
E-mail dempster@aanp.org

APPENDIX E

UNH IRB APPROVAL

University of New Hampshire

Research Conduct and Compliance Services, Office of Sponsored Research
Service Building, 51 College Road, Durham, NH 03824-3585
Fax: 603-862-3564

26-Sep-2007

Taylor, Morgan A.
Nursing, Hewitt Hall
248 Littleworth Road
Madbury, NH 03823

IRB #: 4067

Study: The relationship between autonomy and job satisfaction among Registered Nurses

Approval Date: 24-Sep-2007

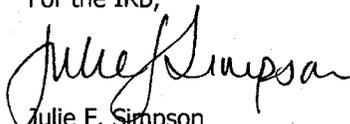
The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Exempt as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 101(b). Approval is granted to conduct your study as described in your protocol.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, *Responsibilities of Directors of Research Studies Involving Human Subjects*. (This document is also available at <http://www.unh.edu/osr/compliance/irb.html>.) Please read this document carefully before commencing your work involving human subjects.

Upon completion of your study, please complete the enclosed pink Exempt Study Final Report form and return it to this office along with a report of your findings.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or Julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,



Julie F. Simpson
Manager

cc: File
Fetzer, Susan

APPENDIX F
WELCOME LETTER

Welcome!

The researcher for this study is a graduate student at the University of New Hampshire seeking to conduct research for a capstone project toward the completion of a Master's degree in Nursing. The research study seeks to understand nurses' job satisfaction.

Participants have been selected to participate because they are a registered nurse and represent wealth of knowledge and experience in nursing. The study will include 100 RN's attending nursing conferences. Participants are asked to fill out a survey and answer some questions about themselves. This survey should only take 15 minutes to complete. No identifying information should be placed on the survey. Participation in the study is voluntary, and participants choosing to fill out the survey are consenting to participate in the study. Participants have the opportunity to withdraw from the research study when in possession of the survey by not completing the document or by choosing not to submit the survey after completion. A survey that has been submitted would imply that the participant has understood and accepted the conditions of the study and therefore would be included in the research. Should there be any questions or concerns about the study, participants may email the investigator at mtaylor06@gmail.com, or ask them at the end of the conference meeting.

This study will provide valuable data to the nursing community regarding job satisfaction in nursing. This information could potentially lead to the development of solutions toward solving the nursing shortage, and increased retention of nurses to the profession. There are no anticipated risks as a result of participating in this study. Only the researcher and their advisor will have access to individual surveys, data will be reported in the aggregate.

Should participants have any questions or concerns about their rights as a participant in this research, participants may contact Julie Simpson, Manager of Research Conduct & Compliance Services at the University of New Hampshire by calling (603) 862-2003 or by email at Julie.Simpson@unh.edu.

The researcher greatly appreciates and looks forward to participants choosing to become a part of this study! Please place the completed survey in the box marked "Nursing Survey" which can be found at the conference registration desk.

Sincerely,

Morgan A. Taylor, BS, RN, Principal Investigator