

Committee participation by staff nurses was mandated by the Ministry of Health in Ontario in 1989 and the findings of Skelton-Green's study support increased involvement of staff nurses in committee work. The study also uncovers some interesting observations about orientation to and participation in committee work; as well as a caution about over-using the individual nurse. She also notes nurses who are "decisionally deprived" respond positively to committee involvement. However, there are others who are less than enthusiastic. This dichotomy is expressed again, less directly, in Ferguson-Paré's study on autonomy.

Ferguson-Paré examines the nurses' perception of autonomy in the long term care setting and gives further strength to the notion of promoting a more participative management style for nurse managers. An interesting finding in this study relates to cultural diversity, where nurses prepared outside of North America did not score high in their perception of autonomy.

A persistent theme throughout the articles is the need for a greater participative management style. As well, there is the need for visible nurse manager support of staff nurses, which may now be harder to display when the span of control for managers is ever-increasing; and, they as well as the staff nurse feel a sense of insecurity for their role.

Chliska and colleagues describe a collaborative project among university, hospital and public health institutions to expand the decision making role of the staff nurse in hospital. This study demonstrates how to use research to study traditional administrative and clinical nursing practices and determine more effective and cost saving methods of service. The project exposed nurses in both settings to a learning experience in nursing research and produced serendipitous results for individual nurses. As well, the relationships between the three institutions was strengthened; the project provides a good model for use by others.

The Perceived Impact of Committee Participation on Job Satisfaction and Retention of Staff Nurses

J. M. Skelton-Green

Abstract

In 1989, in response to the nursing shortage and much literature on dissatisfiers for practising nurses, the Ontario Minister of Health introduced a new regulation to the Public Hospitals Act, requiring that staff nurses and nurse managers have widespread representation on hospital committees. While involvement of nurse managers on such committees was not new, the participation of staff nurses certainly was.

From the literature, the researcher developed a model in which "mental image" was the central descriptor of staff nurses' committee experience. In the model, a number of factors were identified which might influence nurses' mental image of their committee experience; the model also proposed that mental image of committee experience would directly affect both job satisfaction and retention.

A large scale study (comprising 423 staff nurses from around the province) was conducted to test the model. The methodology was a survey, utilizing computer assisted telephone interviewing (CATI) technology.

The results of the study:

- demonstrate a strong and positive correlation between committee participation and job satisfaction;
- provide new data about nurses' mental image of committee experience, and about the factors which enhance or inhibit the formation of a positive mental image; and,
- offer concrete suggestions to staff nurses and nurse administrators to improve the quality of committee participation.

Ethical Review

Ethical review of this study took place in a number of venues. As part of the regular dissertation process at The Fielding Institute, the project was reviewed and approved by the Fielding Research Ethics Committee. The project was conducted at the Ontario Nursing Human Resources Data Centre at the University of Waterloo (where personnel agreed to allow access to the CATI system, and to administer the grant funds); because of this connection, the study was also approved by the Office of Human Research at that university. The study was also required to undergo ethical review in some of the participating hospitals. This requirement was at the call of the Chief Nursing Executive, and steered by that individual, based on information provided by the researcher.

Introduction / Background

In 1989, in response to the nursing shortage and much literature on dissatisfiers for practising nurses, the Ontario

Minister of Health introduced a new regulation [Regulation 518 (83)(89)] to the Public Hospitals Act, requiring that staff nurses and nurse managers be represented on any and all administrative, financial, operational and planning committees within the hospital.

While involvement of nurse managers on such committees was not new, the participation of staff nurses certainly was. In the years since the regulation was passed, a significant number of staff nurses have had the opportunity to participate in committees who had not done so before.

It is important to know:

- how nurses — as new committee members — perceive their experiences to date;
- what factors (both positive and negative) affect these perceptions; and,
- whether nurses who have had committee experience express increased job satisfaction and increased likelihood of remaining in active practice as a result.

The theoretical background for this study is found in three main areas:

1. literature on retention (or turnover) of nurses;
2. literature on job satisfaction of nurses — as a determinant of turnover; and
3. literature on participation — particularly participation in decision making — as a means to enhance job satisfaction.

Retention

Throughout the 1970s and 80s, as the nursing shortage accelerated in both Canada and the United States, a plethora of surveys and studies were published examining the reasons for the problem. Certainly there were issues of supply and demand, part of which could be addressed by increasing places in schools of nursing and by stepping up recruitment (both of potential candidates into nursing schools, and of unemployed nurses back into the workforce). But a disturbing pattern began to emerge from the data, indicating that retention was a much more significant factor than recruitment.

Over the years, a number of authors have undertaken extensive reviews of the literature in relation to nursing turnover. These include Brief (1976), Price (1977), Hinshaw and Atwood (1984), Frisina, Murray and Aird (1988), and most recently, Irvine and Evans (1992). Of these, the Irvine and Evans review was the most extensive.

In guiding the reader through the turnover literature, Irvine and Evans use a generic model (see Figure 1). In their model, "voluntary turnover is viewed as the outcome of behavioural intentions, which, in turn, are influenced by the level of an individual's job satisfaction" (Irvine & Evans, 1992, p.5-6). Job satisfaction is in turn, influenced by a number of economic, structural and individual/demographic variables.

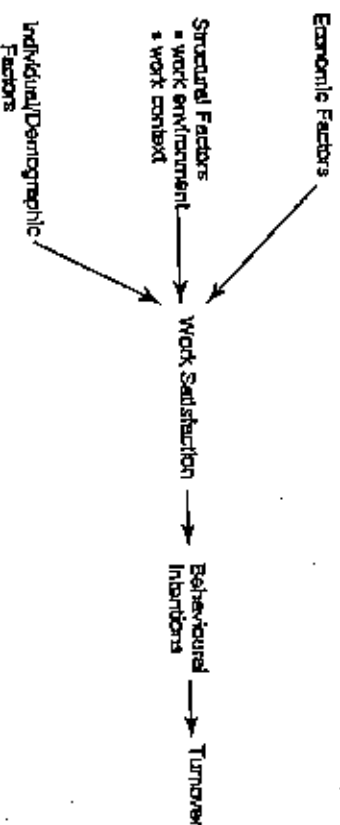


Figure: 1

Model of Nurse Turnover Behaviour

[Irvine, D. & Evans, M. (1992) Job satisfaction and turnover among nurses: A review and meta-analysis. Toronto, Ont: Quality of Worklife Research Unit, U. of T., p.5.]

Using this model as a backdrop, Irvine and Evans categorized the variables affecting nurse turnover as Stage 1, 2 and 3. Stage 1 variables are those which have a direct causal effect on turnover. Intent to leave is the major such variable. This causal link was established by several studies, including Mobley (1977), Price and Mueller (1981), and Weisman, Alexander and Chase (1981). An additional Stage 1 factor, identified by Price and Mueller, is job market opportunity.

Stage 2 variables are those which act to influence turnover through their effects on one or more of the Stage 1 variables. The predominant Stage 2 variable, as the model demonstrates, is job satisfaction (Mobley, 1977; Price and Mueller, 1981; Weisman, Alexander & Chase, 1981). However, a number of other Stage 2 variables have been supported by research: organizational commitment (Curry, Wakefield, Price, Mueller & McCloskey, 1985); professionalism, generalized training and kinship responsibilities (Price & Mueller, 1981; Curry et al., 1985); organizational tenure (Weisman, Alexander & Chase, 1981); and, opportunity to leave (Mobley, 1977).

Stage 3 variables, in turn, impact turnover through their effect on the Stage 2 variables. Irvine and Evans note that it is in the area of Stage 3 variables that the most disparity amongst the various models is demonstrated. Over the years, various models of nursing turnover have focused on particular Stage 3 variables. At the present time, there has been insufficient research on any one model for it to predominate.

Job Satisfaction

In all of the studies reviewed for retention, job dissatisfaction emerged as the overwhelming factor precipitating nursing turnover.

Irvine and Evans (1992) point out that job satisfaction has been defined in different ways by different authors and researchers:

1. as an affective state, or sense of well-being

- (Parasuraman, 1989; Weisman, Alexander & Chase, 1981);
2. as an attitudinal state (Hinshaw & Atwood, 1984; Price & Mueller, 1981);
 3. as an evaluative outcome (Steightholm-Cairns & Cragg, 1987); and
 4. as a need fulfillment state (Bush, 1988; McCloskey, 1990).

Attempts have been made to link job satisfaction to a host of antecedent variables. Slavit, Stamps, Piedmont and Haase (1978), in a large cross-sectional study spanning two years, found that autonomy was, without doubt, the most important factor in determining the job satisfaction of hospital nurses. In a large panel study, Weisman, Alexander and Chase (1981) also found that the strongest predictor of job satisfaction was autonomy. In each of these studies, autonomy was, in turn, related to a number of perceived antecedent events.

Several other large sample studies used Price and Mueller's model for turnover to study nurses job satisfaction in more detail (Price & Mueller, 1981; Curry et al., 1985; Began & Mueller, 1987; Mueller & Price, 1990). Across all of these studies, the most influential factors which related to increased job satisfaction were decreased routinization, increased promotional opportunities, increased autonomy, increased distributive justice, increased participation, increased perception of fairness of rewards, increased job communication, increased age and length of service.

In addition to the major initiatives discussed above, many smaller studies have been conducted which make bridges between job satisfaction and various other factors. Until recently, the complexity and overlap of studies has meant that the relative impact of various factors on job satisfaction has been difficult to determine. Irvine and Evans (1992) achieved a breakthrough in this regard. In their comprehensive review of the literature relating to job satisfaction and turnover among nurses, the authors offered an extensive and integrated descriptive analysis of the research to date. The descriptive analysis was followed by a carefully constructed and executed meta-analysis. The meta-analysis yielded several key generalizations:

1. a relationship between job satisfaction and intent to leave;
2. a relationship between job satisfaction and turnover;
3. moderate to high correlations between job satisfaction and autonomy, between job satisfaction and stress, and between job satisfaction and supervisory relations;
4. correlations between job satisfaction and age, job tenure, head nurse leadership, work overload, role conflict, and feedback;
5. a small to moderate relationship between job satisfaction and remuneration; and,
6. ambiguous findings in relation to the relationship between primary nursing and job satisfaction.

Participation

Macy, Peterson and Norton (1989), in a review of selected works on participation, noted that despite a large amount of conceptual and theoretical literature on group-based participation programs, there was a surprising lack of systematic empirical evidence regarding their efficacy. Nonetheless, in their respective literature reviews, O'Brien (1982), Srivastava (1983), Spector (1986) and Macy et al., (1989) do allow the following:

1. Participation is widely valued by many people in all societies where research data is obtainable.
2. Organizational research generally demonstrates that most workers would prefer to have a greater role in defining the task-specific aspects of their jobs.
3. Some studies have shown participation to be effective in improving job satisfaction and organizational effectiveness, and in decreasing turnover.
4. Participation in decision making is most likely to lead to satisfaction when the decisions are meaningful to employees, when they lead to changes in job content and skill utilization, and when wage increases are also linked to increases in skill or responsibility.
5. Some studies have linked participation to enhanced administrative functioning, morale and creativity.
6. Other studies have shown participation to contribute to the fulfillment of employees' mental health needs for autonomy, responsibility and identification with the workplace.

Alutto & Belasco (1972) demonstrated that a crucial variable in the perceived value of participation is the discrepancy between the worker's current and desired rate and kind of decision-making. The thesis is that if employees who are decisionally deprived (that is, they are participating in fewer decisions than they would like) are offered the opportunity to participate, they will respond positively. Those who are in decisional equilibrium or saturation, on the other hand, may be less enthusiastic.

Research on nurses' experiences with participation have been — on the whole — consistent with these generalizations. Staff nurses and nurse educators alike were found to prefer a role definition which consisted of greater decisional participation, and to experience greater job satisfaction when they had it (Alutto & Vrendenburgh, 1977; Grandjean, Bonjean & Aiken, 1982; Kussnerow, 1988; Martinez & Craigie, 1977; Murray & Leatt, 1992).

In conclusion, the review of the literature demonstrated an interconnected series of findings:

- retention of nurses is, to a great extent, dependent on their job satisfaction;
- Participation in decisions that affect their work and worklives is a factor which enhances nurses' job satisfaction;
- committee membership is one form of participation which nurses seek and appreciate; and,
- there are many aspects of committee membership which may affect the nurse's perception of its worth as a mechanism for participation.

METHOD

Development of the Model

From a review of the literature, the author developed a model (see Figure 2) to describe the factors influencing the effect of committee participation on staff nurses' job satisfaction, and organizational/professional retention.

In the model, the nurse's overall feeling or perception about her committee experience was felt to be the central integrating factor which would influence her job satisfaction and, through it, her retention. The terminology "mental image" was used to describe this factor. In the model, it was suggested that the following factors would influence the nurses' mental image of her committee experience directly:

1. professional experience of the staff nurse;
2. committee "fluency" of the staff nurse;
3. the staff nurse's decisional condition;
4. committee effectiveness; and,
5. committee influence.

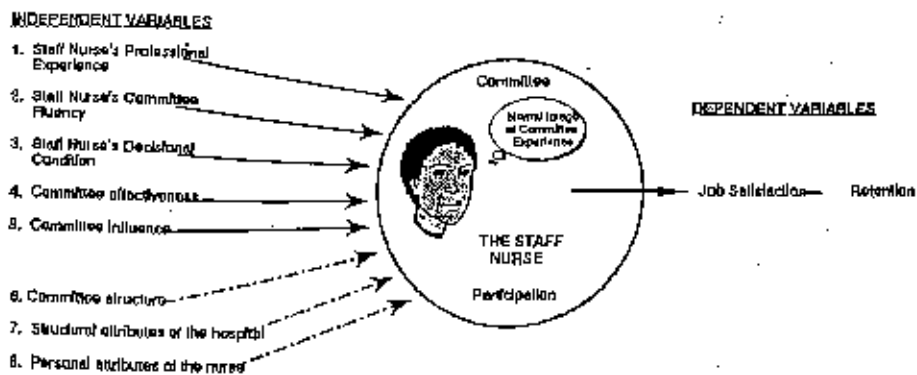


Figure: 1 Model of Relationship Between Staff Nurse Committee Participation and Job Satisfaction, and Retention — PROPOSED

The model also suggested that a number of other factors might, or might not be influential. These other factors included:

6. structure of the committee;
7. structure of the hospital; and,
8. personal attributes of the nurse.

The model further proposed that the nurse's mental image of her committee experience would directly affect her job satisfaction and organizational/professional retention. That is, if she perceived her committee experience to be positive, she would be more satisfied and more likely to stay. If negative, less satisfied and more likely to leave.

The purpose of the research study was to test the relationships in the model.

Subjects

In the design, a stratified sampling approach was utilized. A complete listing of Ontario hospitals was obtained from the Ministry of Health. From this list, 28 hospitals were selected, proportionally representing the six geographic regions of the province, as well as the various sizes and types of hospitals (teaching vs non-teaching).

Once the hospitals were identified, the Chief Nursing Executive (CNE) of each institution was approached by the principal researcher and invited to cooperate in the conduct of the study. If they agreed to participate, they were asked to

furnish names of all the staff nurses who were currently members of hospital, nursing (other than unit-based), medical and board committees in their organization. The sample of staff nurse committee members was thus a total enumeration within each hospital selected. A total of 639 staff RNs were invited to participate; the final number of staff nurses interviewed for the study was 423, or 66.2% of the eligible sample.

Demographic data were obtained recording both personal and professional characteristics of nurses in the study. These data were then compared to an overall population profile of staff nurses employed in Ontario hospitals (obtained from the registrant survey data collected by the College of Nurses of Ontario for the 1992 registration year). While the subjects in this study were quite similar to other hospital staff nurses in the province, there were some differences:

- a larger proportion of the study subjects were between 31 and 45 years of age (57%, as compared to the provincial average of 48%), and a smaller proportion were over 45 (24% of the study sample as compared to 32% in the province);
- a larger proportion of the study subjects received their basic nursing education in a university program (12% as compared to 7% provincially); and,
- a greater proportion of the study sample were employed full-time (72% as compared to the provincial norm of 54%).

Procedures for Data Collection

The study utilized a structured questionnaire, administered by telephone interview using computer assisted telephone interview (CAIT) technology. The major sections of the questionnaire were structured to correspond to the variables to be examined; items within each section were designed to test various dimensions of the respective variable.

The McCloskey Mueller Satisfaction Scale (MIMSS) — which was used as the foundation for the job satisfaction section of the questionnaire — has been subjected to extensive validity and reliability testing (Mueller & McCloskey, 1990). Validity and reliability for the balance of the study questionnaire were established as follows: face validity was carefully considered by the author in the actual construction of the questionnaire items, in that each item was drawn from the literature. Further, a selected group of health researchers was asked to assess the content validity of the questionnaire by reviewing it and giving feedback on whether or not the items were appropriately selected and constructed to measure the respective variables.

The questionnaire was pretested on a sample of staff nurse committee members from the researcher's own hospital, with the interviews conducted by two of the research assistants who would be doing the actual study. Further, the questionnaire was reviewed in detail by the principal researcher and the research assistants both before and after the pretest, providing a subjective assessment of inter-rater

reliability. Each of the eligible subjects who agreed to participate in the study was contacted at work by a research assistant. At the time of this initial telephone call, the staff nurse was reassured of the confidentiality of the data and that they could withdraw from participation at any time prior to or during the interview. If they agreed to participate, a date, time and place were arranged to conduct the actual interview. A group of three trained research assistants administered the survey questionnaire.

Data Analysis

The following were the primary means used to conduct the statistical analysis of data gathered by the questionnaire:

1. For individual items yielding nominal and ordinal data: frequencies.
2. For individual items yielding interval data: frequencies, ranges, means and standard deviations.
3. To examine whether or not the patterns in 1 and 2, above, varied with hospital size, hospital type (teaching vs non-teaching), or geographic region: oneway analysis of variance.
4. To explore the relationship between pairs of variables with continuous values: correlations.
5. To explore the relationship between a variable with continuous values, and one with categorical values: oneway analysis of variance, followed by Tukey's HSD test.
6. To examine the reliability of scales and/or subscales: Cronbach's alpha.
7. To analyze responses to open-ended questions: content analysis.

RESULTS

Extent of the implementation of Regulation 518

The results showed widespread implementation of Regulation 518 throughout Ontario. While the number of staff nurse committee representatives was quite variable across hospitals, the minimum number of committees on which staff nurses had been seated, even in hospitals under 50 beds, was four. In many of the hospitals sampled, staff nurse representation on committees was extensive.

(NOTE: Throughout the balance of the results section, only those results which were statistically significant ($p < .001$) will be reported.)

Dependent Variables, and their Relationships

To evaluate the model, the dependent variables and their interrelationships were examined first. The mental image of these staff nurses regarding their committee experience was very favourable. They felt that being a committee member had positively influenced their sense of belonging in the hospital community, their sense of power or influence, the recognition which they received at work, their learning and growth, and their overall sense of self-worth.

The study subjects were generally very satisfied with their jobs. They also indicated that their committee participation had had a positive effect on their job satisfaction. This was true for overall satisfaction, for a subset of items

examining control and responsibility, and for a subset examining praise and recognition. In order to assess whether or not there was a relationship between the nurses' perception of their committee experience and their job satisfaction, correlations were run between the mental image scale and all of the job satisfaction scales and subscales indicated above. Table 1 presents the correlations between these variables.

Scale	Mental Image
Satisfaction- Control & Responsibility	.48*
Attribution- Control & Responsibility	.54*
Satisfaction- Praise & Recognition	.35*
Attribution- Praise & Recognition	.54*
Overall Job Satisfaction	.49*
Overall Job Attribution	.66*

* $p < .001$

Table 1: Correlation Matrix: Mental Image with Job Satisfaction and Attribution Scales

As the literature predicted, there was also a direct relationship between job satisfaction and retention, although it was weaker than might have been expected.

Independent Variables, and their Relationship to Mental Image

The study then examined the various independent variables, and their relationships to the nurses' mental image of their committee experiences.

There were a number of the variables which did not correlate in any significant way with mental image:

1. There was no relationship between **personal attributes of the nurse** (such as age, marital status, number or life stage of children) and the mental image of committee participation.
2. The mental image of committee work did not appear to be influenced by the **staff nurses' professional experience** (including basic or post-basic nursing education, employment status, and/or the length of their nursing experience).
3. There was no difference in the nurses' overall impressions of their committee experience among different committee structures (types, sizes or chairs).
4. There was also no difference in mental image among hospitals with different structural attributes (size, type, or geographic region).

A number of aspects of committee fluency were, however, significant. Those nurses who felt that their

orientation to the hospital committee was effective held more positive opinions. Among subjects who had the opportunity to attend the "Partners in Leadership" seminar offered by the Registered Nurses' Association of Ontario, those who evaluated the seminar as effective had a more favourable impression of committee work. The more comfortable and confident nurses were in their membership roles, the more positive they felt about committee work. Comfort and confidence included such considerations as the frequency of contributions, the extent to which those contributions were felt to be appreciated, whether or not the staff nurses felt accepted by the other committee members, and how confident they felt as committee participants. Nurses who judged their contributions to be equal to or greater than the average committee member, also felt better about their committee experience. This would imply that being present at a committee is not enough, one must actually participate — and actively — to reap the benefits of attendance. Nurses who had a vote on the committee were more likely to feel positive about their committee work. Finally, those nurses who felt supported by their managers in their committee work were found to be more positive about their overall committee experience.

Interestingly, the more committees on which nurses sat, the less likely it was that their committee experience was positively perceived. At first glance, this finding would seem to be of concern, since it might imply a honeymoon-type of effect, wherein nurses become somewhat jaded about the effect of committees when they are involved in many of them. Other factors, such as previous committee experience,

frequency of meetings, length of time served, percentage of meetings attended, and support of peers did not appear to have any influence.

In relation to decisional condition, as predicted by the literature, nurses who were "decisionally deprived" or who were "in decisional equilibrium" held more positive mental images of their committee experience. This conclusion may help to explain the above finding regarding diminished mental image with increased participation, i.e. Involvement in too many committees leads to decisional saturation, with a corresponding kind of "burn-out" effect.

Also important was the committee effectiveness.

When the committee was run effectively, when the chair was performing competently, and when the environment was collegial, participants' mental image of committee participation was enhanced. Technical matters, such as prior notice of meetings, and circulation of agendas and minutes did not prove to be important.

Finally, the influence which the committee had within the hospital was perceived to be particularly important.

Nurses who felt that their committees had significant influence within the hospital were more positive about their committee experience and more satisfied with their jobs. Aspects of committee influence that had a positive effect on mental image included: power over policy issues, effectiveness in meeting goals and objectives, and influence in achieving change.

In summary, the following independent (and continuous) variables had statistically significant correlations with mental image of committee experience:

- In relation to the committee: effectiveness of the orientation, collegiality, effectiveness of the chair, overall effectiveness of the group process, and committee influence.
- In relation to the nurse: comfort and confidence, perceived contribution, number of committees currently attended, support felt from managers; and decisional condition.

Forward entry stepwise multiple regression was performed to assess the cumulative effect of these independent variables. Taken together, the above named independent variables explained nearly 36% of the variance in the nurses' mental image of their committee experiences.

Implications—For Theory

In this study, the staff nurses' mental image of their committee experience had a statistically significant effect on their job satisfaction, but not directly on their retention. Retention was significantly (but weakly) related to job satisfaction. And finally, to a greater or lesser extent, almost all of the factors which were predicted to have a direct influence on staff nurses' mental image of committee experience did, in fact, have such an effect. These factors included: professional experience, committee fluency, decisional condition, committee effectiveness, and committee influence. Figure 3 is the model which the study results supported.

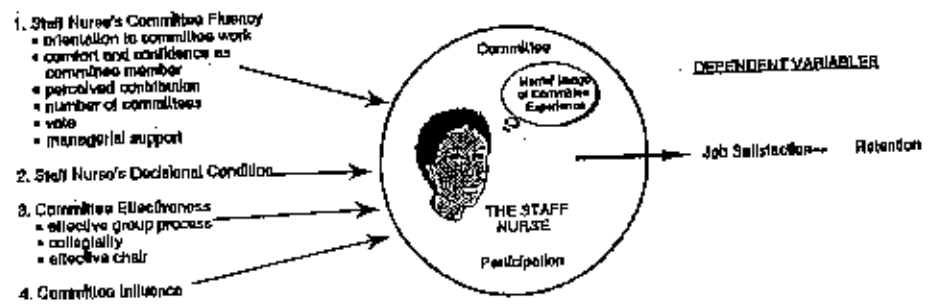


Figure: 3
Model of Relationship Between Staff Nurse Committee Participation and Job Satisfaction, and Retention — SUPPORTED BY THE STUDY RESULTS

For the most part, the findings of this study were consistent with the literature on turnover, job satisfaction and participation. The current piece of research, however, extends the previous literature by providing new and statistically significant data about nurses' mental image of committee experience, about the factors which may enhance or inhibit the formation of a positive mental image, and about the direct relationship between committee work and job satisfaction.

The findings of this study support increased involvement of staff nurses in committee work. They also support the enactment of legislation like Regulation 518 to spur employers to offer the opportunity for staff nurses to have such involvement. But beyond these major findings, the data also contain a number of practical observations which will be of interest to staff nurses and nurse administrators alike:

- Committees which are given meaningful tasks and power to act on their recommendations will be viewed more positively by staff nurse participants and will, in turn, have a more favourable effect on their job satisfaction.
- The quality of staff's orientation to committee work will affect both their perception of that committee and their job satisfaction pursuant to committee work.
- Activities which promote staff nurses' comfort and confidence as committee members will enhance their overall perception of the experience, as well as their job satisfaction.

Activities which promote collegiality, effective group process and effective chairing of committees will have similar desirable outcomes.

Ensuring that staff nurses have a vote on committees will have positive effects on their mental image and job satisfaction.

Staff nurses who are over-used on committees may become decisionally saturated and find their mental image and job satisfaction adversely affected. It will be important to strike the right balance between encouraging participation and over-extending the participants, and to "check-in" with staff nurses about their level of decisional deprivation or saturation periodically.

Support from managers for staff nurse committee work is an important factor in promoting staff nurses' positive mental image of committee work and job satisfaction.

And finally, the findings of this study should be considered supportive of other participative management efforts which are being tried in hospitals throughout North America (for example, shared governance, self-scheduling). It is quite reasonable to think that participation in decision making outside of committees would be as beneficial to nursing job satisfaction as participation within committees.

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References

- Alutto, J.A., & Belasco, J.A. (1972). A typology for participation in organizational decision making. Administrative Science Quarterly, 17, 117-125.
- Alutto, J.A., & Vrendenburgh, D.J. (1977). Characteristics of decisional participation by nurses. Academy of Management Journal, 20(2), 341-347.
- Biegan, M.A., & Mueller, C.W. (1987). Nurses' job satisfaction: A longitudinal analysis. Nursing and Health, 10, 227-237.
- Brief, A.P. (1976). Turnover among hospital nurses: A suggested model. Journal of Nursing Administration, 6(8), 55-58.
- Bush, J.P. (1987). Job satisfaction, powerlessness, and locus of control. Journal of Nursing Research, 10(6), 718-723.
- S., Price, J.L., Mueller, C.W., & Vrendenburgh, D.J. (1987). Determinants of turnover among nurses. Research in Nursing and Health, 10(2), 96-103.
- Christina, A., Murray, M., & Aird, C. (1988). What do nurses want? A review of job satisfaction and job turnover literature. Toronto, Ont: Health Care Research Unit, University of Toronto.
- Grandjean, B.D., Bonjean, C.M., & Alken, L.H. (1982). The effect of centralized decision-making on work satisfaction among nursing educators. Research in Nursing Health, 5: 29-35.
- Inshaw, A.S., & Atwood, J.R. (1984). Nursing staff turnover, stress, and satisfaction: Models, measures, and management. Annual Review of Nursing Research, 1, 133-153.
- Levine, D., & Evans, M. (1992). Job satisfaction and turnover among nurses: A review and meta-analysis. Toronto, Ont: Quality of Worklife Research Unit, University of Toronto.
- Kussnerow, R.P. (1988). Nurse participation in hospital decision making: Potential impact on the nursing shortage. Nursing Economics, 6(6), 312-317.
- May, B.A., Peterson, M.F., & Norton, L.W. (1989). A test of participation theory in a work re-design field study: Degree of participation and comparison site contrasts. Human Relations, 42(12), 1095-1165.
- Martiner, A., & Craigie, D. (1977). Job satisfaction and mobility of nurse educators in baccalaureate and higher degree programs in the west. Nursing Research, 26, 349-360.

9661 ENUR - AYW

McCloskey, J.C., (1990). Two requirements for job contentment: Autonomy and social integration. IMAGE: Journal of Nursing Scholarship, 22(3), 140-143.

Mobley, W.H. (1977). Intermediate linkages in the relationship between job satisfaction and employee turnover. Journal of Applied Psychology, 62(2), 237-240.

Mueller, C.W., & McCloskey, J.C. (1990). Nurses' job satisfaction: A proposed measure. Nursing Research, 39(2) 113-117.

Mueller, C.W., & Price, J.L. (1990). Economic, psychological and sociological determinants of voluntary turnover. The Journal of Behavioral Economics, 19, 321-335.

Murray, M.A., & Leatt, P. (1992). Decentralization of decision making: Its importance to hospital nurses' quality of work life. Presentation at the First Annual Conference on the Quality of Nursing Worklife. Hamilton, Ont.

O'Brien, G.E. (1982). The success and failure of employee participation — A longitudinal study. Work and People, 8(2), 24-28.

Parasuraman, S. (1989). Nursing Turnover: An integrated model. Research in Nursing and Allied Health, 12, 267-277.

Scott, P.A. (1986). Vacancy, stability, and turnover of registered nurses in hospitals. Research on Nursing Health, 9(1), 51-60.

Price, J.L. (1977). The study of turnover. Ames, Iowa: the State University Press.

Price, J.L., & Mueller, C.W. (1981). A causal model of turnover for nurses. Academy of Management Journal, 24 543-565.

Stamps, P.L., Piedmont, E.B., & Haase, A.M. (1983). Nurses' satisfaction with their work situation. Nursing Research, 27, 114-120.

Steinbohn-Cairns, B.J., & Cragg, C.E. (1987). Sources of satisfaction and dissatisfaction among baccalaureate nurses in hospitals. Nursing Papers, 19, 15-29.

Taylor, P.E. (1986). Perceived control by employees: A meta-analysis of studies concerning autonomy and participation at work. Human Relations, 39(11), 1005-1016.

Thastava, R.C. (1983). Participation and decision making: A review of researches. Indian Educational Review, 18(1) 77.

Wassman, C.S., Alexander, C., Chase, G. (1981). Determinants of hospital staff nurse turnover. Medical Care, 19, 431-443.