FORMS AND LEVELS OF PARTICIPATION OF STAFF NURSES IN A HEALTH CARE ORGANIZATION

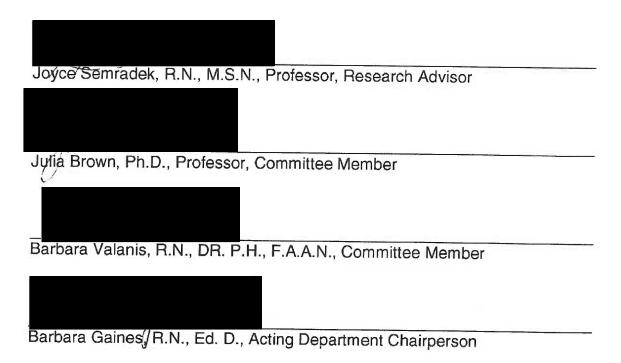
by
ALICE AVOLIO

A Report

Presented to
the Oregon Health Sciences University
School of Nursing
in partial fulfillment
of the requirements for the degree of
Master of Science

June, 1993

APPROVED:



DEDICATION

For my parents, Gennaro William Avolio and Marilyn Manser Avolio. Salute!

ACKNOWLEDGMENTS

I could never have completed this project without the help and kindness of many people to whom I turned for assistance during the years I spent researching and writing it. Some of them are mentioned below, but there are many others, and to all of them I give my thanks.

I would like to thank my research committee: Joyce Semradek, Julia Brown, and Barbara Valanis. They provided countless hours of thoughtful questioning and guidance and their critique helped strengthen the final product. Special thanks must be given to Joyce Semradek. Her belief in the project kept me moving forward. None of this would have been possible without her help.

I am deeply grateful to Merwyn R. Greenlick, Ph.D., and the Center for Health Research (CHR) for allowing me access to data from the KPNW Employee Survey and Nurse's Supplement. By giving access to data they create an opportunity for student development that is not available elsewhere. Among those at CHR who provided help were Charlotte Corelle, Michael Goodman, Karen Labuhn, and the entire Research Assistant Department.

Other people whose help I could not have done without include Siobhan Avolio-Toly, Tim Avolio-Toly, Gaetana Avolio, Kathy Beaudoin, Adrienne Greene, and Edward A. Neuwelt, M.D. I wish to thank Elizabeth Tornquist for her wonderful editing. Mary Lavelle was a true friend through it all, and I thank her. Finally, heartfelt thanks go to my husband, Jerry, and my son, Duncan.

ABSTRACT

TITLE:

Participation of Staff Nurses in a Health Care Organization

AUTHOR:

Alice Avolio

APPROVED:

Joyce Semradek, M.S.N., Professor

The purpose of this study is to describe levels of staff nurse participation in multiple activities not related to direct patient care, with emphasis on the relationship between participation in union activities and participation in those activities generally encouraged by management. This study describes staff nurse participation in organizational, educational, professional and union activities. Data on 615 staff nurses were drawn from the annual 1989 Kaiser Permanente Northwest Employee Survey. Nurses in the Kaiser system are represented by two different unions, the trade union (Oregon Federation of Nurses) and the professional association's union (Oregon Nurses Association). Almost all staff nurses participated in continuing education and self-directed learning activities, 86% and 97%, respectively. The trade union members were more likely than the professional association members not only to give service to their union (p<.003), but also to participate at a high rate (5 or 6 activities). Length of time employed (5 years or over), working the day shift, and working the 7/70 shift (seven 10 hour days on, seven 10 hour days off) were significantly related to overall participation (p<.005). Most (86.7%) of the staff nurses in this sample participated in more than one type of activity, although the time commitment for most nurses was only 1-2 hours per month. Opportunities for continuing education and self-directed learning are well received by staff nurses however, factors preventing a larger time commitment need to be identified.

TABLE OF CONTENTS

	<u>Page</u>
ABSTR	ACTv
LIST OF	TABLESvii
ARTICL	E: Forms and Levels of Participation of Staff
	Nurses in a Health Care Organization 1
	Methods4
	Setting and Subjects4
	Data5
	Variables and Their Measurement6
	Findings12
	Participation Levels12
	Personal and Job Characteristics
	and Overall Participation20
	Discussion22
	References28
Appendic	ces
Α	Additional Findings30
В	Research Proposal42
С	Instruments78

LIST OF TABLES

TABLE	<u>Page</u>
1	Measures of Participation by Staff Nurses
	in Various Activities8
2	Number and Percent of Staff Nurses
	Participating in Various Activities13
3	Time Spent on Service Reported to
	ONA/OFN by Staff Nurses who "Volunteered"
	and Those Who Did Not15
4	Time Spent per Month Giving Service to Union
	Reported by Members of Two Unions, OFN
	and ONA17
5	Number and Percent of Staff Nurses who
	Participated in One or More Types of
	Activities19
6	Distribution of Overall Participation Scores
	of Members of Two Unions21
7	Relation of Selected Factors to Overall
	Participation23

IABLE	(Continued)
A-1	Response Rate of KPNW RNs to 1989 Employee
	Survey, by Place of Employment31
A-2	Number and Percent of Staff Nurses Involved
	in Continuing Education Opportunities32
A-3	Estimated Number of Hours per Month Spent
	by Staff Nurses on Continuing Education33
A-4	Number and Percent of Staff Nurses Involved
	in Self-Directed Learning Activities34
A-5	Estimated Number of Hours per Month Spent
	by Staff Nurses Reading Nursing Journals35
A-6	Estimated Number of Hours per Month Spent
	by Staff Nurses Reading Nursing Books36
A-7	Number and Percent of Staff Nurses Involved
	in Professional Advancement Activities37
A-8	Estimated Number of Hours per Month Spent
	by Staff Nurses on Service to ONA or OFN38
A-9	Mean Overall Participation Scores for Staff
	Nurses by Age 30

TABLE	(Continued)
A-10	Mean Overall Participation Scores for Staff
	Nurses by Length of Time Employed40
A-11	The Effect of Shift Worked on Overall
	Participation41

Forms and Levels of Participation of Staff Nurses in a Health Care Organization Alice Avolio, R.N., B.S.N.

Oregon Health Sciences University

Forms and Levels of Participation of Staff Nurses in a Health Care Organization

Staff nurses in health care settings are expected by management not only to provide direct patient care but also to participate in a variety of organizational, educational and professional activities. These activities are considered beneficial for both the organization and the individual. Staff may also engage in a fourth type of activity - union participation, but this is not usually promoted by the management of the health care organization.

Organizational activities such as participation on hospital quality assurance or discharge planning committees contribute to the maintenance and improvement of organizational functioning and also provide the individual opportunities to share in organizational decision-making (American Academy of Nursing, 1983; Kramer & Schmalenberg, 1988; Towe, 1989/1990). Staff involvement in generating and implementing ideas to improve the functioning of the work organization results in other benefits, including increases in productivity, attachment and trust between employees and management, and a decrease in adversarial labor relations. The primary benefit to the individual is greater job satisfaction (Cummings & Berger, 1976; Shoemaker & El-Ahraf, 1983; Towe, 1989/1990), and satisfied staff are less likely to leave their employment, resulting in a stable, experienced staff over time (American Academy of Nursing, 1983; Hinshaw & Atwood, 1982; Kramer & Schmalenberg, 1988).

Staff participation in educational activities benefits the organization because these activities increase the skill levels and competence of staff and thereby improve patient care. Staff benefit psychologically (by pride in competence) and financially, since many health care organizations pay higher

salaries for nurses with more education (American Academy of Nursing, 1983; Huey, 1982; Kramer & Schmalenberg, 1988).

Professional activities such as research, consultation and professional presentations outside the organization benefit the organization by improving quality of care and increasing the organization's visibility. Such activities also increase nurses' opportunities for professional advancement (American Academy of Nursing, 1983).

While the benefits of participation -- for both the organization and the individual -- are emphasized in the literature, the costs are rarely addressed. Costs to the organization vary depending on the type of activity, the number of staff participating and amount of time spent, and the extent to which the organization subsidizes the activity. Costs of staff participation are reflected in program and salary expenditures, and in fewer staff available for patient coverage when staff participate during working hours. It may be argued that employee participation does not increase organizational efficiency, at least in hospitals. Indeed, since many organizational activities in which staff are involved are not patient care activities, if they consume too much time, the quality of care may suffer.

The optimal level of staff participation in organizational, educational and professional activities, as related to organizational functioning and patient care outcomes has rarely been examined. As noted above, too many staff participating may have an adverse effect on organizational functioning, but too few involved may result in an autocratic organization and decreased employee satisfaction. Further, some activities may benefit patient care more than others, and the mix of activities needed to provide the maximum benefit to the organization may vary.

The benefits and costs of staff participation in union activities have been unexamined. Staff join unions in order to improve their economic state. Such participation is usually accepted by management, but unlike participation in organizational, educational and professional activities, it is not regarded as contributing even indirectly to improved service to the patient. The literature on nursing unions has described the benefits for staff and the profession's ambivalence about unionization and who should represent nurses (Eldridge & Levi, 1982; Luttman, 1982; Stern, 1982; Stickler & Velghe, 1980), but little has been said about how participation in union activities is related to participation in organizational, educational and professional activities. Likewise, the literature has not addressed the concern that activities in the interest of compensation (wages and benefits) might distract staff nurses from other kinds of activities.

This article begins to address these deficiencies in the literature by describing levels of staff participation in multiple activities not related to direct patient care. The focus is on staff nurse participation in activities that compete for nurses' time, with emphasis on the relationship between participation in union activities and participation in those activities generally encouraged by management.

Methods

Setting and Subjects

Kaiser Permanente, Northwest Region (KPNW) is the oldest health maintenance organization (HMO) in the Northwest and is considered to be the classical HMO model stressing a service rather than profit orientation (Saward, Blank, & Greenlick, 1968). The system includes two hospitals, Bess Kaiser Medical Center (BKMC) and Kaiser Sunnyside Medical Center (KSMC), 17 outpatient medical offices, 5 additional outpatient clinics providing ancillary

services such as mental health and physical therapy, 13 dental clinics, and home health and hospice services.

The staff nurses of KPNW are represented by two different bargaining units. Those employed by BKMC are represented by the Oregon Nurses' Association, and those employed at KSMC and the outpatient clinics are represented by the Oregon Federation of Nurses (OFN). The ONA is the state chapter of the American Nurses' Association (ANA) and is also the professional organization for Oregon nurses. In contrast, the OFN is the local affiliate of the American Federation of Teachers, which is an affiliate of the AFL-CIO.

Data

This study is based on secondary analysis of an existing dataset from the 1989 Kaiser Permanent, Northwest Region (KPNW), Employee Survey and Nurses' Supplement. KPNW has administered an annual employee survey to all employees for over a decade. The purpose of the surveys is to provide information for management to help employees achieve greater productivity and work satisfaction. Nurses are asked to complete a supplement that provides a database about their values and preferences. The data for the present analysis came from the first employee survey administered following the resolution of a bitter 8-week nursing strike which took place at KPNW during July and August 1988.

At the time of the survey there were approximately 1,147 registered nurses (RNs) employed at KPNW. Of those, 647 returned questionnaires, for an overall response rate of 62.6%. When managers and supervisors were excluded, there were 615 staff nurses, including team leaders. Their questionnaires provided data for the present analysis (See Appendix A, Table A-1).

The majority of staff RNs responding to the questionnaire were Caucasian (93.7%) and female (92.9%): they worked in the inpatient hospital setting (62.8%), worked days (66.1%), and were educated in either an associate degree or diploma program (64.0%). One-third (35.7%) had worked for the organization for over ten years, and 76.3% were from 30 to 49 years of age.

Variables and Their Measurement

Staff nurses' level of participation in four areas was measured: (a) organizational activity; (b) education and self-development; (c) professional advancement activity; and (d) union activity. Whenever possible, the level of nurse's participation in each area was measured in two ways: (1) by the number of different activities in which the staff nurse participated, and (2) by the amount of time the nurse spent per month on activities in that area. The number of activities was determined by counting "yes" responses to items asking if the respondent had participated in specific activities. Time spent per month in an activity was measured by the subject's selection from five categories ranging from "no time" to "over 5 hours" (See Table 1, footnote). Information about time spent per month was unavailable for some types of activities.

Three items asking the amount of time spent per month in reading nursing books, reading nursing journals and giving service to the union were also used to obtain a measure of the number of staff nurses who participated in the activity. This was done by collapsing the time variable into a dichotomous variable. "No time" was scored 0, and all other responses were scored 1 (See Table 1, footnote).

Organizational participation was measured by one question calling for a dichotomous response ("yes" scored 1, and "no" scored 0) which asked whether

the respondent had served on a Kaiser Permanente or nursing committee during the past year (Table 1). No information was available regarding the time spent per month.

Education and self-development was conceptualized as including three domains: organized continuing education, self-directed learning, and advanced academic education. A measure of participation in continuing education was obtained by summing the scores of responses to three items (each scored 1 for "yes", 0 for "no") which asked if the respondent had used the continuing education fund, used the education day, or had attended a continuing education workshop. Scores on this measure could range from 0 to 3. The amount of time the respondent spent per month on continuing education was measured on a 5-point scale ranging from 1 (no time) to 5 (over 5 hours) (Table 1).

Participation in <u>self-directed learning</u> was measured by four items asking for dichotomous responses ("yes" scored 1, and "no" scored 0). The four items asked if the respondent had used self-learning modules, or audio-visual materials or had read nursing books or nursing journals. Summed scores could range from 0 to 4. Two of the above items were created by collapsing the amount of time spent reading nursing books and reading nursing journals into dichotomous variables (See Table 1, footnote). The amount of time the nurse spent per month reading nursing books and nursing journals was also considered a measure of self-directed learning (Table 1).

The single item measuring participation in <u>advanced academic</u>

<u>education</u> was dichotomous ("yes" scored 1, and "no" scored 0); this item inquired whether the respondent had used tuition reimbursement (Table 1).

Table 1

Measures of Participation by Staff Nurses in Various Activities

Measures of Participation	Range of Possible Scores	Nursing Supplement Survey Item
Organizational Activity Score	0-1	
During the past year, have you been involved in serving on a nursing or Kaiser Permanente committee?		NS - 87
Education and Self-Development		
Continuing Education Activities		
Continuing Education Score	0-3	
Have you ever used the continuing education fund? (yes/no)		NS - 75
Have you ever used the education day? (yes/no)		NS - 76
During the past year, have you		NS - 88
attended a continuing		
education workshop? (yes/no)		
Time Spent in Continuing Education*	1 - 5	
 On average, how many hours 		NS - 81
per month do you spend on		
continuing education?		
Self-Directed Learning Activities	2 4	
Self-Directed Learning Score	0 - 4	NO ==
1. Have you ever used self-		NS - 78
learning modules? (yes/no) 2. Have you ever used audiovisual		NC 70
materials? (yes/no)		NS - 79
Do you read nursing journals?**		NS - 80
(yes/no)		143 - 60
4. Do you read nursing books?**		NS - 83
(yes/no)		110 00
Time Spent in Self-Directed Learning*	1-5	
5. On average, how many hours per		NS - 80
month do you spend on reading		
nursing journals?		
On average, how many hours per		NS - 83
month do you spend on reading		
nursing books?		
Advanced Academic Education Score	0 - 1	
Have you ever used the		NS - 77
educational tuition reimbursement?		
(yes/no)		

Table 1 (Continued)

	nal Advancement		
	Ofessional Advancement Activity Score During the past year, have you given	0 - 3	NS - 85
2.	a professional presentation? (yes/no) During the past year, have you provided nursing consultation? (yes/no)		NS - 86
3.	During the past year, have you participated in nursing research? (yes/no)		NS - 84
Union Acti	<u>vity</u>		
	ion Participation Score	0-2	
1.	During the past year, have you done volunteer work for union? (yes/no)		NS - 90
2.	Do you give service to the union? (yes/no)**		NS - 82
	ne Spent Serving Union*	1 - 5	
3.	On average, how many hours per month do you spend on service to union?		NS - 82
Overall Par	ticipation Score	0-6	
1.			
2.	(any = 1, none = 0) Participate in continuing education		
3.	(any = 1, none = 0) Participate in self-directed learning (any = 1, none = 0)		
4.	Participate in academic education (any = 1, none = 0)		
5.	Participate in professional advancement (any = 1, none = 0)		
6.	Participate in union (any = 1, none = 0)		

Note: All items requiring "yes/no" answers were here scored Yes = 1 and No = 0.

*All Time Spent measures were based on responses to Nurse's Supplement Survey Items 80-83 which read: "On average, how many hours per month do you spend on the following: Reading nursing journals? Continuing education? Service to union? Reading nursing books?" There were five possible responses: none, less than one hour, 1-2 hours, 3-5 hours, and over 5 hours, scored 1 through 5, respectively.

**These items were created by dichotomizing the responses to the Nurse's Supplement Survey Items 80, 82, and 83 regarding hours per month spent on various activities (reading nursing journals, reading nursing books, giving service to the union), with "none" scored as 0, and all other responses indicating some time was spent in the activity scored as 1.

<u>Professional Advancement</u> activity was measured by three items calling for dichotomous responses ("yes" scored 1, and "no" scored 0). The items asked whether the respondent had given a professional presentation, provided nursing consultation, or participated in nursing research. When summed, scores could range from 0 to 3 (Table 1).

Union Participation was determined by responses to 2 questions asking for dichotomous responses ("yes" scored 1, and "no" scored 0). The items asked whether the respondent had done volunteer work for the union or had given service to the union. Scores could range from 0 to 2. Responses to whether the respondent had given service to the union were obtained by collapsing the amount of time spent into a dichotomous variable (See Table 1, footnote). Union participation was also measured by the amount of time the nurse spent per month giving service to the union. The amount of time the respondent spent per month giving service to the union was measured on a 5-point scale ranging from 1 (no time) to 5 (over 5 hours) (Table 1).

An overall participation score was created to determine the number of different types of activities in which staff nurses participated. Participation of any amount was scored 1 (participation). Participation scores were then summed in the areas of 1) organizational activity, 2) continuing education, 3) self-directed learning, 4) academic education, 5) professional advancement, and 6) service to the union. Overall participation scores ranged from 0 (no participation) to 6 (participation in all 6 different types of activities) (Table 1).

Measuring the level of participation in union activities was complicated by the wording of the questions on service and volunteer work: "On average, how many hours per month do you spend giving service to your professional organization or union?" and "During the past year, have you done volunteer

work for your professional organization or union?" Because of this wording, there was no way of knowing whether the response referred to activity for a professional organization or activity for the union. The developers of the questionnaire indicated that the item was intended to refer to union activities and mentioned 'professional organization' as well as 'union' only in order to capture ONA as well as OFN bargaining units. However, there is no way to know how the respondents interpreted the question.

According to the OFN union representative, very few OFN members belong to ONA as a professional organization; therefore, the representative was convinced that the respondents were referring to the "union" when answering the survey items (K. R. Schmidt, personal communication, April 15, 1992). This view was supported by the ONA's state Membership Coordinator, who said, "In general, there is very little crossover" (S. Angle, personal communication, May 5, 1992). Further support for this view may be found in the fact that only one (0.5%) nurse at KSMC reported being a member of ONA and only three (2.0%) respondents at the outpatient clinics reported membership in ONA. At BKMC, 15 (6.6%) of the nurses belonged to OFN. The nurses working at BKMC who reported being members of OFN may have been nurses who had recently left KSMC to take new positions at BKMC.

While the OFN representative thought a significant number of the KSMC nurses were members of specialty organizations, she believed that in answering these survey items, the nurses were not referring to such organizations because they tend to refer to them very specifically as "specialty organizations" (K. R. Schmidt, personal communication, April 15, 1992). In light of all this information, the responses to these items were assumed to refer to union activities.

Findings

Participation Levels

The highest rates of staff nurse participation were in continuing education activities and self-directed learning activities. Only 84 (13.7%) of the 611 staff nurses responding to the questions did not participate in any of the three types of continuing education activities (See Appendix A, Table A-2). Participation was over 60% in each of these three (Table 2). Staff nurses were more likely to take advantage of the education day and continuing education workshops, however, than to use the continuing education fund. One third (n=196) reported spending 1-2 hours per month on continuing education; 21.1% (n=122) spent more time, and 45.6% (n=261) spent less time (See Appendix A, Table A-3).

Almost all staff nurses were involved in self-directed learning. Only 3.3% (<u>n</u>=20) did not participate in any of the types of self-directed learning asked about, and only 10.0% (<u>n</u>=61) participated in just one type (See Appendix A, Table A-4). The largest numbers of staff nurses spent time reading nursing journals and nursing books; participation in other self-directed learning activities was less (Table 2). Only 13.1% did not read nursing journals and only 19.0% did not read nursing books (Table 2). Thirty-eight percent (<u>n</u>=227) reported spending 1-2 hours per month reading nursing journals; 26.9% (<u>n</u>=160) spent even more time while 34.8% (<u>n</u>=207) spent less time (See Appendix A, Table A-5). One third (<u>n</u>=195) reported spending 1-2 hours per month reading nursing books, while 18% (<u>n</u>=106) spent more time and 48.9% (<u>n</u>=288) spent less time (See Appendix A, Table A-6).

Table 2

Number and Percent of Staff Nurses Participating in Various Activities

Activity	Number of Respondents	Part N	icipants %
Organizational Activity			
1. During the past year, have you been involved in serving on a nursing or Kaiser Permanente committee?	597	266	(44.6)
Continuing Education Activities			
1. Have you ever used the continuing education fund?	597	361	(60.5)
2. Have you ever used the education day?	602	453	(75.2)
3. During the past year, have you attended a continuing education workshop?	604	446	(73.8)
Self-Directed Learning Activities			
1. Have you ever used self-learning modules?	586	236	(40.3)
2. Have you ever used audio-visual materials?	596	410	(68.8)
3. Do you read nursing journals?	594	516	(86.9)
4. Do you read nursing books?	589	477	(81.0)
dvanced Academic Education Activity			
1. Have you ever used the educational tuition reimbursement?	592	302	(51.0)
rofessional Advancement Activities			
1. During the past year, have you given a professional presentation?	598	135	(22.6)
2. During the past year, have you provided nursing consultation	on? 592	157	(26.5)
3. During the past year, have you participated in nursing research?	598	110	(18.4)
nion Activity			
1. Do you give service to your union?	579	336	(58.0)
2. During the past year, have you done volunteer work for unio	n? 598	242	(40.5)

Half of the respondents reported using the educational tuition reimbursement (Table 2). There were no data, however, on the amount of time that these staff nurses spent on academic education or the number of staff nurses who took part in academic education but did not use the tuition reimbursement.

As Table 2 shows, almost 45% of these staff nurses had served on a nursing or Kaiser Permanente committee during the past year. No survey item asked about the amount of time spent serving on committees or whether the respondent had ever served on a committee prior to the past year. We thus have no data on the amount of time spent or the regularity of the involvement. Serving on committees might well be an activity that is intermittent.

During the past year, the majority (<u>n</u>=334, 55.7%) of the staff nurses had not taken advantage of opportunities for professional advancement (See Appendix A, Table A-7). Among the opportunities specified, staff nurses were most likely to have provided nursing consultation and least likely to have participated in nursing research (Table 2).

The majority (58.0%) of the staff nurses reported giving service to their union (Table 2). During the past year, 40.5% of the staff nurses had done volunteer work for the union (Table 2). Volunteering for the union was positively related to the amount of time spent giving service to the union. However, 47.2% of those staff nurses who had not volunteered in the past year reported spending some time per month giving service to the union (Table 3). This suggests that some staff nurses do not regard their union activities as voluntary.

Staff nurses participated less in union activities than in continuing education activities or self-directed learning activities. However, staff nurses participated at a much higher rate in union activities than in professional

Table 3

<u>Time Spent on Service Reported to ONA/OFN by Staff Nurses who</u>

<u>"Volunteered" and Those Who Did Not (N=575)</u>a

			Estimated service time per month						
Volunteer	ed			м					
Time		none	<1hr	1-2hrs	3-5hrs	>5hrs	Total		
Yes	Ν	60	67	52	30	23	232		
	%	25.9	28.9	22.4	12.9	9.9	100.0		
No	Ν	181	121	30	9	2	343		
	%	52.8	35.3	8.8	2.6	0.6	100.0		
Total	Ν	241	188	82	39	25	575		
	%	41.9	32.7	14.3	6.8	4.4	100.0		

 $[\]chi^2(4) = 93.2, \, \underline{p} < .000$

a Missing = 40

advancement activities. The proportion of staff nurses giving service to their union was slightly higher than the proportion who took advantage of the tuition reimbursement and the proportion who served on committees.

The time spent on union activities was minimal: 74% (<u>n</u>=431) spent less than 1 hour per month, and only 11% (<u>n</u>=64) spent more than 2 hours per month (See Appendix A, Table A-8). Thus, not only did more staff participate in continuing educational activities than in union activities (86.3% versus 58.0%) but staff nurses also spent more time on continuing education activities than on union activities. Of those who participated in continuing education, most spent 1-2 hours per month. Of those who participated in union activities, most spent less than one hour per month. Additionally, staff reported spending more time in reading nursing journals and nursing books (modal amount of time for both, 1-2 hours) than in union activities.

The amount of time spent giving service to the union differed depending on the nursing union to which the staff nurse belonged. Members of OFN were more likely than members of ONA to spend time giving service to their union (Table 4). This may be due to the fact that the OFN contract allows staff nurse representatives to do some union business during regular working hours.

The question of whether participation in union activities resulted in less time for staff nurse participation in other activities was examined using both measures of union participation. Both measures produced similar findings. Staff nurses who spent more time giving service to their union were significantly more likely to participate in more continuing education activities than were those who spent less time in union activities, $\chi^2(12, \underline{N} = 579) = 44.57$, \underline{p} <.000; they were also more likely to spend more time on continuing education, $\chi^2(16, \underline{N} = 573) = 70.39$, \underline{p} <.000, participate in more self-directed learning activities,

Table 4

<u>Time Spent per Month Giving Service to Union Reported by Members of Two Unions, OFN and ONA (N=536)</u>^a

Union				Time spe	ent per moi	nth		
		none	<1hr	1-2hrs	3-5hrs	>5hrs	Total	
							· · · · · · · · · · · · · · · · · · ·	
OFN	N %	121 35.5	119 34.9	55 16.1	27 7.9	19 5.6	341 100.0	
ONA	N	100	59	24	6	6	195	
	%	51.3	30.3	12.3	3.1	3.1	100.0	
Total	Ν	221	178	79	33	25	536	
	%	41.2	33.2	14.7	6.2	4.7	100.0	

 $[\]chi^2(4) = 15.92$, p<.003

a Missing = 79

 $\chi^2(16, \, \underline{N} = 579) = 33.76, \, \underline{p} < .006, \, \text{and in particular, spend more time reading}$ nursing journals, $\chi^2(16, \, \underline{N} = 574) = 34.34, \, \underline{p} < .005, \, \text{spend more time reading}$ nursing books, $\chi^2(16, \, \underline{N} = 576) = 36.49, \, \underline{p} < .002, \, \text{to participate in opportunities}$ for professional advancement, $\chi^2(12, \, \underline{N} = 575) = 44.11, \, \underline{p} < .000$ and to have served on a KP or nursing committee, $\chi^2(4, \, \underline{N} = 575) = 25.52, \, \underline{p} < .000$.

Volunteering for the union during the past year was positively related to the number of continuing education opportunities taken $\chi^2(3, \underline{N} = 598) = 16.44$, $\underline{p}<.001$, use of the tuition reimbursement $\chi^2(1, \underline{N} = 584) = 5.53$, $\underline{p}<.019$, the number of opportunities for professional advancement taken $\chi^2(3, \underline{N} = 597) = 30.32$, $\underline{p}<.000$ and serving on a KP or nursing committee $\chi^2(1, \underline{N} = 595) = 19.89$, $\underline{p}<.000$).

From Table 5 it may be seen that 13% of the nurses limited themselves to one type of activity. Only 1 nurse participated exclusively in union activities, whereas 43 (7.0%) limited themselves to continuing education activities and 33 (5.4%) to self-directed learning activities. Only 2 nurses (0.3%) did not participate in continuing education or self-directed learning or any other types of activities.

Thus, continuing education and self-directed learning opportunities were used by almost all staff nurses. However, the participation rate in other activities varied much more. Most staff nurses participated in one (26.0%) or two (28.0%) types of activities in addition to continuing education and self-directed learning. A smaller proportion (11.0%) participated in all four types of activities queried about, in addition to their continuing education and self-directed learning activities.

Table 5

Number and Percent of Staff Nurses who Participated in One or More Types of Activities

Number of Activities		8	1	1	(%)
No Activities			2	2	(0.3)
One activity only	N	(%)			
 a) KP/nursing committee only b) continuing education only c) tuition reimbursement only d) professional advancement only e) self-directed learning only f) service to union only subtotal 	1 43 0 1 33 1	(0.2) (7.0) (0.0) (0.2) (5.4) 0.2)	7	0	(13.0)
One activity in addition to continuing education and self-directed learning a) KP/nursing committee b) tuition reimbursement c) professional advancement d) service to union subtotal	27 46 34 <u>51</u>	(4.4) (7.6) (5.6) (8.4)	15	58	(26.0)
Two activities in addition to continuing education and self-directed learning			17	1	(28.0)
Three activities in addition to continuing education and self-directed learning			13	14	(22.0)
Four activities in addition to continuing education and self-directed learning			6	7	(11.0)
Total ^a			61	1	(100.3)

a Missing = 4

Table 6 compares overall participation rates of the members of the two unions. (The members of OFN were divided into those who worked in the inpatient setting and those who worked in outpatient clinics.) Staff nurses in both unions who participated in just one activity were most likely to participate in a non-union activity. A higher proportion of ONA members than OFN members participated in two types of activities (14.6% versus 8.1% and 11.7%) and in three types of activities (27.3% versus 24.1% and 16.8%). Also, among those who participated in two or three types of activities, members of ONA were more likely to participate in non-union activities (25 of 28 (89.3%) versus 28 of 34 (82.4%). A higher percentage of OFN (25.6% and 22.5%) than ONA members (17.2%) participated in 5 activities. In addition, members of OFN (inpatient and outpatient) were more likely to include union participation as one of their five types of activities (21.2% and 18.9%) than were members of ONA (13.5%). Finally, a higher proportion of OFN members (13.9% and 13.8%) participated in all six types of activities than did members of ONA (8.85%).

Personal and Job Characteristics and Overall Participation

One-way analysis of variance (ANOVA) was done to see if personal and job characteristics could explain variations in participation rates among these staff nurses. Age was significantly related to the amount of participation; the youngest staff nurses (aged 20-29) showed the lowest rate of participation ($\underline{n} = 41, \underline{M} = 3.15$) and those aged 60 or over showed the highest rate ($\underline{n} = 13, \underline{M} = 4.00$), $\underline{F}(4)$, = 3.07, \underline{p} <.016 (See Appendix A, Table A-9). However, this finding must be interpreted cautiously, as there were only 13 respondents in the "60 or over" category. The lower rates of participation of the younger staff nurses may have been due to a focus on immediate mastery of the job, leaving little energy or time for participation in other activities. The length of time employed was significantly related to the amount of participation, with the highest

Table 6

<u>Distribution of Overall Participation Scores of Members of Two Unions</u>

Overall Participation		Outpatier	<u>Union Meml</u> OFN nt Inpatient	<u>bership</u> ONA	
50	core	Clinics <u>N</u> =137 ^a	<u>N</u> =196 ^b	<u>N</u> =192 ^c	
0	non-participators	N % 0 (0.0)	N % 1 (0.5)	N % 0 (0.0)	
1	exclusively union participators exclusively non-union participators subtotal	1 (0.7) 4 (2.9) 5 (3.6)	0 (0.0) 13 (6.6) 13 (6.6)	0 (0.0) <u>8 (4.2)</u> 8 (4.2)	
2	union + 1 other type of activity both non-union subtotal	2 (1.5) 9 (6.6) 11 (8.1)	4 (2.0) 19 (9.7) 23 (11.7)	3 (1.6) 25 (13.0) 28 (14.6)	
3	union + 2 other types of activities all non-union subtotal	14 (10.2) 19 (13.9) 33 (24.1)	<u>14 (7.1)</u>	14 (7.3) 38 (20.0) 52 (27.3)	
4	union + 3 other types of activities all non-union subtotal	23 (17.0) 11 (8.0) 34 (25.0)	39 (19.9) <u>16 (8.2)</u> 55 (28.1)	34 (17.7) 20 (10.4) 54 (28.1)	
5	union + 4 other types of activities all non-union subtotal	29 (21.2) 6 (4.4) 35 (25.6)	37 (18.9) <u>7 (3.6)</u> 44 (22.5)	26 (13.5) 7 (3.7) 33 (17.2)	
6	union + 5 other types of activities	19 (13.9)	27 (13.8)	17 (8.85)	

a Missing = 13

b Missing = 7

^C Missing = 13

levels of participation exhibited by those employed 5-10 years (\underline{n} = 163, \underline{M} = 4.02) and over 10 years (\underline{n} = 216, \underline{M} = 4.07), \underline{F} (5) = 17.00, \underline{p} <.0001 (See Appendix A, Table A-10).

The chi square test revealed a relationship between overall participation and work shift ($\chi^2(24, \underline{N} = 598) = 50.52$, $\underline{p}<0.001$). As might be expected, at each level of participation, a greater proportion of those who participated worked days, than either evenings or nights (See Appendix A, Table A-11). Overall participation was not significantly related to the setting (inpatient versus outpatient), the amount of formal education, care of children under age 12, or full-time versus part-time status.

To determine the proportion of variance in overall participation explained by personal and job characteristics, multiple regression was performed. Table 7 shows that length of time employed by Kaiser Permanente, shift worked, and working the 7/70 shift (seven 10 hour days on, seven 10 hour days off) were significantly related to overall participation. However, these variables only explained 13% of the variance in participation. Thus other factors must explain a great proportion of the variance in participation.

Discussion

Staff nurses participate in a variety of non-patient care activities, and some have questioned whether participation in these outside activities compromises the staff nurse's ability to deliver high quality patient care. While this study made no attempt to answer that question directly, in the sample studied, the highest rates of participation outside of direct patient care were in continuing education activities and self-directed learning activities. The intent of time spent on continuing education and self-directed learning is to improve staff competence. Increased staff competence serves two important functions: First

Table 7

Relation of Selected Factors to Overall Participation (N=568)a

Variable	Р	Parameter Estimate			
Intercept		3.42			
Time worked for Ka	aiser Permanente	.35*			
Work a 7/70 sched	ule	34**			
shift (days, evening	s, nights, on-call,				
multiple response)		16**			
age		11			
union		.04			
	<u>E</u>		17.87		
	R ²		.14		
	Adjusted R ²		.13		

a Missing = 47

^{*&}lt;u>p</u><.0001 **<u>p</u><.005

and foremost, it leads to improved patient outcomes; second, increased competence provides individual staff nurses with opportunities for advancement and promotion.

Given current high staff nurse workloads, and family and community responsibilities, the participation at such a high rate by these staff nurses indicates the importance they place on continuing education and self-directed learning. It can be assumed that the degree to which staff nurses participate indicates the importance they place on competence and therefore their desire to provide better patient care and provide themselves with opportunities for advancement and promotion.

Most (86.7%) of the staff nurses in this sample participated in more than one type of activity. However, although a few spent over 5 hours per month on some activities, the time commitment for most nurses was not large. Thus, one must question the rate of increasing competence that occurs at this level. Given the willingness of this group of staff nurses to participate the factors preventing a larger time commitment should be identified. For example, if the expectation is that this continuing education or self-directed learning will take place during work hours, unless provided with additional staff to cover those away from patient care it can be very difficult to give more time. If the expectation is that these educational activities will take place during non-work hours, what factors prevent this and how realistic is such an expectation.

The study found a direct relationship between participation in union activities and participation in other activities. Thus, participation in union activities did not substitute for participation in other activities; in fact, those who participated in union activities were more likely to participate in other activities. The argument that union participators are interested only in wages and benefits

and not in professional issues was clearly not supported by these data. In this sample, 99.7% of those who participated in union activities also participated in other activities. For most staff nurses (74.4%) the amount of time spent on union activities was small and even if done during work hours, would be less than 1 hour per month. At this level of participation, it is doubtful that the nurse's time away from the bedside would be a detriment to good patient care.

Members of the trade union were more likely to participate at a high rate (5 or 6 activities) than members of the professional union. The reason for this difference in participation between the two unions is unknown, but it may be linked to differences in union structure. A decentralized structure such as that of the OFN encourages decision making by the "rank and file" and may account for the greater participation in union activities. But it does not account for greater participation in other (non-union) activities by these members. The participation of OFN members at the higher rates may be related to the greater opportunities available or, since participation seems to be a philosophical value of OFN, this may have contributed to the high rate of participation of its members.

Staff nurses were more likely to participate in activities outside direct patient care if they worked days, worked the 7/70 shift and had worked more years at Kaiser Permanente. The lower participation rates among those working evenings and nights is understandable. Opportunities to participate are probably more limited on these shifts. For example, most hospital committee meetings take place during the day, limiting participation by those who do not work days. Those employed over 5 years may have the greatest commitment to the job and a greater understanding of the benefits that participation in activities outside of direct patient care may bring to patient care.

In addition, those employed over 5 years may be ready to update their knowledge and skills required for practice.

While this study measured participation in organizational, educational, professional and union activities, the available data measured some areas more effectively than others. The number of items available to describe each type of activity varied. For example, only one item was available for measuring organizational activities. Also, staff nurses might participate in activities not identified in this survey.

The data did not give a good overall picture of how much time staff nurses spent participating in part because the amount of time spent participating was not measured for all activities. Additionally, the overall participation variable measured the number of different types of activities and not the total number of activities in which staff nurses participated. Moreover, the quality of the participation is unknown. Participators may not contribute in a meaningful way. No data were available in this survey, however, to indicate the role that participants played, say, in union activities, or the content of the educational programs and their relevance for practice or professional advancement.

These limitations could be addressed by revisions of the annual survey form used by Kaiser-Permanente. Recommendations for improving data on activities are as follows: (1) Expand items on each type of activity (e.g., organization) and include an item measuring the 'amount of time spent' for each type. (2) Add items to identify when and where staff nurses participate. (3) Add an open-ended item to identify other activities in which staff nurses participate. Finally, the procedures used to analyze the data would be more

powerful and sensitive if a greater number of survey items could be developed at the interval or ratio level of measurement.

Future research is needed to explore the motivation and rewards for staff nurse participation in activities outside direct patient care. While it is easy to assume that staff nurses participate in continuing education and self-directed learning because of their commitment to improving patient care, we have no evidence to support that claim. More importantly, the question of how staff nurse participation relates to patient care outcomes or organizational functioning needs to be addressed directly in future studies.

Management provides staff with opportunities to increase skill and competence and these opportunities are well received. Providing staff nurses with opportunities for professional growth and development should increase staff satisfaction, in addition to competence, resulting in increased retention. To ensure staff participation in a variety of activities management needs to take into account the different types, patterns, and amounts of staff nurse participation and identify factors preventing participation. Managers and institutions interested in staff participation can institute similar ongoing surveys to follow issues related to professionalism and governance.

References

- American Academy of Nursing. (1983). <u>Magnet hospitals: Attraction and retention of professional nurses</u>. Kansas City, Missouri: American Nurses' Association.
- Cummings, L.L., & Berger, C.J. (1976). Organization structure: How does it influence attitudes and performance? <u>Organizational Dynamics</u>, <u>5</u>(2), 34-49.
- Eldridge, I., & Levi, M. (1982). Collective bargaining as a power resource for professional goals. <u>Nursing Administration Quarterly</u>, 6, 29-40.
- Hinshaw, L., & Atwood, J. (1982). Anticipated turnover: A preventive approach.

 Western Journal of Nursing Research, 4, 54-55.
- Huey, F. L. (1982). Looking at ladders. <u>American Journal of Nursing, 82</u>, 1520-26.
- Kramer, M., & Schmalenberg, C. (1988). Magnet hospitals: Part I, institutions of excellence. <u>Journal of Nursing Administration</u>, <u>18</u>(1), 11-19.
- Luttman, P.A. (1982). Collective bargaining and professionalism: Incompatible ideologies? <u>Nursing Administration Quarterly</u>, 6, 21-28.
- Saward, E. M., Blank, J. D., & Greenlick, M. R. (1968). Documentation of twenty years of operation and growth of a prepaid group practice plan. <u>Medical</u>

 <u>Care</u>, 6(3), 231-244.
- Shoemaker, H., & El-Ahraf, A. (1983, Winter). Decentralization of nursing service management and its impact on job satisfaction. Nursing Administration Quarterly, 69-76.
- Stern, E.M. (1982). Collective bargaining: A means of conflict resolution.

 Nursing Administration Quarterly, 6, 9-20.

- Stickler, K. B. & Velghe, J. C. (1980). Why nurses join unions. <u>Hospital Forum</u>, 23, 14-15.
- Towe, L. A. (1989/90) Survey finds employee involvement a priority for necessary innovation. <u>National Productivity Review</u>, 9(1), 3-15.

APPENDIX A ADDITIONAL FINDINGS

Table A - 1

Response Rate of KPNW RNs to 1989 Employee Survey, by Place of
Employment

Place of	RNs	RN	Staff
Employment	Employed	Respondents	Nurse
			Respondents
	N (%)	N (%)	N (%)
ВКМС	461 (40.2)	246 (39.2)	230 (38.7)
KSMC	416 (36.3)	225 (35.9)	215 (36.1)
Outpatient Clinics	270 (23.5)	156 (24.9)	150 (25.2)
Total	1147 (100.0)	627 (100.0) ^a	595 (100.0)b

a Missing = 20

b Missing = 20

Table A - 2

Number and Percent of Staff Nurses Involved in Continuing Education
Opportunities (N = 611)^a

Number of			
C.E. Activities	N	%	
0	84	13.7	
1	90	14.7	
2	141	23.1	
3	296	48.4	
Total	611	99.9	

a Missing = 4

Table A - 3

Estimated Number of Hours per Month Spent by Staff Nurses on Continuing

Education (N=579)^a

Hours			
Spent	N	%	
none	80	13.8	
less than one hour	181	31.3	
1-2 hours	196	33.9	
3-5 hours	77	13.3	
over 5 hours	45	7.8	
Total	579	100.1	

a Missing = 36

Table A - 4

Number and Percent of Staff Nurses Involved in Self-Directed Learning

Activities (N=607)^a

Number of			
Self-directed			
Learning activities	N	%	
0	20	3.3	
1	61	10.0	
2	179	29.5	
3	168	27.7	
4	179	29.5	
Total	607	100.0	

a Missing = 8

Table A - 5

Estimated Number of Hours per Month Spent by Staff Nurses Reading Nursing

Journals (N=594)^a

Hours			
Spent	N	%	
none	78	13.1	
less than one hour	129	21.7	
1-2 hours	227	38.2	
3-5 hours	120	20.2	
over 5 hours	40	6.7	
Total	594	100	

a Missing = 21

Table A - 6

Estimated Number of Hours per Month Spent by Staff Nurses Reading Nursing

Books (N=589)^a

Hours			
Spent	Ν	%	
none	112	19.0	
less than one hour	176	29.0	
1-2 hours	195	33.1	
3-5 hours	67	11.4	
over 5 hours	39	6.6	
Total	589	100	

a Missing = 26

Table A - 7

Number and Percent of Staff Nurses Involved in Professional Advancement

Activities (N=600)^a

Number of			
Professional			
Advancement Activities	N	%	
0	334	55.7	
1	159	26.5	
2	78	13.0	
3	29	4.8	
Total	600	100.0	

a Missing =15

Table A - 8

<u>Estimated Number of Hours per Month Spent by Staff Nurses on Service to ONA or OFN (N=579)</u>^a

Hours Spent	N	%
	040	40.0
none	243	42.0
less than one hour	188	32.5
1-2 hours	84	14.5
3-5 hours	39	6.7
over 5 hours	25	4.3
Total	579	100.0

a Missing = 36

Table A - 9

Mean Overall Participation Scores for Staff Nurses By Age (N=586)^a

Age	N	Mean	
20-29	41	3.15	
30-39	240	3.91	
40-49	212	3.67	
50-59	80	3.79	
60 or over	13	4.00	

E(4) = 3.07, p < .016

a Missing = 29

Table A - 10

Mean Overall Participation Scores for Staff Nurses by Length of Time Employed

(N=604)^a

Length of time employed	N	Mean
Under 6 months	19	2.58
6 months to 1 year	24	2.25
1-2 years	43	2.95
2-5 years	139	3.63
5-10 years	163	4.02
10+ years	216	4.07

F(5) = 17.00, p < .0001

a Missing = 11

Table A - 11

The Effect of Shift Worked on Overall Participation (N=598)a

Overall articipati	on	Work shift					
Score	-	Day	Evening	Night	On Call	Multiple	Total
0	N	2	0	0	0	0	2
	%	100.0	0.0	0.0	0.0	0.0	100.0
1	Ν	18	11	7	1	0	37
	%	48.7	29.7	18.9	2.7	0.0	100.0
2	N	40	16	13	2	2	73
	%	54.8	21.9	17.8	2.7	2.2	100.0
3	Ν	81	25	22	7	6	141
	%	57.5	17.7	15.6	5.0	4.3	100.0
4	N	102	26	22	3	2	155
	%	65.8	16.77	14.2	1.9	1.3	100.0
5	N	109	11	4	0	2	126
	%	86.5	8.73	3.2	0.0	1.6	100.0
6	Ν	43	13	4	2	2	64
	%	67.2	20.3	6.3	3.1	3.1	100.0

 $[\]chi^2(16) = 50.52, \, \underline{p} < .001$

a Missing = 17

APPENDIX B RESEARCH PROPOSAL

Participation of Staff Nurses in a Health Care Organization

Alice Avolio

Oregon Health Sciences University

INTRODUCTION

In the wake of the nursing shortage and increased staff nurse dissatisfaction, many hospitals, including Kaiser Permanente Northwest (KPNW), reviewed ways by which they could attract and retain nurses, increase nurses' satisfaction and improve productivity and patient care. One of the methods identified in the literature for achieving these ends was to encourage participation in the organization and in other activities by staff nurses.

Organizations provide alternative methods of increasing staff satisfaction and productivity by: (1) giving staff more say in managerial decision-making, such as in self-governance structures; and (2) providing educational and professional opportunities that can lead to professional advancement. Union activities as a method of increasing satisfaction and productivity, are the employee's attempts to gain "control" over their work, if not in an ongoing way, at least through periodic negotiations.

These different activities have different implications for the organization and the individual. The literature tends to focus on the benefits of participation in individual activities, as it relates to staff satisfaction, and organizations promote participation in any of these activities with the aim of increasing satisfaction and improving productivity. However, the distribution of staff across activities and the factors that influence their selection of opportunities is rarely addressed.

The benefits of staff participation for both the work organization and the individual are widely discussed in the

literature. Some of the frequently cited benefits to the organization are: increased attachment to employer, reduced turnover, increased productivity, increased trust between employee and management, and decreased adversarial labor relations.

According to the literature, the primary benefit of participation to the individual has been increased job satisfaction. Such individuals are more likely to perform at a higher level leading to improved patient outcomes. Most importantly, satisfied staff are less likely to leave employment, resulting in a stable, experienced staff over time. Such findings suggest that it is in an organizations benefit to encourage participation by its staff. But, before an organization can develop a plan to encourage or increase participation of its employees, several factors need to be examined.

First, the activities the staff currently participate in need to be identified. Participation in different types of activities may have different consequences for the organization and the individual. Typical activities that are available for staff nurses to participate fall into four broad categories: (a) organizational activities-activities to maintain the organization; (b) educational activities-activities to increase the skill and competence of the staff nurse; (c) professional development activities-activities to further the profession; and (d) union activities-activities to support the union. Participation in professional or union activities might actually hurt organizational functioning because those individuals who participate would have less time in which to participate in organizational

activities or because the activities are directed toward goals that might conflict with organizational goals.

Second, a measure of the current level of participation is needed to determine if an emphasis on participation is warranted. There are differing opinions as to the optimal level of staff participation for both the individual and the organization. It can be argued that employee involvement may not increase organizational efficiency, at least in hospitals. Many organizational activities in which staff are needed to participate are not activities directed toward patient care. For example, a nurse research group and a new forms committee are only indirectly related to patient care.

Finally, the personal and organizational factors that might explain staff nurse participation need to be explored. Factors such as available time, outside responsibilities, shift, age, and full-time versus part-time status all influence the level of staff nurse participation. By understanding how these factors influence participation, the work organization will be better able to develop a plan that meets the needs of the staff nurse. This helps ensure that a greater number of individuals will participate, thus potentially enriching the organization with their different perspectives.

This study describes the current activities of staff nurses in two Northwest hospitals and examines the antecedent variables (personal and job characteristics) that help explain their level of participation and the types of activities in which they participate. This information will be useful to nursing staff, managers and hospital administrators as they work together to determine the best

level of nurse participation and identify methods to increase nurses' options for participation.

REVIEW OF LITERATURE

In this review, the following topics will be considered: (a) types of participation most frequently identified in the literature (organizational, educational, professional and union); and (b) personal and job characteristics influencing participation.

Participation in Organizational Activities

Over the past decade there has been a move in industry to decentralize decision-making and increase employee participation in management. This has occurred as a result of studies which found decentralization and employee participation to be significant factors in increasing morale, decreasing absenteeism and improving productivity (Cummings & Berger, 1976; Shoemaker & El-Ahraf, 1983).

The National Productivity Review, in its 1989 survey of 126 service and manufacturing companies, found that the majority of organizations which had increased employee involvement reported that productivity and satisfaction were also increased (Towe, 1989/90). In fact, employee involvement was reported to have been the primary cause of improvements over the past two years.

Many studies have found job satisfaction to be a principal factor related to retention (Hinshaw & Atwood, 1982). Since participation in patient-care decisions and professional control over practice increase job satisfaction, those factors also affect retention. The Magnet Hospital Study found that hospitals that

promoted decision-making at the level of the bedside nurse had lower turnover rates than hospitals with traditional decision-making structures (Kramer & Schmalenberg, 1989). Despite these findings, few hospitals have instituted decentralized decision-making structures (Curran, 1989).

There are other ways to increase decision-making that are not forms of decentralized management. The basic issue of participation for staff nurses is that of control over nursing practice. Staff participation in decisions regarding patient care requires the staff to assume higher levels of responsibility and accountability. This increases job satisfaction and ensures that nursing retains its influence over decisions that affect its practice. The outcome will be the dual benefit of nurses' functioning at their highest level and improved retention.

Participation in Educational Activities

Continuing education for staff is another opportunity provided by hospitals. Educational opportunity as a source of satisfaction is consistent with Herzberg's (1959) theory of motivation in which he describes growth and advancement as a satisfier or motivator. In the original magnet hospitals study (McClure, Poulin, Sovie, Wandelt, 1983), and again in Kramer and Schmalenberg's (1989) magnet hospitals update, professional development, which included orientation and on-going staff development, was found to be a major factor in satisfaction, retention, and recruitment.

Most employers make continuing education programs available, and often funds to attend continuing education programs are

available through collective bargaining agreements. Because staff development programs are so costly, hospitals must decide how best to spend their funds. Benner (1984) states that hospitals have often spent their limited educational resources on the new employee rather than on the development of the mid career clinician. This approach neglects those individuals who already have a vested interest in the organization and who are likely to be ready for additional clinical education. If education funds are to have an impact on nurse satisfaction hospitals must provide for the development of advanced clinical practice (Benner,1984).

Participation in Professional Activities

Another type of activity (available for staff) relates to professional career development. Unlike educational opportunities which result in a direct benefit to the organization because they are typically focused on improving patient care, professional career development offers only indirect benefits through its potential of visibility and opportunity beyond the organization.

Scott (1982) found that professionals place a high value on being autonomous individuals, responsible and accountable for their own decisions. Professional nurses want autonomy over the conditions under which they work, including pace and content and are likely to resist any external efforts to regulate their actions. In contrast, the organization has its own goals and the professional may find herself at odds with the organization. If professionals find the decisions being made by the organization in conflict with

professional practice they might be less inclined to participate in organizational activities.

However, the goals of professional advancement and recognition may be consistent with desires for organizational advancement. Given that most nurses are employed by organizations, the path to professional advancement may lie through organizational advancement. Participating in professional activities is likely to contribute to advancement in the profession as well as advancement in the organization. The dilemma for the organization is how to improve or develop professional practice and meet it's organizational goals at the same time.

Participation in Union Activities

How do unions interfere or contribute to staff involvement in a work organization? Who are the individuals who participate in union activities and does this preclude participation in work activities? Nicholson, Ursell & Lubbock (1981) found job tenure, educational attainment, and parents' union orientation to be related to participation within white-collar unions. Those in higher status jobs are more likely to participate in union activities (Spinrad, 1960; Strauss, 1977). Nicholson, Ursell & Lubbock (1981) found intrinsic job satisfaction to be positively related to union participation. Others suggest that attitudes toward unions affect union participation more strongly than either job characteristics or job dissatisfaction (Anderson, 1979; Huszczo, 1983; McShane, 1986).

Proponents of nursing unions argue that unions have been found to stimulate better hospital management by fostering formal,

consistent personnel policies and that they bring about improvements in the workplace (Juris & Maxey, 1981). Nursing unions have expanded their contracts to include issues of practice, educational opportunities, staffing issues, retirement benefits, occupational hazards and conditions of work, such as inadequate staffing. In addition, some unions have instituted clinical ladders as part of the collective bargaining agreement (Huey, 1982).

As a profession, nursing is unique in that two different types of unions represent nurses nationally. The first type of bargaining unit is administered as part of the American Nurses Association (ANA), the professional association for nurses. The second type of bargaining unit is administered by labor organizations, such as the teamsters or the AFL-CIO.

The type of union might influence the amount and type of participation in union or work activities. Unions have different value systems and different rules which might result in different participation patterns. A staff nurse could be interested in participating in a particular activity off the floor on her own time, only to find that the union prevents this unless the organization provides reimbursement.

Staff nurse perception regarding the effectiveness of the union might influence participation in both union and work activities.

Beletz (1980) found that nurses represented by their professional association perceived their unions to be less successful than other bargaining agents.

Walker and Lawler (1979) identified two types of nursing unions- aggressive unions and protective unions. Aggressive unions placed priority on distribution of management power among employees while protective unions were more concerned with employee dissatisfaction regarding the responsiveness of management. Aggressive unions sought to improve salaries and working conditions and were willing to strike to achieve objectives. Protective unions were concerned with protecting or restoring an environment of professionalism. It seems likely that participation rates would vary within the two types of unions.

The leadership style of the union leaders might influence participation. It has been found that the perceived informativeness, helpfulness, and democratic character of the union leadership to be related to rank-and-file participation.

It is also possible that union members would be more likely to participate in union activities than in work activities. Union members might feel that the union already performs the functions desired by participation in work activities. Finally, union members might see their participation in union activities as one way to improve patient care and further their professional goals.

PERSONAL AND JOB CHARACTERISTICS AFFECTING THE INDIVIDUAL'S PARTICIPATION IN ALTERNATIVE ACTIVITIES

An individual's life is shaped by both personal factors and job characteristics. Personal factors, such as an individual's age or the need to care for dependents, will have consequences that impact on participation. Job characteristics, such as the shift worked or

part-time versus full-time status, will influence participation. An exploration of these factors and their possible interactions will provide additional information about the role these factors play in supporting or hindering participation.

The age of a staff nurse might affect participation. Younger staff nurses are more likely to be novices to the nursing profession and any free time will need to be used to master the new job. Younger staff nurses are more likely to be the parents of young children, the care of which would decrease the amount of free time available to participate. Older staff nurses might find their extra time limited due to the responsibilities of caring for an elderly relative.

The level of commitment an individual holds for an organization might influence the amount and type of participation. The majority of nurses are women, and current evidence finds women continue to be the primary caretakers of small children and elderly relatives. It seems reasonable to assume that these outside demands might influence the level of commitment and amount of time available.

Discussions of organizational commitment typically relate to the full-time employee. Individuals who work part-time have been found to have less organizational commitment than those who work full-time. Schein (1983) observed that the orientation period is the time during which the individual is exposed to the attitudes and values of the organization thus building organizational commitment. It is argued that the quality of the orientation process for the part-

time employee might not be as extensive as for the full-time employee. Additionally, the part-time employee seldom qualifies for the fringe benefits which also facilitate the process of organizational commitment. As a consequence, the part-time employee may make only marginal commitment to the organization.

The particular shift worked could impact on participation.

Most hospital committee meetings take place during the day,

limiting the availability for participation by those who work evening or night.

Because day shift is the busiest, it can be difficult for the staff nurse to get away from the floor to participate in activities other than direct patient care. Serving as a representative on a committee can be viewed as dysfunctional to primary work commitments. Special arrangements must be made, leaving coworkers temporarily understaffed. While work organizations do make provisions for staff nurses to leave the floor to participate in certain activities these activities are not always directed at patient care. Additionally, some individuals might think that the most effective way to improve patient care is through the action of direct patient care and not by serving on committees or task forces.

Both the length of time employed and the type of education could affect participation. Those individuals who have been employed longer might have a greater commitment to the organization. One consequence of such a commitment could be increased participation in organizational activities. Likewise, those individuals with more education may feel a stronger commitment to

the profession. This might result in a higher level of participation in professional or organizational activities.

SUMMARY

As stated in the introduction, not all participation is equal. The literature examining participation tends to focus on the consequences of individual types of participation. Participation is not one-dimensional, rather the spectrum of activities in which nurses participate is quite broad. Rarely, is the frequency with which nurses participate examined or the distribution of nurse participation in the full range of activities analyzed.

It is known that participation can be of benefit to both the organization and the individual. If management can have an understanding of the factors that contribute to participation in various activities, it will be better able to arrange or create opportunities for participation. Similarly, if management can have a greater understanding of why some individuals do not participate, it will be better able to help eliminate the barriers preventing participation.

Participation can not solve all problems for the individual or the organization. However, an evaluation of the current level of staff nurse participation and the activities in which they participate, can provide an organization with valuable information in determining its optimum level of staff nurse participation. The dilemma for both staff and management is to find the right level of staff participation in those activities which are most beneficial to patient care without detracting from the organizational mission.

Purpose of Study

The purpose of this study is to describe the current level of RN participation in a selected organization, the kind of activities in which RNs participate, and the factors influencing these choices. This will provide information that the organization can use to encourage participation in those activities most likely to benefit patient care. The goal for the organization is to involve staff in a variety of activities appropriate to their interests which will enhance organizational functioning and improve patient care. In this way the organizational goals can be accomplished and simultaneously RN participation can be increased.

The specific research questions are:

- To what extent do staff nurses of this organization
 participate in activities related to (a) organizational maintenance;
 educational and self-development; (c) professional career
 development; and (d) union membership?;
- 2. Among nurses who participate, can different types of participators be identified?
- 3. How is union membership related to participation in professional and hospital managerial activities?;
- 4. To what extent do personal and job characteristics explain these different types and amounts of participation?

METHODS

Research Design

This study uses secondary analysis of an existing dataset to describe staff nurses' participation in professional activities

related to (a) organizational maintenance; (b) education and self-development; (c) professional career development; and (d) union membership. In addition the relationship between characteristics of the nurse and type of participation will be examined. The data for this analysis are from the 1989 Kaiser Permanente, Northwest region (KPNW) Employee Survey and Nurse's Supplement.

For over a decade KPNW has administered surveys to all its employees regarding "how Kaiser Permanente (KP) employees feel about their work and the KP organization." The purpose of the survey is to provide data for management by which "to improve the KP program and enable employees to achieve greater work satisfaction and effectiveness." The purpose of the Nurse's Supplement is "to compile a database about the values and preferences of nurses in the KP system."

Sample and Setting

The KPNW is the oldest Health Maintenance Organization (HMO) in the northwest and is considered to be the classical HMO model (with a service rather than profit orientation) (Saward, Blank, & Greenlick, 1968). The system is comprised of two hospitals, Bess Kaiser Medical Center (BKMC) and Kaiser Sunnyside Medical Center (KSMC), 15 outpatient medical offices, home health, and hospice.

Two different bargaining units represent the nurses employed by KPNW. The staff nurses employed at BKMC are represented by the bargaining unit of the Oregon Nurses' Association (ONA) and the nurses at KSMC and the outpatient clinics are represented by the Oregon Federation of Nurses (OFN). The ONA is the state chapter of

the American Nurses Association (ANA) and is the professional organization for Oregon nurses. In addition to administering the bargaining unit, the ONA, fulfills many professional functions such as education, research, lobbying, and political action. In contrast, the OFN is the local affiliate of the American Federation of Teachers which is an affiliate of the AFL-CIO. Its primary function is that of collective bargaining.

In March of 1988, contract negotiations between the two nursing labor unions and management culminated in an 8 week nursing strike. This nursing strike was the longest and one of the most contentious in the history of KPNW. As a result the working relationship between nursing and management was damaged and morale among staff nurses was extremely low. The data for this analysis are from the first employee survey to be administered following the resolution of the strike. Data collection took place approximately one year after the nursing strike.

The design of the ongoing KPNW Employee Survey is cross-sectional. The total population of KPNW employees is targeted. To maximize response rates, release time from work units is provided in all settings when possible. The Employee Survey and the Nurse's Supplement are self-administered structured questionnaires.

The 10th Employee Survey (ES) and the 5th Nurse's Supplement (NS) were distributed (in April, 1989) to all departments in hospitals and clinics. Each questionnaire carried a label which identified the respondent's location and job category. Additionally, each label was numbered to match the Employee Survey to the

Nurse's Supplement. Completed questionnaires were collected and sent to the Center for Health Research for data entry. One month was allowed for data collection. There were 3,977 completed questionnaires returned from all employees in the KPNW system for an overall response rate of 81%.

At the time of the survey there were approximately 1,147
Registered Nurses (RNs) employed at KPNW, 461 RNs at BKMC, 416
RNs at KSMC, and 270 RNs at the clinics and other settings. There
were 284 matched RN surveys returned from BKMC, 258 matched RN
surveys returned from KSMC, and 176 matched RN surveys returned
from the clinics for a total of 718 RN matched surveys. The overall
RN response rate was 62.6%. From this total, 644 met the criteria
of "staff nurse." For this study staff nurses are defined as those
RNs (Appendix, (ES), job code item #2=6) who were nonsupervisory
personnel (Appendix, ES, item #213=3) or unit/team leaders
(Appendix, ES, item #213=4). Those RNs who stated they were
managers (Appendix, ES, item #213=1) or supervisors (Appendix, ES,
item #213=2) were eliminated. These 644 surveys provide the data
for the analysis (See Dummy Table X-1).

The 74 manager/supervisors who returned surveys and are not included in this sample appear to be equally distributed across the three locations. Of those who returned surveys at BKMC, 9.8% indicated they were manager/supervisors. At KSMC, 10.2% of the respondents indicated they were manager/supervisors.

Table X-1

RN Response Rate by Location

Location	BKMC	KSMC	Outpatient	Total
			Clinics	
	N (%)	N (%)	N (%)	N (%)

Returned Surveys

Non respondents

Total number of

RNs employed

Variables and Their Measurement

This study will measure the level of participation in four different activities: activities to support the organization; education and self-development activities; professional career developmental activities; and activities to support the union. Measurement of the level of participation in each type of activity is described below.

Level of Participation in Organizational Maintenance

Activities to support the organization will be defined as serving on a Kaiser Permanente (KP) or nursing committee.

One item asks whether the respondent served on a nursing or Kaiser Permanente committee. Response to this item is dichotomous (Yes=1 or No=0).

 During the past year, have you served on a nursing or Kaiser Permanente (KP) committee? (Nursing Supplement (NS), item #87)

The primary limitation of this measure is that it has only one item. Another problem is that the purpose or function of the nursing or KP committee is not defined. For this study the working assumption is that the item refers to organizational activities and not one-on-one patient care.

Activities Related to Education and Self-Development

Tobin, Wise and Hull (1979) describe staff development as all "formal and informal learning activities that relate to the employee's role expectations and that occur within or outside the organization." In its broadest sense, hospital-sponsored staff

development includes continued formal education in the form of the pursuit of academic degrees.

Educational and self-developmental activities will be defined both as the use of opportunities made available by the organization, such as the education fund, and as self-directed learning such as reading nursing journals.

The surveys include four items about organized continuing education opportunities, four items about self-directed learning opportunities and one item assessing opportunity for advanced academic degrees. Three separate education variables will be created. The level of organized continuing education and the level of self-directed learning will be measured in two ways: (1) by the number of different activities staff engaged in; and (2) by reported time spent on continuing education activities.

Organized continuing education.

Three items ask whether or not the respondent took advantage of specific continuing education opportunities (Yes=1; No=0).

Answers will be summed to indicate the number of continuing education opportunities the respondent has used. (Range of possible scores 0-3).

Number of continuing education activities

- Have you ever used the continuing education fund?
 (Appendix, NS, item #75)
- 2. Have you ever used the education day? (Appendix, NS, item #76)

3. During the past year, have you been involved in attending a continuing education workshop? (Appendix, NS, item #88)

Time spent participating

The fourth item asks how many hours per month are spent on continuing education.

4. On average, how many hours per month do you spend on continuing education? (Appendix, NS, item #81)

This item has 5 possible responses, "none" (scored 0), "less than one hour" (scored 1), "1-2 hours" (scored 2), "3-5 hours" (scored 3), and "over five hours" (scored 4).

Self-directed learning.

The level of participation in self-directed learning will be measured in two ways. First, by the number of activities in which the respondent participated and second, by the reported time spent during the past month.

Number of self-directed learning activities

Two items ask if the respondent has participated in self-directed learning activities. The responses (Yes=1 or No=0) will be summed to indicate the number of activities in which the respondent participated. (Possible scores: 0,1,2).

- Have you ever used self-learning modules? (Appendix, NS, item #78)
- Have you ever used audio-visual materials?
 (Appendix, NS, item #79)

Time spent participating

These two items each have 5 possible responses, "none" (scored 0), "less than one hour" (scored 1), "1-2 hours" (scored 2), "3-5 hours" (scored 3), and "over five hours" (scored 4).

- 3. On average, how many hours per month do you spend reading nursing journals? (Appendix, NS, item #80)
- 4. On average, how many hours per month do you spend reading nursing books? (Appendix, NS, item #83)

Advanced academic education.

The one item measuring participation in the opportunity for advanced academic education is dichotomous (Yes=1 or No=0).

 Have you ever used the educational tuition reimbursement? (Appendix, NS, item #77)

These items are limited in the information about educational opportunities that they convey. There is only one question regarding participation in advanced academic education and there is no way of knowing how many staff have ever taken a course towards an academic degree without utilizing the tuition reimbursement. Additionally, there is no way of knowing the content of the self-directed learning. Most likely the content is related to clinical issues, but the content might be on issues of management, labor relations or ethical issues.

Activities Related to "Professional" Career Development

Contributions to the profession of nursing include participation in the development of the knowledge base of the profession, sharing expertise and disseminating information. The variable of professional career development will be defined as

giving a presentation to a professional group or participating in research.

These three items call for a dichotomous response (Yes=1 or No=0). The three items will be summed to indicate the number of professional activities in which the respondent participated during the past year. (Range of possible scores 0-3)

- During the past year, have you been involved in giving a professional presentation? (Appendix, NS, item #85)
- 2. During the past year, have you been involved in providing nursing consultation? (Appendix, NS, item #86)
- 3. During the past year, have you been involved in participating in nursing research? (Appendix, NS, item #84)

There are limits to this scale as a measure of level of participation in activities of professional advancement. The concept of professionalism is complex and multifaceted and these items focus primarily on advancing knowledge. They do not tell us whether the respondents are members of a professional organization, whether they have a long-term commitment to the profession, or their long-term goals. This variable is also limited in that we are only able to count the number of activities in which the respondent participated. There are no items asking the individual to report how much time they spent on professional activities.

Level of Participation in Union Activities

Union activities will be defined as giving service or doing volunteer work for the union. The level of participation in union activities will be defined in two ways. First, by whether or not they

participated in union activities during the year and second, by the reported time spent on such activities during the month.

Participation in union activities

The first item calls for a dichotomous response (Yes=1 or No=2).

1. During the last year, have you been involved in doing volunteer work for union or professional group? (Appendix, NS, item #90)

Time spent participating

The second item has five possible responses, "none" (coded 0), "less than one hour" (coded 1), "1-2 hours" (coded 2), "3-5 hours" (coded 3), and "over five hours" (coded 4).

 On average, how many hours per month do you spend on giving service to professional organization or union? (Appendix, NS, item #82)

The primary problem in measuring this dimension is that "professional organization" and "union" are included in the same item. There is no way of knowing whether the respondent was referring to activity for a professional organization or activity for the union. However, it is possible to get an approximation of the intent of the respondent by the following strategy.

The first step is to examine the relationship between union membership and location (See Dummy Table X-2). As expected, the nurses from KSMC and the outpatient clinics belong to OFN and the BKMC nurses belong to ONA. Based on a verbal report from

Table X-2

<u>Union Membership by Location</u>

	BKMC	KSMC	Outpatient
			Clinics
Union Membership	N (%)	N (%)	N (%)
OFN	(5.99)	(85.5)	(94.8)
ONA	(80.9)	(8.0)	(1.9)
none	(13.1)	(12.9)	(3.2)

the OFN union representative, very few of the OFN members belong to ONA as a professional organization and it is her belief that the respondents were referring to "union" and not "professional organization" when answering the survey items. This is consistent with the fact that nationally, fewer than 25 % of all nurses are members of the American Nurses' Association through state associations (Mason & Talbott, 1985). While a significant number of the KSMC nurses are members of specialty organizations, the representative again believed that the nurses were not referring to such organizations in answering the survey items, because they refer to specialty organizations very specifically as "specialty organizations." Therefore, the responses to giving service or volunteering to a professional organization or union activities can be assumed to be referring to union activities. While the results for the BKMC are confounded by the fact that the professional organization and the union are one and the same, the assumption is that the BKMC nurses are referring to union activities in answering these questions.

Factors Affecting Individual Participation

The first item asks the respondent's age. There are six possible responses, "under 20 years" (coded 1), "20-29 years" (coded 2), "30-39 years" (coded 3), "40-49 years" (coded 4), "50-59 years" (coded 5), and "60 years or more" (coded 6).

1. How old are you? (Appendix, ES, item #225)

The second item asks whether the respondent works full-time or part-time. There are four possible responses, "permanent full

time (40 hours or more)" (coded 0), "permanent full time (less than 40 hours)" (coded 1), "permanent part time" (coded 2), and "multiple response/other" (coded 3).

Are you now working full time or part time?
 (Appendix, ES, item #220)

Item number three asks whether the respondent is responsible for the care of any children under the age of 12, either full or part time. The response to this item is dichotomous (Yes=1 or No=2).

3. Are you responsible for the care of any children under the age of 12, either full or part time? (Appendix, ES, item #184)

Item number four asks the total length of time the respondent has worked for the KP health care program. There are six possible responses, "less than 6 months" (coded 0), "more than 6 months but less than 1 year" (coded 1), "more than 1 year but less than 2 years" (coded 2), "more than 2 years but less than 5 years" (coded 3), "more than 5 years but less than 10 years" (coded 4), and "10 years or more" (coded 5).

4. What is the total length of time you have worked for the Kaiser Permanente health care program? (Appendix, ES, item #219)

Item number five asks what shift the respondent works. There are four possible responses, "day" (coded 1), "evening (coded 2), "night" (coded 3), and "on call" (coded 4).

5. What shift do you usually work? (Appendix, ES, item #221)

The last item asks how much formal or academic education the respondent has had. There are six possible responses, "grade school" (coded 1), "some high school" (coded 2), "completed high school" (coded 3), "some college (including community college)" (coded 4), "completed college degree (B.A., B.S.)" (coded 5), and "postgraduate work" (coded 6).

6. How much formal or academic education have you had? (Appendix, ES, item #226)

ANALYSIS

Descriptive statistics will be used to summarize the demographic and employment characteristics of the sample.

The first research question asks, "To what extent do staff nurses participate in activities related to (a) organizational maintenance; (b) educational and self-development; (c) professional advancement; and (d) union membership?" The first step will be to examine frequency distribution on individual items and constructed variables.

The next step will be to classify the number of educational opportunities in which each staff member participated by time spent in these opportunities (See Dummy Table X-3, and Dummy Table X-4).

Research question number two asks, "Among nurses who participate, can different types of participators be identified?" Variables will be created which will measure the number of different activities an individual participates in and the various combinations in which this participation occurs. For example, do

Table X-3	
	# of hours spent on continuing
# of continuing	education
education activities	none <1 1-2 3-5 >5
0	
1	
2	
3	
Table X-4	
	# of hours on self-directed
# of self-directed	learning
learning activities	none <1 1-2 3-5 >5
0	
1	
2	

individuals "specialize" in one type of activity only, e.g., continuing education- or do they participate in multiple activities?

Research question number three asks, "How is active participation in a union related to participation in hospital activities, educational activities and other professional activities?" How does participation in one activity, e.g., union relate to participation in others. Union participation will be crosstabbed by time spent in other activities (See Dummy Table X-5)

In addition, the amount of participation in the two unions will be compared. First, the association (or relationship) between hours in union activity and participation in hospital activities, educational activities and professional activities will be tested.

Then the two unions will be compared on the level of participation of members. First, the proportion of RN participation (union members) will be compared using the Difference of Proportion test. Second, chi square will be done to compare the two unions on the number of members reporting different levels of participation in union activities in the last month.

Research question number four asks, "to what extent do personal and job characteristics explain these different types and amounts of participation?" The participation variables will be combined to form an overall measure of the total number of different types of activities in which staff nurses participated. The relationship between each of the independent variables and these overall dependent variables will be examined. Based on these results, the appropriate multivariate analysis will be done to

Table X-5	
	# of hours spent on continuing education
Union Participation	none <1 1-2 3-5 >5
yes	
no	

explain the relative contribution of the variables to variation in participation.

References

- Anderson, J.C. (1979). Local union participation: A reexamination, Industrial Relation, 18(1), 18-31.
- Beletz, E. (1980). Organized nurses view their collective bargaining agent, <u>Superv Nurse</u>, 11, 30-46.
- Benner, P. (1984) From Novice to Expert. CA: Addison-Wesley.
- Cummings, L.L., & Berger, C.J. (1976). Organization structure: How does it influence attitudes and performance?, <u>Organizational Dynamics</u>, <u>5</u>(2), 34-49.
- Curran, C. (1989). Meeting the nurse retention challenge. <u>Nursing89</u>, <u>19(5)</u>,170-171.
- Herzberg, F., Mausner, B., & Snyderman, B. (1959). <u>The Motivation to Work</u>. New York: John Wiley & Sons.
- Hinshaw, L., & Atwood, J. (1982). Anticipated turnover: A preventive approach. Western Journal of Nursing Research, 4, 54-55.
- Huey, F. L. (1982). Looking at ladders, AJN, 82, 1520-26.
- Huszczo, G.E. (1983). Attitudinal and behavioral variables related to participation in union activities, <u>Journal of Labor Research</u>, <u>4</u>(3), 289-2897.
- Juris, J., & Maxey, C. (1981). The impact of hospital unionism, Mod Health, 11, 36-38.
- Kramer, M., & Schmalenberg, C. (1989). Magnet hospitals: Part II, institutions of excellence, <u>Journal of Nursing Administration</u>, <u>18(2)</u>, 11-19.

- Mason, D.J., & Talbott, S.W. (1985). Introduction: A framework for political action. In D.J. Mason & S.W. Talbott (Eds.), <u>Political</u> action: A handbook for nurses (pp. 3-9). Menlo Park, CA: Addison-Wesley Publishing.
- McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). Magnet hospitals: Attraction and retention of professional nurses. Kansas City, MO: American Nurses' Association.
- McShane, S.L. (1986). The multidimensionality of union participation, Journal of Occupational Psychology, 59(3), 177-187.
- Nicholson, N., Ursell, G., & Lubbock, J. (1981). Membership participation in a white collar union, <u>Industrial Relations</u>, <u>20</u>(2), 162-78.
- Saward, E. M., Blank, J. D., & Greenlick, M. R. (1968). Documentation of twenty years of operation and growth of a prepaid group practice plan. Medical Care, 6(3), 231-244.
- Schein, E. H. (1983). Organizational socialization and the profession of management. In B. M. Staw (Ed.), <u>Psychological foundations of organizational behavior</u> (pp. 191-201). Glenview, IL: Scott, Foresman.
- Scott, W. R. (1982). Managing professional work: Three models of control for health organizations. <u>Health Services Research</u>, <u>17</u>(3), 213-240.
- Shoemaker, H., & El-Ahraf, A. (1983). Decentralization of nursing service management and its impact on job satisfaction. <u>Nursing Administration Quarterly</u>, <u>Winter</u>, 69-76.

- Spinrad, W. (1960). Correlates of trade union participation: A summary of the literature, <u>American Sociological Review</u>, <u>25</u>(2), 237-44.
- Strauss, G. (1977). Union government in the U.S.: Research, past and future, <u>Industrial Relations</u>, <u>16</u>(20), 215-42.
- Tobin, H., Wise, P., & Hull, P. (1979). <u>The Process of Staff</u>

 <u>Development</u>. St. Louis: C.V. Mosby.
- Towe, L. A. (1989/90) Survey finds employee involvement a priority for necessary innovation, <u>National Productivity Review</u>, 9(1), 3-15.
- Walker, J., & Lawler, J. J. (1979). Dual unions and political processes in organizations. <u>Industrial Relations</u>, <u>18(1)</u>, 32-43.

APPENDIX C

Instruments

Employee Survey

Nurse's Supplement to Employee Survey



Employee Survey

INSTRUCTIONS

Ask your survey coordinator for a LABEL and place it on the questionnaire. This identifies your location and job category.

If you do not wish to complete the questionnaire, place the blank questionnaire in the box or envelope provided.

Your individual answers are CONFIDENTIAL. Completed questionnaires will be entered into a computer for statistical summary and then destroyed.

If answers to a question don't express how you feel, mark the answer that comes closest to it, write in your own answer or leave it blank. Don't spend too long on any one question.

Do not mark more than one answer for each item unless specifically instructed to do so.

Use a FELT-TIPPED PEN for marking the answers. Pens are available from the survey coordinator.

DO NOT SIGN YOUR
QUESTIONNAIRE. After you
have finished, deposit it in the
box or envelope provided. Or
you may forward it to the
Center for Health Research in
the Interoffice Mail.

TO KAISER PERMANENTE EMPLOYEES:

Welcome to the tenth Kaiser Permanente Employee Survey! We want to know how KP employees feel about their work and the KP organization. This survey seeks information from employees in order to improve the KP program and enable employees to achieve greater work satisfaction and effectiveness. This year's survey emphasizes what you as an individual think of your job and the effectiveness of your work group.

To encourage wider participation, the survey is shorter and the type size larger. Shortening the survey was a difficult decision because many program administrators wanted to ask you about the quality and effectiveness of their services. A major objective for this year's survey, however, is to hear from virtually all employees. We hope that fewer questions will mean greater participation. This will increase the value of the survey to managers who are trying to plan for and deal with a challenging and changing health care environment.

The survey is processed and analyzed at the Center for Health Research where careful attention is given to protecting employee confidentiality. No supervisor, administrator, or co-worker will see your questionnaires. After responses are coded and entered in a computer file, the questionnaires are destroyed.

Copies of the survey report are available to all employees 60 days after the survey. If you have further questions about confidentiality, or other survey matters, you may call Jean Anderson, the Regional Employee Survey Coordinator at 235-6654 or call me at 239-6792.

Sara Lamb Center for Health Research

May 1989

Please



rating KP as a place to work

1.	How would you rate the following within Kaiser						
	Permanente?	VERY GOOD	GOOD	FAIR	POOR	VERY	
	Amount of your salary or wages	□ 1	□ 2	□ 3	□ 4	□ 5	5
	Vacation benefits	□ 1	□ 2	□ 3	□ 4	□ 5	6
	Sick leave benefits		□ 2	□ 3	□ 4	□ 5	7
	Health Plan benefits	□ 1	□ 2	□ з	□ 4	□ 5	8
	Retirement program	□ 1	□ 2	З	□ 4	□ 5	9
	Life and disability insurance	□ 1	□ 2	З	4	☐ 5	10
	Dental benefit	□ 1	□ 2	□ з	□ 4	□ 5	11
	Employee education program	□ 1	□ 2	П з	□ 4	□ 5	12
2.	In comparison with similar jobs within the community, how would you rate each of the following?		KAISER PERMANEN BETTER		COMMUNITY	DON'T KNOW	
				-		_	13
	Amount of your salary or wages			_ 2	<u></u> 3 □	□ 4	14
	Vacation benefits			_ 2 _ 2	□ 3 □ -	□ 4	15
	Sick leave benefits				∐ 3 □ -		16
	Health Plan benefits			2	∐ 3	4	17
	Retirement program			_ 2 	<u> </u>	□ 4	
	Life and disability insurance		1	☐ 2		☐ 4 —	18
	Dental benefit		□ 1	□ 2 —			19
	Employee education program		□ 1	_ 2	□ 3	4	20
3.	How open is KP to new ideas and ways of doing things?		10		remely oper Very oper newhat oper	n 🗆 2	21
4.	. On the whole, what do you think of this organization as a pl	ace to wo	ork?		ot very ope		
					cellent plac		22
				,	A good plac		
					A fair plac		
					A poor plac	e 🗌 4	
				A ve	ry poor plac	е 🗆 5	

rating	KP	as	a	place	to	work
		40	-	PILLO		HOIK

5. In	the past several weeks have you thought about leaving your job at KP?					frequent		23
	If yes, then why? (Please specify)				Yes, s	ometime N	lo 🗌 3	
								24
	evaluating KP management							
6. In	general, how would you rate the Region's top managen the areas listed below?	nent on ea	ich of					
	("Top management" includes the Regional Manager, Regional Medical and Dental Directors, and other top managers such as the Health Plan Manager and Area and		would	l veto ton -				
	Hospital Administrators.)	EXCELLENT	GOOD	rate top r	POOR	VERY POOR	DON'T	
	Communicating the basic goals and ideals of KP		□ 2	3	□ 4	□ 5		25
	Maintaining cost effectiveness in the delivery of health services		2	Пз	□ 4	_ s	□ 6	26
	• Emphasizing quality in the delivery of health services	□ 1	□ 2	□ 3	□ 4	<u> </u>	□ 6	27
	Planning for the future of this organization	□ 1	□ 2	□ 3	□ 4	5	□ 6	28
	Overali performance	□ 1	□ 2	З	□ 4	□ 5	□ 6	29
	*							X
						. 20		
7. In	general, how would you rate the managers at your faci following?	lity on ea	ch of t	the				
	(If you work at a "mixed" facility such as the Regional Office, North Interstate Facility, or Regional Supply Center, think of the							
managers of your administrative unit when you answer this question.)			uld rat	e the man	agers at	my fac	Ility:	
		EXCELLENT	GOOD	ADEQUATE	POOR	VERY POOR	DON'T	
	Setting high standards and achievable goals	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	30
	Keeping employees informed	□ 1	□ 2	□ з	4	□ 5	□ 6	31
	Being responsive to my department's needs	□ 1	□ 2	□ 3	□ 4	<u> </u>	□ 6	32
	Obtaining necessary resources	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	33
	Being accessible and visible to employees	□ 1	□ 2	П з	□ 4	<u> </u>	□ 6	34
	Overall performance	□ 1	☐ 2	Пз.	□ 4	_ 5	6	35

How would you rate your <i>immediate supervisor</i> on the following:		would r	ate my supe	ervisor:		
ionowing.	EXCELLENT	GOOD	ADEQUATE	POOR	VERY	
Establishing clear work objectives		□ 2	□ 3	□ 4	□ 5	36
Maintaining high standards of performance in his or her own work		□ 2	□ 3	□ 4	□ 5	37
Delegating work		□ 2	□ з	4	□ 5	38
Ability to get things done		□ 2	□ з	□ 4	□ 5	39
Knowledge of his or her own job		□ 2	□з	4	□ 5	40
 Providing advance notice on assignments and changes 		□ 2	□ з	4	□ 5	41
Knowledge of the work problems you face		□ 2	□ 3	4	□ 5	42
Openness to new ideas		□ 2	□ 3	□ 4	<u> </u>	43
Facilitating communication across departments		□ 2	□ з	□ 4	□ 5	44
Setting an example		□ 2	□ 3	4	□ 5	45
Fairness in decision-making		□ 2	З	□ 4	□ 5	46
Handling conflict		□ 2	Пз	□ 4	□ 5	47
Willingness to listen		□ 2	□ 3	4	☐ 5	48
 Encouraging you to develop new ways of doing things 		□ 2	□ 3	□ 4	□ 5	49
Letting you know when you are doing a good job		□ 2	□ 3	4	5	50
Treating you with respect		□ 2	□ 3	4	<u> </u>	51
. When was your last performance review?				Neutral dissatisfied dissatisfied	☐ 3 ☐ 4 ☐ 5	
			NAME OF THE PARTY		0	
	-			he last year		53
			One to two	o years ago	□ 2	
			Viore than tw	o years ago	□ 3	
				Never	□ 4	
. How would you rate your last performance review on each of the following?	l would	rate my	last perform	nance revie	w:	
	EXCELLENT	GOOD	ADEQUATE	POOR	VERY POOR	
• Fairness	□ 1	□ 2	□ 3	F00A □ 4	□ 5	5-
	□ ·	□ 2	□ 3 □ 3	□ 4	5 □ 5	5
Recognizing my contribution					_	
Confidentiality		2	□ 3	□ 4	□ 5	56
Helping job performance		□ 2	□ 3	□ 4	□ 5	57



12.	We would like to know how you feel about various aspects of your job.	Do you
	agree or disagree that the following statements describe your job?	

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY	
My job lets me use my skills and abilities	□ 1	□ 2	З	□ 4	□ 5	58
My job requires that I keep learning new things		□ 2	Пз	□ 4	□ 5	59
I am given a lot of freedom to decide how to do my own work	□ 1	□ 2	□ 3	□ 4	□ 5	60
My job requires that I work very hard		□ 2	□ з	□ 4	□ 5	61
I have too much work to do everything well	□ 1	□ 2	П з	□ 4	□ 5	62
 On my job I know exactly what is expected of me 	□ 1	□ 2	□ з	□ 4	5	63
My job requires a high level of skill	□ 1	□ 2	Пз	_ 4	□ 5	64
 I have a lot to say about what happens on my job 	□ 1	□ 2	□ 3	□ 4	□ 5	65
 On my job I can't satisfy everyone at the same time. 	□ 1	□ 2	П з	□ 4	□ 5	66
I never seem to have enough time to get everything done on my job		□ 2	□ 3	_ 4	5	67
 My job requires that I do things over and over 	□ 1	□ 2	□ 3	□ 4	□ 5	68
I can experiment and take risks with the way I do my job	□ 1	□ 2	□ 3	□ 4	□ 5	69
I need more training to do my job well	□ 1	□ 2	□ 3	□ 4	□ 5	70
13. On the whole, how well do you like the work you do?				Fairly we		71
14. People have various reasons for staying in a job. Some of t important are they to you?	٧	ERY	OW. HOW	NOT VERY	NOT AT AL	
Convenience (location, hours, transportation,	etc.)] 1	□ 2	Пз	4	72

Pay

Benefits

Challenging and interesting work

Belief in the KP type of health care

Career advancement opportunities

Good friends and co-workers at KP

Commitment to KP

□ 1

□ 1

□ 1

1

□ 1

□ 2

□ 2

□ 2

□ 2

□ 2

□ 2

□ 2

__ 4

4

□ 4

□ 4

□ 4

□ 4

□ 4

73

74

75

76

77

78

□ 3

□ 3

□ 3

□ 3

□ 3

П з

🗌 з

A.1			
5. How would you rate the <i>quality</i> of the work or service that you personally provide?			
personanty provide.	Excellent	□ 1	
	Good	□ 2	
	Adequate	□ 3	
	Poor	□ 4	
	Very poor	<u> </u>	
1 that was a second the do?			
6. How would you rate the <u>amount</u> of the work that you <u>personally</u> do?	Very high		
	Moderately high		
	Moderately high		
	Fairly low		
	Very low		
7. On the job, do you feel pressure from others to perform beyond what you think is reasonable?	I feel a great deal of pressure	1	
	Some pressure		
	A little pressure		
·	Very little pressure		
	No pressure at al		
	110 p. 2333		
18. When decisions that affect your work are made, how adequately			
are they explained to you?	The second secon		
	Completely adequately		
	Very adequately		
	Adequately Somewhat inadequately		
	Very inadequately		
to grant do went boyer on what goes			
19. In general, how much say or influence do you have on what goes on in your work group?			
	Little or no influence		
		e 🗆	
	Quite a b		
	A great de		
	A very great deal of influence	ce 🗆	أ

20. Knowing what you know now, if you had to decide all over again whether to take the specific job you now have, what would you decide?						
	1	would defin	itely take	the same in	ob 🗆 1	85
		would prob				
		uld probably				
		uld definitely				
				•		
21. Please indicate below how satisfied or dissatisfied you are with each of the following:						
D	VERY SATISFIED	SATISFIED	NEUTRAL	DIS- SATISFIED	VERY DI	S. D
 Degree of control over the pace/quality of your work 		□ 2	□ 3	□ 4	□ 5	86
Degree of variety in your work	□ 1	□ 2	□ 3	□ 4	□ 5	87
Degree of job security you have	□ 1	□ 2	□ 3	4	□ 5	88
How you and your fellow workers get along	□ 1	□ 2	□ 3	□ 4	□ 5	89
Physical surroundings at work	□ 1	□ 2	□ 3	□ 4	□ 5	90
Opportunities for advancement	□ 1	□ 2	Пз	□ 4	□ 5	91
 Availability of continuing education and training at KP 	□ 1	□ 2	Э	4	□ 5	92
Amount of responsibility you have	□ 1	_ 2	□ 3	□ 4	□ 5	93
Your job overall		□ 2	□ 3	□ 4	□ 5	94
22. What type or line of work would you try to get into if you could start all over again?	J			ī		
i woul		same type			_	95
		m uncertain				1
	i would	d choose sor	ne other t	ype of worl	(] 3	
23. How much do you feel you are a part of or committed to each of the following?					DOESN'T	
		OME- HAT SLIGHTI	NOT VERY	NOT AT ALL	APPLY TO ME	
Your immediate work group]2	□ 4	□ 5	□ 6	96
The team that treats the patients		2 3	□ 4	□ 5	□ 6	97
Your profession or occupation] 2 [.]] 3	□ 4	□ 5	□ 6	98
The KP organization		2 🔲 3	□ 4	□ 5	□ 6	99
The total community] 2	4	□ 5	□ 6	100
24. Do you feel pride when you tell people that you work for K	P?					
				Yes	1	101
				No		
25. Do you think of yourself as a promoter or an "ambassador" KP and its programs?	of '				(4)	
				Yes		102
				No		



rating your department

26.	In your opinion, how well do the people in your department at each of the following?	t do					
		People in my department perform:					
		EXTREMELY WELL	VERY WELL	FAIR	NOT VERY WELL	NOT AT	Ĺ
	Getting the most from the resources available	□ 1	□ 2	П з	□ 4	☐ 5	1
	 Identifying and discussing work related problems 	□ 1	□ 2	□з	□ 4	☐ 5	1
	 Keeping up with changes in equipment and techniques. 		□ 2	□ з	4	□ 5	1
	Coping with temporary work overloads		□ 2	□ з	□ 4	□ 5	1
	Pulling together to get the work done	□ 1	□ 2	□ 3	□ 4	□ 5	1
27.	How would you rate the <i>quality</i> of the work or service prove people in your department?	vided by m	ost				
					Excellen	t 🗆 1	1
					Good	d 🗆 2	
					Adequat	Э 🗌 з	
					Poo	r 🔲 4	
					Very Poo	r 🗌 5	
					1		
28.	How would you rate the amount of work done by most peo	ple in you					
	department?					_	
				14-	Very hig		1
				MO	derately hig		
					Hig Fairly la		
					Fairly lov		
					very lo	~ ∟ 5	
29.	In your opinion, how well do different departments in your coordinate their work activities with one another?	facility					
				E	xtremely we	ell 🗆 1	
					Very we	ll 🗆 2	
					Fairly we	ell 🗆 3	

Not very well ☐ ₄

Not at all ☐ 5

111

112

113

114

20 m					
30. Do you have any recommendations for how to improve coord among departments at your facility?	dination				
31. How would you rate the services provided to you or your dep	partment				
31. How would you rate the services provided to you or your dep by the following regional support departments?					
by the following regional support departments?	very good	GOOD	FAIR	POOR	DON'T KNOW
31. How would you rate the services provided to you or your deposition by the following regional support departments? • Purchasing	VERY		FAIR	POOR	DON'T KNOW
by the following regional support departments?	VERY	GOOD		_	KNOW
by the following regional support departments? • Purchasing	VERY GOOD	GOOD 2	□ 3	□ 4	KNOW ☐ 5 ☐ 5
by the following regional support departments? Purchasing General Stores	VERY GOOD 1	GOOD 2	3	□ 4 □ 4	KNOW 5

32.	In your opinion, how much of the time do the people in your department do each of the following?		MOST		•	2050	
		ALWAYS	OF THE	SOME- TIMES	NEVER	NOT APPLY	1
	 Respond to members promptly and courteously 		□ 2	З	4	<u> </u>	122
	Discuss problems, organizational policies, or patient care in public areas		2	Пз	□ 4	□ 5	123
	Place callers on hold before giving them a chance to respond	Π,	П.		Π.		104
	 Make eye contact and use a pleasant tone of voice 	المحا	2	ن 3	∟ 4	LJ 5	124

□ 1

□ 1

□ 2

□ 2

□ 2

□ 2

 \square_2

12

□ 2

_ 2

□ 3

□ 3

□ 3

□ 3

□ 3

□ 3

□ 3

□ 3

□ 4

T 4

□ 4

4

4

□ 5

□ 5

□ 5

33. In your opinion, how has the quality of the work in your department changed in the past year?

when serving members

Introduce themselves to members by name and title or department

Information Services......

Employee Education and Training

Program Planning......

Telecommunications

Management Engineering

Improved	□ 1	128
Remained about the same	□ 2	
Declined	Пз	
I haven't worked in this department for 1 year yet	□ 4	

In general, the people who recommendation the people I work with most of the time						
	tment I meant:				_	
The people I work with most of the tim						
the people I work with most of the time	e (but we don't					
				I supervise		
Other (please explain):					_ 🗆 4	
evaluating KP services	,		·		-	
As a Kaiser Permanente member yourself, how satisfied with the aspects of KP health care services listed be		erally				
The length of time between calling for an appointmen	VERY SATISFIED	SATISFIED	NEUTRAL	DIS- SATISFIED	VERY DIS	D
and the date of the appointment		□ 2	□ 3	□ 4	□ 5	
The amount of time spent on the telephone getting						
taken care of by the appointment clerks or by the message center		□ 2	Эз	4	□ 5	
Getting in to see the doctor or being taken care of			3	U *	_ 3	
without an appointment	🗆 1	□ 2	□з	□ 4	□ 5	
Your ability to have a personal physician	🗆 1	□ 2	□ з	□ 4	<u> </u>	
 The information you receive about your medical condition and options for treatment 	···· 🗆 1	□ 2	3	□ 4	<u> </u>	
The amount of time doctors spend with you		□ 2	□ 3	_ 4	☐ 5	
 The personal interest and attention that you receive. 	🔲 1	□ 2	□ 3	4/	□ 5	
Access to mental health services	🔲 1	□ 2	□ 3	□ 4	□ 5	
Access to mental nearth services	🗆 1	□ 2	□ 3	□ 4	□ 5	
Health education and health promotion services						
 Health education and health promotion services Overall, how satisfied are you with KP medical 		□ 2	🔲 з	4	☐ 5	
Health education and health promotion services			Пз	4		

9.



how informed are you

Your answers to these questions will help us determine how well information that you need as an employee is being provided to you.

37.	How informed are you about each of the following?	VERY WELL INFORMED	SOMEWHAT INFORMED	NOT VERY WELL INFORMED	NOT AT ALL INFORMED
	Goals and objectives of your department or division	□ 1	□ 2	П з	□ 4
	Goals and objectives of Kaiser Permanente		□ 2	П з	4
	Strategic planning goals for Kaiser Permanente	□ 1	□ 2	З	□ 4
	The financial affairs of Kaiser Permanente	□ 1	□ 2	П з	□ 4
	Procedures for performance reviews	□ 1	□ 2	□ з	□ 4
	Grievance procedures	□ 1	□ 2	П з	□ 4
	Quality of service behavior guidelines	□ 1	□ 2	□ з	□ 4
	Horizon award program	□ 1	□ 2	□ з	□ 4
	Hazard communication program		□ 2	П з	□ 4
	Employee assistance program	□ 1	□ 2	П з	□ 4
	Employee health service	□ 1	□ 2	□ 3	4
38.	In the past year did you attend the Regional Orientation Program?				
				Ye	
				N	0
	If yes, then how would you rate it?			Very Goo	od 🗆 1
				Goo	od \square 2
				Fa	air 🗆 3
				Po	or 🗆 4
39.	How important do you find <i>Pulse</i> and other publications in communicating news about Kaiser Permanente?	VERY IMPORTANT	IMPORTANT	NOT VERY	NOT IMPORTANT AT ALL
	• Pulse	□ 1	□ 2	Пз	□ 4
	Newswire	□ 1	□ 2	З	□ 4
	Planning for Health	□ 1	□ 2	□ 3	□ 4
	The Spectrum	□ 1	□ 2	□з	□ 4
	Special bulletins	1	□ 2	Б 🗀	□ 4
40.	How much of <i>Pulse</i> and <i>Newswire</i> do you read?			PULSE	NEWSWIRE
		All or mo	ost articles	□ 1	□ 1
	-	Sor	me articles	□ 2	2
	Mostly he	eadlines an	d captions	□ 3	□ 3
		Usually	don't read	□ 4	4

41.	Indicate how you rate Pulse on the following:		VERY	SOMEWHAT	NOT VERY	NOT AT ALL	
	How entertaining?			□ 2	□з	□ 4	162
	How informative?			□ 2	□ 3	□ 4	163
	How easy to understand?		□ 1	□ 2	Пз	□ 4	164
	- How quick to read?			□ 2	З	□ 4	165
42.	If your work at KP has changed in any important way because of the introduction of new computer systems, how has this change affected your work life?	se s		Mada	shinga hattar		
					things better		166
			7.		things worse		
					out the same		
			N	ly work nas	not changed	4	
43.	Do you use a computer or computer terminal at work?						
	•				Yes	□ 1	167
					No	_ 2	
	Manage have used you describe your expertice with the r	main					
	If yes, how would you describe your expertise with the r computer systems you use?	riairi			Excellent	_ 1	168
					Good	2	
					Adequate	□ 3	
					Poor		
					Very poor		
44	Because AIDS is an especially important health care issue, w	ve have in	cluded	some que	stions		
	about AIDS and HIV (the AIDS virus). Please indicate if yo	u agree o	r disag	ree with t	ne		1
	following statements:				80		
		STRONGLY AGREE	AGREE	NO OPINION	DISAGREE	STRONGL DISAGRE	Y E
	 I am adequately protected at work from exposure to blood, body fluids, or tissues. 		□ 2	З	□ 4	<u> </u>	16
	I know where to refer a patient who wants to know about HIV risks or HIV testing.	□ 1	_ 2	□ 3	□ 4	5	17
	 An HIV positive patient will be treated willingly by all in my department. 		. 🔲 2	<u> </u>	4	<u> </u>	17
	 I would be upset if I had to draw blood or handle blood products from an HIV positive patient. 		□ 2	☐ 3	□ 4	□ 5	17
	People who work with AIDS patients are at high risk of infection.	□ 1	2	3	4	□ 5	17
	• I have received adequate education on HIV and AIDS	□ 1	□ 2	3	□ 4	5	17
	An HIV positive patient can be certain of confidentiality in my department	1		2 3	4	<u> </u>	1
	All patients and body products should be treated as if they were HIV positive	□ 1		2 3	_ 4	5	1
	Patients with AIDS or HIV have the same right to health care as any health plan member	□ 1		2 🗆 3	4	<u> </u>	1

how informed are you =



about other employee concerns

45. Which of the following benefit improvements would you m see KP consider in the future? Check the two that are				
important to you.	Check T	wo:		
	Reward for unused	d sick leave		178
	Child care	assistance		179
	Increased p	aid time off		180
	Improved de	ntal benefit		181
	Improved salaries rather th	an benefits		182
	Improved training and educati	on benefits		183
46. If you have children			_	
Are you responsible for the care of any children under	r the age of 12.			
either full or part time?	Yes	_ 1 184		
	No	2		
While you work, do you hire child care services?	Yes, regularly	1 185	- 1	
(Child care services include full-time care, part-time c		□ 2		
before- or after-school care, or summer programs.)	No	□ 3		
If yes, where is this care provided?				
	My own home			
	Other private home	2		
	Child care center	<u> </u>		Ä.
If quality child care were offered at reasonable cost n BKMC and KSMC, would you use it?	ear			
	Definitely	1 187		
	Probably			
		_		
	No	4		
47. In general, how would you rate your health?				
		Excellent	□ 1	188
		Good	□ 2	
		Fair	□ з	
		Poor	_ 4	
		Very poor	<u></u> 5	5

about other employee concerns		
48. In the past year, which Employee Health services have you used?		
(Check all that apply.) Flu shots		18
T.B. testing		19
Hepatitis B vaccinations		19
Referrals		192
Health Counseling		193
Other (please specify):		194
40 7771 - 4		
49. What new services or programs would you like the Employee Health Service to offer?		
		10.22
		195
50. In the past year, have you seen any safety hazards at work?		
Yes	□ 1	196
No	□ 2	
If yes, to whom did you report the most serious hazard?		
Supervisor	□ 1	197
Co-workers	□ 2	
Other (please specify):	В	
Did not report	□ 4	
Was the hazard corrected?		
Yes	□ 1	198
	□ 2	
51. During the past year, have you had an on-the-job injury for which you received treatment outside KP?		
		199
No	□ 2	
If yes, then why were you treated outside KP for an on-		
the-job injury?		
		200

= 2

about	other	emplovee	cancarne
	ULITUI	CHILDIOFEE	CONCERNS

52. In the past year, have you received training about the Hazard		
Communication Program?	Yes 🗆	1 201
	No 🗆	
If yes, where did you receive the training:		
and the state of t		202
53. Do you currently smoke cigarettes?		
	Yes 🗌	1 203
	No 🗆	2
54. If you smoke		-
How many cigarettes per day do you usually smoke?	204	
How many of the second state of the second sta		
How many of these cigarettes do you usually smoke during working hours?		
	205	
Have you cut down on smoking in the past year?		
	☐ 1 206	
Do you expect that you will try to quit smoking in the next year?		
Certain I will try		
Very likely to try Somewhat likely to try		i N
Not likely to try		
Certain I will not try		
		4
55. If you are an ex-smoker		
you are all ex-smoker		7
How many cigarettes per day did you smoke before you quit?	_ 208	
	_ 200	
How long has it been since you stopped smoking?		
Less than 1 month	1 209	
Between 1 and 6 months	□ 2	
Between 7 and 12 months	3	
Between 1 and 2 years More than 2 years	□ 4 ·	
Never smoked cigarettes		
Smoked digarettes	— 0	1

about other employee concerns			
56. Does smoking take place in your work environment?			
	Yes	□ 1	210
	No	□ 2	
If yes, do patients or members smoke in your work environment?	?	_	
	Yes		211
	No	2	
Do employees or physicians emoke in your work anyirong	nent?		
Do employees or physicians smoke in your work environment	Yes		211
	No	2	
respondent characteristics			
In order to analyze the responses to this survey, w			
know something about you. If you feel any of thes intrusive, please don't answer.	se questions are		
57. Which of the following best describes you?	Manage	r 🗆 1	21
	Superviso		
	Unit or team leade		
	Nonsupervisory personne	l 🗆 4	
58. How much time do you spend in face-to-face contact with patients ar	nd		
members?	Most of my work tim	9 🗆 1	21
	A great dea	l	
	Some of my work tim		
	Very littl		
	Non	e 🗌 5	
59. How much time do you spend in <u>phone</u> contact with patients and members?	Most of my work tim	a	
	A great de		
	Some of my work tim		
	Very litt		
,	120.00	e 🗆 s	

60.	In which of the following administrative unit	s or div	isions do you work?		
	MEDICAL CARE OPERATIONS:		PLANNING AND STRATEGIC SERVICES:		
	Hospitals	□ 1	Information Services	□ 9	210
	Medical Offices	□ 2	Facilities Design and Construction	10	
	Regional Services	□ 3	All other PASS	□ 11	
	Support Services	□ 4			
	Other	□ 5	FINANCE DIVISION	□ 12	
			HUMAN RESOURCES	13	
	HEALTH PLAN DIVISION:		DENTAL DIVISION	14	
	Marketing / Sales / New Product	□ 6	CENTER FOR HEALTH RESEARCH	□ 15	
	Health Plan Administration and Member Services	7	NORTHWEST PERMANENTE	□ 16	
	All other Health Plan	□ 8	Other (Regional Administration and other)	□ 17	
61.	If you work at Bess Kaiser or Sunnyside, in vareas do you work?	vhich o			
			Inpatient Care		217
			Medical Office	☐ 2 ☐ 3	
			Urgency Care	☐ 4	
			Emergency Care Support Services	□ 5	
		Othor	(please specify):	□ 6	
		Other	(please specify).	_,	
62.	If you work in any of the following departme	nts. ple	ase indicate		
	which one. If you do not work in any of t		sted, please		
	check "None of the above."		ACHP/ADRS		21
			Home Health		
			Mental Health		
			Optometry		
			Optical		
			Pharmacy		
			Laboratory		
			X-ray		
			Materials Management		
			Medical Reports/Transcription		
			Medical Records Services		
			Office Services		
			Systems and Programming (ISD)		
			Security		
			Research Operations (CHR)		
			MONE OF THE ABOVE	16	

respondent characteristics

70. How much formal or academic education have you had?							
				Gra	de school		226
Check the highest completed				Some hi	igh school	□ 2	
			Con		igh school		
	Some	college (in	cluding o	communi	ty college)	□ 4	
		- '			3.A., B.S.)		
					uate work		
71. About how many days of work did you miss this past twelv	e mont	hs for e	ach				
of the following reasons?		LESS					
	NONE	THAN 1 DAY	1-2 Days	3-5 DAYS	6-10 DAYS	11+ DAYS	
My own personal illness	□ 1	□ 2	П 3	□ 4	5	□ 6	227
Child's personal illness	□ 1	□ 2	□ 3	4	□ 5	□ e	228
Child care problems	□ 1	□ 2	3	4	□ 5	□ e	229
Just "sick of work"	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	230
72. In general, would you say that you are very happy, happy,	not						
happy, or very unhappy these days?	HUL			٧	ery happy		231
				·	Нарру	1_1	
					Not happy		
					y unhappy		
					- 6)
73. During the past few weeks, did you ever feel					30		
butting the past tew weeks, and you ever tour !!							
Particularly excited or interested in something?					YES	NO 2	232
So restless that you couldn't sit still long?						□ 2	233
 Proud because someone complimented you on something 							234
Very lonely or remote from other people?	• .				 □ 1	□ 2	235
Pleased about having accomplished something?					 1	2	236
• Bored?					 □ 1	□ 2	237
On top of the world?							238
Depressed or very unhappy?						□ 2	239
That things are going your way?	*******	.,				□ 2	240
Upset because someone criticized you?						_ 2	241
Too tired to get up in the morning?						_ 2	242
Continually tired at work?					1	_ 2	243
Completely worn out at the end of the day?						□ 2	244

74.	During the past few weeks, how much have you worried about each of the following things?			
		NOT WORRIED	SOMEWHAT WORRIED	EXTREMELY WORRIED
	Not having enough money	□ 1	2	□ 3
	Financial debts		□ 2	□ 3
	Moving ahead in the world	□ 1	□ 2	□ 3
	Things that happen in your neighborhood	□ 1	□ 2	□ 3
	Conditions in the United States	□ 1	□ 2	Пз
	The world situation		□ 2	□ 3
	Growing old		□ 2	□ 3
	Your job situation or how things are going at work	□ 1	□ 2	□ 3
75.	Have you participated in past Kaiser Permanente employee surveys?		Ye N	
76.	About how long did it take you to answer this survey?			
	If your work group is involved in a special analysis request, please enter your number in the box. Special Request Box			-

Are there any other comments you would like to make?
(Attach more sheets if necessary.)

Nurse's Supplement to Employee Survey

1989 NURSING SUPPLEMENT TO EMPLOYEE SURVEY.

If you are a nurse, please complete this questionnaire and return it with your employee survey.

The 1989 employee survey includes this supplemental questionnaire for nurses in order to compile a database about the values and preferences of nurses in the Kaiser Permanente system. The database will be used to help develop plans for improving the quality of worklife and to recruit and retain KP nurses. It also will provide a baseline for assessing the impact of strategies implemented to meet nursing needs.





Nursing Role in Patient Care 1. KP nurses engage in a variety of activities related to patient care. In your ideal work world, would you spend more time, less time, or about the same amount of time that you currently spend on each of A LOT LESS A LOT MORE MORE the following activities? AROUT I FSS TIME TIME TIME THE SAME TIME Providing direct physical care to patients □ 2 □ 5 □ 3 4 5 Teaching patients and/or family members...... □ 5 □ 2 □ 3 □ 4 Individually counseling patients and families...... □ 2 □ 5 □ 3 7 Assessing patients' needs and developing care plans □ 2 □ 3 □ 5 Documenting patients' health status and needs...... □ 2 □ 3 □ 4 □ 5 9 Documenting nursing care activities...... □ 1 □ 2 □ 3 4 □ 5 10 □ 2 4 □ 3 □ 5 11 Coordinating care provided by various departments □ 2 □ 3 □ 4 □ 5 12 Collaborating with other health providers to meet patients' needs 1 □ 2 □ 3 □ 5 13 Providing direction to other nurses and support staff □ 3 □ 2 4 **5** 14 Triaging patients through phone or direct contact □ 2 □ 3 □ 4 □ 5 15 Carrying out treatments and procedures □ 1 □ 2 □ 3 □ 4 □ 5 16 Facilitating patient-MD contacts (preparing patient for MD visit, etc). □ 2 □ 3 □ 4 **5** 17 Facilitating patient access to KP system & community services □ 1 □ 2 □ 3 □ 5 Conducting quality assurance activities...... □ 1 □ 2 □ 3 □ 4 □ 5 19 Applying research findings to patient care....... □ 2 □ 3 □ 4 □ 5 20 Conducting or participating in nursing research 2 1 4 □ 3 □ 5 2. How comfortable are you in carrying out the following activities in nursing practice? EXTREMELY VERY FAIRLY **NOT VERY** NOTATALL COMFORTABLE COMFORTABLE CO WFORTABLE COMFORTABLE Making decisions and judgment calls about patient care □ 2 □ 3 □ 4 □ 5 22 Problem solving □ 3 □ 1 □ 2 4 □ 5 23 Being assertive, communicating in a group □ 2 □ 3 4 □ 5 Expressing nursing needs and values to non-nurses 2 □ 3 □ 4 □ 5 25 Negotiating with others □ 1 □ 2 □ 3 □ 4 □ 5 26 Organizing, prioritizing, and managing time □ 1 □ 2 □ 3 □ 4

Dealing with anger/frustration, handling conflicts

Setting goals for nursing staff or care team

Managing resources

Dealing with ethical issues in nursing practice

2

□ 5

□ 5

□ 5

□ 5

□ 5

□ 3

□ 3

□ 3

□ 3

4

4

4

□ 2

□ 2

□ 2

□ 2

□ 1

27

28

29

30

31

1

Satisfaction with Practice

3.	How satisfied or dissatisfied are you with each of the following?	VERY SATISFIED	FAIRLY SATISFIED	NEUTRAL	FAIRLY DISSATISFIED	VERY DISSATISFIED	
	RN-MD professional relationship at KP	□ 1	□ 2	□ 3	□ 4	□ 5	32
	Ability to transfer from one clinical or specialty area to another	□ 1	_ 2	□ 3	□ 4	□ 5	33
	Current staffing level in your work area		□ 2	□з	□ 4	□ 5	34
	Staffing mix (ratio of RNs,LPNs, aides/orderlies) in your work area	□ 1	□ 2	□ 3	□ 4	□ 5	35
	Type of schedule that you work	□ 1	□ 2	□ 3	□ 4	□ 5	36
	Availability of educational opportunities at your facility	□ 1	□ 2	□ 3	□ 4	□ 5	37
4.		EXTREMELY IMPORTANT	VERY IMPORTANT	FAIRLY IMPORTANT	NOT VERY	NOT AT ALL IMPORTANT	
	Expressed appreciation of work done	□ 1	□ 2	□ 3	□ 4	□ 5	38
	Tactful disciplining	□ 1	□ 2	□ з	4	□ 5	39
	Good working conditions	1	□ 2	□ 3	□ 4	□ 5	40
	Feeling "in" on things	□ 1	□ 2	□ 3	□ 4	□ 5	41
	Job Security	□ 1	□ 2	□ 3	□ 4	□ 5	42
	Promotion and growth	□ 1	□ 2	□ 3	□ 4	□ 5	43
	Help on personal problems	□ 1	□ 2	□ 3	□ 4	□ 5	44
	Interesting work	□ 1	□ 2	□ 3	□ 4	□ 5	45
	Personal loyalty to workers	1	□ 2	□ 3	□ 4	□ 5	46
	Good wages		□ 2	П з	□ 4 1	□ 5	47
5.	How meaningful would you find each of the following as a reward for efforts beyond those normally required by your job?	EXTREMELY	VERY MEANINGFUL	FAIRLY	NOT VERY	NOT AT ALL	
				-			
	Positive comments from a supervisor		2	□ з	□ 4	□ 5	48
	Acknowledgment by management		` 2	☐ 3	□ 4	□ 5	49
	Compensatory time off		□ 2	□ 3	□ 4	□ 5	50
	The Horizon Award		□ 2 —	☐ 3 —	□ 4	□ 5	51
	Education tuition reimbursement		□ 2	□ 3	□ 4	□ 5	52
	Sabbatical for professional development		□ 2	□ 3	□ 4	□ 5	53
	Praise from Physicians		☐ 2	□ 3	□ 4	□ 5	54
	Praise from KP members/patients		□ 2	□ 3	□ 4	□ 5	55
	Food chits	□ 1	□ 2	□ 3	□ 4	5	56
	Financial support for conferences	□ 1	□ 2	□ 3	□ 4	□ 5	57



Professional Development

6.	How likely are you to attend or utilize the following continuing education approaches?	EXTREMELY	* 40.00	FAIRLY	NOT VERY	NOT AT AL	L.
	Self-learning modules	LIKELY	LIKELY	UKELY	LIKELY	LIKELY	
	Audiovisual presentations		□ 2	_ 3 _	4	□ 5	
	Seminars presented by peers		□ 2	□ 3	□ 4	□ 5	
	Workshops with consultants		□ 2	□ 3	□ 4	□ 5	(
	Symposia		☐ 2	□ 3	□ 4	□ 5	6
	Computerized learning		□ 2	☐ 3	□ 4	□ 5	6
	Presentations by Senior Management		□ 2	☐ 3	□ 4	☐ 5 —	6
7.	How often do you read each of the following publications?	ALWAYS	2 ABOUT	☐ 3	☐ 4	☐ 5	6
	American Nurse			50% OFTIME		0% OF TIME	
	Oregon Nurse		□ 2 —	☐ 3	□ 4	□ 5	6
	Bess Kaiser Bargaining Unit Newsletter		□ 2 —	☐ 3	□ 4	□ 5	6
	Heartbeat		□ 2 □	☐ 3 —	□ 4	□ 5	6
	Nurses in the News		□ 2 —	☐ 3	□ 4	□ 5	6
			□ 2 —	□ 3	□ 4	□ 5	69
	Sunnyside Up American Journal of Nursing		□ 2 —	□з	□ 4	□ 5	70
			□ 2 —	□ 3	□ 4	□ 5	7
	Nursing Outlook Nursing Research		□ 2	☐ 3	□ 4	□ 5	72
	Nursing Research Specialty Journal specify		□ 2	☐ 3	□ 4	□ 5	73
	Specialty Journal, specify	□ t	□ 2	□ 3	□ 4	□ 5	74
8.	Have you ever used the following educational resources?				YES	110	
	Continuing education fund	•••••		••••		NO 2	75
	Education day					☐ 2	
	Educational tuition reimbursemen			************		□ 2	76
	Self-learning modules					□ 2	77
	Audiovisual materials					2 2	78
						□ 2	79
9.	On average, how many hours per month do you spend on the following?		LESS THAN	1-2 HOURS	3–5	OVER 5	
	Reading nursing journals	□ 1	□ 2	D 3	HOURS	HOURS	
	Continuing education		□ 2	□ 3	O 4	□ 5	80
	Service to professional organization or union		□ 2	_ 3	□ 4	□ 5	81
	Reading nursing books		□ 2	_ 3	□ 4	□ 5	82
	•			0	4	□ 5	83

Professional Development 10. During the past year, have you been involved in any of the following? YES NO □ 1 □ 2 □ 2 □ 1 □ 2 □ 2 □ 2 □ 2 □ 2 01 □ 2 11. How many nursing books/journals did you purchase/subscribe to in the last year? None □ 1 One □ 2 Two □ 3 Three **4** Four or more □ 5 Personal Characteristics and Preferences 12. On the list below, please check the "yes" box for all the educational programs that you have completed. For each program, indicate the year of completion. YES NO YEAR COMPLETED 19 Associate degree (nursing)....... □ 2 19 ____ Diploma in nursing □ 2 19____ Bachelor's degree (nursing) □ 2 19 ____ □ 1 Bachelor's degree (other field) □ 2 19 ____ Master's degree (nursing) □ 1 $\prod 2$ 19____ Master's degree (other field)...... □ 2 19 ____ Doctorate (nursing) □ 2 19 ____ Doctorate (other field) □ 2

Inpatient services

Home heath

Hospice '

Outpatient/ambulatory services

Other (specify):

2

□ 3

4

□ 5

13. In which of the following areas do you primarily work? (check one)

Personal Characteristics and Preferences

1	14.	What is your major area of cli	inical pract	tice? (check one)					
		Medical	□ 1	OB/Gyn	□ 6	Emergency Care	□ 11		110
		Surgical	□ 2	Maternity	□ 7	Operating/Recovery	□ 12		
		Oncology	□ 3	Newborn Nursery	□ 8	Critical Care	13		
		Community	□ 4	Pediatrics	□ 9	Mental Health	□ 14		
		Public Health	□ 5	Family Practice	□ 10	Other	□ 15		
				·					
	15.	Your current work primarily	is in:			100			
						Clinical I		_ 1	111
						Administration/Mana		□ 2	
							ducation	□ 3	
							sultation	4	
						n'	esearch	□ 5	
	16	You currently are licensed as a	a•						
	10.	Tou carronly are necessary as	•				RN	□ 1	112
		12		Ŀ			LPN	□ 2	
						Both RN a	ind LPN	□ 3	
	17.	To which nursing union do you	u belong?				OFN	□ 1	113
							ONA		113
							None	□ 2 □ 3	
							110110	ப	33.
	18.	If you are in a union, have you	read your	union contract?			*		
			, , , , , , , , , , , , , , , , , , , ,				Yes	□ 1	114
							No	□ 2	
	19.	Have you ever filed a grievanc	e?				Yes	□ 1	145
							No	□ 1	115
							140	د د	
	20.	Which of the following actions initially take if you found yo to be less than it should be?	our payche	ı eck					
		to be less man it should be:				Report it to	payroll	□ 1	116
				Report it t	o the Prof	essional Nursing Care	Council	□ 2	
				Report it	to the Qu	ality Assurance represe	entative	Пз	
					Ta	lk to the immediate sup	pervisor	□ 4	
						Talk to the union	steward	□ 5	
						File a gri	ievance		

Personal Characteristics and Preferences

21.	In the event of an inappropriate patient transfer, what action would you initially take?				
		Report it to the	e Professional Nursing Car	e Council	□ 1
		Report it to the	he Quality Assurance repre	sentative	□ 2
			Talk to the immediate s	upervisor	□ 3
			Talk to the unio	n steward	□ 4
			File a	grievance	□ 5
22	What do you baliave should be the professed educati	anal			
44.	What do you believe should be the preferred educati preparation for entry into nursing practice today:				
			Associa	te degree	□ 1
				Diploma	□ 2
			Baccalaureate	in nursing	□ 3
23.	Do you support the ANA recommendation to have tw	γo			
	levels of registered nurses—one for baccalaureate				
	degree and one without?			Yes	□ 1
				No	□ 2
	9			Uncertain	П з
		Wa	s not aware of this recomn	nendation	□ 4
•	To the state of th				
24.	If you do not have a baccalaureate (BSN) degree in nursing, are you interested in obtaining one?				
				Yes	□ 1
				No	□ 2
25	Are any of following barriers to you in obtaining				1
20.	further education in nursing?			YES	NO
			Financial	□ 1	□ 2
			Time/scheduling	□ 1	□ 2
			Child care/parenting		□ 2 —
	Oth	er, (specify)		□ 1	□ 2
26.	Do you believe that nurses with different levels of educational preparation should receive different levels of pay?				
	levels of pay:		Yes, even if same job exp	ectations	□ 1
			Yes, if different job exp	ectations	□ 2
				No	□ 3
			L	Indecided	□ 4
27.	Have you recently thought about leaving nursing?		Yes	frequently.	□ 1
				ometimes	☐ 2
			. 30, 0	NI	

If yes, why would you want to leave nursing? 127 28. How interested are you in seeing the following innovations implemented for KP nurses: EXTREMELY VERY FAIRLY NOT VERY NOT AT ALL INTERESTED INTERESTED INTERESTED INTERESTED Merit pay (increases based only on performance standards & evaluations) □ 2 □ 3 □ 4 □ 5 128 Salaries rather than hourly wages □ 2 □ 3 □ 4 □ 5 129 Compensation for specialty certification 🗆 1 □ 2 □ 3 □ 4 □ 5 130 Job Swapping □ 5 □ 2 □ 3 □ 4 131 Job Sharing □ 2 □ 3 □ 4 □ 5 132 - Clinical paths for advancement in addition to management promotions..... □ 2 3 □ 4 □ 5 133 Staff involvement in setting practice standards □ 2 \square 3 □ 4 □ 5 134

Personal Characteristics and Preferences

Research and/or demonstration units.......

THANK-YOU!

 \square 2

2

□ 2

□ 2

 \square 3

□ 3

□ 3

□ 3

□ 5

□ 5

□ 5

□ 5

135

136

137

138

4

□ 4

□ 4

□ 4