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# The Relationship Between RN Job Satisfaction and Accountability

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The purpose of this descriptive correlational secondary data analysis is to describe the relationship between job satisfaction and accountability among registered nurses with clinical responsibilities employed by a rural health care network in the Midwest. The response rate from the primary study is 39%, with 337 RN respondents. The sample for this secondary analysis is 299. The instruments used to measure accountability and job satisfaction are the Specht and Ramler Accountability Index–Individual Referent and the McCloskey–Mueller Satisfaction Scale (MMSS). The results indicate that accountability is perceived to be relatively high and job satisfaction is moderate. Accountability and job satisfaction are significantly correlated at a moderate level. The correlations between the subscales of the MMSS and accountability are all statistically significant but low. The subscales with the highest correlations (e.g., control and responsibility, praise and recognition, professional opportunities, scheduling) provide direction for nurse administrators about important target areas for improvement.

**Keywords:** *accountability; job satisfaction; nursing; nursing administration research*

Since the publication of *To Err Is Human: Building a Safer Health System* (Institute of Medicine, 1999), there has been an increased emphasis on

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creating a culture of safety and increasing accountability for the care that is provided. As health care costs continue to rise, third-party payors and patients are demanding the reporting of patient outcomes (Fisher et al., 2009; Porter, 2008). Health care providers are being held accountable for the effectiveness of the treatments provided (Agency for Healthcare Research and Quality, 2001) and consequently accountability is necessary (Breau, Perrew, Hall, Frink, & Hochwarter, 2008). Job satisfaction and accountability are vital to nursing because of the ties with nurse retention and positive patient outcomes. Nursing research has identified registered nurse (RN) job dissatisfaction as a precursor to negative patient outcomes (Aiken, Clark, Sloane, Sochalski, & Silber, 2002; Aiken et al., 2001) and RN job satisfaction as a precursor to positive patient outcomes (Aiken, Clarke, & Sloane, 2002; Allen, Bockenbauer, Egan, & Kinnaird, 2006; Tzeng, Ketefian, & Redman, 2002). However, Specht (1996) is the only study of nurses that has clearly identified a significant positive relationship between job satisfaction and accountability. Although some authors have suggested a relationship between job satisfaction and accountability (Roper & Russell, 1997; Webb & Pontin, 1996), more research is needed to not only replicate existing research but also more clearly define the relationship between accountability and job satisfaction for practicing nurses. Staff nurses are in short supply and must account for their interventions and outcomes for often heavy patient caseloads. It is therefore important to understand the relationship between concepts that may ultimately be a factor in positive patient outcomes (Aiken, Clarke, & Sloane, 2002; Allen et al., 2006; Tzeng et al., 2002). The purpose of this descriptive correlational secondary data analysis was to describe the relationship between job satisfaction and accountability among RNs with clinical responsibilities employed by a rural health care network in the Midwest.

## **Job Satisfaction and Accountability**

Job satisfaction represents the degree to which employees like or enjoy their jobs (McCloskey & McCain, 1987). The concept of job satisfaction is complex, with multiple antecedents and consequences. Mueller and McCloskey (1990) divided job satisfaction into eight principal antecedents: extrinsic rewards, scheduling, balance of family and work, coworkers, interaction opportunities, professional opportunities, praise and recognition, and control and responsibility.

Other antecedents to job satisfaction include demographics, such as age, years of experience (Blegen, 1993), being a female (Cox, 2003), and education (Blegen, 1993; Rambur, McIntosh, Palumbo, & Reinier, 2005). Some consequences of nurse job satisfaction include group cohesion (Shader, Broome, Broome, West, & Nash, 2001), less intent to leave one's job (Halm et al., 2005; Shader et al., 2001), positive patient outcomes (Tzeng et al., 2002), increased effectiveness of the health care team (Cox, 2003), and lower nurse turnover rate (Ma, Samuels, & Alexander, 2003).

There was a wide range of levels of overall job satisfaction reported in the reviewed studies. Lee, Hwang, Kim, and Daly (2004) reported rather low levels of overall job satisfaction, whereas Ma et al. (2003) reported moderate levels of job satisfaction. Others however found moderately high levels of overall job satisfaction (Hoffman & Scott, 2003; Reineck & Furino, 2005).

Accountability is a complex issue for the nursing profession. In fact, there is no agreed on definition (Snowdon & Rajacich, 1993). Maas (1989) defines individual accountability as answerability of the individual nurse to patients, peers, and the organization for the outcomes of her or his actions. Hochwarter et al. (2007) define accountability as the individual's perceived level of answerability. Thus, people in the same work unit may perceive accountability differently. Several authors attribute accountability to nurses' taking responsibility for activities and outcomes (Kupperschmidt, 2004; Mahlmeister, 1999; Mitchell, 2001; Roper & Russell, 1997) and being willing to answer for one's actions (Berlandi, 2002; Laschinger & Wong, 1999; Mahlmeister, 1999; Mitchell, 2001). Nurses must be empowered with the authority to make autonomous decisions based on their expertise and professional judgment and to have control over the implementation and outcome of these decisions (Porter-O'Grady, 1991). It is unreasonable to expect autonomous decision making without assuming accountability for those decisions (Maas & Jacox, 1977).

Accountability has ethical, legal, and economic implications as well as implications for patient care. Nurses also have accountability to patients, themselves, and the public. Personal level of accountability is being accountable to one's self as an individual (Snowdon & Rajacich, 1993). O'Rourke (2003) emphasized nurse accountability to patients through determining the patient's condition and directing care activities in relation to a patient's changing status. Nurses are also accountable to the public, as a society that funds the health care system and as individuals who are served by nurses (Snowdon & Rajacich, 1993). Licensure ensures that individuals

have met minimal standards of knowledge and competence to practice and is one method of accountability to society (Porter-O'Grady, 1990). As a nurse it is necessary that one is not only accountable for his or her individual practice but is also accountable for ensuring that the practice of his or her colleagues meets the standard of care. This collective accountability could be at the unit level, within an organization, or across the care continuum (Snowdon & Rajacich, 1993; Specht, 1996).

Although some authors suggest that RN accountability (Roper & Russell, 1997; Webb & Pontin, 1996) or RN shared accountability (Kupperschmidt, 2004) are outcomes of job satisfaction, Ethridge (1987) found that a nurse accountability program increased some of the characteristics of job satisfaction, suggesting that job satisfaction is an outcome of accountability. Specht (1996) anticipated that accountability for nursing practice would increase job satisfaction and improve patient satisfaction, and indeed found that nurse accountability had a moderately strong relationship to nurse job satisfaction ( $R^2 = .49, p < .001$ ).

There is renewed interest in the business literature regarding the positive and negative effects of accountability. Although there is acknowledgment of the necessity of accountability, efforts are being made to determine what affects the negative and positive perception of accountability (Breux et al., 2008; Laird, Perryman, Hochwarter, Ferris, & Zinko, 2009). Hochwarter, Perrewew, Hall, and Ferris (2005) studied the effect of negative affectivity on the "felt accountability–job tension" relationship of 198 people (Study 1) in the positions of chief executive officer and director of marketing, job positions of bankers and electricians, as well as other undisclosed positions or occupations and 118 people (Study 2) in the occupations of chief financial officer, payroll administrator, and insurance coordinator. They found that participants high in negative affectivity had a positive linear relationship between felt accountability and job tension, whereas those with low negative affectivity had a nonlinear relationship. The authors advocate moderate levels of accountability to maximize desired behaviors and to minimize tension and increase job satisfaction. Thoms, Dose, and Scott (2002) studied 264 factory workers and the relationship between accountability, job satisfaction, and trust. The correlation between perceived accountability to coworkers and job satisfaction was low ( $r = .21, p < .001$ ), but there was a moderate correlation between perceived accountability to management and job satisfaction ( $r = .34, p < .001$ ). The literature supports the importance of both job satisfaction and accountability. It is important to continue to research these concepts in depth to evaluate their potential impact on the profession of nursing and patient outcomes. Reports of studies describing the relationship between nurse job satisfaction and accountability however are not prevalent in the literature.

## Conceptual Framework

The conceptual framework guiding this study was the Magnet Recognition Program administered by the American Nurses Credentialing Center (Sullivan-Havens & Aiken, 1999). The Magnet program was developed by studying the characteristics of hospitals that were able to retain nurses despite a severe nursing shortage. The five components of the Magnet model are transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation, and improvements; and empirical quality results (American Nurses Credentialing Center [ANCC], 2008). The 14 forces of magnetism are contained within the five-component Magnet model. Studies of Magnet hospitals have confirmed higher levels of nurse job satisfaction (Aiken, Havens, & Sloane, 2000; Brady-Schwartz, 2005; Upenieks, 2002), lower nurse turnover (Brady-Schwartz, 2005), improved patient outcomes (Aiken et al., 2000; Scott, Sochalski, & Aiken, 1999), and positive safety climates (Armstrong & Laschinger, 2006). This model embodies the professional practice of nursing in which accountability is necessary and job satisfaction is a critical outcome. All hospitals may not seek Magnet status; however, the components identified by the Magnet model provide a framework for examining professional practice in all health care facilities.

## Purpose

The purpose of this study was to describe the relationship between job satisfaction and accountability among RNs with clinical responsibilities employed by a rural health care network in the Midwest. The research questions for the study included the following: (a) What is the level of RN accountability? (b) What is the level of RN job satisfaction? (c) What is the relationship between RN accountability and overall job satisfaction? and (d) What is the relationship between RN accountability and the job satisfaction subscales of the McCloskey–Mueller Satisfaction Scale (MMSS)?

## Method

The primary study was a descriptive correlational study that assessed the relationship of nurse accountability to patient outcomes as well as the role of other variables (i.e., type of delivery system, nurse demographics, job satisfaction, decisional involvement, and patient demographics) in the achievement of patient outcomes that are sensitive to nursing care. Inclusion

criteria included current RN licensure with clinical responsibilities and continuous employment of 0.5 full-time equivalent (FTE) or higher. The setting was a health care network serving 14 midwestern counties. This network consisted of a 250-bed referral center, 9 rural hospitals, 33 primary care clinics, and 10 specialty clinics. Data were collected through mailed surveys to the RNs and retrospective chart reviews of patient outcomes. Questionnaires were initially distributed to 857 RNs who met the inclusion criteria with a return rate of 24%. The primary study investigators postulated that the request for identification of the nursing unit the respondent worked on as the reason for the low return rate, and subsequently removed the question and redistributed the questionnaires to 734 RNs in February 2004. The primary study then had a resulting total sample of 337 respondents (final return rate of 39%).

The design for this study was a descriptive correlational secondary analysis. The institutional review board (IRB) from Winona State University approved this secondary analysis. Data needed to answer this study's research questions were obtained from the primary study principal investigators.

The tools used were the Specht and Ramler Accountability Index–Individual Referent (Table 1; Specht & Ramler, 1994) and the MMSS (Mueller & McCloskey, 1990). Accountability is conceptually defined as the answerability of the individual nurse to patients, peers, and the organization for outcomes of her or his actions (Maas, 1989). The Specht and Ramler Accountability Index–Individual Referent (Specht & Ramler, 1994) was used to measure the individual nurse accountability. This tool consists of 11 items. Respondents were asked to indicate the extent to which they agree with each statement using four response categories: definitely false, false, true, and definitely true. The responses are scored on a scale from 1 to 4. The *definitely false* responses are scored a 1, and the *definitely true* responses are scored a 4. The scores are averaged, with high scores indicating high levels of perceived accountability and low scores indicating low levels of perceived accountability. The Cronbach's alpha values for the individual referent ranged from .40 to .74, with only two correlations less than .50. There is some evidence of construct validity using known groups validation demonstrated with the initial five-item scale (Specht & Ramler, 1994). The Cronbach's alpha for the Accountability Index–Individual Referent instrument for this study was .82.

Job satisfaction is conceptually defined as the degree to which employees like or enjoy their jobs (McCloskey & McCain, 1987). The MMSS (Mueller & McCloskey, 1990) was used to measure the satisfaction of hospital staff nurses. The scale has 31 items measuring eight subscales of

**Table 1**  
**Specht and Ramler Accountability Index—Individual Referent**

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am accountable to my peers for the nursing care I deliver.	1	2	3	4
2. I hold my peers accountable for the nursing care they deliver.	1	2	3	4
3. I am accountable to patients for the care I deliver.	1	2	3	4
4. I am accountable to have the patients I care for prepared for discharge.	1	2	3	4
5. I am responsible for defining and monitoring standards of care for the patients on the unit.	1	2	3	4
6. I am actively involved in defining standards of care for the patients on the unit.	1	2	3	4
7. I am actively involved in monitoring standards of care for the patients on the unit.	1	2	3	4
8. I am familiar with the standards of care pertaining to my patients and use the standards to guide my practice.	1	2	3	4
9. I am accountable for acquiring the knowledge and skill required to care for the patients on this unit.	1	2	3	4
10. If a patient or family member has a complaint about the care under my direction, their concerns should be referred to me and I should contact them with a response.	1	2	3	4
11. I regularly consult with nurse peers, read current nursing literature, attend professional conferences, and incorporate new knowledge into my practice.	1	2	3	4

Instructions: Circle the number that best describes the extent that you agree or disagree with each statement.

satisfaction: satisfaction with extrinsic rewards, scheduling, family–work balance, coworkers, interaction, professional opportunities, praise and recognition, and control and responsibility. Each item is measured on a 5-point Likert-type scale. The respondents are asked to indicate the extent to which they are satisfied by choosing very satisfied, moderately satisfied,

neither satisfied nor dissatisfied, moderately dissatisfied, or very dissatisfied. *Very dissatisfied* responses are scored a 1, *neither satisfied nor dissatisfied* responses are scored a 3, and the *very satisfied* responses are scored a 5. The Cronbach's alphas for each of the eight subscales range from .52 to .84, with the smaller alphas representing the subscales with fewer items. The alpha for the global scale was .89. The MMSS subscales were correlated with the Brayfield–Rothe General Job Satisfaction Scale and with subscales from Hackman and Oldham's Job Diagnostic Survey. These correlations indicate that the MMSS has construct validity and may be superior to other scales (Mueller & McCloskey, 1990). The Cronbach's alpha reliability coefficient for the global scale for this study was higher (.93) than those previously published, and those for the subscales ranged from .36 to .88. The lower alphas were in the same subscales as the initial reports.

## Results

Surveys were eliminated if respondents did not answer the job role question, indicated they were clinical nurse specialists or case managers, or chose "other" for the role question to ensure that all subjects had similar job responsibilities. Surveys were also eliminated if the respondents did not answer at least 26 of the 31 job satisfaction questions or had not answered the accountability questions. For job satisfaction surveys with one to five satisfaction questions left blank, the average of the remaining responses on that survey were used. Two surveys were eliminated because respondents did not answer the accountability or job satisfaction questions, and five surveys were eliminated because the respondent did not answer the job satisfaction question.

The useable sample for this secondary analysis was 299 RNs in a Midwestern health care network who completed both the job satisfaction and accountability questionnaires. The sample was 97.7% female, with a mean age of 42.71 years ( $SD = 10.41$ ) and an average of 16.48 years of experience at the organization. Most of the nurses in the sample (65.8%) worked more than or equal to 64 hr in a two-week pay period. The majority of the nurses in the sample worked either 8-hr shifts (48.8%) or 12-hr shifts (44.8%). The nurses primarily worked day shifts (61.5%), with night shifts (17.1%) being the next highest shift worked. Most of the nurses in the sample had less than a bachelor's degree (75.25%). See Table 2 for demographic results.

**Table 2**  
**Demographics**

	<i>n</i>	%	<i>M</i>	<i>SD</i>	Range
Age	295	—	42.71	10.41	20-73
Years as a nurse	299	—	16.48	10.01	0.5-52
Years at the organization	299	—	13.67	9.58	0.5-41
Gender					
Female	292	97.7	—	—	—
Male	7	2.3	—	—	—
Hours worked per 2-week pay period					
≥64	196	65.8	—	—	—
<64	102	34.2	—	—	—
Usual shift					
Day	184	61.5	—	—	—
Evening	24	8.0	—	—	—
Night	51	17.1	—	—	—
Rotating day and evening	13	4.3	—	—	—
Rotating day and night	15	5.0	—	—	—
Rotating evening and night	7	2.3	—	—	—
Rotating day, evening, and night	5	1.7	—	—	—
Education level					
Less than bachelor in nursing	225	75.25	—	—	—
Bachelor in nursing or more	74	24.75	—	—	—

The first aim of the study was to measure the level of accountability. The 11 items on the Specht and Ramler Accountability Index were rated on a Likert-type scale with 1 (*strongly disagree*) to 4 (*strongly agree*), with a possible range of 11 to 44. The accountability scores for this study ranged from 28 to 44, with a mean score of 36.56 ( $SD = 4.0$ ). The majority of respondents agreed or strongly agreed that they perceived themselves as being accountable (midpoint = 27.5; Table 3).

Assessing the level of RN job satisfaction was the second aim of the study. Overall total job satisfaction scores on the MMSS ranged from 56 to 155 (possible range 31-155; midpoint = 93), with a mean of 104.60 ( $SD = 17.91$ ). Nurses in this study rated their job satisfaction between being *neither satisfied nor dissatisfied* (3) to being *moderately satisfied* (4) on the 5-point Likert-type scale (Table 3).

The third and fourth aims of the study were to determine the relationship between accountability and overall job satisfaction and accountability and the MMSS subscales (i.e., extrinsic rewards, scheduling, family-work balance, coworkers, interaction, professional opportunities, praise and

**Table 3**  
**Mean Overall Nurse Accountability and Job Satisfaction Scores**

	<i>N</i>	<i>M</i>	<i>SD</i>	Range
Nurse accountability	299	36.56	4.0	28-44 <sup>a</sup>
Job satisfaction	299	104.60	17.91	56-155 <sup>b</sup>

a. Possible range = 11 to 44.

b. Possible range = 31 to 155.

recognition, and control and responsibility). Using Pearson's correlation, a statistically significantly positive relationship was found between nurse accountability and overall job satisfaction at a significance level of  $<.01$  ( $r = .319$ ; Table 4). The relationship between nurse accountability and the individual MMSS subscale scores was determined by using Pearson's correlation. All of the subscales were statistically significant at the  $<.05$  level and six were significant at the  $<.01$  level. Even though the correlations between the job satisfaction subscales and accountability were statistically significant, they were weak. The correlations ranged from  $r = .118$  for extrinsic rewards to  $r = .296$  for control and responsibility (Table 4).

## Discussion

In comparing this sample with Specht's (1996) study, this sample was younger (mean = 39 years), had less years at the organization (mean = 9.2 years), and more nurses were prepared at the bachelor's level or higher (42%). In comparison with national averages, this sample is younger (42.7 compared to 46.8 years), had fewer males (2.3% compared to 4.7%; American Nurses Association [ANA], 2004a), and had fewer bachelor's-prepared RNs (24.7% compared to 30.5%; ANA, 2004b). Despite these minor differences, the sample is representative of RNs in the United States.

The nurses perceived themselves as accountable, which in turn shows that nurses were meeting, at least in part, the professional standards of nursing. This corresponds to Specht's (1996) findings of high perceived levels of accountability among staff nurses.

The nurses in this study had neutral to moderate responses related to job satisfaction. These findings were similar to those of Mueller and McCloskey (1990) and Ma et al. (2003), but in general the nurses were more satisfied

**Table 4**  
**Pearson's Correlations Between Accountability**  
**and Job Satisfaction, Including MMSS Subscales**

	Accountability
Overall job satisfaction	.319**
MMSS subscales	
Extrinsic rewards	.118*
Scheduling	.241**
Family–work balance	.145*
Coworkers	.185**
Interaction opportunities	.237**
Professional opportunities	.261**
Praise and recognition	.283**
Control and responsibility	.296**

Note:  $N = 299$ . MMSS = McCloskey–Mueller Satisfaction Scale.

\* $p = .05$ . \*\* $p = .01$  (two-tailed).

than the nurses in Aiken and colleagues' (2001) study, which found that 41% of nurses in the United States were dissatisfied with their jobs.

Nurses in this study were neither extremely satisfied nor extremely dissatisfied. This could be a benefit or a drawback. Neutral to moderate satisfaction with a job may not be sufficient to retain nurses or motivate them to excel in their work. This could result in nurses seeking new jobs, advanced degrees, or other means of improving their job situations. Studies looking at intent to stay or leave are addressing this phenomenon. Nurses may choose to leave, but it is also possible that neutral to moderate satisfaction will be sufficient for some nurses to remain in their jobs. Nursing administration needs to continue to assess and address the satisfaction level of nurses on a routine basis to optimize retention and productivity.

Nurse accountability is moderately correlated with overall job satisfaction. This is a substantial finding and worth further exploration. It is unknown whether nurses who are accountable become more satisfied with their jobs or that those who are satisfied with their jobs develop accountability. However, these results cannot establish a casual relationship between accountability and job satisfaction.

Specht's (1996) research was the only nursing study located that examined the relationship between job satisfaction and accountability. In contrast to this study, her study found that there was a moderately strong relationship between accountability and job satisfaction. In a study of

factory workers, Thoms et al. (2002) found a weak correlation between job satisfaction and accountability to coworkers, but a moderate correlation between job satisfaction and accountability to management. The Specht and Ramler tool is based on a professional model and measures perceived individual accountability to patients and nurse peers; thus, it is not possible to draw an exact parallel between the findings because there are different societal expectations of accountability for nurses.

There are studies of professional practice models (in which accountability is a key component) that demonstrate that the implementation of these models increases job satisfaction (Laschinger, Almost, & Tuer-Hodes, 2003; Upenieks, 2000). The increased concern in health care about quality is an indication that accountability is a desired characteristic that requires structures and processes that will promote accountability. However, as Hochwarter et al. (2005) have stated, a high sense of accountability is not always the most desired because of the negative effects that it may have on employees. They recommend moderate levels, which promote desired behaviors and will serve the organization better than expectations that overwhelm employees. To moderate a high sense of accountability, it is important to provide adequate resources (e.g., staffing, equipment, consultation) for nurses (Hochwarter et al., 2005).

The individual MMSS subscales were all statistically significant and had a weak but positive relationship with nurse accountability. There was not one specific area of job satisfaction that related to accountability. The five subscales that had the highest correlation with accountability were control and responsibility, praise and recognition, professional opportunities, scheduling, and interaction opportunities. The subscale of control and responsibility correlated the highest with accountability. This was expected, because accountability and control over practice are interrelated concepts and it is necessary to have autonomy and control over practice to be held accountable (Maas & Jacox, 1977). It is noteworthy that extrinsic rewards had the lowest correlation with accountability, indicating that it is not pay and benefits that influences accountability. The higher correlated items should inform nurse administrators about structures and processes that will promote accountability and job satisfaction. The higher correlated subscales are also consistent with some of the Forces of Magnetism (ANCC, 2008; e.g., autonomy, professional development, interdisciplinary relationships, personnel policies and programs, and professional models of care [focusing on nurse responsibility, accountability, and authority in the provision of patient care]).

Although job satisfaction was only neutral to moderate in this study, the nurses obviously felt that they were accountable for their actions. This

research suggests that efforts need to be made to increase nurse job satisfaction and sustain nurse accountability. To hold nurses accountable without attending to variables that influence job satisfaction (e.g., rewards and recognition, control and responsibility, professional opportunities, or interaction opportunities) could be frustrating for nurses. Organizations will not achieve the goals of quality patient care and retention and recruitment of nurses without structures to improve job satisfaction, promote accountability, supply adequate resources, advance nurse authority for decision making, and recognize expert nursing knowledge.

Mechanisms to create a conducive environment for accountability and job satisfaction need to address the various aspects of job satisfaction as measured by the subscales. For instance, nurse administrators may choose to focus on fostering nurse control and responsibility in their nursing careers through nurse leadership opportunities, departmental committee participation, and professional nursing association involvement. Another way to increase both job satisfaction and accountability would be through intra- and interdisciplinary recognition of the achievements of nurses.

Further research is needed to replicate the primary study using a larger and more heterogeneous sample. Alternative research methods are needed to develop and test predictive models of job satisfaction and accountability. Because few studies have examined nurse accountability, more research needs to be done in this area. There needs to be qualitative studies to explore nurses' understanding of accountability, further testing and refinement of the accountability instrument, and studies evaluating strategies or mechanisms used to promote individual and collective accountability. It would also be important to look at the contextual variables that effect accountability and job satisfaction.

Even though job satisfaction has been studied extensively, with the increased emphasis on cost-effective, safe, quality patient care, it is important to study this phenomenon longitudinally and with consideration of the health care environment context. Intervention studies addressing the variables that effect job satisfaction (e.g., reward and recognition programs, initiation of shared governance structures, new scheduling options, and participation in research or evidence-based practice initiatives) are needed to establish an evidence base for mechanisms to improve the practice environment for nurses.

There are some limitations of the research. First, the primary study used a convenience sample from one health care network. Although the sample was comparable to national nurse demographics, it was not ethnically diverse and was mostly rural. Second, there is the possibility that there are factors that

influence nurse job satisfaction and nurse accountability that were not captured by the instruments used to measure these concepts. Other factors include staffing levels, skill mix, organizational climate, availability of other job opportunities, and quality of the leadership. Third, there may be self-selection bias and social desirability. For instance, those who completed the surveys may be those who are very satisfied or very dissatisfied, may be the nurses who feel more accountable, may have answered the survey because they feel a professional obligation, and may have answered questions in the manner that they felt was socially acceptable. For example, the nurses may think, "who would want an unaccountable nurse," therefore respond more positively to the accountability questions. Another limitation is that the descriptive correlational design does not allow for prediction or control of the variables, and use of a secondary analysis limits the researchers' ability to define and control other variables of interest or determine the sample, setting, and instruments. The sample included a variety of types of nursing units and the settings of acute care and ambulatory clinics. The authors were not able to analyze the data by work setting because that demographic question was removed when surveys were resent. It is unknown if the results would have been different if work setting had been a control variable.

Accountability was perceived to be relatively high and job satisfaction was neutral to moderate. Accountability and job satisfaction were significantly correlated at a moderate level. The correlations between the subscales of the MMSS and accountability were all statistically significant but weak. The subscales with the highest correlations (e.g., control and responsibility, praise and recognition, professional opportunities, scheduling) provide direction for nurse administrators about important target areas for improvement. Some specific examples of activities could include self-scheduling, a systematic approach to ensure timely praise and recognition, implementation of mechanisms to increase decisional autonomy at the unit level, and the provision of opportunities for knowledge, skill, and career development. Magnet studies have shown that these type of interventions lead to nurse job satisfaction and improved patient outcomes, and therefore are critical mechanisms for all health care settings to retain nurses and provide optimal patient care.

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