

Evaluating the Participation Level of Managers (Head-Nurses) in Decision Making and its Relation to Their Satisfaction with Participative in the Educational Hospitals of Iumshs (Iran University of Medical Sciences & Health Services)

¹Maryam Nooritajer and ²Soad Mahfozpour

¹School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

²School of Health, Sheed Beheshtie University of Medical Sciences, Tehran, Iran

Abstract: Theoreticians in the field of management believe that when leaders and managers allow their employees to participate in decision making, not only more creative decisions are made (which are accepted and executed more easily by the employees), but also the employees' job satisfaction and productivity increases as well. The aim of the present research was determining the participation level of head-nurses in decision making and its relation to their satisfaction [level] with participative decision making. The data collection tool was a self-reporting questionnaire. In this research, 94 head-nurses working in the educational hospitals of IUMSHS, all having an employment background of over 6 months in their present ward, were investigated and thus formed the study sample. The research environment consisted of all the educational hospitals of IUMSHS, 2006, Tehran, Iran. Data analysis revealed that 40.4% of the head-nurses reported their participation in decision making was moderate and 55.4% of them reported their satisfaction [level] with participative decision making was also moderate. A relatively strong and statistically significant correlation was observed between participation in decision making and satisfaction with participative decision making ($p=0.000$; $r=0.661$). Regarding the results of the research, offering opportunities to head-nurses to participate in decision making would have an important role in their satisfaction [level] with participative decision making. Thus, to achieve a clear understanding of participative decision making in health care organizations of our country, performing more comprehensive investigations regarding participative decision making in nursing and other health care professions and its relation to important organizational outcomes, is suggested.

Key words: Participation in decision making • satisfaction • nurses

INTRODUCTION

Decision making is regarded as one of the most important tasks in management and choosing the type and method of decision making is considered to be one of the most important skills of a manager [1]. Thus, as the coordination between the decision making method of a manager and the conditions of decision making increases, the probability of making effective decisions also increases [2]. The nursing managers' method of decision making is regarded an important factor in determining their satisfaction [level] and this satisfaction [level] increases proportionally to their participation in making professional decisions [3]. Unfortunately, participation is often neglected in the nursing profession and is disregarded in the area of health care [4]. As nurses constitute the largest professional group in the health

care system and make up about half the total workforce in the health care area [5], the low participation rate of nurses in the higher levels of the hierarchical system of hospitals has caused the feeling of disability to become widespread in health care organizations. As various studies have also revealed, nurses often feel they are disable in their workplace [6].

Participation in decision making is often restricted to chief executives, since the employees and their direct managers are participated to a lower extent as compared to the higher level managers [7]. Those who are less participated in decision making, have less control on their fate and also become inflexible and resistant to changes and finally, lose their motivation due to the increased level of anxiety and frustration [8]. These conditions lead to the feelings of incompetence and failure and may cause dissatisfaction and lack of interest,

which in turn may lead to conflict and struggle in both the workplace and the related organization [9].

As nursing managers play an important role in maintaining the satisfaction of nurses, it is generally believed that their awareness about administrative principles, participative management and the various methods of decision making may lead to increased satisfaction in the employees. In nowadays health care environments which are associated with ever-increasing chaos, administrative uncertainty and financial & organizational instability and on the other hand, are faced with lack of resources [1], the presence of qualified nurses at the patients' bedside and supporting these nurses seems necessary. This workforce needs modern leadership patterns and more participation than before [10]. Organizational theoreticians believe that productivity increases as leaders help their employees to participate in decision making. Mental health & physical health are both promoted in such working environments [11].

The various organizational benefits of participating nurses in decision making and the importance of their satisfaction [level] with this participation in establishing such conditions, pursued the researcher to firstly investigate the participation level of head-nurses in decision making, their satisfaction [level] with participative decision making and the relation between these two factors and secondly, answer the following question: "Do personal characteristics of employees affect this relation or not?" The results of this study may reveal the changes needed to be made in organizational structures of hospital environments. We hope to achieve the desired level of productivity and effectiveness and the appropriate quality of patient care.

METHODOLOGY

In the present correlation-type research, the participation level of managers (head-nurses) in decision making and their satisfaction [level] with participative decision making was investigated and the relation between these two factors was evaluated. Accordingly, the effect of different variables on the two main variables of the research was determined. The tool used for measuring data in the present research consisted of 2 questionnaires and a personal data sheet for managers (head-nurses). The questionnaires were designed and translated by deriving sections A & B from the six-part questionnaire designed in Flinder University (South Australia) for evaluating variables affecting the

success rate of participative decision making programs [12]. The six aforementioned parts were namely: 1. participation level in decision making; 2. satisfactions [level] with participative decision making; 3. leadership style; 4. participation culture; 5. participation structure; and 6. participation strategy. The first data sheet was related to the personal characteristics of the subjects, including age, sex and total employment background, employment background in the present ward, marital status, educational level, employment type, the pertaining ward and the hospital kind. The first questionnaire, used for measuring the participation level of managers (head-nurses) in decision making, consisted of one open and 12 closed questions with a 5-point Likert Scale ranging from 1 (none) to 5 (very high). These questions determine different matters such as (a) the participation level of head-nurses in decision making, (b) their satisfaction [level] with making decisions related to occupational health & safety, (c) job-performing methods, (d) the use of modern technologies, (e) taking advantage of equal occupational opportunities, (f) providing financial & human resources, (g) establishing welfare facilities, educational programs and employee promotion, (h) equipment purchasing, (i) organizing & reconstructing the workplace, (j) budget allocation and (k) determining the guidelines, aims and programs. This self-reporting questionnaire was completed by the managers (head-nurses). For each item, the subjects were required to choose a number indicating their agreement level with the pertaining item and write that number in front of it. After the completion of the questionnaire, the final score regarding the participation level in decision making was calculated based on answers to the PDM-questionnaire (part B) and ranged from 12 to 60 points and were classified in 5 classes, namely, *none* (12-21.5 points), *low* (21.6-31.1 points), *moderate* (31.2-40.7 points), *high* (40.8-50.3 points) and *very high* (50.4-60 points). The second questionnaire also consisted of one open and 12 closed questions with a 5-point Likert Scale ranging from 1 (none) to 5 (very high). These questions evaluated the head-nurses' satisfaction [level] with participative decision making by assessing the following items: their feelings regarding the method of negotiations, the type of the decisions made, the sufficiency of the information gathered, the guidelines and the activities concerned, the extent of decision making topics, the effects they had on the decisions, the number of individuals and the extent of units responsible for decision making, the learning achieved, the methods for executing and implementing the decisions and the

opportunities provided for improving & promoting the quality of nursing services rendered (based on the method of participation in decision making). For each item, the subjects were required to choose a number indicating their agreement level with the pertaining item and write that number in front of it. After the completion of the questionnaire, the final score regarding their satisfaction [level] with participative decision was calculated based on answers to the PDM- questionnaire (part A) and ranged from 12 to 60 points and were classified in 5 classes, namely, *none* (12-21.5 points), *low* (21.6-31.1 points), *moderate* (31.2-40.7 points), *high* (40.8-50.3 points) and *very high* (50.4-60 points). The questionnaire's validity was determined using content validity and its reliability was determined by the test-retest method. The research method was as follows: Data collection was performed after achieving the required permissions and the managers (head-nurses') consent for participating in the research. First, the "participation in decision making" questionnaire (accompanied by the head-nurses' personal data sheet) was rendered and after it was completed and returned, the "satisfaction [level] with participative decision making" questionnaire was rendered. The subjects were 94 managers (head-nurses) working in the educational hospitals of IUMSHS, Tehran; all having an employment background of over 6 months in their present ward and were included in the research by census. The research environment consisted of all the educational hospitals of IUMSHS, Tehran, Iran, including 10 (i.e. 3 general, 1 orthopedic & rehabilitation, 1 pediatric, 1 gynecology & obstetrics, 1 psychiatric, 1 burn-specific, 1 nephrology & dialysis and 1 reconstructive surgery) hospital (s). The researcher visited the hospitals every day (except the holidays) in the morning hours to collect data. For ethical aspects, the hospital administrators were assured that they could have access to the results of the research if they wished. Descriptive statistical methods, appropriate statistical tests and the SPSS software were used in this research for data analysis.

RESULTS

Specific objectives were determined to help the researcher achieve the main goal of her research. Frequency distribution and calculating the mean and SD (standard deviation) was used for achieving the first objective of the research, namely "Determining the participation level of head-nurses in decision making, according to variables such as age, sex, total employment background, employment background in the present ward, marital status, educational level, employment type, the

Table 1: Frequency distribution of participation level of managers (head-nurses) in decision making, in the educational hospitals of IUMSHS, Tehran

Participation Level	F	(%)
none (12 – 21.5)	10	10.6
low (21.6 – 31.1)	32	34.0
moderate (31.2 – 40.7)	38	40.4
high (40.8 – 50.3)	10	10.6
very high (50.4 – 60)	4	4.4
Sum	94	100.0

Table 2: Frequency distribution of participation level of managers (head-nurses) in decision making, according to the hospital kind, in the educational hospitals of IUMSHS, Tehran

Participation level	Hospital kind					
	General		Specialized		Sum	
	f	%	f	%	f	%
none	3	8.6	7	11.9	10	10.6
low	9	25.7	23	39.0	32	34.0
moderate	14	40.0	24	40.7	38	40.4
high	7	20.0	3	5.1	10	10.6
very high	2	5.7	2	3.3	4	4.4
Sum	35	100.0	59	100.0	94	100.0
Statistical Test	p = 0.05		df = 2		$\chi^2 = 5.735$	

Table 3: Frequency distribution of managers (head-nurses') satisfaction level with participative decision making, in the educational hospitals of IUMSHS, Tehran

Satisfaction Level	F	(%)
none (12 – 21.5)	5	5.3
low (21.6 – 31.1)	27	28.7
moderate (31.2 – 40.7)	52	55.4
high (40.8 – 50.3)	8	8.5
very high (50.4 – 60)	2	2.1
Sum	94	100.0

pertaining ward and the hospital kind"; 40.4% of the head-nurses evaluated their participation in decision making as moderate.

The results of statistical analysis revealed that only one variable (i.e. the hospital kind) was correlated to the participation level of managers (head-nurses) in decision making (p = 0.05; Table 2).

For achieving the second objective of the research, namely "Determining the satisfaction level of managers (head-nurses) with participative decision making, according to variables such as age, sex, total employment background, employment background in the present ward, marital status, educational level, employment type, the pertaining ward and the hospital kind", it was revealed that 55.4% of the managers (head-nurses) were moderately satisfied with participative decision making (Table 3).

Table 4: Frequency distribution of of managers (head-nurses') satisfaction level with participative decision making, according to employment background in the present ward, in the educational hospitals of IUMSHS, Tehran

Satisfaction level	Employment background in the present ward							
	1-5		6-16		≥ 17		Sum	
	f	%	f	%	f	%	f	%
None	4	9.8	1	2.9	0	0.0	5	5.3
Low	16	39.0	6	17.1	5	27.8	27	28.7
Moderate	17	41.5	22	62.9	13	72.2	52	55.3
High	3	7.3	5	14.3	0	0.0	8	8.5
Very high	1	2.4	1	2.8	0	0.0	2	2.2
Sum	41	100.0	35	100.0	18	100.0	94	100.0
Statistical Test	p = 0.025		df = 2		X ² = 7.355			

Table 5: Frequency distribution of managers (head-nurses')satisfaction level with participative decision making, according to their participation level in decision making, in the educational hospitals of IUMSHS, Tehran

Participation level	Satisfaction level											
	none		low		moderate		high		very high		Sum	
	f	%	f	%	f	%	f	%	f	%	f	%
None	3	60	6	22.2	0	0	1	12.5	0	0	10	10.6
Low	2	40	14	51.9	14	26.9	2	25	0	0	32	34
Moderate	0	0	6	22.2	31	59.7	1	12.5	0	0	38	40.4
High	0	0	1	3.7	6	11.5	2	25	1	50	10	10.6
Very high	0	0	0	0	1	1.9	2	25	1	50	4	4.4
Sum	5	100	27	100	52	100	8	100	2	100	94	100
Statistical Test	p = 0.000		df = 2		X ² = 21.977							

The results of statistical analysis revealed that only one variable (i.e. employment background in the present ward) was correlated to the managers (head-nurses')satisfaction [level] with participative decision making (p = 0.025; Table 4).

Correlative tests, the Person's coefficient of correlation and comparing the coefficients of correlation were used for achieving the third objective of the research, namely "Determining the participation level of managers (head-nurses) in decision making and its relation to their satisfaction [level] with this participative decision making, according to variables such as age, sex, total employment background, employment background in the present ward, marital status, educational level, employment type, the pertaining ward and the hospital kind" and the results of statistical analysis revealed a

strong and statistically significant correlation between these two factors (p = 0.000, r = 0.661; Table 5).

The results obtained showed that several variables (i.e. sex, educational level and employment type) affect the relation between managers(head-nurses') participation level in decision making and their satisfaction level with participative decision making. Excluding the variables studied, a statistically significant correlation was observed between the head-nurses' participation level in decision making and their satisfaction level with participative decision making. In most age groups, there wasn't any statistically significant difference regarding the coefficients of correlation, but a strong and statistically significant correlation was found between the two main variables of the research. Regarding sex, a strong and statistically significant correlation was observed between the managers (head-nurses') participation level in decision making and their satisfaction level in females (p = 0.000, r = 0.647), but this correlation between the two main variables of the research wasn't statistically significant in males (p = 0.173, r = 0.638; Table 5).

DISCUSSION

The findings of this evaluation finally challenge the research hypothesis by achieving the research objectives. The hypothesis presented in this research was: " There is a relation between the managers (head-nurses') participation level in decision making and their satisfaction level with participative decision making". The results of statistical analysis revealed a direct, strong and statistically significant relation between the head-nurses' participation level in decision making and their satisfaction level with participative decision making (p = 0.000, r = 0.661). In a study performed by Bucknall and Thomas's, the relation between ICU- and CCU-nurses' participation level and their satisfaction level with participative decision making revealed a strong correlation between these two factors (r = 0.61). In addition, higher participation level in each decision was accompanied by higher satisfaction levels with participative decision making. This finding shows the importance of managers (head-nurses') participation in decision making and their satisfaction level with participative decision making [13]. Among the personal variables of the research, only 3 variables, namely sex, educational level and employment type affected the managers (head-nurses') participation in decision making and their satisfaction level with participative decision

making and the other variables (i.e. age, total employment background, employment background in the present ward, marital status, the pertaining ward and the hospital kind) didn't have any effect in this regard. Researches performed by Finegan & Laschinger revealed that when people constitute the minority group in their workplace (<15% of the total workforce), they are faced with particular stresses. People in minority groups (e.g. women performing jobs often assigned to men and vice versa, or the presence of different racial groups in an organization) become a "ta ken" (i.e. a prominent sign), which in turn exerts different stresses on them. Therefore, we expect women engaged in jobs often assigned to men to suffer from working and vice versa (men engaged in jobs often assigned to women, such as nursing). In this regard, some authors believe that sex (as a variable) must be considered an influential factor in health care issues [14]. In the present study, 6.4% of the subjects completing the questionnaire were males, thus we may conclude that the male subjects were obviously less frequent than female subjects and this difference was so prominent that caused the male subjects to become a "ta ken".

Regarding the managers (head-nurses') participation level in decision making and their satisfaction [level] with participative decision making which were both at the moderate level, we suggest the nursing managers at higher organizational levels to implement behaviors leading to increased participation of in decision ma managers (head-nurses') king (e.g. the suggestion system) or to make the previous administered programs more perceptible. In addition, as implementing participative programs is dependent on administering the skills of leadership, we suggest the (*key point*) *nursing managers to use the methods for becoming aware about leadership behaviors* and assess themselves in this regard. The results of statistical analysis revealed that the highest proportion of the respondents (40.4%) evaluated their participation level in decision making as moderate. Although Michailova believes that managers often are resistant to participating their inferior employees in the decision making process [15], but the moderate participation level in decision making (in 40.4% of the subjects) reveals that managers (head-nurses') participate in decision making to some extent, which itself is a considerable and promising finding. In a study performed by Levar, 76.3% of the subjects reported their participation level as low and wanted to have more participation in decision making [16]. In the study performed by Harmon et al, 45.3% of the subjects reported their participation level as moderate [17]. Regarding this

finding, we suggest nursing managers (at any level) to (*key point*) *increase their employees' participation level in decision making* (by using feed-backs, helping the nurses to eliminate their failures, consulting them in the problem-solving process, helping them during occupational crises and providing appropriate rewards and motivations) and encourage them to participate in decision making. Managers (head-nurses') in turn may use job-division methods to increase participation level and teamwork spirit among nurses. Regarding the fact that in the present research, hospital kind (as a variable) was related to the participation managers (head-nurses') level in decision making, we suggest the nursing managers and researchers to first, investigate the cause of this higher participation level in the pertaining hospitals and second, try to provide similar conditions (regarding participative decision making) in other hospitals. On the other hand, nursing managers can administer participative decision making in other hospitals. Such an approach leads to taking (*key point*) *advantage of nurses' skills and knowledge in problem-solving*, which in turn increases their satisfaction [level] with participative decision making (by providing opportunities for making comments and affecting the decisions made). Of course, the managers should consider the resulting effects on job satisfaction and the quality of nursing care.

CONCLUSIONS

Regarding the role of managers (at different organizational levels) in participative decision making and the fact that in the present research, only the head-nurses (i.e. the managers of the first level) were investigated, we suggest a similar research to be performed and the relation between the participation level of all the nursing staff in decision making and their satisfaction [level] with participative decision making to be studied.

As only 5% of the research population had a higher educational level than a MS degree in this research, educational level cannot be considered definitely correlated to the relation between the two main variables of the research; thus, performing a similar research is suggested in which head-nurses with different educational levels are evaluated and therefore, more attention is directed towards " educational level ". In addition, we suggest that in a similar research, the relation between nursing managers' behavior and head-nurses' & supervisors' participation level in decision making to be evaluated. We also suggest a similar study to be

performed by including other occupational groups such as managers (head-nurses') aides, in order to evaluate the participation level of other nursing staff in decision making and to investigate the role of "occupational level" as an interventional variable.

ACKNOWLEDGEMENTS

The authors wish to thank the chief executives of the School of Nursing & Midwifery, IUMSHS and of the elected hospitals of IUMSHS and also all the nurses participating in this research.

REFERENCES

1. Davar, R.S., 1996. The Human side of management. New dahlia: UBS, 208-210.
2. Carey, L., 2000. Practice Nursing. London: Baillier Tindall, 279-304.
3. Gillis, D.A., 1994. Nursing Management: A system Approach (3rd Ed). Philadelphia. W.B. Saunders Company, 22-224.
4. Miers, M. and S. Porter, 1999. Power and Nursing practice, London. Mac Milan press LTD, 130-132.
5. Mullins, L.J., 2000. Management and Organizational Behavior. F.t. Pitman 5th Edition, pp: 661-663.
6. Kath, C., 2004. Management in general practice; the challenge of new general medical services contract. British Journal of General Practice, 54: 734-739.
7. Collins, S.S. and M.C. Henderson, 1991. Autonomy: part of the nursing role Nursing Forum, 26(2): 22-29.
8. Foot, S.H. and C. Hook, 1999. Introducing Human Resource Management. Longman, pp: 347.
9. Yoder, K. and P.S. wise, 1999. Lending and managing in Nursing (2nd Ed) st. Louis. Mosby Company, pp: 24-420.
10. Scott, 2001. The influence of participation in Decision – Making within the Enterprise Bargaining Context. Implication for Job satisfaction and Curtin University of Technology.
11. AdibHagbaghery, M., M. Salsali and F. Ahmadi, 2004. the factors facilitating and inhibiting effective clinical decision making in nursing: A qualitative study. BMC nursing; 3(2): 1-11.
12. Rahnavard, F., 1998. A Study of Variables in Australian Public Sector Influencing Participative Decision Making and Determining. A Ph.D. Thesis. Flinders University of South Australian.
13. Bucknall, T. and R. Thomas, 1996. Critical care nurse satisfaction with levels of involvement in clinical decision. J. Advanced Nursing, 23: 571-577.
14. Finegan, J.E. and H.K.S. Laschinger, 2001. The Antecedents and consequences of Empowerment. A Gender Analysis. Journal of Nursing Administration. 31(10): 489-497.
15. Michailova, S., 2002. When common sense become uncommon. Participation and Empowerment in Russian and Bulgarian *organization*. [On-line] – Available: <http://www.Cbs.Dk/centers/sees/network/PDF2000/Michailova.PDF>. Accessed Jane. 2000; 20, 2002.
16. Le Var, R.A., 1998. Questionnaire Study of the Effect on Work of participation in and influence on Decision – Making Research in Post. Compulsory Education, 13(3): 1-24.
17. Harmon, J., D.J. Scotti, S. Behson and G. Farais, 2000. Affect of High-involvement Work Practices on Employee Satisfaction and Serves Costs in The Veterans Health Administration. Journal of Health Care Management, 13(3): 1-15.