NURSE JOB SATISFACTION AND EMPOWERMENT IN MAGNET AND NON-MAGNET HOSPITALS

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ABSTRACT

RESEARCH PAPER: Nurse Job Satisfaction and Empowerment in Magnet and Non-magnet Hospitals

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Hospitals with magnet recognition have been effective at recruiting and retaining nurses by addressing and implementing organizational and professional issues (Upenieks, 2003a). Nurses employed in hospitals with magnet recognition programs may have more job satisfaction and empowerment than nurses employed in non-magnet settings. The purpose of this comparative descriptive study is to examine differences in levels of job satisfaction and empowerment among clinical nurses in magnet and non-magnet hospitals. This is a replication of Upenieks’ (2003a) study. Kanter’s Structural Theory of Organizational Behavior is the theoretical framework. The sample will include professional nurses who provide direct care to patients in four hospitals in Indiana. The anticipated sample is 120 nurses. The revised Nursing Work Index (NWI-R) will measure job satisfaction among hospital nurses and organizational attributes and the revised Conditions of Work Effectiveness Questionnaire (CWEQ-II) will assess empowerment, power and opportunity components of Kanter’s Theory. Findings will provide information for nurse administrators regarding nurse job satisfaction and empowerment in magnet hospitals.
Chapter I

Introduction

The American Association of Colleges of Nursing (2008) estimates that by 2025, the United States will have a deficit of 500,000 registered nurses. As the nursing shortage escalates, it may have an impact on nurse-patient relationships, timeliness and efficiency of care (Mennick, 2007). To address the increasing nursing shortage, nurse administrators in healthcare organizations are directing attention towards nurse job satisfaction and empowerment to increase recruitment and retention rates among registered nurses. Nurses want to have control over practice environments and be appreciated for expertise. Recognition of the work environment can be a vital solution for today’s critical nursing shortage (Upenieks, 2003a). Nursing administrators are focusing on nurse job satisfaction and empowerment in organizational environments (Lu, While, & Barribal, 2007).

Employee job satisfaction is a result of experiences that people have in organizations. Rad and Yarmohammadian (2006) defined job satisfaction as an employee’s affective reaction to a job, based on a comparison between actual outcomes and desired outcomes. There is evidence in the literature of the link between leadership style and job satisfaction (Rad & Yarmohammadian, 2006). Job satisfaction depends upon the leadership style of managers. Rad and
Yarmohammadian (2006) stated that managers should select the best leadership style according to the organizational culture. Job satisfaction of nurses has been shown to increase when nurse leaders focus on organizational characteristics that support professional nursing practice (Upenieks, 2003a). Literature has shown that a significant relationship exists between job satisfaction, stress and organizational commitment (Spence-Laschinger, Shamian, & Thomson, 2001b). Several studies have also linked workplace empowerment to job satisfaction.

Work empowerment has been linked to many other important organizational outcomes, such as job satisfaction, organizational commitment, lower levels of job stress and empowering leader behaviors (Spence-Laschinger, Almost, & Tuer-Hodes, 2003). Hollinger-Smith and Ortigara (2004) stated that nurses’ perceptions of work empowerment are related to commitment to and trust in the organization, autonomy, participation in organizational decision-making, job satisfaction and leadership style. Increased autonomy and work satisfaction have been directly linked to nurse retention and increased patient satisfaction (Hollinger-Smith & Ortigara, 2004). Empowering work environments can also influence nurses’ ability to practice in a professional manner, ensuring excellent patient care and positive organizational outcomes. Organizational changes have a direct effect on the work environment and may contribute to higher rates of dissatisfaction, burnout and absenteeism among staff (Kuokkanen, Suominen, Rankinen, Kukkurainen, Savikko, & Doran, 2007). Factors of empowerment can also provide a way to measure the effects of organizational changes (Kuokkanen et al., 2007).
Magnet hospitals have retained and recruited nurses due to positive work environments. Low turnover rates, high levels of nurse satisfaction and financial benefits of magnet hospitals have been reported (Pastorius, 2008). Magnet hospitals have been characterized as organizational settings that place emphasis on autonomy, decentralized structures, participatory management and self-governance. Organizational characteristics that support professional practice such as access to information, support, resources and opportunities to learn have been found in magnet hospitals (Armstrong & Spence-Laschinger, 2006). Job satisfaction and empowerment levels have been studied between magnet and non-magnet hospitals. Magnet hospitals have been shown to provide higher levels of job satisfaction and empowerment among nurses when compared with non-magnet hospitals (Upenieks, 2003a). Magnet hospitals have also reported lower than average turnover and vacancy rates. Organizational characteristics present in magnet hospitals provide the best environment for clinical nurses to deliver excellent patient care, increase job satisfaction and retention rates (Upenieks, 2003a).

Background and Significance

In 1983, the American Academy of Nursing conducted a research project with 163 hospitals to identify hospitals across the country that were successful in recruiting and retaining well-qualified nurses and promoted quality patient care. Hospitals (N=41) shared common organizational characteristics that differentiated these hospitals from the majority of hospitals. The hospitals were called ‘magnet hospitals’ (Magnet, 2008). The characteristics that were identified among the 41 hospitals were named the forces of magnetism. The included: quality of nursing leadership,
organizational structure, management style, personnel policies and programs, professional models of care, quality of care, quality improvement, consultation and resources, autonomy, community and the healthcare organization, nurses as teachers, image of nursing, interdisciplinary relationships and professional development (Magnet, 2008).

Subsequently in 1990, the ANCC established the Magnet Recognition Program for Excellence in Nursing Services to recognize healthcare organizations that provide nursing excellence. Since the development of this program, nurse administrators have attempted to redesign nursing departments to be recognized with magnet recognition. A magnet hospital is one that provides quality patient care, nursing excellence and innovations in nursing practice (Magnet, 2008).

The forces of magnetism are the center of the Magnet Recognition Program. Magnet hospitals have specific leadership characteristics. Magnet nurse leaders are knowledgeable, strong risk takers who convey a sense of advocacy and support on behalf of staff. Magnet organizations are flat structures in which unit-based decision-making prevails and nursing departments are decentralized. Nurse administrators use a participative management style, incorporating feedback from staff at all levels of the organization. The nurse leaders are visible, accessible and committed to communicating effectively with staff (Anonymous, 2007).

Policies that are characteristic in magnet hospitals are that salaries and benefits are competitive and creative, flexible staffing models are used. Models of care give nurses the responsibility, accountability and authority for the provision of high-quality care to patients. Quality improvement activities are viewed as education
and staff nurses participate in the quality improvement process. Adequate consultation and peer support are given within and outside the nursing division. Nurses are expected to practice autonomously and consistent with professional standards (Anonymous, 2007).

Magnet organizations also maintain a strong community presence. Nurses are expected to incorporate teaching in all aspects of practice. Nurses are viewed as integral and essential to the organization’s ability to provide patient care services. Interdisciplinary relationships are viewed as positive and a sense of mutual respect is exhibited. Emphasis is placed on orientation, continuing education, formal education and career development (Anonymous, 2007). The forces of magnetism together form the characteristics that allow magnet hospitals to excel and recruit and retain high-quality nurses.

The Magnet Recognition Program is based on quality indicators and standards of nursing practice as defined in the American Nursing Association’s Scopes and Standards for Nurse Administrators (2004). The program has three goals: promoting quality in a setting that supports professional practice, identifying excellence in the delivery in nursing services to patients/residents and disseminating ‘best practices’ in nursing services (Magnet, 2008).

Much research has been done in regards to examining job satisfaction and empowerment between magnet and non-magnet hospitals. Force (2005) described themes that lead to job satisfaction and nurse retention. Magnet hospital organizational structures that support nurse empowerment, autonomy, group cohesion, tenure and graduate education proved consistent among the themes (Force,
Spence-Laschinger et al. (2003) concluded that magnet hospital characteristics, such as access to information, support, resources, and opportunities to learn and grow, as well as flexible job activities and strong alliances with coworkers, can create work settings that support professional practice. Kramer and Schmalenberg (2003) concluded that magnet hospitals provide control over the nursing practice environment that results in increased job satisfaction. Upenieks (2003a) study supported Kanter's Structural Theory of Organizational Behavior and the organizational characteristics indicative of magnet hospitals. Both empowerment and magnet designation were found to promote structures that increase job satisfaction and empowerment among clinical nurses in today's hospital environment. The higher level of empowerment and job satisfaction found in magnet hospitals, when compared with non-magnet hospitals, was due to greater access to work empowerment structures within the practice environments. Differences in leadership effectiveness have also been identified between magnet and non-magnet nurse leaders. Nurse leaders in magnet hospitals show greater accessibility, better support of clinical nurse autonomous decision making and greater access to work empowerment structures such as opportunity, information and resources. The differences accounted for the greater empowerment and job satisfaction that were found in magnet hospitals (Upenieks, 2003a).
Literature that indicates nurses in magnet hospitals have greater job satisfaction and empowerment than non-magnet hospitals has great significance for nurse administrators. Nurse leaders can use this information to mimic magnet hospital organizational characteristics and strive for magnet designation. Developing magnet-like characteristics within the organization will be of benefit to nurse leaders as it may pose a solution to nurse recruitment and retention and reduce the nursing shortage.

*Problem Statement*

Due to the critical nursing shortage, particularly in the acute inpatient setting, nurse executives have been engaging in aggressive marketing and recruiting efforts. Hospitals with magnet recognition have been more effective at recruiting and retaining nurses by stressing organizational characteristics and professional issues (Upenieks, 2003a). Nurses employed in hospitals with magnet recognition may have higher levels of job satisfaction and be more empowered than nurses employed in non-magnet settings; thus continuing on as an employee and providing support for the organization.

*Purpose of the Study*

The purpose of this comparative descriptive study is to examine differences in levels of job satisfaction and empowerment among clinical nurses in hospitals with magnet recognition and non-magnet hospitals.
Research Question

Are there differences in levels of job satisfaction and empowerment among clinical nurses in hospitals with magnet recognition and clinical nurses in non-magnet hospitals?

Theoretical Framework

Kanter's Structural Theory of Organizational Behavior (1993) is the framework for this study. The underlying premise of this theoretical model is that organizational factors such as organizational characteristics, culture and hospital setting are more useful than personality factors in understanding individual attitudes and effectiveness on the job. The level of job empowerment and satisfaction is directly related to the circumstances experienced by the employee in the work setting. Kanter emphasized that power and opportunity, as well as other work empowerment structures, have the potential for explaining differences in individual responses to situations in the work environment. Empowerment leads to autonomy, which leads to increased job satisfaction.

Empowerment results from formal and informal systems of the organization. Formal power is derived from the position held. Informal power is derived from relationships, political processes and alliances with people in the organization. Kanter (1993) identified three work empowerment structures: the structure of power, the structure of opportunity and the structure of proportion. The structure of power stems from three sources of influence: access to information, support and resources. The structure of opportunity refers to increased role expectations, access to challenges
and advancement within the organization. The structure of proportion signifies the social arrangement of people in approximately the same situation (Hatcher & Spence-Laschinger, 1996) (as cited in Upenieks, 2003a).

**Definition of Terms**

*Conceptual: Job satisfaction.* Steers, (1988, as cited in Spence-Laschinger et al., 2001b) defined job satisfaction as the difference between how much a person wants or expects from the job and how much the person receives.

*Operational:* Job satisfaction will be measured using the *revised Nursing Work Index (NWI-R).* The NWI-R consists of 49 items and measures three subscales: autonomy, nurse control over the practice and relations between nurses and physicians (Aiken & Patrician, 2000).

*Conceptual: Empowerment.* Empowerment was defined by Kanter (1993) as having the access to opportunity, information, and resources, in addition to workplace characteristics of autonomy, control over the practice environment and good nurse/physician working relationships.

*Operational:* Empowerment will be measured using the *revised Conditions of Work Effectiveness Questionnaire (CWEQ-II).* The CWEQ-II consists of four subscales and used to measure the empowerment, power and opportunity components of Kanter’s theory (Spence-Laschinger, Finegan, Shamian, & Wilk, 2001a).

**Limitations**

The study is limited due to the lack of generalizability. The generalizability is affected due to the small sample size in comparison to the population of clinical nurses and the study is restricted to one geographic area.
Assumptions

Kanter’s theory is based on the assumption that organizational characteristics, culture and the hospital environment are more useful than personality factors in understanding individual attitudes and effectiveness on the job. Based on this assumption, magnet hospitals which are focused on organizational factors and support professional practice issues, will increase job satisfaction and empowerment among clinical nurses.

Summary

As the nursing shortage continues to escalate, nurse leaders have been searching for aggressive recruitment and retention strategies. Hospitals with magnet recognition have been effective at recruiting and retaining nurses by emphasizing organizational and professional practice issues. The purpose of this study is to examine differences in levels of job satisfaction and empowerment among clinical nurses in hospitals with magnet recognition and non-magnet hospitals. Kanter’s Structural Theory of Organizational Behavior is the theoretical framework for this study. Kanter’s theory proposes that organizational factors such as organizational characteristics, culture and the hospital environment are more useful than personality factors in understanding individual attitudes and effectiveness on the job. This study will provide information to nurse leaders regarding the difference in job satisfaction and empowerment among magnet and non-magnet hospital nurses. The findings can help to increase recruitment and retention of clinical nurses and help to decrease the nursing shortage.
Chapter II

Review of Literature

Introduction

Healthcare organizations have focused on recruitment and retention strategies of nurses to reduce the nursing shortage. According to Upenieks (2003a), hospitals that have a magnet recognition program in place may have better success at recruitment and retention of nurses than hospitals without a magnet recognition program. Increased recruitment and retention may be due to increased job satisfaction and empowerment among nurses in magnet hospitals. The purpose of this study is to examine differences in levels of job satisfaction and empowerment among clinical nurses in hospitals with magnet recognition and non-magnet hospitals.

Organization of the Literature

The literature review to support this study is divided into three sections: theoretical framework, model testing of Kanter’s Theory and hospital practice environmental factors.

Theoretical Framework

According to Kanter’s Structural Theory of Organizational Behavior, organizational factors are more useful than personality factors in understanding individual behaviors and how behaviors affect the job (Kanter, 1993). The level of job empowerment and satisfaction is directly related to the circumstances experienced...
by the employee in the work setting. Employee empowerment develops from formal and informal systems of organizations. Formal power is derived from the position held. Informal power is derived from relationships, political processes and alliances with people in the organization. Nurse leaders must develop relationships with a variety of people and groups within the organization to maximize work empowerment.

Kanter (1993) described three work empowerment structures: the structures of power, opportunity and proportion. Access to structures in the work environment creates a more positive and empowered climate. The structure of power stems from three sources of influence: access to information, support and resources. Sources of information are related to both formal and informal power structures. Sources of support are the nurse leader’s power to exercise judgment and implement change without having to go through a multilayered administrative approval process. Sources of resources refer to the nurse leader’s capacity to exercise power in an outward fashion, and to bring money, materials, or other needed resources into the organization (Kanter, 1993).

The structures of opportunity are increased role expectations, access to challenges and advancement within the organization. Nurse leaders with sources of opportunity have high self-esteem and aspirations and consider themselves part of the larger organization. The structure of proportion refers to the social arrangement of people in approximately the same situation. It is the quantitative measure of the number of people who represent the common group versus the minority group (Upenieks, 2003b).
Kanter’s Theory provides an appropriate framework to assess nurses’ job satisfaction and empowerment in hospital settings. The core of Kanter’s Theory conceptualizes a nurse leader who has access to information, support and resources, is empowered and effective in a leadership position and improves organizational effectiveness (Kanter, 1993). As a result, nurses are more satisfied in the job because of access to structures. Empowerment leads to autonomy, resulting in increased job satisfaction (Kanter, 1993).

Model Testing of Kanter’s Theory

Spence-Laschinger et al. (2001b) noted that as organizations restructure to create more efficient patient care delivery systems, downsizing of programs and staff layoffs have occurred. As the largest group of health care providers in hospitals, nurses have been particularly affected by recent downsizing resulting in compromised trust in management. Aiken, Lake, Sochalski, and Sloane (1997) (as cited in Spence-Laschinger et al., 2001b) developed a model describing organizational features that foster positive nurse and patient outcomes. This model has been used successfully to distinguish magnet hospitals from non-magnet hospitals in numerous studies. With current organizational restructuring, Spence-Laschinger et al. (2001b) wanted to determine if the role of organizational trust influences nurse and patient outcomes in current hospital settings.

The purpose of this study was to test a model derived from Aiken et al.’s (1997) framework linking nursing workplace conditions such as nurse autonomy, control over practice environment and strong collaborative nurse-physician relationships to organizational trust, burnout, job satisfaction and nurse-assessed
patient care quality. The expansion of Aiken et al.’s Theoretical Model to include
the role of trust may increase the explanatory power of the model and assist
administrators to empower nurses to function effectively in today’s dramatically
restructured health care settings (Spence-Laschinger et al., 2001b).

The sample was a subset from a larger study designed to explore relationships
among hospital work environment characteristics, nurse staffing and nurse and patient
outcomes. A stratified random sample of nurses who worked in medical-surgical
settings was drawn from the registry list of College of Nurses of Ontario. Of the
larger study, 3,016 staff nurses from 135 hospitals completed additional items relating
to organizational trust. Of the nurses, 17.5% worked in urban teaching hospitals,
13.2% in community hospitals and 69.3% in smaller rural hospitals. The average age
was 44.1 with 19.2 years of experience in nursing. The majority of nurses (83%)
were diploma prepared (Spence-Laschinger et al., 2001b).

Questionnaire packages were mailed to nurses across the province. After
three mailings, the final usable questionnaires in the larger study were 8,263. Of this
larger sample, 3,016 completed an additional questionnaire containing items related
to organizational trust (37%).

Organizational attributes were measured by the Nursing Work Index (NWI)
used by Aiken et al. (1997) in the magnet hospital research. The NWI contains three
subscales: autonomy (Cronbach alpha=0.84), control over practice setting (Cronbach
alpha=0.83), and nurse-physician relations (Cronbach alpha=0.91). Items are rated
on a 4-point Likert scale and an overall NWI score is created by summing the three
subscales. The items used were derived from organizational traits reported by magnet
hospital staff nurses as characteristics of professional work environments. The alpha reliability coefficient was 0.90 for the total NWI scale (Spence-Laschinger et al., 2001b).

The Interpersonal Trust at Work Scale is a 12-item instrument consisting of four subscales which measure faith in the intentions of and confidence in the actions of peers and managers. Items are summed and averaged to obtain scores ranging from 1-5 for each subscale. The alpha reliability coefficient was 0.91 for trust in management (Spence-Laschinger et al., 2001b).

The Human Services Survey (HSS) was used to measure burnout. The HSS consists of 22 self-descriptive statements which measure three aspects of burnout: emotional exhaustion, depersonalization and decreased personal accomplishments. Cronbach alpha reliability for this test was 0.83 (Spence-Laschinger et al., 2001b).

Job satisfaction was measured by a 1-item scale asking respondents to rate satisfaction with the present job on a 4-point Likert scale from 1 (very dissatisfied) to 4 (very satisfied). Alpha reliability for this scale was 0.73 (Spence-Laschinger et al., 2001b).

Separate path analyses were run for each of the organizational outcomes (satisfaction and nurse-assessed quality). The first statistical model, with job satisfaction as the outcome variable, was a reasonably good fit. Higher levels of autonomy, control and collaboration were associated with higher levels of trust in management which in turn associated with higher job satisfaction. Positive work environment characteristics were associated with lower burnout levels which in turn were associated with higher job satisfaction (Spence-Laschinger et al., 2001b).
When the model was tested using nurse-assessed patient care quality as the outcome variable, the data fit the proposed model reasonably well. Higher levels of autonomy, control and collaboration were associated with higher levels of trust in management which was associated with higher perceptions of patient care quality. Positive work environment characteristics were associated with lower burnout levels which in turn were associated with higher patient care quality (Spence-Laschinger et al., 2001b).

Findings support the proposition that factors of nursing work environments, such as autonomy, control over practice environment and collaboration with physicians, have an impact on staff nurses’ trust in management and ultimately influence nurses’ job satisfaction and assessment of patient care quality. Trust in management and emotional exhaustion are important mediators of job satisfaction and perceptions of patient care quality. Findings also highlight the importance of creating environments which empower nurses to accomplish the work and generate positive feelings about work and its effects on patient outcomes (Spence-Laschinger et al., 2001b).

Spence-Laschinger et al. (2001b) concluded positive relationships among autonomy and control over the practice environment and nurses’ job satisfaction were important. The results provided encouraging support for continued efforts to create conditions that foster staff nurse trust in management and lower levels of burnout which ultimately impacts both the quality of nurses’ worklife and the quality of patient care.
Spence-Laschinger et al. (2003) reported that previous research focused primarily on nurse and patient outcomes associated with magnet hospitals characteristics. Less work has been done to identify basic organizational social structures that promote the development and maintenance of the features. The purpose of Spence-Laschinger et al.’s (2003) study was to test the proposition that when nurses perceive the work environment to be empowering, nurses will be supported to practice in a professional manner and characterize work environments in magnet-like terms. This proposition was tested by examining relationships between nurses’ perceptions of workplace empowerment as described by Kanter (1993) and perceptions of the presence of magnet hospital characteristics as described by Aiken, et al. (1997) (as cited in Spence-Laschinger et al., 2003). Kanter’s Theory of Structural Empowerment was the theoretical framework.

The authors tested two hypotheses in the three studies reported. The first hypothesis stated that higher levels of workplace empowerment are positively related to perceptions of autonomy, control over practice setting and collaboration with physicians within the work setting (magnet hospital characteristics). The second hypothesis stated that higher levels of empowerment and magnet hospital characteristics in nurse work settings are positively related to nurses’ job satisfaction. The three studies each used the following same measures of structural empowerment and magnet hospital characteristics: CWEQ-II, NWI-R and the nurse job satisfaction questionnaire (NJSQ). This allowed for comparison of the results (Spence-Laschinger et al., 2003).
The first study used a sample of 237 randomly selected staff nurses who worked in urban tertiary care hospitals in Ontario. Nurses in the larger study had responded to a mailed questionnaire designed to test a model derived from Kanter’s theory. Nurses worked full time in medical-surgical (64.5%), critical care (33.3%), maternal child (11.9) and psychiatric areas (20.1%). Eighty-six percent were diploma prepared nurses. Respondents averaged 44 years of age, with 19 years nursing experience (Spence-Laschinger et al., 2003).

Three measures of Kanter’s theory of empowerment were used: CWEQ-II, the Job Activities Scale-II (JAS-II) and the Organizational Relationships Scale –II (ORS-II). All instruments used a 5-point Likert scale and items were summed and averaged to yield subscale scores ranging from 1-5, with scores of 5 representing higher levels of the construct (Spence-Laschinger et al., 2003).

The CEWQ-II consists of 12 items that measure nurses’ perceptions of access to the four work empowerment structures: access to opportunity, information, support and resources. Construct validity was substantiated in a confirmatory factor analysis. The JAS-II is a three-item measure of staff nurses’ perceptions of Kanter’s concept of formal power. The ORS-II is a three-item measure of staff nurses’ perceptions of Kanter’s concept of informal power. Alpha reliability coefficients for the revised scales ranged from 0.70-0.86. A total empowerment score was created by summing the subscales of the CEWQ-II, JAS-II and ORS-II (Cronbach alpha=0.87) (Spence-Laschinger et al., 2003).

The NWI-R was used to measure magnet hospitals characteristics (Cronbach alpha=0.88). Based on previous research, the 15 most frequently used items formed
three subscales: nurse autonomy (Cronbach alpha=0.79), control over the practice setting (Cronbach alpha=0.76) and nurse-physician relations (Cronbach alpha=0.89). Items were rated on a 4-point Likert scale and were summed and averaged to yield the three subscales (Spence-Laschinger et al., 2003).

The Global Job Satisfaction Questionnaire (GJSQ) is a four-item global measure of job satisfaction adapted from Hackman and Oldham’s Job Diagnostic Survey (Cronbach alpha=0.84). Items are rated on a 5-point Likert scale. This measure has acceptable internal consistency reliability (alpha=0.83) (Spence-Laschinger et al., 2003).

Nurses believed job settings were moderately empowering (M=17.9, SD=3.31) and had moderate levels of magnet characteristics (M=2.68, SD=0.55). As hypothesized, the total empowerment scores were strongly related to the total NWI-R score (r=0.61, P=0.0001). All empowerment structures were significantly related to the overall NWI-R score, the most strongly related was the resources subscale (r=0.55). Consistent with the second hypothesis, both empowerment and magnet hospital characteristics were significant independent predictors of job satisfaction (Spence-Laschinger et al., 2003).

In the second study, the sample consisted of 263 nurses in non-manager roles from three hospitals that provide tertiary care. Nurses worked full-time (42.4%) or part-time (56.9%) in medical-surgical (34.2%), critical care (39.9%), maternal child (18.1%) and psychiatric (7.8%) areas. Most were diploma prepared (92%). Respondents averaged 44 years of age, with 22 years of nursing experience (Spence-Laschinger et al., 2003).
Nurses completed the CWEQ-II, the NWI-R and the NJSQ. The alpha reliability coefficients for the CWEQ-II ranged from 0.65-0.85, with 0.82 for the total scale. The CWEQ-II also correlated positively with the measure of global empowerment, further supporting the construct validity. Alpha reliability coefficients for the NWI-R were 0.87 for the total scale, 0.78 for the autonomy subscale, 0.75 for the control over the practice setting subscale and 0.85 for the collaboration subscale (Spence-Laschinger et al., 2003).

The NJSQ is a seven-item scale that measure nurses’ perceptions of job satisfaction on work units. Items are rated on a 6-point Likert scale, then summed and averaged to create a total score. The instrument had acceptable internal consistency reliability (alpha=0.88) (Spence-Laschinger et al., 2003).

Nurses in the hospitals believed that job settings were moderately empowering (M=18.3, SD=2.82). NWI-R scores were also moderate (M=2.78, SD=0.50). Again, the total empowerment scores were strongly correlated with the total NWI-R score (r=0.49, P<0.0001), with resources the most strongly related. Both empowerment and magnet hospital characteristics were significant independent predictors of job satisfaction. Therefore, both hypotheses were supported (Spence-Laschinger et al., 2003).

In the third study, data were evaluated from a sample of 63 acute care nurse practitioners (ACNP). Questionnaires were mailed to all RN’s who worked as ACNP’s in the province of Ontario. The ACNP’s averaged 41 years of age, with 18 years of nursing experience, and 5 years of nurse practitioner experience (Spence-Laschinger et al., 2003).
ACNP’s completed the CWEQ-II, NWI-R and GJSQ. The alpha reliability coefficients for the empowerment measures ranged from 0.57-0.90. The CWEQ-II also correlated positively with the measure of global empowerment, further supporting the construct validity of the instrument. The NWI-R alpha reliabilities were 0.88 for the total scale, 0.79 for the autonomy subscale, 0.74 for the control over the practice setting subscale and 0.84 for the collaboration subscale. The alpha reliability for the GJSQ was 0.84 (Spence-Laschinger et al., 2003).

Nurse practitioner ratings of work empowerment were higher than in either sample of staff nurses as were ratings of workplace magnet hospital characteristics. The study hypotheses were also supported. Similar to studies 1 and 2, the total empowerment scores were strongly correlated with the total NWI-R score. Access to empowerment structures was significantly related to the overall NWI-R score. However, unlike the studies with staff nurses, access to information was more strongly related to the overall NWI-R score. Empowerment and magnet hospital characteristics were significant predictors of job satisfaction (Spence-Laschinger et al., 2003).

Spence-Laschinger et al. (2003) concluded that results of the three independent data sets support the hypotheses proposed; the link between Kanter’s (1993) work empowerment structures and Aiken et al.’s (1997) premise of magnet hospitals’ characteristics was supported. Work environments that provide access to information, support, resources, and opportunities to learn and grow, as well as flexible job activities and strong alliances with coworkers, can create work settings that support professional practice in magnet hospitals. Using strategies derived from
Kanter’s Theory of workplace empowerment in attempts to create nursing work environments that foster professional nursing practice and promote job satisfaction and commitment among nurses was also shown to be relevant.

Research on magnet hospitals has shown that hospitals that support unit-based decision making, have a powerful nursing executive, and promote professional nursing practice are more likely to provide superior patient care. The purpose of Armstrong and Spence-Laschinger’s (2006) exploratory study was to investigate the link between empowering work setting, magnet hospital characteristics, and patient safety. The study was based on Kanter’s Theory of Structural Empowerment. The following hypotheses were tested:

1. Greater staff nurse workplace empowerment is related to higher ratings of levels of magnet hospital characteristics in work settings.

2. Greater staff nurse workplace empowerment is associated with higher ratings of patient safety culture in work settings.

3. Higher perceived access to workplace empowerment structures and higher ratings of level of magnet hospital characteristics in work environments are related to stronger perceptions of a patient safety culture within the organization (Armstrong & Spence-Laschinger, 2006, p. 126).

The population consisted of nurses in a small hospital in Canada. The sample included 40 nurses with a response rate of 51%. Most (60%) of the respondents were 40 years of age or older and 50% had been in the organization for 13 years or more (Armstrong & Spence-Laschinger, 2006).
Instruments included the CWEQ-II that measures six components of structural empowerment: nurses’ perceptions of access to opportunity, information, support, resources, formal power and informal power. The questionnaire had two additional items measuring global empowerment. A 5-point Likert scale was used for each item, which higher levels of empowerment were indicated by higher scores on the scale. A total empowerment score was calculated by summing scores for the six components. All subscale alpha reliabilities ranged from .70-.95 (Armstrong & Spence-Laschinger, 2006).

The Nursing Work Index (NWI) was also utilized to measure magnet hospital characteristics. The NWI consists of 31 items on a 4-point Likert scale. The scale has five components of magnet hospital characteristics which include: nursing participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership and support of nurses; staffing and resource adequacy; and the degree of collegial nurse/physician relationships. All subscale alpha reliabilities were acceptable, ranging from .65-.84 (Armstrong & Spence-Laschinger, 2006).

The Safety Climate Survey consisted of 20 items on a 5-point Likert scale and demographic questions such as age range, job position and years in position. Higher levels of patient safety climate correspond to higher scores on the scale. The Cronbach alpha reliability coefficient of this scale was .81 (Armstrong & Spence-Laschinger, 2006).

The findings indicated that nurses reported only moderate access to empowerment structures in work settings (M=17.1, SD=4.26.) Participants also reported moderate levels of overall magnet hospital characteristics (M=2.5,
Nursing as a foundation for patient care was the strongest magnet hospital characteristic in work settings, whereas strong nurse/physician relationships was the weakest. Patient safety climate scores of this group were moderate (M=3.53, SD=0.80) (Armstrong & Spence-Laschinger, 2006).

As predicted in the first hypothesis, overall empowerment was significantly positively related to all magnet hospital professional practice characteristics (r=0.316 to r=0.612). Total empowerment was most strongly related to the use of a nursing model of care (r=0.61), good nursing leadership on the unit (r=0.52) and less strongly related to collaborative nurse/physician relationships (r=0.316). This suggested that empowerment is an important factor in creating environments that support professional nursing practice and highlights the importance of strong nursing leadership in creating magnet-like work environments (Armstrong & Spence-Laschinger, 2006).

Total empowerment was significantly positively related to perceptions of patient safety culture (r=0.50) supporting the second hypothesis. Patient safety climate was most strongly related to access to support (r=0.51), informal power (r=0.43) and opportunity to learn and grow (r=0.45). This suggested that supportive feedback on performance, strong networks of alliances and opportunities for continuous learning are important conditions for promoting a positive patient safety climate (Armstrong & Spence-Laschinger, 2006).

Findings from the third hypothesis indicated the combination of structural empowerment and magnet hospital characteristics were predictors of staff nurses’ perceptions of patient safety climate in the organization, explaining 46% of the
variance ($p=.0001$). The results demonstrated the importance of having access to information, support, and resources, and working in an environment that supports professional practice for nurses’ experience of a positive patient safety culture (Armstrong & Spence-Laschinger, 2006).

Strong relationships were found not only between structural empowerment and magnet hospital characteristics but also between the variables and perceptions of patient safety culture. The authors concluded that healthcare organizations that provide nurses with high levels of access to information, support and resources are organizations with magnet hospital characteristics, which support professional nursing practice. By ensuring staff nurse access to empowering working conditions, nursing leaders will not only increase organizational ability to attract and retain nurses, but will also create a positive patient safety climate that supports high quality patient care (Armstrong & Spence-Laschinger, 2006).

**Hospital Practice Environmental Factors**

Previous research indicates that nurse appraisals of the clinical practice environment, the quality of patient care, staffing adequacy and nurse satisfaction are more positive in ANCC magnet hospitals than non-magnet hospitals. Nurses working in ANCC magnet hospitals are less likely to report feeling burned out. The purpose of Havens’ (2001) study was to explore potential differences in the infrastructures supporting nursing practice in magnet and non-magnet hospitals.

The population included chief nurse executives (CNE) who served as organizational informants. The sample of CNE’s from the census of magnet hospitals recognized by ANCC in 1999-2000 were invited to participate ($n=21$). The sample
comparison group consisted of non-magnet hospitals not recognized as magnet hospitals by the ANCC (n=35). The overall survey response rate was 77% (43 CNE’s) (Havens, 2001).

CNE’s completed a seven-page questionnaire that contained items about hospital characteristics, difficulty recruiting staff RN’s, assessment of quality of care provided, the organization of the department of nursing and reports of the degree of implementation of selected restructuring and work redesign strategies. A scale from 1 (not at all difficult) to 4 (very difficult) was used to assess CNE appraisal of difficulty recruiting RN’s. Two scales were used to assess CNE perceptions of quality of patient care. One scale assessed perceptions of the overall quality of patient care provided during the previous year and the second scale appraised the incidence of patient and family complaints during the previous year (Havens, 2001).

The Organizational Support Scale is a 10-item scale derived from the Revised Nursing Work Index cronbach’s alpha = 0.96) used to measure organizational support. Cronbach’s alpha for the NWI-R was 0.96 (Aiken & Patrician, 2000). The degree of restructuring activities was measured by the CNEs regarding the nature and extent of implementation of organizational restructuring and work redesign strategies during the previous 5 years. A nine-item scale was developed to measure if a particular restructuring activity had been implemented and the degree to which the activity had been implemented on a 0-9 scale. The total scale internal consistency reliability was assessed at .70 (Havens, 2001).

The two hospital groups were compared on hospital characteristics using CNE reports, American Hospital Association 2000 Annual Survey data, and a JCAHO data
set. The two hospital groups exhibited significantly different JCAHO accreditation summary scores, with ANCC magnet mean score being significantly higher than the comparison hospital group mean score (p=.05) (Havens, 2001).

ANCC magnet hospital CNEs appraised the quality of patient care significantly higher than comparison hospital CNEs (p=.008). In addition, the CNEs from the comparison group reported significantly more patient and family complaints during the previous year than did the ANCC group of CNEs (p=.013) (Havens, 2001).

Three structural differences were statistically significant: (a) the presence of a distinct department of nurse in the hospital’s organizational structure, (b) the presence of a doctorally prepared nursing researcher to provide decisional support to the nurse executive as well as to facilitate staff nurse research and evidenced-based practice, and (c) the CNE’s perceptions of control over nursing practice and the practice environment. The appraisals by the CNEs of nursing’s visibility as a distinct professional clinical discipline were also borderline statistically significant (p=.052), with the ANCC magnet CNEs more likely to report the presence of this organizational feature. ANCC magnet CNEs were also less likely to report that it was very difficult to recruit, that agency nurse were utilized to supplement staffing and that RN’s were unionized (Havens, 2001).

Although not statistically significant, the ANCC magnet hospital group’s total scale mean for organizational support was higher (mean =35) than the comparison group mean (mean=33). However, for all 10 scale items, the ANCC group of CNEs was more likely to strongly agree that the feature was present in the nursing practice environment than the comparison group, suggesting that the ANCC CNEs
consistently perceived more organizational support for nursing practice than the comparison CNEs (Havens, 2001).

The author concluded that a prominent nursing leadership and organizational structure within hospitals and the ANCC magnet hospital recognition process may help to shape and support nursing practice environments. In addition, the magnet recognition program may offer a model for administrative “best practice” and recruiting and retaining high-quality employees (Havens, 2001).

Kramer and Schmalenberg (2003) reported that a high degree of staff nurse control over nursing practice (C/NP) has consistently been reported in the magnet hospital literature. Confusion exists as to the definition of C/NP and what C/NP means to staff nurses. The purpose of Kramer and Schmalenberg’s (2003) study was to determine what “C/NP” means to staff nurses, attempt quantification by summarizing categories and dimensions from staff nurses’ descriptions of C/NP activities and to establish relationships between the categorical ranking of C/NP and nurses’ rankings of job satisfaction and quality care on staff units.

The sample consisted of 20 staff nurses from 14 magnet hospitals that were interviewed in the hospital setting. Nurses were asked to volunteer on the basis of the following criteria: reasonably satisfied with current job, can give good nursing care and were successful employees. Type of unit worked on and years of experience data were analyzed for the total sample of 279 nurses. Of the respondents, 51% worked on medical-surgical units, 29% worked on critical care units, 12% worked on pediatrics or obstetric units and the remaining 8% worked in clinics and other outpatient units. New graduates comprised 16.8% of the sample, 30% had 1-4 years
of experience, 16.5% had 5-9 years of experience, 12.5% had 10-14 years of experience, 10.4% had 15-19 years of experience and 13.6% had 20+ years of experience (Kramer & Schmalenberg, 2003).

Quantitative data included an Essentials of Magnetism List and two 10-point rating scales in which respondents were asked to select a number from 1-10 (10=high) that best represented quality of care given on their unit and personal job satisfaction. The Essentials of Magnetism List consists of 37 items which describe characteristics of a nursing department and nursing practice, and were identified as essential to productivity of quality patient care. This tool was revised based on the original 65-item NWI. Validity and reliability of this instrument are discussed elsewhere. The job satisfaction and quality care rating scales have face validity (Kramer & Schmalenberg, 2003).

Kramer and Schmalenberg (2003) interviewed nurses using a structured guide. The constant comparative analysis method and thematic, categorical analysis were used to generate nurses’ concepts, definitions, categorizations and dimensions of C/NP. The data collected from the interviews were analyzed, coded and compared to categories and dimensions that emerged from previous data (Kramer & Schmalenberg, 2003).

Magnet hospital nurses ranked C/NP fifth on the Essentials of Magnetism List. Spearman Rho rank order correlation coefficients computed between nurses’ 1-10 rating of quality of care given on the unit and C/NP rankings indicated significant relationships in 8 of the 14 hospitals. In 13 of the 14 hospitals, there was a significant
relationship between C/NP and nurse job satisfaction (Kramer & Schmalenberg, 2003).

The findings from interviews indicated that magnet hospital staff nurses described C/NP as something more than enactment, control, or decision-making over the individual clinical act. Nurses stated that C/NP means working with other nurses to have a say in the broader issues affecting nurses, nursing and patient care. The C/NP function is made up of activities that can be organized into domains: clinical, managerial, environmental and cultural. The C/NP framework not only grants formal authority but it encourages and rewards “control” and gives nursing power and recognition within the organization. High importance, status and recognition of nurses are factors frequently associated with magnetism and variables positively affecting nurse job satisfaction (Kramer & Schmalenberg, 2003).

The five categories that emerged from data analysis were ranked on the basis of ownership and presence of a visible, viable and recognized organizational structure devoted to nurses’ C/NP. The properties for categories were: (a) category 1 being the highest ranking, consisted of the following: category 1 – highly effective control structure (24.9%), (b) category 2 – control with reservations (15.61%), (c) category 3 – input but no control (20.44%), (d) category 4 – refer to authority source (20.81%), and (e) category 5 – minimal or no control over practice (18.21%) (Kramer & Schmalenberg, 2003).

Kramer and Schmalenberg (2003) concluded that from the nurses’ perspective, C/NP is not the same as clinical autonomy. The emphasis that practicing staff nurses place on empowered, visible organizational structures in promoting C/NP
was important. An unexpected finding was that C/NP, as defined by the sample nurses, is not as alive and well in magnet hospitals as the literature would lead. The authors also concluded that C/NP makes nurses feel good and are able to accomplish more due to the high relationship with job satisfaction.

Upenieks (2003a) believed organizational characteristics of magnet and non-magnet hospitals increase nurse job satisfaction. The purpose of Upenieks’ (2003a) study was to examine whether magnet hospitals provided higher levels of job satisfaction and empowerment among clinical nurses when compared with non-magnet hospitals. A second purpose was to examine differences in magnet versus non-magnet leadership effectiveness provided by the nurse administrator, directors and managers at magnet and non-magnet hospitals. Upenieks utilized Kanter’s Structural Theory of Organizational Behavior.

The population consisted of 700 clinical nurses from two magnet hospitals and two comparison non-magnet hospitals. All RN’s and LPN’s who worked on a medical-surgical unit were asked to complete a questionnaire. The return rate was 44% (N = 305) of nurses returning usable questionnaires. In addition, a sample of 16 nurse leaders from the four hospitals: seven from magnet institutions and nine from non-magnet hospitals were interviewed to achieve the qualitative portion of the study. Twelve were recruited at the director/managerial level and four at the executive level. Inclusion criteria for the director/manager were to be a director/manager of a medical-surgical unit with at least 2-5 years of experience in nursing supervision. Inclusion criteria for the executives were to rank as V.P. of patient services and have 5 years experience in the executive role (Upenieks, 2003a).
The measurement tools Upenieks (2003a) used were the revised Nursing Work Index (NWI-R) and the revised Conditions of Work Effectiveness Questionnaire (CWEQ-II). The NWI-R is a 49-item scale that measures job satisfaction among hospital nurses and organizational attributes. Three subscales measured autonomy, nurse control over practice and relations between nurses and physicians. For this study, three new subscales were generated in order to more thoroughly assess organizational attributes relevant to the level of job satisfaction among nurses.

The CWEQ-II is a 20-item instrument that consists of four subscales used to assess the empowerment, power and opportunity components of Kanter’s theory. An overall empowerment score is obtained by adding the means of the four subscales. The higher the score, the more empowered the individual is considered to be. Cronbach alpha coefficients for both survey tools indicated there was a relatively high internal consistency associated with each subscale, indicating a high degree of reliability among the measures. The Cronbach alpha coefficients were also consistent with previous research coefficient subscale findings also indicating a high degree of reliability (Upenieks, 2003a).

For the qualitative phase of the study, 16 nurse leaders were interviewed in order to gain an understanding of how leaders can be effective in today’s health care setting and how best to support professional nursing practice in the hospital environment. Interviews were taped and a core set of questions served as a guide (Upenieks, 2003a).
The findings for the NWI-R showed that magnet hospital scores were significantly higher on all subscales than were non-magnet hospitals scores. There were similarities in the order of ranking of NWI-R and CWEQ-II subscales among nurses in both settings. Items that ranked higher among magnet hospital nurses included: continuing educational opportunities, support from administration, clinical ladder opportunities, active staff development programs, support in pursuing nursing degrees, a visible nurse executive with equal power to other top executives and high standards of care that were maintained by the administrative team. The subscale items that magnet hospital nurses reported as lacking were: support services, enough time to provide quality patient care, involvement in the internal governance of hospital issues and control over the practice environment. The opportunity for continuing education and self-governance structures were rated as only moderate in non-magnet hospitals while adequate support services, a sufficient number of nurses to provide quality care, and a response from administration related to patient care concerns were reported as being deficient (Upenieiks, 2003a).

The mean scores for the CWEQ-II subscales resulted in similar ratings between magnet and non-magnet clinical nurses. However, the scores were significantly higher at magnet hospitals. Nurses at magnet hospitals rated empowerment higher on the scale and the power structure of Kanter’s theory received the lowest scores. Nurses at non-magnet hospitals rated the power structure over empowerment. Perceived information on Kanter’s power structure subscale received the highest score, while resources received the lowest. This resembles the lowest score obtained in the NWI-R subscale (Upeneiks, 2003).
Interviews with the nurse leaders revealed recurrent themes that foster effectiveness as leaders which included: a supportive organizational culture, an autonomous climate, teamwork, access to opportunity and adequate compensation of clinical nurses. Differences were noted between magnet and non-magnet nurse leaders. Magnet leaders were reported to be more accessible and had a stronger commitment to nursing and recognition of professional nursing practice. At non-magnet hospitals, the leaders focused more on adequate staffing while the magnet nurse leaders stressed educational opportunities. Furthermore, magnet nurse leaders more often supported an autonomous climate (Upenieks, 2003a).

The findings of Upenieks’ (2003a) study supported both Kanter’s Structural Theory of Organizational Behavior and the organizational characteristics indicative of magnet hospitals. The theory promotes structures that increase job satisfaction and empowerment among clinical nurses. Access to certain factors, such as opportunity, information and resources influenced clinical nurse effectiveness. Clinical nurses employed at magnet hospitals experienced higher levels of empowerment and job satisfaction when compared with nurses employed at non-magnet hospitals due to greater access to work empowerment structures within practice environments. The key organizational structures included elements such as emphasis on professional autonomy, respect for and value of professional nursing practice and systematic communication between clinical nurses and the leadership team (Upenieks, 2003a).

The qualitative results also supported Kanter’s Theory in demonstrating that nurse leaders who have access to power and opportunity were more empowered in roles and subsequently demonstrated leadership success. Differences in leadership
effectiveness between magnet and non-magnet nurse leaders that accounted for the differences in empowerment and job satisfaction scores of clinical nurses included: greater accessibility of magnet nurse leaders, better support of clinical nurse autonomous decision making by magnet nurse leaders and greater access to work in empowerment structures in magnet hospitals (Upenieks, 2003a).

Upenieks (2003a) concluded organizational efforts that focus on improving access to opportunity, information and resources have the potential to empower staff and increase job satisfaction among nurses. The findings also highlight the importance of creating work environments that provide access to supportive infrastructures in order for nurses to be empowered and satisfied in their roles.

Friese (2005) believed that the nursing profession struggles to determine how to organize practice environments to retain nurses and keep patients safe. Friese (2005) sought to examine practice environments of RNs and differences related to nurse specialty and hospital recognition for nursing. The purpose of this study was to examine practice environments and outcomes of nurses working in oncology units or magnet hospitals and to understand the association between the two.

This sample was drawn from a previous parent study conducted by Aiken, Havens, and Sloane (2000) (as cited in Friese, 2005). Nurses (N=2,287) were chosen from 146 units in 22 hospitals. Of the 22 hospitals, 7 were ANCC magnet hospitals, 13 were American Academy of Nursing magnet hospitals and 2 were teaching hospitals (Friese, 2005).

The Practice Environment Scale of the Nursing Work Index (PES-NWI) is a 48-item questionnaire that was used to measure the presence of particular
organizational attributes in a nurse’s work setting. A 4-point scale is used to score agreement with each item from 1 (strongly disagree) to 4 (strongly agree). Five subscales were derived which included: nurse participation in hospital affairs, nursing foundations for quality of care, nurse manager ability, leadership and support of nurses, staffing and resource adequacy and nurse-physician relations. Cronbach’s alpha scores ranged from 0.79-0.84 for the five subscales (Friese, 2005).

Emotional exhaustion was measured using the emotional exhaustion subscale of the Maslach Burnout Inventory, which has high validity and reliability. It is a nine-item scale that is used to gauge the frequency of feelings of emotional exhaustion. Nurses were also asked to rate job satisfaction on a scale from 1 (very satisfied) to 4 (very dissatisfied) and describe the quality of nursing care given on the unit from 1 (very poor) to 5 (excellent) (Friese, 2005).

The nurses worked in four settings: nononcology units in non-ANCC hospitals, oncology units in non-ANCC hospitals, nononcology units in ANCC hospitals and oncology units in ANCC hospitals. Analysis of variance (ANOVA) was used to test differences in PES-NWI scores among the four work settings (Friese, 2005).

Findings of the t-tests and chi-square tests showed no significant differences in emotional exhaustion between nurses working on oncology or nononcology units. Oncology nurses had lower rates of emotional exhaustion than nurses working on nononcology units; however, the difference was not significant. Nurses working in ANCC hospitals had significantly less emotional exhaustion and job dissatisfaction when compared with nurses in non-ANCC hospitals, regardless of specialty.
Outcomes were not as good for nononcology nurses working in non-ANCC hospitals and best for oncology nurses working in ANCC hospitals. Nurses who responded favorably on the subscales of nurse manager ability, leadership and support of nurses, staffing and resource adequacy and nurse-physician relations were far less likely to have emotional exhaustion or job dissatisfaction. Nurses in ANCC hospital were also more likely to report high-quality patient care than nurses in non-ANCC hospitals (Friese, 2005).

Friese (2005) concluded that oncology nurses, compared with counterparts, have some advantages in the quality of practice environment. The advantages are enhanced when oncology nurses work at ANCC magnet hospitals. The magnet hospitals were shown to have advantages due to decreased staff emotional exhaustion and higher levels of job satisfaction and quality of nursing care (Friese, 2005).

Brady-Schwartz (2005) stated that the Magnet Recognition Program offers one potential remedy to the escalating nursing shortage. This program has been recognized for long-term or acute care nursing services that have demonstrated excellent outcomes in patient care as well as the ability to recruit and retain RN’s. The purpose of this study was to explore the relationships among perceived satisfaction with hospital organizational characteristics, overall job satisfaction and intent to leave current nursing positions among staff nurses who worked at magnet hospitals and nurses in non-magnet hospitals.

The sample consisted of 173 RN’s who worked in magnet hospitals and 297 from non-magnet hospitals. Inclusion criteria for participation were RN’s, any age or gender, who are direct care providers in any nursing specialty and employed in their
current position for more than 6 months. A total of six hospitals agreed to participate; three were magnet hospitals and three were non-magnet hospitals (Brady-Schwartz, 2005).

The McCloskey Mueller Satisfaction Scale (MMSS) was used as a measure of satisfaction with organizational characteristics and job satisfaction. The MMSS is a 31-item scale that includes eight subscales of job satisfaction (Cronbach alpha=0.89). The subscales are organizational characteristics that are present in the hospital work environment which include: extrinsic rewards (alpha=0.52), scheduling (alpha=0.84), family/work balance (alpha=0.57), coworkers’ interaction (alpha=0.72), professional opportunities (alpha=0.64), praise and recognition (alpha=0.80) and control/responsibility (alpha=0.80). Each item was rated on a 5-point Likert scale from 1 (very dissatisfied) to 5 (very satisfied). Pearson’s r was reported as 0.54 for coworkers (Brady-Schwartz, 2005).

The Anticipated Turnover Scale (ATS) was used to measure anticipated turnover among participants. The ATS is a self-report instrument which contains a 12-item Likert scale with 7 response options from 1(disagree strongly) to 7(agree strongly). The ATS had an internal consistency reliability of 0.84 (Brady-Schwartz, 2005).

Over a 6-month period, questionnaires were mailed to the six hospitals. Questionnaires (470) were returned. Cronbach alpha for the MMSS statements was 0.91 and 0.86 for the ATS statements. This indicated a strong internal consistency of the scales (Brady-Schwartz, 2005).
The findings of the MMSS two sample $t$-test demonstrated that magnet nurses (M=3.54, SD=0.52) had significantly higher levels of overall job satisfaction than nurses from non-magnet facilities (M=3.33, SD=0.56). Nurses at magnet hospitals were also found to have higher mean scores in all eight MMSS subscales (Brady-Schwartz, 2005). Correlation analysis was conducted between the ATS scores and the total MMSS scores. The scores were found to be negatively correlated and nurses in magnet hospitals who demonstrated higher levels of job satisfaction were less likely to leave (Brady-Schwartz, 2005).

Brady-Schwartz (2005) concluded that magnet hospital staff nurses have higher job satisfaction and retention rates than non-magnet hospitals staff nurses. Findings demonstrated significantly higher levels of perceived satisfaction in the MMSS subscales for professional opportunities in the work environment, control and responsibility and extrinsic rewards. However, findings did not demonstrate a significant relationship among other variables. Brady-Schwartz (2005) also found that findings support previous studies that indicate the Magnet Recognition Program has a positive influence on staff nurse job satisfaction and retention.

Developed by the AACN, the Beacon Award for Critical Care Excellence recognizes individual critical care units that meet high-quality standards, providing exceptional care for patients and families while fostering and sustaining healthy work environments. In addition, the Magnet Recognition Program recognizes healthcare organizations that demonstrate excellence in nursing care and professional nursing practice. Ulrich, Woods, Hart, Lavandero, Leggett, and Taylor (2007) conducted a study to determine if nurses from Beacon units or hospitals that are nationally
recognized for excellence, report healthier work environments and greater satisfaction with work and profession than nurses from other units and hospitals.

An online questionnaire was used to elicit information. The sample consisted of 4,034 usable responses. Of the responses, 3,332 respondents indicated the magnet status of the organization and 2,897 respondents indicated the Beacon status of the unit. Of the 183 nurses in Beacon units, 113 were in magnet organizations and 47 in magnet pursuit organizations (Ulrich et al., 2007).

A total of 16 survey items were developed from the AACN Standards for Establishing and Sustaining Healthy Work Environment. Respondents were asked to indicate level of agreement with each statement twice, once for the organization and once for the work unit. Agreement options included strongly agree, agree, disagree and strongly disagree (Ulrich et al., 2007).

In every instance, nurses in magnet designated organizations indicated a significantly higher level of agreement (p<.05) with the statements than nurses in magnet pursuit or no-magnet-activity organization; although not all differences were statistically significant. When assessing work units, nurses in Beacon units indicated a significantly higher level of agreement (p<.05) with every statement than nurses in no-Beacon-activity units (Ulrich et al., 2007).

Respondents indicated level of satisfaction with being an RN and with current job by responding to two questions. Nurses in this subset indicated a higher level of satisfaction with nursing as a career than with current jobs. However, nurses in magnet and magnet-pursuit organizations were significantly more likely to be
satisfied than were nurses in no-magnet-activity organizations (p<.05) (Ulrich et al., 2007).

The results found by Ulrich et al. (2007) support other research that a positive relationship exists between working in a magnet organization and satisfaction with the career of nursing. Nurses in the survey who worked in magnet organizations, Beacon units, or units pursuing such designations were more satisfied with nursing as a career and with current nursing positions than were nurses in non-magnet and non-Beacon units.

Due to the nursing shortage, it is imperative that organizations take action to retain nurses currently employed. Self-nurturing strategies can be used to assist employees in creating a satisfying career and life. Nemcek (2007) conducted a study to determine nurses’ levels of satisfaction with lives and careers and whether a relationship exists among nurses’ demographics, self-nurturing behaviors and life and career satisfaction.

Nurses were recruited to participate in the study at a professional conference, through an online link at the website of a nursing organization. A convenience sample of 136 nurses completed four questionnaires. The ages ranged from 23-75 (M=42; SD =11.5). Most respondents were female, white and married. Nurses had worked between 1 and 50 years (M=16.2; SD=12.18). Most worked full time, held an associate degree and were employed by hospitals (Nemcek, 2007).

The Self-Nurturance Scale was modified from 54 to 53 items (Modified Self-Nurturance Scale [MSNS]). The MSNS was used to measure self-nurturance, self-chosen thoughts, feelings, or behaviors that foster a healthy life. Each item is rated
from 1 (not at all true) to 5 (extremely true). The internal consistency for the MSNS scale was 0.95. Test-retest reliability with 20 participants produced a significant Pearson’s product moment correlation (r=0.94; p<.01) (Nemcek, 2007).

The Satisfaction with Life Scale (SWLS) was used to measure life satisfaction, the subjective, self-determined rating of a good or satisfactory life. The SWLS consists of five items rated from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicated greater life satisfaction. An internal reliability coefficient of 0.87 was reported for the SWLS (Nemcek, 2007).

The Nursing Career Satisfaction Scale (NCSS) was developed for this study to determine nurses’ subjective, self-determined ratings of a good or satisfactory career in nursing. The NCSS included three questions, which were rated from 1 (strongly disagree) to 7 (strongly agree). The internal consistency of the NCSS was measured at 0.63. Test-retest reliability produced a Pearson product moment correlation of 0.54 (p<.05) (Nemcek, 2007).

Nurses’ mean score on the MSNS was 3.5 (SD=0.57). Nurses’ mean score on the SWLS was 4.9 (SD=1.16), and the mean score on the NCSS was 4.7 (SD=1.2). A statistically positive correlation (r=0.43; p<.01) was found between nurses’ MSNS and SWLS scores. The correlation (r = 0.42) between nurses' MSNS and NCSS scores was also significant (p < .01), as was the correlation (r = 0.37) between SWLS and NCSS scores (p < .01). No statistically significant relationships were found between the demographics and self-nurturance or life and career satisfaction (Nemcek, 2007).
The author concluded that career satisfaction is a predictor of life satisfaction; however, having limited control over work circumstances reduces life satisfaction. The Magnet hospital recognition process can be an effective strategy to strengthen nurses’ sense of control. Nurses in magnet environments are empowered with authority, autonomy and control over the environment in which they deliver nursing care. Magnet workplace policies improve outcomes, including nurse retention (Aiken et al., 2000; as cited in Nemcek, 2007).

Life satisfaction and self-nurturance mean scores for this nurse sample were consistent with prior studies of well adults. Self-nurturance, career satisfaction and life satisfaction were positively correlated. The greater the self-nurturing behaviors were evident, nurses reported greater career satisfaction. Nurses can use this finding to improve nurses’ mental health, safety and life satisfaction by advocating for organizational strategies consistent with Magnet hospital characteristics. Targeting self-nurturance and career satisfaction to improve nurses’ life satisfaction may be an effective addition to other nurse retention strategies (Nemcek, 2007).

In countries facing a nursing shortage and high turnover, some hospitals succeed in recruiting and retaining nurses. Research has shown that many hospitals have magnet hospital characteristics. To compare this research in Europe, Stordeur and D’Hoore (2007) conducted a study to determine if hospitals that mimic magnet hospital characteristics, termed attractive hospitals, also increase nurse job satisfaction and commitment to the organization (Stordeur & D’Hoore, 2007).

The population included 3,798 RNs from 12 Belgian hospitals. Inclusion criteria consisted of at least 3 years of training. Data were collected by a
questionnaire survey with a 54.4% response rate (2,065 RN’s) (Stordeur & D’Hoore, 2007).

Hospitals were sorted into four quartiles according to turnover rate. The three hospitals with the lowest turnover rate were labeled ‘attractive’ whereas the hospitals in the highest turnover quartile were labeled ‘conventional.’ All of the analysis focused on hospitals in the groups, reducing the sample of participating RNs to 1,175 (Stordeur & D’Hoore, 2007).

The questionnaire covered demographic data and work situations of nurses, as well as prospects and intentions. Several scales were used to describe nurses’ perceptions of the following domains: physical health-related factors, job demands and stressors, work schedules, organizational climate and work adjustments prior to turnover. The scales were validated in previous studies (Hasselhorn, Tackenberg, & Mueller, 2003; as cited in Stordeur & D’Hoore, 2007).

Organizational assessment was carried out by each institution at the beginning of the data collection period. A questionnaire completed by the nursing director and human resources director covered structural parameters and economic trends, staff characteristics and human resources management practices. In addition, all nurse executives at the 12 hospitals recorded the number of nurses who, were present at baseline, voluntarily left the institution (Stordeur & D’Hoore, 2007).

Results showed the most significant differences concerned nurses’ perceptions of three components of the work environment: exposure to physical health-related factors, work schedules and job demands and stressors. In addition, lower health hazard exposure was reported in attractive hospitals. Working schedules were better
in attractive hospitals as well as nurses’ attitudes. Job demands and stressors were reported as lower in attractive hospitals. Lastly, nurses in attractive hospitals reported higher levels of job satisfaction (Stordeur & D’Hoore, 2007). Stordeur and D’Hoore (2007) concluded that modeling healthcare organizations after attractive institutions, termed magnet hospitals in the United States, could serve as a catalyst for improvement in work environments and nurse job satisfaction in European healthcare settings.

Healthy work environments are empirically linked to patients’ satisfaction and to reduced turnover, increased attraction, job satisfaction and lower degree of job stress and burnout among nurses. In 2001, staff nurses in 14 magnet hospitals identified 8 of 37 original characteristics of magnet hospitals as the essential attributes of a healthy work environment. Kramer and Schmalenberg (2008) labeled the attributes as the Essentials of Magnetism (EOM). Nurses in both magnet and comparison hospitals have repeatedly confirmed the validity of the eight essentials of a healthy work environment. The purpose of this study was to develop an instrument to measure the extent that staff nurses confirm a healthy work environment (Kramer & Schmalenberg, 2008).

The EOM instrument was designed with items that measure the steps or components of each of the eight work processes identified by staff nurses as essential to a healthy work environment. The items were based on themes generated through observations and individual interviews. Of almost 1,000 nurses, three-fourths were staff nurses working in 35 magnet hospitals. Almost 500 additional staff nurses in other magnet and comparison hospitals participated in the development of the tool by
validating the content of the items and establishing test-retest reliability (Kramer & Schmalenberg, 2008).

The eight subscales of the EOM had 58 items. Initially constructed in 2002, items have been added or deleted on the basis of additional input from staff nurses. The EOM measures the health of staff nurses’ unit work environment. Input from individual nurses was aggregated to obtain a unit score for each of the essential attributes and a total environmental score. The unit score is accurate and reliable only to the extent that it truly represents the nurses on the unit and their perceptions of the work environment. A 50% sample is most desirable however, a 35% sample will work if care is taken to obtain input from nurses on all shifts and educational and experience backgrounds proportionate to the unit population. If representative unit data are obtained, confirmation of the health of the hospital work environment can be obtained by aggregating unit scores to the hospital level (Kramer & Schmalenberg, 2008).

The models of a healthy work environment published by three professional nursing organizations, the AACN, American Organization of Nurse Executives, and the ANCC Magnet Recognition Program, and by a group of chief nurse executives in magnet hospitals were identified. When the elements in the models were compared with the elements in the EOM, several things became apparent. The attributes of a healthy work environment identified by staff nurses differed from attributes cited by professional nursing organizations and nurse executives. The only attribute that was congruent between both groups was leadership. The differences were due to
differences in perspectives caused by job position, focus and responsibilities (Kramer & Schmalenberg, 2008).

The overall goal of hospitals is to develop and reinforce organizational strategies and processes that improve the organization’s effectiveness, particularly in achieving quality patient care and employee job satisfaction. By establishing baseline information of the health of the work environment, a necessary step is taken to achieve the goal of improving quality of care for patients, increased job satisfaction and retention of nurses (Kramer & Schmalenberg, 2008).

Summary

Organizational attributes have been shown to have a significant impact on nurse job satisfaction and empowerment. Kanter’s Structural Theory of Organizational Behavior provides a framework that nurse leaders can use to assess nurse job satisfaction and empowerment in hospital settings. Nurse leaders have the opportunity to empower staff by sharing resources of power and opportunity. Nurses in return will be more satisfied and empowered than employees who do not have access to these structures. The increased empowerment leads to autonomy, which leads to increased job satisfaction (Upenieks, 2003a). Nurse leaders can use strategies derived from Kanter’s Theory of workplace empowerment to create work environments that promote job satisfaction and retention among nurses (Spence-Laschinger et al., 2003).

There was a correlation between Kanter’s (1993) work empowerment structures and Aiken et al.’s (1997) notion of magnet hospital characteristics (Spence-Laschinger et al., 2003). Magnet hospital characteristics create work settings that
support professional practice by providing access to information, support, resources and opportunities to learn and grow, as well as flexible job activities and strong alliances with coworkers. Healthcare organizations that provide the structures have consistently been found to be organizations of magnet hospital characteristics (Armstrong & Spence-Laschinger, 2006).

When comparing ANCC magnet hospitals with non-magnet hospitals, Havens (2001) found three structural differences that were statistically significant: (a) the presence of a distinct department of nursing in the hospital’s organizational structure, (b) the presence of a doctorally prepared nursing researcher to provide decisional support to the nurse executive as well as to facilitate staff nurse research and evidenced-based practice, and (c) the CNEs perceptions of control over nursing practice and the practice environment. ANCC magnet CNEs were also less likely to report that: (a) it was very difficult to recruit, (b) that agency nurses were utilized to supplement staffing, and (c) RN’s were unionized. ANCC magnet hospitals also reported higher organizational support than non-magnet hospitals. Havens (2001) concluded that prominent nurse leadership and organizational structure within hospitals and the ANCC magnet hospital recognition process may help to shape and support nursing practice environments.

From the nurses’ perspective, control over the practice environment is not the same as autonomy. Control over the practice environment makes nurses comfortable and able to accomplish more due to the higher levels of job satisfaction (Kramer & Schmalenberg, 2003). Literature has shown that autonomy, control over the practice environment and collaboration with physicians have an impact on staff nurses’ trust
in management and influence nurses’ job satisfaction. Nurse leaders should create environments which empower nurses to accomplish their work and generate positive feelings about work and its effects on patient outcomes. Efforts to create conditions that foster staff nurse trust in management and lower levels of burnout will impact both the quality of nurses’ worklife and the quality of patient care (Spence-Laschinger et al., 2001b).

Another study by Friese (2005) found differences in nurses working in ANCC magnet hospitals when compared with nurses in non-ANCC magnet hospitals. Advantages in the quality of practice environment were found in ANCC magnet hospitals. These magnet hospitals were shown to advantages due to decreased staff emotional exhaustion and higher levels of job satisfaction and quality of nursing care.

The findings of Brady-Schwartz’s (2005) study demonstrated higher mean scores in all eight MMSS subscales and significantly higher levels of perceived satisfaction in the MMSS subscales for professional opportunities in the work environment, control and responsibility and extrinsic rewards. The findings indicated that nurses in magnet hospitals have a higher level of job satisfaction and retention than nurses in non-magnet hospitals. This study supports the premise that the Magnet Recognition Program has a positive influence on staff nurse job satisfaction and retention.

Ulrich et al. (2007) conducted a study to determine if hospitals with the magnet recognition program report healthier work environments and career satisfaction. The authors found a positive relationship between working in a magnet organization and satisfaction with the career of nursing. Nurses in the survey who
worked in magnet organizations or units pursuing a magnet designation were more satisfied with nursing as a career and with current nursing positions than were nurses in non-magnet organizations.

Nemcek (2007) found that self-nurturance, career satisfaction and life satisfaction were positively correlated. The more self-nurturing behaviors were evident, the more nurses reported career satisfaction. Nurses can use this finding to improve mental health, safety and life satisfaction by advocating for organizational strategies consistent with Magnet hospital characteristics.

A study conducted by Stordeur and D’Hoore (2007) compared attractive hospitals in Europe, termed magnet hospitals in the United States, with conventional hospitals. The authors concluded that the three components of the work environment which showed the most significant differences were: exposure to physical health-related factors, work schedules and job demands and stressors. Working schedules, lower health hazard and nurses’ attitudes were better in attractive hospitals. Nurses in attractive hospitals reported higher levels of job satisfaction. The study concluded modeling healthcare organizations after attractive institutions could create improvement in work environments and nurse job satisfaction in European healthcare settings (Stordeur & D’Hoore, 2007).

The EOM instrument can be utilized by nursing leaders to measure the processes identified by staff nurses as essential to a healthy work environment. Establishing baseline information regarding the health of the work environment helps improve quality of care for patients and increased job satisfaction and retention of nurses (Kramer & Schmalenberg, 2008).
As the nursing shortage continues to escalate, nurse leaders are forced to focus on the recruitment and retention of nurses. This requires efforts to increase nurse job satisfaction and empowerment. Magnet hospitals have been successful at recruiting and retaining nurses (Upenieks, 2003a). Studies have shown that nurses working in magnet hospitals have experienced more job satisfaction and empowerment than non-magnet hospitals. The reasons for higher levels of satisfaction and empowerment are due to the organizational characteristics of magnet hospitals such as access to information, support, resources and opportunities to learn and grow (Spence-Laschinger et al., 2003). The characteristics support nursing professional practice. Magnet hospitals also provide higher levels of nurse autonomy, control over the practice setting and nurse-physician relations compared with non-magnet hospitals (Spence-Laschinger et al., 2001b). The features are also indicative of increased job satisfaction and empowerment among nurses.
Chapter III

Methodology

Introduction

Nurses working in magnet hospitals have increased nurse job satisfaction when compared with nurses in non-magnet hospitals. The purpose of this study is to examine differences in levels of job satisfaction and empowerment among clinical nurses in magnet hospitals and non-magnet hospitals. This is a replication of Upenieks’ (2003a) study. This chapter presents the population, sample, methodology and procedures that will be utilized for this study.

Research Question

Are there differences in levels of job satisfaction and empowerment among clinical nurses in hospitals with magnet recognition and clinical nurses in non-magnet hospitals?

Population, Sample, and Setting

The population for this study is nurses working in two magnet hospitals and two non-magnet hospitals in Indiana. All registered nurses employed in the hospitals will be invited to participate (N=600). Criteria for inclusion are: employment within the organization for at least 2 years and current full-time work status on inpatient nursing units within one of the hospitals in Indiana (N=300). The anticipated sample
will be 30 nurses from each hospital with a total of 120 registered nurses who are willing to participate.

Protection of Human Rights

The study will be submitted to the Ball State Institutional Review Board and to the four participating hospitals for approval, as necessary. To protect the right of human research subjects, participation in this study will be voluntary. All names will be anonymous and negative consequences will not occur due to participation. A cover letter will be sent with each survey to each participant explaining the purpose of the study. Instructions will be included with each survey. Consent of participants is indicated by completion of the questionnaire. No risks have been identified with this study. Benefits include the opportunity for registered nurses to reflect on job satisfaction and empowerment within current nursing positions. The information collected in the study will be valuable to nurse administrators.

Procedures

After approval from the Ball State Institutional Review Board and the participating hospitals, a letter of introduction to the research project will be sent to each participating hospitals’ Vice President of Nursing explaining the purpose of the study, criteria for inclusion, and anticipated sample and instrument. A meeting with the Vice Presidents of Nursing will be conducted to further explain in detail the purpose of the study, how the study will be conducted and to obtain approval. After Vice President of Nursing approval, a meeting with the inpatient nurse managers from participating hospitals will be conducted to introduce the research project and seek approval. If permission is granted, a cover letter that explains the purpose of the
study, instructions, time commitment required, study instruments, questionnaire and where to return the surveys will be distributed to the nurses by the researcher. The researcher will collect the surveys from each hospital after an allotted time.

**Research Design**

This study will use a comparative descriptive design. This type of design examines and describes differences in variables in two or more groups that occur naturally in the setting (Burns & Grove, 2005). This type of design will allow the researcher to examine the variables being measured from magnet and non-magnet hospitals. The researcher will then be able to compare the variables, interpret the meaning and develop a hypothesis.

**Instrumentation, Reliability, and Validity**

*Job Satisfaction and Organizational Attributes.*

The revised Nursing Work Index (NWI-R) measures job satisfaction among hospital nurses and organizational attributes relevant to nursing practice. It consists of 49 items and measures three subscales: autonomy, nurse control over the practice and relations between nurses and physicians (Aiken & Patrician, 2000). Items are rated on a 4-point Likert scale from 1 (very dissatisfied) to 4 (very satisfied). The scores are summed and averaged to yield the three subscales. An overall NWI score is created by summing the three subscales. Prior research indicated acceptable internal consistency reliability established with each subscale ranges being 0.75 to 0.78 for autonomy, 0.79 for control and 0.73-0.76 for nurse-physician relations (Spence-Laschinger et al., 2001b).
Empowerment.

The revised Conditions of Work Effectiveness Questionnaire (CWEQ-II) was used to assess the empowerment, power and opportunity components of Kanter’s Theory. A Likert scale is used with higher scores indicating higher levels of empowerment. The CWEQ-II is a 20-item instrument and consists of four subscales: three questions are related to information, three are related to support, three inquire about resources, six are related to opportunity, three inquire about job setting and two are global empowerment items used for validity purposes. An overall empowerment scale is obtained by adding the means of the four subscales. The possible range of scores is from 4 to 20; the higher the score is, the more empowered an individual is considered to be. Cronbach alpha coefficients from previous studies using the CWEQ-II tool indicated there was a relatively high internal consistency associated with each subscale, indicating a high degree of reliability among the measures (Spence-Laschinger et al., 2001a).

Data Analysis

Descriptive statistics will be used to describe the demographic information of the sample population. Measures of central tendency will be used to describe the means and standard deviations of the survey subscales. Measures of central tendency are the most concise statement of the location of the data. T-test for comparison of the data collected between magnet and non-magnet hospitals will be utilized (Burns & Grove, 2005).
Summary

The purpose of this study is to examine differences in levels of job satisfaction and empowerment among clinical nurses in hospitals with magnet recognition and non-magnet hospitals. An anticipated sample of 120 registered nurses will be utilized from 2 magnet hospitals and 2 non-magnet hospitals in Indiana. Kanter’s Structural Theory of Organizational Behavior is the theoretical framework for this study. The study will use a comparative descriptive design. The instruments used will be the revised Conditions for Work Effectiveness Questionnaire and the revised Nursing Work Index. Data will be analyzed using descriptive statistics, measures of central tendency and correlation analysis. This study will provide nurse administrators with information regarding job satisfaction and empowerment among nurses in magnet versus non-magnet hospitals.
References


