THE EFFECT OF ORGANIZATIONAL JUSTICE, RESPECT, TRUST AND EMPOWERMENT ON JOB SATISFACTION AND ORGANIZATIONAL COMMITMENT

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Abstract

RESEARCH PAPER: Effect of Organizational Justice, Respect, Trust and Empowerment on Job Satisfaction and Organizational Commitment

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Workplace empowerment, organizational trust, and respect for nurses in hospitals can have a significant impact on job satisfaction and organizational commitment. Healthcare organizations are challenged to recruit and retain nurses due to a significant shortage of registered nurses. Job satisfaction is a key for retention. The purpose of this study is to determine if organization respect, organizational justice, trust in management, and empowerment of nurses predict nurses’ job satisfaction and organizational commitment. This is a replication of Spence Laschinger and Finegan’s (2005) study. The framework is Kanter’s (1977, 1993) Work Empowerment Theory of Organization Empowerment. The sample will include professional nurses (250) who provide direct care to patients in one of two hospitals in Bloomington or Paoli, Indiana. The Conditions of Work Effectiveness Questionnaire–II, Moorman’s Justice Scale, Siegrist’s Esteem Scale, Williams and Cooper’s Pressure Management Indicator and Mishra’s Trust in Management Scale will be used to collect data. The findings will identify the effect of empowerment on justice, respect, trust, commitment and job satisfaction.
Chapter 1

Introduction and Background

Introduction

Healthcare administrators face multiple complexities while striving to retain staff and deliver high quality care. Maintaining a positive bottom line is equally challenging due to decreased reimbursement and failure to reimburse. The United States is in the midst of a nursing shortage that is expected to intensify as the baby boomers age and the need for healthcare grows American Association Colleges of Nursing (AACN, 2008). Compounding the problem is the fact that nursing schools across the country are struggling to expand enrollment levels to meet the rising demand for nursing care (AACN, 2008). Healthcare organizations must find ways to retain registered nurses in order to deliver high quality care.

Nursing staff shortages create a complex problem as organizations strive to provide consistent, high-quality patient care (Buerhaus, 2008). Staffing shortages lead to stress and over-burdening of the nurses due to increased workloads and demands. This results in further registered nurse (RN) turnover (AACN, 2008). During periods of significant turnover and staff shortages, higher patient to nurse ratios may compromise the quality of care and lead to both nurse and patient dissatisfaction (Agency for Healthcare Research and Quality of Patient Care, 2008).
According to a report released by the American Hospital Association (AHA, 2007), U.S. hospitals currently need approximately 116,000 RNs to fill vacant positions. This translates into a national RN vacancy rate of 8.1%. The shortage of RNs in the U.S. could reach as high as 500,000 by 2025 according to a report released by Buerhaus (2008). Buerhaus found the demand for RNs is expected to grow by 2% to 3% each year.

AACN (2008) is working with schools, policy makers, organizations, and the media to increase awareness of the nursing shortage. AACN is working to enact legislation, identify strategies and partnerships to address the nursing shortage. The U.S. Department of Labor awarded more than $43 million in grant funding to the healthcare workforce and $3 million dollars was to address nursing faculty shortage concerns. The Robert Wood Johnson Foundation has also invested millions of dollars in nursing recruitment campaigns. Robert Wood Johnson Foundation (2007) initiated a $10 million dollar initiative to establish a center that will address the nursing shortage. The foundation is also aggressively publicizing the nursing shortage and devising solutions.

Insufficient staffing contributes to the stress level of nurses, impacting job satisfaction and driving nurses to leave the profession. Buerhaus (2008) found that more than 75% of RNs believe the nursing shortage presents a major problem for the quality of work life, the quality of patient care, and the amount of time a nurse spends at the bedside.

Job satisfaction of nurses is an issue with multiple challenges for healthcare administrators. Financial burdens for hospitals continue to escalate due to decreased reimbursement and increased charity care. Administrators are striving to find solutions to nurse turnover, which is costly. There is substantial evidence to support the position that
nurse turnover is costly (Waldman, Kelly, Sanjeev, & Smith, 2004). Studies of the costs of nurse turnover have reported the cost of replacing a medical-surgical nurse exceeds $92,000, and it costs $145,000 to replace a specialty-area nurse (Hatcher et al., 2006).

Kanter's Theory of Organizational Empowerment (1977, 1993) proposes that trust empowers nurses and leads to job satisfaction. Nursing research focusing on ways to improve retention and recruitment can lead to solutions to nurse dissatisfaction. Workplace empowerment, organizational trust, and respect in hospitals can have a significant impact on job satisfaction and organization commitment. Spence Laschinger and Finegan (2005) studied the relationships among organizational empowerment, organizational justice, respect, and trust in nursing management with job satisfaction and organizational commitment. The findings support the proposition that empowerment of nurses leads to greater satisfaction and organizational commitment. Empowering nurses will also lead to increased autonomy and self-efficacy.

**Background and Significance**

Empowerment was first discussed in the nursing literature in the 1970's. Chandler was among the first to describe empowerment in nursing. Chandler distinguished between power and empowerment. Power enables one to have control and to influence. Chandler noted that empowerment enables one to act (Chandler, 1986).

Porter O'Grady (2001) has researched empowerment in nursing for the past 25 years. Shared governance was identified as an opportunity for bedside nurses to govern nursing practice by being involved in decision-making for the nursing unit and the patient population. By engaging nurses in decision-making, the nurses feel more empowered to
improve the environment and patient care. This results in professional nurses taking ownership for decisions and outcome (Porter-O’Grady, 2001).

The ANCC Magnet Program is a national accreditation program that recognizes hospitals that commit to hard wiring a culture of excellence that promotes bedside nurse leadership (ANCC, 2008). Empowering nurses to be decision makers, educators, change agents and community activists is rewarded. Quality of nursing leadership, organizational culture, management style, personnel policies and programs, professional models of care, quality of care, quality improvement, consultation and resources and community involvement are cornerstones of the Magnet Program. This program promotes nurse autonomy and empowers and motivates nurses to lead the way with continuous improvement.

Spence Laschinger and Finegan (2005) researched empowerment and evaluated the effects of employee empowerment on perceptions of organization justice, respect and trust in management. Results showed that structural empowerment has a direct positive effect on organizational justice, respect and trust in management. Ultimately, employee empowerment leads to job satisfaction and organizational commitment. Hospital performance is adversely affected when nurse dissatisfaction increases as trust and respect within the nursing work environment diminishes. Results from this study will provide healthcare administrators with information on ways to improve nurse retention.

Problem

Healthcare organizations are challenged with a significant shortage of registered nurses. Administrators are striving to retain nurses and must find ways to increase retention. In the current nurse shortage, empowerment is vital to nurse retention.
Workplace empowerment, organizational justice, respect and trust in management can have a significant impact on job satisfaction and organizational commitment (Spence Laschinger & Finegan, 2005).

Purpose of the Study

The purpose of the study is to determine if organizational justice, respect and trust in management, and empowerment of nurses predict nurses’ job satisfaction and organizational commitment. This study is a replication of Spence Laschinger and Finegan’s (2005) study.

Research Question

1. Does organizational justice, respect, trust in management and empowerment predicts job satisfaction and organizational commitment?

Theoretical Framework

The framework used to evaluate nurses’ perceptions of empowerment is that of Kanter’s Work Empowerment Theory (1977, 1993). Kanter developed a framework that predicts a positive work environment. Certain work environmental factors influence an employee’s job satisfaction and organizational commitment. Factors such as access to information, support, resources, and the opportunity to learn and grow contribute to a positive work environment and perceptions of empowerment. Kanter stated that employees who work in this type of setting are more motivated and satisfied. Kanter maintains that work environmental factors affect work behavior as reflected in nurses’ perception of empowerment. Factors such as nurses’ personality and socialization experiences are not seen as having a critical impact on employee empowerment. Leaders in healthcare today play a pivotal role in creating conditions in the work environment.
Kanter’s (1977, 1993) Theory is supported in the literature. Research studies have shown relationships among job stress and perceptions of empowerment and organizational commitment (Spence Laschinger, Finegan & Shamian, 2001a). This framework is appropriate for this study because it examines the relationships between staff nurse empowerment and job satisfaction. Kanter described tools that enable employees to accomplish work in meaningful ways, including access to information, support, resources and the opportunity to learn and grow. This framework has been utilized in numerous research studies to explore nurse satisfaction and organizational empowerment.

Definition of terms

Conceptual. Empowerment: Empowerment was defined by Kanter (1977, 1993) as having access to information, receiving support, having access to resources necessary to do the job, and having the opportunity to learn and grow.

Operational. Empowerment will be measured using Conditions for Workforce Effectiveness Questionnaire-II (Chandler, 1986).

Conceptual. Interactional Justice: Interactional justice refers to perceptions of the quality of interactions among individuals involved in or affected by decisions (Bies & Moag, 1986, as cited in Spence Laschinger & Finegan, 2005).

Operational. Interactional justice will be measured by Moorman’s (1991) Justice Scale.

Conceptual. Respect: Respect is defined as paying attention to and taking seriously another person (Dillon, 1992 as cited in Spence Laschinger & Finegan, 2005).
Operational. Respect will be measured by Siegrist’s (1996) Esteem Scale.

Conceptual. Organizational trust: Organizational trust is defined as the belief that an employer will be straightforward and follow through on commitments (Gilbert & Tang, 1998, as cited in Spence Laschinger & Finegan, 2005).


Limitations

The study is limited by the restriction of using one geographic area and by sample size.

Assumptions

Kanter’s Theory is based on the assumptions that work environments that provide access to the structures such as: information, support, resources and opportunity, will result in empowered employees. Developing an empowering work culture will gain organizational trust resulting in job satisfaction and organizational commitment among hospital nurses.

Summary

Healthcare administrators are continually searching for solutions to nurse retention. Research has identified empowering nurses leads to job satisfaction and organizational commitment. Kanter’s Theory of Organizational Empowerment will be used as the framework for this research study. The purpose of this study is to test a model linking nurses’ empowerment to organizational justice, respect, and trust in management, and ultimately, job satisfaction and organizational commitment.
Chapter II

Literature Review

Introduction

The current nursing shortage has a significant impact on hospitals across the country. The nursing shortage continues to grow, and it is estimated that the turnover of registered nurses is expected to increase in the years ahead. Therefore, it is essential to identify ways to retain registered nurses and minimize the financial burden of nurse turnover. Organizational justice, respect, empowerment and trust in management have positive impact on job satisfaction and organizational commitment (Spence Laschinger & Finegan, 2005). The purpose of this study is to test a model linking nurses’ empowerment to organizational justice, respect, and trust in management, and ultimately, job satisfaction and organizational commitment.

Organization of the Literature

The literature review is divided into five sections. The first section is the theoretical framework. The second section is model testing. The third section is perceptions of empowerment. The fourth section is factors that predict empowerment. The fifth section is empowerment as predictors of work factors.
Theoretical Framework

The theoretical framework is Kanter’s (1977, 1993) Theory of Organizational Empowerment. According to Kanter, employees will be more committed to the organization, more effective in the organization, and experience greater work satisfaction when empowered. Kanter believes that there are four structures that foster empowerment: access to information, support, resources needed to do the job and opportunities for growth and learning. Having access to these four factors results in increased levels of organizational commitment and job satisfaction.

According to Kanter (1977, 1993) access to the empowering structures is influenced by the degree of formal and informal power the individual has in the organization. Formal power for the individual is acquired by excellent job performance. Informal power results from positive relationships in the workplace with superiors, peers and subordinates. According to the model, employees with access to power tools are more motivated at work. The individuals also experience great job satisfaction and commitment to the organizations.

Kanter’s Theory provides a framework for investigating the link between staff nurses’ workplace empowerment, organizational trust, job satisfaction and organizational commitment. Healthcare administrators will find guidance from this theory in creating positive work environments that promote trust and empowerment resulting in greater job satisfaction and organizational commitment.
Model Testing

Spence Laschinger et al. (2001a) believed empowerment is critical to organizational trust. Trust is important in determining organizational climate, performance of employees and commitment. The purpose of this study was to test Kanter’s Theory and evaluate empowerment and trust and its effect on the organization. Kanter’s Theory of Organizational Trust was used as the framework.

The study took place in Canada. The sample included 300 male and 300 female nurses from an urban tertiary care hospital. The names of the nurses were randomly selected from a listing of the College of Nurses of Ontario. The final sample consisted of 412 nurses, 195 males and 217 females. The nurses worked in critical care, maternal child health, medical-surgical and psychiatric services. Eighty-five percent were diploma prepared and 15% had baccalaureate degrees. The average age was 40 years (Spence Laschinger et al., 2001a).

Five scales were utilized for this study. Five-point Likert scales were used and one 7-point Likert scale. All had internal consistency ranging from 0.70 to 0.93. The Conditions for Work Effectiveness Questionnaire was used to measure access. There were four subscales: opportunity, information, support and resources. Averages for each subscale were figured and summed. An overall empowerment score was obtained by adding the four sub-scores. The higher the score, the more positive the empowerment was perceived in the organization. This questionnaire has been used in other studies and has an acceptable internal consistency from 0.66 to 0.98 for all indicators (Spence Laschinger et al., 2001a).
Job Activities Scale is a tool that has 12 items that measure the perceptions of formal power including job flexibility, discretion, visibility and recognition within the organization. This scale has Cronbach's alpha coefficients ranging from 0.69 to 0.79. The Organizational Relationship Scale is an 18-item tool that measures perceptions of informal power. This includes political relationships, sponsor support, networking of peers and subordinate relationships. Reliability coefficients ranged from 0.83 to 0.89 (Spence Laschinger et al., 2001a).

Interpersonal Trust at Work Scale is a 12-item instrument that measures faith and confidence of peers and managers. Scores were obtained by summing and averaging. The reliability coefficients ranged from 0.70 to 0.85. An Organizational Commitment Questionnaire was used to measure commitment, which consisted of six subscales using a Likert scale. Scores ranged from one, which indicated low commitment, to seven, which indicated high commitment. The reliability reported was 0.82 to 0.93 (Spence Laschinger et al., 2001a).

Results of the Job Activities scale that measured nurses' perceptions of formal power within the work environment showed that nurses perceived the work setting to be only moderately empowering (m=11.04, SD = 2.23). This was consistent with previous studies. Nurses did not perceive the job to have a higher degree of formal power (m=2.39, SD=. 50). Nurses believed the job had a moderate amount of informal power (m=3.59, SD=. 64). Results are consistent with other studies.

The global empowerment score was moderate (m=3.02, SD=0.95). Opportunity (m=2.98, SD=0.66) was the most empowering. Access to information, support and resources were slightly lower. Results for interpersonal trust at work showed that nurses
reported higher trust in peers (m=3.79, SD=. 73) than in management (m=2.66, SD=. 89). Nurses reported higher confidence in peers (m=3.77, SD=. 81) than in management (m=2.59, SD=. 88). Results for organization commitment showed that nurses were not very satisfied with the jobs (m=2.78, SD=. 90). Nurses’ continuance commitment (m=2.78) was higher than the affective commitment (m=3.77) (Spence Laschinger et al., 2001a).

Nurses believed workplace empowerment impacts trust in management, job satisfaction, and belief and acceptance of organizational goals and values (Spence Laschinger et al., 2001a). Empowerment also contributes to the willingness to exert effort and to stay in the organization. Conclusions were that staff nurse empowerment and trust in management influences job satisfaction and commitment. The study confirmed Kanter’s (1977, 1993) Work Empowerment Theory of Organizational Empowerment.

Spence Laschinger, Finegan, and Shamian (2001b) studied the effect that job strain has on determining employee health and performance in restructured health care settings. Empowerment strategies were proposed as a possible solution. This research by Spence Laschinger et al. (2001b) was a predictive, nonexperimental design. The theoretical framework was Kanter’s Organizational Empowerment Theory. The purpose was to test a model derived from Kanter’s Theory linking staff nurse work empowerment to job strain and work satisfaction.

The study took place in Canada. The nurses’ names were randomly selected from the College of Nurses of Ontario registry list. Questionnaires (n=600) were mailed. The final sample consisted of 404 useable questionnaires for a 72% overall return rate. The
sample included 194 males and 210 females. Fifty-eight percent worked full time, and 42% worked part time. The nurses worked in medical-surgical, critical care, maternal child, and psychiatry. Fifteen percent of the respondents were degree prepared, and 85% were diploma prepared. The average respondent was 40 years old with 16 years nursing experience and 8 years in the current workplace (Spence Laschinger et al., 2001b).

Structural empowerment was measured by a modified version of the Conditions for Work Effectiveness Questionnaire (CWEQ-II). There were four subscales: opportunity, information, support and resources. Items were rated on a 5-point Likert scale. Averages for each subscale were figured and summed. An overall empowerment score was obtained by adding the four sub-scores. Alpha reliabilities were acceptable at a range of .79 to .82 (Spence Laschinger et al., 2001b).

Spreitzer’s 12-item Psychological Empowerment Scale was used to measure the four components of psychological empowerment: meaningful work, competence, autonomy and impact. Each was measured by a 5-point Likert scale. Alpha reliabilities were acceptable at 0.87 to 0.92 (Spence Laschinger et al., 2001b). Hackman and Oldham’s Job Diagnostic Survey was used to measure work satisfaction. This is a four-item survey. The alpha reliability was 0.82 (Spence Laschinger et al., 2001b).

A modified version of Karasek’s Job Content Questionnaire was used to measure job strain. Items were rated on a 5-point Likert scale. A job strain score was created by changing the psychological demand and decision latitude score to a scale from 0 being the best to 10 being the worst and then multiplying to create a job strain index. Alpha reliability was 0.71 (Spence Laschinger et al., 2001b).
The results for structural empowerment showed that structural empowerment had a direct, positive effect on psychological empowerment (beta=0.46). Psychological empowerment had a direct negative effect on job strain (beta=0.45) and a positive effect on job satisfaction (beta=0.30). Structural empowerment also had a direct effect on job satisfaction (beta=0.38). There was a direct effect of job strain on job satisfaction but it was not significant (beta=0.06). The results suggested that structural empowerment has both direct and indirect effects on work satisfaction (Spence Laschinger et al., 2001b).

The results of this study support the proposition that staff nurse empowerment has an impact on the degree of job strain experience and influences work satisfaction. Staff nurses in this study believed that structural empowerment conditions resulted in higher levels of psychological empowerment. The heightened feeling of empowerment strongly influenced the degree of job strain experienced and work satisfaction. The results suggested that job strain is reduced by enhancing employees’ access to workplace empowerment structures that results in feelings of personal empowerment to accomplish the work (Spence Laschinger et al., 2001b). This study provides further support for Kanter’s Theory and guidance to nursing managers.

Almost and Spence Laschinger (2002) believed empowerment, collaboration and job strain were important for nurse practitioners. The collaborative relationship between the NP and the physician and open communication between all parties is essential for the NP to be successful. The purpose of this study was to test Kanter’s Theory, which linked nurse practitioners’ perceptions of workplace empowerment, collaboration with physician and managers and job strain. Hypothesis 1 was that nurse practitioners’ perceptions of workplace empowerment and the degree of collaboration with physicians and managers
are negatively related to the perceptions of job strain. Hypothesis 2 was that primary care NPs would have higher levels of workplace empowerment, collaboration and lower levels of job strain than acute care NPs.

Questionnaires (n=219) were sent to registered nurses who worked as NPs listed on the College of Nurses of Ontario registry list. About half of the questionnaires (N=117) were usable (68.8% return rate). Eighty-two percent of the acute care NPs worked full-time in acute care hospitals. Ninety-two percent of the acute care NPs were masters prepared. The acute care NPs averaged 42 years of age with 19 years of nursing experience and 5 years of NP experience. Sixty-one percent of the primary care nurse practitioners worked full time. Fifty-five percent of the primary care NPs earned a Baccalaureate degree while 24% were Masters prepared. The primary care NPs were a little older with an average age of 44 and with an average of 9 years experience (Almost & Spence Laschinger, 2002).

Several different instruments were utilized for this research. The Conditions of Work Effectiveness Questionnaire was used to measure the NPs’ perceptions of the fourwork empowerment structures, information, support, resources and opportunity. A 5-point Likert scale has been used in many studies and has an internal consistency of 0.73 to 0.91 for opportunity, 0.73 to 0.98 for information, 0.73 to 0.92 for support and 0.66 to 0.91 for resources. In this study the alpha reliability coefficients varied slightly (Almost & Spence Laschinger, 2002).

A 12-item Job Activities Scale and an 18-item Organizational Relationship Scale were used to measure perceptions of power both informally and formally. Both scales used a five-point Likert scale, and mean scores were obtained. A high score reflected
high levels of power. Alpha reliability coefficients ranged from 0.59 to 0.91 and were 0.71 for acute care NPs and 0.57 for primary care NPs. Internal consistency for this ranged from 0.85 to 0.92 and in this study was 0.90 (Almost & Spence Laschinger, 2002).

The Collaborative Behavior Scale was used to measure collaborative interactions. Identical scales were used for physicians and managers. A 5-point Likert scale was used with a high score indicating greater collaboration. The tool was developed using the work of Deulsch (1973). The validity index for the instrument was 0.91. The internal consistency reliability ranged from 0.78 to 0.98 in previous studies. The alpha reliability coefficients were 0.98 and 0.99 for this study (Almost & Spence Laschinger, 2002).

A modified version of the Job Content Questionnaire (Karasek, 1979, as cited in Almost & Spence Laschinger, 2002) was utilized to measure psychological demands and decisions latitude, which are both components of job strain. Items were rated on a 5-point Likert scale. A job score was obtained by changing the psychological demand and decision latitude score to a scale from 0 to 10 and then multiplying the scores to create a job strain index from 0 to 100. Alpha reliability coefficients for the 14-item Job Content Questionnaire ranged from .61 to .80. The alpha reliability coefficients were .78 for acute care NPs and .65 for decision latitude, and .74 for the acute care NPs and .80 for the psychological demands.

Hypotheses 1 (Almost & Spence Laschinger, 2002) was accepted and was consistent with expectations. The combined effect of workplace empowerment and collaboration with physicians and managers explained almost half of the variance in job
strain for acute care NPs and 20% of the variance in job strain for the primary care NP group. The only significant predictor of job strain was workplace empowerment.

The results indicated that NPs who have access to information, support, resources and opportunities has a positive impact on collaboration with physicians and managers and also experience less job strain (Almost & Spence Laschinger, 2002). Hypothesis 2 was accepted. Primary care NPs have higher amounts of empowerment in the workplace and greater collaboration with physicians and managers than acute care NPs.

The authors concluded that if NPs have access to information, support, resources, and opportunities in organizations, NPs will have greater collaboration with management and with physicians resulting in less job strain. Conclusions were that NPs working in primary care settings have less job strain than NPs who work in acute care settings (Almost & Spence Laschinger, 2002).

Kluska, Spence Laschinger and Kerr (2004) believed that stressful working conditions impact the well being of nurses. Increased stress has been introduced in the healthcare setting through healthcare restructuring. Occupational stress can be reduced. The purpose of this study was to examine the relationship between nurses’ perceptions of effort-reward imbalance and nurses’ feelings of empowerment. This was a partial test of an expanded model of Kanter’s Structural Theory of Organization Behavior.

A random sample of 200 staff nurses drawn from the College of Nurses of Ontario registry was invited to participate. From the 193 nurses who met the study’s inclusion criteria, 112 (58%) usable questionnaires were returned. The sample included primarily nurses that worked in critical care, maternal child health or medical surgical units in Ontario teaching hospitals (Kluska et al., 2004).
Structural empowerment was measured using the Conditions of Work Effectiveness Questionnaire II consisting of 12 items. The questionnaire measured perceived access to information, opportunity, support and resources. Four scores rated on a 1 through 5 Likert scale were generated by averaging 12 items. Staff nurses’ perceptions of Kanter’s formal power were measured using the Job Activities Scale II. Three items were averaged to provide scores on a 1 to 5 scale, with the higher score representing higher perceived formal power. The Organization Relationship Scale II was used to measure perceptions of Kanter’s informal power with four items being averaged to represent levels of informal power. Cronbach alpha reliabilities for this study ranged from 0.71 to 0.86. Summing the items from the three measurement instruments created a total empowerment score for this study. The Cronbach alpha for this was 0.84 (Kluska et al., 2004).

The Psychological Empowerment Scale was used to measure meaningful work, competence, autonomy and impact. Each was measured on a Likert scale of 1 through 5. The Cronbach’s alpha for this study ranged from 0.89 to 0.91. The Effort-Reward Imbalance (ERI) Questionnaire measured three components including extrinsic effort, reward and intrinsic effort that were averaged to create a score index (Kluska et al., 2004).

Findings from the Conditions of Work Questionnaire included that nurses were moderately empowered. Nurses had the highest access to opportunity. Findings from the Job Activity Scales II included that nurses had the lowest access to formal power. The Organizational Relationship Scale showed a moderately high access to informal power. The Effort-Reward Imbalance Questionnaire findings included that nurses spent
moderate amounts of effort and received high to moderate levels of reward. On average, nurses perceived some degree of effort-reward imbalance. Nurses' feelings of psychological empowerment did not add to the explanation of effort-reward imbalance beyond that explained by structural empowerment and over commitment. Access to structures in the workplace and low levels of over commitment are more important than the feeling of psychological empowerment (Kluska et al., 2004).

Kluska et al. (2004) concluded that when nurses are empowered to provide the best care for patients, nurses are more likely to believe that the work efforts are sufficiently rewarded. The researchers recommend that efforts must be made to prevent adverse effort-reward imbalances. This can be done through education and access to resources. Additionally, the authors suggested that part of the solution could be found in strategies recommended by Kanter.

Spence Laschinger and Finegan (2005) studied the effect of employee empowerment on perceptions of organizational justice, respect and trust in management. The framework for this research was Kanter’s Theory of Organizational Empowerment. The purpose of this study was to test a model linking nurses’ empowerment to organizational justice, respect, and trust in management.

This study took place in an urban hospital in Ontario. The random sample of nurses was used including medical surgical (70%) and intensive care (30%). The sample included nurses working fulltime (59%) and part-time (40.3%). Education preparation of the nurses included Baccalaureate degrees (37%) and Diploma prepared (63%). Nurses averaged 33 years of age with 9 years of nursing experience. A questionnaire was
mailed. Two hundred and eighty-nine questionnaires were returned for a return rate of 59% (Spence Laschinger & Finegan, 2005).

Six scales were utilized for this study. Scale scores were created by summing and averaging items for each scale. All had an internal consistency ranging from 0.69 to 0.98 (Spence Laschinger & Finegan, 2005).

The Conditions for Work Effectiveness Questionnaire was used to measure access. There were four subscales: opportunity, information, support and resources. A 5-point Likert scale was used. An overall empowerment score was obtained by adding the four sub-scores. The higher the score, the more positive the empowerment was perceived in the organization. Cronbach alpha reliabilities in previous studies ranged from 0.79 to 0.82 (Spence Laschinger & Finegan, 2005).

Results for the Conditions for Work Effectiveness Questionnaire showed that nurses believe work environments were only somewhat empowering, with subscales averaging below 3 on the 5-point scale. The most empowering aspects of the work environments were access to opportunities for challenging work (m=3.97, SD=0.79) and positive informal alliances (m=3.3, SD=0.76). The least empowering was formal power (m=2.40, SD=0.86) (Spence Laschinger & Finegan, 2005).

Interactional justice was measured by Moorman’s Justice Scale. Each item was rated on a 7-point Likert scale. The internal consistency reliability was excellent at 0.81 to 0.91 (Spence Laschinger & Finegan, 2005).

Results for Moorman’s Justice Scale showed that nurses reported moderate amounts of interactional justice (m=4.16, SD=1.45). Interpersonal justice (m=4.30.
SD=1.4) was greater than interpersonal justice (m=3.90, SD=1.4) (Spence Laschinger & Finegan, 2005).

Respect was measured by Siegrist’s Esteem Scale. Items were rated on 7-point Likert scales. Alpha reliability was acceptable (0.76). The scale predicts positive mental and physical health outcomes and satisfaction with control in the work setting and measures nurses’ perceptions of respect from managers and peers (Spence Laschinger & Finegan, 2005). Results for respect showed that nurses did not perceive respect from the organization (m=4.39, SD=1.18).

Mishra’s 17-item Trust in Management Scale consists of four dimensions: reliability, openness/honesty, competence and concern. Items were rated on a 7-point Likert scale. Alpha reliability for this scale was acceptable at greater than 0.70. (Spence Laschinger & Finegan, 2005).

The results for Trust in Management showed that nurses did not report high levels of trust in management (m=3.24, SD=1.67). Nurses rated management lowest on honesty (m=3.07, SD=1.24) and demonstration of concern for employees (m=3.00, SD=1.26) (Spence Laschinger & Finegan, 2005).

Job satisfaction and organizational commitment were measured using subscales from Williams and Cooper’s Pressure Management Indicator. Items were rated on a 6-point Likert scale. The job satisfaction subscale measures nurse satisfaction with type of work with tasks and functions. The internal consistency reliability was acceptable (0.80). The organizational commitment subscale measures employees’ attachment to the organization and the extent to which work improves the quality of life. Internal consistency was acceptable at 0.84-0.88. (Spence Laschinger & Finegan, 2005).
Results showed that nurses were only moderately satisfied with job satisfaction (m=3.99, SD=0.82) and organizational commitment (m=3.84, SD=0.72) (Spence Laschinger & Finegan, 2005). Structural empowerment has a direct effect on interactional justice, respect and organizational trust (Spence Laschinger & Finegan, 2005). Creating conditions that empower nurses, fostering positive working relations and building a culture that promotes trust and respect is essential to increasing nurse job satisfaction and organizational commitment.

Healthcare organizations have been adversely affected by restructuring resulting in the reduction of nursing manager positions. As a result, nurse managers have an increased perception of disempowerment. The nurse manager’s ability to support and mentor other nurses can lead to a sense of frustration on the part of the manager and leave the manager feeling less effective in the role. The development of first line managers is negatively impacted due to restructuring. This lack of development hinders the succession of nurses to management positions. Patrick and Spence Laschinger (2006) examined the relationship between structural empowerment and perceived organizational support and the effect of factors on the satisfaction level of nurse managers.

Kanter’s Theory of Organizational Empowerment (1977, 1993) was the framework. It describes a work environment that provides access to information, resources, support and the opportunity to learn and develop. It also empowers and enhances employees’ power to accomplish work within an organization (Patrick & Spence Laschinger, 2006).

The authors (Patrick & Spence Laschinger, 2006) proposed the following hypotheses:
1. Structural empowerment is positively related to nurse managers’ perceptions of organizational support.

2. Structural empowerment and personal organizational support are positively related to nurse managers’ role satisfaction.

The study (Patrick & Spence Laschinger, 2006) was part of a larger study that tested a theoretical model linking nurse managers’ perceptions of empowering work conditions to work attitudes. The sample included 126 nurse managers working in acute care hospitals in Canada. The final sample consisted of 84 (74%) nurse managers. The average age was 49 years with an average of 14 years management experience and an average of 5 years in the current role. Sixty percent worked in a community hospital setting. Forty-three percent had Master’s degrees, 41% held Baccalaureate degrees and 14% were Diploma prepared.

The Conditions of Work Effectiveness II (CWEQ-II) was used to determine structural empowerment through the summation of measurements of opportunity, information, support, resources, formal power and informal power. A 5-point Likert scale was used. A high score demonstrated higher workplace empowerment. Cronbach alpha reliability for the six sub-scales ranged from 0.79 to 0.82 (Patrick & Spence Laschinger, 2006).

Aiken and Hage’s Alienation from Work Scale was used to measure role satisfaction. This scale consists of six items that are rated on a 5-point Likert scale with a high score reflecting high role satisfaction. The Cronbach alpha was 0.85 (Patrick & Spence Laschinger, 2006). Perceived organizational support was measured by the short form of Eisenberg’s Perceived Organizational Support Survey. The scale consists of 13
items that were rated on a 7-point Likert scale. In this study, Cronbach alpha was 0.90 (Patrick & Spence Laschinger, 2006).

Findings were that nurse managers felt moderately empowered in the work environments (m=21.06, SD=3.16). Access to information regarding current organizational status and future goals was believed to be reasonable; however, access to resources required to achieve the goal was not perceived to be available. Managers reported a moderate degree of organizational support (m=4.76, SD=1.03). Eighty-one percent of nurse managers strongly believed that the organization valued input and listened to complaints. Nurse managers were somewhat satisfied with the current role (m=3.47, SD=0.76). Nurse managers were least satisfied with achieving identified goals (m=3.47, SD=0.76) (Patrick & Spence Laschinger, 2006).

Patrick and Spence Laschinger (2006) found that a positive relationship existed between structural empowerment and perceived organizational support (r=0.654, p=0.0001). Additionally, structural empowerment and perceived organizational support together explained a significant amount of variance in nurse manager role satisfaction (R²=0.46, P=0.0001).

Patrick and Spence Laschinger (2006) concluded that structural empowerment and perceived organizational support were significant predictors of role satisfaction among nurse managers. The findings of this study supported Kanter’s Model that work conditions strongly impact an employee’s perception of empowerment and work effectiveness. Healthcare organizations must place a priority on increasing nurse managers’ access to empowerment structures and organizational support. Doing this will
improve role satisfaction thus ensuring that quality work environments are created enhancing recruitment and retention of future nurse leaders.

The work environment is important for the empowerment of nurses. DeCicco, Spence Laschinger and Kerr (2006) conducted research in regard to nurses’ perceptions of empowerment. The purpose of this research was to examine the relationships among nurses’ perceptions of empowerment, respect and organizational commitment. Kanter’s Theory was the framework that describes social structures within a work setting that contribute to the outlook and attitudes of employees. People that are involved, informed, supported and given opportunities are empowered to accomplish the work. The purpose of this study was to identify if structural and psychological empowerment are related to feelings of respect. The second purpose was to identify if nurses that perceive the workplace to have high levels of structural and psychological empowerment and respect for employees will have higher levels of commitment to the organization (DeCicco et al., 2006).

The study was conducted in Canada. The population included 248 RNs who were randomly selected from the Ontario Registry listing. A criterion for inclusion was that nurses that had worked in a nursing home for at least 6 months. The final sample consisted of 154 (62%) nurses. The response rate was 64% for Associate degree RNs and 60% for the Baccalaureate degree RNs. The average age was 47 years with 21 years of experience in nursing for a Baccalaureate nurse and 41 years of age with 14 years of experience for Associate degree nurses (DeCicco et al., 2006).

The Conditions of Work Effectiveness Questionnaire was used to measure the four-empowerment structures including opportunity, support, resources and information.
A 5-point Likert scale was utilized. A high score demonstrated higher workplace empowerment. Cronbach’s alpha reliability for this study was 0.86. Spreitzer’s 12-item Psychological Empowerment Questionnaire was used. A 5-point Likert scale was used to measure four components of psychological empowerment: meaning, competence, autonomy, and impact. High scores indicate high levels of meaning, competence, autonomy, and impact. Cronbach’s alpha reliabilities were 0.86 (DeCicco et al., 2006).

Three questions from the Esteem Subscale of the Effort Reward Imbalance Questionnaire were utilized in order to measure respect. A 7-point Likert scale was used. Higher scores indicated greater respect. The Cronbach’s alpha reliabilities were 0.86. The affective commitment subscale for Organizational Commitment Questionnaire was used to measure commitment to an organization that has a 7-point Likert scale. The higher the mean score the greater the commitment of the employee to the organization. The reliability coefficient was 0.82 (DeCicco et al., 2006).

Findings for perceptions of structural and psychological empowerment were that both groups were considered moderately empowered. Empowerment levels were higher for RNs working in nursing homes than hospitals. Baccalaureate degree RNs perceived higher levels of empowerment than Associate degree RNs. Access to opportunity was the most empowering factor for all nurses and access to resources was the least empowering factor (DeCicco et al., 2006). Psychological empowerment was also higher in nursing homes. Meaningful work was the most important factor for nurses in nursing homes in contrast to competence for nurses in hospitals.

Impact was the least psychological impacting factor for nurses in both types of facilities. Levels of respect were significantly different for the two groups with
Baccalaureate degree RNs perceiving greater levels of respect. Associate and
Baccalaureate degree RNs in nursing homes reported moderate levels of commitment to
the organization, similarly to hospital nurses. Access to opportunity was the most
empowering factor for nurses and access to resources was the least empowering.

DeCicco et al. (2006) concluded that structured and psychological empowerment
can have positive effects on employees, behaviors and attitudes toward work. The results
of this study support Kanter’s Theory. It showed that employees who are empowered
have positive attitudes about work and have greater respect for and commitment to the
organization. Effort put forth by managers to empower nurses will result in nurses
having more positive attitudes in regard to work resulting in improved retention.

Perceptions of Empowerment

Faculty influence the perceptions of empowerment of students. The purpose of
this grounded theory study by Campbell (2003) was to explore processes that contribute
to empowerment and disempowerment among nursing faculty, administrators and
students. The author sought to explore nursing students’ ideas of the role of nurses and
the profession to change the image of the oppressive nurse to the empowered nurse.

The sample consisted of 16 participants from a baccalaureate-nursing program.
There were four senior nursing students, six female nursing faculty and six female
administrators as part of the study. Audio taped interviews were completed that lasted 25
to 75 minutes (Campbell, 2003). Data were gathered, coded and analyzed at the same
time in a circular manner. In order to identify the core variable coding, concept formation
and thematic analysis was completed (Campbell, 2003).
Five themes emerged from the data: “Cultivating,” “Seeding,” “Grafting,” “Grounding” and “Transforming.” “Cultivating” was identified as the primary processes that faculty utilize to influence empowerment (Campbell, 2003). Educators intend to prepare, improve, refine, foster and help others to grow. It was evident that empowerment is dependent on many things: the individual, the environment, and the individual’s past experiences and current interactions with others. Empowerment continuously evolves and changes throughout the career.

“Seeding” was identified as the second theme (Campbell, 2003). Seeding experiences occur early in life or early in one’s career that continues to impact perceptions of empowerment. “Grafting” refers to an interaction that occurs between two individuals that impacts the person in the future. It is an exchange that allows each person to feel valued. “Grounding” occurs when an individual takes action with a situation, which results in feeling empowered by the action. “Transforming” was the last theme identified. It involves the participants being empowered or disempowered with situations. The experiences moved the individuals to a positive or negative feeling of empowerment and stayed with the individuals throughout careers.

The findings indicated there is a circular process of empowerment and disempowerment experiences throughout life. Many nurse educators move from a clinical role to a career in academia due to the desire to be more autonomous. Factors in the work environment directly impact bedside nurses and motivate nurses to become educators (Campbell, 2003).

Conclusions were that unity of professions is important and critical to empowerment. The concept of individualism was evident. A disconnect was identified in
the participant’s discussion of teamwork, collaboration and interdependence. Individual
empowerment and group empowerment were factors that competed with one another. It
is important for educators to teach on the concepts of oppression, empowerment and
teamwork (Campbell, 2003).

Factors That Predict Empowerment

Nurse job satisfaction is primarily predicted by psychological empowerment. Simoni, Larrabee, Birkhimer, Mott and Gladden (2004) examined predictors of psychological empowerment in the RN population. The aim of the study was to determine if three interpretive styles of stress resiliency influenced psychological empowerment among RNs. The three styles being investigated were deficiency focusing, necessitating and skill recognition. Deficiency focusing is defined as not imagining failure. Skill recognition is defined as the nurse believing the role is effective.

The sample consisted of nurses employed for at least 3 months in four units including medical surgical, intensive care step down, pediatrics and skilled nursing. The nurses were from two hospitals located in a mid Atlantic state. From the randomly selected RNs, 142 questionnaires were returned and analyzed. The average respondent was 33.4 years of age and 99.3% were Caucasian and female. Education preparation of respondents included Baccalaureate degrees (47.7%), Associate degrees (40.9%), and RN Diplomas (12%). Sixty-one percent had less than 10 years of service in the present position (Simoni et al., 2004).

Thomas and Tymon’s stress resilience profile was used to measure interpretive styles. The Cronbach alpha was .87 for deficiency focusing, .74 for necessitating and .85 for skill recognition. It is an 18-item Likert type scale. Response possibilities range from
strongly disagree (1) to strongly agree (7). Each interpretive style is represented by six items describing the relativity of the nurse to tasks in the work environment. Scoring for each style is tabulated by summing the six response items. The interpretive styles scores can range from 7 to 42 (Simoni et al., 2004).

Psychological empowerment was measured by using Spreitzer's 12-item questionnaire. It had a 7-point response scale with 1 being not satisfied and 7 being satisfied. The scale has four subscales with three items each to measure the four task assessments of psychological empowerment: meaning, competence, self-determination, and impact. Items are summed and averaged. The Cronbach alpha for this was .89.

The results for psychological empowerment included a mean score of 5.40 (SD = 8.1) with a range of 2.75 to 7.00 indicating above average empowerment. Empowerment was significantly correlated with skill recognition (r = 0.22, p > .05) and deficiency focusing (r = -0.24, p < .01). The deficiency focusing mean score was 22.08 indicating average deficiency focusing. The results indicated that nurses believe in the effectiveness of work but do not believe that failing adds to empowerment (Simoni et al., 2004).

The results for the necessitating mean score was 27.46 (SD = 5.47) slightly higher than average. Necessitating did not predict empowerment. Skill recognition was also higher than average at 31.41 (SD = 5.06) (Simoni et al., 2004). Simoni et al., (2004) concluded that interventions directed at helping nurses select empowering interpretation of anticipated situations can increase nurse job satisfaction and reduce stress. Direct and active interventions to alter ineffective thought processes of the nurse can be beneficial.
Empowerment as a Predictor of Work Factors

Promoting nurse autonomy in the work environment can empower nurses. Apker, Ford, and Fox (2003) conducted a study on the impact of professional autonomy, supportive communication from management, and nursing roles as predictors of organizational and professional identification with the facility. The research question was: “To what extent do nursing roles, professional autonomy, and supportive communication from managers and co-workers predict nurse’s organizational and professional identifications?” (p. 3).

The study was conducted at a 900-bed urban teaching hospital located in the Midwest United States. An anonymous questionnaire was sent to 450 staff nurses over a 3-month time period. One hundred ninety nurses (42%) completed the questionnaire. Apker et al. (2003) attended unit meetings and provided a verbal description of the study and questionnaire.

Organizational Identification was measured by a modified version of Cheney’s Organizational Identification Questionnaire (QIQ). It consisted of 25 items developed to measure qualities of loyalty, membership, and similarity with internal consistency scores ranging from 0.71 to 0.94. Professional identification was measured by altering the wording of the QIQ slightly and assessing the nurses’ affiliation with the profession. The internal consistency for professional identification scale was 0.91 (Apker et al., 2003).

Assessment of nursing roles was measured by a scale developed by the authors to address core work of traditional and collaborative tasks in nursing. Reliability for the scale was 9.86 and 0.84 respectively. A three-item scale assessing job freedom developed by Cammann, Fichman, Jenkins, and Klesh (1993) was used to measure professional
autonomy. The survey also had two four-item scales (Caplan, Cobb, French, Van Harrison & Pinneau, 1980) measuring manager and co-worker supportive communication. Internal consistency for the scales was 0.93 for manager support and 0.87 for co-worker support (Apker et al., 2000). The predictor variables were nursing roles, professional autonomy and supportive communications.

Results showed that nursing roles are predictive of nurses' professional identification. Nurses who viewed traditional nursing responsibilities and tasks associated with direct nursing care as central to the work were more likely to be attached to the nursing profession. It is important for nurses to retain direct care giving responsibilities. Results also showed that nurses identify more strongly with the hospital if the nurse has greater autonomy and experiences supportive communications from managers. Nurses will identify more strongly with the profession if the nurse has greater autonomy and coworker support, and if the traditional nursing roles are central to the job responsibilities (Apker et al., 2003).

Results for professional autonomy showed that nurses who believed the job has sufficient freedom were more likely to experience feelings of membership, affiliation, and loyalty towards the employer in the short term and to the profession in the long term. Professional autonomy heightens nurse identification with the organization and profession. Results for supportive communication showed that creating a supportive environment among healthcare professionals and enhancing collaboration and communication can enhance identification and help with retention of nurses (Apker et al., 2003).
The findings (Apker et al., 2003) also showed that traditional nursing roles created strength between the nurse and the profession; therefore, it is important to support nurses with the work that is most important to them and the heart of the role. Direct care giving must be a continued priority for the bedside nurse. The relationships and communications of the team, including managers and staff, are important factors with regard to attachment to the facility (Apker et al., 2003). Relationship building starts within communications and is an important component to retention and recruitment. Honest, open communications are an essential practice for leaders in healthcare and will lead to nurse retention (Apker et al., 2003).

Conclusions were that empowering nurses to create and manage the environment can lead to improvement with recruitment and retention (Apker et al., 2003). Professional autonomy was the strongest factor in identification with the organization. Managers must empower bedside nurses, so nurses will identify with the organization.

Kuokkanen, Leino-Kilpi, and Katajisto (2003) studied the effects of nurse empowerment on job satisfaction and commitment to the organization. Key factors that contribute to empowerment include values and qualities of the individual and the associated environment in which the nurse works. The purpose of this research was to examine nurses’ empowerment and identify factors contributing to or impeding personal development.

The study by Kuokkanen et al. (2003) was conducted in Finland. The sample consisted of 200 critical care nurses from one university hospital, 200 nurses from the specialty of long-term care from 7 community hospitals, and 200 public health nurses from 25 health centers. Selection occurred by utilizing randomization from the employer
registry. The response rate was 69% that included 416 completed questionnaires. Demographic data included age of female participants ranged from 21 to 60 years of age with varying years of experience in nursing.

The questionnaire measuring empowerment was the Qualities of Empowered Nurse Scale (QENS) (19 items), a Performance of an Empowered Nurse Scale (PENS) (19 items), a Work Empowerment Promoting Factors Scale (WEPFS) (18 items), and a Work Empowerment Impeding Factors Scale (18 items). All questionnaires used a 5-point Likert scale. Background information on job satisfaction, training and willingness to switch roles or exit the profession was also collected (Kuokkanen et al., 2003).

The means from QENS responses ranged from 3.4 to 4.5 on a 1 to 5 point scale with 1 being least satisfying and 5 being the most satisfying for the five sub-categories (moral principles, personal integrity, expertise, future-orientedness and sociability.) The PENS figures were lower and varied in a wider range (3.0 to 4.0 ranges) then the QENS results. The WEP means ranged from 3.0 to 3.9 and the WEI means ranged from 2.1 to 3.0 for the five categories. Professional activity was statistically significantly correlated to QEN and PEN variables. Nurses who answered yes to being empowered showed higher levels of activity (p=.42) and commitment (p < .001). Age, professional group, and exhaustions were also related to level of commitment. Older nurses and nurses with over 25 years of work history were more committed than younger ones (p< .001).

Findings (Kuokkanen et al., 2003) showed there was a positive correlation between the nurses’ evaluations of empowerment in relation to the ideal model. When compared to the ideal model, nurses’ assessments of empowerment were fairly positive.
A little over half were empowered. Nurses not empowered totaled 15%, while 33% were undecided about empowerment status. Nurses who pursued additional education, participated in organizational activities, and were conscious of careers were found to be more likely to respond as being empowered. To become empowered, nurses need to be influential decision-makers in the workplace (Kuokkanen et al., 2003). Empowerment has an important impact on facility commitment and trust in leadership therefore commitment to the facility is highly related to job satisfaction. Empowered nurses and nurses with high levels of job satisfaction still had a high likelihood of changing roles or careers.

Conclusions by Kuokkanen et al. (2003) were that job satisfaction and organizational commitment were essential elements of nurse empowerment. Job satisfaction, commitment to the job, and level of professional involvement contribute to the empowerment of nurses. With respect to job satisfaction, the authors concluded that the nurses were fairly satisfied with the profession while job satisfaction was less common. A large number of nurses considered changing jobs or leaving the nursing profession.

More research was done on the topic of empowerment. Joiner and Bartman (2004) researched the impact of social support and empowerment in reducing work stress in nurses. The purpose of this study was to examine the role of social support and empowerment in reducing work stress.

The study was conducted in Australia. The sample consisted of 600 nurses in a private hospital. A survey was distributed by attaching the survey to the nurses’ paycheck. A total of 157 responses were returned for a 26% return rate. The sample was
97% female. Clinical nurses represented 70% of the total. Nurse managers made up 20% and nurse educators 4%. Fifty-five percent of the respondents worked part time, and 32% worked full time. The remainder worked on an as needed basis. (Joiner & Bartman, 2004)

Supervisor support was measured by a 6-item Social Support Scale, and coworker support was measured using a 3-item scale. This measure has been used previously with satisfactory reliability. Empowerment was measured using Spreitzer's 12-item scale. This scale measures the four components of empowerment including meaning, competence, self-determination and impact. A 15-item scale developed by Kahn et al. (1964) was used to assess nurse's work-related stress. This instrument had satisfactory reliabilities. The instrument queries main work stressors including role conflict, role ambiguity, work overload, works control and resource inadequacy (Joiner & Bartman, 2004).

Results showed that job stress was negatively associated with supervisor support ($r=-0.51$, $p<0.05$), coworker social support ($r=-0.43$, $p<0.05$), and the empowerment dimensions of impact ($r=-0.33$, $p<0.05$) and competence ($r=-0.24$, $p<0.05$) (Joiner & Bartman, 2004). The results also showed a negative relationship between stresses derived from lack of control over work issues and the three independent variables of supervisor support ($r=-0.57$, $p<0.05$), coworker support ($r=-0.32$, $p<0.05$) and impact ($r=-0.44$, $p<0.05$). Job stress that comes from role conflict was negatively associated with supervisor support ($r=-0.38$, $p<0.05$), coworker support ($r=-0.37$, $r<0.05$), and self-determination ($r=-0.33$, $p<0.05$). Results demonstrated that resource inadequacy job
stresses were negatively associated with supervisor support ($r=-0.21$, $p<0.05$) and
coworker support ($r=-0.25$, $p<0.05$), competence ($r=-0.35$, $p<0.05$) and
self-determination ($r=-0.08$, $p<0.05$). A negative relationship between social support and
stress from work overload was documented. A relationship between empowerment and
work overload stress was not supported.

Joiner and Bartman (2004) concluded that social support structures by peers and
supervisors have a negative association with all of the main work stressors. The results
are consistent with previous studies. Joiner and Bartman (2004) also concluded that work
related stress could have serious and negative consequences for nurse performance and
the provision of quality patient care. Managers need to work to create environments that
are participatory and empower nurses to actively communicate and be involved in
decision-making.

Employee turnover within the nursing profession is costly for a healthcare
organization. Understanding why employees remain in the workforce is critical to the
development of strategies that promote employee retention. The purpose of Nedd’s
(2006) study was to determine the relationship between an employee’s perception of
empowerment and the intent to stay in the workforce.

The study by Nedd (2006) was conducted in Florida using a population of
147,320 RNs. Five hundred RNs were randomly selected and surveyed. Of the 500
surveys, 275 were returned. Unusable returned surveys were eliminated. A total of 206
surveys were analyzed for a 42% response rate. The respondents were 93% female and
the ages ranged from 23 to 68 with a mean of 46.6 years. Mean years of nursing
experience was 20.1. The respondents worked in medical-surgical, critical care, oncology, cardiology and gastroenterology.

The instruments used by Nedd (2006) included four self-report scales and a demographic questionnaire. The Job Activities Scale is a nine-item scale that measures RN’s perception of formal power in the workplace. The Organizational Relationship Scale is an 18-item scale that measures informal power. The Conditions of Work Effectiveness is a 31-item instrument used to measure access to four work empowerment structures: opportunity, information, support, and resources. The demographic variables obtained were participants age, gender, education, years of experience and number of years at current job.

The findings by Nedd (2006) supported the idea that employees’ attitudes with respect to intent to stay related directly to access to empowerment structures. Access to opportunity \(r=0.39\), support \(r=0.47\), and resources \(r=0.45\) had a positive relationship to employee’s intent to stay. The study findings also supported the idea that employees’ personal characteristics are not as positively related to nurses’ intent to stay.

Nedd (2006) concluded that providing empowerment structures, enhancing access, and ensuring that the nurses are aware of access are key elements in the workplace when it comes to positively influencing nurses’ perceptions of empowerment. Administrators need to ensure that nurses have access to empowerment structures and management should increase awareness of this.

**Summary**

Kanter’s Theory emphasized the role that nurses’ perceptions of empowerment plays in the career of a nurse. Findings from studies revealed that a nurse’s perception of
empowerment will lead to further commitment and connectedness to the organization on the part of the nurse. It was also found that employees who feel empowered would have positive attitudes and greater respect for the organization. Nurses who have been empowered to provide the best care possible are more likely to believe that efforts are sufficiently rewarded. Research validates that nurses, patients and leaders will benefit when leaders are successful in creating workplace environments that serve to increase nurses’ perceptions of empowerment.

*Model Testing.*

Spence Laschinger et al. (2001a) validated a relationship between perceived empowerment, job satisfaction and organizational commitment of nurses. It was found that empowerment and trust were related to nurses’ overall job satisfaction, organizational commitment and the acceptance of organizational goals and values.

Spence Laschinger et al. (2001b) studied the link between staff nurse empowerment and job strain and work satisfaction. The results supported the proposition that nurse empowerment has an impact on the degree of job strain and influences work satisfaction. It was identified that enhancing employees’ access to work place empowerment structures reduces job strain. This results in the feeling of empowerment to accomplish the work.

Almost and Spence Laschinger (2002) believed that empowerment, collaboration and job strain were linked. This study examined nurse practitioners’ perceptions of workplace empowerment, collaboration with physicians and managers and job strain. It was identified that nurse practitioners that have access to information, support, resources and opportunities have a positive impact on collaboration and experience less job strain.
Kluska et al. (2004) concluded that nurses that are empowered to provide the best patient care will believe that the work is sufficiently rewarded. Effort should be made to prevent effort-reward imbalance. Spence Laschinger and Finegan (2005) studied the effect of employee empowerment on perceptions of organizational justice, respect and trust in management. The results validated that structural empowerment has a direct effect on interactional justice, respect and organizational commitment.

Patrick and Spence Laschinger (2006) concluded that work conditions strongly impact the nurse manager’s perceptions of empowerment. It was also identified that perceptions of structural empowerment and organizational support were significant predictors of role satisfaction in nurse managers.

DeCicco et al. (2006) concluded that structured and psychological empowerment can have a positive effect on behaviors and attitudes of employees. It showed that employees that are empowered have positive work attitudes and have greater respect and commitment to the organization. Management must work to empower nurses.

Perceptions of Empowerment.

Teamwork, collaboration and interdependence were also important and need to be an emphasis with education. Research by Campbell (2003) examined the causes of turnover and the best approaches to increase nurse job satisfaction. It was concluded that unity of professionals is critical to empowerment.

Factors that Predict Empowerment.

Simoni et al. (2004) researched reliable predictors of psychological empowerment in nurses. It was concluded that interventions directed at helping nurses select empowering interpretation of anticipated situations can increase job satisfaction and
reduce stress. Interventions to alter ineffective thought processes of the nurse can also be beneficial.

_Empowerment as Predictor of Work Factors._

Apker et al. (2003) concluded that empowering nurses to create and manage the environment can lead to improvement with recruitment and retention. Professional autonomy is a strong factor with identification with the organization and is key to retaining nurses. It was also identified that direct care giving must be a continued priority for the nurse due to the fact that direct care giving is the most important part of the nursing role.

Kuokkanen et al. (2003) found that job satisfaction, organizational commitment and level of professional activity were strongly correlated to empowerment. There are also many other factors in addition to empowerment including staffing, autonomy, workplace and environment that contribute to role satisfaction.

Joiner and Bartman (2004) researched the impact of social support and empowerment in reducing work stress in nurses. It was concluded that social support has a negative association with work stress. It was also identified that work stress could have negative impaction on nurse performance and the delivery of quality patient care.

Nedd (2006) studied the relationship between the employee's perception of empowerment and the intent to stay in the workforce. Nedd concluded that perceptions of empowerment were related to organizational commitment. Nedd identified that providing empowerment structures, enhancing access and ensuring that nurses are aware of that access are key to positively influencing nurses' perceptions of empowerment.
Access to opportunity, support and resources had a positive relationship to employees' intent to stay.

As the nursing shortage continues to grow, it is essential for healthcare administrators to understand the relationship between empowerment, organizational trust, job satisfaction, and organizational commitment. The utilization of Kanter's (1977, 1993) Theory of Organizational Empowerment will help administrators to identify factors that increase job satisfaction, organizational commitment, and nurse retention.
Chapter III

Methodology and Procedures

Introduction

Workplace empowerment, organizational trust, and respect for nurses in hospitals can have a significant impact on job satisfaction and organization commitment (Spence Laschinger & Finegan, 2005). The purpose of this study is to determine if organizational justice, respect and trust in management, and empowerment of nurses predict nurses’ job satisfaction and organization commitment. This chapter contains a description of the methods and procedures of the study.

Research Question

Do organizational justice, respect, trust in management, and empowerment predict job satisfaction and organizational commitment?

Population and Sample

The study will be conducted in Indiana. The population for this study will consist of RNs who provide direct patient care throughout the Bloomington Hospital Health Care System that includes the main campus, Bloomington Hospital of Orange County as well as freestanding clinics. Approximately 700 RNs are currently employed as direct caregivers. An anticipated return rate of questionnaires is 35% or about 250 RNs. Criteria for inclusion would be RNs who would provide direct patient care and work
a minimum of 12 hours per week. Managers would not be included in the study.

Protection of Human Subject

The Institutional Review Board (IRB) of Ball State University and the Bloomington Hospital Healthcare System will be sought prior to testing. There will be two hospitals and three freestanding clinics invited to participate. A listing of all RNs will be obtained through the Human Resource Department. A cover letter will be sent with each survey to participants explaining the purpose of the study. Information will be mailed via intradepartmental mail. Instructions will be included with the questionnaire. To protect the right of human research subjects, the survey may be completed anonymously to protect the participant’s identity. Participation is voluntary and participants will not incur negative consequences for responses. The assumption of implied consent is indicted by the completion of the questionnaire. There have been no risks identified for the participants. Benefits include the opportunity for hospital nurses to reflect on empowerment, trust in management and the perception or interactional justice. The information obtained in the study will be helpful for hospital nursing administration.

Procedures

IRB approval will be obtained. A letter will be sent to each participating hospitals’ Vice President of Patient Care Services explaining the need to meet to discuss the purpose of the study, the criteria for inclusion, and a request that RN staff may be asked to participate in the study. After approval is obtained, a meeting will be arranged to meet with the Clinical Directors of participating hospitals to seek approval. If permission is granted, all RNs providing direct patient care will be sent a cover letter that
explains the purpose of the study, the time commitment required, and the study instruments in addition to the questionnaire and instructions. A stamped returned envelope will be included.

Methods of Measurement

Conceptual. Empowerment was defined by Kanter (1977, 1993) as having access to information, receiving support, having access to resources necessary to do the job, and having the opportunity to learn and grow.

Empowerment. The Conditions for Workforce Effectiveness Questionnaire-II (CWEQ-II) (Laschinger et al., 2001a) will be used to measure nurses’ perceptions of access to the elements of structural empowerment described by Kanter (1977): access to opportunity, information, support, resources, informal power and formal power. The CWEQ-II consists of 19 items rated on a 5-point Likert scale, with higher scores representing higher levels of empowerment. A total empowerment score is created by summing the subscales. A two-item global empowerment scale was included for validation purposes. Cronbach alpha reliabilities in previous studies ranged from 0.79 to 0.82.

Interactional Justice. Moorman’s (1991, as cited in Spence Laschinger & Finegan, 2005) Justice Scale will be used to measure nine-items from interactional justice. Each item will be rated on a 7-point scale. The internal consistency reliability of this measure is excellent (alpha= 0.81 to 0.91).

Respect. Siegrist’s (1996) Esteem Scale will be used to measure respect. It contains three items to measure nurses’ perception of respect received from managers and peers. Items are rated on a 7-point scale. Alpha reliability was acceptable (0.76).
**Trust in Management.** Mishra’s (1996, as cited in Spence Laschinger & Finegan, 2005) 17-item Trust in Management Scale will be used to measure trust in management. This scale consists of four dimensions: reliability, openness/honesty, competence, and concern. Items are rated on a 7-point scale. Trust in management can predict both job satisfaction and organizational commitment providing evidence of predictive validity. Alpha reliability for this scale was acceptable (>0.70).

**Job Satisfaction and Organizational Commitment.** Williams and Cooper’s (1998, as cited in Spence Laschinger & Finegan, 2005) Pressure Management Indicator will be used to measure job satisfaction and organizational commitment. Items are rated on a 6-point Likert scale. The job satisfaction subscale measures how satisfied employees are with the type of work being done in terms of tasks and functions. This scale predicts organizational commitment, positive organizational climate, and degree of control in the workplace. Internal consistency reliability was acceptable (0.89). The organizational commitment subscale measures employees’ attachment to the organization and the extent to which nurses believe that work improves the quality of life. Previous internal consistency for this subscale was acceptable (0.840). Scores are related to job satisfaction, positive interpersonal relationships at work, and reasonable workloads.

**Research Design**

The study will use a non-experimental predictive design. This research design involves observing the phenomena as occur naturally with no intervention on the part of the researcher. Factors that may have an influence on another variable will be explored. Because this design explores causality, independent variables are those variables that are
thought to predict the outcome variables. This type of design is used to test the proposed model (Burns and Grove, 2005).

Data Analysis

Multiple regression will be used for data analysis of this study. Multiple regression analysis is used in this study because it predicts values from the known dependent variables and many independent variables. Multiple regression focuses on predicting values of variables (Burns & Grove, 2005).

Summary

The purpose of this study is to determine if organizational justice, respect and trust in management, and empowerment of nurses predict nurses’ job satisfaction and organizational commitment. The theoretical framework is Kanter’s (1977, 1993) Theory of Organizational Empowerment. The design for the study will be a predictive design and will be conducted with registered nurses working at Bloomington Hospital and Bloomington Hospital of Orange County. The instruments used will be the Conditions for Work Effectiveness Questionnaire-II (2001), Moorman’s Justice Scale (1991), Siegrist’s (1996) Esteem Scale, Mishra’s (1996) Trust in Management Scale, and Williams and Cooper’s (1998) Pressure Management Indicator. The findings from this study will be shared with hospital administrators so further work can be done to enhance job satisfaction and organization commitment.
References


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<tr>
<th>Source</th>
<th>Problem</th>
<th>Purpose Research Questions</th>
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<tr>
<td>1. Spence Laschinger, Finegan, &amp; Shamian (2001a)</td>
<td>Nurses lack organizational trust and empowerment, leading to decreased work satisfaction and organizational commitment.</td>
<td>Test Kanter’s Model linking workplace empowerment, organizational trust, job satisfaction, and organizational commitment</td>
<td>Structural Theory of Organizational Empowerment (Kanter, 1977)</td>
<td>300 male &amp; 300 female nurses in urban tertiary care hospitals in Ontario</td>
<td>Non-experimental predictive</td>
<td>Conditions for Work Effectiveness Questionnaire-II</td>
<td>CWEQ-II: jobs only moderately empowering</td>
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<td>Concepts: Employee empowerment, job satisfaction and organizational commitment</td>
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<td>Job Activities Scale</td>
<td>High degree of formal power not perceived</td>
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<td>Question: Do workplace empowerment and organizational trust predict job satisfaction and organizational commitment?</td>
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<td>Organizational Relationships Scale</td>
<td>Moderate amount of informal power perceived</td>
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<td>Interpersonal Trust at Work Scale</td>
<td>Higher confidence and trust in peers than in management</td>
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<td>Organizational Commitment Question</td>
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<td>Conditions of Work Effectiveness Questionnaire II</td>
<td>Structural empowerment had a direct, positive effect on psychological empowerment.</td>
</tr>
<tr>
<td>2. Spence Laschinger, Finegan, &amp; Shamian (2001b)</td>
<td>Job strain negatively impacts nurses.</td>
<td>To test Kanter’s model linking staff nurse empowerment to job strain and work satisfaction.</td>
<td>Structural Theory of Organizational Empowerment Theory (Kanter, 1977)</td>
<td>194 males and 210 female nurses working in medical surgical, critical care, maternal child and psychiatry in Canada from registry list</td>
<td>Predictive non experimental</td>
<td>Spreitzer’s Questionnaire for psychological empowerment</td>
<td>Hackman and Oldham’s Job Diagnostic Survey</td>
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<td>Study</td>
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<td>Almost &amp; Spence Laschinger (2002)</td>
<td>Lack of empowerment, collaboration can lead to increased job strain of the Nurse Practitioner</td>
<td>Structural Theory of Organizational Empowerment (Kanter, 1977)</td>
<td>117 Nurse Practitioners in Acute Care and 102 NPs in Primary Care in a hospital in Ontario Canada from registry list</td>
<td>Predictive non experimental design</td>
<td>Conditions of Work Effectiveness Questionnaire II</td>
<td>Workplace empowerment was a significant predictor of job strain.</td>
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<tr>
<td>Kluska, Spence Laschinger &amp; Kerr (2004)</td>
<td>Job Stress impacts the well being of nurses.</td>
<td>Examine relationship between nurses’ perceptions of effort-reward imbalance and</td>
<td>200 staff nurses in a teaching hospital in Ontario</td>
<td>Descriptive Correlational survey design</td>
<td>Conditions of Work Effectiveness Questionnaire II</td>
<td>Workplace empowerment positively relates to collaboration.</td>
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**Question 1:**
Does NP’s perceptions of workplace empowerment and the degree of collaboration with MDs and managers relate negatively to the perception of job strain?

**Question 2:**
Do primary NPs share higher levels of workplace empowerment, collaboration and lower levels of acute care NPs?
<p>| 5. Spence Laschinger &amp; Finegan (2005) | Nurses lack trust and respect in management, leading to decreased job satisfaction and organizational commitment | Determine relationships among organizational empowerment, organizational justice, respect, and trust in nursing management with job satisfaction and organizational | Structural Theory of Organizational Empowerment (Kanter, 1977) | 273 medical-surgical &amp; intensive care nurses | Non-Experimental predictive | Conditions for Work Effectiveness Questionnaire –II | CWEQ-II: Work environments only somewhat empowering | Moorman’s Justice Scale | Higher access to empowerment resulted in greater feeling of psychological empowerment | Nurses had moderately high access to informal power. Nurses spent moderate amounts of effort and received high to moderate levels of reward. | Justice Scale: Moderate amounts of justice found in work |
| Question: Do organizational empowerment, organizational justice, respect, and trust in nursing management predict nurses’ job satisfaction and organizational commitment? |
|---|---|---|
| Siegrist’s Esteem Scale |
| Mishra’s 17-item Trust in Management Scale |
| Subscales from Williams’ and Cooper’s Pressure Management Indicator |
| environment Siegrists’s Esteem Scale: Nurses did not perceive respect given as deserved |
| Mishra’s Trust In Management Scale: Nurses reported lack of trust in management |
| Williams’ and Cooper’s Pressure Management Indicator: Management rated low on honesty and concern for staff |
| 6. Patrick &amp; Spence Laschinger (2006) | Restructuring hospitals disempowered nurse managers and abilities to create positive work environments, mentor nurse leaders, and gain job satisfaction; retention of nurse managers is threatened | To examine the relationship between structural empowerment and perceived organizational support and the effect factors on the role satisfaction of nurse managers. | Structural Theory of Organizational Empowerment (Kanter, 1977) |
| | | Questions: Is structural empowerment related to nurse managers’ perceptions of organization support? Is structural empowerment and perceived organizational support related to nurse managers’ role satisfaction? | 84 nurse managers who worked in an acute care hospital, part of a larger 126 nurse manager study in Canada |
| | | Descriptive Correlational design | Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) |
| | | Eisenberg’s Perceived Organizational Support Survey | Aiken and Hage’s Alienation from Work Scale |
| | | Performance of an Empowered Nurse Scale (PEN) | Work Empowerment Promoting Factors Scale (WEP) |
| | | Work Empowerment Impeding Factors Scale (WEI) | CWEQ-II: moderate levels of overall empowerment in workplace |
| | | Moderate degree of organizational support | Nurses were somewhat satisfied with current role |
| | | PEN: moderate empowerment of nurses for performance activities | WEP: moderate empowerment of nurses for promoting factors |
| | | WEI: Nurses considered that work empowerment-promoting factors |
| Study | DeCicco, Spence Laschinger, Kerr (2006) | Lack of empowerment and respect leads to decreased organizational commitment | Identify structural and psychological empowerment, feelings of respect and levels of commitment to the organization. | Structural Theory of Organizational Empowerment (Kanter, 1977) | 124 Associate degree RNs, 124 Baccalaureate degree RNs employed in nursing homes in Canada from registry list | Correlational predictive | Conditions for Work Effectiveness Questionnaire | Work environment can be empowering | Meaningful work was the most psychological empowering factors along with access to opportunity. | Varying levels of degrees of respect were reported. Baccalaureate prepared RNs perceived greater level of respect. | Empowered nurses have | occurred least frequently in the future-orientedness category (continuity of work, opportunities for advancement, and access to information). |</p>
<table>
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<tr>
<th>8. Campbell (2003)</th>
<th>Nursing students' ideas of the role of nurses and the profession can change the image of oppressive roles to empowered nurses.</th>
<th>To explore processes that contribute to empowerment and disempowerment among faculty, administrators and students</th>
<th>Grounded theory approach (Streubert and Carpenter, 2005)</th>
<th>4 senior nursing students, 6 female administrators from a Baccalaureate degree nursing program</th>
<th>Qualitative grounded theory</th>
<th>Themes: Cultivating</th>
<th>Empowerment is dependent on the individual, the environment and past experiences</th>
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<td>Questionnaire</td>
<td>greater level of respect for the organization.</td>
<td>Seeding</td>
<td>Experiences early in a nurse's career impact empowerment.</td>
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<td>Transforming</td>
<td>Factors in the work environment directly impacts empowerment.</td>
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<td>Transforming</td>
<td>Situations can cause a negative or positive impact on empowerment.</td>
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<td>Apker, Ford &amp; Fox (2003)</td>
<td>Lack of professional autonomy and supportive communication from managers leads to decreased organizational commitment and identification.</td>
<td>To what extent does nursing roles, professional autonomy, and supportive communication from managers and coworkers predict nurses' organizational and professional identification?</td>
<td>Concepts: Nursing roles, professional autonomy, supportive communication, social support, organizational commitment and identification</td>
<td>450 staff nurses in a Midwest urban teaching hospital</td>
<td>Correlational predictive</td>
<td>Cheney's Organizational Identification Questionnaire (QIQ)</td>
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<td>10.</td>
<td>Kuokkanen, Leino-Kilpi, &amp; Katajisto (2003)</td>
<td>With changes in working conditions, managers need to create and manage work environment to increase nurse retention.</td>
<td>To identify nurse empowerment and background factors are significant for impeding development.</td>
<td>Concepts: Empowerment, job satisfaction, organizational commitment</td>
<td>Random sample of 600 nurses from work registries; 416 completed surveys in Finland</td>
<td>Correlational study design</td>
<td>Qualities of Empowered Nurse Scale (QEN)</td>
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<td>11. Joiner &amp; Bartman (2004)</td>
<td>Nurses have increased stress due to lack of social support and empowerment.</td>
<td>To determine the impact of social support and empowerment in reducing work stress in nurses.</td>
<td><em>Concepts</em>: social support, empowerment and stress</td>
<td>600 nurses working in a hospital including clinical nurses, nurse managers and nurse educators</td>
<td>Non experimental correlational design</td>
<td>House and Wells Social Support Scale (1979)</td>
<td>Increased communication and support from management is needed.</td>
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<td><em>Impeding Factors Scale (WEI)</em></td>
<td>work empowerment promoting factors occurred least frequently in the future-oriented ness category (continuity of work, opportunities for advancement, and access to information).</td>
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<td>Increased psychological empowerment was associated with reduced role conflict and ambiguity</td>
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<td>Nurses that feel competent and confident in the role have less stress.</td>
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<td>12. Simoni, Larrabee, Birkhimer, Mott &amp; Gladden (2004)</td>
<td>Stress can negatively impact empowerment and job satisfaction.</td>
<td>Determine if interpretive styles of stress resilience influenced psychological empowerment of RNs.</td>
<td><strong>Concepts:</strong> job satisfaction, stress, empowerment</td>
<td>142 medical surgical, intensive care step down, pediatric, skilled care RNs from two hospitals in mid-Atlantic states</td>
<td>Predictive, non experimental study</td>
<td>Stress resilience profile</td>
<td>Feeling empowered can reduce stress. Nurses that believe in the effectiveness of the work and do not imagine failing add to the feeling of empowerment.</td>
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<td>13. Nedd (2006)</td>
<td>Nursing turnover is problematic to healthcare and nursing leadership must develop strategies for retention</td>
<td>To determine the relationship between intent to stay and perceptions of empowerment in the nursing setting. Question: Do perceived formal power, perceived informal power, and perceived access to work empowerment structures relate to nurses’ self-reported intent to stay on the job?</td>
<td><strong>Structural Theory of Organizational Empowerment (Kanter, 1977)</strong> <strong>Concepts:</strong> Organizational commitment, employee empowerment, and job satisfaction</td>
<td>Random sample of 500 RNs from Florida</td>
<td>Descriptive Correlational survey design</td>
<td>Job Activities Scale (JAS) Organizational Relationships Scale (ORS) Conditions for Work Effectiveness Questionnaire (CWEQ which includes 4 subscales: Opportunity, Information, Support, and Resources Intent to stay on job (Kim, Price, Mueller, Watson, 1996)</td>
<td>JAS &amp; ORS: nurses perceived moderate levels of empowerment in workplace CWEQ: Nurses had greatest access to the empowerment structure of opportunity Intent to stay significantly positively correlated with</td>
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<td>formal power, informal power, and overall work empowerment</td>
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