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

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Introduction and Background

Introduction

Healthcare, under normal conditions, is a multi-faceted, complex system. The recent economic decline, threats of healthcare reform and a nursing shortage are challenging administrators to recruit and retain nurses while providing quality care. The nursing shortage is projected to increase due to declining enrollment in nursing programs, an aging workforce, and high turnover. Strategies to recruit and retain nurses to ensure high quality, safe care are at the forefront of healthcare. Job satisfaction and empowerment are two important factors that have been found to improve both recruitment and retention of nurses, and thus, positively impacting patient care.

Background and Significance

The nursing shortage continues to be of concern to healthcare administrators. The current economic changes have helped to stabilize the nurse workforce through returning previously-retired nurses, part-time nurses changing to full-time status and nurses postponing retirement (Buerhaus, 2008). However, this trend is expected to be temporary. It is projected that there will be a shortage of approximately 285,000 full-time equivalent registered nurses (RNs) by 2020, with an increase to 500,000 by 2025 (Buerhaus, Staiger, & Auerbach, 2009).
The nursing shortage is worsening by a “perfect storm” created by decreased nursing student admissions, an aging workforce, and high turnover. In a report by the National League of Nursing (NLN), annual admissions to prelicensure nursing programs declined in 2008 for the first time in six years (Kaufman, 2010). Research has indicated that 40% of employees will be eligible for retirement in 2010 (Sorrell, 2010). The RN vacancy rate is expected to be 20% by 2020 (Atencio, Cohen, & Gorenberg, 2003). According to Goode, Lynn, Krsek, and Bednash (2009), it is expected that there will be a minimum 50% turnover of the RN workforce in the next decade.

The financial costs related to registered nurse turnover are high. Turnover costs may exceed $145,000 for each nurse lost to an organization (Bratt, 2009). Additional expenses associated with nurse shortages and high nurse turnover rates are related to the consumption of resources to advertise, recruit and temporarily replace nurses. In addition, there is an underlying expense related to the necessary resources for orientation and education of novice nurses. Hidden consequences negatively affected by nurse shortages and high nurse turnover are staff morale, nurse burnout and nurse satisfaction (Bratt, 2009). Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that each patient over a 4:1 ratio increased the odds of nurse burnout by 23% and job dissatisfaction by 15%. Previous research indicates that job dissatisfaction is a major cause of nurse turnover.

These contributing factors to the nursing shortage create the need for healthcare administrators to develop strategies to recruit and retain nurses ensuring quality care. Much research has been done on this topic, mostly utilizing Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) as the theoretical framework for the research
Kanter’s theory concluded that empowering workplace environments created positive employee attitudes as well as improved organizational effectiveness (Laschinger, Finegan, & Shamian, 2001a).

While empowerment was first discussed in the 1970s nursing literature, Porter O’Grady (2001) has significantly highlighted the issue over the past 25 years by encouraging the concept of shared governance. Allowing bedside nurses to have input in decision-making that governs practice, nurses are engaged and empowered to improve the workplace environment and patient care (Porter O’Grady, 2001).

The American Nurses Credentialing Center (ANCC) Magnet Recognition Program, an elite national accreditation program recognizing nursing excellence, was first developed in the 1980s to recognize those hospitals that have proven to create an environment to attract and retain well-qualified nurses, and to provide quality patient care (Rivers, Tsai, & Munchus, 2005). Recognizing the value of empowerment, healthcare systems pursuing the Magnet Recognition must consider structural empowerment as one of the five necessary components of the empirical model for the Magnet Recognition Program (Pinkerton, 2008).

While realizing the significance of the nursing shortage and the negative outcomes associated with it, studies have been conducted to find strategies to improve nurse recruitment and retention. It is known through previous research that job satisfaction and empowerment decrease nurse turnover. However, further research has been done to more closely explore the relationships between empowerment, job satisfaction, job strain, burnout, trust in management, respect, justice, and organizational
commitment. Laschinger and Finegan (2005) concluded that structural empowerment has a positive effect on justice, respect, trust in management, job satisfaction and organizational commitment. Results from the study provided additional insight on strategies to improve empowerment and job satisfaction.

*Problem*

The nursing shortage will continue to escalate so healthcare administrators are striving to recruit and retain nurses. Empowerment has been proven to positively affect factors such as justice, respect and trust in management, which in turn significantly improves job satisfaction and organizational commitment (Laschinger & Finegan, 2005). Higher levels of job satisfaction and organizational commitment equates to employees being less likely to leave and more likely to remain within the organization. Decreased nurse turnover and improved nurse recruitment and retention results from a positive workplace environment.

*Purpose*

The purpose of this study is to examine the relationships among structural empowerment, justice, respect, trust in management, job satisfaction and organizational commitment. This study is a replication of Laschinger and Finegan’s (2005) study.

*Research Question*

1. What effect does empowerment have on justice, respect, trust in management, job satisfaction, and organizational commitment?
Theoretical Framework

Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) is the theoretical framework for this study. Kanter maintained that when environments are structured in such ways that employees are empowered, the organization is likely to experience positive employee attitudes and increased organizational effectiveness. In addition, Kanter stated that trust is derived from a mutual understanding based on shared values and is fundamental for employee loyalty and commitment. Therefore, in order for change to be implemented and sustained, trust must be an integral and coherent part of the organizational culture. According to Kanter, paramount to empowering work environments is access to information, support, resources, opportunities to develop professionally and formal power and informal power.

Definition of Terms

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

Justice: Justice refers to perceptions of the quality of interactions among individuals involved in or affected by decisions (Laschinger & Finegan, 2005).

Respect: Respect is defined as paying attention to and taking seriously another person (Laschinger & Finegan, 2005).

Trust in management: Trust in management is defined as the belief that an employer will be straightforward and follow through on commitments (Laschinger & Finegan, 2005).
Job satisfaction: Job satisfaction is a conceptual definition that is assumed to mean how happy an employee is with the job (Laschinger & Finegan, 2005).

Organizational commitment: Organizational commitment consists of an employee’s attachments to the organization (Laschinger & Finegan, 2005).

Limitations

This study is limited to a small sample within one geographical location. Response bias may be a limitation when using self-report questionnaires.

Assumptions

The assumptions are based on Kanter’s (1977, 1993) theory that empowering work environments positively affect such factors as justice, respect, trust in management, job satisfaction, and organizational commitment. Work environments that promote empowerment by providing nurses with access to information, support, resources and opportunity will positively impact nurses’ perceptions of justice, respect, and trust in management. This will, in turn, increase job satisfaction, organizational commitment among nurses, improve recruitment and retention and decrease nurse turnover.

Summary

A challenging healthcare environment requires healthcare administrators to continuously strive for a balance between costs, safe quality patient care, and employee satisfaction. Since nurses are usually the largest workforce in most healthcare organizations, much emphasis should be placed on nurse recruitment and retention strategies. Empowerment has been proven to significantly improve job satisfaction and organizational commitment (Laschinger & Finegan, 2005). Nurses with higher levels of
job satisfaction and organizational commitment are less likely to leave and more likely to remain within the organization (Laschinger & Finegan, 2005). Providing satisfying and empowering work environments may improve nurse recruitment and retention while also ensuring quality patient care.
Chapter II

Literature Review

Introduction

Nurse leaders must be attune to creating healthy, satisfying work environments that promote empowerment, trust, justice, respect, and organizational commitment. Satisfying work environments have been found to positively impact job satisfaction (Laschinger & Finegan, 2005). Since the nurse shortage is projected to increase, nurse leaders must strategize ways to recruit and retain the best nurses and minimize costly nurse turnover.

Purpose

The purpose of this study is to examine relationships between structural empowerment, justice, respect, trust in management, job satisfaction and organizational commitment. This is a replication of Laschinger and Finegan’s (2005) study based on Kanter’s Structural Theory of Organizational Empowerment (1977, 1993).

Organization of the Literature

Selected research studies focused on empowerment, work environment, autonomy, burnout, job stress, job strain, justice, respect, trust in management, job satisfaction, and organizational commitment will be reviewed. The literature review is
Theoretical Framework

Kanter’s Theory of Organizational Empowerment (1977, 1993) provided the framework to examine the relationship between staff nurses’ perceptions of empowerment, justice, respect, trust in management, job satisfaction, and organizational commitment. Kanter contested that situational aspects of the work environment impact employee attitudes and behaviors to a greater extent than personal attributes. Central to Kanter’s theory is the notion that employees gain informal and formal power through empowering work environments and access to “power tools,” such as access to information, support, resources, and the opportunity to learn and grow professionally (Laschinger et al., 2001a). According to Kanter, access to “power tools” creates environments where employees are committed to the organization and are more likely to engage in positive organizational activities experiencing positive effects on factors such as job satisfaction, justice, burnout, job strain, and trust in management (DeCicco, Laschinger, & Kerr, 2006).

Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) was particularly supported in Laschinger et al.’s (2001a) study linking empowerment, organizational trust, job satisfaction and organizational commitment. With Kanter’s Structural Theory of Organizational Empowerment as the theoretical framework, the authors theorized that empowering environments create positive employee attitudes and increase organizational effectiveness. In addition, the authors focused on Kanter’s theory
that trust is derived from a mutual understanding based on shared values and is fundamental for employee loyalty and commitment. Trust must be an integral and coherent part of the organizational culture for change to occur (Laschinger et al., 2001a).

The sample of 600 nurses, working in an urban tertiary hospital, was randomly selected from an Ontario nurse registry. The final sample consisted of 195 males and 217 females (N=412). The nurses worked full (58%) or part time (42%) on medical-surgical (36%), critical care (34%), maternal-child (9%), or psychiatric (21%) units. Most of the participants were diploma prepared (85%) while (15%) had earned baccalaureate preparation. The average participant age was 40 years with an average 16 years of nursing experience (Laschinger et al., 2001a).

There were five instruments used in this study. Each scale had acceptable internal consistency with reliabilities ranging from .70 to .93. The Conditions for Work Effectiveness Questionnaire (CWEQ)-II measured nurses’ perceptions of access to opportunity, information, support, and resources. The Job Activities Scale (JAS) measured nurses’ perceptions of formal power within the work environment. The Organizational Relationships Scale (ORS) measured nurses’ perceptions of informal power in the work environment. Construct validity for the CWEQ-II, JAS, and ORS had been established in previous studies (Laschinger et al., 2001a). The Interpersonal Trust at Work Scale measured faith and confidence in peers and managers. The Organizational Commitment Questionnaire (OCQ) measured affective and continuance organizational commitment. The structural equation modeling (SEM) procedure was used to specify casual relationships from Kanter’s (1977, 1993) theory between empowerment,
organizational trust, job satisfaction, and organizational commitment. Findings indicated that structural empowerment had a direct, positive effect on psychological empowerment (beta=0.46) and on job satisfaction (beta=0.38). Psychological empowerment had a direct, negative effect on job strain (beta=0.45) and a positive effect on job satisfaction (beta=0.30). Job strain was found to have an insignificant, direct effect on job satisfaction (beta=0.06).

As predicted, the results of the study supported the hypothesis that empowerment impacts nurses’ trust in management and ultimately influences job satisfaction and affective commitment. As suggested by Kanter (1977, 1993), the findings support the importance of creating empowering work environments.

Laschinger et al. (2001b) performed further research to support Kanter’s (1977, 1993) theory. The purpose of this study was to again test Kanter’s theoretical model and the relationships between nurses’ structural and psychological workplace empowerment, job strain and work satisfaction.

Six hundred Ontario nurses working in urban tertiary care hospitals were invited for inclusion into Laschinger et al.’s study (2001b). The final sample consisted of 404 (N=72%) participants. The nurses worked full (58%) or part time (42%) in medical-surgical (36%), critical care (33%), maternal child (9%) or psychiatric (21.5%) practice areas. Participants had earned a baccalaureate (15%) or diploma (85%) degree. The average participant was 40 years old with 16 years of nursing experience. Several instruments were used for the study. Researchers reported Cronbach’s reliability coefficients ranging from .71 to .92.
Empowerment was measured by the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) and rated on a 5-point Likert scale. It was found that structural empowerment had a direct, positive effect on psychological empowerment and job satisfaction ($\beta=0.46$ and $\beta=0.38$, respectively). Spreitzer’s (1995) Psychological Empowerment Scale was used to measure psychological empowerment. The researchers found that psychological empowerment had a direct, negative effect on job strain ($\beta=0.45$) and a positive effect on job satisfaction ($\beta=0.30$).

Job strain was measured by using Karasek’s (1979) Job Content Questionnaire. There was a direct effect of job strain on job satisfaction, but it was not significant ($\beta=0.06$).

Global work satisfaction was evaluated by an adaption to Hackman and Oldham’s (1975) Job Diagnostic Survey. The results from this survey suggested that structural empowerment had direct and indirect effects on job satisfaction (Laschinger et al., 2001b).

The results of this study further supported Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) that empowerment had an impact on the degree of job strain and ultimately affected work satisfaction. However, there was a lack of independent predictive power of job strain. The results suggested the benefits of employee access to workplace empowerment structures and job strain are not a factor in predicting job satisfaction. The results suggested that job strain is not necessarily present in highly demanding work environments, such as in nursing, and job strain can be avoided as nurses gain control over decisions. Empowered nurses will decrease job strain,
improve work satisfaction, and ultimately improve patient outcomes.

Extending the boundaries of Kanter’s theory (1977, 1993) to the realm of nursing educators, Sarmiento, Laschinger, and Iwasiw (2003) also summarized the importance of organizational factors in the workplace. The purpose of Sarmiento et al.’s study was to test Kanter’s theoretical model specifying relationships among structural empowerment, burnout and work satisfaction.

Eighty-nine Canadian full-time college nurse educators agreed to participate in the study. The majority of the participants were married (68.5%) females (98.9%). The average participant was 51 years of age with 20 years of teaching experience. The majority (65.3%) of the participants had earned a graduate degree. The participants reported an average of 16 years in the current work environment and averaged teaching five courses per year.

Several instruments were used for the study, all of which had alpha reliable coefficients ranging from 0.71 to 0.93. Workplace empowerment was measured by the Conditions of Work Effectiveness Questionnaire. Nurse educators perceived work environments to be only somewhat empowering (M=12.18, SD=2.27). The Job Activities Scale measured formal power by the use of a 5-point Likert scale, with one indicating the low level of formal power and five as the highest level of formal power. Nurse educators’ level of formal power was moderate (M=3.12, SD=0.51). Informal power was measured by the Organizational Relationship Scale. Informal power among the educators was moderate (M=3.13, SD=0.60). The Maslach Burnout Inventory Educator Survey measured burnout on three dimensions: emotional exhaustion (M=21.02, SD=10.89),
depersonalization (M=5.03, SD=4.21), and personal accomplishment (M=38.65, SD=5.57). The results for all three dimensions were moderate. Job satisfaction was measured using the Global Job Satisfaction Questionnaire. The questionnaire employed a 5-point Likert scale, one indicating low satisfaction and five indicative of high satisfaction. The results point out that educators in this study were only somewhat satisfied (M=3.33, SD=0.85) (Sarmiento et al., 2003).

Overall, the nurse educators’ perceptions of formal and informal power were positively related to empowerment (beta=0.42, t=4.26, P=0.0001 and beta=0.37, t=3.73, P=0.001; respectively). In addition, nurse educators’ perceptions of empowerment were significantly related to all components of burnout (P<0.01). Finally, high levels of empowerment in combination with low levels of burnout were significant predictors of job satisfaction. In this study, empowerment was the strongest predictor of job satisfaction (beta=-0.46, t=5.6, P=0.0001). The findings support Kanter’s (1977, 1993) theory of the importance of organizational factors in the workplace. Sarmiento et al.’s study (2003) supports the need for creating empowering workplace environments for nurse educators.

Laschinger and Finegan (2005) studied the effects of employee empowerment on the perceptions of organizational justice, respect and trust in management. A random sample of 273 staff nurses employed in Ontario hospitals was included in the study. Fifty-nine percent (59.7%) worked full time and (40.3 %) worked part time on medical-surgical (70%) or critical care (30%) units. The majority (63%) of participants were diploma prepared while the remaining (37%) held baccalaureate degrees. The participants
averaged 33 years of age with 9 years of nursing experience.

The researchers utilized several data collection instruments, all of which had acceptable internal consistencies ranging from .72 to .99. The Conditions of Work Effectiveness Questionnaire-II measured structural empowerment. The most empowering aspects of the work environments were access to opportunities (M=3.97, SD=0.79) and informal power (M=3.3, SD=0.76). The least empowering aspect was formal power (M=2.4, SD=0.86). Empowerment had significant, direct effects on all variables: respect (beta=0.24), trust (beta=0.25), job satisfaction (beta=0.52), and organizational commitment (beta=0.18) (Laschinger & Finegan, 2005).

Justice was measured using Moorman’s (1991) Justice Scale. Nurses reported moderate amounts of interactional justice (M=4.16, SD=1.45). Interpersonal justice (M=4.3, SD=1.4) was greater than informational justice (M=3.9, SD=1.5). Structural empowerment had a direct, positive effect on interactional justice (beta=0.42). Interactional justice had a direct, positive effect on perceived respect (beta=0.49) and organizational trust (beta=0.27).

Siegrist’s (1996) Esteem Scale was used to measure nurses’ perceptions of respect. Nurses reported a lack of perceived respect from the organization (M=4.39, SD=1.18). Respect had a direct effect on organizational trust (beta = 0.13). Mishra’s (1996) Trust in Management Scale measured the trust nurses had in organizational management. Nurses did not report high levels of trust in management (M=3.24, SD=1.67). The nurses also rated honesty the lowest (M=3.07, SD=1.24) and
demonstration of concern for employees (M=3.00, SD=1.26). Trust was found to have a direct effect on job satisfaction (beta=0.16).

Williams and Cooper’s (1998) Pressure Management Indicator measured job satisfaction and organizational commitment. Nurses reported only moderate job satisfaction (M=3.99, SD=0.83) and organizational commitment (M=3.84, SD=0.72). Job satisfaction had a strong, direct effect on organizational commitment (beta=0.54). As predicted, the research further supported Kanter’s (1977, 1993) theory on the importance of structural empowerment. Structural empowerment had a direct effect on justice, respect and organizational trust. These concepts, in turn, ultimately influenced job satisfaction and organizational commitment.

DeCicco et al.’s (2006) research focused on nurses employed in nursing homes. The purpose of DeCicco et al.’s study was to examine the relationships between nurses’ perceptions of structural and psychological empowerment, respect, and organizational commitment.

A random sample of 79 registered nurses (RNs) and 75 registered practical nurses (RPNs) from an Ontario nurse registry who had worked in a nursing home for at least six months were included in the study. The RPNs had earned a 2-year college diploma while the RNs earned a baccalaureate degree. RNs averaged 47 years of age and 21 years of nursing experience. The RPN group averaged 41 years of age and 14 years of nursing experience. Ninety-six percent were women and averaged 12 years of nursing home experience. Sixty-six percent of the RNs and 59% of the RPNs worked full time. Various
instruments were used for the study, all of which had alpha reliabilities ranging from .82 to .86.

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) was used to measure nurses’ perceived access to opportunity, support, resources and information. Both groups of nurses reported moderate empowerment. Levels of empowerment for RNs (M=19.42, SD=4.44) were slightly higher than for RPNs (M=17.69, SD=3.85). Structural empowerment was strongly related to respect for both RNs (beta=.418) and RPNs (beta=.444) (DeCicco et al., 2006).

Within the CWEQ-II, the Job Activities Scale (JAS) measured formal power whereas the Organizational Relationships Scale (ORS) measured informal power. RNs perceived higher levels of formal and informal power than RPNs. Spreitzer’s (1995) 12-item Psychological Empowerment Questionnaire measured psychological empowerment. Levels of psychological empowerment for RNs (M=15.93, SD=2.11) and RPNs (M=15.72, SD=2.03) in nursing homes were reportedly higher than those reported for hospital nurses (Laschinger et al., 2001a). Psychological empowerment was a significant independent predictor of respect for both RNs (beta=.325) and RPNs (beta=.293).

A portion of the Esteem Subscale of the Effort Reward Imbalance Questionnaire was utilized to evaluate respect. There were significant differences between the level of respect perceived by RNs (M=5.10, SD=1.42) and RPNs (M=4.42, SD=1.49) (DeCicco et al., 2006).

Meyer, Allen, and Smith’s (1993) Organizational Commitment Questionnaire measured organizational commitment. Structural empowerment (beta=.447) and respect
(beta=.265) were significant predictors of affective commitment. These findings further supported Kanter’s Structural Theory of Organizational Empowerment (1977, 1993). The results indicated that empowerment had positive effects on employee’s perceptions of respect and commitment to organizations.

Ning, Zhong, Libo, and Qiujie (2009) considered the geographical differences in testing Kanter’s theory (1977, 1993) by specifying the relationships among demographics, structural empowerment, and job satisfaction in China. The sample consisted of 598 female nurses averaging 30.8 years old and 10.7 years of work experience from six hospitals in Harbin, China. There were three levels of nurses surveyed: senior, junior, and primary nurse. There were no definitions identified for each level of nurse. The majority (47.2%) of the participants had earned an associate degree whereas (34.8%) had earned a baccalaureate degree. Eighteen percent of the participants had earned a nursing degree from a technical secondary school. Cronbach alpha ranged from 0.65 to 0.94 for reliability. Demographic information collected included age, tenure, job category, title, work objective, marital status, and education level.

Structural empowerment was measured using a Chinese translated version of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II). Nurses perceived the work environment to be moderately empowering (M=19.14, SD= 4.35). Participants reported the greatest empowerment structure as access to support (M=3.19, SD=0.89) and the least empowerment structure as access to resources (M=2.96, SD=0.85). There was a significant positive correlation (r=0.547) between structural empowerment and job satisfaction (Ning et al., 2009).
A Chinese version of the Minnesota Satisfaction Questionnaire (MSQ) measured job satisfaction. Nurses reported most dissatisfaction with workload and compensation (M=3.17, SD=1.25). An increased level of job satisfaction (beta=.074) was reported by nurses with a higher level of education and a love of the nursing profession (Ning et al., 2009).

The results of this study supported Kanter’s Structural Theory of Organizational Empowerment (1977, 1993). Organizational factors within the workplace, whether in China or Western countries, were found to be important in shaping organizational behaviors and attitudes by influencing individual’s perceptions of empowerment and job satisfaction.

**Work Environments**

The literature review identified other contributing factors that may be associated with the relationships among empowerment, justice, respect, trust, job satisfaction and organizational commitment. First and foremost in current literature are studies related to exploring work environments among magnet and non-magnet facilities. Laschinger, Almost and Tuer-Hodes (2003) used Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) as the framework to conduct a secondary analysis from three independent studies exploring the relationships between nurses’ perceptions of workplace empowerment and perceptions of the presence of magnet hospital characteristics.

The sample consisted of three nursing populations stemming from 233 staff nurses in urban teaching hospitals in Ontario, 263 staff nurses in rural community hospitals in Ontario, and 55 acute care nurse practitioners working in Ontario hospitals.
Full time versus part time status varied in the first two groups; however, it was not identified for the third group. The average participant age was 44 years old with 19 years experience within the first group, 44 years old and 22 years experience within the second group and 41 years old and 18 years experience within the third group. The majority of participants (86.9%) in group one and participants (92%) in group two were diploma prepared and worked slightly more in critical care areas (34.7% and 39.9%) than in medical-surgical areas (33.3% and 34.2%), maternal child units (11.9% and 18.1%) and psychiatric units (20.1 and 7.8%) (Laschinger et al., 2003).

Several instruments were utilized, with alpha reliabilities ranging from .70 to .89. The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) measured the nurses’ perceptions of empowerment structures using a 5-point Likert scale. All three groups reported job settings that were moderately empowering (Group 1 M=17.9, SD=3.31; Group 2 M=18.37, SD=2.82; and Group 3 M=20.96, SD=3.08) (Laschinger et al., 2003).

The Job Activities Scale-II measured the staff nurses’ perceptions of formal power. To measure perceptions of informal power, the Organizational Relationships Scale-II was used. The first two groups reported the most strongly related empowerment structure as access to resources (Group 1 \( r = .55 \) and Group 2 \( r = .54 \)) whereas the nurse practitioner group was found to have access to information \( (r = .52) \) as the most significant empowerment structure. Magnet hospital characteristics of the work environment were measured using the Nursing Work Index (NWI-R). All groups reported job settings with moderate levels of magnet characteristics (Group 1 M=2.68, SD=0.55; Group 2 M=2.78, SD=0.50; and Group 3 M=3.20, SD=0.46) (Laschinger et al., 2003).
The researchers used the Global Job Satisfaction Questionnaire (GJSQ) to measure job satisfaction. Empowerment and magnet hospital characteristics were significant independent predictors of job satisfaction (Group 1 beta= .51 and beta= .20 respectively, Group 2 beta= .17 and beta= .49 respectively, and Group 3 beta= .59 and beta= .19 respectively) (Laschinger et al., 2003).

The results of the study supported the link between structural empowerment and magnet hospital characteristics. All empowerment structures were significantly related to perceptions of magnet characteristics of autonomy, control over practice, and positive nurse-physician relationships. This, in turn, increased job satisfaction. These results provide further support for nurse leaders to create empowering workplace environments that will improve job satisfaction, commitment, and promote quality care.

Upenieks (2003) studied magnet versus non-magnet hospitals. The significance of Upenieks’ study was to examine whether magnet hospitals, when compared to non-magnet hospitals, provide higher levels of job satisfaction and empowerment among clinical nurses in today’s challenging health care setting. Also studied was whether job satisfaction was linked with leadership effectiveness. Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) provided the theoretical framework for this study.

There were two segments of the study, quantitative and qualitative. The quantitative segment consisted of 305 medical-surgical nurses from two magnet hospitals and two comparison non-magnet hospitals. For magnet and non-magnet facilities, more than 60% of the respondents were 40 years or older. Fifty-two percent of the magnet
hospital respondents were baccalaureate prepared in comparison to 31% in the non-magnet facilities. On average, nurse participants from magnet hospitals had worked less than nurses at the non-magnet hospitals. The qualitative portion of the study sample consisted of 16 nurse leaders from the identical four hospitals: seven from magnet and nine from non-magnet facilities. Twelve of the leaders were at the director/manager level while the other four were at the executive level. The average time held in the leadership position was 14 years in the magnet hospitals and 10 years in the non-magnet institutions. All of the leaders averaged 16 years of employment with the current facility. Several measurement instruments were used in the study, but alpha reliabilities were not reported (Upenieks, 2003).

The NWI-R measured job satisfaction by assessing attributes relevant to clinical nurse practice. The attributes measured were autonomy, control, physician relations, organizational structure, self-governance, and new programs. Magnet hospital nurses reported a higher level of job satisfaction related to each attribute. Nurses reported the highest rating related to physician relations in both magnet (M=3.13, SD= .752) and non-magnet (M=2.78, SD=.745) hospitals. Nurses scored control as the lowest rating in both magnet (M=2.79, SD= .767) and non-magnet (M=2.34, SD= .809) hospitals. The revised Conditions of Work Effectiveness Questionnaire (CWEQ-II) was utilized to measure empowerment. Magnet hospital nurses reported higher scores in all three subcategories of power, opportunity and empowerment. The nurses rated the highest score for opportunity in both magnet (M=3.94, SD= .824) and non-magnet (M=3.88, SD= .877) hospitals (Upenieks, 2003).
To obtain the qualitative data of the 16 nurse leaders, a loosely structured interview with each participant was conducted. Content analysis was used for the qualitative section of the study. In order to achieve a more complete understanding of how leadership was interlinked with nurses’ job satisfaction, triangulation analysis was done with the results of the quantitative and qualitative methods. The majority of leaders (83%) validated the structures of Kanter’s (1977, 1993) theory as well as magnet hospital characteristics. Magnet leaders, while not widespread at non-magnet facilities, unanimously articulated the organization’s strong commitment to nurses and recognition of professional nursing practice. The factors that accounted for the differences in empowerment and job satisfaction in relation to leaders decision making by magnet leaders, and greater access to work empowerment structures of opportunity, information and resources at magnet hospitals.

The results of the study supported both Kanter’s (1977, 1993) theory and magnet hospital characteristics as structures that increase job satisfaction. Upenieks’ (2003) study also correlated the importance of leadership on nurse job satisfaction. Organizational efforts that focus on providing empowering work environments have the potential to increase job satisfaction. Increased job satisfaction might reduce nurse turnover and improve nurse recruitment.

Nurse leaders are challenged to empower nurses while ensuring nurse satisfaction and providing optimal patient care. There have been several studies indicating that nurses and patient outcomes are greatly impacted by the nurse work environment. Lake (2002) described elements of professional nursing practice that are grounded into magnet
hospital characteristics. Leiter and Laschinger (2006) developed a Nursing Worklife Model that articulated how Lake’s elements interacted with each other to influence nurses’ relationships with work. Laschinger (2008) tested Leiter and Laschinger’s Nursing Worklife Model linking structural empowerment to Lake’s professional practice work environment model and quality outcomes. The theoretical framework for the study was based on the Nursing Worklife Model. This model, while incorporating Lake’s characteristics of professional nursing practice environments, described relationships among nursing work life factors, engagement, burnout, and patient outcomes.

The sample consisted of 234 nurses selected from an Ontario registry list. The participants worked full (72%) or part time (25%) in medical-surgical (45%), critical care (32%), maternal child (21%), or psychiatric (2%) specialty areas. The majority (69%) of the participants had earned diplomas while 29% had earned baccalaureate degrees. The average age of the participants was 42 years old with a mean of 17 years nursing experience (Laschinger, 2008).

Several instruments were used for the study with acceptable alpha reliabilities ranging from .68 to .93. Structural empowerment was evaluated by the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II). Access to opportunity (M=4.05, SD=0.75) was reported to be the most empowering structure in the workplace. Nurses described formal power (M=2.57, SD=0.83) as the least structure. Magnet hospital characteristics in the nurse work environment were measured using Lake’s (2002) Professional Environment Scale. Nurse-physician collaboration (M=2.99, SD=0.68) was
the strongest magnet hospital characteristic while staffing adequacy (M=2.38, SD=0.69) was the weakest (Laschinger, 2008).

Hackman and Oldham’s (1975) Job Diagnostic Survey measured job satisfaction using a 5-point Likert Scale, with a rating of one indicating the lowest score and a rating of five indicating the highest score for job satisfaction. Nurses were only somewhat satisfied with their jobs (M=3.33, SD=0.84). Empowerment (r=0.45) directly influenced job satisfaction.

The revised Nursing Work Index measured perceptions of patient care quality using a 4-point Likert scale. This scale ranged from one, indicating the lowest rating for quality care, to the highest score of four, indicating excellent quality. Nurses rated the quality of care on their units high (M=3.45, SD=0.59). Empowerment (r=0.27) had a slightly lesser direct effect on perceptions of quality than it did in relation to job satisfaction. The links between employee empowerment and job satisfaction reinforced the importance of positive workplace conditions for nurses’ quality of work life, further supporting the Nursing Worklife Model. In addition, the findings from this study are consistent with previous magnet hospital research in that work environment characteristics influenced patient care (Laschinger, 2008).

There have been studies conducted that have identified other variables that also effect empowerment and the work environment. The purpose of Kuokkanen, Leino-Kilpi, and Katajisto’s (2003) study was to examine nurse empowerment and background factors that were significant in contributing to or inhibiting full realization of empowerment. The theoretical background for the study focused on a previous qualitative study conducted by
Kuokkanen and Leino-Kilpi (2000). The study findings identified qualities of an empowered nurse and how to create empowered work environments.

The sample consisted of 416 nurses from Finland. The nurses worked on critical care units (61%), in long-term care facilities (76%), or public health agencies (72%). The majority of nurses working on critical care units (69%) and in long-term facilities (55%) averaged 21-40 years old. Nurses working in public health agencies (67%) averaged 41-60 years old while the number of years working as a nurse varied. Critical care nurses (40%) reported 0-5 years of experience, (38%) had 6-15 years of work experience, and (22%) reported greater than 16 years of work experience. Long term care nurses reported an almost even distribution for years working in the nursing profession: (34%) for 0-5 years, (35%) for 6-15 years, and (31%) for greater than 16 years. Public health nurses (59%) reported greater than 16 years of work experience, (33%) reported 6-15 years of experience, and (8%) reported 0-5 years of work experience (Kuokkanen et al., 2003).

Several instruments were used to measure empowerment including Cronbach’s alpha coefficients, which ranged from 0.80 to 0.93. Instruments used were the Qualities of Empowered Nurse Scale, Performance of an Empowered Nurse Scale, Work Empowerment Promoting Factors Scale, and the Empowerment Impeding Factors Scale (Kuokkanen et al., 2003).

Fifty one percent of the nurses reported being empowered, (33%) were undecided while (15%) reported a lack of empowerment. Overall nurses were satisfied with the nursing profession. Only 8-15% of the participants reported dissatisfaction. A large portion (27-60%) of nurses from the three groups had considered changing employment
or leaving the profession. Nurses under 50 years of age were career conscious, worked in a hospital, suffered from work exhaustion, or felt unappreciated and were therefore more willing to change employment. Nurses who were empowered demonstrated a higher level of activity \( (p = 0.42) \) and commitment \( (p < .001) \). Older nurses (51-60 years) and those with a working history of over 25 years were more committed than younger nurses \( (p < .001) \) (Kuokkanen, 2003).

The findings from the study indicated that job satisfaction, commitment to the job, and level of professional activity correlated strongly with nurse empowerment. Although the nurses were empowered and reported high levels of job satisfaction, the tendency toward job or career changes remained strong.

Respect has been related to organizational trust. Respect is considered fundamental to an employee’s trust of others in the organization (Laschinger, 2004). The concept of respect in the research is associated with organizational justice. As Laschinger stated, employee perceptions of justice are significantly related to important organizational outcomes, such as job satisfaction and commitment. Respect, trust, and organizational justice are, therefore, concepts that nursing leaders might consider in order to maximize organizational productivity.

Laschinger’s (2004) study was designed to test an exploratory model, based upon data from a larger study, of the antecedents and consequences of nurses’ perceptions of respect in hospitals. Originally, the sample consisted of 500 nurses randomly selected from an Ontario registry list. The final sample consisted of 285 respondents. The participants worked either full time (59.7%) or part time (0.3%). The nurses worked in
medical-surgical (68.2%), critical care (29.9%), and maternal-child (0.9%) areas. The respondents were diploma (61.1%) or baccalaureate prepared (37%). The average age was 33 years old, with 8.7 years of nursing experience.

Several instruments were utilized to measure the main study variables. All of these scales had acceptable internal consistency, with reliabilities ranging from 0.68 to 0.98. Moorman’s (1991) Justice Scale measured the extent to which employees’ needs were considered, and adequate explanations were provided for, job decisions. Interactional justice was most strongly related to perceptions of respect ($r = 0.72$).

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) measured nurses’ perceptions of access to empowering structures of access to opportunity, information, support, and resources as well as formal and informal power. Structural empowerment was significantly related to respect ($r = 0.47$). In more detail, all aspects of empowerment were significantly related to perceptions of respect, with having effective alliances at all levels of the organization ($r = 0.44$), access to support ($r = 0.38$), and resources ($r = 0.34$) being the strongest correlations (Laschinger, 2004).

Williams and Cooper’s (1998) Pressure Management Indicator (PMI) measured job stress-related antecedents of respect, job satisfaction, and mental health outcomes. Job stress resulting from workplace factors such as lack of recognition ($r = -0.38$), poor interpersonal working relationships ($r = -0.58$), and heavy workload ($r = -0.24$) were significantly related to respect.

Siegrist’s (1996) Esteem Scale measured nurses’ perceptions of respect received from managers and peers. The strongest relationships between attitudinal variables and
respect were with job satisfaction ($r = .52$) and trust in management ($r = .42$). Mishra’s (1996) 17-item Trust in Management Scale was used to measure trust in management.

The researchers used Aiken and Patrician’s (2000) Nursing Work Index-Revised (NWI-R) to measure nurses’ intent to leave the current position and nurses’ perceptions of organizational effectiveness. Nurses’ intentions to leave within the next 12 months were significantly related to perceived respect ($r = -.24$). Shortell, Rousseau, and Gillies (1991) Work Unit Effectiveness Scale was used to measure perceptions of unit effectiveness. Perceived unit effectiveness ($r = .29$), perceived adequacy of staffing to provide required nursing care ($r = .30$), and perceptions of quality of nursing care ($r = .27$) were all significantly related to respect.

The results of Laschinger’s (2004) study emphasize the importance of a positive organizational environment as a prerequisite for nurses feeling respected in work environments. The significance of providing work environments that empower employees was supported. Nursing administrators might consider the importance of good interpersonal relationships between both management and colleagues in the organization, appropriate work load, autonomy, and expressions of respect and appreciation for staff nurses. Each of these factors was found to be related to perceptions of respect. Aside from empowering work environments, nurse managers might demonstrate concern for employees with decisions affecting work and provide timely and clearly communicated information about changes. Likewise, nursing leaders might consider the importance of acknowledgement of employees’ contributions. Creating an empowering, respectful work
environment will have positive organizational effects that lead to improved job satisfaction, organizational commitment, and better patient outcomes.

Meta-Analysis

The literature review would not be complete without including the meta-analysis conducted by Zangaro and Soeken (2007). The purpose of Zangaro and Soeken’s study was to examine the strength of the relationships between job satisfaction, autonomy, job stress, and nurse-physician collaboration among nurses. The research design was based on Blegen’s (1993) meta-analysis. Since a recent meta-analysis on nursing satisfaction has not been completed, Zangaro and Soeken conducted a meta-analysis based upon Blegen’s design. The sample consisted of 31 studies representing a total of 14,567 subjects. The mean age of the participants was 38 years. Ninety-three percent were female with an average of 13 years of experience.

The study review was completed by two independent assessors and resulted in a rater agreement of 98%. Two forms were developed to abstract and code data. The data coding form was used to extract study characteristics and effect sizes from each study. Quality assessment indicators established by Downs and Black (1998) were consistent with meta-analysis design. Oxman and Guyatt’s (1991) criteria for determining a quality study was the basis for the format of the quality rating scale. Overall, there was 95% rater agreement for quality across the items. The Comprehensive Meta-Analysis (Borenstein & Rothstein, 1999) software package was used to perform the data analysis. Correlations indicating the strength of relationships between variables was categorized based on Cohen’s (1988) criteria: trivial (.01-.09), low to moderate (.10-.29), moderate to
substantial (.30-.49), substantial to very strong (.50-.69), very strong (.70-.89), and near perfect (.90-.99).

Autonomy, job stress and nurse-physician collaboration were three variables commonly identified as consistently associated with job satisfaction. In the meta-analysis, job stress had the strongest negative correlation with job satisfaction while nurse-physician collaboration had the strongest positive correlation with job satisfaction. Autonomy had a moderately positive correlation with job satisfaction. There was a significantly stronger correlation between job satisfaction and autonomy for studies published more recently than from 2000 to 2003. The meta-analysis also found that there has been a significant increase in the relationship between job stress and job satisfaction over the last 12 years (Zangaro & Soeken, 2007).

**Summary**

The most significant implication of the study and the other studies is the importance of the nurses’ work environment. Challenging health care environments, restructuring and a nursing shortage create opportunities for nurse managers to develop work environments that positively impact job satisfaction. The effect of factors such as organizational justice, respect, trust, and empowerment on job satisfaction and organizational commitment has proven to be significant. By creating positive work environments, nurse administrators may improve nurse retention and recruitment while simultaneously positively impacting patient care.
Chapter III

Methods and Procedures

Introduction

Research has shown a variety of variables that affect perceptions of work environments, job satisfaction and organizational commitment. Nurses’ trust in managers has been proven to promote a positive work environment, while mistrust in management impacts job satisfaction and organizational commitment (Laschinger & Finegan, 2005). One strategy in creating trust and a positive work environment is to foster empowerment. This study is a replication of Laschinger and Finegan’s study based on Kanter’s Structural Theory of Organizational Empowerment (1977, 1993). The purpose of the study is to examine relationships among structural empowerment, justice, respect, trust in management, job satisfaction, and organizational commitment.

Population and Sample

On approval of the Ball State University and Bloomington Hospital’s Institutional Review Boards (IRBs) and the hospital’s Chief Nursing Officer (CNO) has given permission to contact the nursing staff, the study will begin. The study will be conducted in Bloomington, Indiana. The sample population for the study will include direct care registered nurses (RNs) working within two hospitals and three free-standing clinics that are part of the Bloomington Hospital Healthcare System. Currently Bloomington
Hospital employs 706 direct care RNs; therefore, an anticipated return rate of the questionnaires is estimated to be 35%, or a sample size of 250 RNs. Criteria for inclusion into the study is: (a) a current RN license; (b) 50% of work hours dedicated to direct patient care; and (c) work a minimum of 12 hours per week. With the assistance of the payroll system, a computer-generated list of RNs will be obtained by pulling RN job class codes, department codes and standard hours to complete a list of RNs who fulfill the inclusion criteria for the sample population.

Protection of Human Rights

Prior to the study, the Chief Nursing Officer (CNO) will be informed and asked to endorse the study. The study documents will be submitted to the Institutional Review Board (IRB) of Ball State University and the Bloomington Hospital IRB for approval. Once approval is received the nurse leaders of all patient care areas will be informed and asked to support the study by encouraging nurse participation.

Participation in the study is voluntary. Participants will be mailed information regarding the purpose and methodology of the study. An introduction letter explaining the study will accompany the consent form, study and demographic questionnaires. All names will be anonymous. Surveys will be kept confidential and secured in a locked file in the researcher’s office.

There are no unforeseen risks identified with this study. Participants may benefit by the opportunity for direct care RNs to reflect on and indirectly influence such factors as empowerment, justice, respect, trust in management, job satisfaction, and organizational commitment. The information obtained by this study will provide insight
to the Bloomington Hospital nursing leadership team for strategies to improve nurse work environments.

*Procedures*

The researcher will meet with the CNO to explain the purpose, the inclusion criteria, and methodology of the study before asking for approval by both IRBs. Once permission has been granted by the CNO, the researcher will submit the study for approval to both IRB boards. Once approved by both IRBs, nurse leaders will be informed about the study and asked to encourage nurse participation in the study. A letter explaining the study, demographic questionnaire and informed consent documents will be emailed to the nurses via the hospital’s intranet. A reminder email will be sent at 2 weeks and 4 weeks after the original emailing of the questionnaire packet. Only the researcher will have access to the files.

*Research Design*

This research will use a non-experimental, predictive design. The study will be non-experimental because there will not be a causality with control (Burns & Grove, 2009). It will be predictive because it is predicted that the value of one variable, such as empowerment, will have a causal relationship with another variable, such as job satisfaction.

*Methods of Measurement*

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) will be used to measure empowerment. This instrument measures perceptions of access to the elements of empowerment described by Kanter (1977, 1993): access to opportunity,
information, support, resources, formal and informal power (Laschinger et al. 2001b).

The CWEQ-II consists of 19 items rated on a 5-point Likert scale, with scores of one indicating the lowest level of empowerment and five representing the highest level of empowerment. There are six subscales, all using 5-point Likert scales, of the CWEQ-II that are composed of three items. Mean scores for each subscale will be obtained by summing and averaging items. An overall empowerment score will be calculated by summing the means of the four subscales. The overall empowerment score will have a possible range of 6 to 30, with the higher score reflecting a more positive perception of empowerment. Cronbach alpha reliabilities in previous studies ranged from 0.79 to 0.82 (Laschinger & Finegan, 2005).

Moorman’s (1991) Justice Scale will be utilized to measure justice. The Justice Scale is a nine-item scale in which each item is rated on a 7-point scale. The internal consistency reliability of this instrument has been reported to range from 0.81 to 0.91 (Laschinger & Finegan, 2005).

Respect will be measured by Siegrist’s (1996) Esteem Scale. The instrument contains three items designed to measure nurses’ perceptions of respect received from managers and peers. Items are rated on a 7-point scale. Alpha reliability in previous studies was acceptable at 0.76 (Laschinger & Finegan, 2005).

Mishra’s (1996) 17-item Trust in Management Scale will be used to measure trust in management. The Trust in Management Scale consists of four dimensions: reliability, openness/honesty, competence, and concern. Items are rated on a 7-point scale. Alpha reliability has proven acceptable (>0.70) (Laschinger & Finegan, 2005).
The final instrument will measure job satisfaction and organizational commitment. Subscales from Williams and Cooper’s (1998) Pressure Management Indicator rate items on a 6-point Likert scale. The job satisfaction subscale predicts organizational commitment, positive organizational climate, and degree of control in the workplace. The Pressure Management Indicator has an acceptable internal consistency reliability of 0.89. The organizational commitment subscale measures employee’s attachment to the organization and the extent that work improves the quality of life. Previous internal consistency reliability for this subscale has also been acceptable (0.84 to 0.88) (Laschinger & Finegan, 2005).

Data Analysis

The researcher will collaborate for the final data analysis. To replicate Laschinger and Finegan’s (2005) study, path analysis techniques with maximum likelihood estimation will be employed to test the hypothesized model using a structural equation modeling program, AMOS 4.0 (Arbuckle, 1997). Laschinger and Finegan previously evaluated fit to the model by using Chi-square, the Cumulative Fit Index (CFI), the Incremental Fit Index (IFI) and the Root Mean Square Error of Approximation (RMSEA).

Summary

This research is intended to further support Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) by examining relationships among structural empowerment, justice, respect, trust in management, job satisfaction, and organizational commitment. Nurse leaders should seize the opportunities to positively impact
empowering and satisfying nurse work environments. By providing such work environments, nurse recruitment and retention may also be positively influenced, therefore decreasing costly nurse turnover. The findings of this study will be analyzed and shared with the nursing leadership at Bloomington Hospital. The intent of the study will drive improved efforts to provide empowering and satisfying nurse work environments that will also improve nurse recruitment and retention.
References


