WORK PLACE EMPOWERMENT, INCIVILITY AND BURNOUT: IMPACT ON STAFF NURSE RECRUITMENT AND RETENTION OUTCOMES

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# Table of Contents

Abstract ................................................................................................................................. i

Table of Contents ................................................................................................................ ii

Chapter 1. Introduction and Background ........................................................................ 1

Introduction ......................................................................................................................... 1

Background and Significance ............................................................................................ 2

Problem ............................................................................................................................... 4

Purpose ................................................................................................................................. 4

Research Question ............................................................................................................. 5

Theoretical Framework ..................................................................................................... 5

Definition of Terms .......................................................................................................... 6

Empowerment .................................................................................................................... 6

Interactional Justice .......................................................................................................... 6

Respect ............................................................................................................................... 6

Organizational Trust ......................................................................................................... 6

Limitations ......................................................................................................................... 6

Assumptions ...................................................................................................................... 7

Summary ............................................................................................................................ 7

Chapter II. Literature Review .......................................................................................... 8

Introduction ......................................................................................................................... 8

Purpose ............................................................................................................................... 8

Organization of the Literature ......................................................................................... 9
Chapter 1

Introduction and Background

Introduction

Healthcare organizations face many challenges while striving to retain nurses and deliver high quality, cost effective health care. The United States (U.S.) is currently experiencing a nursing shortage that will be affected by the aging baby boomer generation’s increased need for healthcare. Another challenge for the nursing profession is the aging nurse population expected to enter retirement in the next 10 years (AACN, 2008). The effect of the aging nurse population is two-fold. Not only will there be fewer nurses at the bedside but also fewer nurse educators to meet increased enrollment in schools of nursing. Healthcare organizations must seek solutions retaining registered nurses to deliver quality, cost effective care.

Nurse shortages create complex problems within healthcare. The over burdening workloads, long overtime hours and increased stress lead to nurse burn-out and extending registered nurse shortages (AACN, 2008). During nurse shortages and increased nurse turnover, higher patient to nurse ratios may compromise the quality of care delivered to patients and lead to patient and nurse dissatisfaction (ANCC Marketplace, 2008).

In 2005, Buerhaus, Donelan, Ulrich, Norman, and Dittus conducted research that focused on the U.S. registered nurse (RN) workforce. The study was designed to assess:
(a) whether the current nurse shortage is improving or declining; (b) RN job satisfaction and the decision to be a nurse; (c) the impact of the current nursing shortage on nurses care processes, and on the quality of patient care; and (d) characteristics of older RNs, the fastest growing segment of the nursing workforce in the US (Buerhaus et al. 2005). The analyses used trended data from national surveys of RNs conducted in 2002 and 2004, as well as a 2003 national survey of nursing study by Hatcher et al., (2006) reported replacement cost for a medical surgical nurse exceeds $92,000 and $145,000 to replace a specialty-area nurse (Curran, 2006).

Kanter’s (1977, 1993) Theory of Organizational Empowerment states that trust empowers nurses and leads to job satisfaction. Further research by Laschinger, Finegan, and Shamian; (2001a), Laschinger, Finegan, and Shamian (2001b); Laschinger, and Finegan (2005); and Laschinger, Leiter, Day, and Gilin (2009), substantiated Kanter’s (1977, 1993) Theory of Organizational Empowerment. Workplace empowerment, organizational trust, and respect in the workplace can have a significant impact on job satisfaction and organizational commitment. A study by Laschinger and Finegan, (2005) supported the proposition that empowerment of nurses led to increased job satisfaction, increased autonomy, self-efficacy, and organizational commitment.

**Background and Significance**

There are compelling reasons to empower nurses. Powerless nurses are ineffective. They are less satisfied with employment and more susceptible to burnout and depersonalization (Manojlovich, 2007). There has been many advances made in technology; however, relatively little has changed within the nursing profession. Almost 95% of all nurses are women (Spratley, Johnson, Sochalski, Fritz, and Spencer, 2000),
(Manojlovich, 2007). Even after the feminist movement, many nurses feel less empowered and dissatisfied with being a nurse. Further studies of power and empowerment is warranted to determine if the literature can provide insight on what empowers nurses and in turn improves quality patient care (Manojlovich, 2007).

A historical review of nurse’s autonomy should include social, cultural and educational factors that influence nurse empowerment. Social and cultural factors that influence nurse empowerment have roots in the perception that a career in nursing remains a female profession. Initially, nurses assumed a domestic role that women were expected to fulfill in the home. The persistent invisibility of a lot of nursing work decreases nursing’s social status and perceived value, contributing to powerlessness (Manojlovich, 2007). Kanter (1993) maintained that power is acquired through the process of empowerment. Kanter (1993) viewed satisfaction arising from social structures in the workplace improving employee’s satisfaction and effectiveness on the job.

The topic of empowerment was addressed in nursing literature in the 1970’s. Chandler (1986) was one of the first researchers to describe empowerment in nursing. Chandler distinguished between power and empowerment. Power offers control and influence over others. Chandler (1986) stated that empowerment enables one to act. Tim Porter O’Grady (2001) has researched and published articles on nurse empowerment for the past 25 years. Shared Governance was identified by Porter O’Grady as an opportunity for bedside nurses to govern nursing practice by being involved in decision-making at the unit level. Engaging nurses in the decision-making process empowers nurses to improve the workplace environment and patient care.
Laschinger and Finegan (2005) researched empowerment and evaluated the effects of empowerment on perceptions of organizational justice, trust in management, and respect. Results of the study indicated that structural empowerment has a direct positive effect on organizational justice, trust in management, and respect. Employee empowerment leads to job satisfaction and organizational commitment. Patient care and nurse performance is adversely affected when nurse dissatisfaction increases with loss of trust and respect within the nurse work environment. Results from the study may provide healthcare administrators and managers with information on strategies to improve nurse retention.

**Problem**

Healthcare organizations are challenged with a significant registered nurse shortage. The cost of replacing registered nurses who leave their employers adds an increased burden on the financial aspects of healthcare. Administrators are striving to find ways to retain registered nurses and decrease the financial impact of nurse turnover. In the endeavor to retain nurses, empowerment is a vital aspect of nurse retention. Workplace empowerment of nurses, organizational justice, trust in management and respect can have a significant impact on job satisfaction and organizational commitment (Laschinger & Finegan, 2005).

**Purpose of the Study**

The purpose of this study is to determine if registered nurses’ perception of empowerment to organizational justice, respect, trust in management, and workplace civility relates to increased job satisfaction, organizational commitment, and decreased feelings of job burnout. This study is a replication of Laschinger and Finegan’s (2005) study.
Research Question

1. Is nurse job satisfaction and organizational commitment predicted by organizational justice, trust in management, respect, and empowerment?

Theoretical Framework

Kanter’s Theory of Organizational Empowerment (1977, 1993) will be used for the study to evaluate nurse’s perceptions of empowerment. Kanter’s Theory of Organizational Empowerment (1977, 1993) is a framework that predicts a positive work environment. Certain work environmental factors influence an employee’s job satisfaction and organizational commitment. Access to information, support, resources, and the opportunity to learn and grow contribute to a positive work environment and perceptions of empowerment. Kanter (1993) stated that information, support, and opportunity to learn motivates employees and fosters job satisfaction. Factors, such as nurses’ personality and socialization experiences, are not considered significant on nurse empowerment. Leaders in healthcare play an important role in creating a work environment that promotes nurse empowerment.

Kanter’s Theory of Organizational Empowerment (1977, 1993) is supported in the research study conducted by Laschinger and Finegan (2005). Kanter describes 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. Therefore, Kanter’s theory is appropriate for this replication of Laschinger and Finegan’s (2005) study.
Definition of Terms

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

Operational. Empowerment: Will be measured using Conditions for Workforce Effectiveness Questionnaire-II as used in a study by Chandler (1986).

Conceptual. Interactional Justice: Interactional justice describes perceptions of the quality of interacting among individuals involved in or affected by decisions (Bies & Moag, 1986), (Laschinger & Finegan, 2005).

Operational. Interactional Justice: Will be measured by Moorman’s (1991) Justice Scale

Conceptual. Respect: Respect as defined by Dillon (1992), (Laschinger & Finegan, 2005) as paying attention to and taking seriously by another person.


Conceptual. Organizational Trust: Laschinger and Finegan (2005) cited Gilbert and Tang (1998) as defining organizational trust as the belief that an employer will be straightforward and follow through on commitments.


Limitations

The study will be limited by geographical location and isolation of one healthcare organization included in the study.
Assumptions

Kanter’s Theory of Organizational Empowerment (1977, 1993) stated that work environments providing access to support, resources, opportunity, and information will result in empowered employees; and therefore, satisfied employees who are committed to the organization. It is assumed that developing an empowered work culture will gain organizational commitment and job satisfaction among hospital bedside nurses.

Summary

Nurse retention needs close attention from hospital administrators if they are to retain nurses and impact budget deficits. Empowering nurses leads to job satisfaction and organizational commitment as identified by research. By applying research and further studying nurse empowerment, the registered nurse shortage can be reduced by retaining bedside nurses in the workforce. Kanter’s Theory of Organizational Empowerment (1977, 1993), used as the framework for this study, may help in reducing the nurse turnover at Mission Regional Medical Center, by linking nurse empowerment to organizational commitment and job satisfaction.
Chapter II

Literature Review

Introduction

The current nursing shortage has a significant impact on hospitals and other healthcare organizations across the United States. It is expected to increase when a large number of nurses retire within the next 10 years (Upenieks, 2003). Health care organizations spend in excess of $10,000 per registered nurse (RN) to recruit, orient and train replacements for each RN lost to nurse turnover (AFSCME, 2009). Therefore, it is essential to develop strategies to retain registered nurses and minimize the expense of registered nurse turnover. Organizational justice, respect, and perceived formal and informal power are directly related to the empowerment and organizational commitment of registered nurses (Laschinger & Finegan, 2005).

Purpose

The purpose of this study is to replicate Spence Laschinger and Finegan’s (2005) study that links registered nurses’ perception of empowerment to organizational justice, respect, trust in management, and workplace civility as it relates to increased job satisfaction, organizational commitment, and decreased feelings of job burnout.
Organization of the Literature

The literature review is organized into five sections: (a) theoretical framework; (b) nursing shortage and empowerment; (c) factors involved in empowerment; (d) impact of workplace empowerment; and (e) empowerment as predictors of work factors.

Theoretical Framework

The theoretical framework for this study is Kanter’s (1977, 1993) Theory of Organizational Empowerment. According to Kanter, empowered employees are more committed and effective to the organization and experience greater job satisfaction. Kanter’s (1977, 1993) Theory of Organizational Empowerment is divided into four structures that foster empowerment: (a) access to information; (b) support; (c) resources needed to do the job; and (d) opportunities for growth and learning. Kanter believed having access to these four structures results in increased job satisfaction and organizational commitment.

Kanter (1977, 1993) determined that experiencing the organizations informal and formal power influences employees who have access to empowering factors. Formal power is acquired by the recognition of the individuals’ excellent job performance. Informal power is perceived from positive relationships experienced in the workplace with peers, subordinates and management personnel. Kanter believed empowering employees promotes job satisfaction, organizational commitment and motivates employees to work. Kanter’s Theory of Organizational Empowerment provides a framework for job satisfaction and commitment to the organization. Kanter’s theory can assist healthcare managers to create workplace environments that are conducive to development of nurse empowerment. Creating trust, workplace civility, and recognition
of excellent performance will promote job satisfaction and organizational commitment, reducing nurse turnover.

**Nursing Shortage and Empowerment**

Nurse retention is important to workplace safety and quality of patient care. In 2000 the rate of nurse turnover was 21.3%, and costs two times an average nurse’s annual salary (Atencio, Cohen, & Gorenberg 2003). Needleman, Buerhaus, Mattke, Stewart, and Zelevinsky (2002), as quoted by Atencio, Cohen & Gorenberg, reported that increased registered nurse presence was associated with decreased patient lengths of stay, lower urinary tract infections, pneumonia, upper gastrointestinal bleeding, shock or cardiac arrest, and failure to rescue. Job dissatisfaction is a major cause of nurse turnover, and nurse turnover increases the nurse shortage. Multiple studies have indicated job dissatisfaction is a predictor of nurses’ intent and decision to leave employment (Atencio, Cohen, & Gorenberg, 2003); Laschinger, Finegan, & Shamian, 2001; Laschinger & Finegan 2005; and Nedd 2006).

The purpose of Atencio, Cohen and Gorenberg’s (2003) longitudinal, descriptive study was to determine the perceptions of staff nurses regarding autonomy, task orientation, and work pressure in the acute care hospital work environment. The target population was acute care registered nurses (RNs), at a clinical level of 1-3 in an urban tertiary hospital in Northern California. New registered nurses at this hospital are considered a clinical level 1 while charge nurses and unit managers are clinical levels 2 and 3. The final sample consisted of 245 female (95.3%) and 12 male (4.7%) registered nurses. The majority of nurses were 40 years of age and older (73.1%). More than half the nurses (54.3%) had earned a baccalaureate degree in nursing.
A demographic questionnaire and the self-administered Insel and Moos Work Environment Scale (WES) were used for data collection. The WES measured three dimensions of the work environment: (a) personal growth/goal orientation; (b) relationships; and (c) system maintenance/system change. Each dimension explored various subscales. The personal growth/goal orientation dimension and the subscales of autonomy, task orientation, and work pressure were the focus of the subscales. Autonomy was defined as “how much employees are encouraged to be self-sufficient and to make decisions?” Task orientation was “the emphasis on good planning, efficiency, and getting the job done.” Work pressure was the “degree to which high work demands and time pressure, dominate the job milieu” (Atencio, et al. 2003 p.18).

The findings supported previous research studies that assessed autonomy, task orientation, and work pressure experienced by nurses. Analysis determined that positive perceptions of these factors are important in improving job satisfaction, retaining experienced nurses, and decreasing turnover. Of particular interest was the relationship between years of work experience and perceptions of autonomy and task orientation. Nurses with five years of experience or less perceived a greater sense of autonomy, and had a more positive view of the tasks performed than experienced nurses. This contradicts the findings of Bratt et al. (2002), as quoted by Atencio, Cohen and Gorenberg (2003), who found that inexperienced nurses had increased job stress as compared to experienced nurses. The results confirmed Letvak’s (2002) findings of older nurses who desired increased autonomy and increased direct patient care as quoted by Atencio et al., (2003).
Insight into nurse perceptions of these factors will assist nurse administrators to develop strategies that enhance employee morale and work performance. These strategies have desired effects of increasing nurse retention, reducing turnover, and improving patient outcomes. Researchers found some nurses choose to leave their job due to resource constraints, poor employee morale and strained interdisciplinary relationships (Reineck & Furino 2005). These issues challenge the sense of stability of nurse’s work environment. Laschinger and Finegan (2005) studied empowerment, trust and respect in the workplace as it related to job satisfaction, organizational loyalty and intent to remain or exit the organization. The purpose of the study was to evaluate the effects of nurse empowerment on perceptions of organizational justice, respect, and trust in nursing management. The researchers hypothesized the efforts to improve employees’ perception of empowerment, benefits organizations by reducing employee turnover and increasing organizational commitment.

Kanter’s Theoretical Framework of Organizational Empowerment (1977, 1993) served as the frame work for the study. A non-experimental predictive design was used to test the proposed model. A random sample of 273 medical-surgical and critical care nurses in urban teaching hospitals across Ontario Canada was invited to participate in the study. Nurses worked either full (59.7%) or part time (40.3%) in medical-surgical (70%) or critical care (30%) areas. The majority (63%) were diploma prepared, while 37% held baccalaureate degrees. Nurses averaged 33 years of age with 9 years of nursing experience, and 2 years experience in current work units.

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) measured nurses’ perceptions of access to six elements of structural empowerment described by Kanter
informal power and formal power. Interactional Justice was measured by nine-items from Moorman’s (1991) Justice Scale. Respect was measured by Siegrist’s (1996) Esteem Scale. This scale contained three items designed to measure nurses’ perceptions of respect received from managers and peers. Job satisfaction and organizational commitment were measured on a 6-point Likert scale using subscales from Williams and Coopers’ (1998) Pressure Management Indicator (Reineck & Furino, 2005).

The results of the study support the proposition that staff nurse empowerment has an impact on nurse perceptions of fair management practices, feelings of respect in the work setting, and trust in management, which ultimately influence job satisfaction and organizational commitment (Laschinger & Finegan, 2005). The nurses in the study believed that structurally empowering conditions in the workplace indicated that managers were likely to have concern for nurses’ well-being in relation to organizational decisions and provide nurses with explanations to justify decisions. The nurses believed respect increased trust in management, or that managers were reliable, honest, competent, and compassionate. These conditions resulted in greater job satisfaction and commitment to the organization.

Nurses in the study who reported low levels of organizational justice, feelings of being respected, and trust in management also believed a lack of access to workplace empowerment structures existed, which ultimately led to low levels of job satisfaction and organizational commitment. The results suggested that creating empowering work conditions that foster positive working relationships within an atmosphere of trust and
respect improve retention of a sustainable nursing workforce (Laschinger & Finegan, 2005).

Factors involved in empowerment

In magnet hospitals the concept of empowerment has been used to develop patient care, staff education and training and management development. Empowerment is not only influenced by organizational factors, but also by qualities and values inherent in nurses (Kuokkanen & Leino-Kilpi, 2001). The purpose of Kuokkanen & Leino-Kilpi’s (2001) study was to acquire a deeper knowledge of the factors involved in nurse empowerment. Four concepts were explored: (a) what is an empowered nurse like?; (b) how are functions performed?; (c) what promotes empowerment?; and (d) what prevents empowerment?

A letter describing the study details was distributed to 125 potential participants of a career advancement project at a Finland university hospital. The initial thirty registered nurses responding to the letter were selected for inclusion into the study. The nurses ranged in age from 30-60 years with an average work experience of 16 years. Demographic information was collected including age, working experience, location of work and the conditions of the work environment. There were five interview themes addressed; (a) moral principles; (b) personal integrity; (c) expertise; (d) future orientation; and (e) sociability. The recorded interviews were held at the participant’s work place and averaged 45-75 minutes. Qualitative content analysis was preformed seeking a coherent statement of a few words to several statements. The results yielded the following five categories; (a) moral principles; (b) personal integrity; (c) expertise; (d) future orientation; and (e) sociability. These categories represented the performance
and the qualities of an empowered nurse, as well as the factors promoting and preventing nurse empowerment.

Empowerment preventative factors were contrary to the promoting factors or even more often, a lack of empowerment factors. Evidence revealed the empowered nurse follows established principles and evolves even in problematic surroundings. The participants disclosed feelings of the hierarchical and bureaucratic systems within hospitals as being an obvious impediment to development of empowerment. Changes in working conditions also required modified nurse attitudes, work habits and the ability to accomplish work related goals. The conceptual system depicting empowerment may be put to use in planning the training, recruitment, and career development of nurses.

The study findings indicated that empowered nurses have: (a) respect for others; (b) mastered life; (c) are future-orientated; and (d) socially adept. The nurses employ moral behaviors to help guide work and personal life. Nurses believed personal integrity created balance and mastery over their life and work expertise was related to the esteem they associated with nursing. Primary nursing seemed to increase the nurse’s autonomy providing control over patient care (Kuokkanen & Leino-Kilpi, 2001). The researchers found that empowered nurses are innovative and creative, committed, possess power associated with expertise and influence others. Empowered nurses are also socially skilled, flexible, have positive attitudes and have the courage to take action when needed to solve problems.

The same categories were used to describe how empowerment was prevented. Barriers to empowerment were identified as: (a) conflicting values; (b) nullification of a nurse’s actions; (c) the bureaucratic system of hospitals;
(d) an authoritarian leadership style; (e) resistance to change; (f) conflicts; and (g) a lack of openness. The study findings indicated that empowerment is a process influenced by qualities, values and endeavors intrinsic in the individual nurse in relation to environmental factors. While nurses are moved to act by social and human values the empowered nurse has greater self-esteem; therefore better job performance.

The conceptual system depicting empowerment may be put to use in planning the training, recruitment, and career development of nurses. The researchers acknowledged further studies are needed to ascertain how nurses are empowered and the significance to the influence of environmental variables (Kuokkanen & Leino-Kilpi, 2001).

Impact of Workplace Empowerment

Job strain may have a negative impact on nurses’ health: which can negatively affect patient care and quality outcomes. Many issues affect nurses’ health including feelings of helplessness and hopelessness, fatigue, errors, lack of commitment and burnout. Empowerment builds self esteem and commitment to the organization and the profession of nursing. Laschinger (2001a) believed that nurse managers should develop strategies to empower nurses increasing organizational retention. Laschinger et al. (2001a) surmised there was a need for nurse managers to empower nurses retaining them in the workforce.

Kanter’s Theory of Empowerment (1977, 1993) was the framework for this study. The purpose of Laschinger et al’s. (2001b) study was to further support Kanter’s (1997, 1993) theory on the positive effects of empowerment on nurses’ health and well-being in the workplace. The study was designed to test Kanter’s (1977, 1993) theory linking nurse empowerment to job strain and satisfaction. Healthy nurses should be a priority, and finding strategies to improve the health of nurses’ is significant to professional nursing.
It was hypothesized that structural empowerment would directly and positively affect psychological empowerment and job satisfaction. In addition to positively affecting satisfaction, it was hypothesized that psychological empowerment would decrease job strain and enhance job satisfaction. Variables of empowerment, job strain, and job satisfaction, used in Kanter’s (1977, 1993) Theory of Organizational Empowerment were used for the study. The researchers added retention as an additional variable for the study.

The research study identified two forms of empowerment that needed to be examined. Laschinger et al. (2001b) based on previous research, divided empowerment into structural and psychological empowerment. The researchers also utilized former studies to identify variables of job strain and work satisfaction. The conceptual definition of each variable was clearly defined. A non-experimental, predictive design was used to examine causal relationships between variables. Data analysis was done using the Structural Equation Modeling (SEM). This model is designed to test theories, and refers to the same residual and exogenous variables as does the model-testing design.

A random sample of 600 nurses from the College of Nurses of Ontario registry was invited for inclusion into the study resulting in a final sample of 404 participants. An unequal number of male and female nurse participants were considered a study limitation. In addition since full and part time nurse participants were included it was difficult to determine if the daily stresses of full time employment created less engagement in the organization. Laschinger et al. (2001b) noted a “logical sequence” that psychological empowerment is a human response to managerial interventions that create empowering environments, thus causing lower job strain and higher job satisfaction.
Since previous researchers have not studied the specific effects of psychological empowerment Laschinger et al’s. (2001a) study provides further support for Kanter’s (1977, 1993) theory plus it is the first to evaluate the combined role of structural and psychological empowerment predicting job satisfaction. Linking structural empowerment with psychological empowerment allows for a greater understanding of the empowerment process. Although the study failed to conclude that work satisfaction is directly affected by job strain, the significant conclusion that empowerment does affect job satisfaction provides evidence that organizations and managers need to create and maintain healthy work conditions.


Nurse education in Canada is in the midst of rapid professional, social and educational changes. Many educational programs are facing considerable financial constraints due to government cutbacks in funding over the past decade. Decreasing enrollments, fewer educators, and increased class sizes, are placing increased demands on nurse educators (Sarmiento, Iwasiw; & Laschinger, 2004). Although nurse educators have increased responsibility, they have low decision-making power which may lead to decreased job satisfaction and increased nurse educator burn-out (Sarmiento et al., 2004). The purpose of Sarmiento et al., (2004) research study was to test Kanter’s (1977, 1993) Theory of Empowerment, by examining relationships among structural empowerment, burnout and work satisfaction among nurse educators.
Kanter’s Theory (1977, 1993) of Organizational Empowerment was used to explain concepts related to workplace behaviors (Sarmiento et al., 2004). Kanter (1977, 1993) found that workers were empowered when offered the opportunity for professional growth and had the power to carry out job demands. Kanter (1977, 1993) surmised that empowerment led to motivation, job satisfaction, and decreased nurse burn-out.

Sarmiento et al. (2004) studied the interrelationships between structural empowerment, burnout, and work satisfaction by utilizing questionnaires responses burnout from nurse educators working in community colleges across the province of Ontario, Canada. Criteria for inclusion required participants to have worked in institutions for at least 6 months. A total of 146 educators were asked to participate in the study. The final sample consisted of 89 nurse educators.

The study findings supported Kanter’s (1977, 1993) Theory of Empowerment that structural empowerment positively affected job satisfaction. The findings failed to support a second hypothesis that psychological empowerment decreases job strain and enhances job satisfaction. The results revealed that job strain is “ameliorated” by enhancing employee’s access to workplace environment structures that lead to feelings of personal empowerment (Sarmiento et al., 2004).

Nursing turnover is costly for healthcare organizations often resulting in increased recruitment and orientation of nurses, but decreased nurse productivity. Organizational cost to replace an RN is estimated to exceed 1.3 times the salary of a registered nurse (RN) or up to 5% of a hospital’s yearly registered nurse budget (Kovner, Brewer, Greene, & Fairchild, 2009). There is strong support for the relationship between intent to remain in an organization and actual nurse turnover. Understanding factors associated with
newly licensed registered nurses’ (NLRNs’) intent to remain will provide nurse employers with effective intervention strategies.

The purpose of Sarmiento et al’s. (2004) study was to identify factors associated with NLRNs’ intent to remain in their place of employment. Price’s (2001) Theory of Causal Model of Voluntary Turnover, identifies work attitudes (job involvement, autonomy, distributive justice, job stress, promotional chances, routinizaton) as predictive of job satisfaction. Price (2001) also identified social support (supervisor and peers), affectivity (positive and negative), and job opportunities outside the organizations, and pay (other compensation, benefits) as predictors of job satisfaction (Kovner et al., 2009).

Based on empirical literature, Price’s (2001) Theory of Causal Model of Voluntary Turnover was modified to include variables that are usually included in economic models of workforce participation. These variables include measures of market level factors, demographic characteristics including other income, benefits, spousal wage, and part-time/full-time work status. Work-family conflict overtime and shift time were included.

A sample of 1,933 nurses from 34 states and 51 metropolitan and nonmetropolitan areas was obtained from a cross-sectional survey mailed to NLRNs who passed the National Council Licensure Examination between September 2004 and August 2005. Respondents were identified as White non-Hispanic, married and female with no children living at home.

This study included dependant and intervening variables using a 4- item questionnaire related to: (a) intent to stay; (b) search behavior; (c) job satisfaction; and (d) organizational commitment. Results for these variables showed Cronbach Alphas scores ranging from 0.76 to 0.88 with standard deviation range of 11.31-25.37. Work related
attitudes were determined with an 8-item questionnaire including (a) autonomy; (b) variety; (c) distributive justice; (d) procedural justice; (e) work-family conflict; (f) family-work conflict; (g) promotional opportunities; and (h) collegial relations. The Cronbach alpha scores ranged from 0.70-0.94 with a standard deviation from 1.64-3.73.

Several characteristics are significant in predicting satisfaction (ethnicity, gender) and organizational commitment (patient load, mandatory overtime, and shift and unit type) and intent to stay (income and age) over and above work attitudes. Among the most important implications from this research study are how the findings can inform healthcare management and policy. The findings from Sarmiento et al.’s (2004) research study may be useful for those organizations that want to decrease the turnover rate and increase nurse satisfaction rates.

New registered nurses face many challenges during the transition to the professional nurse role. It is purposed that empowered nurses experience greater work satisfaction. The future of the nursing profession in part depends on creating high-quality work environments that retain new registered nurses. Laschinger, Finegan, & Wilk, (2009) studied burnout and the impact the professional environment, workplace civility, and empowerment had on new registered nurses.

The purpose of Laschinger, Finegan, et al.’s, (2009) study was to determine the combined effect of supportive professional practice environments, civil working relationships, and empowerment on new registered nurses experiences of workplace burnout. Recent studies found that 66% of new registered nurses experienced work burnout associated with negative workplace conditions.
Two hundred and forty seven Ontario nurses with less than 2 years of experience participated in the study. Nurses averaged 28 years of age (71%), had 1.5 years of nursing experience and 1.3 years in current nursing positions. Most were female (94%), worked full-time (65%), were baccalaureate prepared (65%), and worked on medical-surgical (95%) or critical care (21%) units (Laschinger, Finegan, & Wilk, 2009).

The Practice Environment Scale of the Nursing Work Index (NWI-PES) consisted of 31 items rated on a 4-point Likert scale, ranging from 1 (strongly agree) to 4 (strongly disagree). New registered nurses in the study reported high levels of emotional exhaustion (62% scored > 3, the cut point for severe burnout, according to Maslach, Jackson, and Leiter (1996) as cited by Laschinger and Finegan (2009). Hierarchical multiple regression analysis was conducted to examine the impact of workplace factors on new registered nurse burnout level (emotional exhaustion). New registered nurses’ perceptions of support for professional nursing practice in the work setting (Lake’s 5 Magnet hospital characteristics) was a significant independent predictor of emotional exhaustion as was workplace civility and empowerment. A combination of a supportive practice environment, civil working relations among nurse colleagues and an overall sense of empowerment in the workplace contributed to lower levels of emotional exhaustion among new nurses.

The analysis provided support for the hypothesized model and a more comprehensive understanding of the impact of workplace conditions on new nurse burnout. The additive value of working in collegial work settings in which nurses respected others and refrained from incivility behaviors in the day to day work was demonstrated. The results provided support for a link between supportive professional practice environments,
workplace civility, empowerment and new registered nurse experience of burnout, a previously unstudied relationship. The results suggested working in environments that permit new registered nurses to practice according to professional standards aligned with educational programs and free of uncivil behaviors among colleagues was significant to them. This knowledge may protect new nurses from burn out (Laschinger, Finegan, et al., 2009).

Laschinger, Leiter, Day and Gilin (2009) conducted a study on empowerment, incivility, and burnout’s impact on recruitment and retention of nurses with 612 staff nurses from five Canadian healthcare organizations. The researchers built on previous research by Kanter (1977, 1993) describing organizational empowerment structures and Cortina, Magley, Williams and Langhout’s (2001), study, as quoted by Laschinger, Leiter, et al., (2009), linking workplace incivility to organizational outcomes of distress. Job dissatisfaction and withdrawal behaviors studied by Laschinger & Finegan, (2005) and Laschinger & Laschinger, (2006) linked structural empowerment with job satisfaction, commitment, productivity and burnout and demonstrated the mechanisms for empowerment such as trust in management, autonomy, organizational justice and positive working relationships.

A lack of quantitative information on workplace incivility’s impact on nurses and the factors for bully behaviors including lack of information, organizational resources and support. Einarsen, (1994), Raknes and Matthiesen, (1994), Spector 1997, Vartia (1996) and Salin (2003) laid the premise for this important study as the nursing shortage expands (Laschinger et al., 2009).
Multiple instruments were utilized to obtain specific information on the hypothesis that retention outcomes (job satisfaction, organizational commitment, turnover intentions) are the result of three key areas of structural empowerment, workplace incivility (supervisor & coworkers) and burnout, exhaustion and cynicism. Several instruments were used to measure work empowerment, burnout, organizational commitment and turnover.

The CEWQ-II (Laschinger et al. 2001b) a short form of the Conditions for Work Effectiveness Questionnaire (CWEQ) (Chandler, 1986) measured employee access to work empowerment structures. Maslach Burnout Inventory – General Survey (MBI-GS), emotional exhaustion and cynicism subscales were used to measure burnout. Job Satisfaction (Hackman & Oldham 1975, Tsui and Liebman 1992) was rated on a 7-point Likert scale ranging from 0 (never) to 6 (every day). The two-item Affective Commitment Scale (Meyer & Allen, 1993) was used to measure organizational commitment on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agrees). Turnover Intentions (Kelloway, Gottlieb & Barham 1991) was measured using a 5-point Likert scale, ranging from 1 (strongly disagrees) to 5 (strongly agrees), with three items measuring three intentions to quit. The researchers used the Statistical Package for Social Sciences software to perform the descriptive and inferential statistical analyses (Laschinger et al., 2009).

The hypothesis that retention outcomes (job satisfaction, organizational commitment, turnover intentions) are the result of three key areas of structural empowerment, workplace incivility (supervisor & coworkers) and burnout (exhaustion and cynicism) were supported with the findings of this study. Nurses perceived their work environment
to have moderate levels of empowerment (M=12.0, SD=2.18). Workplace incivility ratings were low for both supervisor and coworkers (M = 0.66, SD = 0.89) and (M = 0.81, SD = 0.82 respectively). Most (67%) nurses experienced some sort of incivility from supervisors and 77.6% reported some level of coworker incivility. However, only a small percentage reported regular to very frequent exposure to incivility in the workplace (4.4 and 2.7% from supervisors and coworkers respectively), (Laschinger et al., 2009).

Nurses in this study reported relatively high levels of emotional exhaustion (M=2/99, SD= 1.42). Almost half (47.3%) scored > 3.0, the cut point for severe burnout according to Mashlach, et al., (1996). Cynicism levels for nurses were lower than exhaustion (M = 1.78, SD = 1.27). Nurses were relatively positive in terms of the retention factors measured in the study. They reported moderately high levels of job satisfaction (M = 5.2, SD 0.96), moderate levels of organizational commitment (M = 3.12, SD =0.90), and low levels of turnover intentions (M = 2.36, SD = 0.98), as cited by Laschinger et al., (2009).

The analyses provided support for the hypothesized models. An empowering practice environment and low levels of incivility and burnout were significant predictors of nurses’ experiences of job satisfaction and organizational commitment and intentions to leave the workplace. These results support previous evidence of the importance of positive working environments in retaining health professionals in hospital settings (Laschinger et al. 2009).

Additional research is warranted for both validation and change over time. The impact of this work, better understanding of nursing workforce retention components, will positively impact the current and future nursing workplace.
Laschinger et al., (2009) conducted a study on empowerment, incivility, and burnout’s impact on recruitment and retention of nurses with 612 staff nurses from five Canadian healthcare organizations. Laschinger et al., (2009) built on previous research by Kanter (1977, 1993) describing organizational empowerment structures and Cortina et al., (2001) study linking workplace incivility to organizational outcomes of distress. Job dissatisfaction and withdrawal behaviors studied by Laschinger et al., (2001a, 2001b) and Laschinger and Finegan, (2005) linked structural empowerment with job satisfaction, commitment, productivity and burnout and demonstrated the mechanisms for empowerment such as trust in management, autonomy, organizational justice and positive working relationships (Laschinger et al., 2005) and (DeCieco, Laschinger, & Kerr, 2006).

A lack of quantitative information on workplace incivility’s impact on nurses and the factors for bully behaviors including lack of information, organizational resources and support (Einarsen et al., 1994; Salin, 2003, Spector, 1997; Vartia 1996) laid the premise for this important study as the nurse shortage expands.

Multiple instruments were utilized to obtain specific information on the hypothesis that retention outcomes (job satisfaction, organizational commitment, turnover intentions) are the result of three key areas of structural empowerment, workplace incivility (supervisor & coworkers) and burnout, exhaustion and cynicism. Several instruments were used to measure work empowerment, burnout, organizational commitment and turnover.

Organizations incur tremendous cost due to nurse turnover (Nedd, 2006). Turnover also decreases staff morale and disrupts teamwork. The current nursing shortage has created a need to develop strategies preparing nurse managers for the responsibility of
nurse retention. Empowering nurses can be a purposeful strategy. The purpose of Nedd’s study was to determine the relationships between nurse’s intent to remain in the organization and perceptions of empowerment within the nursing environment.

Kanter’s (1977, 1993) Theory of Organizational Empowerment was used for this study. Kanter’s Theory of Organizational Empowerment, nurses perceptions of formal and informal power and access to empowerment structures have implications for nurses’ intent to remain in the organization (Nedd, 2006). It was hypothesized that perceived formal power, perceived informal power, and perceived access to work empowerment structures are related to nurses’ self reported intent to remain on the job (Nedd, 2006).

A random sample of 500 registered nurses from the Florida Center of Nursing was invited for inclusion in the study. The final sample was 206 female nurse participants (93%), ranging in age from 23-68 years, M=46.63 (SD=10.45) with an average of 20.14 (SD=11.60) years of nursing experience (Nedd, 2006).

Instruments used in the study were four self-reported scales and a demographic questionnaire administered by mail. The Job Activities Scale (JAS) (18 0.92) is a nine-item scale that measures staff nurses’ perceptions of formal power within the work environment (Laschinger, Kutzcher & Sabiston, 1993). Items are designed to measure perceptions of political alliances, peer networking, and subordinate relationships in the work setting. The conditions for Work Effectiveness Questionnaire (CWEQ) (31 0.96) is a 31-item instrument that was used to measure perceived access to four work empowerment structures; opportunity, information, support, and resources. Intent to stay on the job was measured using four items developed by Kim, Price, Mueller and Watson (1996) as cited by Nedd (2006). The demographic variables of the participant’s age,
gender, education, years of nursing experience, and number of years on the current job were obtained from a six-item demographic questionnaire. The Job Activities Scale (JAS) was a 9 item instrument with an alpha coefficient of 0.81, the Organizational Relationship Scale (ORS) was an 18 item instrument with an alpha coefficient of 0.92, the Conditions for Work Effectiveness (CWEQ) was a 31 item instrument with an alpha coefficient of 0.96, the Opportunity subscale had 7 items with an alpha coefficient of 0.85. The Support Subscale had 9 items with an alpha coefficient of 0.94; the Information Subscale had 8 items with an alpha coefficient of 0.91. The Resource Subscale had 7 items with an alpha coefficient of 0.89 and the Intent to Stay had 4 items and an alpha coefficient of 0.86.

Power structures were evaluated by measuring perceived political alliances, peer networking, and developing subordinate relationships. The results provided evidence that individual characteristics such as age, education, experience and tenure were not significantly related to the intent to remain within an organization. The study results supported Kanter’s (1977, 1993) theory that access to empowerment structures are related to employees’ behaviors and attitudes such as intent to stay. The study findings indicated empowerment structures defined by Kanter were significantly related to intent to stay. This suggested a positive relationship between nurses’ perception of the access to opportunity, information, support, resources, and the intent to stay in an organization (Nedd, 2006).

The findings from this study are relevant to nurse administrators and nurse managers in healthcare organizations to retain registered nurses. The perceptions of nurses’ access to workplace empowerment structures, to some extent are controllable by organizational
nurse managers. Involving nurses in the decisions process that impacts the work may create a level of empowerment.

The CEWQ-II a short form of the Conditions for Work Effectiveness Questionnaire (CWEQ) as cited by Laschinger et al. (2001b), in a study by Chandler, (1986), measured employee access to work empowerment structures. Maslach Burnout Inventory – General Survey (MBI-GS), (Maslach, 2004), emotional exhaustion and cynicism subscales were used to measure burnout. Job Satisfaction (Hackman & Oldham 1975, Tsui & Liebman 1992) was rated on a 7-point Likert scale ranging from 0 (never) to 6 (every day). The two-item Affective Commitment Scale (Meyer & Allen, 1993) was used to measure organizational commitment on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agrees). Turnover Intentions (Kelloway, Gottlieb & Barham 1991) was measured using a 5-point Likert scale, ranging from 1 (strongly disagrees) to 5 (strongly agrees), with three items measuring three intentions to quit. The researchers used the Statistical Package for Social Sciences (SPSS version 16.0) software to perform the descriptive and inferential statistical analyses.

The hypothesis that retention outcomes (job satisfaction, organizational commitment, turnover intentions) are the result of three key areas of structural empowerment, workplace incivility (supervisor & coworkers) and burn-out (exhaustion and cynicism) were supported with the findings of the study. Nurses perceived work environments to have moderate levels of empowerment (M=12.0, SD=2.18). Workplace incivility ratings were low for both supervisor and coworkers (M = 0.66, SD = 0.89) and (M = 0.81, SD = 0.82 respectively). Most (67%) nurses experienced some sort of incivility from supervisors and 77.6% reported some level of coworker incivility. However, only a small
percentage reported regular to very frequent exposure to incivility in the workplace (4.4 and 2.7% from supervisors and coworkers respectively), (Laschinger et al., and 2001b).

Nurses in this study reported relatively high levels of emotional exhaustion (M=2.99, SD= 1.42) constituting almost half of the nurses (47.3%) scored > 3.0, the cut point for severe burn-out, according to Mashlach et al., (1996). Cynicism levels for nurses were lower than exhaustion (M = 1.78, SD = 1.27) levels. Nurses were relatively positive in terms of the retention factors measured in the study. Nurses reported moderately high levels of job satisfaction (M = 5.2, SD 0.96), moderate levels of organizational commitment (M = 3.12, SD =0.90), and low levels of turnover intentions (M = 2.36, SD = 0.98).

The analyses provided support for the hypothesized models. An empowering practice environment and low levels of incivility and burnout were significant predictors of nurses’ experiences of job satisfaction and organizational commitment and intentions to leave the workplace. These results support previous evidence of the importance of positive working environments in retaining health professionals in hospital settings (Laschinger et al. 2009).

Additional research is warranted for both validation and change over time. The impact of better understanding of nursing workforce retention components, will positively impact the current and future nursing workplace.

**Empowerment, Burnout and Intent to Stay**

Job strain may have a negative impact on nurses’ health which can also negatively affect patient care and quality outcomes. Many issues affect nurses’ health including feelings of helplessness and hopelessness, fatigue, errors, lack of commitment and burn-
Empowerment builds self esteem and commitment to the organization and the profession of nursing. Laschinger (2001b) believed that nurse managers within healthcare organizations should develop strategies to empower nurses increasing organizational retention. Laschinger et al. (2001b) surmised there was a need for nurse managers to empower nurses retaining them in the workforce.

Kanter’s Theory of Empowerment (1977, 1993) was the framework for the study. The purpose of this study (Laschinger et al 2001) was to further support Kanter’s Theory of Empowerment on nurses’ health and well-being in the workplace. Healthy nurses should be a priority, and finding strategies to improve the health of nurses’ is significant to professional nursing.

The study was designed to test Kanter’s (1977, 1993) theory linking nurse empowerment to job strain and satisfaction. It was hypothesized that structural empowerment would directly and positively affect psychological empowerment which would affect job satisfaction. In addition to positively affecting satisfaction, it was hypothesized that psychological empowerment would decrease job strain enhancing satisfaction.

As the theoretical framework, Kanter’s (1977, 1993) variables of empowerment, job strain, and job satisfaction were the basis for the study variables. The authors added retention as an additional variable for the study. The researchers divided empowerment into structural and psychological. The researchers also utilized former studies to identify variables of job strain and work satisfaction. The conceptual definition of each variable was clearly defined.
A non-experimental, predictive design was used to examine causal relationships between variables. Data analysis was done using the Structural Equation Modeling (SEM). This model was designed to test theories, and it refers to the same residual and exogenous variables as does the model-testing design.

A random sample from the College of Nurses of Ontario registry list was used to invite 600 potential nurse participants for inclusion in the study. A final sample size of 404 participants was obtained. An unequal number of male and female nurse participants were considered a study limitation. In addition since full and part time nurse participants were included it was difficult to determine if the daily stresses of full time employment created less engagement in the organization.

Laschinger et al. (2001a) noted a “logical sequence” that psychological empowerment is a human response to managerial interventions that create empowering environments, thus causing lower job strain and higher job satisfaction.

Since previous studies have not researched the specific effects of psychological empowerment. Laschinger et al’s (2001a) study provides further support for Kanter’s (1977, 1993) theory plus it is the first to evaluate the combined role of structural and psychological empowerment on predicting job satisfaction. Linking structural empowerment with psychological empowerment allows for greater understanding of the empowerment process. Although the study failed to conclude that work satisfaction is directly affected by job strain, the significant conclusion that empowerment does affect job satisfaction provides evidence that organizations and managers need to create and maintain healthy work conditions.
Laschinger et al’s (2001a) study as well as Kanter’s (1977, 1993) Theory of Organizational Empowerment, provides guidance for nurse managers interested in improving work environments for nurses. Structural empowerment may help facilitate psychological empowerment and may improve nurse job satisfaction.

**Empowerment as Predictors of Work Factors**

The current nursing shortage has brought interest in workplace empowerment to recruit and retain nurses in healthcare organizations. Previous research has shown that workplace empowerment has a strong impact on factors related to recruitment and retention, particularly, job satisfaction (Laschinger & Havens 1996, McDermott et al., 1996, Laschinger et al., 2001b).

Previous studies indicate many hospital employed nurses lack respect; however there have been few systematic studies completed on the issue of respect for nurses (Faulkner & Laschinger, 2008). The purpose of Faulkner & Laschinger’s (2008) study was to examine the relationship between the effects of structural and psychological empowerment on hospital nurses’ perception of respect (Faulkner & Laschinger 2008). The theoretical framework used for the study was Kanter’s (1977, 1993) Theory of Organizational Empowerment.

There were 282 final participants from an original sample of 500 acute care nurses selected from the Canadian provincial registry. The mean age of the nurses was 33.3 years (SD 8.4), with an average of 8.7 (SD 8.0) years of nursing experience and 2.2 years (SD 1.6) on individual nursing units. Ninety-five percent of the participants were female, worked full time (58%) in general medical surgical units and (52.3%) were diploma prepared (Faulkner & Laschinger, 2008).
Structural empowerment (Kanter 1977, 1993) was measured using the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II). The CWEQ-II contained 19 items that measured perceptions of access to the six elements of structural empowerment. Items were rated on a five-point Likert scale ranging from 1 (strongly disagrees) to 5 (strongly agree), with higher scores indicating higher structural empowerment. A total empowerment score was created by summing the six subscales (total 6-30 range). Cronbach’s alphas coefficients for the CWEQ-II scale ranged from 0.71-0.80.

Psychological empowerment was measured using the Psychological Empowerment Questionnaire (PEQ) (Spreiter 1995). The PEQ measured the four sub-constructs of psychological empowerment. Twelve items were rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher degrees of psychological empowerment were indicated by higher scores. Cronbach’s alphas coefficients ranged from 0.86-0.91. Perceived respect was measured using a modified Esteem Subscale of the Effort-Reward Imbalance Questionnaire (Siegrist, 1996). Respondents rated perceived respect from superiors, colleagues and overall respect within the workplace on a seven-point Likert scale. Higher degrees of perceived respect were indicated by higher scores. Overall respect scores were determined by summing and averaging the three items (1-7 range). Cronbach’s alphas for this portion of the study were 0.77 (Faulkner & Laschinger, 2008).

Results of the study supported the hypothesized relationship between empowerment and perceived respect in hospital nurses. The results of the study suggest that employees having access to empowering structures in the workplace have increased positive attitudes toward work and feelings of personal empowerment and respect. Although each
of the six empowerment structures were positively correlated with perceived respect, informal power and support were the most strongly related to nurses’ feelings of being respected. This supports Kanter’s (1977, 1993) contention that effective collaborative relationships with managers, colleagues and subordinates foster feelings of respect in workers. Nurses who believe personal efforts are recognized and rewarded are more likely to feel respected in the workplace. The findings in this research study indicate that nurse managers could increase nurse retention by fostering feelings of empowerment.

Health care organizations face unprecedented challenges to promote quality patient outcomes. Aging and retiring RN’s and the national mandates to reduce morbidity and mortality in hospitals have added to the challenges. Several research study findings support the evidence that a relationship exists between the number of registered nurses, quality care and positive patient outcomes (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Needleman et al., 2002; Reineck & Furino, 2005).

The purpose of Reineck and Furino’s study was to combine quantitative evidence findings by analyzing registered nurses written statements. Reineck and Furino believed the analysis of written statements confirmed and amplified the quantitative data.

An initial population of 153,626 RNs from Texas were invited for inclusion into the cross sectional descriptive study. The final sample was 801 RNs. The average age of the female (91%) and male (9%) participants was 44.5 years. The level of education was predominately an associate degree. There was a lower percentage of RNs below the age of 31 (12.7%), while there was a higher percentage of RNs 40 years of age (31%), and a dominate number of RNs were 50 years of age (33%) or higher. This finding indicated the nursing profession in Texas faces an aging nurse workforce and nurse shortage as
more registered nurses retire. The study results focused on economics, health, employment, work environment, and work satisfaction. Eighty-seven percent of nurse managers indicated employers failed to accommodate nurses over the age of 55 (Reineck & Furino, 2005).

Quantitative data was analyzed using SPSS0X statistical software, version 11. Quantitative analysis was limited to the responding RNs (N=801) currently employed. Over forty-four percent (44.5%) of participants responded to the one open-ended question, which was analyzed using a qualitative data text analysis. The results indicated the majority of registered nurses working in Texas have a strong economic need to work; 51% were primary household wage earners, 80% were employed full time, and 68% planned to continue working (Reineck & Furino, 2005).

Analyses revealed: (a) how compensation was tied to employment events (for example, position change) rather than to expertise within a position; (b) part-time employment; (c) compensation rewarding recruitment rather than retention or experience; (d) inconsequential pay raises; (e) consonance of pay with responsibility, stress, and shift work; and (f) educational preparation. Other variables identified wage and salary to have an impact with the following analysis also revealed: (a) impact of spousal salary on employment decisions was; (b) wage compression or the lack of salary growth over a career; (c) overtime, holiday, special skill, disability, and shift differential; (d) disparity of pay in comparison with other college graduates and other occupations; (e) full-time verses agency hourly wage; (f) increased pay the further away the nurses activities were from the patient; (g) using pay to compensate for lack of organizational recognition; and (h) disparity between the love of nursing work and the inadequacy of pay to do it.
Registered nurses reported that increased workload, aging patient population, increased acuity, and an increased obese patient populace coupled with mounting documentation and physical and interpersonal stressors were major issues of concern. The second most frequently reported workplace issue was the adequacy of staffing. Eight themes immerged in the handwritten comments: (a) workload; (b) results of heavy workload; (c) shifting staffing; (d) inconsistency between perceptions by clinical nurses and those by administration; (e) staffing shortages among support staff; (f) need for state intervention; (g) staffing shortages on nightshift; and (h) impact on patient severity of illness.

Overall, RNs reported satisfaction but also exhaustion, and frustration as well as a desire to earn adequate salaries. Nurses were seeking employers that manage workloads, minimize harassment from physicians, improve patient care support, and increase technology training. The study provided an opportunity for RNs working in Texas to voice concerns regarding access to quality health care (Reineck and Furino, 2005).

Results of Reineck and Furino’s (2005) study supported the hypothesized relationship between empowerment and perceived respect in hospital nurses. The results suggest that employees who have access to empowering structures in the workplace have increased positive attitudes toward work and in this study, feelings of personal empowerment and respect. Although each of the six empowerment structures were positively correlated with perceived respect, informal power and support were the most strongly related to nurses’ feelings of being respected. Utilizing the findings in Reineck and Furino’s (2005) study may increase nurse’s perception of respect (empowerment), ultimately resulting in nurse retention in hospital settings.
Conclusion

As the nursing shortage continues to grow, it is essential for healthcare administrators and managers 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 and managers identify factors that increase job satisfaction, organizational commitment and nurse retention. As hospital nursing departments seek magnet status for nursing and the Baldridge Award awarded for customer service, it is necessary to understand how empowerment, organizational commitment and retention tie these prestigious awards together. More importantly, if hospitals are going to retain direct care nurses, they must understand why nurses are either committed to stay in the organization or decide to leave.
Chapter III
Methodology and Procedures

Introduction

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

Research Question

Does respect, trust in nursing management, workplace empowerment of nurses and organizational justice predict job satisfaction and organizational commitment?

Population, Sample and Setting

The population for this study is registered nurses (RNs) providing direct patient care within the Mission Regional Medical Center System includes a main campus and two maternity clinics located in Sullivan and Alton, Texas. An anticipated sample of 105 RNs (35%) is expected. Inclusion criteria include all direct care RN’s employed full or part time working a minimum of 12 hours a week.
Protection of Human Subjects

Participation in the study is voluntary. Implied consent is assumed by completion of the study questionnaire. There are no identified risks to the participants. The survey questionnaires will be completed anonymously to protect the rights and identity of the human research subject. Approval from the Institutional Review Board (IRB) of Ball State University and Mission Regional Medical Center will be acquired. Permission will be obtained from Mission Regional Medical Center’s Chief Nursing Officer to obtain a list of employed hospital RNs. A cover letter explaining the study, the time commitment required, and the study instruments will accompany each survey questionnaire. The questionnaire will be placed in each RN’s unit mailbox by the researcher. The benefits of participation include identification of measures to increase RN job satisfaction and organizational commitment.

Procedures

After approval of the Ball State University and Mission Regional Medical Center Institutional Review Boards (IRB) a meeting will be arranged with the Chief Nursing Officer of Mission Regional Medical Center explaining the purpose of the study, criteria for inclusion, and anticipated sample and instruments, and to obtain approval to invite registered nurses to participate. Once approval has been granted a cover letter, questionnaire and instructions will be placed in each RN’s unit mailbox. Only the researcher and statistician will have access to the files.
Data Analysis

Multiple regression analysis will be used to analyze the data. Burns and Grove (2005) stated that multiple regression predicts values from the known dependant variables and many independent variables. Multiple regression is a flexible method for data analysis. The relationships can be non-linear, independent variables, qualitative or quantitative in nature. Quantitative data will be analyzed using computer software and a statistician will be hired to analyze the data.

Research Design

This study will use a non-experimental predictive design. In a non-experimental predictive study the phenomena is observed as it occurs naturally with no intervention on the part of the researcher. Burns and Grove (2005) describe a non-experimental predictive design as exploring causality, independent variables thought to predict the outcome variables. Therefore, factors that may have influence on another variable will be explored.

Instrumentation, Reliability, and Validity

Instrumentation

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. Included in the CWEQ-II are 19 items rated on a 5-point Likert scale with higher scores indicating higher levels of empowerment. Summing the subscales produces the total empowerment score.
A two-item global empowerment scale will be included for validation purposes. Cronbach alpha reliabilities in previous studies ranged from 0.79-0.82.

*Respect.* Siegrist’s (1996) Esteem Scale (Laschinger et al., 2001a) will be used to measure respect. This scale includes 3 items to measure nurses’ perception of respect received from nurse managers and nurse peers. Items are rated on a 7-point Likert scale. The internal consistency reliability of this measure is considered excellent (alpha=0.81-0.91).

*Trust in Management.* Mishra’s (1996) 17-item Trust in Management Scale, as cited by Laschinger & Finegan, (2005), will be used to measure trust in management. This scale has four levels: reliability, openness/honesty, competence, and concern. Trust in management can predict both job satisfaction and organizational commitment. Alpha reliability for this scale was >0.70 in Laschinger and Finegan’s (2005) study.

*Interactional Justice.* Moorman’s (1991) Justice Scale as cited by Laschinger & Finegan, (2005), will be used to measure nine items from interactional justice. Each item is rated on a 7-point Likert scale. The internal consistency reliability of this measure is considered to be excellent (alpha=0.81 to 9.1).

*Job Satisfaction and Organizational Commitment.* Williams and Coopers’ (1998) Pressure Management Indicator, as cited by Laschinger & Finegan, (2005), will be used to measure job satisfaction and organizational commitment. Items are rated on a 6-point Likert scale. The Pressure Measurement Indicator measures how satisfied nurses 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) in Laschinger and Finegans’ study (2005). 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.

Summary

The purpose of a non-experimental predictive design study is to determine if respect, trust in nursing management, workplace empowerment and organizational justice predict job satisfaction and organizational commitment of registered nurses at Mission Regional Medical Center in Mission, Alton and Sullivan Texas. 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, as cited by Laschinger and Finegan, (2005), will be used as study instruments. The findings from this study will be used to assist in the development of increased job satisfaction and organizational commitment strategies for registered nurses.
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