FORMAL AND INFORMAL POWER, ACCESS TO WORK EMPOWERMENT STRUCTURES, AND INTENT TO STAY

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Abstract

RESEARCH SUBJECT: Formal and Informal Power, Access to Work Empowerment Structures and Intent to Stay

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Turnover of staff nurses is costly, and managers must address reasons for attrition. Empowerment has been related to turnover and intent to stay in the organization (Nedd, 2006). The purpose of this study is to examine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. This is a replication of Nedd’s study. The theoretical framework is Kanter’s (1977) Theory of Organizational Empowerment. The study will be conducted by randomly selecting 2,000 registered nurses from the Indiana Professional Licensing Agency registry list working in staff positions in an Indiana hospital. The Job Activities Scale (JAS) will measure formal power within the work environment (Spence Laschinger, Kutzscher, & Sabiston, 1993). The Organizational Relationship Scale (ORS) will measure informal power (Spence Laschinger et al., 1993). The Conditions for Work Effectiveness Questionnaire (CWEQ) (Chandler, 1986) will measure access to work empowerment structures: opportunity, information, support, and resources. Intent to stay on the job will be measured by four items (Kim, Price, Mueller, & Watson, 1996). Findings will provide information for nursing leaders to improve nurse retention through perceived empowerment.
Chapter I

Introduction

Healthcare administrators and nurse managers are faced with many challenges in the current complex healthcare environment. One of the most challenging issues is the recruitment and retention of qualified, professional nurses (Baernholdt & Mark, 2009; Cohen & Stuenkel, 2009; Wieck, Dols, & Landrum, 2010). Negative working conditions result in nurse job dissatisfaction and decreased commitment to the organization. This is a major contributing factor to nursing turnover (Spence Laschinger, Finegan, & Wilk, 2009a).

Many nurses are stressed and frustrated with the work environment. Some nurses are leaving nursing to seek other career opportunities, and others are leaving the profession (U.S. Department of Health and Human Services Administration, 2010). According to the 2008 National Sample Survey of Registered Nurses (U.S. Department of Health and Human Services Administration, 2010), only 29.3% of RNs surveyed were extremely satisfied with the current work environment, while 51.8% were moderately satisfied, and 11.1% were dissatisfied. In addition, 29.8% of the RNs participating in the survey reported intentions to leave in the next 3 years, or had already left. The national turnover rate for nurses is over 20% (Cohen & Stuenkel, 2009). Fitzpatrick, Campo, Graham, and Lavandero (2010) found that 41.1% of critical care nurses surveyed
indicated intent to leave the current position, 18.4% indicated intent to leave within the next year, while 6.9% intended to leave the profession in the next year.

Turnover is disruptive and costly to the healthcare organization. The replacement costs for nursing turnover can create a financial hardship for healthcare organizations. Estimates show the average nurse replacement cost is about one-third of the nurse’s annual salary. The cost of recruitment, in addition to the cost of training a replacement nurse, is estimated to be 2 to 3 times the mean annual salary of a nurse (Cohen & Stuenkel, 2009). The U.S. Department of Health and Human Services Administration (2010) reported the annual average salary of a RN to be $66,973. Therefore, retention strategies are important for a successful business plan and for the stability of nursing departments (Donahue, Piazza, Griffin, Dykes, & Fitzpatrick, 2008).

One strategy to reduce turnover and improve nurse retention is to empower nurses. Workplace empowerment has been a successful management strategy used to create positive work environments (Armstrong & Spence Laschinger, 2006; Spence Laschinger & Finegan, 2005a; Spence Laschinger, Finegan, & Shamian, 2001; Spence Laschinger et al., 2009a; Upenieks, 2003). Nurse executives and managers are instrumental in the development and maintenance of work environments that promote professional nursing practice (Donahue et al., 2008). Nurse managers must have nurse retention strategies which include an understanding of why nurses leave an organization, and factors that promote nurse retention (Nedd, 2006; Spence Laschinger et al., 2009a).

The nursing literature contains multiple studies linking access to workplace empowerment structures to job satisfaction and intent to stay in the organization (Lacey, Cox, Lorfing, Teasley, Carroll, & Sexton, 2007; Nedd, 2006; Spence Laschinger et al.,
Spence Laschinger and Finegan (2005a) suggested that when empowering work environments are created, nurses are able to practice according to professional nursing standards, which in turn supports positive working relationships within an environment of trust and respect. Furthermore, when empowering work environments exist, nurse retention and job satisfaction are improved.

Several studies support strategies for nurse retention. Spence Laschinger et al. (2001a) found that when staff nurses were empowered in the work environment, managers were trusted, job satisfaction existed, organizational goals and values were accepted, and nurses were more likely to remain with the organization. Upenieks (2003) found that job satisfaction among nurses is increased when access to opportunity, information, and resources is improved. Lacey et al. (2007) also found that nurses working in Magnet facilities, where work empowerment structures exist, reported job satisfaction and intent to stay with the organization. Nedd (2006) found that intent to stay among nurses can be improved when nurses have access to work empowerment structures. Addressing empowerment in the work environment needs further study.

Background and Significance

Historically, power has been defined as having control, influence, or domination over something or someone (Chandler, 1992). Power can also be defined as “the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet” (Kanter, 1993, p. 166). Nurses must have power over the nursing discipline to promote professional autonomy (Manojlovich,
Power is the core concept of empowerment (Page & Czuba, 1999), a process that challenges assumptions.

Although empowerment has become a contemporary buzzword, empowerment is not a new word. The word empower arose in the mid-17th century with the meaning “to invest with authority” (Dictionary, 2010). The concept of empowerment emerged again in the late 1960s and early 1970s as a result of self-help and political awareness movements (Ryles, 1999, as cited by Manojlovich, 2007). Power has been discussed in the literature since the 1970s, but Chandler (1986) was the first to describe empowerment in nursing. Chandler (1992) explained the difference between power and empowerment by stating that empowerment enables one to act, while power is having control, influence, or domination (Manojlovich, 2007).

Empowerment in nursing has been studied from two different perspectives: empowerment from the work environment (Spence Laschinger, Finegan, Shamian, & Wilk, 2001b), and empowerment from a psychological perspective (Manojlovich, 2005; Spreitzer, 1995, as cited by Manojlovich, 2007). Malliarakis (2010) described empowerment as the ability to “be all that you can be” by believing in self, one’s abilities, and acting on one’s behalf. Empowered nurses recognize personal skill levels and use skills to improve the care delivered to patients.

There are three factors that define empowerment: work environment that has structures to promote empowerment, a psychological belief that one can be empowered, acknowledgement that there is power in the relationships, and in the caring that nurses provide (Manojlovich, 2007). Malliarakis (2010) defined empowerment as the dispersing power or authority. Empowerment was also defined as assisting a person to become
elevated to a new level of understanding. Nurse leaders empower staff by providing nurses with necessary information and resources to complete job (Malliarakis, 2010).

Upenieks (2003) found that Magnet hospitals were successful in recruiting and retaining nurses working in empowering environments. Empowerment leads to autonomy, which in turn leads to increased nurse job satisfaction (Upenieks, 2003). When nurses have access to opportunities and career advancement potential, the result is greater commitment, productivity, and job satisfaction. Without opportunities, nurses often feel stuck in the job resulting in lower career aspirations and commitment to the organization (Spence Laschinger, Finegan, & Wilk, 2009b).

Using Kanter’s Structural Theory of Organizational Empowerment (1977, 1993), several nurse researchers have applied the concept of empowerment to the nursing work environment. Spence Laschinger and Finegan (2005a) found that empowered nurses experienced higher levels of job autonomy, increased job satisfaction, higher levels of organizational commitment, and greater trust in the organization. When work situations are structured so that employees are empowered, organizations benefit from improved employee attitudes and increased organizational effectiveness (Patrick & Spence Laschinger, 2006).

Nedd (2006) used Kanter’s Theory of Organizational Empowerment to evaluate nurses’ perceptions of formal power, informal power, and access to work empowerment structures to determine if there was a correlation with nurses’ intent to stay with an organization. In this study, moderate levels of access to empowerment structures were reported by the nurses. The author concluded that there is room to improve the
perceptions of access to opportunity, information, resources, and support among nursing staff. More research needs to be conducted to study nurses’ perceptions of empowerment.

Problem Statement

Nurses that perceive lack of empowerment in the workplace are less likely to be committed to the organizational goals and activities (Nedd, 2006). When nurses become dissatisfied with work environments, increased nurse turnover can occur. Both formal and informal power support intent to stay in the organization.

Purpose

The purpose of this study is to examine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. This is a replication of Nedd’s (2006) study.

Research Question

Are there relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job?

Theoretical Framework

Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) is the framework that explains the concepts and terms associated with empowerment. Kanter defined power as the ability to mobilize material and human resources to achieve organizational goals, and argued that empowering work environments ensure that employees have access to information, resources, support, and opportunities to learn and grow. Access to work empowerment structures can be enhanced by specific job characteristics and work relationships that promote effective communications (Kanter, 1977, 1993). Kanter’s (1993) Theory of Structural Empowerment stated that opportunity
and power in organizations were critical elements of empowerment. Empowerment is needed for employees to be successful and effective within the organization. Kanter (1993) noted that employee work behaviors were a result of workplace conditions and situations and not from personal characteristics. This theory is appropriate for this study because it focuses on workplace conditions and empowerment.

*Definition of Terms*

*Conceptual: Work Empowerment Structures.*

Information, resources, support, and opportunity, as identified by Kanter (1977), will be used to provide information regarding nurses’ perceptions of work environments. Access to information is described as data, technical knowledge, and expertise to perform the job. Access to resources is having the ability to acquire supplies, equipment, and personnel to perform the job. Support is defined as the guidance and feedback received from peers, subordinates, and supervisors to improve effectiveness. Opportunity is defined as the chance to increase knowledge, skills, and mobility (Kanter, 1977, 1993).

*Operational: Work Empowerment Structures.*

Work empowerment structures will be measured using the Conditions of Work Effectiveness Questionnaire (CWEQ) developed by Chandler (1986). The questionnaires will measure nurses’ perceptions of access to information, resources, support, and opportunity by asking participants to rate 31 questions using a 5-point Likert scale.

*Conceptual: Formal and Informal Power.*

Formal power and informal power were defined by Kanter (1977, 1993). Formal power is derived from relevant jobs that allow the nurse to have flexibility, visibility, and
creativity. Informal power is described as effective relationships with peers, subordinates, and superiors within and outside the organization (Kanter, 1977, 1993).

**Operational: Formal and Informal Power.**

Formal power will be measured using the Job Activities Scale (JAS) developed by Spence Laschinger et al. (1993). JAS measures nurses’ perceptions of job flexibility, visibility, and recognition in the nursing work environment with a 5-point Likert scale. Informal power will be measured using the Organizational Relationship Scale (ORS) developed by Spence Laschinger et al. (1993). The ORS measures nurses’ perceptions of political alliances, peer networking, and subordinate relationships within the nursing work environment using an 18 item questionnaire. The participants respond by rating items on a 5-point Likert scale (Spence Laschinger et al., 1993, as cited in Nedd, 2006).

**Conceptual: Intent to Stay.**

Intent to stay identified by Price and Mueller (1981) (as cited by Nedd, 2006) was defined as information regarding factors that may influence a nurse to leave the organization.

**Operational: Intent to Stay.**

Intent to stay will be measured using the instrument developed by Kim, Price, Mueller, and Watson (1996). This four-item instrument will measure the nurses’ intent to stay on the job using a 5-point Likert scale.

**Conceptual: Demographic Characteristics.**

Demographic characteristics identified by Nedd (2006) will be used to provide information regarding factors which may influence nurse perceptions of work
empowerment structures and intent to stay. The factors include: participant’s age, gender, education, years of experience in nursing, and number of years on the current job.

**Operational: Demographic Characteristics.**

Demographic characteristics will be measured using a questionnaire developed by Nedd (2006). The questionnaire will measure the age, gender, education, years of experience, and number of years on the current job by requesting that the participants fill in the answers.

**Limitations**

One limitation of this study is that the survey is limited to registered nurses in one particular section of the country. The sample size is small.

**Assumptions**

During a nurse’s tenure, there will be times of dissatisfaction with work environment. Dissatisfaction may lead to nurses leaving the organization. Intent to stay depends on the nurses’ perceptions of empowerment.

**Summary**

The development and implementation of empowering work environments for nurses is a critical to retention. Nurses’ perceived access to the work empowerment structures include: information, resources, support, and opportunity that leads to increased job satisfaction and increased intent to stay (Nedd, 2006). The purpose of this study is to examine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. This study is a replication of Nedd’s (2006) study. Kanter’s (1977, 1993) Structural Theory of Organizational Empowerment is the theoretical framework. Findings from this study will
provide insight into the relationship between empowering work environments and nurse retention.
Chapter II

Literature Review

Introduction

Workplace empowerment is a strategy that has become important to the job satisfaction and retention of nurses. The literature has validated that nurses’ perceptions of workplace empowerment is related to job satisfaction, intent to stay, patient satisfaction, and patient safety (Nedd, 2006; Spence Laschinger et al., 2001a; Spence Laschinger & Finegan, 2005a; Donahue et al., 2008; Upenieks, 2003). The purpose of this study is to examine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. This is a replication of Nedd’s (2006) research.

Organization of the Literature

The literature is organized into three sections: theoretical framework, testing of Kanter’s theory of organizational empowerment, and practice environments in Magnet Hospitals.

Theoretical Framework

Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) has been widely used as the framework for nursing research. Kanter’s theory was originally applied to the business world, but has been applied to healthcare as well. Chandler (1986) was one of the first researchers to apply Kanter’s theory with nursing research, and
developed the Conditions of Work Effectiveness Questionnaire (CWEQ) to study nurses’ perceptions of power (Donahue et al., 2008). Kanter’s theory offers a framework for creating meaningful and professional work environments for nurses (Spence Laschinger & Finegan, 2005a). Kanter’s theory maintains that when employees have perceptions of empowerment, the organization benefits from the attitudes of the employees, and organizational effectiveness is improved (Spence Laschinger et al., 2001a).

Kanter used the Theory of Structural Empowerment (1977, 1993) to explain concepts related to negative workplace attitudes and behaviors, such as turnover. Kanter stated that the work environment structures and perceived employee access to power and opportunity structures is related to employee attitudes and behaviors in an organization. Kanter believed that employees display attitudes based on the presence of perceived power and opportunities.

Kanter described four work empowerment structures: information, resources, support, and opportunity. Access to information refers to the data, technical knowledge, and expertise needed for job performance. Access to resources refers to the ability to obtain needed supplies, materials, money and personnel to meet established organizational goals. Access to support refers to the guidance, feedback, and direction provided supervisors, peers, and subordinates. Access to opportunity refers to the growth, mobility and the chance to build upon knowledge base (Kanter, 1977, 1993).

Kanter believed that access to work empowerment structures is associated with the amount of formal and informal power an employee has in the organization. Formal power can be obtained from jobs that allow for flexibility, creativity, and visibility in the organization. Formal power is also derived from jobs that are considered important and
relevant to accomplishing the goals of the organization. Informal power comes from relationships and networks with superiors, peers, and subordinates both within and outside the organization (Kanter, 1977, 1993).

Kanter believed that access to work empowerment structures is a major contributor to the employees’ ability to complete work. Kanter argued that employees’ ability to access and interact with empowerment structures has an impact on attitudes, and behaviors and employee personality dispositions (Spence Laschinger & Wong, 1999). Employees with access to empowerment structures are able to achieve organizational goals. Access to empowerment structures has a positive impact on employee commitment to the organization, feelings of autonomy, and self-efficacy. Consequently, Kanter believed the employees are more productive and effective in achieving the goals of the organization (Spence Laschinger & Wong, 1999).

Testing of Kanter’s Theory of Organizational Empowerment

The lack of organizational trust and work empowerment leads to decreased work satisfaction and organizational commitment. Trust impacts organizational factors such as group cohesion, perceived fairness, organizational citizenship behavior, job satisfaction, and organizational effectiveness. Without trust, employees perceive that information is being withheld, allocation of resources is inconsistent, and that management is not supportive. The purpose of Spence Laschinger et al.’s (2001a) study was to test Kanter’s model linking workplace empowerment, organizational trust, job satisfaction, and organizational commitment. The framework was Kanter’s Structural Theory of Organizational Empowerment. Kanter’s theory maintains that when employees feel
empowered, the organization benefits from the attitudes of the employees and the organizational effectiveness.

Spence Laschinger et al. (2001a) conducted this study in Ontario, Canada with nurses working in urban tertiary care hospitals. The population consisted of 300 male and 300 female nurses randomly selected from the College of Nurses of Ontario registry list. Of the 600 mailed questionnaires, the final sample size was 412. The sample size included 195 males (70.1%) and 217 females (75.6%). Fifty-eight percent of the nurses were working full-time, and 42% were part-time. Of the sample, 36% worked in medical-surgical units, 34% in critical care, 9% in maternal-child, and 21% in psychiatric units. Eighty-five percent of the nurses had a diploma, while 15% held a baccalaureate degree. The average age of the respondents was 40, with an average of 16 years nursing experience, and 8 years of experience in the current workplace.

Five self-report scales were used and a demographic questionnaire. The Conditions for Work Effectiveness Questionnaire (CWEQ-II) was modified from the original 35-item CWEQ to measure nurses’ perceptions of access to opportunity, information, support, and resources. The CWEQ-II is a 5-point Likert scale consisting of 19 items where 1=low and 5=high scores. Total empowerment scores range from 6-30, with higher scores indicating higher perceived access to opportunity, information, support, and resources. The CWEQ had internal consistency established from previous studies ranging from r=0.73-0.91 for opportunity, r=0.73-0.98 for information, r=0.73-0.92 for support, and r=0.66-0.91 for resources (Spence Laschinger et al., 2001a).

The Job Activities Scale (JAS) is a 12-item instrument measuring staff nurses’ perceptions of formal power within the work environment. The JAS measures
perceptions of job flexibility, discretion, visibility, and recognition within the work environment by using a 5-point Likert scale. Face and content validity were established by a panel of experts. Internal consistency for the JAS scales was $r=0.69-0.79$ using Cronbach alpha coefficients (Spence Laschinger et al., 2001a).

The Organizational Relationship Scale (ORS) is an 18-item instrument to measure staff nurses’ perceptions of informal power in the work environment using a 5-point Likert scale. The items were designed to measure perceptions of political alliances, sponsor support, peer networking, and subordinate relationships in the work environment. Content validity for ORS was established through a pilot testing of the instrument with a convenience sample of nurses. Reliability coefficients ranged from $r=0.83-0.89$. The construct validity for JAS and ORS has been established in several studies (Spence Laschinger et al., 2001a).

The Interpersonal Trust at Work Scale is a 12-item instrument consisting of four subscales to measure faith in, intentions of, and confidence in the actions of peers and managers. The scale is a 5-point Likert type scale. The reliability coefficients were reported between $r=0.70$ and 0.85. The Organizational Commitment Questionnaire (OCQ) used two subscales that measure affective and continuance organizational commitment. Each subscale consisted of six items scored on a 7-point Likert scale. The reliability was reported by Meyer and Allen (as cited by Spence Laschinger et al., 2001a) to range from $r=0.82-0.93$. A demographic questionnaire was used to collect data on respondents’ gender, age, years of nursing experience, years on current unit, specialty area, educational level, and work status.
The results of the CWEQ-II suggested that nurses perceived the work environment to be moderately empowering (M=11.04). This finding was similar to what has been reported in other studies. The most empowering factor was opportunity (M=2.98); however, perceived access to information, support, and resources scored lower. The nurses did not report a high degree of formal power (M=2.39), but indicated that there was moderate informal power (M=3.59). The nurses reported higher levels of confidence and trust in peers (M=3.79, M=3.77) than managers (M=2.66, M=2.59). Nurses did not report high levels of job satisfaction (M=2.78), in fact, 60% of the sample rated job satisfaction below 3.0 on a 5-point scale. Spence Laschinger et al. (2001) found that nurses’ continuance commitment was higher than affective commitment (M=4.38 versus M=3.77).

Structural equation modeling (SEM) procedures were used to test the proposed model, predicting casual links from Kanter’s theory between employee empowerment, organizational trust, and perceptions of work satisfaction and organizational commitment. When the model tested job satisfaction as the outcome variable, higher levels of empowerment were found to be associated with increased satisfaction, and empowerment was found to influence work satisfaction through trust in management. When the model tested affective organizational commitment as the outcome variable, the findings were similar to the satisfaction model. Empowerment was found to have a direct effect on affective commitment and an indirect effect on trust in management (Spence Laschinger et al., 2001a).

Managers creating empowering work environments were more likely to be trusted by employees. Employee empowerment and trust in management were not good
predictors of continuance commitment. However, employee empowerment was found to be strongly associated with trust, and trust was significantly negatively associated with continuance commitment, suggesting that the impact of work conditions on continuance commitment was dependent on trust in management. Spence Laschinger et al. (2001a) found that all correlations between trust in management, satisfaction, affective commitment, and empowerment were significant. The strongest association was between formal power and access to empowerment structures.

Spence Laschinger et al. (2001a) concluded that when staff nurses are empowered in the work environment and trust managers, nurses have higher job satisfaction. Empowerment results in a belief and acceptance of organizational goals and values, and nurses are more likely to remain with the organization. Therefore, it is important for managers to create empowering environments for nurses. In addition, managers are trusted by nurses when accurate information is provided in a timely manner.

Magnet hospitals have been successful in recruiting and retaining nurses because the philosophy emphasizes organizational and professional issues. The purpose of this study was to examine whether magnet hospitals provide higher levels of job satisfaction and empowerment among nurses when compared to non-magnet hospitals. Upenieks (2003) explored whether job satisfaction was related to leadership effectiveness provided by nurse administrators, directors, and managers at Magnet and non-Magnet hospitals. Kanter’s Theory of Structural Empowerment (1977, 1993) was the framework (Upenieks, 2003).

The population for the quantitative portion of the study was comprised of clinical nurses from two Magnet hospitals and two non-magnet hospitals. All registered and
licensed practical nurses working in a medical surgical unit were invited to participate. Nurses working in a subspecialty area were excluded. Seven hundred surveys were distributed, with 305 usable questionnaires returned (44% return rate). At the Magnet hospitals 45% of the nurses were between 40 and 49 years of age, followed by 21% between 30 and 39 years of age. The percentage of baccalaureate degrees held by nurses was higher at the Magnet hospitals (52%) than the non-magnet hospitals (31%). Nurses working in Magnet hospitals had fewer years of nursing experience. Thirty-seven percent of nurses in Magnet hospitals had 0-5 years experience, but greater than 50% of the nurses at non-Magnet hospitals had more than 20 years of experience.

For the qualitative portion of the study, the sample consisted of 16 nurse leaders from the same four hospitals. Seven of the nurse leaders were from Magnet hospitals, and nine were from non-Magnet hospitals. Twelve of the leaders were at the director/manager level, and the other four were leaders at the executive level. Criteria for the nurse executives were: (a) rank as vice president of patient care services, and (b) have at least 5 years experience as a vice president. Criteria for the nurse director/manager were 2 to 5 years of experience in nursing supervision, and be a clinical nurse director/manager in a medical surgical unit. Nurse leaders at the Magnet hospitals had been in leadership positions between 2 and 22 years, with an average of 14 years’ of experience. Nurse leaders at the non-Magnet hospitals had held positions between 3 and 21 years with an average of 10 years. The majority of all the leaders had been promoted from within the organization (Upenieks, 2003).

The revised Nursing Work Index (NWI-R) measured job satisfaction among hospital nurses and organizational attributes relevant to clinical nursing practice. The
NWI-R consisted of 49 items which measured autonomy, nurse control over the practice, and relations between nurses and physicians. A 4-point Likert scale was used for the NWI-R scale where 1=low and 4=high levels of autonomy. For this study, three new subscales were created to assess organizational attributes relevant to the level of nursing job satisfaction. The new subscales included six questions related to organizational structure (administration), seven questions about shared governance (autonomy), and six regarding new programs (educational opportunities) (Upenieks, 2003).

The revised Conditions of Work Effectiveness Questionnaire (CWEQ-II) measured access to empowerment, power, and opportunity. CWEQ-II was a 20-item instrument that consisted of four subscales: three questions related to information, three related to support, three about resources, six related to opportunity, three job setting, and two were global empowerment items that were used for validity. A 5-point Likert scale was used where 1=low and 5=high scores. Total empowerment scores ranged from 6-30 where the higher the score, the more empowered the individual (Upenieks, 2003).

For the qualitative portion of the study, the nurse leaders were interviewed to understand how leaders can be effective in today’s healthcare setting, and how leaders support professional nursing practice. The interviews were 60 to 90 minutes in length and were tape recorded. A core set of questions served as the guide for the loosely structured interviews. Additional questions were incorporated to gain additional information or to clarify the information. If further clarification was needed after the interview, the nurse leader was contacted via phone (Upenieks, 2003).

Upenieks (2003) found the Magnet hospital scores on the revised CWEQ-II and NWI-R were higher on all subscales than the non-Magnet hospital scores. Using the
NWI-R, the nurses reported positive relationships with physicians in both types of hospitals (Magnet: m=3.13; sd=0.752; non-Magnet: m=2.78; sd=0.745), and a moderately autonomous climate (Magnet: m=3.10; sd=0.741; non-Magnet: m=2.64; sd=0.851). The nurses from Magnet hospitals rated self-governance moderately (m=2.87; sd=0.824), and control over the practice environment (m=2.79; sd=0.767) ranked lowest on the scale. In non-Magnet hospitals, the nurses rated self-governance structures moderately (m=2.51; sd=0.787), and control over the practice environment low (m=2.34; sd=0.809). Findings from the NWI-R indicated nurses in Magnet hospitals perceived opportunities for continuing education (m=2.96; sd=0.770), and had administrative support (m=2.93; sd=0.706), while non-Magnet nurses rated continuing education opportunities (m=2.54; sd=0.950) as moderate, and administrative support (m=2.40; sd=0.776) low.

Finding from the CWEQ-II were that nurses at both types of facilities rated access to opportunities highest (Magnet, m=3.94; sd=0.824; non-Magnet, m=3.88; sd=0.877). Nurses at Magnet hospitals rated empowerment second (m=3.55; sd=0.960), while nurses at non-Magnet hospitals rated power second (m=2.70; sd=0.951). Power was rated lowest by Magnet nurses indicating moderate access to information and support, yet the nurses perceived inadequate resources to complete work. This finding indicated that nurses perceived that insufficient time existed to complete requirements of work and paperwork, and did not have adequate ancillary help. This result was similar to the lowest score in the NWI-R subscale of control which indicated lack of support services to provide patient care. Nurses at non-Magnet hospitals perceived moderate access to information that was
needed to perform jobs and lacked time and resources. Non-Magnet nurses perceived moderate empowerment (Upenieks, 2003).

The majority of nurse leaders (83%) validated the structures of Kanter’s theory as well as Magnet hospital characteristics supporting access to empowerment structures in the work environment to create positive climates. Nurse leaders reported that adequate staffing and access to work empowerment structures were necessary components to develop positive climates for nurses. Nurse leaders perceived that effective leadership was important to establishing cohesive, successful, and professional nurses. Nurse executives at Magnet hospitals were reported to be more accessible than at non-Magnet hospitals. There was a strong commitment to nursing and recognition of professional nursing practice at Magnet hospitals, not widely noted at non-Magnet hospitals. The leaders at non-Magnet hospitals focused on adequate staffing to enhance nurse satisfaction, while the leaders at Magnet hospitals focused on educational opportunities (Upenieks, 2003).

Upenieks (2003) concluded that creating work environments that provide access to supportive infrastructures in order for nurses to be empowered and satisfied is important. Nurse leaders should create opportunities for participation in shared governance to increase nurses’ control over work environments. Nurses desire practice models where autonomy can be supported, shared decision-making is allowed, effective nurse-physician-manager relationships exist, and where nurses are empowered by challenging thinking. Job satisfaction among nurses can be increased by improving access to opportunity, information, and resources.
When changes occur within an organization nurses often develop a lack of trust and respect for management, that leads to decreased job satisfaction and organizational commitment. The purpose of this study was to determine the relationships among organizational empowerment, organizational justice, respect, and trust in nursing management with job satisfaction and organizational commitment. Spence Laschinger and Finegan (2005a) used Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) as the theoretical framework for this study.

This study took place in urban teaching hospitals of Ontario, Canada. The population included nurses working in medical-surgical or intensive care units. Questionnaire packages were mailed to the nurses’ homes. Two hundred and eighty-one questionnaires were returned, for a return rate of 59%. Of the 281 returned, 273 were used for analysis in this study. The majority of the nurses worked full-time (59.7%). Medical-surgical nurses comprised 70% of the sample, and 30% worked in intensive care units. The majority of the nurses were diploma graduates (63%), and 37% held baccalaureate degrees. The nurses were an average of 33 years old, and had an average of 9 years of nursing experience, with 2 years on the current unit.

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) measured nurses’ perceptions of access to the structural empowerment elements: access to opportunity, information, support, resources, informal power, and formal power. The CWEQ-II consists of 19 items that are rated on a 5-point Likert scale with 1=low and 5=high. Total empowerment scores ranged from 6-30 with higher scores representing higher levels of empowerment. The results of a confirmatory factor analysis validated the factor structure of the instrument (Laschinger et al., 2001b). CWEQ-II was validated by a
two-item global empowerment scale. In previous studies, the Cronbach alpha reliabilities ranged from $r=0.79-0.82$.

The Moorman Justice Scale measured interactional justice with nine items, that were rated on a 7-point scale. From a previous study, the internal consistency reliability measure ranged from $r=0.81$ to $0.91$. The Siegrist’s Esteem Scale measured respect. The 7-point scale contained three items to measure nurses’ perceptions of respect received from managers and peers. When used in another study, this scale predicted positive mental and physical health outcomes and satisfaction with control in the work setting. The reliability was $r=0.76$ (Spence Laschinger & Finegan, 2005a).

The Mishra 17-item Trust in Management Scale measured four dimensions of managers: reliability, openness/honesty, competence, and concern, using a 7-point scale. Trust in management can predict job satisfaction and organizational commitment, thus providing evidence of predictive validity. The alpha reliability for this scale has been estimated as $r > 0.70$ (Spence Laschinger & Finegan, 2005a).

Subscales from Williams and Cooper’s Pressure Management Indicator were used to measure job satisfaction and organizational commitment. The items were rated on a 6-point Likert scale. The job satisfaction subscale measured employee satisfaction with the tasks and functions of work. The scale predicted organizational commitment, positive organizational climate, and degree of control in the work environment. The scale had an internal consistency reliability of $r=0.89$. The organizational commitment subscale measured employees’ attachment to the organization, and the extent to which work improves quality of life. Previous studies estimated internal consistency ranged from $r=0.84$ to $0.88$ (Spence Laschinger & Finegan, 2005a).
Findings from CWEQ-II were that nurses perceived that work environments were only somewhat empowering, with most of the subscales averaging below 3 on the 5-point scale. Nurses reported the most empowering aspect of work environments were access to opportunities for challenging work (M=3.97), and positive informal alliances (M=3.3). The least empowering structure was formal power, rated M=2.40. The findings from Moorman’s Justice Scale were that interpersonal justice (M=4.30) was rated higher than informational justice (M=3.90) (Spence Laschinger & Finegan, 2005a).

The results of the Siegrist’s Esteem Scale were that nurses did not feel respected (M=4.39). Mishra’s Trust in Management Scale demonstrated managers were not trusted by nurses (M=3.24). The nurses rated managers lowest on honesty (M=3.07) and concern for employees (M=3.00). Using Williams and Cooper’s Pressure Management Indicator, the nurses reported moderate job satisfaction (M=3.99) and organizational commitment (M=3.84) (Spence Laschinger & Finegan, 2005a).

The results of the test of the original theoretical model was a poor fit of the hypothesized model. However, modification indices suggested that the fit could be improved if direct paths were added from structural empowerment to respect, job satisfaction, and commitment from justice to trust. The paths were added to the model and retested.

All paths in the re-estimated model were significant. Structural empowerment had a direct, positive effect on interactional justice (0.42), which had a direct effect on perceived respect (0.49) and organizational trust (0.27). Empowerment had a direct and indirect effect on trust in management through justice and respect. Respect had a direct effect on organizational trust, which had a direct effect on job satisfaction. Job
satisfaction had a strong direct effect on organizational commitment (0.54). Spence Laschinger and Finegan (2005a) found structural empowerment had significant direct effects on respect, trust, job satisfaction, and organizational commitment. The total effect of empowerment on organizational commitment was strong (0.50), suggesting the effect was through mediating pathways in the model.

The results of Spence Laschinger and Finegan’s (2005a) study supported the hypothesis that empowerment has an impact on nurses’ perceptions of fair management practices, feelings of being respected at work, and trust in management, which influences nurse job satisfaction and organizational commitment. Empowering workplace conditions indicated that managers are more likely to demonstrate concern, be advocates in organizational decisions, and provide explanations to support decisions. When managers are trusted, greater job satisfaction and commitment to the organization are present, resulting in lower nurse turnover. The authors concluded that when environments are created that empower nurses to practice according to the standards of profession, and support positive working relationships within an environment of trust and respect, nurse retention and job satisfaction are improved.

Staff nurses’ distrust of managers and lack of employee empowerment lead to a decrease in employee engagement, job satisfaction, and organizational commitment. Previous research has demonstrated that employees’ engagement in work is an important predictor of job satisfaction and nurses’ intent to stay (Leiter & Maslach, 2004, as cited in Spence Laschinger & Finegan, 2005b). Therefore, unengaged nurses become dissatisfied with jobs and have intentions of leaving the organization. The purpose of Spence Laschinger and Finegan’s (2005b) study was to test a model derived from Kanter’s
theory linking staff nurse empowerment to work engagement and health outcomes. Kanter’s Theory of Organizational Empowerment was used as the theoretical framework for this study. Maslach and Leiter’s conceptual framework of worklife and engagement/burnout was also utilized.

This study took place in Ontario, Canada in urban teaching hospitals. Five hundred nurses were randomly selected from the College of Nurses of Ontario registry list. Questionnaires were mailed to homes of the selected nurses. There was a response rate of 57%, with 285 usable questionnaires. Female nurses represented 95.6% of the sample, and 60.8% were diploma prepared. Nearly 69% of the nurses worked in medical-surgical units. On average, the nurses were 33 years old, with 8.7 years of experience, and 2.2 years of experience in the current workplace (Spence Laschinger & Finegan, 2005b).

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) was used for this study. The CWEQ-II is a 19-item scale used to measure nurses’ perceptions of access to opportunity, information, support, resources, informal power, and formal power. The items are rated on a 5-point Likert scale, with 1=low scores and 5=high scores. Total empowerment scores range from 6-30 with the higher scores representing higher levels of empowerment. Validation was performed using a two-item global empowerment scale (Spence Laschinger & Finegan, 2005b).

To measure Maslach and Leiter’s six areas of worklife, both intact scales and scales created for this study were used. The autonomy and meaning subscales of the Psychological Empowerment Scale were used to measure control and value congruence. Each scale contained three items that were rated using a 5-point Likert scale. Convergent
and divergent validity evidence was established by Spreitzer (1995) (as cited by Spence Laschinger & Finegan, 2005b) and reported with reliability levels of $r=0.62-0.72$.

Dekker and Barling’s Work Overload Scale (1995) (as cited by Spence Laschinger & Finegan, 2005b) measured workload. This scale consisted of five items and had a Cronbach alpha of $r>0.70$. Mishra’s 17-item Trust in Management Scale (1996) (as cited by Spence Laschinger & Finegan, 2005b) measured fairness with reliability estimated at $r>0.70$. Subscales were created to measure reward and community by using items in the Sources of Pressure subscale of Williams and Cooper’s Pressure Management Indicator (PMI) (as cited by Spence Laschinger & Finegan, 2005b). The reward scale consisted of four items, and the community scale five items. The instruments were tested with a confirmatory factor analysis, which suggested the items were loaded appropriately. The Cronbach alphas for the scales were $r=0.75$ for reward and $r=0.80$ for community.

Burnout/engagement was measured with the emotional exhaustion subscale of the Maslach Burnout Inventory-General Survey (1996) (as cited by Spence Laschinger & Finegan, 2005b). This instrument was comprised of nine items that were rated on a 7-point Likert scale. The Cronbach alpha reliabilities ranged from $r=0.71-0.91$, and test retest reliabilities ranged from $r=0.60-0.82$.

Health outcomes were measured using three scales from the Pressure Management Indicator: energy level, frequency of physical symptoms, and depressive symptomology (Williams & Cooper, 1998, as cited by Spence Laschinger & Finegan, 2005b). The energy level scale was used to measure how often in the past 3 months that the nurse had: (a) unaccountable fatigue or lack of energy, (b) difficulty sleeping, and (c)
not wanting to get up in the morning. The physical symptoms scale was used to measure how often in the last 3 months that participant had experienced: (a) shortness of breath, (b) muscle trembling, and (c) twinges. Internal consistency for previous studies was r>0.70. The Depressive State of Mind Pressure Management Indicator subscale was a five item tool used to measure anxiety and/or depressive symptomology. Internal consistency reliability ranged from r=0.82 to 0.85 from previous studies. This scale was related to other mental health measures thus providing evidence of predictive validity.

The findings indicated that nurses perceived the work environment to be somewhat empowering, with the lowest responses related to workload, reward, and community. Control over work and the fit between personal values and organizational values were the most positive. Moderate levels for burnout were reported, although 44.7% were in the high burnout category. Few physical symptoms, moderate energy levels, and moderate levels of depressive symptomology were reported. The goodness-of-fit results did not meet the criteria for a good fit for the three models tested initially. The modification indexes suggested the fit of the model would be increased if paths were added. Since the authors found this reasonable, the paths were added to the model. Structural empowerment had a direct, positive effect on control, workload, fairness, reward, and community. Workload, reward, value congruence, community, and fairness predicted emotional exhaustion. Emotional exhaustion had strong positive effects on depressive symptomology. The path between emotional exhaustion and frequency of physical symptoms was significant (Spence Laschinger & Finegan, 2005b).

Spence Laschinger and Finegan (2005b) concluded that empowerment is rewarding and leads to fairness, manageable workloads, control over work, and sense of
community. Empowering conditions lead to lower levels of burnout and better mental and physical health. Nurses that have access to empowering work conditions provide patient care that is consistent with professional standards. Kanter’s theory was supported by demonstrating that social structural factors in the work environment were important to empowering employees. Social factors were related to access to information, support, resources, and opportunity. Furthermore, positive work environments enhance nurses’ mental and physical health.

Stressful working conditions in nursing are a major contributor to burnout. Previous studies indicated that a mismatch between a nurse and the work setting in the areas or work life led to burnout; however, when a person-job match existed, the nurse experienced work engagement (Spence Laschinger, Wong, & Greco, 2006). The purpose of this study was to test a model derived from Kanter’s theory that links staff nurses’ perceptions of workplace empowerment with the key areas of work life, and work engagement/burnout. Kanter’s Theory of Structural Empowerment (1977, 1993) and Maslach and Leiter’s Work Engagement Model (1999) were the frameworks.

A random sample of 500 nurses was obtained using the College of Nurses of Ontario registry list. The final sample included 322 (69% response rate) RNs working full-time or part-time in acute care hospitals in Ontario, Canada. Ninety-seven percent of the respondents were female and represented all regions of Ontario. The nurses averaged 42 years of age, 18 years of experience, and 10 years of current workplace practice. The majority were married (74.5%), full-time employees (68.4%), and held diploma degrees (79%). Medical-surgical nurses represented the largest group of nurses (46.7%) (Spence Laschinger et al., 2006).
The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Spence Laschinger et al., 2001b) measured the six components of structural empowerment. The CWEQ-II contains 19 items rated on a 5-point Likert scale. The CWEQ-II includes three items each for opportunity, information, support, resources, formal power, informal power, and four items for the Organizational Relationship Scale (ORS). On the Likert scale, 1=low and 5=high with total empowerment scores ranging from 6-30 with the higher scores indicating higher perceptions of empowerment. The reported reliability ranged from r=0.67 to 0.95 (Spence Laschinger et al., 2006).

The Areas of Worklife Scale (AWS) (Leiter & Maslach, 2004, as cited by Spence Laschinger et al., 2006) measured the six areas of work life: workload, control, reward, community, fairness, and values. The instrument consists of 29 items rated on a 5-point Likert-type scale. A score higher than 3.0 reflected job-person fit and a mismatch was indicated with a score less than 3.0. Reliabilities were reported ranging from r=0.62 to 0.88.

The Emotional Exhaustion (EE) subscale of the Maslach Burnout Inventory-General survey (MBI-GS) (Schaufeli, Leiter, Maslach, & Jackson, 1996, as cited in Spence Laschinger et al., 2006) measured burnout/engagement. A 7-point Likert-type scale indicating the frequency of occurrence (0=never to 6=every day) was used to rate five items. Scores higher than 3.0 were indicative of burnout, lower scores indicated engagement with work. Reliability for the EE subscale was r=0.93.

Spence Laschinger et al. (2006) found that nurses perceived the work setting to be moderately empowering, with the CWEQ subscales averaging around the mid-point of the 5-point scale. Total empowerment was found to be moderate (M=18.43, SD=3.41).
Nurses rated access to opportunity highest (M=3.98, SD=0.81), and access to formal power the least empowering (M=2.49, SD=0.85). Informal power was rated moderately (M=3.49, SD=0.70). Nurses indicated that the greatest degree of fit in the areas of work life were related to community, value congruence, and rewards (M=3.57, SD= 0.77; M=3.23, SD=0.73; M=3.20, SD=0.79). The highest rated items for mismatch were workload (M=2.73, SD=0.69), fairness (M=2.73, SD=0.69), and control (M=3.0, SD=0.77). Fifty-three percent of the nurses were in the severe burnout category (>3.0); on average the nurses reported high levels of burnout (M=3.17, SD=1.50). Educational level was weakly related to feelings of fit with the degree of control (r=0.14) in the workplace. Years of experience were weakly related to control (r=0.14).

The initial hypothesized model did not meet the criteria for a good fit with the data. Modification indices suggested that additional theoretically defensible paths with the six areas of work life be conducted. The paths were analyzed one at a time to determine the impact. The findings were that overall empowerment was significantly related to all six areas of work life. Spence Laschinger et al. (2006) found feeling rewarded and a sense of fairness in organizational processes were the strongest relationships. In this study, nurses believed there was a fit between personal values and organizational values through access to empowerment structures. When nurses reported a good fit with employment, burnout was decreased and turnover was reduced.

Spence Laschinger et al. (2006) concluded empowerment affected nurses’ engagement/burnout through its effect on person-job match. The results supported Kanter’s theory and Maslach and Leiter’s model because access to empowerment work structures creates positive responses to work. Greater work engagement and lower
burnout result when managers create organizational structures that empower nurses to deliver quality care, promoting a greater sense of fit between expectations of work life quality and organizational goals. In conclusion, strategies that improve the nurses’ work life and prevent negative health issues related to burnout are important to improving recruitment and retention of professional nurses.

When middle managers do not provide organizational support, the result is nurse dissatisfaction. The purpose of Patrick and Spence Laschinger’s (2006) study was to examine the relationships among structural empowerment and perceived organizational support, and the effect of factors on the role satisfaction of middle level nurse managers. The framework was Kanter’s Theory of Structural Empowerment (1977, 1993).

This study was part of a larger study that tested a theoretical model linking nurse managers’ perceptions of empowering work conditions to work attitudes and health outcomes. In the larger study, 126 middle managers were randomly selected from the Canadian provincial registry to receive a survey. The final sample consisted of 84 (74%) nurse managers. The sample for the analysis reported in this study was from data collected from the 84 middle managers. The average age of the nurse manager was 49 years, with the majority ranging between 46 and 54 years of age. Sixty percent worked in community hospitals with an average of 517 beds per hospital. Fifty percent of the nurse managers had responsibility for two to four units, with 52% of units being medical surgical units. Forty-three percent of the managers held a master’s degree (43%), 41% held a baccalaureate degree, and 14% held a diploma degree. The managers had an average of 14 years of management experience and averaged 5 years in current role (Patrick & Spence Laschinger, 2006).
Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) measured structural empowerment (Spence Laschinger et al., 2001b). The CWEQ-II is an adaption of the CWEQ (Chandler, 1986), and is comprised of 19 items to measure each of Kanter’s six empowerment structures, and a two-item global empowerment scale. The items are rated on a 5-point Likert scale with a total score ranging from 6-30. On this scale, 1=low and 5=high. Higher total scores indicate higher levels of perceived empowerment. Reliabilities from previous studies ranged from r=0.79 to 0.82. In this study, the reliability for the subscales ranged from r=0.76 to 0.79. The construct validity (r=0.56) was supported by the positive correlation between the global empowerment scale and the CWEQ-II (Patrick & Spence Laschinger, 2006).

Perceived organizational support was measured by the short-form of Eisenberg’s Perceived Organizational Support Survey (POSS) (Eisenberg et al., 1986, as cited by Patrick & Spence Laschinger, 2006). The survey had statements concerning the organization’s valuation of employees, and actions that might be taken to affect the employee’s well-being. The scale consists of 13 items rated on a 7-point Likert scale. Previous studies indicated a high internal reliability. The reliability for this study was 0.90 (Patrick & Spence Laschinger, 2006).

Role satisfaction was measured by Aiken and Hage’s Alienation from Work Scale (Aiken & Hage, 1966, as cited by Patrick & Spence Laschinger, 2006). The scale consists of six items rated on a 5-point Likert scale where higher scores reflect high role satisfaction. The reliability for this study was r=0.85.

Patrick and Spence Laschinger (2006) found from the CWEQ-II that middle level nurse managers reported moderate levels of overall empowerment the in work
environment (m=21.05; sd=3.16). The managers perceived access to information regarding organizational goals (m=4.01; sd=0.88), but did not have access to resources to achieve goals (m=2.57; sd=0.71). Jobs with challenging work (m=4.36; sd=0.72) and opportunities for professional growth and development (m=4.08; sd=0.88) had high ratings from managers. The managers reported moderate levels of feedback (m=3.08; sd=0.92), but little reward for efforts (m=2.69; sd=1.08). According to the POSS, the middle managers reported moderate levels of organizational support (m=4.76; sd=1.03). Eighty-one percent of the managers reported the organization valued input and listened to concerns. The middle managers reported some role satisfaction with current position (m=3.62; sd=0.73). The managers reported the highest satisfaction with the level of positional authority, and the degree to which individuals were accepted as experts based on education, experience, and formal position within the organization (m=3.78; sd=1.1). Progress toward achieving personal goals was received the lowest satisfaction scores (m=3.47, sd=0.76). The authors found that structural empowerment and perceived organizational support were significant predictors of role satisfaction.

Further analysis indicated formal power had a significant positive relationship with perceived organizational support (r=0.67, p<0.05), and increased role satisfaction (r=0.54, p<0.05). This result indicated that having a job central to the organization’s goals, and the ability to make decisions, indicated that the organization valued managers’ contributions. Feedback from superiors was related to perceived organizational support (r=0.58; p<0.05), and access to information was indicative of higher levels of perceived organizational support (r=0.43, p<0.05) and role satisfaction (r=0.49, p<0.05). Role
satisfaction for managers did not vary by specialty. Critical care managers were just as satisfied as medical surgical managers (Patrick & Spence Laschinger, 2006).

Patrick and Spence Laschinger (2006) concluded that when middle level managers are provided with access to information, receive positive feedback, and are recognized for efforts, the managers feel valued and supported by the organization. When organizational support is lacking, managers become frustrated and dissatisfied with management roles. An empowered manager is a powerful role model for a younger generation of nurses. Satisfied nurse managers are able to inspire others with a vision and can empowerment nurses to accomplish the goals to achieve the vision of the organization.

Negative working conditions and poor management practices in nursing pose major threats to patient safety as reported by the Institute of Medicine (Armstrong & Spence Laschinger, 2006). The quality of patient care is impacted by nurses’ opportunities to participate in making decisions regarding patient care and organizational decisions. In Magnet Hospitals professional nursing practices are supported, resulting in quality patient care. The purpose of this study was to explore how organizational structures interact to create a culture of safety to ensure that nurses are able to provide the highest quality of care possible. Kanter’s Theory of Structural Empowerment was the theoretical framework.

Armstrong and Spence Laschinger (2006) conducted this study in a small community hospital in central Canada. Seventy-nine surveys were distributed with 40 returned (51% response rate). Sixty percent of the nurses were 40 years of age or older, and 50% had been in the organization for 13 years or more.
The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Spence Laschinger et al., 2001b) measured the six components of structural empowerment: access to opportunity, information, support, resources, formal power, and informal power. The six components are measured by 19 items rated on a 5-point Likert scale. An additional two items are used to measure global empowerment with a Likert scale, 1=low scores and 5= high scores. Total empowerment scores range from 6-30 with higher levels of empowerment indicated with higher scores. In previous studies, the reliability ranged from r=0.79-0.82. In this study, the reliabilities ranged from r=0.70-0.95.

The Lake’s Practice Environment Scale of the Nursing Work Index (Lake, 2002, as cited by Armstrong & Spence Laschinger, 2006) measured Magnet hospital characteristics with 31 items, using a 4-point Likert scale. The scale has five components of a Magnet hospital culture: nursing participation in hospital affair; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and the degree of collegial nurse/physician relationships. High scores indicated high levels of Magnet hospital characteristics. Lake (2002, as cited by Armstrong & Spence Laschinger, 2006) validated the five subscales and reported a reliability estimate ranging from r=0.71-0.84. In this study, the reliabilities ranged from r=0.65-0.84.

The Safety Climate Survey (Sexton & Thomas, 2005, as cited by Armstrong & Spence Laschinger, 2006) measured patient safety climate levels. The survey consisted of 20 items rated on a 5-point Likert scale, and included demographic questions such as age, job position, and years in position. Higher scores correlate with higher levels of patient safety climate. An analysis of the psychometric and benchmarking properties of this
survey (Sexton & Thomas, 2005, as cited by Armstrong & Spence Laschinger, 2006) resulted in a seven-item scale to measure patient safety climate levels. The reliability was $r=0.81$ for this study.

Armstrong and Spence Laschinger (2006) found (CWEQ-II) that nurses reported moderate access to empowerment structures in work settings ($M=17.1; SD=4.26$), which was lower than the previous three studies of nurses in Ontario. Lake’s Practice Environment Scale of the Nursing Work Index resulted in moderate levels of Magnet hospital characteristics ($M=2.5; SD=0.64$). Nursing as the foundation for patient care ($M=2.70; SD=0.46$) was the strongest characteristic, and nurse/physician relationships ($M=2.32; SD=0.75$) was the weakest. The Safety Climate Survey indicated that patient safety climate scores were moderate ($M=3.53; SD=0.80$).

Overall empowerment was significantly positively related to all Magnet hospital characteristics ($r=0.316-0.612$). Total empowerment was strongly related to the use of a nursing model of care versus a medical model ($r=0.61$), and to nursing leadership ($r=0.52$), but not significantly related to nurse-physician relationships ($r=0.316$). Total empowerment was significantly positively related to perceptions of patient safety culture ($r=0.50$). Patient safety climate was most strongly related to access to support ($r=0.51$), informal power ($r=0.43$), and opportunity to learn and grow ($r=0.45$). The combination of structural empowerment and Magnet hospital characteristics was a significant predictor of nurses’ perceptions of patient safety climate in the hospital. In healthcare organizations where nurses were provided with access to information, support, and resources, high levels of Magnet characteristics were present to support professional nursing practice. Furthermore, the results suggested that in organizations where nurses were empowered to
practice professionally, nurses provided the safest conditions for patient care (Armstrong & Spence Laschinger, 2006).

Armstrong and Spence Laschinger (2006) concluded that access to structural empowerment factors and characteristics of Magnet hospitals were features of hospitals that boasted a strong culture of patient safety. Nurse leaders will attract and retain nurses as well as create a culture where patient safety is valued by creating empowering working conditions.

To develop effective retention strategies, nurse administrators and managers must understand why nurses remain with or leave an organization. One retention strategy is to empower nurses. The purpose of the study by Nedd (2006) was to determine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. Kanter’s Structural Theory of Organizational Empowerment was the theoretical framework.

The population for Nedd’s (2006) study was 147,320 registered nurses (RNs) with a current Florida license. From this population, 500 RNs were randomly selected to participate. Two hundred and seventy-five surveys were returned, and 206 (42%) were usable. For inclusion in the study, Nedd required the nurse to be actively working. The majority of the respondents were female (93%), with ages ranging from 23 to 68 years (M=46.63, SD 10.45). The average years of nursing experience was 20.14 (SD=11.60), with a mean of 7.87 (SD=7.99) years in current position. The majority of the respondents were medical-surgical nurses or critical care nurses.

Nedd (2006) used four self-report scales and a demographic questionnaire to collect information for the study. The Job Activities Scale (JAS) was a nine-item scale
used to measure staff nurses’ perceptions of formal power in the work setting. The Organizational Relationships Scale (ORS) measured staff nurses’ perceptions of informal power using an 18-item scale. The JAS and ORS were developed by Spence Laschinger et al. (1993). The Conditions for Work Effectiveness Questionnaire (CEWQ) (Chandler, 1986) measured perceived access to four work empowerment structures: opportunity, information, support, and resources. Intent to stay on the job was measured by Kim, Price, Mueller, and Watson’s instrument (1996). Demographic information obtained was age, gender, education, years in nursing, and number of years at current job. The Cronbach alpha coefficients for all of the instruments ranged from $r=0.81-0.96$.

Nedd’s (2006) findings indicated nurses perceived moderate levels of empowerment at work, with access to opportunity ($M=3.44$, $SD=0.84$), followed by support ($M=3.22$, $SD=0.98$), information ($M=3.17$, $SD=0.95$), and resources ($M=3.10$, $SD=0.90$). Intent to stay was found to be significantly positively correlated with formal power, informal power, and all work empowerment variables. No statistically significant relationships were determined between intent to stay and demographic variables. The findings can be explained using Kanter’s theoretical expectation that work attitudes and behaviors, such as intent to stay, were not related to personal characteristics as much as perceived access to workplace empowerment structures.

Nedd (2006) concluded that nurse managers and healthcare administrators should develop nurse retention strategies by increasing nurses’ perceptions of access to empowerment structures. Nedd (2006) also concluded that nurse leaders should focus on the aspects of an organization that can be changed, and not on individual characteristics of nurses that are unchangeable. Recommendations were made for nurse leaders to
develop opportunities for nurses to participate in work groups, task forces, committees, and other organizational projects as well as be empowered to teach and guide other nurses to advance knowledge and skills. In addition, nurses should be allowed to participate in the decisions regarding supplies and equipment and be recognized and rewarded for contributions.

Nurses’ job satisfaction and patients’ satisfaction are gaining significant attention among nurses and the public. Work environments that promote professional nursing practice are empowering. The purpose of this study by Donahue et al. (2008) was to examine the relationship between nurses’ perceptions of empowerment and patient satisfaction based on the framework of Spence Laschinger’s model that was based on Kanter’s Theory of Structural Power.

The study took place in a small community hospital in Northeastern United States. The sample was 259 registered nurses (representing a 58% return rate) actively employed for at least 6 months prior to the study at the hospital. Of the nurse sample, 72.2% worked in staff nurse positions, and 66% held a baccalaureate degree or higher (Donahue et al., 2008).

The patients’ sample included 622 inpatients, with 679 responses from ambulatory surgery, and 305 responses from the emergency department. Sixty-two percent of the ambulatory surgery respondents were female, and 59% were between the ages of 50 and 79. The emergency department’s response was 59% female. The respondents (44%) were 50 years old or older. The majority of the inpatient sample was female (73%), and 54% of the sample was 49 years old or younger. Eighty-three percent of the sample rated health as good or very good (Donahue et al., 2008).
Nurse empowerment was measured using the Conditions of Work Effectiveness Questionnaire-II (CEWQ-II). The CWEQ-II is a shortened version of the CWEQ adapted by Chandler (1986) (as cited by Donahue et al., 2008) for use with nurses. The CWEQ-II consists of 19 items used to measure the six components of empowerment described by Kanter: opportunity, information, support, resources, formal power, and informal power and a two-item global empowerment scale. The CWEQ-II has a 5-point Likert scale with 1 being a low score and 5 being a high score. Total CWEQ-II scores range from 6-30 with 14-22 indicating moderate empowerment and 23-30 high empowerment. The construct validity was obtained in a confirmatory factor analysis that revealed a goodness of fit for the hypothesized factor structure (RMSEA=.054). The CWEQ-II correlated highly with the global empowerment measure (r=0.56) (Spence Laschinger et al., 2001, as cited by Donahue et al., 2008).

The instrument measuring patient satisfaction was developed by Press Ganey Associates (1987) (as cited by Donahue et al., 2008) was revised between 1999-2002. The items for patient satisfaction were developed from the responses of focus groups, structured conference calls with healthcare facilities, patients, caregivers, and hospital administrators. Reliability for the overall questionnaire was reported as r=0.98 (Donahue et al., 2008).

Donahue et al. (2008) found moderate levels of nurse empowerment, with a total nurse empowerment score of 21.28. Nurses in management positions scored 24.39, staff nurses 20.40, and advanced practice nurses 21.97. Staff nurses’ perceptions of empowerment and patient satisfaction scores were found to have a significant positive correlation (r=.169; p< .05).
Upon further analysis, position in the organization was found to be a significant predictor of empowerment (p=.023). This was demonstrated when nurses in management positions reported higher levels of perceived empowerment. Nurses with a masters degree or higher perceived higher empowerment with scores ranging from 23.98 to 28.83. Diploma nurses had higher perceptions of total empowerment (m=22.25) than baccalaureate degree nurses (m=20.64). This was explained by the difference in years of experience between the two groups: diploma degree nurses had an average of 26 years of experience compared to 17 years of experience for baccalaureate prepared nurses. Donahue et al. (2008) explained that high scores were due to the physical design of the hospital built to support and enhance the effectiveness of patient care. The nurses rated access to opportunity highest which the authors reported was due to the availability of educational opportunities.

Donahue et al. (2008) concluded that empowerment and access to information, opportunity, support, and resources are important in the work environment. In addition, patient satisfaction and nurses’ perceptions of empowerment were found to have a significant positive correlation (r=0.52, p<0.05).

Nursing leadership on individual units impacts individual nurses’ outcomes. The decision to commit to and stay with an organization is linked to workplace empowerment on individual units, and to the specific characteristics of the unit. The purpose of this study by Spence Laschinger, Finegan, and Wilk (2009a) was to test a multilevel model linking unit-level leader-member exchange quality and structural empowerment to nurses’ psychological empowerment and organizational commitment at the individual level of analysis. Kanter’s Theory of Structural Power was the framework.
This study was conducted in Ontario, Canada. The study included 21 hospitals with more than 300 beds, selected from the Canadian Hospital Directory. Inpatient units with 30 or more staff nurses were sampled resulting in 7,875 nurses in 217 units. The final sample included 3,156 staff nurses (return rate of 40%) from 217 hospitals. The average age of the nurse was 42 years old, with 17 years of experience and 11 years on the current unit (Spence Laschinger et al., 2009a).

Liden and Maslyn’s 12-item Leader-Member Exchange Multidimensional Measure (LMX-MDM) measured the four dimensions of LMX: affect loyalty, contribution, and professional respect. The items were rated on a 7-point scale with 1 being strongly disagree and 7 being strongly agree. The reliability was reported as 0.94 (Spence Laschinger et al., 2009a).

Structural empowerment was measured using the Conditions for Work Effectiveness Questionnaire-II. The CWEQ-II consists was 19 items measuring the six elements of empowerment. The items are rated on a 5-point Likert scale with 1=low and 5=high. The total empowerment score ranges from 6-30; the higher the score the higher the nurses’ perception of empowerment. The reliability was 0.87, which was consistent with previous studies. The Core Self-Evaluation scale (CSE) measured dimensions of self-esteem, self-efficacy, emotional stability, and locus of control. The CSE scale consisted of 12 items rated on a 7-point scale ranging from strongly disagree to strongly agree. Reliability was reported as 0.69 (Spence Laschinger et al., 2009a).

The four components of psychological empowerment, meaningful work, competence, autonomy, and impact, were measured with Spreitzer’s 12-item Psychological Empowerment Scale. The items are rated on a 5-point Likert scale.
Validity was established by Spreitzer (1995) and Spence Laschinger et al. (2001). The reliabilities for this study ranged from 0.70 to 0.90 (Spence Laschinger et al., 2009a). Organizational commitment was measured with the Affective Commitment Scale. A 7-point scale was used to measure six items. The items were rated from strongly disagree to strongly agree. Validity was reported from a previous study. The reliability for this study was 0.79 (Spence Laschinger et al., 2009a).

The authors found that Core Self-Evaluation has a significant positive effect on psychological empowerment, which had a significant positive influence on organizational commitment. The leader-member exchange quality had a direct effect on structural empowerment, which in turn had a significant direct effect on individual nurses’ psychological empowerment and job commitment. Staff nurses’ feelings of psychological empowerment and organizational commitment were influenced by unit-level leader-member exchange quality, and unit-level structural empowerment. Spence Laschinger et al. (2009a) found it was important for unit leaders to create empowering work conditions to influence individual nurse responses to workplace and commitment to the organization.

Spence Laschinger et al. (2009a) concluded that when nurse managers create work environments where nurses are empowered to engage in professional practice, nurses are more committed to the organization. The quality of the relationship between staff nurses and unit managers is important to creating empowering work environments that promote nurse commitment and increases feelings of psychological empowerment. The quality of unit nurse leadership makes a difference with recruitment and retention.
New graduate nurses experience burnout when the professional environment is not supportive. The purpose of Spence Laschinger, Finegan, and Wilk’s (2009b) study was to predict the combined effects of supportive professional practice environments, civil working relationships, and empowerment on new graduates’ experiences of burnout at work. The model tested was derived from the literature integrating theory and research related to supportive practice environments, workplace incivility, empowerment, and burnout. Supportive practice environments were described by Lake (2002) as having adequate staffing, strong nursing leadership, staff decisional involvement, a nursing model of care, and effective nurse-physician collaboration (Spence Laschinger et al., 2009b).

The authors analyzed data from previous work by Spence Laschinger and Leiter (2006) that included 3,180 staff nurses in Ontario, Canada (Spence Laschinger et al., 2009b). The authors selected nurses from the previous sample who worked for less than 2 years (n=246 nurses). The nurses averaged 28 years of age (m=28.4; sd=6.46). The nurses had 1.5 years of nursing experience, and 1.3 years in current positions. Ninety-four percent were female, 65% worked full-time, and 65% held a baccalaureate degree. Fifty-nine percent of the nurses worked on a medical-surgical unit, and 21% in critical care.

Spence Laschinger et al. (2009b) used the Practice Environment Scale of the Nursing Work Index (NWI-PES) (Lake, 2002, as cited by Spence Laschinger et al., 2009b) to measure Magnet characteristics in the work setting. NWI-PES consisted of 31 items rated on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). The reliability was established in previous studies ranging from r=0.65-0.84.
The reliability for this study ranged from $r=0.72-0.85$ and $r=0.92$ for the total NWI-PES.

Construct validity was demonstrated by a confirmatory factor analysis (Spence Laschinger & Leiter, 2006, as cited by Spence Laschinger et al., 2009b).

The ICU Nurse-Physician Questionnaire measured new graduates’ perceptions of the quality of relationships among nurses on work units (Shortell, Rousseau, Gillies, Devers & Simons, 1991, as cited by Spence Laschinger et al., 2009b). The questionnaire consisted of four items which were rated on a 5-point scale, then summed and averaged to create an index of workplace civility. Higher scores reflected low workplace incivility. The reliability was $r=0.82$. A one-item measure of nurses’ perceptions of the amount of conflict on the unit was included as a construct validity measure.

The Global Empowerment Scale developed by Spence Laschinger, Finegan, Shamian, and Wilk (2001) measured the overall perceptions of empowerment. The items were rated on a 5-point Likert scale with scores ranging from strongly agree to strongly disagree. The reliability for this study was $r=0.92$ (Spence Laschinger et al., 2009b).

The Emotional Exhaustion (EE) subscale of the Maslach Burnout Inventory-General Survey (Schaufeli, Leiter, Maslach, & Jackson, 1996, as cited by Spence Laschinger et al., 2009b) measured new graduates’ burnout. The items were rated on a 7-point Likert Scale ranging from 0 (never) to 6 (every day). A score higher than three is indicative of burnout. The reliability for the EE scale ranges from $r=0.65-0.91$. The reliability for this study was $r=0.91$ (Spence Laschinger et al., 2009b).

The authors found that new graduates perceived work environments to have moderate levels of Magnet hospital characteristics ($m=2.60; sd=0.44$). Nursing as a foundation for care ($m=2.99; sd=0.48$), and nurse-physician relationships ($m=2.84; sd=0.52$),
sd=0.68) were the highest Magnet characteristics. Adequate staffing was rated the lowest (m=2.24; sd=0.64). New graduates perceived work environments to be somewhat empowering (m=3.30; sd=0.77), but reported workplace civility was somewhat positive (m=3.66; sd=7.88). Emotional Exhaustion was reported as high since 63% of the new graduates scored >3. The support for professional nursing practice, workplace civility, and empowerment, as perceived by new graduates, were significantly related to emotional exhaustion (Spence Laschinger et al., 2009b).

Spence Laschinger et al. (2009b) concluded that nurse managers need to create work strategies for graduate nurses that are empowering and support professional practice. Supportive practice environments lead to lower levels of burnout, which in turn increases job satisfaction and retention. Environments that allow graduate nurses to practice according to professional standards are in alignment with nursing education, and where nurse collegiality is present may decrease burnout.

**Practice Environments in Magnet Hospitals**

Retention of nursing staff is increased when professional practice environments exist. Magnet status is awarded to organizations as a seal of excellence for positive nursing work environments and for quality patient care. The purpose of this study was to determine differences in RN’s perceptions of managers, peers, unit support, workload, intent to stay, and satisfaction among three types of organizations: Magnet, Magnet-aspiring, and non-Magnet (Lacey et al., 2007). Maslow’s Hierarchy of Needs was the theoretical framework.

Lacey et al. (2007) conducted a secondary analysis of a large existing dataset using the Individual Workload Perception Scale (IWPS) (Cox, 2003, as cited by Lacey et
The large dataset was collected from 2003-2005 as an ongoing project to get demographic information on the institution and nurses’ characteristics. The sample for the secondary analysis included 3,337 RNs who had completed the IWPS. The Magnet demographic questions were added. The nurses were from 15 institutions, 11 geographically diverse states, and 292 nursing units.

The majority of the nurses were female (93%), and born between the years of 1946-1964 (49%). Forty-nine percent held a bachelor’s degree, and 43% had greater than 15 years of nursing experience, with 48% having 1-5 years experience in current department. Seventy-two percent worked full-time, and 60% worked dayshift. Pediatrics (44%) and medical-surgical (18%) represented the primary nursing units. Institutions from 11 states participated, with Missouri having the highest number of participants (23%), followed by Texas (18%) and Massachusetts (18%). Fifteen institutions participated: 2 Magnet, 10 Magnet-aspiring, and 3 non-Magnet sites. Six institutions were pediatric, three suburban, three urban, two rural, and one academic medical center. The institutions reported bed size from less than 200 to over 500.

The Individual Workload Perception Scale (IWPS) has 32-items with a Likert scale to measure information about manager support, peer support, unit support, workload, intent to stay, and nurse satisfaction. Validity and reliability were determined in a previous study. The current study found reliability ranged from r=0.61 to 0.91 (Lacey et al., 2007).

The findings indicated that nurses working in Magnet institutions reported higher levels of support than nurses working in Magnet-aspiring or non-Magnet institutions. All scorers on subscales of IWPS were higher in Magnet institutions. Of the 18 comparisons
made, 13 were statistically significant at the .000 level. Finding from all six of the subscales were significantly different between Magnet and non-Magnet sites (Lacey et al., 2007).

Lacey et al. (2007) concluded that Magnet Recognition Programs have been successful in improving work environments for professional nursing practice. Nurses working in Magnet facilities reported that supportive elements were in place, nurses reported job satisfaction, and nurses intended to stay with the organization. Lacey et al. concluded the IWPS was a reliable instrument for institutions to measure nurses’ perceptions of the presence or absence of basic workplace structures. More institutions should pursue Magnet designation as a means to retain qualified, professional nurses.

**Summary of Literature**

The nursing literature is rich with research supporting the creation of empowering work environments where nurses have access to work empowerment structures to promote professional nursing practice, improve recruitment and retention, improve patient satisfaction, and patient safety. Kanter’s Structural Theory of Organizational Empowerment (1977, 1993) has been tested by numerous nurses researchers to demonstrate that empowering work environments improve intent to stay working in an organization.

Spence Laschinger et al. (2001a) found that empowering work environments have positive effects on nurses in the organization thus increasing trust in management and improving job satisfaction. Also, empowerment resulted in acceptance of organizational goals and values, and increased work effectiveness. Nurses were more likely to stay in the organization.
Upenieks (2003) concluded that job satisfaction was increased by improving access to opportunity, information, support, and resources. Furthermore, Upenieks (2003) found that when shared governance opportunities were available, nurses had increased control over work environments, which in turn led to perceptions of autonomy, good nurse-physician relationships, and opportunities for challenging thinking.

Spence Laschinger and Finegan (2005a) concluded that when work environments are created that empower nurses to practice according to professional standards and support positive working relationships within an environment of trust and respect, nurse retention and job satisfaction was improved.

Spence Lashinger and Finegan (2005b) concluded that empowerment is rewarding and leads to fairness, manageable workloads, control over work, and sense of community. Empowering conditions lead to lower levels of burnout and better mental and physical health. Access to work empowerment structures increases work engagement and prevents burnout. Positive work environments enhance nurses’ mental and physical health.

Spence Laschinger et al. (2006) found that empowering work environments had significant impacts on nurses’ intent to stay on the job. The development and support of empowering work environments where nurses can have a healthy work life leads to decreased negative physical and mental health issues, and lower levels of burnout. Greater engagement and lower burnout result when managers create organizational structures that empower nurses to deliver quality care promoting a greater sense of fit between expectations of work life quality and organizational goals.
Patrick and Spence Laschinger (2006) found that middle managers, when empowered, are powerful role models to staff nurses, can inspire others with a vision, and be instrumental in the achievement of goals for the organization. Middle managers feel empowered, valued, and supported by the organization when provided with access to information, receive positive feedback, and are recognized for efforts.

Armstrong and Spence Laschinger (2006) found that healthcare organizations where nurses were provided access to information, support, resources, and opportunity, nurses had high levels of Magnet characteristics which in turn supported professional nursing practice. The hospitals where nurses were empowered demonstrated the safest conditions for patients.

Nedd (2006) concluded that intent to stay was not related to demographic variables; therefore, nurse leaders should focus on the aspects of an organization that can be changed, and not on the individual characteristics of the nurse. In addition, nurse leaders should develop nurse retention strategies by increasing nurses’ access to empowerment structures and by creating opportunities for nurses to participate in organizational decisions.

Donahue et al. (2008) found that nurses’ perceptions of empowerment were related to patient satisfaction. Donahue et al. (2008) found that significant relationships among nurses’ empowerment, access to information, opportunity, support, and resources are important in the work environment. Spence Laschinger et al. (2009a) found that job satisfaction and retention were linked to nursing leadership on individual units. When nurse managers create work environments where nurses are empowered to engage in professional practices, nurses are more committed to the organization.
Spence Laschinger et al. (2009b) found that new graduate nurses experienced job dissatisfaction and burnout when the work environment was not empowering and did not provide support for professional practice. When work environments were created that allowed graduate nurses to practice according to professional standards that are in alignment with nursing education, and where collegiality is present, graduates may be protected from burnout.

Lacey et al. (2007) found that the Magnet recognition program has been successful in improving the work environments of nurses by supporting professional nursing practice. Lacey et al. (2007) concluded the Individual Workload Perception Scale (IWPS) was a reliable instrument for use by organizations to measure nurses’ perceptions of the presence or absence of workplace empowerment structures.
Chapter III

Methods and Procedures

Introduction

Healthcare administrators and nurse managers are faced with many challenges within today’s complex healthcare environment (Nedd, 2006). One critical challenge is to recruit, hire, retain, and maintain qualified nurses. It is important to understand factors related to job satisfaction, and why nurses intend to stay with an organization. Nurse empowerment is one strategy being used to recruit and retain nurses (Nedd, 2006). The methodologies and the procedures for this research are described in this chapter.

Purpose

The purpose of this study is to examine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. This is a replication of Nedd’s (2006) study.

Research Question

Are there relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job?

Population, Sample, and Setting

The study will be conducted with registered nurses working in acute care hospitals in Indiana. The population is comprised of 88,772 licensed registered nurses working as staff nurses in Indiana (Indiana State Board of Nursing, 2010). A random
sample of 2,000 licensed RNs will be selected from the Indiana Professional Licensing Agency registry list. Of the 2,000 RNs who will be surveyed, one-third are anticipated to participate. To be eligible for participation, the RNs must be actively employed in an acute care hospital in Indiana and have at least 2 years experience in the current facility.

**Protection of Human Rights**

The study will be submitted to the Institutional Review Board (IRB) of Ball State University. The ISBN will also be contacted for permission to conduct the study. The protection of human rights will be accomplished through ethical handling of data. The surveys will not contain any indentifying marks. All information about the participants and the hospitals will be anonymous. Each RN receiving the survey can accept or reject the opportunity to participate; therefore, the completion of the questionnaire implies consent. Each participant will receive a detailed explanation of the study in a cover letter. There are no risks to the participants. The benefits of the study will be to obtain a better understand of factors that encourage nurses to stay in organizations. All information included in the study will remain anonymous and the data will be reported in aggregate form only.

**Procedures**

Once the ISBN has granted permission to conduct the study, a registry list of RNs will be obtained from the Indiana Professional Licensing Agency. The registry can be downloaded from the accessIndiana website. For a fee of $1,061.82, the registry list, including home addresses for nurses, will be purchased from the ISBN. The letter of explanation, survey, and return envelope will be sent to the selected RNs’ home
addresses. The completed surveys will be returned to the a post office box purchased by the researcher.

**Design**

The design for the research study is descriptive correlational. A descriptive research design is used to describe existing phenomena and to explore the relationships among existing variables (Burns & Grove, 2009). In a descriptive correlational design no attempt is made to control the variables (Burns & Grove, 2009). The design will also allow for information to be gathered and investigated regarding formal power, informal power, and work empowerment structures as related to nurses’ self-reported intent to stay on the job.

**Instrumentation, Reliability, and Validity**

The Job Activities Scale (JAS) (Spence Laschinger et al., 1993) measures staff nurses’ perceptions of formal power within the work environment. JAS is a nine item scale measuring perceptions of job flexibility, visibility, and recognition in the nursing work environment. The JAS uses a 5-point Likert scale where 1 = none, and 5 = lot. The reliability for JAS is r=0.81, p<0.01.

The Organizational Relationship Scale (ORS) (Spence Laschinger et al., 1993) measures staff nurses’ perceptions of informal power. The ORS is an 18-item instrument designed to measure perceptions of political alliances, peer networking, and subordinate relationships within the nursing work environment. The ORS uses a 5-point Likert scale where 1 is none and 5 is a lot. The reliability for ORS is r=0.92, p<0.01.

The Conditions for Work Effectiveness Questionnaire (CWEQ) measures perceived access to the four work empowerment structures: opportunity, information,
support, and resources. The CWEQ was developed by Chandler (1986). The CWEQ has 31 items and uses a 5-point Likert scale where 1 = none and 5 = a lot. With overall empowerment scores, higher scores indicate higher perceived access to opportunity, information, support, and resources. The overall reliability for the CWEQ is $r=0.96$, $p<0.01$ and the subscales range from $r=0.85-0.94$, $p<0.01$ (Nedd, 2006).

An instrument designed by Kim et al. (1996) measures intent to stay on the job. This instrument consisted for four items using a 5-point Likert scale where 1 is strongly disagree and 5 is strongly agree. The reliability was reported as $r=0.86$, $p<0.01$ (Nedd, 2006).

The following demographic characteristics will be addressed: respondent’s age, gender, education, years of nursing experience, and number of years on the current job. The demographic questions used were developed by Nedd (2006).

Data Analysis

The data will be analyzed using the descriptive statistics for frequencies of demographic variables. The JAS, ORS, CWEQ, and Intent to Stay instruments will be analyzed using descriptive statistics. The relationship of each of the following variables: formal power, informal power, access to empowerment structures, and demographic characteristics, will be correlated with Intent to Stay on the job using Pearson’s product-moment correlation coefficients. Pearson’s $r$ is a parametric test used to determine the relationship between two variables. When the $r$ value is between -1 and +1 this indicates the degree of linear relationship between the two variables. A score of 0 indicates no linear relationship, a value near -1 indicates an inverse correlation, and a value near +1 indicates a positive relationship (Burns & Grove, 2009).
Summary

This chapter describes the methodologies and the procedures for this study. The purpose of this study is to examine the relationships among nurses’ perceptions of formal and informal power, access to work empowerment structures, and intent to stay on the job. A descriptive correlational survey design is used. The anticipated sample is 660 RNs from the Indiana State Board of Nursing registry list. Data will be collected using the JAS, ORS, CWEQ, Intent to Stay instruments, and the demographic questionnaire to determine existing relationships among the variables. This study replicates a previous study by Nedd (2006). Information obtained from this study will be used to further evaluate nurses’ perceptions of empowerment and intent to stay.
References


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| 3. Nedd (2006) | Nursing turnover problematic to healthcare and nursing leadership must develop strategies for retention | To determine the relationship between intent to stay and perceptions of empowerment in the nursing setting.  

**Question:** Do perceived formal power, perceived informal power, and perceived access to work empowerment structures relate to nurses’ self-reported intent to stay on the job? | Structural Theory of Organizational Empowerment (Kanter, 1977)  

**Concepts:**  
Organizational commitment, employee empowerment, and job satisfaction | Random sample of 500 RNs from Florida,  
206 RN surveys completed | Descriptive correlational survey design | Laschinger et al., 2001 |  
**Job Activities Scale (JAS) (Spence Laschinger & Kutzcher et al., 1993)**  
**Organizational Relationships Scale (ORS) (Spence Laschinger & Kutzcher et al., 1993)**  
**Conditions for Work Effectiveness Questionnaire (CWEQ) (Chandler, 1987)**  
**Intent to stay on job (Kim, Price, Mueller, and Watson, 1996)**  
**JAN & ORS: nurses perceived moderate levels of empowerment in workplace**  
**CWEQ: Nurses had greatest access to the empowerment structure of opportunity**  
**Intent to stay significantly positively correlated with formal power, informal power, and overall work empowerment**  
**Employers can improve nursing retention by increasing nurses’ perceptions of access to empowerment structures. Empowered nurses intend to stay within an organization.**
| 4. | Spence-Laschinger, Wong, & Greco (2006) | Stressful working conditions in nursing leads to burnout which further complicates recruitment and retention efforts. | To test a model derived from Kanter’s theory that links staff nurses’ perceptions to empowerment in the workplace to nurses’ fit with key areas of worklife, and work engagement/burnout in acute care hospitals in Ontario. | Structural Theory of Organizational Empowerment (Kanter 1977, 1993) Maslach and Leiter’s Worklife Model (1992) | 500 surveys mailed to full and part-time nurses in acute care hospitals of Ontario, Canada using the College of Nurses of Ontario registry; 322 nurse responses were used | Cross-sectional correlational survey design | Conditions of Work Effectiveness Questionnaire II (CWEQ-II) (Spence Laschinger et al., 2001) Areas of Worklife Scale (AWS) (Maslach & Leiter, 1997) Emotional Exhaustion (EE) subscale of Maslach Burnout Inventory-General Survey (MBI-GS) (Schaufeli, Leiter, Maslach, & Jackson, 1996) | Work environment perceived as only somewhat empowering 53% nurses reported severe levels of burnout Overall, empowerment had an indirect effect on emotional exhaustion (burnout) through perceived fit in 6 areas of work life | Leadership practices need to be developed providing access to empowering work conditions promoting person-job fit. Nurse leaders must work to prevent burnout among nurses by addressing workload. |

**Questions:**

When nurses are empowered to accomplish their work in meaningful ways, are they more likely to experience a fit between their expectations and their working conditions?

Do higher levels of empowerment result in greater fit in the 6 areas of worklife which leads to greater engagement and lower burnout?
| 5. | Unprofessional practice environments lead to dissatisfied nurses resulting in turnover | To determine differences in RNs' perceptions of manager, peer, unit support, workload, intent to stay, and satisfaction between 3 types of institutions: Magnet, Magnet-aspiring, and non-Magnet. | Maslow's Hierarchy of Needs Concept: Magnet, Magnet-aspiring, and non-Magnet hospitals, organizational support, workload, satisfaction, and intent to stay | 3337 RNs from 15 hospitals in 11 diverse states from 292 nursing units | Cross-sectional correlational survey design | Individual Workload Perception Scale (IWPS) (Cox, 2003) All subscales of IWPS were significantly better for Magnet facilities proving Magnet facilities have achieved the goal of improving work environments for RN professionals | Magnet hospitals have support structures in place and nurses are more satisfied and stay with the organization. The IWPS provides valid and reliable assessments for organizations to measure nurse perceptions of basic workplace requirements. |

**Questions:**

Are there significant differences on the subscale scores on manager, peer, unit support, workload, intent to stay, and nurse satisfaction between these 3 hospital types: Magnet, Magnet-aspiring, and non-Magnet?

If there are significant differences found, which 2 types of facilities had the most significant differences?

Is the IWPS a credible tool for nurse executives?
<table>
<thead>
<tr>
<th></th>
<th>6. Spence Laschinger &amp; Finegan (2005b)</th>
<th>Distrust of management and lack of employee empowerment is leading to decreased employee engagement, job satisfaction, and organizational commitment</th>
<th>Test Kanter’s model linking staff nurse empowerment to six precursors of work engagement, opportunity, information, support, resources, formal power, and informal power</th>
<th>Structural Theory of Organizational Empowerment (Kanter, 1977)</th>
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<tbody>
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<td></td>
<td>Concepts: Employee engagement and empowerment, job satisfaction, and organizational commitment</td>
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<td>500 nurses working in urban tertiary care hospitals across Ontario</td>
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<td>Non-experimental predictive</td>
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<td>Conditions for Work Effectiveness Questionnaire-II (Spence Laschinger et al., 2001)</td>
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<td>Autonomy and meaning subscales from the Psychological Empowerment Scale (Spreitzer, 1995)</td>
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<td>Dekker and Barling’s Work Overload Scale (Dekker &amp; Barling, 1995)</td>
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<td>Mishra’s Trust in Management Scale (Mishra, 1996)</td>
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<td>Reward and</td>
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<td>CWEQ-II: work conditions only somewhat empowering</td>
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<td>Autonomy and meaning subscales: nurses felt most positive about amount of control over work and the fit between personal values and organizational values</td>
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<td>Work Overload Scale: moderate burnout level</td>
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<td>Trust in Management Scale: high level of fairness not perceived</td>
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<td>Reward and</td>
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<td>Staff nurse empowerment is linked to work engagement and health outcomes. Empowerment leads nurses to feel rewarded for work, fairness, manageable workloads, control over work, and a sense of community. Empowering conditions lead to lower levels of burnout and fewer physical and mental health issues.</td>
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<tr>
<td>Community subscales</td>
<td>Low degree of reward and community perceived with the greatest degree of mismatch felt in the areas of work, workload, reward, and community</td>
<td>Emotional exhaustion subscale: increases as workload increases</td>
<td>Energy level subscale: moderate energy levels</td>
<td>Physical symptoms scale: few physical symptoms reported</td>
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<td>From the Sources of Pressure Management Indicator (Williams &amp; Cooper, 1998)</td>
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<td>Energy level scale from the Sources of Pressure Management Indicator (Williams &amp; Cooper, 1998)</td>
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<td>7. Armstrong &amp; Spence Laschinger (2006)</td>
<td>Poor management practices and negative work environments are a threat to patient safety.</td>
<td>The purpose of this study was to test a theoretical model linking the quality of nursing practice environments to a culture of patient safety.</td>
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<td>Concepts:</td>
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<td>Nurse empowerment, Magnet hospitals, and patient safety</td>
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<td>Kanter’s Theory of Structural Empowerment (Kanter 1977, 1993)</td>
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<td>40 staff nurses in a small community hospital in central Canada</td>
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<td>Exploratory, predictive non-experimental design</td>
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<td>Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Spence Laschinger et al., 2001)</td>
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<td>Lake’s Practice Environment Scale of the Nursing Work Index (Lake, 2002)</td>
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<td>Safety Climate Survey (Sexton &amp; Thomas, 2005)</td>
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<td>Nurses reported moderate access to empowerment structures</td>
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<td>Moderate levels of overall Magnet hospital characteristics</td>
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<td>Patient safety climate scores were moderate</td>
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<td>When nurse managers ensure work environments allowing access to empowerment structures, professional nursing practice is supported which supports a positive safety climate. Empowering work conditions increases recruitment and retention and also supports a climate of safety resulting in high quality patient care.</td>
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<td>Dissatisfied nurses leaving profession, prompting nurse leaders to develop retention strategies including positive professional practice environments.</td>
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<td>Questions:</td>
<td>To examine whether magnet hospitals are able to provide higher levels of job satisfaction and empowerment than non-magnet hospitals.</td>
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<tr>
<td>Concepts:</td>
<td>Structural Theory of Organizational Empowerment (Kanter 1977, 1993)</td>
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<td>700 surveys:</td>
<td>700 surveys; 305 med/surg nurses completed from 2 magnet hospitals and 2 non-magnet hospitals</td>
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<tr>
<td>Comparative</td>
<td>Comparative descriptive design</td>
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<td>Revised Nursing</td>
<td>Revised Nursing Work Index (NWI-R)(Spence Laschinger &amp; Wong, 1999)</td>
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<td>Work Index</td>
<td>Conditions of Work Effectiveness Questionnaire II (CWEQ-II) (Spence Laschinger et al., 2001)</td>
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<td>Medical practice</td>
<td>Loosely structured interviews (Upenieks, 2003)</td>
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<td>Nurse leaders</td>
<td>Magnet hospitals scored higher on all scales</td>
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<td>Power to</td>
<td>Magnet hospitals scored higher on all scales</td>
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<td>Implement</td>
<td>Magnet hospital nurses ranked higher in freedom to make patient care decisions, teamwork between nurses and physicians, administrators response to needs, management support of nurses, clinical ladder opportunities and staff development, visible nurse executive</td>
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<td>Organizational</td>
<td>Organizations improving access to opportunity, information, and resources can empower staff and increase job satisfaction. Decentralized decision-making and shared governance models help empower staff and increase satisfaction.</td>
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<td>9. Donahue, Piazza, Griffin, Dykes, &amp; Fitzpatrick (2008)</td>
<td>Nurses that lack empowerment deliver patient care that is poorly rated.</td>
<td>To examine the relationship between nurses’ perceptions of empowerment and patient satisfaction. <strong>Question:</strong> Is there a positive relationship between nurses’ perceptions of empowerment and patient satisfaction?</td>
<td>Spence Laschinger’s conceptual model based on the Structural Theory of Organizational Empowerment (Kanter 1977, 1993) <strong>Concepts:</strong> Systemic power factors, access to job related empowerment structures, personal impact on employees, work effectiveness</td>
<td>259 nurses; 622 survey responses of inpatients, 679 for amb. surgery, 305 for ED</td>
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<td>Study</td>
<td>Reviewer</td>
<td>Participants</td>
<td>Design</td>
<td>Measures</td>
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<td>10. Patrick &amp; Spence Laschinger (2006)</td>
<td>Middle managers are unable to provide organizational support resulting in lower role satisfaction.</td>
<td>To examine the relationship between structural empowerment and perceived organizational support and the effect of factors on role satisfaction of middle level nurse managers.</td>
<td>Structural Theory of Organizational Empowerment (Kanter, 1977, 1993)</td>
<td>126 middle level managers working in acute care hospitals in Ontario selected from registry list, final sample 84 nurse managers</td>
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<td>11.</td>
<td>Spence Laschinger, Finegan, &amp; Wilk (2009 a)</td>
<td>Nurses lack positive relationships with supervisors, leading to decreased work empowerment and organizational commitment.</td>
<td>To test a multilevel model linking unit-level leader-member exchange quality and structural empowerment to nurses’ psychological empowerment and organizational commitment. <strong>Questions:</strong> What factors promote nurses commitment? Does unit-level structural empowerment have a direct effect on nurses’ psychological empowerment at the individual level of analysis? Does unit leadership have an impact on perceptions of structural empowerment on the units which effects nurses’ psychological empowerment and commitment at the individual level?</td>
<td>Structural Theory of Organizational Empowerment (Kanter 1977, 1993) Psychological Empowerment (Spreitzer, 1995) Leader-Member Exchange Theory <strong>Concepts:</strong> Unit-level leader-member exchange quality, structural empowerment, psychological empowerment, organizational commitment</td>
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<td>12. Spence Laschinger, Finegan, &amp; Wilk (2009b)</td>
<td>Graduate nurses experience burnout when the work environment is not supportive</td>
<td>To predict the combined effects of supportive professional practice environments, civil working relationships, and empowerment on new graduates’ experienced of burnout at work</td>
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<td><strong>Questions:</strong></td>
<td>Do new graduates feel work environments are supportive of professional practice also rate the civility among co-workers and feelings of empowerment highly and does this result in lower levels of burnout?</td>
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<td><strong>Concepts:</strong></td>
<td>Supportive practice environments, workplace civility, empowerment, and burnout</td>
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<td>The model tested was derived from literature integrating theory and research relating supportive practice environments, workplace civility, empowerment, and burnout (Spence Laschinger, Finegan, &amp; Wilk, 2009a)</td>
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<td>246 nurses with &lt;2 years experience from a larger sample of 3,180 nurses from Ontario, Canada</td>
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<td>Non-experimental, predictive</td>
<td>Practice Environment Scale of the Nursing Work Index (NWI-PES) by Lake (2002)</td>
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<td>ICU Nurse Physician Questionnaire (Shortell, Rousseau, Gillies, Devers, &amp; Simons, 1991)</td>
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<td>Global Empowerment Scale (Spence Laschinger, Finegan, Shamian, &amp; Wilk, 2001)</td>
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<td>Emotional Exhaustion (EE) subscale of Maslach Burnout Inventory-General Survey (Schaufeli, Leiter, Maslach, &amp; Jackson, 1996)</td>
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<td>Moderate levels of Magnet hospital characteristics</td>
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<td>Workplace civility rated as positive, low levels of conflict reported</td>
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<td>Work environments somewhat empowering</td>
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<td>High levels of emotional exhaustion reported; 62% reported severe burnout</td>
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<td>Managers need to create empowering work environments supportive of professional practice to decrease burnout and increase job satisfaction and retention.</td>
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