NURSE EMPOWERMENT,
ORGANIZATIONAL TRUST, RESPECT AND COMMITMENT

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Abstract

RESEARCH SUBJECT: Relationship of Empowerment on Interactional Justice Respect, Organizational Trust, Job Satisfaction and Commitment

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Nurse's perceptions of structural empowerment are contributing to low job satisfaction, mistrust in management and ultimately are contributing to the shortage of nurses. Fostering empowerment, through organizational justice, respect and trust in management positively effects job satisfaction and organization commitment. The purpose of this study is to evaluate the relationship of empowering work structures and their relationship to job satisfaction and organizational commitment. This is a replication of Laschinger and Finegan's (2005a) study. Kanter's model of organizational empowerment is the framework used in this study. The sample includes a random sample of 273 nurses working in medical surgical units or critical care units in urban teaching hospitals in Detroit Michigan. Instruments used for data collection are: The Conditions of Work Effectiveness Questionnaire-II, Moorman's Justice Scale, Siegrist's Esteem Scale, Mishra's 17-Item Trust in Management Scale and Williams and Cooper's Pressure Management Indicator. All items were rated on Likert scales. The findings will offer information concerning the effect of empowerment in the workplace on job satisfaction and commitment.
Chapter I

Introduction

Downsizing and restructuring of healthcare institutions throughout Canada and other Western countries has resulted in forced layoffs of large numbers of nurses over short periods of time, dramatic staffing cutbacks, high workloads, increase in non-nursing tasks for nurses, high absenteeism, and reduced professional and clinical support (Schalk, Bijl, Halfens, Hollands, & Cummings, 2010). Nurses' work environments are deteriorating and are becoming highly stressful as the result of years of organizational change. This type of work environment leads to increased numbers of young nurses leaving the profession and the early retirement of nurses who are currently employed (Schalk et al.).

Although some turnover is expected, there are organizational problems associated with the loss of desirable employees. Turnover is costly for healthcare organizations. The process of hiring and retraining can cost from $30,000 to $67,000 per nurse depending on the area of practice (Stone, Hughes, & Dailey, 2008). Patient safety and quality of care is affected by constant change in staff. Organizations that strive to improve the work environment for nurses by engaging current nurses in the development of models of care may retain experienced staff. At the same time, an improved environment will attract new nurses and nurture future generations of nurses (Stone et al.).
A healthy environment fosters empowerment, growth, and mobility in the employee's field of practice; lacks incivility; fosters retention and commitment; builds trust and respect within the organization; and is an ideal model for managers to strive for in the organizations in which they work (Harwood, Ridley, Wilson, & Laschinger, 2010). Evidence demonstrates that healthcare environments not only lack all of the key components of a positive work environment, but they also continue to worsen. These problems will only continue to cripple attempts to recruit and retain nurses, and ultimately pose serious threats to patient safety (Schalk et al., 2010).

The Health and Resource Administration (HRSA, 2008) and the Institute of Medicine (IOM, 2004) are concerned about the shortage of nurses and its impact on nurse and patient outcomes. HRSA has been conducting ongoing reports on the nurse environment in order to evaluate nurse and patient safety. Dysfunctional work environments and associated practices have been identified as significant contributors to nurse stress and burnout (HRSA). Research is growing in this area, but nursing would benefit from continued research that addresses the work environment, processes of care, and the relationship of specific nursing interventions to patient outcomes (HRSA).

There are numerous past and present studies in the nursing literature which target the work environment of nurses and its impact on staff satisfaction, retention, positive patient outcomes, and organizational performance (Sherman & Pross, 2010). Organizational trust, respect, commitment, and access to empowering structures (access to resources and information) within the workplace are key elements in the development of a positive and healthy work environment (Kanter, 1977, 1993; Laschinger, Leiter, Day & Gilin, 2009). Evidence further suggests that managers who empower their employees
within the workplace play a key role in job satisfaction and the retention of nurses
(Laschinger, Leiter et al., 2009).

**Background and Significance**

The climate of the nurse environment and its affect on job satisfaction, turnover, and patient safety has been a concern to leaders in healthcare for several years (HRSA, 2008). Laschinger, Havens and Sullivan (1996) reported that strategies addressing empowerment issues in the workplace have been proposed since 1985. The lack of control over practice and lack of autonomy were reported as explanations for work dissatisfaction and reasons for nurses to leave the profession (Laschinger & Havens, 1996). Hayes et al. conducted a thorough review of the literature to address the ongoing instability of the nursing workforce and the issue of turnover. Studies found that perceived autonomy, control, and physician relationships influence trust, job satisfaction, and quality of patient care. Hayes et al. further found that job satisfaction, organizational commitment, and supervisor behavior are significant predictors for turnover.

Constant organizational change has resulted in an uncertain work environment and continues to be an enduring phenomenon in healthcare (Laschinger, Shamian, & Thomson, 2001). Pressures from downsizing, resource constraints, and strained interdisciplinary relationships have challenged the stability of the work place. (Laschinger & Finegan, 2005a). The IOM (2004) stated that it is essential and critically important for nurses to have a positive work environment in order to foster patient safety and have trust in management. Management practices are essential in creating safe and healthy environments in the healthcare setting for employees. These practices include: creating and sustaining trust and respect, involving employees in decision making
processes pertaining to work flow, balancing production efficiency and reliability, and using management knowledge to promote learning and growth (Page, 2004).

Even though there is prolific evidence in the nursing literature regarding the importance of an empowering and healthy work environment, research indicates that the work environment for nurses continues to have challenges regarding organizational trust, job satisfaction, and retention (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). A comparison study by Ulrich et al. on relationships between work environments, RN satisfaction, retention, patient safety, and outcomes found that little or no progress has been made in the nurse work environment. Sherman and Pross (2010) add that although much work has been done to improve work environments for nurses, key elements such as respect and communication prove to be challenging for many organizations.

Because much of the research on strategies to improve and enhance nurse empowerment, trust, and organizational respect has been conducted outside of the United States, further work is required to validate the findings among American nurses. Evidence strongly supports the relationship between a high quality work environment and positive outcomes of nurse retention and quality patient care. Theoretical support is found from Kanter's model of organizational empowerment. This proposed study will use Kanter’s model to replicate Laschinger and Finegan's (2005a) study with hospital nurses from Detroit Michigan.

Problem Statement

Nurses with little or no access to structural empowerment within the workplace are more likely to distrust management, have decreased respect, and less commitment to the organization. The lack of empowering structures in the workplace can cause apathy
toward organizational goals intended to foster patient safety and improvement of the facility. Healthcare administrators and nurse managers need strategies to create environments of trust and respect in order to foster positive attitudes, job satisfaction and nurse retention.

*Purpose of the Study*

The purpose of this proposed study is to examine the relationships between nurse empowerment in the workplace, organizational justice, trust, respect, and commitment within the organization.

*Hypotheses*

1. Structural empowerment will predict staff nurses’ trust in management and perceptions of interactional justice.
2. Interactional justice will enhance staff nurses' trust in management.
3. Trust in management will predict staff nurses' job satisfaction.
4. Nurses' job satisfaction will predict organizational commitment of staff nurses.

*Kanter's Theoretical Framework*

Kanter's theory of organizational empowerment will guide this study. This framework is commonly used in nursing research studies of the healthcare workplace environment as it is concerned with creating meaningful work environments for employees.

*Conceptual Definition of Terms*

Kanter (1977, 1993) belief: empowerng structures within the workplace have a positive effect on organizational justice, respect, and trust in management. She further believes the quality of the workplace and the employees' access to structures within the
workplace are essential for creating quality work environments that foster job satisfaction and retention. Empowering structures within the organization include access to resources, information, and support and the opportunity for growth and mobility within the workplace (Laschinger & Finegan, 2005a).

Organizational trust is defined as the belief that an employer will inform, be honest, and follow through on commitments within the organization. Trust is extremely important in the event of organization downsizing and restructure. Sharing of critical information regarding the organization, clear communication, and involvement of employees in decision making are all critical in developing and maintaining trust (Laschinger, Shamian et al., 2001).

Respect is defined as honoring other people by paying attention to them and taking them seriously. Respect is an essential core value that shapes organizational culture and is fundamental to an employees' trust of others within the organization. Most importantly, retention of nurses has been significantly related to feelings of respect in the workplace (DeCicco, Laschinger, & Kerr, 2006).

Kanter (1977) defines organizational justice as the employee's perception of fairness within the organizational processes and activities. Organizational justice also refers to the nurses' faith and belief in the organization and its leaders. It is the belief that the organization will follow through on commitments which ultimately benefit the employee. Justice can consist of two components: interpersonal justice and informational justice. Interpersonal justice is the extent to which employees are treated with respect and dignity; informational justice is the extent that employees are provided with
information. Job satisfaction, commitment, and intent to stay on the job are significantly related to perceptions of justice within the organization (Laschinger & Finegan, 2005a).

**Operational Definition of Terms**

Structural empowerment variables (opportunity, information, support, resources, formal power, and informal power), interactional justice, respect, trust, job satisfaction, and organizational commitment will be measured using different types of survey instruments. The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) will be used to measure nurses' perceptions of their access to the elements of structural empowerment. The CWEQ-II consists of 19 items, three for each of Kanter’s empowerment structures. A total empowerment score will be created by summing the subscales of the CWEQ-II. The scores’ range will be from 6 to 30. Items will be rated on a 5-point Likert scale (1 = low levels, 5 = high levels).

Interactional justice will be measured using nine items from the Moorman's Justice Scale. Each item will be rated on a 7-point Likert scale (1 = low, 7 = high). The Siegrist's Esteem Scale which consists of three items will be used to measure nurses’ perceptions of respect they receive from their management. This scale has been found to predict positive mental and physical health outcomes and satisfaction with control in the work setting. Items are rated on a 7-point Likert scale.

Trust in management will be measured with the Mishra's 17-item Trust in Management Scale, a tool that can predict job satisfaction and organizational commitment. This tool consists of four dimensions which are reliability, openness/honesty competence, and concern. Items will be rated on a 7-point Likert scale.

The Williams and Cooper's Pressure Management Indicator will be used to measure
job satisfaction and organizational commitment. Items will be rated on a 6-point Likert scale (1 = low, 6 = high). The job satisfaction subscale predicts how satisfied employees are with their work, organizational commitment, positive organizational climate and degree of control in the workplace. The organizational commitment subscale measures employees’ attachment to their organization and the extent to which the nurses’ believes their work improves the quality of life.

**Limitations**

Generalization to a broader population is limited as a result of sampling. The hospitals for this study were chosen based on their willingness to participate and therefore may not necessarily represent other types of acute care settings. The results will reflect the perceptions of nurses from one city in the United States. Inaccurate reporting on tools by the participants could also limit study results. Nurse perceptions of work-life conditions are subjective and are influenced by the personal lives of each participant; therefore, bias cannot be ruled out.

**Assumptions**

The proposed study will be grounded by the following assumptions:

1. Healthcare managers and administrators who empower staff nurses and treat staff justly are seen as trustworthy.

2. Healthcare leaders who treat their staff nurses fairly foster feelings of respect which further enhances trust of the management and organization.

3. Staff nurses' trust in management leads to job satisfaction.

4. Job satisfaction among staff nurses leads to organizational commitment.
Summary

Nurses play a critical role in the safety of patient care. Structures of empowerment within the workplace are essential for job satisfaction, trust in management, and nurses' commitment to the organization. Fostering empowerment in the workplace ultimately results in the retention of nurses and a higher quality of patient care. The purpose of this study is to evaluate the relationship of empowering work structures and their relationship to job satisfaction and organizational commitment using Kanter's model. This study will be a partial replication of Laschinger and Finegan's (2005a) study.
Chapter II

Literature Review

There has been a great deal of interest in the study of nurse empowerment in the workplace and its effect on nurses' perceptions of interactional justice, respect and organizational trust. Findings from a number of studies support Kanter's empowerment theory. Results demonstrate a positive link between empowerment and job satisfaction and provide support for the concept that decreased stress levels occur when nurses have control of their practice. Research findings also suggest that job dissatisfaction and burnout result from the lack of an empowering work environment. The following literature review addresses the concepts of empowerment, interactional justice, respect, organizational trust, job dissatisfaction, and burnout.

Organization of Literature

The literature review covers selected studies associated with nurse empowerment in the workplace. Quantitative studies were reviewed to identify previous research findings. The addition of qualitative studies will help to support and understand the problem. Recent literature captures the current evidence that the workplace environment is essential for nurse satisfaction, retention and quality of patient care. The supportive literature is divided into five sections: (a) theoretical framework, (b) empowerment, (c) job satisfaction, (d) burnout, and (e) summary of the literature.
Theoretical Framework

Kanter "argues that situational aspects of the workplace influence employee attitudes and behaviors to a greater extent than personal predispositions" (Laschinger, & Finegan, 2005a, p. 7). Kanter believes that employees who have the tools to accomplish their work according to the standards of their profession experience positive growth and learning. As a result, these employees are more likely to be motivated than those who do not have access to such tools (Laschinger & Finegan, 2005).

The importance of establishing empowering organizational structures in the workplace as theorized by Kanter is central to the focus of this proposed study. Kanter's theory of power was derived from studies of work environments in large American corporations. In the nursing profession, perceptions of empowerment of staff nurses and managers have been examined in a variety of healthcare organizations using Kanter's theory (Miller, Goddard, & Laschinger, 2004). According to Kanter (1977), power is not about domination or control, but autonomy. Power is 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, 1977, p. 166). In addition, the quality of the workplace environment, rather than personal characteristics or socialization experiences, influences attitudes and behaviors at work.

Kanter (1977) describes formal and informal power as two essential tools needed for work effectiveness and for providing meaningfulness at work. Formal power evolves from jobs that are highly visible, allow for discretion, provide recognition, and are relevant to organizational goals. "Informal power is derived from positive relationships with peers, superiors and other co-workers within the organization that lead to effective
alliances" (Laschinger & Finegan, 2005a, p. 7). Formal and informal power, in Kanter’s model, influences access to job related empowerment structures.

Organizations that foster formal and informal power in the workplace will enhance self-efficacy and motivation in their employees and, as a result, have lower burnout and turnover rates. The employees in organizations which strive to have empowering workplace environments also have greater feelings of success, respect for the organization, and client satisfaction. As an end result, fostering formal and informal power in the workplace results in employees with high levels of autonomy, respect, cooperation, increased levels of commitment, and increased client satisfaction.

**Empowerment**

Laschinger and Finegan (2005a) report that downsizing and restructuring of hospitals have created instability in the work environment. Nurses have developed a lack of respect and trust for their managers and the organizations in which they work. These perceptions have had a detrimental effect on job satisfaction and retention of nurses. The purpose of this study was to test a model linking nurse empowerment to organizational respect, justice, trust in management, job satisfaction, and organizational commitment. Kanter's model of organizational power was used as the theoretical framework in this study.

A variety of urban teaching hospitals across Ontario was selected for this quantitative study. A random sample of 273 staff nurses was surveyed. Seventy percent of the nurses worked in medical surgical nursing; the remainder worked in intensive care. Most of the nurses (59.7%) worked full time and over half (63%) were diploma graduates. The remainder of the nurses held a baccalaureate degree in nursing. The
average age of the nurses was 33 years. Nurses had 9 years of overall experience and 2 years experience on their current unit (Laschinger & Finegan, 2005a).

Several instruments were used to measure work-life variables in Laschinger and Finegan's (2005a) study. The CWEQ-II was used to measure the nurses' perceptions of their access to the elements of structural empowerment as described in Kanter's model. Interactional justice was measured with Moorman's Justice Scale. Siegrist's Esteem Scale measured respect. This scale measured nurses' perceptions of respect they receive from their peers and manager. Trust in management was measured by Mishra's 17-item Trust in Management Scale. Results from this tool can predict job satisfaction and organizational commitment. Job satisfaction and organizational commitment were measured using subscales from Williams and Cooper's Pressure Management Indicator. The subscale for job satisfaction measured how satisfied the employees were with their work while the subscale for organizational commitment measured the nurses' attachment to the organization and the extent to which they felt their work improved the quality of life. The results from the questionnaires were rated on 5- to 7-point Likert scales with low scores representing strongly disagree and high scores representing strongly agree. The Cronbach alpha scores ranged from .69 for the organizational commitment subscale to .99 for interactional justice.

The results of the final model explained 44% of the variance. Structural empowerment had a direct positive effect on interactional justice ($\beta = .42$), perceived respect ($\beta = .49$), and organizational trust ($\beta = .27$). Empowerment had a direct effect ($\beta = .25$) and an indirect effect ($\beta = .17$) on trust in management. Respect had a direct effect on organization trust ($\beta = .13$) which had a direct effect on job satisfaction ($\beta = .16$). Job
satisfaction had a strong effect on organizational commitment (\(\beta = .54\)). Structural empowerment had significant effects on all of the variables (\(\beta = .24\)), trust (\(\beta = .25\)), job satisfaction (\(\beta = .52\)) and organizational commitment (\(\beta = .18\)). The total effect of empowerment on organizational commitment was strong (\(\beta = .50\)), which suggests that much of the effect was through mediating pathways in the model (Laschinger & Finegan, 2005a).

The results of Laschinger and Finegan's (2005a) study suggested that nurses felt their work environments were only somewhat empowering. Nurses reported low levels of trust and respect and moderate degrees of job satisfaction and commitment. The results also revealed that workplace empowerment structures play an important role in job satisfaction, organizational commitment, and retention. The results supported the theory that empowerment of nurses in the workplace directly impacts their perceptions of respect, justice, and commitment. The results of this study further suggest that nurses feel respected when the organizations in which they work provide an environment where managers are honest, reliable, and compassionate. In addition, conditions in the workplace that foster trust in management resulted in higher job satisfaction and retention.

Nurses' perceptions of structural psychological empowerment on respect and organizational commitment have also been studied in a variety of healthcare settings including long-term care. The continual rise in the aging population has become a complex problem for healthcare systems throughout the world. The increasing need for nurses to care for the elderly, coupled with the aging nurse population, has made recruitment and retention an important matter. Nurses working in residences where the elderly live are at increased risk of burnout, stress, and job dissatisfaction. DeCicco, et al.
(2006) conducted a study testing Kantor's theory of structural empowerment in a sample of nurses working in nursing homes across Ontario, Canada.

Questionnaires were mailed to each of the 124 registered nurses (RNs) and 124 registered practical nurses (RPNs) randomly selected from the College of Nurses of Ontario (CNO) registry list. The final sample included questionnaires returned from 79 RNs and 75 RPNs. In order to participate, the nurses had to be actively working for at least 6 months in an extended care facility for the elderly. The participants were experienced nurses with an average of 12 years of work in the extended care setting. The majority of participants were female (96%) and worked full time (DeCicco et al., 2006).

Questionnaires measured key study variables. Reliability for each questionnaire was compared with previously reported alpha levels. The CWEQ-II was used to measure nurses' perceptions of Kanter's four empowerment structures: opportunity, support, resources and information. The CWEQ-II also included the job activities scale (JAS) and the organizational relationships scale (ORS), which measured formal and informal power. Items were rated on a 5-point Likert scale (1 = none and 5 = a lot). Cronbach's alpha for the CWEQ-II was established at .86 compared to previous studies of .78 to .93. A 2-item scale was added to measure overall global empowerment. The CWEQ-II was strongly correlated with the global measure of empowerment ($r = .67, p = .01$) providing construct validity (DeCicco et al., 2006).

Spreitzer's 12-item Psychological Empowerment Questionnaire (PEQ) measured the four components of psychological empowerment: meaning, competence, autonomy, and impact. Items were rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) and the Cronbach's alpha reliability coefficient was found to be .83 for
this study. Three questions from the Seigrist Effort Reward Imbalance Questionnaire measured respect on a 7-point Likert scale. Meyer, Allen and Smith's Organizational Commitment Questionnaire (OCQ) was used to measure organizational commitment. Items were measured on a 7-point Likert scale. The Cronbach alpha reliabilities for the Seigrist's esteem subscale were .86 and for the OCQ were .82 (DeCicco et al., 2006).

Long term care staff nurses' perceptions of structural and psychological empowerment were positively correlated to feeling of respect (DeCicco et al., 2006). The results identified that 42% of the variance in respect, for both groups of nurses, was explained by structural ($p = .0001$) and psychological empowerment ($p = .0001$). Structural and psychological empowerment were both strong predictors of respect with structural empowerment as the strongest predictor.

Nurses who worked in long-term care facilities and perceived their workplace as having high levels of structural, psychological and respect for their employees also had high levels of commitment to the organization (DeCicco et al., 2006). For RNs, 48% of the variance in affective commitment was explained by psychological empowerment, structural empowerment and respect ($p = .0001$). For RPNs, these variables represented 40% of the variance in affective commitment ($p = .001$). For RNs, structural empowerment ($p = .0001$) and respect ($p = .019$) were significant predictors of affective commitment with structural empowerment being the stronger and only significant predictor of commitment ($p = .005$). Access to support had the strongest correlation with respect for the RNs ($r = .58, p < .01$) while access to resources had the strongest correlation with respect ($r = .57, p < .01$) for the RPNs. The RNs reported that access to information was the most important factor in regard to organizational commitment ($r = .58, p < .01$).
.60, \( p < .01 \) while access to support was most important factor for the RPNs \( (r = .45, \ p < \ .01) \).

This study supports the important role of the development and maintenance of positive attitudes and behaviors in long-term care workplaces. Fostering structural empowerment in the workplace through offering access to resources, support, and information is vital to nurse empowerment retention and commitment to the long-term care organizations. DeCicco et al. (2006) study supported Kanter's organizational empowerment theory in nursing homes.

Nedd (2006) evaluated empowerment and its relationship with nurses' intent to stay at their place of employment. Hiring, training, and maintaining staff in the nursing field is costly to healthcare organizations of all types. With the looming nursing shortage, strategies to improve retention have become a priority for administrators in healthcare. The hypothesis and research questions for Nedd's study were developed from Kanter's (1977) theory of organizational empowerment. The framework was also used to describe and explain nurse behaviors.

In Nedd's (2006) study, a survey was mailed to a random sample of 500 licensed registered nurses. The nurses were randomly selected from a list of all nurses \( (n = 147,320) \) registered with the Florida Department of Health. A total of 206 or 42% of the returned surveys met criteria for this study. Most of the nurse participants (93%) were female with an age range of 23 to 68 years \( (M = 46.63 \text{ years}) \). The mean years of nursing experience was 20.14 \( (SD = 11.60) \) with a mean of 7.87 \( (SD 7.99) \) years in their current role. The nurse participants worked in a variety of clinical settings and specialty units including critical care, medical surgical, oncology, and cardiology.
Several instruments were used in Nedd's (2006) study. The Job Activities Scale (JAS), a 9-item instrument, was used to measure perceptions of formal power including job flexibility, visibility and recognition in the workplace (α = .81). The Organizational Relationship Scale (ORS), an 18-item instrument, was used to measure the nurses’ perceptions of informal power including perceptions of political alliances, peer networking, subordinate relationships in the work environment (α = .92). Likert scales were used in evaluating the formal and informal power variables with ranges of 1 to 5 (1 = none, 5 = a lot). The CWEQ-II, a 31 item instrument (α = .96), was used to measure perceived access to opportunity (α = .85), information (α = .91), support (α = .94) and resources (α = .89). Internal consistency reliability was acceptable for each of these subscales. The variable, intent to stay at the place of current employment, was measured using a four-item survey. The scale range for intent to stay was 1 to 5 (1 = strongly disagree, 5 = strongly agree) and the Cronbach’s alpha coefficient was .86. A demographic questionnaire was used to collect information regarding gender, age, educational level, years of experience and years on the job. Nedd (2006) used a descriptive correlational study design to answer the basic research questions about perceived formal and informal power. The descriptive analysis was consistent with previous studies showing moderate levels of overall work empowerment (M = 12.94, SD = 3.14). The mean range was 12.10 to 12.94. This was a slight improvement from a previous study. The mean range for the subscales was 3.10 to 3.44.

The results of this study suggested nurses perceive opportunity as the most important empowerment structure (M = 3.44, SD = .84) followed by support (M = 3.22, SD = .98); information (M = M 3.17, SD = .95); and resources (M = 3.10, SD = .90).
Intent to stay was also perceived an important empowerment structure ($M = 3.48$, $SD = 1.19$). Significant relationships ($p < .01$) were found between intent to stay and formal power ($r = .43$), informal power ($r = .31$), and overall work empowerment ($r = .52$) Intent to stay was positively correlated with each of the variables measured by the CWEQ-II: opportunity ($r = .48$), information ($r = .39$), support ($r = .47$) and resources ($r = .45$). No statistically significant relationships were found between the demographic and dependent variables. This finding supported Kanter's theoretical hypothesis that work behaviors and attitudes are not related to personal characteristics (Nedd, 2006).

Nedd's (2006) study also supported Kanter's hypothesis that access to empowerment is significantly related to the employees' behaviors and attitudes, such as intent to stay in the organization, rather than personal characteristics. All of Kanter's empowerment structures were found to have a positive relationship between the nurses' perceptions of their access to opportunity, information, resources, support and their intent to stay in the workplace. This study offers practical information for nursing leaders in regard to retention of nurses. Nurse managers and administrators are in positions to create an empowering workplace for nurses and in return can reduce turnover and facilitate nurse retention.

Nurses' perceptions of empowerment and retention were recently studied by Zurmhely, Marti, and Fitzpatrick (2009). With the looming nursing shortage, healthcare leaders are seeking ways to foster empowerment in the workplace in order to retain both new and seasoned nurses. Job dissatisfaction and low morale are linked with the high turnover rate among nurses. Zurhmely et al.'s study examined the relationship between nurse empowerment and intent to leave their current place of employment (IL-CP) and
intent to leave the nursing profession (IL-NP). Kanter's theory of structural power in organizations was used as the framework and guide in this study.

Questionnaires were sent to three thousand nurses who resided in 16 counties across West Central Ohio. A total of 1335 nurses responded to the survey. Data from 1,231 completed questionnaires were used in the study. The majority of the nurses (95.8%) were female and over half (63%) were married. The nurses had a mean age of 46.6 years and had been in practice for 8.83 years. More than half (63.2%) worked full time. Nurses with an associate degree were represented by 31.2% of the sample and nurses with a baccalaureate degree were represented by 31.5% of the sample. Various positions were represented with 60.9% of the sample working in patient care, 8.8% working in management and 8.4% working in education (Zurmehly et al., 2009).

The CWEQ-II was used in this study to measure nurses' perceptions of access to the six empowerment structures described by Kanter: access to opportunity, information, support, resources, informal power and formal power. Laschinger previously established acceptable reliability for each of the subscales with Cronbach’s alpha coefficients ranging between .81 and .91. The total empowerment score ranged from 6 to 30 with 30 representing the highest level of empowerment. Scores for the six empowerment structures were summed into a total empowerment score. A questionnaire with four response options was developed to measure intent to leave the current position and reasons for leaving the current position. Reasons for leaving the current position were categorized as career advancement or situational or job dissatisfaction. Job satisfaction was measured by a one-item question. All of the variables were rated on 4-point Likert scales. Intent to leave the nursing profession was measured by a one-item question and
was also rated on a 4-point Likert scale with low scores representing high levels of IL-NP. Demographic data included age, gender, marital status, nursing education, years in current job, years in practice and highest degree (Zurmehly et al., 2009).

Zurmehly et al. (2009) examined the variables of registered nurse empowerment and IL-CP. Empowerment scores ranged from 6 to 30 with a mean of 18.85 (SD = 3.25). Pearson correlation analysis results demonstrated a significant relationship between empowerment and IL-CP ($r = 0.45$, $p < .0001$). An analysis of the variance revealed a significant difference in total empowerment ($F = 80.08$, $p < .001$) among the four groups. Post hoc studies reported significant differences in the empowerment scores of those nurses who were very likely to leave within a year and those who were very unlikely to leave within the year ($p < .000$) (Zurmehly et al.).

The nurses least likely to leave their current positions had significantly higher empowerment scores than those most likely to leave their current position. Out of the total number of participants, 310 (25.2%) reported a slight need to change jobs or employers in the near future, 261 (21.2%) were uncertain, 87 (7.1%) indicated that there was a good chance they would leave their current job and 69 (5.5%) were definite about leaving in the near future. Organizational reasons for IL-CP were associated with supervisor (18.8%), job stress (14.8%), coworker relations (9.7%), salary benefits (6.5%), management (4.5%), and assignments (3.4%) (Zurmehly et al., 2009).

Demographical, organizational and individual factors were further analyzed in relation to IL-CP using regression analysis. Individual and organizational factors were found to be related to empowerment: educational degree ($\beta = .90$, $p = .003$); age ($\beta = .087$, $p = .003$); marital status ($\beta = .085$, $p = .002$); years in nursing ($\beta = .077$, $p = .001$);
and years of working in the current position ($\beta = .086, p = .002$). Nurses within the age range of 30 to 49 years of age were more likely to leave their position than nurses who were 50 to 70 years of age. Nurses between 50 and 60 years of age with a baccalaureate degree or higher reported higher levels of empowerment and were less likely to leave their current position. Nurses currently enrolled in a nursing program were also less likely to leave (Zurmehly et al., 2009).

A positive relationship was found between empowerment and IL-NP. Pearson correlation coefficients were used to analyze the relationship between IL-NP, empowerment, and the four subscales of the CWEQ-II. Empowerment was positively related to nurses' IL-NP score ($r = .73, p < .05$). Nurses with the highest scores were less likely to leave the profession. There was a significant difference ($F = 75.99, p < .0001$) between mean total empowerment scores for the four groups of nurses. Tukey's post hoc multiple comparison tests resulted in significantly lower empowerment scores for nurses with an intent to leave the profession compared to those who did not intend to leave ($p < .000$).

Zurmehly et al. (2009) provide added information about the significant relationship between organizational characteristics and effects of personal characteristics on empowerment. These characteristics were found to be significantly related to IL-CP and IL-NP. RNs with a baccalaureate degree reported greater empowerment and were least likely to leave their current positions. These findings suggest that education provides nurses with skills which lead to a more satisfying and rewarding career. Findings also indicated that older nurses were less likely to leave their current positions, which suggests that healthcare organizations need to develop attractive rewards, benefits
and flexibility for nurses who forgo retirement and continue to work. Career advancements and rewards for long term service also need to be considered. In order to recruit and retain younger nurses, flexible schedules and considerations towards family life are essential matters to consider.

With the looming shortage of nurses, healthcare organizations and leaders may need to focus more attention on nurse recruitment and retention. Findings from this study further strengthen the relationship between nurse empowerment and RNs IL-CP and IL-NP. Zurmehly et al. (2009) suggest that managers can foster job satisfaction and retention by improving employees' access to organizational structures within the work environment. In addition, this information may offer possible long-term solutions to the recruitment and retention of nurses.

Work engagement and health outcomes have been linked to nurses' perceptions of empowerment in the workplace. According to Laschinger and Finegan (2005b), cost cutting measures such as downsizing and restructuring have had a negative impact on healthcare and, most importantly, on nursing. Workloads have increased as nurses have been laid off or forced to work undesirable shifts. These problems have caused attitudes of mistrust and cynicism towards the nursing profession and the organizations for which the nurses work. Research shows that engaging employees in their work is an important factor of job satisfaction and retention. The purpose of this study was to link nurse empowerment to work engagement and health outcomes in a theoretical model. Laschinger and Finegan believe empowerment is imperative to the health and well being of an employee. The authors tested six areas of worklife that are known to promote work engagement. Kanter's organizational theory was the framework used to guide this study
(Laschinger & Finegan, 2005b). This study was part a larger research study on work conditions and staff nurse mental and physical health.

A sample of 500 nurses registered with the College of Nurses of Ontario Canada and working in urban hospitals were randomly selected to receive a questionnaire package. Of the returned questionnaires, 285 responses (57%) met criteria for use in the study. The final sample was mostly female (95.6%) with a diploma degree (60.8%) and primarily employed in medical surgical nursing (68.8%). The mean age of the nurses was 33 years; the nurses had 8.7 years of nursing experience and 2.2 years at their current place of employment (Laschinger & Finegan, 2005b) study.

Several instruments were used in Laschinger and Finegan (2005) study. Likert scales were used to rate all of the variables and had acceptable internal consistency with reliabilities ranging from .72 to .97. The CWEQ-II, a 19-item scale, was used to measure nurses' perceptions of access to the 6 elements of structural empowerment: access to opportunity, information, support, resources, formal and informal power. In this study, a total empowerment score was derived by summing the results from the six scales of the CEWQ-II. The items were rated on a Likert scale with high scores representing higher levels of empowerment. Total scores could range from 6 to 30.

Six areas of worklife were measured: workload, autonomy/control, value congruence, fairness, reward, and community. Workload was measured using Dekker and Barling's Work Overload Scale which consisted of 5 items ($\alpha = >.70$). Subscales from the Psychological Empowerment Scale were used to measure control and value congruence. Each subscale consisted of 3 items which were rated on a 5 point Likert scale. Previous reliability reports for the subscales ranged from .62 to .72. Fairness, a predictor of job
satisfaction and commitment, was measured using Mishra's 17-item Trust in Management Scale Reward ($\alpha > .70$). To measure reward and community, subscales were created from the Sources of Pressure subscale of Williams and Cooper's Pressure Management Indicator. Reward was measured using 4 items and the variable community was measured using 5 items. Acceptable Cronbach alpha reliabilities were reported for both reward ($\alpha = .75$) and community ($\alpha = .80$), (Laschinger & Finegan, 2005b).

Engagement and burnout were measured using the 9-item Emotional Exhaustion subscale of the Maslach Burnout Inventory General Survey. The items were rated on a 7-point Likert scale. Low scales are reported to indicate engagement with work; high scores suggest burnout. Physical and mental health outcomes were measured using 3 scales from the Pressure Management Indicator. High scores for the energy scale represented high energy levels; high scores for physical symptoms represented poor physical health. Internal consistency estimates were acceptable at .60 to .82 which was lower than the previous larger study ($\alpha = .72$ to $\alpha = .91$). The Cronbach alpha for energy levels and physical symptoms subscales were $\alpha = .82$ and $\alpha = .76$, respectively. The 5-item Depressive State of Mind Pressure Management Indicator subscale was used to measure anxiety and depressive symptoms. High scores represented high levels of a depressive state. In this study, the alpha coefficient for depressive symptomology subscale was .81 (Laschinger & Finegan, 2005b).

Significant paths were found between structural empowerment and work life variables, work life variables and emotional exhaustion, and emotional exhaustion and physical mental health. Significant direct positive effects were found between structural empowerment and 5 work life variables: control, $\beta = .31$; workload, $\beta = - .31$; fairness, $\beta$
= .42; reward, β = .49 and community, β = .25. The paths between empowerment and value congruence were not significant. All work life variables, except for control, significantly predicted emotional exhaustion: workload β = .39; reward β = -.30; value congruence β = -.15; community β = -.13; and fairness β = -.10, (Laschinger & Finegan, 2005b).

Emotional exhaustion had a strong positive effect on reports of depressive symptomology (β = .64). The final statistics explained 41% of the variance. The path between the emotional exhaustion and frequency of physical symptoms was significant (β = .46). Further analysis resulted in a strong significant path between emotional exhaustion and energy level (β = .67) explaining 45% of the variance (Laschinger & Finegan 2005b).

Further analysis in Laschinger and Finegan's (2005b) study was conducted on the relationships between empowerment and the six areas of worklife including the variable of mental and physical health. A strong negative relationship was found between access to resources and work overload (r = -.61). Support (r = .55) and formal power (r = .49) were significantly related to rewards. Information was significantly related to fairness (r = .43) and informal power was strongly related to both control (r = .37) and positive working relationships (r = .41). Value congruence was most significantly related to formal and informal power. Emotional exhaustion was most strongly related to work overload (r = .51), reward (r = -.46) and community (r = -.40). Strong relationships were also demonstrated between emotional exhaustion and poor physical (r = .47) and mental health (r = -.68).
The six areas of worklife were linked to empowerment and added further support to previous research for Kanter's theoretical framework. Laschinger and Finegan's (2005b) study also supports Maslach and Leiter's model of workplace engagement and burnout. Canadian nurses in this study felt that an empowering work environment resulted in higher levels of control over their work, more manageable workloads, greater rewards and recognition for their contributions to meeting organizational goals, better working relationships among co-workers and management, and greater congruence between personal and organizational values (Laschinger & Finegan, 2005b). The results provide healthcare leaders with evidence and guidance for creating a nurse empowering workplace.

**Job Dissatisfaction**

The role of the Canadian nurse manager has dramatically changed with the downsizing and restructuring of healthcare. Most nurse managers face increased responsibilities, unrealistic job expectations, and perceived lack of support from their superiors. An additional problem is that many nurse managers are near retirement age and will be leaving the workforce. There is a need to attract nurses to managerial roles and to create strategies to mentor them in their leadership positions. According to the literature, positive perceptions of organizational support (POS) and empowerment are key components in job satisfaction among nurse managers. Laschinger, Purdy, Cho, and Almost (2006) replicated and tested a POS model developed by Rhoades and Eisenberger in a sample of first-line managers.

Model testing was performed using a secondary analysis of data from a larger descriptive correlational study. Data were collected for the original study from
questionnaires mailed to a sample of 346 randomly selected first-line nurse managers from acute care hospitals in Ontario. The final sample included 202 usable surveys reflecting a 58% return rate. The nurse managers were almost evenly divided between teaching and community hospitals and represented all specialty areas. The average age of the participants was 48 years and 94% were female. The nurse managers had an average of 25 years of nursing experience and 10 years in management with 5 years in their current role. Most (42.5%) held a baccalaureate degree and 30.5% held a master's degree (Laschinger et al., 2006).

Standardized self-report measures with acceptable reliability and validity were used in this study. These included the Eisenberger, Huntington, Hutchinson and Sowa's Perceived Organizational Support Survey, the Psychological Empowerment Scale (PES), the Effort Reward Imbalance (ERI) Questionnaires and Maslach Burnout Inventory-General Survey (MBI-GS). The Type A behavior subscales, the job satisfaction subscale and energy level subscale of the Pressure Management Indicator (PMI) were also used. Each measure was rated on 7-point Likert scales with lower scores representing low levels and high scores representing high levels. All of the major study variables except the Type A Drive scale had internal consistency reliability estimates that were acceptable at ($\alpha > .70$). In addition, a demographic questionnaire was included in the survey (Laschinger, et al., 2006).

The findings align with previous research indicating that POS is linked to predictors of work attitudes, behaviors, and retention of nurse managers (Laschinger et al., 2006). Nurse managers reported moderate levels of POS ($M = 4.44$, $SD = 1.09$), which was consistent with previous research. Although Type A behavior characteristics
were significantly related to POS in the model, the relationships were weak ($r = -.19$). Managers with Type A characteristics were more likely to experience frustration and poor health outcomes when they perceived lack of support from their organizations. Organizational characteristics most strongly related to POS were rewards ($r = .64$), respect ($r = .64$), job security ($r = .48$), autonomy ($r = .32$), and monetary gratification ($r = .32$). These findings reinforce the need for frequent communication and support during downsizing and restructuring of an organization.

Job satisfaction ($r = .40$) and organizational commitment ($r = .64$) were strongly related to POS with commitment being the stronger of the work attitudes. This important factor suggests that employees with a higher commitment are more likely to rise to challenges faced with downsizing and restructuring. High levels of job satisfaction and commitment associated with POS have been important in the recruitment and retention of nurse managers. High levels of POS associated with high levels of effort play an important role in quality of care outcomes. In this study, the performance variables that were associated with POS were effort ($r = .32$) and nurse assessed quality of care ($r = .19$) (Laschinger, et al., 2006).

The importance of the relationships between POS and health outcomes of nurse managers was identified by Laschinger, et al. (2006). Nurse managers' POS was more strongly associated with the organizational conditions in which they work than with personal factors. Most of the managers in this study reported high levels of health outcomes related to POS. The most significant outcomes related to POS were physical symptoms ($r = -.26$), energy level ($r = .28$), and emotional exhaustion ($r = -.39$). Laschinger et al. (2006) suggested that these scores may indicate that this sample of nurse
managers possessed effective coping skills and the ability to successfully withstand the stresses of reorganization. However, the authors also cautioned that positive responses are not likely to be sustained over long periods of time. In addition, managers with Type A characteristics were more likely to experience frustration and poor health outcomes when they perceived lack of support from their organization.

Nurse managers have key roles in positive unit outcomes, quality of patient care, and retention of staff; therefore, it is essential that needed support is received from their organization. Strategies to enhance levels of POS include allowing high levels of discretionary decision-making authority and autonomy, engaging managers in the strategic planning process, and creating meaningful opportunities for their opinions to be heard in the organizations. Building a work environment that enhances POS promotes the retention of engaged and productive nurse managers (Laschinger et al., 2006).

Building empowering work environments is also key in reducing stress in the workplace. Lack of structural empowerment and incivility in the workplace have been linked to job dissatisfaction and turnover. The critical shortage of nurses is expected to worsen as the baby boomers retire and fewer students enter the profession. It is imperative for healthcare administrators to create work environments that will engage and retain nurses. Major contributors to job dissatisfaction and turnover among nurses are an uncivil work environment and stress in the workplace. The purpose of this study by Laschinger, Leiter et al. (2009) was to examine empowering work conditions and workplace incivility on nurses' retention factors, which are identified as job satisfaction, commitment and turnover intentions. Kanter's model of workplace empowerment was used as the theoretical framework in this study.
The sample for this study was drawn from 1106 hospital employees from 5 healthcare organizations located in 2 Canadian provinces. The employees completed questionnaires concerning work environment, social relationships, and well-being. Data from a sub-sample of 612 nurses were examined by Laschinger, Leiter et al. (2009). The average age of the nurses was 41.3 years, most were female (95%), and the majority worked full time (64.3%). Years of service ranged from 2 years to over 30 years.

Seven types of measures with reported acceptable reliability and validity were used to test the influence of empowering structures on job satisfaction, organizational commitment and turnover intentions. The four subscales of the CWEQ-II were used to measure the employees' access to the empowering structures: opportunity, information, support and resources. Scores for the CWEQ-II could range between 4 and 20. Workplace incivility was measured using the Workplace Incivility Scale. Scores could range from 1 to 5 and were derived from questions about encounters with incivility with coworkers and supervisors. Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory General Survey (MBI-GS) were used to measure burnout. A score greater than 3 on these subscales indicated severe burnout. Job satisfaction was measured by five questions rating levels of satisfaction. Two items from the Affective Commitment Scale measured organizational commitment. Three items from the Turnover Intentions measure were used to measure intent to leave a current job. All of the variables were rated on 5- or 7-point Likert scales. The lowest scores represented dissatisfied or strongly disagree and high scores represented very satisfied or strongly agree. Internal consistency reliability estimates for all of the measures except Type A drive were acceptable with Cronbach’s alphas greater than .70 (Laschinger, Leiter et al., 2009).
Overall, Laschinger, Lieter et al. (2009) found positive results related to empowerment and incivility. Nurses perceived their work environment to have moderate levels of empowerment (M = 12.0, SD = 2.18). They also reported moderately high levels of job satisfaction (M = 5.2, SD = .96), moderate levels of organizational commitment (M = 3.14, SD = .90) and low levels of turnover intentions (M = 2.36, SD = .98).

Occurrences of incivility were infrequent. Most supervisors and nurses reported little workplace incivility within the previous month. However, a small number of supervisors (4.4%) and nurses (2.7%) experienced workplace incivility almost daily. Although nurses in this sample reported high levels of emotional exhaustion (M = 2.99, SD = 1.42) with almost half (47.3%) reporting severe burnout, these findings were lower than other results in the literature. Cynicism levels were lower than levels for emotional exhaustion (M = 1)

Hierarchical multiple linear regression analysis explained a significant amount of variance in those factors associated with retention: job satisfaction ($R^2 = .46, p < .0001$), organizational commitment ($R^2 = .29, p < .001$), and turnover intentions ($R^2 = .28, p < .001$). Empowerment was the strongest predictor of supervisor ($\beta = -.10, p < .05$) and coworker incivility ($\beta = -.11, p < .001$). The strongest predictors of job satisfaction were cynicism ($\beta = -.28, p < .001$), empowerment ($\beta = .28, p < .001$), and supervisor incivility ($\beta = -.22, p < .001$). The strongest predictors of organizational commitment were empowerment ($\beta = .31, p < .001$), cynicism ($\beta = -.22, p < .001$), and supervisor ($\beta = -.10, p < .05$) and coworker incivility ($\beta = -.11, p < .001$). Finally the strongest predictors of turnover intentions were cynicism ($\beta = .27, p < .001$), emotional exhaustion ($\beta = .19, p < .001$), and supervisor incivility ($\beta = .16, p < .001$) (Laschinger, Leiter et al., 2009).
The hypothesized model was supported in Laschinger, Leiter et al. (2009) study. An empowering work environment with low levels of incivility and burnout were significant predictors of job satisfaction, organizational commitment, and intent to leave. In each of the models, supervisor civility was an important predictor of retention outcomes. Coworker incivility was somewhat less of an influence on retention except in relation to commitment, which had as strong a relationship to retention as supervisor civility. Burnout and cynicism were both important factors in predicting retention with cynicism being a strong predictor in all of the models.

Qualities of an unsatisfying workplace have been found to be major causes of nurse burnout and turnover. This study by Laschinger, Leiter et al. (2009) found that nurses' perceptions of empowerment, supervisor incivility, and cynicism were strongly related to job satisfaction and organizational commitment. The results offer valuable information for healthcare leaders. Findings suggest that strategies used to create environments free of uncivil behaviors by colleagues and especially supervisors may prevent feelings of burnout and thus promote retention.

Decreased resources, expectations to keep up on the latest technology, and other distressing factors in the healthcare setting are contributing to increased job strain for nurses. Stress and the inability of nurses to cope may be negatively impacting the attraction of new nurses to the nursing profession. The purpose of the Kuokkanen, Leino-Kilpi, and Katajisto (2003) study was to identify factors or variables that significantly support nurse empowerment and job satisfaction in the workplace. Theoretical support for the study was based on previous qualitative research by the authors and the literature on nurse empowerment, job satisfaction, and organizational commitment. In the previous
A qualitative study identified five categories as qualities of nurse empowerment: moral principles, personal integrity, expertise, future-orientedness, and sociability. The concepts of job satisfaction and organizational commitment were defined from the literature. This information was used to formulate the questionnaires.

A total of 600 registered nurses were randomly selected from an employer registry in southern Finland. The nurses represented a variety of areas in healthcare including critical care, long-term care and public health care. Questionnaires were mailed to each of the participants with a 69% return rate. The final sample was composed of 416 completed and useful questionnaires (Kuokkanen et al., 2003).

Nurse empowerment was evaluated using 4 scales: the 19-item Qualities of Empowered Nurse (QEN) Scale, 19-item Performance of an Empowered Nurse (PEN) Scale, 18-item Work Empowerment Promoting Factors Scale (WEP), and the 18-Item Work Empowerment Impending (WEI) Factors Scale. Questionnaires were based on the five categories of nurse empowerment identified in the previous qualitative research (Kuokkanen et al., 2003). Additional data collected included demographics, background information, information about job satisfaction, willingness to change jobs, willingness to leave the nursing profession, and further professional training. All responses were measured on the 5-point Likert type scales. (1 = least, 5 = most). The Cronbach alpha for empowerment scales ranged from .88 to .93.

Moderate levels of nurse empowerment were observed in three of the four scales. Scores ranged from 3.4 to 4.5 on the Likert scale for the QEN, 3.0 to 4.0 for the PEN, and 3.0 to 3.9 for the WEP. Lower levels of nurse empowerment (2.1 to 3.0) were found with the WEI. More than half of the participants (51%) considered themselves as an
empowered nurse. Only 8% to 15% of the nurses reported dissatisfaction with their profession while 18% to 22% reported dissatisfaction with their jobs. Kuokkanen et al. (2003) also found that 38% to 60% of the nurses considered changing jobs and 27% to 38% of the nurses sampled considered leaving the profession.

Further analyses were performed to identify the characteristics of the nurses willing to change jobs or leave the profession (Kuokkanen et al., 2003). Significant findings were that nurses less than 50 years of age were dissatisfied with their current job \((p < .001)\) and willing to change jobs \((p < .001)\). Nurses who fell between 21 and 40 years of age were most likely to consider leaving the profession \((p < .001)\).

Nurses in this study reported high levels of job satisfaction but also reported high levels of desire to change careers or jobs. The findings are consistent with previous studies: job satisfaction and organizational commitment are critical elements of nurse empowerment. Younger nurses had a higher dissatisfaction rate, considered leaving the profession, and had a greater desire to change jobs than older nurses (Kuokkanen et al., 2003). These factors suggest there is a problem with attractiveness to the field of nursing which may be impact the shortage of nurses.

High levels of job dissatisfaction among nurses may be a contributing factor to the nursing shortage and the resulting impact on quality patient care across the world. Strategies to promote nurse retention and job satisfaction must be a priority for managers and administrators of healthcare institutions. Khowaja, Merchant and Hirani (2005) examined nurses' perceptions of high turnover rate using a qualitative approach.

Khowaja et al. (2005) selected a tertiary care university hospital in Pakistan for this study. A group of 45 nurses with similar interests, background, and nursing roles was
chosen to participate. Convenience sampling was used to formulate five focus groups. Each group consisted of nine nurses who represented the following subspecialty areas: critical care, medical-surgical, ambulatory, maternal child, and emergency. More than half of the nurses (70%) had two to three years of experience and the mean age of the nurses was 26 years. Data also included exit interview information from nurses who terminated employment between September 2001 and February 2002.

Two employees from the hospital marketing department conducted the group interviews. Both of the marketing department representatives spoke fluent English and Urdu. A 10-item questionnaire was designed from previous research. The main focus of the questionnaire was nurses' satisfaction or dissatisfaction in relation to patient workload, shift hours, employee benefits, salary, leadership, and management. Focus group appointments were pre-arranged with the nurses and the sessions lasted 45 minutes to one hour. One person from the marketing department asked the questions while the other recorded the responses from the nurses. Data were collected through verbatim note taking and transcription of audiotapes. The following categories were generated from the interviews: lack of respect and recognition by nursing management, factors affecting workload and adequate staffing, nurse managers' non-supportive styles, burnout, and relationship between nurses and doctors (Khowaja et al., 2005).

Workload was found to be the major stressor and most often identified by the participants as the main reason for job dissatisfaction (Khowaja et al., 2005). Another important area of dissatisfaction was the lack of respect by nursing management. The nurses indicated that receiving respect from management, doctors, patients, and families would increase job satisfaction. The participants also reported that mental stress on the
job would be reduced if, instead of setting high expectations and over-exaggerating staff errors, managers were less rigid in attitude, more supportive and more involved in assisting nurses in their work. In addition, the nurses reported that a lack of appreciation and recognition were factors which contributed to job dissatisfaction.

Khowaja et al. (2005) concluded that retention of nurses could be improved by reducing workloads by improving the nurse to patient ratio; fostering respect of nurses in front of peers, doctors, families and patients; simplification of nurse documentation; showing verbal appreciation for job performance; and with rewards. In addition this study implies that nurses in management play an important role in fostering job satisfaction in the workplace.

**Burnout**

Occupational stress resulting in burnout among nurses is a concern as the nursing shortage continues to rise. Nephrology nurses have a particularly high turnover rate from stress and emotional exhaustion. High turnover among these nurses is a serious problem because the number of patients with chronic kidney disease is increasing. The purpose of the secondary analysis by Harwood et al. (2010) was to examine the relationship between empowerment and burnout in a sample of nephrology nurses. Kanter's theoretical framework of organizational power was used to guide this study.

A sample of 129 nurses was randomly selected for the original study from members of the Canadian Association of Nephrology Nurses and Technologists. The final sample of 121 subjects consisted of virtually all female nurses (97%) with a mean age of 46.3 years. The mean total years of nursing experience for the sample were 23.3 years. Nurses in the sample had worked in nephrology for 12.8 years and more than half
(61%) worked in hemodialysis. In addition, more than half of the nurses (59.7%) were college educated while 40.3% had other types of nursing education (Harwood et al., 2010).

From the original data set of responses about working conditions, empowerment, health issues, and burnout, Harwood et al. (2010) chose to focus on empowerment and burnout. These variables were measured with the Maslach Burnout Inventory (MBI) and the CWEQ-II. The MBI is a self-administered survey intended to measure burnout in human service occupations. The inventory is a 16-item instrument rated on a six point Likert scale (0 = low, 6 = high) with three subscales: emotional exhaustion, cynicism and professional efficacy. Scores greater than 3 indicate burnout on the emotional exhaustion subscale. The alpha coefficient for emotional exhaustion was .90.

Harwood et al. (2010) chose to measure empowerment with the CWEQ-II, a 19-item instrument which measures nurses' job satisfaction and perceptions to access of empowerment. Six subscales were derived from the empowerment structures (opportunity, information, support, resources, formal power, informal power and job activities) and were rated on a 5-point Likert scale (1 = low perceptions, 5 = high perceptions). The scores from the subscales were summed and averaged for a total empowerment score. The alpha coefficients for total empowerment were .90, opportunity .84, information .89 and .77 for organizational relationships (Harwood et al.).

A significant negative association was found between emotional exhaustion and total empowerment ($r = .276$, $p < .001$). The empowerment subscales (support, resources, job activities, and organizational relationships) also had a significant negative association with emotional exhaustion suggesting that less empowered nurses suffer increased levels
of emotional exhaustion or burnout (Harwood et al., 2010). Empowerment plus level of nursing education explained 20% of the variance in emotional exhaustion in the final multiple regression model ($R^2 = .200, p < .001$). Access to resources was the only empowerment subscale contributing significantly to the variance ($\beta = -.443, p < .001$). Nurses with a college degree were more likely to experience burnout than nurses who did not have such preparation ($\beta = .540, p < .05$).

Harwood et al. (2010) concluded that burnout among nephrology nurses was the result of non-empowering work environments and that nephrology nurses with a degree experienced higher levels of exhaustion. Findings suggest that the work environment can be improved by providing better access to resources, reducing time needed for documentation, providing adequate assistance in the workplace, and providing enough time to complete work expectations. The findings in this study are relevant to the recruitment and retention of nephrology nurses and could assist leaders in fostering an empowering work environment for their staff.

Nephrology nurses are not the only group of professionals having issues with burnout. As new graduate nurses launch their careers in today's healthcare settings, they face stressful work environments. Burnout and the turnover rate are alarmingly high among new graduate nurses (Laschinger, Finegan, & Wilk, 2009). Previous research indicates that work environments, support of individual development, quality of care, and self-efficacy have a positive impact on job satisfaction and retention. Administrators are seeking ways to create high quality work environments that will attract nurses and foster retention of current staff. Laschinger, Finegan et al. (2009) study examined the combined effects of a supportive and high quality work environment, empowerment, and civil
working conditions on burnout in new graduate nurses. Kanter's theory of structural organizational was the theoretical framework used to guide in this study.

Hospitals with "magnet status" are known to support professional nursing practice. Adequate staffing, strong leadership, staff involvement in decisions, a nursing model of care, and effective nurse-physician collaboration were five characteristics of a magnet hospital environment cited by Laschinger, Finegan et al. (2009) study. Each of these five elements has been associated with job satisfaction and is a predictor of retention. Factors known to contribute to dissatisfaction and burnout are heavy assignments, lack of resources, and lack of personal fit to the job. In addition, opportunity for professional development and civility in the workplace are important to new graduate nurses.

The sample for Laschinger, Finegan et al. (2009) study was drawn from a previous larger study of 3,180 nurses in Ontairo, Canada. The final sample (n = 247) of nurses consisted of primarily female nurses (94%) with a mean age of 28.4 years. The mean for nursing experience was 1.54 years (SD = 6.67) with 1.38 years (SD = .71) years of experience in the current place of employment. Most of the nurses worked full time and were baccalaureate prepared. The clinical areas represented in this study were medical surgical nursing (59%) and critical care (21%).

Laschinger, Finegan et al. (2009) measured perceived relational quality, empowerment, and emotional exhaustion as well as civility. The Practice Environment Scale of the Nursing Work Index (NWI-PES), and 31-item questionnaire with 5 subscales was used to measure new graduates perceptions of the quality of relationships on their units, perceptions of empowerment and emotional exhaustion. Responses are rated on a
4-point Likert scale (1 = strongly agree, 4 = strongly disagree). Cronbach’s alpha reliabilities and construct validity were previously established. Subscale and total scale reliabilities in this study were consistent with those previously reported (α = .72 to .85 for subscales and .92 for the total scale). A 4-item ICU Nurse-Physician Questionnaire measured civility. Items were rated on a 5-point Likert scale (1 = high work conditions, 5 = low work conditions). The Cronbach’s alpha coefficient was .82. In addition, conflict on the unit was measured with a 1-item question and was scored separately from the scores on civility. The two-item Global Empowerment Scale was used to measure overall perceptions of empowerment. This scale has been used in nursing populations; internal consistency reliability (r = .92) was similar to other studies. The Emotional Exhaustion (EE) subscale of the Maslach Burnout Inventory General Survey was used to measure burnout among the new graduates. Items were rated on a 7-point Likert scale (0 = never, 6 = every day) with a score greater than 3 indicating burnout.

The new graduates perceived their workplace as having moderate levels of magnet characteristics (M = 2.60, SD = 0.44) and felt somewhat empowered in their jobs (M = 3.30, SD = 0.77). Nurse to physician collaboration (M = 2.84, SD = .68) and nursing as a model of care (M = 2.99, SD = 0.48) scored highest while adequate staffing scored the lowest (M = 2.24, SD = .64). The graduates in this study reported low levels of conflict (M = 2.23, SD = 1.08) and positive findings towards civility (M = 3.66, SD = 7.88) in the workplace (Laschinger, Finegan et al., 2009). The 62% of graduates who reported high levels of burnout was consistent with previous literature. The new graduates' perceptions of the magnet hospital characteristics were significant independent indicators of emotional exhaustion (β = -.221, p = .004), workplace civility (β = -.18, p =
.003), and empowerment ($\beta = -.245, p = .0001$). These variables explained 28% of the variance in burnout (Laschinger, Finegan et al., 2009).

The results of Laschinger, Finegan et al. (2009) study supported previous studies in which a supportive work environment has been shown to allow new graduates to practice nursing according to the standards of nursing practice. In addition, perceptions of the quality of the relationships among co-workers and civil workplace environments decrease perceptions of emotional exhaustion and improve retention. This study combined with previous research gives healthcare administrators and leaders strategies to empower graduate nurses in their work environment and to prevent burnout. Furthermore, strong leaders who create supportive work environments for professional nursing practice play a key role in graduate nurse retention.

Downsizing and restructuring of hospitals may contribute to burnout among nurses working in healthcare settings. Such changes result in large workloads with higher patient acuity levels. Changes also occur in nursing staff skill mix as nurses' experience lay-offs, mergers and closure of the facilities. Furthermore these changes make for difficulties in balancing work and home life. Burke and Greenglass (2001) examined work family conflicts and psychological burnout among nursing staff during the active state of organizational restructure and downsizing. Maslasch and Leiter's theory on nurse burnout provided a framework for this study.

Work-family conflict (WFC) and family-work conflict (FWC) were defined by Burke and Greenglass (2001) study as experiences in which the demands of each role interfere with the performance or participation of the other. For example, work-family conflict can be described as time spent at work taking away from time spent with family
and friends. Family-work conflict occurs in the opposite direction. Research indicates that WFC and FWC are associated with low job satisfaction and psychological well-being. Psychological burnout is associated with factors in the work environment such as feeling overloaded, lack of control over changes due to restructuring and downsizing, and the increased demands of technology.

Data were collected from questionnaires sent to a random sample of 1,950 hospital nurses living in Ontario. The nurses were chosen from a union membership list of approximately 40,000. The final sample of 686 questionnaires represented a 35% response rate. Respondents were primarily women (97%), nearly half worked full time (48.2%) and 80% were married. Known hospital downsizing, mergers, and reform in the area from which the sample was drawn had been occurring for nearly a decade prior to data collection. Inclusion criteria required the participants to have been in a downsized or restructured hospital or healthcare setting. Information regarding experiences associated with restructuring and downsizing was collected from the questionnaires (Burke & Greenglass, 2001).

Burke and Greenglass (2001) measured several variables. The components of WFC and FWC were measured by 2 scales developed by Parasuraman and colleagues. The scales each contained 4 items and responses were rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). Internal consistency reliability was reported to be .73 for the WFC scale and .71 for the FWC scale. Three stressors associated with downsizing and restructuring were measured using 5-point Likert scales. These stressors included workload, staff bumping, and the use of generic workers. Alpha coefficients for each of the scales were as follows: workload (α = .69), staff bumping (α = .57), and
generic workers ($\alpha = .69$). These components of psychological burnout were measured using a 7-item Likert scale (1 = never, 7 = every day). The component of emotional exhaustion was measured by six items ($\alpha = .90$), professional efficacy was measured by six items ($\alpha = .73$), and cynicism was measured by five items ($\alpha = .82$).

Hierarchical regression analyses were used to determine the predictors of WFC and FWC. WFC and FWC were reported to be moderately but significantly correlated ($R = .26, p < .001$). Regression models for both WFC and FWC explained similar amounts of variance. Predictor variables for WFC included personal characteristics ($R = .12, p = \text{ns}$), work situation characteristics ($R = .19, p < .05$), and work stressors ($R = .39, p < .001$). Predictor variables for FWC included personal characteristics ($R = .26, p < .001$), work situation characteristics ($R = .27, p = \text{ns}$), and work stressors ($R = .30, p < .05$). Predictor variables for both FWC and WFC included personal demographic characteristics and accounted for organizational restructuring and downsizing. Organizational restructuring and downsizing stressors had stronger and more consistent relationships with WFC. Personal demographic characteristics had stronger relationships with FWC (Burke & Greenglass, 2001).

Predictors of the components of psychological burnout were also determined by hierarchical multiple regression. Personal demographic information did not explain a significant amount of variance in any of the psychological burnout variables. Work situation characteristics produced significant increments in explained variance on emotional exhaustion and professional efficacy. Nurses who worked full time reported greater levels of emotional exhaustion and professional efficacy. Restructuring and downsizing stressors showed a significant increment in explained variance on emotional
exhaustion and cynicism. Nurses who reported heavier workloads reported higher levels of emotional exhaustion and cynicism. Work family concerns accounted for significant increments in explained variance on all three of the psychological burnout components. Staff who reported high levels of WFC also reported high levels of emotional exhaustion and cynicism and nurses who reported high levels of FWC reported lower levels of professional efficacy (Burke & Greenglass, 2001).

To summarize the results of Burke and Greenglass’ (2001) study, the nurses reported greater WFC than FWC. Individual characteristics were more strongly related to FWC while stressors from downsizing were more strongly related to WFC. WFC variables were significantly related to work and individual well-being outcomes. Demographic characteristics in Burke and Greenglass (2001) study were found to predict FWC while downsizing and restructuring were found to predict psychological burnout and WFC. The findings in this study suggested that restructuring stressors due to organizational changes were less strongly related to psychological burnout than to work-family concerns. Work-family concerns were more strongly related to emotional exhaustion than to the other burnout components. Finally, workload increase resulting from downsizing or restructuring emerged as the most important work stressor.

The impact of the reorganization and downsizing of healthcare institutions in recent years has impacted nurses professionally and personally. Burke and Greenglass’ (2001) findings are consistent with previous literature describing the effects of organizational restructuring and downsizing on WFC and FWC. The findings in this study, especially that an increase in workload due to downsizing of an organization is an
important work stressor, can be of value to healthcare administrators as they attempt to reduce stressors and retain their employees.

**Summary**

The literature review provided evidence that nurses' perceptions of empowering structures in the workplace have a profound effect on job satisfaction, trust, respect, and justice in the organization. These findings support Kanter's theory of organizational empowerment. The literature review revealed ways to improve nurse retention and job satisfaction, thus enhancing quality of patient care.

Laschinger and Finegan (2005a) explored components of nurse empowerment and job satisfaction in a number of workplace settings. They found that empowerment of nurses in the workplace directly impacts their perceptions of respect, justice, and commitment and ultimately results in improved job satisfaction and retention. DeCicco et al. (2006) examined nurses' perceptions of structural and psychological empowerment in long-term healthcare settings. The authors noted that fostering empowerment in the workplace is vital for retention and commitment. Nedd (2006) and Zurhemly et al. (2009) identified the importance of empowerment in the healthcare setting in relation to intent to stay on the job. Laschinger and Finegan (2005b) supported Kanter's beliefs that an empowering environment for nurses promotes higher levels of control over work, more manageable workloads, and greater rewards for contributions to meeting organizational goals. In addition, they found better working relationships among co-workers and management with a greater congruence between personal and organizational values. Laschinger et al. (2006) found that empowering work environments were also essential for the retention of productive nurse managers.
The literature review addressed job dissatisfaction and its association to nurse empowerment. Laschinger, Lieter et al. (2009) found that job dissatisfaction may be a contributing factor to the shortage of nurses which, in turn, impacts the quality of patient care. Kuokkanen et al. (2003) found that job satisfaction and organizational commitment are critical elements of nurse empowerment. Khowaja et al. (2005) also examined nurse job satisfaction and concluded that positive work environments fostering respect play an important role in retention of nurses.

The literature also supported empowerment and its role in regard to burnout among nurses. Laschinger, Finegan et al. (2009) found that leaders who create civil and positive work environments play an important role in the prevention of burnout among nurses. The study by Harwood et al. (2010) demonstrated that empowering work environments are relevant to decreased burnout, recruitment and retention of nurses. Burke and Greenglass (2001) explored workplace stressors among nurses and found that organizational downsizing and restructure has emerged as the most important work stressor resulting in burnout.

Kanter's framework for organizational empowerment in the workplace was supported by the findings reported in this literature review. The evidence points to the need for healthcare leaders and administrators to create strategies which foster empowerment in the workplace. Nurse retention and quality of patient care depends on a positive work environment. The challenge lies in applying evidence from current research in promoting and implementing positive environments in the healthcare setting. The findings in this literature primarily pertain to healthcare settings outside of the United
States. This proposed study will provide further evidence for the importance of workplace environment for nurses in the United States.
Chapter III

Methods

The care nurses provide in hospitals across the United States is essential for positive health outcomes for patients. Literature has indicated that nurses are more committed to giving better patient care when they experience a sense of job satisfaction and empowerment in the workplace. Furthermore, empowerment in the workplace fosters organizational justice, commitment, and trust in management. The purpose of this proposed study is to further examine the relationship between structures of empowerment in the workplace and their effect on interactional justice, respect, and organizational trust as hypothesized in a model based on Kanter's theory of empowerment. This proposed study is a replication of a study by Laschinger and Finnegan (2005a). This chapter contains a description of the methods and procedures of the study.

Research Hypotheses

The following hypotheses will be tested in this study.

1. Structural empowerment will predict staff nurses' trust in management and perceptions of interactional justice.

2. Interactional justice will increase staff nurses' trust in management.

3. Trust in management will predict staff nurses' job satisfaction.

4. Nurses' job satisfaction will predict organizational commitment of staff nurses.
Population, Sample and Setting

The population will include nurses from four major hospitals in the metropolitan areas of Detroit, Michigan. The Inclusion criterion is full or part time employment as a staff nurse for at least two years in the same facility. Staff nurses who live in Canada but work in Detroit will not be included. The four hospitals were chosen because they are large tertiary healthcare centers in the urban Detroit area. In addition, the four institutions employ large number of nurses and have undergone recent downsizing and restructuring. Limitations may occur if there is a poor return from any of the institutions or if there are insufficient numbers of participants who meet the inclusion criteria. The anticipated sample will be composed of a total of 400 nurses evenly divided between the hospitals.

Protection of Human Subjects

This study will be submitted to Ball State University Institutional Review Board (IRB) and the administrators of each of the four hospitals for approval prior to conduction. Benefits of participation in this study include contribution to the development of evidence-based management practices related to empowerment structures for staff nurses. No risks have been identified with this study. Voluntary participation along with the right of participants to refuse to decline will be explained thoroughly. A letter with a full disclosure of the study and a consent form will be included in a mailed questionnaire packet. All data collected will be anonymous.

Procedures

Following IRB approval, 100 names and addresses of full time and part time nurses from each of the four facilities will be randomly selected through human resources. A questionnaire package will be mailed to the homes of the nurses. A stamped
addressed return envelope will be included in the package to maximize the return rate. Upon return of the survey, a thank you letter with a $3 Starbucks gift card will be sent to participants.

*Instrumentation*

The nurses’ perceptions of access to the six structural empowerment elements (access to opportunity, information, support, and resources, informal power, and formal power) will be measured using the CWEQ-II. The CWEQ-II is made up of 19 items, three for each of the empowerment structures plus a total empowerment score. The total empowerment score is derived by the summation of the subscales of the CWEQ-II. Items will be rated on a 5-point Likert scale with higher scores representing high empowerment levels.

Interactional justice will be measured by the 9-item Moorman's Justice Scale. The items will be rated on a 7-point Likert scale (1 = low, 5 = high). High internal consistency reliability has been reported (α = .81 to .91).

Respect will be measured using Siegrist's Esteem Scale which contains 3 items designed to measure nurses' perceptions of respect they receive on the job from their peers and managers. Items will be rated on a 7-point Likert scale This scale is reported to reliably predict mental and physical outcomes as well as satisfaction in the work setting (α = .77).

Perceptions of trust within the organization will be measured using Mishra's 17-item Trust in Management Scale. This scale has also been reported to by highly reliable (α ≥ .89) and consists of four dimensions: reliability, openness/honesty, competence and concern. Items will be rated on a 7-point Likert scale.
The organizational commitment subscale of Williams and Cooper's Pressure Management Indicator will be used. Items will be rated on a 6-point Likert scale. The organizational commitment subscale measures the attachment of an individual to the organization and the extent to which the work performed is believed to improve the individual's quality of life. Scores are associated with job satisfaction, good interpersonal relationships with colleagues, and reasonable workloads.

Research Design

A non-experimental predictive design will be used in this study. A non-experimental predictive design allows the examination of causal relationships between variables. The independent variables of empowerment structures are the predictors and are expected to predict interactional justice, respect and organizational trust. The aim of this type of study is to predict the level of the dependent variable from the independent variable.

Data Analysis

Path analysis techniques (AMOS 4.0) will be used to organize and test the hypothesized model in this study. A professional statistician will be hired to assist in the data analysis.

Summary

In this chapter, the methods, procedures, and instrumentation for this proposed study are described. The specific variables to be examined are empowerment structures in the workplace, interactional justice, respect, organizational trust, job satisfaction, and organizational commitment. A non-experimental predictive design will be used with the anticipated sample of 400 participants. Likert scales will be used to rate the responses.
Data will be analyzed using path analysis techniques with the assistance of an experienced statistician. This proposed study will replicate a previous study by Laschinger and Finnegan (2005a) to further validate previous findings and provide new information for healthcare administrators who may be seeking ways to increase job satisfaction among nurses and foster retention.
References


