

THE INFLUENCE OF EMPOWERMENT AND DISCOURTESY ON BURNOUT

AND NURSE RETENTION

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## **Chapter I**

### **Introduction**

The United States Bureau of Labor Statistics (U.S. BLS) (2010) projected that an addition of half a million new registered nurse (RN) jobs will be needed by 2018. To meet the projected number of RN positions, the workforce will need to increase by 22%. Registered nurses comprise the largest portion of the healthcare profession, accounting for 2.6 million jobs (U.S. BLS, 2010). Hospitals are the primary employer of registered nurses, accounting for 60% of the nursing population. High rates of turnover, and a growth rate that exceeds future needs, can lead to a staffing crisis.

The American Health Care Association [AHCA] (2010) conducted a survey of more than 2,600 nursing facilities to estimate retention, vacancy, and turnover rates of all nursing employees. The staff nurse retention rate was 45.2%, turnover rates averaged 48.7%, and vacancy rates 5.4%. The findings indicated that nursing organizations in the U.S. continue to have difficulty in nurse retention, and turnover rates continue to rise. The hospital industry must develop strategies to decrease nursing turnover, and to potentially help decrease the overall nursing shortage by retaining experienced nurses in the organization and the profession.

The U.S. Department of Health and Human Resources, Health Resources and Services' (HRSA) (2010) National Sample Survey of Registered Nurses is the largest

survey of RNs in the U.S seeking demographic data about nurses. Every 4 years a small percent of active licensed registered nurses are mailed a survey in all states. The survey questions address nurses' educational level, employment history, intentions regarding current work, and demographic characteristics. The 2008 survey findings regarding employment found job satisfaction scores have slightly increased from 2004 to 2008. Of the nurses surveyed, 51.8% were moderately satisfied with the job, and 54.4% did not plan on leaving the position within the next 3 years. Adversely, 11.1% were dissatisfied with the job, and 29.8% had left the position, or intended to leave within the next 3 years. Other studies have found that work dissatisfaction is positively correlated with turnover intentions (Spence Laschinger, Finegan, & Shamian's, 2001a; Spence Laschinger & Finegan's, 2005; Zurmehly, Martin, & Fitzpatrick, 2009).

Organizations are developing retention strategies to address job dissatisfaction and high turnover rates of nurses. Lavoie-Tremblay et al. (2010) recommended that retention strategies should focus on improving the work environment. The focus of improving the work environment included three areas of importance: challenges, absence of conflict, and warmth. Wieck, Dols, and Landrum (2010) recommended the following retention strategies: creating model managers, empowering staff nurse councils, stabilizing staffing, providing incentives, and making safety a priority. Nursing empowerment is needed in organizations to increase job satisfaction and retention (Spence Laschinger et al., 2001a; Spence Laschinger, Finegan, & Shamian, 2001b). Nurse retention has many benefits to the organization financially and functionally, and has positive effects on patient outcomes.

Experienced RNs, with knowledge of policies and procedures of the organization, deliver safe quality patient care. Organizations must focus on retaining experienced nurses working within the system to meet safety standards. Retaining nurses within the organization could potentially help to decrease the chances of poor patient outcomes and lost revenue from preventable medical errors (Spence Laschinger & Leiter, 2006; Van Bogaert, Meulemans, Clarke, Vermeyen, & Van de Heyning, 2009). Further study is needed on retention strategies and work environments.

### **Background and Significance**

In the 1990's, employee empowerment became a tactic for businesses to improve customer service and the bottom line (Cox, 2010). Empowerment allows employees to have actual power over decisions, and encourages confidence to be successful (Cox). Spence Laschinger and Finegan (2005) found that nurses who believed the work environment was empowering had increased respect and trust in management, and increased concern for well being. This resulted in increased job satisfaction and organizational commitment.

Work environments have been studied to determine factors that effect nurse retention. Work environments with characteristics of empowerment, and free of discourteous behavior, can lead to job satisfaction and nurse retention (Spence Laschinger et al., 2001a; Spence Laschinger et al., 2001b). Retention strategies that focus on empowerment of individuals within the organization will have a positive effect on organizational turnover.

Job satisfaction has been linked to autonomy, job stress, and nurse-physician collaboration in the literature (Zangaro & Soeken, 2007). Cass, Ling, Farahger, and

Cooper (2003) found that job satisfaction was significantly related to overall health, burnout, depression, anxiety, self-esteem, and general mental health. A study by Zurmehly et al. (2009) found that job dissatisfaction was a predictor of intention to leave the current position. The studies identified a number of variables that impact job satisfaction.

Empowering work environments provide access to information, resources, support, and opportunity (Kanter, 1977). Autonomous work environments provide nurses with the opportunity to participate in making decisions in the organization, and more control over the work environment. The literature provides strong support that empowering work environments will increase job satisfaction and organizational commitment (Spence Laschinger et al., 2001a; Spence Laschinger et al., 2001b). Empowering work environments that encourage civil working behaviors will decrease nurse burnout and enhance retention (Spence Laschinger et al., 2009; Spence Laschinger, Finegan, & Wilk, 2009b). Conclusions from the studies were that empowering, civil work environments will increase nurse retention and job satisfaction.

Discourteous behavior in the nursing profession can create job dissatisfaction and toxic work environments. Discourteous behaviors can increase job stress, causing physical illness or anxiety that may lead to increased absenteeism (Johnson & Indvik, 2001). Environments that are free of discourteous behavior will increase job satisfaction.

Burnout is a consequence of discourtesy in the workplace. Burnout has been found to have negative consequences on the health of nurses (Harwood, Ridley, Wilson, & Laschinger, 2010). Harwood et al. found burnout to be associated with mental health symptoms of nervousness, anxiety, and unhappiness. Physical health symptoms of

burnout were exhaustion, shortness of breath, and muscle trembling. Poor health of nurses due to burnout will affect job retention and potentially increase absenteeism.

Leiter and Maslach (2009) have found that burnout is a predictor of turnover intentions.

Spence Laschinger et al. (2009) examined the influence of empowerment and incivility on nurses' feelings of burnout and retention. Empowerment, workplace incivility, and burnout were all significant predictors of nurse retention outcomes: job satisfaction, organizational commitment, and turnover intentions. The findings indicated that providing an empowering work environment may decrease incivility, burnout, and turnover intentions. Further research is needed to validate the findings of Spence Laschinger et al.'s study. Findings from this study will provide information for nurse managers about the work environment and retention.

### **Problem**

Work environments that do not support or empower nurses can lead to nurse burnout and job dissatisfaction (Spence Laschinger et al., 2009). Discourtesy, burnout, and job dissatisfaction can result in turnover and attrition of nursing staff. Retention of nurses is important in quality patient care outcomes, and is imperative in addressing the nursing shortage, as well as costs.

### **Purpose**

The purpose of this study is to evaluate the influence of empowering work environments and workplace discourtesy on nurses' experience of burnout and nurse retention. This is a replication of Spence Laschinger et al.'s (2009) study.

**Research Question**

What are the relationships among empowering work environments, workplace discourtesy, and nurses' experience of burnout, with nurse retention?

**Theoretical Framework**

Kanter's (1977) Theory of Organizational Empowerment suggests that employees with access to information, resources, support, and opportunity, increases perceptions of empowerment. Employees with access to information have open communication with managers, and are provided information about the functioning of the organization. Employees with access to resources, have the supplies and personnel needed to complete the job efficiently. Employees with perceptions of access to support are more empowered. Employees with perceptions of opportunity are empowered to advance in the organization, and to strive to meet organizational goals.

Kanter's (1977) Theory of Organizational Empowerment provides a framework that outlines concepts related to empowerment and job satisfaction. Increasing perceptions of access to these empowerment structures can increase autonomy, productivity, and organizational commitment. This framework is appropriate for this study because empowering work environments influence nurse burnout and retention.

**Definition of Terms****Conceptual: Demographics.**

Information on demographic variables of gender, unit type, time worked in hospital, and time worked on that unit will be collected.

**Operational: Demographics.**

The demographic information sheet will be used to collect data on the demographic variables of gender, unit type, time worked in hospital, and time worked on that unit.

**Conceptual: Empowerment.**

Empowerment, defined by Kanter (1977), is the access to the structures of opportunity, information, support, and resources.

**Operational: Empowerment.**

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) will measure access to four empowerment structures: opportunity, information, support, and resources (Spence Laschinger, Finegan, Shamian, & Wilk, 2001, developed from the work of Chandler, 1986).

**Conceptual: Discourtesy.**

Discourtesy is defined as deviant, rude, disrespectful, and uncivil behavior with intentions to harm the individual (Spence Laschinger et al., 2009).

**Operational: Discourtesy.**

The Workplace Incivility Scale (WIS) will measure nurses' experience of work place discourtesy (Cortina, Magley, Williams, & Langhout, 2001).

**Conceptual: Burnout.**

Burnout is defined as “psychological syndrome of exhaustion, cynicism, and inefficacy which is experienced in response to chronic job stressors” (Maslach, 2004, p. 93).

**Operational: Burnout.**

The Emotional Exhaustion (EE) and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS) will measure burnout (Maslach, Jackson, & Leiter, 1996, as cited in Richardsen & Martinussen, 2005).

**Conceptual: Job Satisfaction.**

Job satisfaction is defined as a happy or satisfied affective response with the job (Hackman & Oldham, 1975).

**Operational: Job Satisfaction.**

Job satisfaction will be measured by rating the level of satisfaction with coworkers, supervisors, pay and benefits, feelings of accomplishment, and overall satisfaction (Hackman & Oldham, 1975).

**Limitations**

The results of the study may have limited generalizability to other organizations because the population will be drawn from one hospital. Indiana University Health Methodist Hospital is a Magnet hospital, and characteristics of the Magnet hospital may have an affect on the retention of nurses, so results may not be generalizable to non-Magnet hospitals. Indiana University Health Methodist Hospital is an academic center which also may not be representative sample of nurses to generalize to non-academic center organizations.

**Assumptions**

Registered nurses want to work in an empowering environment, and that empowerment is a factor in job satisfaction. Burnout is a condition related to job

satisfaction and detrimental to the work environment. Positive work environments can impact nurse retention.

### **Summary**

Retention strategies are necessary to retain experienced nurses in the current economy, as well as, to manage the nursing shortage. Empowering work environments, free of discourteous behavior, influences job satisfaction and nurse retention. The purpose of this study is to evaluate the influence of empowering work environments and workplace discourtesy on nurses' experience of burnout and nurse retention. This is a replication of Spence Laschinger et al.'s (2009) study. The framework is Kanter's (1977) Theory of Organizational Empowerment. Findings from this study will provide information about empowering work environments, levels of discourtesy, and burnout, that may predict nurse retention.

## **Chapter II**

### **Review of Literature**

#### **Introduction**

Empowering, civil work environments can decrease nurse burnout and turnover. The literature supports that work environments free of uncivil behaviors and access to empowerment structures will decrease burnout and improve retention. The purpose of this study is to evaluate the influence of empowering work environments and workplace discourtesy on nurses' experiences of burnout and nursing retention. This is a replication of Spence Laschinger et al.'s (2009) study. The literature is organized into four sections: (a) theoretical framework, (b) empowerment, job satisfaction, organizational commitment, (c) empowerment, civility, organizational commitment, job retention and burnout, and (d) intent to stay/leave.

#### **Theoretical Framework**

Kanter's (1977) Theory of Organizational Empowerment is the framework for this study. Kanter was involved in projects to improve organizational effectiveness in bureaucratic companies. Kanter had the perspective that structural changes needed to occur to improve quality of work life and organizational efficiency. Kanter's theoretical perspective was that employees are a product of circumstances, and behavior is formed by the organizational structure and culture.

Kanter worked with a large company called Industrial Supply Corporation (INDSCO). Kanter collected data from surveys, observations, formal interviews, and informal interviews. Theory, combined with descriptive material, was used to describe the picture of a large bureaucratic company (Kanter, 1977).

Kanter (1977) was influenced by Mills, who wrote about the history of white collar work. Hughes' work on the relations of men and work, and Merton's writings of social structure on personality variables, all inspired Kanter. Simmel's work on interactions, and Argyris's work on interplay of personality and organizational structure were also influential. Kanter was further influenced by the women's movement and participation in feminist conferences.

Kanter's Theory (1977) postulates that employees with access to information, resources, support, and opportunity, increase perceptions of empowerment. Empowered employees will be more committed to the organization, and overall organizational effectiveness will improve. Decentralizing bureaucratic companies will lead to increased autonomy for employees, and increased autonomy leads to empowered employees.

Employees' access to information can be the first step to empowerment (Kanter, 1977). Employees must have open communications with management, and have information regarding the function and structure of the organization. Lack of information can create powerlessness. Employees' access to resources is a structure of power. Access to resources refers to the capacity to acquire resources and act efficiently within the organizational system (Kanter). Employees must be able to get the resources, supplies, and personnel needed to complete the job.

Support from management, peers, and subordinates is needed to empower employees. Kanter's (1977) Theory attributes support as primarily relevant to women. Kanter stated that women need support in acquiring the skills and competences of the job, and in meeting outside family responsibilities, while still having equal treatment in the organization. Support creates healthy work environments and increases work effectiveness.

Opportunity refers to mobility and growth (Kanter, 1977). Employees with high opportunity are more committed to the organization, and believe in organizational goals. Opportunity driven employees create power, are change oriented, and have high aspirations. Opportunity, and the power of access to information, resources, and support, all create empowering work environments and empowered employees. Providing autonomy to employees increases empowerment. Kanter's Theory (1977) of Organizational Empowerment provides a framework for organizations to increase employee empowerment, organizational productivity, and organizational commitment. This framework is appropriate for this study because empowering work environments influence nurse burnout and retention.

### **Empowerment, Job Satisfaction, Organizational Commitment**

Mistrust of management creates a poor work environment and decreased organizational commitment. Empowering work environments enable employees to accomplish work and increase work satisfaction and trust in management. Spence Laschinger et al. (2001a) tested a model linking staff nurses' workplace empowerment, organizational trust, job satisfaction, and organizational commitment. The framework was Kanter's (1977) Model of Structural Empowerment.

Spence Laschinger et al. (2001a) surveyed a population of 600 nurses (300 male and 300 female) in urban tertiary care hospitals in all areas of Ontario. A questionnaire was mailed with a reminder letter 3 weeks later, with a second questionnaire. The sample was 412 (73%) nurses. Forty-seven percent were male and 53% female. Educational level was primarily diploma (85%), or degree (15%). Nurses worked full time (58%), or part time (42%). Nurses worked in medical surgical (36%), critical care (34%), maternal-child (9%), or psychiatry (21%) areas. Average age was 40 years old, with 16 years of nursing experience, and 8 years of experience on the current unit.

Spence Laschinger et al. (2001a) used the Conditions for Work Effectiveness Questionnaire II (CWEQ-II) to measure structural empowerment. Reliability was .93. The Job Activities Scale (JAS) measured perceptions of formal power within the environment. Reliability was .70. The Organizational Relationships Scale (ORS) measured perceptions of informal power within the work environment. Reliability was acceptable at .87. The Interpersonal Trust at Work Scale measured the trust and confidence of peers and managers. Reliability was .84. The Work Satisfaction Scale measured job satisfaction. Reliability was .82. The Organizational Commitment Questionnaire (OCQ) measured affective and continuance organizational commitment. Reliability was .74 for the affective commitment subscale, and .75 for the continuance commitment subscale.

Spence Laschinger et al. (2001a) found the CWEQ-II had moderate levels of empowerment. The JAS results indicated low perceptions of formal power. The ORS had moderate perceptions of informal power. The results of the Interpersonal Trust at Work Scale were higher trust and confidence in peers than management. Satisfaction

was low on a 5-point scale. The results of the OCQ were nurses' continuance commitment was higher than affective commitment.

Spence Laschinger et al. (2001a) found in the proposed model that workplace empowerment had a direct effect on job satisfaction, and an indirect effect on job satisfaction through trust ( $X^2 = 13.8$ , GFI = .987, AGFI = .934, RMSEA = .095,  $R^2 = .40$ ). Empowerment had a direct effect on affective commitment, and an indirect effect on affective commitment through the trust in management ( $X^2 = 23.6$ , GFI = .98, AGFI = .89, RMSEA = .13,  $R^2 = .28$ ). Empowerment had a direct effect on trust, which was significantly and negatively related to continuance commitment ( $X^2 = 9.3$ , GFI = .99, AGFI = .952, RMSEA = .076,  $R^2 = .04$ ).

The authors concluded that providing empowering and trusting work environments will increase job satisfaction and organizational commitment. Spence Laschinger et al. (2001a) concluded that results support Kanter's Theory.

Nurses can experience increased work stress and burnout. Poor work environments can lead to poor patient outcomes. Empowering work environments can decrease stress and burnout, and promote job satisfaction. Spence Laschinger et al. (2001b) tested a model linking nurses' structural and psychological workplace empowerment with job strain and work satisfaction. The framework was Kanter's (1977) Theory of Structural Empowerment.

The population included nurses working in urban tertiary care hospitals in Ontario. The list was obtained from the College of Nurses of Ontario registry list (Spence Laschinger et al., 2001b). Six hundred questionnaires were mailed. The response was 404 (194 male, 210 female) useable questionnaires (72%). Nurses worked full (58%) or

part time (42%). Nurses worked in medical surgical (36%), critical care (33%), maternal child (9%), or psychiatric (21.5%) care areas. Educational level was degree (15%) or diploma (85%). Participants averaged 40 years of age, with 16 years of nursing experience, and 8 years in current position.

Spence Laschinger et al. (2001b) used the Conditions for Work Effectiveness Questionnaire II (CWEQ-II) to measure structural empowerment. Reliability was .82, and ranged from .79 to .82 for subscales. The Psychological Empowerment Scale (PES) was used to measure four components of psychological empowerment: meaningful work, competence, autonomy, and impact. Reliability was .89, and ranged from .87 to .92 for subscales. The Job Diagnostic Survey (JDS) measured job satisfaction. Reliability was .82. The Job Content Questionnaire (JCQ) measured job strain. Reliability was .71.

Spence Laschinger et al. (2001b) found the CWEQ-II showed moderate levels of perceived empowerment by nurses. Informal power was perceived as the most accessible. The PES had moderate levels of psychological empowerment with the confidence subscale being the most empowering component. The JDS results were low levels of job satisfaction. The JCQ had low levels of job strain.

The final model developed by Spence Laschinger et al. (2001b) found that structural empowerment had a direct positive effect on job satisfaction (.38), and a direct positive effect on psychological empowerment (.46). Psychological empowerment had a direct positive effect on job satisfaction (.30), and a direct negative effect on job strain (-.45). Job strain had a direct effect on job satisfaction (-.06), but was not significant. The final model revealed a good fit ( $\chi^2 = 17.9$ ,  $df = 1$ ,  $CFI = .95$ ,  $IFI = .95$ ).

Spence Laschinger et al. (2001b) concluded that empowering work environments increase job satisfaction and psychological empowerment. Psychological empowerment can increase job satisfaction and decrease job strain. Empowering environments are healthy work environments. This study further supported Kanter's (1977) Theory of Structural Empowerment.

Lack of trust and respect can create a poor work environment. Work environments that promote justice, trust, and respect will increase nursing retention. Spence Laschinger and Finegan (2005) tested a model linking nurses' empowerment to organizational justice, respect, and trust in management, and ultimately, job satisfaction and organizational commitment. The framework was Kanter's (1977) Model of Structural Empowerment.

Spence Laschinger and Finegan (2005) surveyed a random sample of staff nurses working in medical-surgical or intensive care units in urban teaching hospitals in Ontario. Two hundred and eighty-nine (59%) questionnaires were returned. The sample included 273 nurses. Nurses worked full (59.7%) or part time (40.3%). Nurse worked in medical surgical (70%) or critical care (30%) units. Educational levels were diploma (63%) or baccalaureate degree (37%). Average age was 33 years, with 9 years of nursing experience, and 2 years experience on the current unit.

Spence Laschinger and Finegan (2005) used the Conditions for Work Effectiveness Questionnaire (CWEQ11) to measure structural empowerment. Reliability ranged from .72 to .85. The Global Empowerment Scale (GES) measured total empowerment. Reliability was .90. Nine items from the Justice Scale measured interactional justice. Internal consistency was .90. The Esteem Scale measured respect.

Reliability was .77. The Trust in Management Scale measured four domains of trust: reliability, openness/honesty, competence, and concern. Reliability was .97. Subscales from the Pressure Management Indicator (PMI) measured job satisfaction and organizational commitment. Reliability for the job satisfaction subscale was .88. Reliability for the organizational commitment subscale was .69.

The CWEQ11 had moderate levels of empowerment (Spence Laschinger & Finegan, 2005). The GES had moderate levels of overall empowerment. The Justice Scale showed moderate levels of interactional justice with interpersonal justice greater than the informational justice. The Esteem Scale results were that nurses did not feel respected. The Trust in Management Scale did not have high levels of trust in management. Honesty and concern were rated the lowest. The PMI results were moderate levels of job satisfaction and organizational commitment.

Spence Laschinger and Finegan's (2005) hypothesized model was not a good fit. The restructured model resulted in a good fit ( $X^2 = 27.79$ ,  $df = 5$ ,  $CFI = .96$ ,  $IFI = .961$ ,  $RMSEA = .14$ ). The restructured model paths were all significantly related. Structural empowerment had a direct positive effect on interactional justice ( $B = .42$ ), respect ( $B = .24$ ), trust ( $B = .25$ ), job satisfaction ( $B = .52$ ), and organizational commitment ( $B = .18$ ). Interactional justice had a direct effect on respect ( $B = .49$ ) and trust ( $B = .27$ ). Empowerment had an indirect effect (.17) on trust through justice and respect and a direct effect on trust ( $B = .25$ ). Respect had a direct effect on trust ( $B = .13$ ) which directly affected job satisfaction ( $B = .16$ ). Job satisfaction had a direct effect on organizational commitment ( $B = .54$ ). The total effect of empowerment on organizational commitment was strong (.50).

The authors concluded that empowering work environments foster feelings of respect and trust in management. Trust and respect will have a positive influence on job satisfaction and nurse retention. Spence Laschinger and Finegan (2005) also concluded that findings supported Kanter's Theory.

Nursing leaders can influence empowering work environments that promote nurse retention and job satisfaction. Spence Laschinger, Finegan, and Wilk (2009a) tested a model to link unit level leader-member exchange quality and structural empowerment to organizational commitment, and to link individual core self-evaluations and psychological empowerment to organizational commitment. The framework was Kanter's (1977) Theory of Structural Empowerment.

Spence Laschinger et al. (2009a) surveyed 217 nurses work on inpatient units from 21 Ontario Hospitals. The sample was obtained from the Canadian Hospital Directory. From the 217 units, 7,875 nurses were mailed questionnaires. The sample included 3,156 staff nurses (40%). Nurses' average age was 42 years, with 16.95 years of nursing experience. The average years of experience working on current unit was 10.89 years. Participants were almost all female (95.3%). Educational level was either diploma (72.8%) or degree (27.2%). Participants worked on medical surgical (40.9%), critical care (34.6%), maternal child (17.4%), mental health (6.1%), or rehabilitation (1.0%) units.

Spence Laschinger et al. (2009a) used the Leader-Member Exchange-Multidimensional Measure (LMX-MDM) to measure affect, loyalty, contribution, and professional respect. Reliability ranged from .92 to .94. The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) measured structural empowerment.

Reliability was .87, and ranged .85 to .89 for subscales. The Core Self Evaluation (CSE) measured self-esteem, general self efficacy, emotional stability, and locus of control. Reliability was .69. The Psychological Empowerment Scale (PES) measured meaningful work, competence, autonomy, and impact. Reliability ranged from .70 to .90. The Affective Commitment Scale (ACS) measured organizational commitment.

Spence Laschinger et al. (2009a) found the LMX-MDM had moderate levels of LMX qualities. The CWEQ-II findings were that nurses were somewhat empowered. The CSE showed above moderate levels of personality characteristics. The PES had moderate levels of psychological empowerment. The ACS showed moderate levels of organizational commitment.

Spence Laschinger et al. (2009a) found the hypothesized model was a good fit ( $X^2 = 31.734$ , CFI = .976, TLI = .922, RMSEA = .041). At the individual level, CSE had a significant positive effect on psychological empowerment ( $B = .333$ ), which had a significant positive effect on organizational commitment ( $B = .386$ ). At the unit level, LMX had a significant positive effect on structural empowerment ( $B = .292$ ), organizational commitment ( $B = .437$ ), and psychological empowerment ( $B = .412$ ). Structural empowerment had a significant positive effect on psychological empowerment ( $B = .672$ ) and organizational commitment ( $B = .392$ ). LMX had an indirect effect on psychological empowerment ( $B = .196$ ) and organizational commitment ( $B = .115$ ) through structural empowerment.

Spence Laschinger et al. (2009a) concluded unit level leadership is important in creating empowering work environments and influencing nurses' commitment to the organization. The results suggested that core self-beliefs should be taken into account by

leaders when designing empowering work environments because self-beliefs effect organizational commitment. Empowering leaders can improve retention. The study provided support for Kanter's Theory.

Unsupportive work environments and staff incivility can increase turnover. Providing empowering, supportive work environments for new graduate nurses can improve retention and quality patient care. Smith, Andrusyszyn, and Spence Laschinger (2010) tested an expanded model of empowerment by examining the influence of organizational empowerment, psychological empowerment, and workplace incivility on organizational commitment of new graduate nurses. The framework was Kanter's (1977) Theory of Structural Empowerment.

Smith et al. (2010) surveyed 250 new graduate nurses from the College of Nurses Ontario Registry. Inclusion criteria were acute care nurses with less than 3 years nursing experience. Nurses previously employed as registered practical nurses, and/or new graduate nurses with previous diploma preparation, were excluded. The final sample included 117 nurses (51%). The average age was 27.12 years, with 2.16 years of nursing experiences, and 1.7 years experience on current unit. The majority of participants were female (95.7%), worked full time (87.2%), part time (12%), or casual (.9%). Participants worked on critical care (44.4%), maternal child (17.9%), medical surgical (35%), or mental health (2.6%) units. Educational level was diploma (1.7%), BSN (96.6%), or MSN (1.7%).

Smith et al. (2010) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure empowerment structures. Reliability was .87, and subscales ranged from .62 to .85. The two-item Global Empowerment Scale (GES) was used to

check validity of the CWEQ-II. The Psychological Empowerment Questionnaire (PEQ) was used to measure psychological empowerment. Reliability was .84, and subscales ranged from .78 to .92. Workplace Incivility Scale (WIS) measured workplace incivility. Reliability was .89 for supervisor incivility, and .85 for coworker incivility. The Affective Commitment Scale (ACS) was used to measure organizational commitment. Reliability was .82.

The CWEQ-II had moderate levels of empowerment. The GES was strongly related to the CWEQ-II further validating the empowerment findings ( $r = .65, P < .01$ ). Smith et al. (2010) found the PEQ had moderate levels of psychological empowerment. The WIS results were 90.4% of participants reported co-worker incivility, with 77.8% reporting supervisor incivility. Overall, incivility levels were low. The ACS had moderate levels of organizational commitment.

Smith et al. (2010) found structural empowerment, psychological empowerment, supervisor incivility, and coworker incivility explained 23.1% of the variance in affective commitment. Psychological empowerment (3%) and incivility variables (3.5%) explained variance in affective commitment, but did not reach significance. Structural empowerment ( $B = .306, t = 3.17, P = .002$ ) and coworker incivility ( $B = -.189, t = -2.01, P = .047$ ) were significant predictors of organizational commitment. Psychological empowerment ( $B = .169, t = 1.81, P = .074$ ) and supervisory incivility ( $B = .003, t = .03, P = .975$ ) were not significant predictors of organizational commitment.

Smith et al. (2010) concluded administrators must provide supportive work environments that allow for building relationships to influence the affective commitment of new graduate nurses. Empowering work environments, civil working relationships,

and positive reinforcement can decrease new graduate nurse turnover. The study supported Kanter's (1977) Theory of Structural Empowerment.

Organizational empowerment increases job satisfaction and retention. Healthy and empowering work environments lead to improved organizational outcomes. McDonald, Tullai-McGuinness, Madigan, and Shively (2010) examined the relationship of participation in organizational structures with staff registered nurses' perceptions of structural empowerment. The framework was Laschinger's Work Empowerment Theory based on Kanter's (1977) Theory of Structural Empowerment.

McDonald et al. (2010) surveyed 423 registered nurses within the large urban teaching and research VA healthcare system on the west coast. Inclusion criteria were full and part-time nurses working in staff RN positions. Nurses had to be employed for at least 1 year in any inpatient or outpatient setting within the VA healthcare system. Nurses had to provide direct care for at least 50% of the time.

The sample was 122 nurses (29%). The majority of participants were female (83.6%). The average age was 47.8 years, with 18.7 years of nursing experience, and 10.9 years in the VA. The majority of the participants' highest nursing degree was Baccalaureate (66.4%), and 23.6% having non-nursing Baccalaureate degrees. Forty-five percent were certified in a nursing specialty. The majority worked full time (89.4%), 8 to 12 hour days (76.2%). The average percent of time in direct patient care was 86.6%. Of the primary unit areas worked, the highest response was from medical-surgical inpatient units (18.9%), critical care and ambulatory surgery (16.4%), and mental health inpatient (13.9%). Nurses (39.3%) reported participating in nursing councils. The average meetings attended in the last 12 months was 8.23. Participating nurses reported

communicating information back to the unit 61% of the time. Areas of council membership included practice (11.4%), professional development (9.8%), performance improvement (8.9%), staff (8.9%), and research (4.9%) (McDonald et al., 2010).

McDonald et al. (2010) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure structural empowerment. Total CWEQ-II reliability was .92, and subscales ranged from .77 to .85. The Job Activities Scale-II (JAS-II) measured formal power. Reliability was .80. The Organizational Relationship Scale-II (ORS-II) measured informal power. Reliability was .73. The two-item Global Empowerment Scale (GES) was used to check validity of the CWEQ-II. Reliability was .91.

McDonald et al. (2010) found the CWEQ-II had moderate levels of empowerment. Opportunity was perceived as the most empowering. The GES showed moderate levels of empowerment validating the CWEQ-II findings. The JAS-II had low levels of formal power. The results of the ORS-II were significantly higher levels of informal power than formal power.

McDonald et al. (2010) found no significant differences in CWEQ-II scores, between the two groups, nurses who participated in councils, and the nurses who did not. Correlations between empowerment and council participation characteristics showed that the number of meetings attended correlated significantly ( $r = .37, P = .009$ ) with the support subscale of the CWEQ-II. The percentage of time spent communicating information from council participation to peers correlated significantly ( $r = .30, P = .04$ ) with informal power.

McDonald et al. (2010) concluded that participation in councils did increase empowerment. It is important for nurse administrators to support staff attendance in councils to allow opportunity for empowerment. The study supports Laschinger's Work Empowerment Theory based on Kanter's (1977) Theory of Structural Empowerment.

### **Empowerment, Civility, Organizational Commitment, Job Retention and Burnout**

Nurses need a supportive work environment to prevent burnout. Cho, Spence Laschinger, and Wong (2006) tested a model linking new graduate nurses' perceptions of empowerment to burnout and organizational commitment. The framework was Kanter's (1977) Theory of Structural Empowerment, and the work of Maslach and Leiter (1997) on worklife and burnout.

Cho et al. (2006) surveyed 496 new graduate nurses with less than, or equal to 2 ½ years, of nursing experience. Nurses were selected from the College of Nurses of Ontario registry list. The new nurses worked in hospital inpatient acute care areas, and represented all areas of Ontario. The sample was 226 new graduate nurses (58%). The majority of nurses were female (93.4%), full time (64.6%), married or cohabitating (52.2%), and diploma prepared (57.1%). The average age was 27 years, with 20 months of nursing experience. Nurses worked in medical surgical (59.2%), maternal child (20.6%), or critical care areas (19.7%).

Cho et al. (2006) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure structural empowerment. The Job Activities Scale-II (JAS-II) measured formal power. The Organizational Relationship Scale-II (ORS-II) measured informal power. The overall reliability for the CWEQ-II and subscales (including JAS-II and ORS-II as subscales) was .87. The two-item Global Empowerment Scale (GES) was

used to check validity of the CWEQ-II. Reliability was .84. The Areas of Worklife Scale (AWS) measured six areas of work life: workload, control, rewards, community, fairness, and values. The overall reliability for the AWS and subscales was .89. The Emotional Exhaustion (EE) subscale of the Maslach Burnout Inventory General Survey measured burnout. Reliability was .91. The Affective Commitment Scale (ACS) measured organizational commitment. Reliability was .79.

Cho et al. (2006) found the CWEQ-II resulted in moderate levels of empowerment. The GES was strongly correlated with the CWEQ-II, validating empowerment findings ( $r = .57, p < .01$ ). The AWS findings were that the strongest degree of fit of work life was community, followed by values, reward, and control. Results from the EE were 66% of new graduate nurses reported severe levels of emotional exhaustion. The ACS had moderate levels of organizational commitment.

Cho et al. (2006) found the first hypothesized model was not a good fit according to the goodness-of-fit statistics. The final model was an adequate fit ( $\chi^2 = 32, df = 6, GFI = .94, CFI = .90, IFI = .90$ ). Structural empowerment had a direct effect on affective commitment ( $B = .47$ ), and an indirect effect on affective commitment ( $B = .05$ ) through degree of fit in areas of worklife and emotional exhaustion. Structural empowerment had a direct positive effect on overall degree of fit in the areas of worklife ( $B = .69$ ). The overall fit in areas of worklife had a direct negative effect on emotional exhaustion ( $B = -.51$ ), which had direct negative effect on affective commitment ( $B = -.13$ ).

Further examination of interrelationships showed access to support and formal power were most important in relation to the degree of fit in areas of worklife ( $r = .57, p < .01$ ). The second most important factor was access to resources ( $r = .55, p < .01$ ),

followed by informal power ( $r = .52, p < .01$ ). Access to support was most strongly related to reward ( $r = .51, p < .01$ ), and values ( $r = .46, p < .01$ ). Resources were strongly related to workload ( $r = .50, p < .01$ ). Support ( $r = .46, p < .01$ ) and formal power ( $r = .48, p < .01$ ) were most strongly related to fairness. Emotional exhaustion had the highest correlation with lack of perceived fit in workload ( $r = -.67, p < .01$ ). Fairness ( $r = -.34, p < .01$ ) and community ( $r = -.30, p < .01$ ) followed workload. Access to support ( $r = .49, p < .01$ ) and formal power ( $r = .48, p < .01$ ) were strongly related to affective commitment (Cho et al., 2006).

Cho et al. (2006) concluded that empowering work environments for new graduate nurses increase feelings of engagement in work and increase organizational commitment. Administrators must influence positive work environments and support empowerment. The study supported Kanter's (1977) Theory of Structural Empowerment, and linked the theory to Maslach and Leiter's (1997) work on worklife and burnout.

Poor work environments and uncivil behaviors towards new graduate nurses can cause burnout and stress. Empowering, professional work environments can result in new graduate nurse retention. Spence Laschinger et al. (2009b) examined the relationship of supportive professional practice environments, civil working relationships, and empowerment on new graduate nurses experience of workplace burnout. The framework was based on the work of Maslach (2004) on burnout.

Spence Laschinger et al. (2009b) analyzed a subset of data from a larger study of 3,180 registered staff nurses from 271 inpatient units from Ontario. The sample was 247 new graduate nurses who had less than 2 years nursing experience. The average age was

28 years, an average of 1.5 years of nursing experience, and 1.3 years on the current unit. Educational level was diploma (34.8%) or university (65.2%). Almost all participants were female (94%). The majority of nurses worked fulltime (65.2%). Graduate nurses worked in medical surgical (58.6%), critical care (21.1%), maternal child (13.4%), mental health (6.0%), or rehabilitation (.9%).

Spence Laschinger et al. (2009b) used the Practice Environment Scale of Nursing Work Index (NWI-PES) to measure Magnet hospital characteristics. Reliability was .72 to .85 for subscales, and .92 for the total NWI-PES. The ICU Nurse-Physician Questionnaire was used to measure workplace civility. Reliability was .82. Degree of Conflict Among Unit Nurses measured perceptions of the amount of conflict on the unit. The two-item Global Empowerment Scale (GES) was used to measure overall perceptions of empowerment. Reliability was .92. The Emotional Exhaustion (EE) subscale of the Maslach Burnout Inventory-General Survey (MBI) measured new nurse burnout. Reliability was .91.

The NWI-PES had moderate levels of overall Magnet hospital characteristics, but lower levels than actual Magnet hospitals. Spence Laschinger et al. (2009b) found nursing as the foundation of care, and nurse-physician relationships, were the highest characteristics, and adequate staffing was the lowest. The two-item GES showed new nurses found the work environment to be somewhat empowering. The ICU Nurse-Physician questionnaire found somewhat positive ratings of workplace civility. The Degree of Conflict Among Unit Nurses showed low levels of conflict on units. The EE subscale had high levels of emotional exhaustion.

Spence Laschinger et al. (2009b) found new nurses' perceptions of a supportive practice environment were a significant predictor to emotional exhaustion ( $B = -.221, p = .004$ ). Workplace civility ( $B = -.18, p = .003$ ) and empowerment ( $B = -.245, p = .001$ ) were also significant predictors of emotional exhaustion. A supportive practice environment, civil behavior among co-workers, and an overall sense of empowerment can lower levels of emotional exhaustion.

Spence Laschinger et al. (2009b) concluded this study supported the hypothesized model that supportive practice environments, civil behavior, and empowerment will cause lower levels of burnout. Nurse leaders are responsible for providing empowering, professional practice work environments. Ensuring professional interactions and environments will increase new nurse retention.

Job satisfaction is effected by nurses' perceptions of empowerment, supervisor incivility, and cynicism in the work place. A positive work environment results in nurse retention. Spence Laschinger et al. (2009) examined the relationships among empowering work conditions, workplace incivility, burnout, and retention. The framework was Kanter's (1977) Model of Structural Empowerment.

Spence Laschinger et al. (2009) surveyed a population of 1,106 hospital employees from five organizations in two provinces of Canada. A questionnaire was distributed through hospital email with a reminder letter 3 weeks later. Of the 1106, 612 (55%) staff nurses were focused on as the sample. Participants were primarily female (95%). Participants averaged 41.3 years of age, and worked fulltime (64.3%), part time (26.7%), casual (8.6%), or temporary (.5%). Nurses' time in the current hospital ranged from <6 months (1.8%), 6-24 months (6.6%), 2-5 years (22.3%), 6-10 years (20.1%), 11-

15 years (11.8%), 16-20 years (14.6%), 21-30 years (17.1%), and 30 years or more (5.7%).

Spence Laschinger et al. (2009) used the Conditions for Work Effectiveness Questionnaire II (CWEQ-II) to measure structural empowerment. Reliability ranged from .74 to .89. The Workplace Incivility Scale (WIS) measured workplace incivility. Reliability for supervisor incivility was .84, and .85 for coworker incivility. The Emotional Exhaustion (EE), and Cynicism Subscale of the Maslach Burnout Inventory-General Survey (MBI) measured burnout. Reliability was .91 for emotional exhaustion, and .82 for cynicism. Job Satisfaction was measured by a Likert Scale survey. Reliability was .71. The Affective Commitment Scale (ACS) measured organizational commitment. Reliability was marginally acceptable (.65). The Turnover Intentions Measure measured intention to quit. Reliability was .82.

Spence Laschinger et al. (2009) found that the CWEQ-II had moderate levels of empowerment. The WIS had low incivility for both supervisors and coworkers. The results of the EE and Cynicism Subscale of the MBI found high levels of emotional exhaustion. Cynicism levels were lower than exhaustion. The Job Satisfaction survey resulted in moderately high levels of satisfaction. The ACS had moderate levels of organizational commitment. The Turnover Intention Measure resulted in low levels of turnover intentions. Empowerment, workplace incivility, and burnout were all significant predictors of nurse retention outcomes: job satisfaction ( $R^2 = .46$ ;  $P < .001$ ), organizational commitment ( $R^2 = .29$ ;  $P < .001$ ), and turnover intentions ( $R^2 = .28$ ;  $P < .001$ ).

The authors concluded that providing empowering, civil work environments may decrease nurse burnout and enhance retention. Decreased feelings of burnout results in job satisfaction and improved patient care. Spence Laschinger et al. (2009) also concluded that findings supported Kanter's theory.

Emotional exhaustion can lead to absenteeism and poor health for nurses. Empowering and supportive work environments can decrease burnout and increase quality patient care. Harwood et al. (2010) examined the relationships among burnout on nurses' mental and physical health, and job retention. The framework was Kanter's Theory of Organizational Empowerment.

Harwood et al. (2010) surveyed 300 nurses randomly selected from the Canadian Association of Nephrology Nurses and Technologists (CANNT). The sample included 121 (48%) nurses. The average age was 46.2 years, with 23.2 years of experience in nursing. The participants had an average of 12.6 years of nursing experience in Nephrology. Almost all participants were female (97%).

Harwood et al. (2010) used the Maslach Burnout Inventory General Survey (MBI) to measure burnout. Reliability ranged from .71 to .91. The Pressure Management Index (PMI) measured physical symptoms and mental health. Reliability ranged from .82 to .85.

Findings from the MBI were 41.9% of participants' experienced high levels of emotional exhaustion. High levels of cynicism were reported by 23.4% of the participants. Harwood et al. (2010) found emotional exhaustion (.462), and cynicism (.488), were significantly related to nurses intent to leave ( $p < .0001$ ). Mental health (-

.373,  $p < .001$ ) and physical symptoms (.485,  $p < .0001$ ) were significantly related to intent to leave.

Harwood et al. (2010) found that emotional exhaustion (-.353) and cynicism (-.333) had a significant effect on mental health symptoms ( $R^2 = .394$ , adjusted  $R^2 = .373$ ,  $df = 116$ ,  $p < .0001$ ,  $*p < .001$ ). Age and years of nephrology experience had an effect on mental health symptoms, but it was not significant. Emotional exhaustion (.410) had a significant effect on physical symptoms ( $R^2 = .275$ , adjusted  $R^2 = .250$ ,  $df = 116$ ,  $p < .0001$ ,  $*p < .0001$ ). Cynicism (.117) had a direct effect on physical symptoms, but was not significant.

Harwood et al. (2010) concluded that providing empowering and supportive work environments may decrease burnout, improve health, and improve retention. Leadership can improve access to empowerment structures of support, information, resources, and opportunities influencing positive work environments. The study provided support for Kanter's (1977) theory.

### **Intent to Stay/Leave**

Turnover of nursing staff is a financial concern for hospitals. Retention strategies are the key to minimizing turnover and improving intent to stay. Nedd (2006) examined the relationship between perceptions of empowerment and intent to stay. The framework was Kanter's (1977) Theory of Structural Empowerment.

The population was 147,320 licensed registered nurses in Florida. Nedd (2006) surveyed a random sample of 500 licensed registered nurses from a listing of all Florida registered nurses. The sample was 206 (42%) usable surveys. Participants were female (93%). The participants' average age was 46.63, with 20.14 years of nursing experience.

The average number of years of experience on the current unit was 7.87. Educational levels were diploma (15%), Associate Degree (40%), Bachelors Degree (36%), or Masters Degree (9%). Clinical areas of practice were: medical surgical (23%), critical care (17%), other or specialty settings (21%), pediatric (9%), ambulatory care (5%), ob/gyn (5%), emergency (5%), nursing home (4%), education/administration (4%), public (3%), or psychiatry (3%) units.

Nedd (2006) used the Job Activities Scale (JAS) to measure nurses' perception of formal power. Reliability was .81. The Organizational Relationships Scale (ORS) measured nurses' perceptions of informal power. Internal consistency was .92. The Conditions for Work Effectiveness Questionnaire (CWEQ) measured structural empowerment. Reliability was .96. The Intent to Stay scale measured intentions to stay in the current job. Reliability was .86.

Nedd (2006) found that JAS had moderate levels of formal power. The ORS showed moderate levels of informal power. The CWEQ had moderate levels of perceived empowerment, with opportunity being the greatest access. The Intent to Stay scale results were moderate levels of intention to stay in the job.

Nedd (2006) reported Intent to Stay had a significant positive correlation with all empowerment variables ( $p < .01$ ): formal power (.43), informal power (.31), overall work empowerment (.52), opportunity (.52), information (.39), support (.47), and resources (.45). Demographics of gender, age, years nursing experience, years on current job, and education level, were investigated for the association to intent to stay. There was no significant relationship between demographic variables and intent to stay.

The author concluded that enhancing perceptions of and access to empowerment structures will influence nurses to stay within the organization and increase retention. Nedd (2006) also concluded that demographics do not influence retention, and nurse administrators must focus on the accessibility and empowerment structures for nurse retention. The findings supported Kanter's (1977) theory.

Job dissatisfaction can lead to high turnover. Empowerment can increase job satisfaction and improve retention. Zurmehly et al. (2009) studied the relationship between empowerment and intent to leave the current position or the profession. The framework was Kanter's (1977) Theory of Organizational Empowerment.

Zurmehly et al. (2009) surveyed a population of 3,000 nurses from the Ohio State nurse registry. The inclusion criteria were current Ohio licensure and living in West Central Ohio. The sample was 1,231 participants (41%). Almost all participants were female (95.8%). The average age was 46.6, with 8.83 years of experience. The educational level was Associate degree (31.2%), Diploma (27.1%), Bachelors (24.8%), or Masters (2.6%). The majority of nurses worked full time (89.2%). Participants worked in: patient care (60.9%), nurse management (8.8%), administration (4.7%), quality assurance (3.1%), public health (2.7%), teaching (8.4%), or other (11.3%) areas.

Zurmehly et al. (2009) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) to measure structural empowerment. Reliability was .81. Four items from the RN Vermont Survey measured intent to leave the current position (Cronbach's alpha = .874), and reasons for leaving current position: career advancement (alpha = .762), situational (alpha = .893), or job dissatisfaction (alpha = .723). Questions from a study by McCarthy and colleagues (McCarthy 2002, McCarty et al. 2007, as cited

in Zurmehly et al., 2009) were used to further measure intent to leave, and intent to leave the nursing profession. Reliability was .787. Job Satisfaction was measured by a one-item question rating job satisfaction on a 4 point Likert Scale Survey. Reliability was .762.

Zurmehly et al. (2009) found the CWEQ-II had moderate levels of empowerment with greatest access to opportunity. The RN Vermont Survey found intent to leave the current position was somewhat unlikely. Reasons for leaving the current position were most likely due to career advancement, followed by dissatisfaction, and then situational factors. Questions adopted from the study by McCarthy and colleagues (McCarthy 2002, McCarty et al. 2007, as cited in Zurmehly et al., 2009) further measured intent to leave. The findings indicated that intent to leave the nursing profession was somewhat unlikely. Job Satisfaction results were moderately satisfied.

Zurmehly et al. (2009) reported that empowerment was significantly related to intent to leave the current position ( $r = .45, P < .001$ ). There were significant differences in empowerment scores between two groups of very likely to leave within a year, and very unlikely to leave within a year. Significant demographic variables were related to empowerment and intent to leave were: educational degree ( $\beta = .90, P = .003$ ), age ( $\beta = .087, P = .003$ ), marital status ( $\beta = .077, P = .001$ ), and years in current position ( $\beta = .086, P = .002$ ). Race and gender were not significantly related to intent to leave the current position. Job advancement and job satisfaction were significant predictors of intent to leave. Empowerment was significantly related to intent to leave the nursing profession ( $r = .73, P < .05$ ). A significantly lower level of empowerment was found for groups intending to leave the nursing profession compared with the group not intending

to leave the nursing profession. Career advancement and job satisfaction were significant predictors of intent to leave the nursing profession.

Zurmehly et al. (2009) concluded that access to empowerment structures enhance retention. Tuition reimbursement, career advancement, and strategies to retain older nurses can improve empowerment and retention. The study supported Kanter's (1977) Theory of Structural Empowerment.

### **Summary**

#### **Empowerment, job satisfaction, organizational commitment.**

The purpose of Spence Laschinger et al.'s (2001a) study was to test a model linking nurses' empowerment, organizational trust, job satisfaction, and organizational commitment. The authors concluded that providing empowering and trusting work environments will increase job satisfaction and organizational commitment. The results supported Kanter's (1977) theory.

The purpose of Spence Laschinger et al.'s (2001b) study was to test a model linking nurses' structural and psychological empowerment and job strain, with work satisfaction. The authors concluded that providing empowering work environments increases job satisfaction and psychological empowerment. The results supported Kanter's (1977) theory.

The purpose of Spence Laschinger and Finegan's (2005) study was to test a model linking nurses' empowerment to organizational justice, respect, and trust in management with job satisfaction and organizational commitment. The authors concluded that empowering work environments increase feelings of respect and trust in

management. Increased trust and respect will lead to job satisfaction and nurse retention. The results supported Kanter's (1977) theory.

The purpose of Spence Laschinger et al.'s (2009a) study was to test a model linking unit level leader-member exchange quality and structural empowerment to organizational commitment, and to link individual core self evaluations and psychological empowerment with organizational commitment. The authors concluded that unit level leader-member exchange quality is important in creating empowering work environments and influencing organizational commitment of nurses. Core self-beliefs influence psychological empowerment and organizational commitment of nurses. The results supported Kanter's (1977) theory.

The purpose of Smith et al.'s (2010) study was to test a model linking organizational empowerment, psychological empowerment, and incivility with organizational commitment of new graduate nurses. The authors concluded empowering work environments, and civil working relationships, can increase organizational commitment of new graduate nurses. The study supported Kanter's (1977) theory.

The purpose of McDonald et al.'s (2010) study was to examine the relationship of participation in organizational structures and nurses' perceptions of structural empowerment. The authors concluded that involvement in councils did increase empowerment. The study supported Laschinger's Work Empowerment Theory based on Kanter's (1977) theory.

**Empowerment, civility, organizational commitment, job retention and burnout.**

The purpose of Cho et al.'s (2006) study was to test a model linking new graduate nurses' perceptions of empowerment with burnout and organizational commitment. The authors concluded empowering work environments increase feelings of engagement and organizational commitment of new graduate nurses. The study supported Kanter's (1977) theory, and links the theory to Maslach and Leiter's (1997) work on worklife and burnout.

The purpose of Spence Laschinger et al.'s (2009b) study was to examine the relationship of supportive practice environments, civil working relationships, and empowerment on new graduate nurses' experiences with burnout. The authors concluded that supportive practice environments, civil behavior, and empowerment decreases burnout. Professional practice environments will increase nurse retention.

The purpose of Spence Laschinger et al.'s (2009) study was to examine the relationships among empowerment, incivility, burnout, and retention. The authors concluded empowering, civil work environments may decrease burnout and retention of nurses. The study supported Kanter's (1977) theory.

The purpose of Harwood et al.'s (2010) study was to examine the relationship of burnout with the mental and physical health of nurses, and on job retention. The authors concluded that empowering and supportive work environments may decrease burnout, improve health, and increase retention. The study supported Kanter's (1977) theory.

**Intent to stay/leave.**

The purpose of Nedd's (2006) study was to examine the relationship between perceptions of the work empowerment and intent to stay. The author concluded that enhancing perceptions, and access to empowerment structures, will influence nurses' intent to stay within the organization. The study supported Kanter's (1977) theory.

The purpose of Zurmehly et al.'s (2009) study was to examine the relationship between empowerment and intent to leave the current position or the profession. The authors concluded that access to empowerment structures enhances nurse retention. The study supported Kanter's theory.

## **Chapter III**

### **Methodology**

#### **Introduction**

Uncivil behaviors among nurses can create negative work environments. Empowerment creates healthy work environments, with decreased turnover, and increased retention. Empowering nurses is the key to creating quality work environments and quality patient care. The purpose of this study is to evaluate the influence of empowering work environments and workplace discourtesy on nurses' experiences with burnout and nursing retention. This is a replication of Spence Laschinger et al.'s study (2009).

#### **Research Question**

What are the relationships among empowering work environments, workplace discourtesy, and nurses' experience of burnout, with nursing retention?

#### **Population, Sample, and Setting**

The population is all (3000) nurses working at Indiana University Health Methodist Hospital in Indianapolis. The anticipated sample is 1,000 registered nurses working in inpatient care areas, and providing direct patient care on one of the assigned units. Nurses will have worked on the unit for a minimum of 6 months. Nurses with a baccalaureate degree, or associate degree in nursing, will be invited to participate.

Inpatient care areas will include all medical-surgical units, pediatrics, mother child, and psychiatric units. Through the Human Resources department at Indiana University Health Methodist Hospital, a listing of all active registered nurses working on one of the cost center units identified as inpatient areas will be obtained. The list will include the name of the employee, the cost center, and name of the unit worked.

### **Protection of Human Rights**

This study will be submitted to the Ball State University Institutional Review Board and the Indiana University Health Methodist Hospital Institutional Review Board for approval. Once the study is approved, employees will be mailed a survey package through the intra-hospital mail. The package will include a letter explaining the study, a demographic sheet, and the survey. Intra-hospital mail does not require postage, and is sent to each department, and placed in each individual's mailbox on the nursing unit where the employee works. A reminder letter will be sent 3 weeks after the original survey package. The completed survey package will be placed back into intra-hospital mail, and returned to the preprinted return address of the researcher's office within the hospital. The data will only be viewed by the researcher to ensure anonymity of the participants and the information. The return of the questionnaire will indicate the consent of the participant. This study has no risks or potential risks. The benefits of the study will include acquiring information on empowering work environments, that leads to nurse retention. Nurses will not be penalized for not participating in the study.

### **Procedures**

After approval from the Ball Statue Institutional Review Board and Indiana University Health Methodist Hospital Institutional Review Board, a request to the Human

Resources department at Indiana University Health Methodist Hospital will be submitted to obtain a listing of all registered nurses, with active employment status in the cost center identified as one of the designated inpatient care areas. The Director of Nursing, Director of Medical Surgical Units, Director of Pediatrics, and Director of the Psychiatric Unit will meet with the researcher to explain the purpose of the study, and the procedures. Next, there will be a meeting with the Managers of patient care areas to explain the purpose of the study and the procedures. Finally, a meeting will be held with the staff nurses of the designated inpatient care areas to explain the purpose of the study and the procedures. After the meetings have been concluded, a survey package including a letter of explanation, a demographic questionnaire, and a survey, will be sent through intra-hospital mail to each individual and placed into the employee's mailbox on the unit. The envelope will have a preprinted return address label for participants to place the package back in to intra-hospital mail to return to the researcher. The researcher will collect all returned surveys and secure in a locked area.

### **Research Design**

The purpose of the study is to examine the relationships among empowering work environments, workplace discourtesy, and burnout, with nursing retention. The study will use a predictive correlational design. A predictive correlational design examines relationships among variables and predicts the value of the dependent variable from the independent variables (Burns & Grove, 2009).

### **Measures**

The following demographic information will be collected on one form: gender, type of unit, time worked in the hospital, and on that unit.

The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) will measure access to four empowerment structures: opportunity, information, support, and resources (Spence Laschinger et al., 2009). The CWEQ-II is a short version of the CWEQ. This study will focus on the four empowerment subscales of the CWEQ-II. Each empowerment structure subscale contains three items, totaling 12 questions. The 5-point scale ranges from low perceptions of access (1) to high perceptions (5) of access to empowerment structures. Each subscale will then be added and averaged. Spence Laschinger et al. (2009) established acceptable reliability with Cronbach alphas ranging from .74 to .89.

The Workplace Incivility Scale (WIS) will measure nurses' experience of work place discourtesy. Interactions with co-workers (co-worker incivility) and interactions with immediate supervisors (supervisor incivility) is rated on a 7-point Likert Scale (Spence Laschinger et al., 2009). The WIS has seven questions regarding interactions with co-workers and seven questions regarding interactions with immediate supervisors (Cortina et al., 2001). The scale ranges from never (0) to daily (6). Spence Laschinger et al. (2009) established high levels of internal consistency: supervisor incivility (alpha = .84) and coworker incivility (alpha = .85).

The Emotional Exhaustion (EE) and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS) will measure burnout. Subscales will be rated on a 7-point Likert scale. The EE has five questions and the Cynicism subscale has five questions (Maslach, Jackson, & Leiter, 1996, as cited in Richardsen & Martinussen, 2005). The scales range from never (0) to every day (6). Cronbach alpha reliabilities are

acceptable for emotional exhaustion (.91) and cynicism (.82) (Spence Laschinger et al., 2009).

Job satisfaction will be measured by rating the level of satisfaction with coworkers, supervisors, pay and benefits, feelings of accomplishment, and overall satisfaction. A 7-point Likert Scale was used to measure five items of satisfaction with each item: coworkers, supervisors, pay and benefits, feelings of accomplishment, and overall satisfaction. The Job Satisfaction questionnaire is 36 questions. The responses range from very disappointed (1) to very satisfied (7). Cronbach alpha was acceptable (.71) (Spence Laschinger et al., 2009).

### **Data Analysis**

Descriptive statistics will be used to analyze demographic information. Hierarchical multiple linear regression analysis will be used for the analysis of the research question. Multiple linear regression analysis is used to predict the value of the dependent variable based on the value of more than one independent variable (Burns & Grove, 2009).

### **Summary**

Unhealthy work environments can cause burnout and nurse turnover. The purpose of this predictive correlational study is to evaluate the influence of empowering work environments and workplace discourtesy on nurses' experience of burnout and nursing retention. This is a replication of Spence Laschinger et al.'s study (2009).

An anticipated sample of 1,000 registered nurses from Indiana University Health Methodist Hospital, Indianapolis, working on inpatient care units, is projected. Data will be collected using a demographic questionnaire, and the CWEQ-II, WIS, EE and

Cynicism subscales of the MBI-GS, and Job Satisfaction. Hierarchical multiple regression analysis will be used for data analysis. This study will validate findings that empowering work environments, and low levels of discourtesy, and burnout, are significant in predicting nurse retention.

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